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MĀORI AND REPRODUCTION, SEXUALITY EDUCATION, MATERNITY, AND ABORTION

Jade Sophia Le Grice

A doctoral thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy in Psychology

The University of Auckland

2014
Abstract

This thesis investigates Māori and reproduction, casting a net around the wider phenomenon to understand reproductive decisions, parenting, sexuality education, maternities and abortion, as spheres of mutual influence. This contextual and holistic approach crafts a different form from prior deficit focused research in this area that sidelines Māori agency. This research has been conducted from my standpoint as a female Māori researcher, drawing on a Mana Wāhine theoretical approach, attending to diversity and socio-cultural intersections of experience. The first comprehensive literature review of traditional mātauranga and tikanga Māori, colonising impacts and current demographic patterns pertaining to reproduction backgrounds later analysis. The reproductive histories of 15 tāne, 16 wāhine, and 12 key informant participants were elicited through qualitative individual interviews and thematically analysed by a Māori critical realist ontology and Māori social constructionist epistemology. Drawing upon the social psychological model of the dynamic cultural actor, Māori skilfully made reproductive decisions through an intricate tapestry of various cultural influences. In the first empirical chapter I describe how Māori reproductive decisions were backgrounded by traditional mātauranga and tikanga Māori including he tamaiti he taonga, whānaungatanga, whakapapa and wairua that were resilient to colonising pressures and reworked in the context of contemporary lives. In the second empirical chapter I describe the influence of western patterns of reproductive practice including managing reproduction alongside individualising pressures, challenges associated with living in a market based economy, disempowerment by further intersections of culture, race and gender, and the various standpoints and strategies utilised by Māori. The final chapter describes innovative potential in applying contemporary mātauranga and tikanga Māori in reproductive health services positioned at key developmental intersections through sexuality education, maternity and abortion services.

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1: An approach that privileges the perspectives and protocols of Māori women.
2: Education, knowledge, wisdom, understanding, skill.
3: Correct procedure, custom, manner and practice, pertaining to Māori.
4: Men, males, husbands.
5: Women, females, ladies, wives.
6: A child is a gift.
7: Relationship, kinship, sense of family connection.
8: Genealogy, lineage, descent (also means genealogical table).
9: Spirituality (also means soul, quintessence - spirit of a person which exists beyond death).
DEDICATION

This thesis is dedicated to all new life, in the hope and aspiration that they have a bright future of their choosing, enabling our rangatahi Māori\(^\text{10}\) to be equipped to walk tall and proud as Māori in te ao hurihuri.\(^\text{11}\)

In loving memory of the late Nellie Constance Sarich (nan Sarich)

\(^{10}\) Māori youth.

\(^{11}\) The ever changing world.
ACKNOWLEDGEMENTS

The researchers in this study are organised by a structure akin to an extended family, in accordance with a guiding Mana Wāhine research concept of whānau\(^{12}\) (Pihama, 2001). Consequently, this thesis is not the individual achievement of the author, but is a culmination of collective awhi and support from those associated with the project. I wish to acknowledge many colleagues, friends and whānau who have assisted me with this thesis. I am forever grateful to have had wonderful supervision and guidance through the academic aspects of this thesis from Associate Professor Virginia Braun and Professor Margaret Wetherell. I wish to thank Ginny for guidance, fine grained assistance, and support throughout the entire thesis and Margie for motivating, guiding and supporting me through the final stages. I would like to thank Associate Professor Nicola Gavey for her mentoring and providing me with opportunities for professional development and related research work. I also wish to thank Dr Claire Cartwright for her support and enthusiasm for my research endeavours. I wish to thank my research kaumatua\(^{13}\) Takawai Chrissie and Pio Jacobs for their patience and willingness to support me with tikanga Māori pertaining to the thesis, personal and spiritual support. For your immense manaakitanga\(^{14}\) I am grateful. I would also like to thank my cultural advisor Dr. Paul Reynolds for being available to chat and answer questions regarding the tikanga of the research process and for manaakitanga during the interpretive phase. To Paul, and Cherryl Smith, I was humbled by your manaakitanga and support, opening your doors to an emerging researcher who was finding her feet and her voice amongst the research terrain. Your patience, generosity, and wisdom was so much appreciated. I would also like to thank members of my rangahau whānau,\(^{15}\) Dr Terryann Clark, Pikihuia Pomare, Liz Wootton, and Alayne Hall for illuminating unseen aspects of my research topic, and helping me precisely articulate what I wanted to seek from my participants.

In addition to these formal members of the research team, I would also like to thank those from the numerous research support groups who have assisted me to reflect on my research. Thank you to the co-ordinators and members of the Gender and Critical Psychology Group: Associate Professor Nicola Gavey, Associate Professor Virginia Braun, Dr Melanie Beres, Dr Gareth Terry, Dr Pantea Farvid, Professor Margaret Wetherell, Dr Shiloh Groot, Dr Kerry Gibson, Susan Cowie, Octavia Calder-Dawe, and Paulette Benton-Grieg. Special thanks to Mitch Ong for very invigorating discussions and ideas about my thesis. Thank you to the wahine Māori who met as part of our breakfast group meetings: Alayne Hall, Dr. Lily George, Reena Kainamu, Dr. Rebecca Wirihana, Naomi Simmonds, and Liz Wootton. Thank you also to members of the Māori and Pacific Psychology Research Group: Dr. Erana Cooper, Dr. Shiloh Groot, Hinekura Simmonds, Karen McClellan, Sam Manuela, Luisa Ape-Esera, Kiri Tamihere-Waititi, Dr. Julie Wharewera-Mika, Sandeep Deo, Simon Waigth, Tania Gilchrist, Amelia Luisi, Gemma Tricklebank, Ben Dryden, Lara Greaves, Hineatua Parkinson, and Nik Wilson. Special thanks to Hinekura Simmonds for assisting me to present the section on abortion respectfully

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\(^{12}\) Extended family (also means to be born, to give birth).

\(^{13}\) Elder. In this research it refers to chosen experts who have knowledge of mātauranga and tikanga Māori.

\(^{14}\) Hospitality, kindness.

\(^{15}\) Members of my Māori research advisory group.
and safely. Thank you to my colleagues at Te Rōpū Whāriki for constituting such an inspiring environment for doing Kaupapa Māori research, particularly Professor Helen Moewaka Barnes for mentoring and discussions pertaining to a possible future research project that have shaped areas of analysis pertaining to maternities; Associate Professor Tim McCreanor for mentoring and review of some written outputs from this thesis; Dr Ray Nairn for support and advice during the period between submission and my oral exam; Victoria Lesatele, Belinda Borell, Teah Carlson, Tuloma Lina Samu, Biddy Livesey, Alex McContville, Te Raina Gunn, Jodi Porter, and Steve Randerson for collegiality and enriching conversation. Thank you also to members of Te Puawaitanga, a Tamaki branch of Te Rōpū Māori Wāhine: Nicola McDonald, Ngaire Pera, Dr. Marewa Glover, Tracy Rewiri, and Dr. Lorna Dyall; and our lovely area manager, Denise Ewe. I would like to thank Te Kaunihera of North Shore hospital for their support, matua Anaru Peita Whare-Tohunga, matua Pita Pou, matua Pereme Porter and matua Patrick Ruka. Thank you to matua Anaru in particular for guidance to assist with learning my whakapapa and processes to keep my wairua safe during the often solitary process of writing.

There were also many individuals who provided support for my thesis. Thank you to Dr. Mera Penehira for reviewing and giving feedback on my Mana Wahine research chapter. Thank you to Drs Annik Van Toledo and Angela Curtis-Clark for being fantastic supports during complicated intersections. Thank you to Dr. Arapera Ngaha for advice on translation of the documents, and Makere Sikisini for translation of documents from English to Māori. Thank you to Brenda Watson for assistance with transcription, and Dr. Judy Blakely for sending thoughtful literature links, and recruitment assistance. Thank you to Dr. Debbie Payne and Anna Nelson for the concept of Pounamu Ma as a reflexive piece, and Dr. Lesley Hall for offering to read over material pertaining to mothering. I am also grateful to Dr. Clive Aspin for discussion about proposed thesis topics and doing sensitive research. I would also like to thank Robyn Haaker for life coaching and counselling during my transition from DClinPsy to PhD and assisting me to consider the holistic motivators for my studies, in the context of my broader life experiences. I would recommend her services for others embarking on the pursuit of challenging goals and ambitions.

I have also been supported by whānau and hapū at Pakanae and Motukaraka marae. At both marae I spoke about my research and was greeted with awhi, heard about whānau waiata and whānau narratives about the importance of wāhine on our marae. I was introduced to kaumātua of the marae, also speaking with many uncles and auntsies about my thesis over cups of tea and kai. I

---

16 Auckland.
17 The Māori Women’s Welfare League.
18 The kaumātua board.
19 A term used to acknowledge male kaumātua (also means father, uncle).
20 I refer to myself as a white jade, greenstone; with fair skin but a strong Māori core.
21 Sub tribe (also means to be pregnant, conceived in the womb).
22 An area close to the Hokianga Harbour in the Far North of New Zealand.
23 An area close to the Hokianga Harbour in the Far North of New Zealand.
24 Community facility where hapū collectives discuss political and social matters, and host important events such as funerals.
25 To embrace, cherish (also means to sit on eggs, brood, besiege and surround).
26 Song, chant, psalm.
27 Food (also means to eat).
received invitations to the annual general meetings, and events where I learned kōrero\textsuperscript{28} about the tikanga and processes of these marae and the Tiriti o Waitangi\textsuperscript{29} settlements for Ngāpuhi and Te Rarawa iwi.\textsuperscript{30} Thank you to the hau kainga\textsuperscript{31} at Pakanae marae for support, holding me up and assisting me with this thesis; Like Kupe’s\textsuperscript{32} anchor that sits on the grassy hill outside Maraeroa, my thoughts and understandings find a centre of gravity in experiences with the ‘hardcore’ of Pakanae. Particular thanks to Hone Taimona and the late Hararei Toia (uncle Hally) for involving me with the marae committee meetings and sharing knowledge, and aunty Cheryl Turner for taking me under her wing, sharing her research, knowledge and resources, extending my involvement with matters pertaining to Ngati Korokoro, Ngati Wharara, and Te Poaka\textsuperscript{33} including the Ngāpuhi Waitangi tribunal hearings.\textsuperscript{34} I also thank papa Mehaka Sarich for whakawhānaungatanga\textsuperscript{35} relating to connecting in with my research kaumātua, and to nana Noonie, papa Andy, papa Rob, Da and Alaina Sarich, and Shelly Sarich. I also wish to thank the hau kainga at Motu karaka marae for support, laughter, engaging and enriching discussions about tikanga, particularly how mana wāhine\textsuperscript{36} and mana tāne\textsuperscript{37} work dynamically on the marae, especially Wendy Henwood, Paul White, aunty Barbie Marriner, aunty Dawn Davis, aunty Donna and uncle Ivan (Chappy) Sarich, aunty Lorene Royal, aunty Jacqui Pou, aunty Queenie Sarich, and Henare Rawiri.

Thank you to my whānau, for being there to pick me up when I have fallen. Thank you particularly to Robyn Le Grice (mum) for being a sounding board for intergenerational cultural reflection, her unwavering support, encouragement and aroha\textsuperscript{38} Chris Le Grice (dad) for being a ‘character’, his never-ending enthusiasm, laughs, and quirky insights; Robert Le Grice (bro) for being there, the fresh fish, and updates on the Warriors; Phyllis Le Grice (nan Le Grice) – I am so lucky to have a wonderful grandmother for whom there seems to be little generational divide; Beverly and Wayne Blake; Sam Blake and Sabrina Fiorenzi; David, Maree, David (jnr) and Miriama Sarich; Malcolm, Doreen, Matiu and Vincent Sarich; Trinity Sarich, Tangi Hetaraka, Che, Malcolm, Alexis, and Rhylee Sarich; Rachel, Jeffrey, Liam, Tama, Matji and Mia Marshall. I would also like to acknowledge whānau who passed away prior to the beginning of this thesis: (papa) Mate Sarich and (poppa) Ernest Jack Le Grice; and those who are no longer around to see the completion of this thesis including the late Mac Morgan, late Alicia Owen (aunty Diddy), late Sonny Walters (uncle Sonny), late Desmond Walters (uncle Johnny), late Bob Marriner, late Colin Morgan, late Da Morgan, late Mickey Morgan and late Jack Sayers (uncle Jack).

To my beautiful, wonderful and awesome friends: Louise Freckleton, Renee Woolston, Emily Blumenthal, Kate Davis, Diane McMahon, Ester Tongs, Callum McMillan, Jane Crockett, Emma

\textsuperscript{28} Narrative, speech, conversation, discourse.
\textsuperscript{29} The Treaty of Waitangi.
\textsuperscript{30} Tribal groups from the areas surrounding the Hokianga, in the Far North of New Zealand.
\textsuperscript{31} The home people of a marae.
\textsuperscript{32} The first Māori settler to New Zealand.
\textsuperscript{33} Hapū collectives that affiliate to Pakanae marae.
\textsuperscript{34} Court lodged grievances pertaining to colonisation from a tribe in the north of New Zealand.
\textsuperscript{35} To make whakapapa connections with people.
\textsuperscript{36} The inherent prestige, authority and power of women.
\textsuperscript{37} The inherent prestige, authority and power of men.
\textsuperscript{38} Affection, sympathy, charity, compassion, love, empathy.
Hildebrand, Kristine Ceniza, Nikki Kindred, Jana Allen, Zoe Crook and Selena Parker for reminding me to keep my feet on the ground, being there to hang out with at book club, coffees, brunches, lunches, dinners, drinks, summer and winter holidays, the hard times, and all the very many good times.

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## Mana Wāhine

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GLOSSARY

Ahi kaa to keep ‘the home fires burning’, refers to those who stay at papa kāinga and fulfil tasks and obligations on marae

Āhua to form, make, also refers to a shape, appearance, condition, character, likeness, nature, figure, form

Ako to learn and teach concurrently

Aroha affection, sympathy, charity, compassion, love, empathy

Aroha ki te tangata a respect for people (L. Smith, 2006)

Atawhai to show kindness to, to raise or adopt temporarily

Atua supernatural being, literally translated in English as ‘Potential being from beyond’ (T. Smith, 2009)

Awa river, stream, creek, canal, gully, gorge, groove, furrow

Awhi to embrace, cherish (also means to surround sit on eggs, brood)

Haka vigorous dance with actions and powerful rhythmically sung words

Hāngī earth oven to cook food with steam and heat from heated stones

Hapū sub tribe, to be pregnant, conceived in the womb

Hapūtanga pregnancy

Harakeke New Zealand flax, Phormium tenax

Hau wind, breeze, air, breath, gas, vital essence, vitality of human life, food used in ritual ceremonies

Hau kainga the home people of a marae

Hei tiki necklace, carved figure or image, usually made of greenstone and carved in an abstract form of a human

Hek heke flow downwards

Heke iho flow downwards, from above

Hineahuone the first human, a woman

Hinengaro mind, thought, intellect, consciousness, awareness

Hinenuitepo daughter of Hineahuone, also known as Hinetitama

Hinetiwiwa atua of childbirth, who herself had been through a difficult childbirth

Hinetitama daughter of Hineahuone, also known as Hinenuitepo

Hoa takatāpui intimate friend of the same sex

Hui gathering, meeting, assembly, seminar, conference

Ia he and she

Iho umbilical cord (middle portion)

Ira atua supernatural life

Ira tangata human genes, however, as ira tangata come from ira atua, ira tangata is considered to have a more spiritual quality than human genes (Moko Mead, 2004)
<table>
<thead>
<tr>
<th>Maori Term</th>
<th>English Translation</th>
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<tbody>
<tr>
<td>Iwi</td>
<td>tribe, strength, bone</td>
</tr>
<tr>
<td>Kai</td>
<td>food, or to eat</td>
</tr>
<tr>
<td>Kaikaranga</td>
<td>caller - the woman (or women) who has the role of making the ceremonial call to visitors onto a marae, or equivalent venue, at the start of a powhiri</td>
</tr>
<tr>
<td>Kaitiaki</td>
<td>trustee, minder, guard, custodian, guardian, keeper</td>
</tr>
<tr>
<td>Kaitiakitanga</td>
<td>guardianship</td>
</tr>
<tr>
<td>Kanohi ki te kanohi</td>
<td>the seen face, present yourself to people face to face (L. Smith, 2006)</td>
</tr>
<tr>
<td>Kapa haka</td>
<td>Māori performing group</td>
</tr>
<tr>
<td>Karakia</td>
<td>incantation, prayer, grace, blessing, church service</td>
</tr>
<tr>
<td>Kaua e mahaki</td>
<td>do not flaunt your knowledge (L. Smith, 2006)</td>
</tr>
<tr>
<td>Kaua e takahia te mana o te tangata</td>
<td>do not trample over the people’s dignity (L. Smith, 2006)</td>
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<tr>
<td>Kaumātua</td>
<td>elder. In this research it refers to chosen experts who have knowledge of mātauranga and tikanga Māori</td>
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<tr>
<td>Kaupapa</td>
<td>topic, policy, matter for discussion (also means platform, layer and raft)</td>
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<tr>
<td>Kaupapa Māori</td>
<td>an approach that privileges the perspectives and protocols of Māori</td>
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<tr>
<td>Kawa</td>
<td>marae protocol, ceremony to open a new house</td>
</tr>
<tr>
<td>Kete</td>
<td>basket, kit</td>
</tr>
<tr>
<td>Kia tupato</td>
<td>be cautious (L. Smith, 2006)</td>
</tr>
<tr>
<td>Koha</td>
<td>gift, present, offering, donation, contribution</td>
</tr>
<tr>
<td>Koi ora hou</td>
<td>a new life</td>
</tr>
<tr>
<td>Kōpū</td>
<td>belly, womb, abdomen</td>
</tr>
<tr>
<td>Kōrero</td>
<td>narrative, speech, conversation, discourse</td>
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<tr>
<td>Koroua</td>
<td>elderly man, grandfather, grand uncle, papa</td>
</tr>
<tr>
<td>Kuia</td>
<td>elderly woman, grandmother, grand aunt</td>
</tr>
<tr>
<td>Kura Kaupapa Māori</td>
<td>primary school operating under Māori custom and using Māori as the medium of instruction</td>
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<tr>
<td>Mana</td>
<td>a supernatural force in a person, place or object, mana goes hand in hand with tapu</td>
</tr>
<tr>
<td>Mana Wāhine</td>
<td>an approach that privileges the perspectives and protocols of Māori women; also refers to the inherent prestige, authority and power of women in the context of Leonie Pihama’s (2001) principles for Mana Wāhine research</td>
</tr>
<tr>
<td>Mana tāne</td>
<td>the inherent prestige, authority and power of men</td>
</tr>
<tr>
<td>Manaakai</td>
<td>to support, take care of, give hospitality to, protect, look out for</td>
</tr>
<tr>
<td>Manaaki ki te tangata</td>
<td>share and host people, be generous (L. Smith, 2006)</td>
</tr>
<tr>
<td>Manaakitanga</td>
<td>hospitality, kindness</td>
</tr>
<tr>
<td>Manuhiri</td>
<td>visitor, guest</td>
</tr>
<tr>
<td>Māori</td>
<td>indigenous New Zealander, indigenous person of Aotearoa/New Zealand</td>
</tr>
</tbody>
</table>
Māoritanga  | Māori culture, practices and beliefs
Marae     | community facility where hapū collectives discuss political and social matters, and host important events such as funerals
Marae wānanga | seminar, conference, forum held at a community facility for hapū collectives
Matariki  | the Māori new year
Mātauranga | education, knowledge, wisdom, understanding, skill
Mate mārama | menstrual cycle, menstruation, period
Matua    | father, uncle
Mātua    | parents
Maunga   | mountain, mount, peak
Maui     | descendant of Hinenuitepo
Mauri    | life principle, special nature, a material symbol of a life principle, source of emotions
Mirimiri | to rub, soothe, smooth, stroke, fondle, smear, massage
Moana    | sea, ocean, large lake
Moe(a)   | to sleep, close (the eyes), dream; to marry, wed, sleep with, have sex; to die or be dead; to beget or be born
Mokōpūna (mokos) | grandchild, descendant - child or grandchild of a son, daughter, nephew, niece, etc
Noa      | be free from the extensions of tapu, ordinary, unrestricted
Ora      | be alive, well, safe, cured, recovered, healthy, fit
Pā       | fortified village, fort, stockade, screen, blockade, city
Pae whakaruru | a horizontal pole strapped to two vertical poles
Pākehā   | New Zealander of European descent
Paheke   | menstruation, as in ‘heke’ to flow downwards
Papa kāinga | original home, home base, village
Papatūānuku | earth mother and wife of Ranginui. All living things originate from them
Pātere   | song of derision in response to slander - most are compositions inspired by some derogatory reference, abuse or slander, sneering remark, or belittling statement. They are chanted at a fast tempo accompanied by defiant gestures
Pepe     | baby
Pepeha   | a recitation of whakapapa and areas of significance, see the beginning of this section
Pito     | end, extremity, naval, section of umbilical cord nearest the baby’s body
Pōwhiri  | invitation, rituals of encounter, welcome ceremony on a marae, welcome
Puku     | stomach
Pūmanawa | natural talent, intuitive cleverness
Rākau    | tree, stick, timber, wood, spar, mast, plant
Rangahau whānau
members of my Māori research advisory group

Rangatahi
younger generation, youth

Rangatira
rich, well off, noble, esteemed, revered

Rangatiratanga
sovereignty, chiefdom, right to exercise authority, chiefly autonomy, self-determination, self-management, ownership, leadership of a social group, domain of the rangatira, noble birth

Ranginui
sky father and husband of Papatūānuku. All living things originate from them

Raho
testicle (men) or labia majora (women)

Rāhui
to put in place a temporary ritual prohibition, closed season, ban, reserve

Raurēkau
manono, kanono, large-leaved coprosma, Coprosma grandifolia

Rito
centre shoot, undeveloped leaves of harakeke

Rohe
boundary, district, region, territory, area, border (of land)

Rongoā
remedy, medicine, drug, cure, medication, treatment, solution (to a problem), tonic

Taha
side, margin, edge, bank (of a river), beside

Takatāpui
close friend (of the same gender), lesbian, gay, homosexual

Tamariki
children

Tāne
men, males, husbands. Also refers to a son of Ranginui and Papatūānuku, atua of the forests, husband of Hineahuone, and their daughter Hinetitama/Hinenuitepo

Tāngata
people, persons, human beings

Tangata whenua
local people, hosts, indigenous people of the land - people born of the whenua (of the placenta and the land) where the people's ancestors have lived and where their placentas are buried

Tangihanga
weeping, crying, funeral, rites for the dead, obsequies

Taonga
treasure, anything prized - applied to anything considered to be of value

Tapu
the restricted and controlled access to other human beings (Tate, 2010)

Tapuhi
birth attendants

Tarakihi
a silver marine fish with a black band behind the head

Tararā
genealogical descent from the former Yugoslavia, Croatia, Dalmatia.

Taumo
whānau, hapū, iwi discussions about a betrothal initiated between birth and early adulthood, not necessarily involving the couple

Tauuiwi
a person with no Māori tribal affiliation

Te ika a Maui
the north island of New Zealand. Literally translated as Maui’s fish

Te ao Māori
the Māori world

Te ao Pākehā
the Pākehā world

xviii
Te ao mārama
the world of light

Te ao hurihuri
the ever-changing world

Te kore
the potential, the void, the nothingness

Te māmāe
sadness and grief

Te pō
the form, the dark, the night

Te reo Māori
Māori language

Te reo me ona tikanga
Māori language and traditional practices (Pihama, 2001)

Te rito
centre shoot, undeveloped leaves of New Zealand flax, *Phormium tenax*

Te tapu o te tangata
this refers to the intrinsic tapu given to every person at conception, and relates to our relationships with the atua, tangata, and whenua

Te Tiriti o Waitangi
the Treaty of Waitangi

Te ūkaipō
mother, origin, source of sustenance, real home

Te whare tangata
the womb, uterus, cervix, vaginal; literally translated in English as ‘House of People’

Te whare mate or te whare aitua
the womb, uterus, cervix, vaginal; literally translated as the ‘House of Death’

Teina
younger sibling of the same gender. (Tēina – means plural)

Tiaki/tanga
to guard, keep; also to look after, nurse, care, protect, conserve, save (computer)

Tika
correct, appropriate

Tikanga
correct procedure, custom, manner and practice, pertaining to Māori

Tīki
an atua positioned in the genital region to represent fertility and the wairua of unborn children; a symbol of male sexual energy, referred to by Best, as the penis, also the name of the takatāpui companion of Tutānekai

Tinana
body, trunk (of a tree), the main part of anything

Tino rangatiratanga
self-determination

Tipu
to grow, increase, spring, issue, begin, develop, sprout also refers to a seedling, growth, development, shoot, bud, plant

Tūpuna /Tipuna
ancestors, grandparents

Titiro, whakarongo... kōrero
look, listen, speak (L. Smith, 2006)

Tohunga
skilled person, chosen expert, priest - a person chosen by the agent of an atua and the tribe as a leader in a particular field because of signs indicating talent for a particular vocation

Tomo
whānau, hapū, iwi discussions about the union of a couple around early adulthood, involving the couple, usually at the woman's parent's home

Tuakana
elder sibling of the same gender (tuākana is plural)

Tutū
fidget or fiddle, play with something you don’t fully understand

Urupā
burial ground, cemetery, graveyard
Wahi ngaro  world of gods and spirits, divine intervention, a place out of sight
Wāhine  women, females, ladies, wives
Wai  water, juice, liquid
Waiata  song, chant, psalm
Wairoa  health, soundness
Wairua  spirituality, spirit, soul, quintessence - spirit of a person which exists beyond death
Wānanga  seminar, conference, forum
Whaea  mother, aunt
Whaea kēkē  aunt
Whaikōrero  the art or practice of oratory
Whakamā  be ashamed, shy, bashful, embarrassed
Whakanoa  a violation that diminishes the tapu of atua, tāngata, and whenua, impairing or obstructing their mana
Whakapapa  genealogy, lineage, descent (also means genealogical table)
Whakarite  governing concept of balance between people and the world, in terms of reciprocity and complementary roles (Herangi-Panapa, 1998)
Whakaruruhau  “actions which recognise, respect and nurture the unique cultural identity of tangata whenua…and safely meets their needs, expectations and rights” (Ramsden, cited in Jungersen, 2002, p. 6)
Whakataukī  proverb, saying, cryptic saying, aphorism
Whakautu  to answer, reply, respond
Whakawatea  to clear, excuse, free, make way for, dislodge, exempt
Whakawhiti  to exchange, cross over, change, transfer, interchange, ferry, or to make shine
Whānau  extended family, to be born, to give birth
Whānaunga  relative, relation, kin, blood relation
Whānaungatanga  relationship, kinship, sense of family connection
Whāngai  to raise, adopt, nurture (also means to feed)
Whāngai u  breastfeeding
Whare  house
Whare hui  main meeting area of a marae
Whare kōhanga  nest house
Whāriki  floor covering, ground cover, floor mat, carpet, mat
Whenua  land, country, ground, placenta, afterbirth
Whenua ki te whenua  returning the placenta and afterbirth to the ancestral homelands (Mead, 2003)

I have emboldened te reo Māori concepts throughout this thesis and footnoted definitions as the terms first appear in each chapter to assist readability for non-native speakers.
INTRODUCTION

Negative representations of Māori childbearing and reproduction are a mainstay of media and academic accounts. Early reproduction among Māori is problematised in newspaper articles headed: ‘Māori teenage birth rate soars’ (Samson, 2001) and ‘Turia support of teenage pregnancy ‘extreme’ (2004). While child abuse is frequently highlighted as a ‘Māori issue’, implicitly questioning Māori approaches to parenting in newspapers headlines such as: ‘Māori child abuse disproportionately high’ (Chapman & Levy, 2011) and ‘Māori need to tackle abuse’ (Raymond, 2012). Academic articles frequently approach Māori and reproduction through a deficit lens (Green, 2011; Pihama, 2011b) including a recent study about (Māori) Cultural identity and pregnancy/parenthood by age 20: Evidence from a New Zealand birth cohort (Marie & Fergusson, 2011) where Māori cultural identity was considered to ‘increase risk’ of early reproduction, with these Māori children assumed to be “at greater risk of poorer developmental and health outcomes” (Marie & Fergusson, 2011, p. 13).

These bold and confident assertions, problematising Māori in regard to a process as special as reproduction and childbearing felt strangely dissociated from my reality and wider experiences in the context of a loving Māori whānau. I was saddened by the one-sided oppressive and offensive tone of this ‘knowledge base’, encountering it when I was in my twenties, starting a long term of postgraduate study after making a decision to postpone childbearing. Encountering this disjuncture between academic and personal knowledge drove me to seek out the everyday reproductive experiences of Māori, investigating the joys, challenges, and everyday mundane practice. Accounts of love and care predominated in my research participants’ accounts, subsequently confirming the value in seeking a broader perspective:

Jade: What do children mean to you?

Participant: Everything. Everything. They mean the – it’s our world. Provided those children a, grow up with their aunties and uncles and they are being nurtured, they are um (3.0) they know that if anything was (1.0) troubling them in any way they can go to any one of those aunties and uncles or grandparents [Wāhine, 70s, urban]

This rich relationality of whānau networks and cherished regard for children, characteristic of whānaungatanga, was present across my broader data set. Participants spoke with enthusiasm about the joy that children brought into their lives, informing a positive frame of reference for reproductive decisions. Understanding the full remit of their reproductive experiences, I was interested in obtaining a comprehensive yet detailed and nuanced answer to my broad research questions, how do Māori make sense of their reproductive lives? What are the known and enacted tikanga Māori in this area? To what extent and in what ways do Māori draw on mātauranga and tikanga Māori in their reproductive lives? How are their reproductive decisions and practices constrained, influenced, and affected by dominant western practices? What are the implications for health services and for developing culturally responsive practices?

I write and research from my particular standpoint as a Māori woman, drawing upon a Mana Wāhine research approach (Pihama, 2001) and qualitative research methods, attending to diversity and socio-cultural

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1 Extended family (also means to be born, to give birth).
2 Relationship, kinship, sense of family connection.
3 Correct procedure, custom, manner and practice pertaining to Māori.
4 Education, knowledge, wisdom, understanding, skill.
5 An approach that privileges the perspectives and protocols of Māori women.
intersections of experience, consistent with intersectional theories (e.g. Collins, 2012; hooks, 2000). Individual semi-structured interviews with 15 tāne, 6 wāhine, and 12 key informant participants (health workers, researchers, and kaumātua) were utilised to explore participants’ reproductive lives and experiences with reproductive health services. Utilising thematic analysis (Braun & Clarke, 2006) I examine how participants’ everyday lives and practices were anchored in mātauranga and tikanga Māori and western patterns of practice, while viewing participants’ talk as live organic material that actively shapes and re-creates social worlds.

Drawing upon the model of the ‘dynamic cultural actor’ (Bhatia & Ram, 2001), I explore how Māori skilfully make reproductive decisions against an intricate backdrop of diverse accessible and available cultural influences. This complex terrain has been unevenly configured by the suppression of traditional mātauranga and tikanga Māori reproductive knowledges (Pihama, 2001), and the imposition of racist discourses of Māori reproduction (Green, 2011), dominant western social formations of patriarchy, a market based economy and the early missionary influence through the promotion of Christianity. Māori have not been passive victims of these processes, and I describe how participants navigate heterogeneous cultural options to make reproductive decisions and create liveable lives. While describing the enactment and practice of mātauranga and tikanga Māori in contemporary lives, it is not my intent to over-romanticise these and position western cultural influences as solely negative, but understand that these cultural influences are complex, contradictory, ever changing and a mix of good and bad in their effects with different Māori.

In addition to this broad goal of examining how Māori make sense of their reproductive lives, I also investigate the application of this knowledge in sexuality education, maternity and abortion service delivery. While reproductive health services may operate as a colonising mechanism, blocking practice to mātauranga and tikanga Māori, I investigate how these services can offer greater cultural responsiveness for Māori, and bicultural enrichment. While contemporary models of Māori sexuality have been developed and utilised in sexuality education (L. Smith, Pihama, Philip-Barbara, & Aspin, 2002; The Ministry of Health cited in Te Puāwai Tapu, 2004), this is the first empirical work that collates intergenerational Māori experiences of informal and formal sexuality education. An investigation into possible innovative approaches to maternity service delivery reverses the approach of prior research that has documented areas of concern and stated a need to improve whakaruruhau (Palmer, 2002; Rawiri, 2007; Rimene, Hassan, & Broughton, 1998), potentially yielding further contributions to knowledge. Abortion is a very controversial topic for contemporary Māori (Hiroti, 2011; Manihera & Turnbull, 1990; Rimene et al., 1998; Tate, 2010; Turia, 2004, 2007) and the present research will be the first empirical study on Māori perspectives, experiences and engagements with health services in this area.

**Reflexivity**

Objectivity is not desirable in the context of Kaupapa Māori research; it is viewed as a form of abstraction that lacks a “taste of reality” (Marsden, 2003, p. 2). One can only interpret culture from the position of one’s own experience, and ask whether this experience is held by Māori generally (Marsden, 2003). My

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6 Men, males, husbands.
7 Women, females, ladies, wives.
8 Elder. In this research it refers to chosen experts who have knowledge of mātauranga and tikanga Māori.
9 Whakaruruhau/cultural safety is “seen as actions which recognise, respect and nurture the unique cultural identity of tangata whenua…and safely meets their needs, expectations and rights” (Ramsden, cited in Jungersen, 2002, p. 6).
10 An approach that privileges the perspectives and protocols of Māori.
subjectivities have informed my connection to this research topic, the theories I have drawn for this thesis, and the ways my data have been analysed. Charting my whakapapa\(^1\) and whānau\(^2\) influences and the transformative aspects of doing this research in this section, I hope to explicate the life experiences and beliefs that have guided me to this process. In outlining my biases and subjective positioning (Finlay, 2002; L. Smith, 2006) the reader may engage with my involvement in the construction of this knowledge.

**WHAKAPAPA AND WHĀNAU**

No Motukaraka me Pakanae nga marae.

Hokianga Whakapap Karakia te awa.

*I te taha o toku whaea o Ngai Tupoto, Motukaraka me Te Mahurehure.*

*I te taha o toku matua he Pākehā, Devonport.*

**Ko Ngatokimatawhaorua te waka oku tūpuna ko Mate Sarich me Connie Morgan.**

**Ko oku maunga karangaranga ko Rakautapu me Whiria.\(^3\)**

Contextualising my whakapapa, and understanding the strands that influence my Kaupapa Māori approach to research, I am of Ngāpuhi\(^4\) and Te Rarawa\(^5\) descent, on my mother's side. On my father's side, I am of Pākehā\(^6\) descent, and whakapapa to Le Grice ancestors who are thought to descend from Norse Vikings who raided Normandy in France,\(^7\) later raiding England with William of Nomandy (The Conqueror), with our branch of the family moving to New Zealand much later in the twentieth century. On both sides of my whakapapa, knowledge of familial ancestry has been a tradition borne out by kaumātua and family historians, and shared throughout the wider whānau. When I think of the two cultures, or four, Māori, Tarārā, English, and Pākehā (of which English, French, and Scandinavian ancestry complicates a notion of a singular Pākehā identity), I think of the commonalities, the humour, the aroha\(^8\) that binds and continues to bind the lives of my ancestors.

The stories about my ancestors have formed a narrative landscape that has shaped my political leanings, my philosophies and my view of the world. My great great grandfather Hone Riiwi Toia lead a protest against the government invention of a ‘dog tax’ that disproportionately impacted on Māori, and was jailed for this (New Zealand. Dept. of Internal Affairs., 1994). My great great great grandfather, Christopher Harris was an early Pākehā settler who assisted his wife's people of Ngai Tupoto\(^9\) to buy back their whānau land at Motukaraka\(^10\) (Cassidy-Robson & White, 1980). My great great grandmother Rihi Hancy was also an advocate for her whānau in the context of colonisation (Cassidy-Robson & White, 1980). My nan, Phyllis Le

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\(^1\) Genealogy, lineage, descent (also means genealogical table).

\(^2\) Extended family (also means to be born, to give birth).

\(^3\) I belong to the marae of Motukaraka and Pakanae

The harbour of this area is the Hokianga, which exhausts incantations.

On my mother's side, I am Ngai Tupoto of Motukaraka, and Te Mahurehure.

On my father's side, I am Pākehā from Devonport.

\(^4\) A tribal group from the southern area surrounding the Hokianga, in the Far North of New Zealand.

\(^5\) A tribal group from the northern area surrounding the Hokianga, in the Far North of New Zealand.

\(^6\) New Zealander of European descent.

\(^7\) This link has not been proven but is considered probable.

\(^8\) Geneological descent from the former Yugoslavia, Croatia, Dalmatia.

\(^9\) Affection, sympathy, charity, compassion, love, empathy.

\(^10\) Hapū based in the northern area surrounding the Hokianga, in the Far North of New Zealand.

\(^11\) A small settlement in the northern area surrounding the Hokianga, in the Far North of New Zealand.
Grice (nee Sayers) lived through the Second World War in England. My nan Constance, and papa Mate, Sarich both lived through a phase of colonisation and urbanisation, some of which I write about in this thesis. Both grew up in whānau that were typical for Māori of that era, in whānau of 10 and 14 children respectively. My papa Sarich and poppa, Ernest Jack Le Grice were friends who both lived working class lives, members of a union that had success fighting for their working conditions during the wharf strikes; my father continues this agenda of activism for workers’ rights in the context of his present occupation; and as a child I participated in Greenpeace Rallies with my parents, aunty Gaye and uncle Andy Oxborough, and cuzzies Garth, Mark and Clinton.

My mother was one of eight children, including two whāngai. She grew up during the time of urbanisation and (comparatively) very crude racism and sexism. For instance, she reported being ‘smelled’ by a Pākehā while waiting at a bus stop during a time when racist discourses about Māori ‘smelling bad’ were prolific. Her frustration about this was often oriented to a sense of bewilderment at the irrationality of people’s racism. She notes that her mother and father wanted her and her siblings to be raised like Pākehā; and she consequently grew up without a fluency in te reo Māori as her parents did, yet grew up with rich involvement with wider whānau. Despite wanting to go to University, my mother was discouraged after hearing reports from others that the institution was rife with racism; she subsequently worked as a medical receptionist before becoming a mother. My mother was the first feminist I ever met (although does not identify with this label), refusing to participate in hair removal practices, teaching me that physical beauty was culturally defined; and engaging in debates with my father on the possibility that God was a woman. As a mother, she was a volunteer at my brother and I’s primary school and assisted Chinese women in the community to speak ‘conversational English’.

I was born in Rawene and grew up in Horeke, rural areas in Northland, near the Hokianga Harbour. I grew up with my mum, dad, and my younger brother, Robert. I heard that work was difficult to find in the Far North of New Zealand and prior to my dad finding work on a sand barge, our whānau was on the unemployment benefit for a time. Our whānau moved to Auckland when I was six years old, to Mairangi Bay on the North Shore, a high socioeconomic area with a very small Māori population. My mother was a stay-at-home mum and my father worked as a machine operator, and has continued to in his 60s, at a factory in Albany. We would probably be what people would consider as ‘working class’, as we were mostly not poor nor were we wealthy, though my parents are still, self admittedly, very frugal.

I have been raised with a blend of secular Western, Catholic, and traditional Māori epistemologies. I spent much of my childhood and adolescence in Pākehā environments, though with spent time ‘up north’ at Motukaraka and Pakanae with extended whānau, aunties, uncles, grand aunties, grand uncles, and all the cuzzies, at nan and papa’s during summer holidays. Watching my uncles feed the pigs, bring in ‘the net’ for fish, building ‘huts’ and eating karahu, pipi and flounder were key highlights; being one of few girl mokos, I was treated respectfully by my boy cousins and was deterred from participating in some of the more gory aspects of farm life as my boy cousins did. My nickname, given to me by my grand uncles was ‘little Pākehā’ as I had significantly lighter skin than the rest of the whānau; I remember being called that alongside

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22 To raise, adopt, nurture, rear (also to feed).
23 Māori language.
24 A small settlement in the northern area surrounding the Hokianga, in the Far North of New Zealand.
25 Periwinkles.
26 Clams.
27 Grandchildren (descendant - child or grandchild of a son, daughter, nephew, niece, etc).
the feelings of warmth and aroha. The experience of whānaungatanga, manaakitanga and connection with many relatives was a common feature of my upbringing. Perhaps reflecting a compatibility of my parents, my Pākehā grandparents were also very sociable people who maintained a connection with the environment; poppa Le Grice hosted legendary Sunday gatherings called ‘Church’ while nan went to Church; nan Le Grice had amazing flower gardens while pop had amazing vegetable gardens where we could pick and eat raw beans. I remember watching the monarch butterflies emerge from chrysalises that were cellotaped to poppa’s workbench, and carefully taking swan plant bulbs to float down the creek.

At school in Auckland I studied ballet, played the flute, learnt French, was first speaker in my debating teams, and studied in academic streamed classes. While my work was never compromised, I was all too aware of the prejudice associated with being ‘poor’ and being Māori, identities I occupied. Experiencing non-consensual sexual experiences during my teenage years brought about an awareness of gender as a site of power and resistance. The identities associated with white middle class suburban Auckland did not fit me and I adopted a number of different sub and counter-cultural affiliations in my youth as a homie, christian, neohippy, goth, dance party girl, and cricket WAG. Throughout these difficult times my close friends across these various subcultural spaces formed a supportive whānaungatanga; many friendships that are still present and going strong today.

I was also desperate to leave school to earn an income that would afford me the economic luxuries some of my peers enjoyed. I worked at a local Pizza Hutt from age 15, becoming a supervisor at age 17 when I left school early in the 7th form. This workplace had a whānau dynamic amongst the team, and being able to source free pizzas improved my manaakitanga amongst further friends and whānau; when I left Pizza Hutt my nan Sarich lamented that ‘the dream was over’. Simultaneously, however, I held an individualist neoliberal mindset, common among the upwardly mobile socio-economic demographic of the North Shore of Auckland, that with ‘hard work’ you can achieve whatever you want. Unfortunately after being weathered against the grain of discrimination and full-time work in various low income jobs while studying, this mindset left me burnt out in my mid twenties and in need of a rest.

I’ve spent most of my life in education, studying in the process of gaining a PhD. I am the first in my whānau to gain a University degree and will be the first in my hapū, Ngai Tupoto, to gain a doctorate. Throughout my time in tertiary studies I have felt a simultaneous pull to have children, and pull to delay having children to focus on completing my studies. However, I do not believe that doing a thesis and having a baby or raising children are mutually exclusive. I have seen some amazing wāhine at university manage both. A synthesis of long term financial instability with the stress of work and study has formed a barrier to having children, for me. However, at most stages of my studies, if I were to have become pregnant I would welcome the child into this world, re-arranging my life to accommodate them. I’m now thirty, and still in education, and I am not a home owner. As I’ve grown up, many of my friends and cousins have been having children, and I’ve enjoyed my role as Aunty Jade.

He Pounamu Ma

Research is not a linear process; in the pursuit of knowledge and insights our views may be shaped or even transformed in the process. My experience of transformation in the context of education started in my

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28 Hospitality, kindness.
29 Subtribe (also means to be pregnant, conceived in the womb).
30 I refer to myself as a white jade, greenstone; with fair skin but a strong Māori core.
undergraduate education. I approached my PhD study with a Bachelor of Arts, double majoring in history and psychology, and an Honours degree in Psychology. I had a broad interest in society, culture, and how current modes of thinking are produced both in the presence of history and key social events and new ideas. I had a revelation when confronted with feminist writing and extracted an underlying common sense understanding of Western patriarchy from my views, beliefs and practices, in the same way I have now elucidated practices of colonisation. This has been an ongoing process, allowing me to see how social norms create and maintain subordination across the axes of gender, ethnicity, social class and many others. I have subsequently developed enthusiasm for unpicking and unhinging taken for granted ideas, especially how we may contribute to our own disempowerment.

Being Māori with a critical social analysis did not feel like enough to proceed with a Kaupapa Māori doctoral thesis. Early on in my doctoral study I did not feel like I was a ‘good enough Māori’, I did not speak te reo Māori, know the history of my marae nor have a confidence about tikanga on a marae. I did not feel competent enough in te reo me ona tikanga Māori (Pihama, 2001) to do a Kaupapa Māori research project. Having light coloured hair and skin, my authenticity as Māori was frequently challenged by my colleagues. No longer the ‘little Pākehā’ in the context of aroha and whānaungatanga, in a competitive individualist environment of University, I was ‘too Pākehā’ to be considered Māori and perceived to be acting fraudulently in order to obtain benefits from University equity policies. This had an impact on my confidence across Māori and Pākehā academic environments. A compounding difficulty was an exposure to research and ideas that continually positioned Māori as a ‘problem’ in relation to research and psychology. From this position, assuming a Māori identity either positioned me as an ‘active fraud’ or a ‘passive victim’. Within both spaces I could only see myself as a ‘bad Māori’ by virtue of my inability to be a ‘good Māori’ or being a ‘bad person’ in the context of deficit-focused research and negative discourses about Māori.

However, my ability to critique the negative discourses about Māori, my strong belief that ‘I am Māori’ and ‘I am a decent person’ facilitated a resolve to keep going. Thankfully, the wairua and feeling of aroha from whānaungatanga has always stayed with me across competitive academic Pākehā environments where my identity has been placed under scrutiny, and being a Pākehā-like Māori has been considered a flaw. While the University is a very individualistic environment, support from Supervisors, members of research groups and setting my research up to have a strong whānaungatanga element has brought about support for me and the thesis.

Through the process of the thesis itself, engaging with kaumātua, Māori academics, creating a supportive rangahau whānau, formally engaging with hapū and marae in the capacity as a researcher, taking on roles such as note-taker for marae wānanga on tikanga, reading published Kaupapa Māori and Mana Wāhine literature, and taking te reo Māori courses, I developed my knowledge to a position where I now feel comfortable claiming to be a Kaupapa Māori researcher (see acknowledgements for further detail on research support). This prompted me to learn my pepeha for whakapapa through

31 Community facility where hapū collectives discuss political and social matters, and host important events such as funerals.
32 Māori language and protocols.
33 Spirituality (also means soul, quintessence - spirit of a person which exists beyond death).
34 Members of my Māori research advisory group.
35 Seminar, conference, forum held at a community facility for hapū collectives.
36 A recitation of whakapapa and areas of significance, see the beginning of this section.
whakawhānaungatanga,37 and asking various whānau for their version of this, refining my kōrero38 to reflect the rich history of my tūpuna39 and the rohe40 they resided in. Being a researcher, and on the lookout for potential participants, meant attending various whānau events with my researcher ‘hat’ on. That meant whakawhānaungatanga, recruiting participants, learning about my whakapapa, reciprocating assistance in any way I could, in relation to what was going on in the whānau, and with the marae at various times. I attended numerous tangi,41 weddings, reunions, and sports tournaments in what formed a re-engagement with my taha Māori,42 that which makes me Māori. I have included footnotes and a glossary of te reo Māori concepts, in order to make this suppressed cultural knowledge accessible to Māori and Pākehā who may not speak te reo Māori.

This process has been at odds with a strict study or research timeline through externally imposed deadlines; rather it has come to growth in an organic process, an inner timeline, where I have come to moments of realisation; when I have developed a deeper understanding of a particular concept. I progressed from a position of knowing I am Māori, and asking what this means, to seeking and receiving support about my heritage, deepening my explicit knowledge about my whānau, hapū, ivi,43 and tikanga, to a point whereby I now hold responsibility for this knowledge, as the face of my ancestors (Penetito, 2011). This learning process may also be considered a form of decolonisation (Glover, Dudgeon, & Huygens, 2004; Pihama, 2001), where I was able to deconstruct social norms that position women and Māori negatively, and also explicitly acknowledge aspects of mātauranga, tikanga Māori and kawa44 from my values and practices through developing my knowledge in this area. Being able to understand and communicate in te reo Māori (albeit without fluency) has been vital in scaffolding this understanding. For instance, there were aspects of family life that we did in ways that were different to my Pākehā peers. While some of this was idiosyncratic to my mother and father, much of this I have come to learn as tikanga Māori around concepts such as whānaungatanga, whakapapa and wairua, what is ordinary, if you are Māori. As Maori Marsden writes:

“Māoritanga45 is a thing of the heart rather than the head. For that reason analysis is necessary only to make explicit what the Māori understands implicitly in his [sic] daily living, feeling, acting, and deciding” (Marsden, 2003, p. 2).

My research process has extended beyond an activity of knowledge production, with my experiences, views and perspectives being crafted by the process of Kaupapa Māori research. As a producer of Kaupapa Māori research the completion of this thesis does not make me an automatic ‘expert’ in relation to mātauranga and tikanga Māori, and I am still learning. Much of the tikanga concepts I draw upon have been shaped by discussions with kaumātua on these topics. I do not claim to present a ‘complete’ picture of fertility, reproduction and parenting tikanga. Rich resources and expertise on this kaupapa46 exists among ivi, hapū and whānau kaumātua, the kuia47 and koroua48 of Māori communities. Such expertise exists in the form of

37 Making connections with people through sharing whakapapa.
38 Narrative, speech, conversation, discourse
39 Ancestors, grandparents.
40 Boundary, district, region, territory, area, border (of land).
41 Funeral, rites for the dead, obsequies (also means weeping, crying).
42 Tribe (also means strength, bone).
43 Marae protocol, ceremony to open a new house.
44 Māori culture, practices and beliefs.
45 Topic, policy, matter for discussion (also means platform, layer and raft)
46 Elderly woman, grandmother, grand aunt.
47 Elderly man, grandfather, grand uncle, papa.
intergenerational knowledge transfer, lived experience of these tikanga, and a comprehensive understanding of the tikanga in te reo Māori, connecting the tikanga within a broader sphere of mātauranga Māori.

Furthermore, while the collation of literature on a given topic is expected in academic research, this is complicated in Kaupapa Māori research where our perspectives, mātauranga and tikanga Māori have been interpreted from the context of western knowledge bases and misconstrued. It is with a sense of both privilege and responsibility that I write about, present, and contain written accounts of this knowledge base. As an author and producer of Kaupapa Māori knowledge in an area that is culturally significant, I wish to position my expertise in relation to an analysis of what it is to be Māori and making reproductive decisions in the presence of mātauranga and tikanga Māori, with the impact of colonisation, negative discourses about Māori, and engaging in a health service context that continually suppresses our potential through the imposition of dominant western discourses. My intent is to examine a knowledge base that is not saturated with negative interpretations of Māori, to envision identities and possibilities for positive subjectivities, particularly in relation to gender, sexualities, relationships (with the natural environment, our atua, and in intimate relationships), reproductive bodies, and raising children. Māori culture is dynamic and adaptive in the face of colonisation and global social change and I am interested in understanding how Māori work creatively to negotiate their reproductive lives in these complex new contexts.

**Thesis Outline**

This thesis is structured in a conventional manner, starting by outlining a Mana Wāhine theoretical approach in chapter one, a review of the existing scholarship in chapter two, followed by a description of the methodology applied to this work in chapter three. Empirical chapters outlining the background context to contemporary Māori reproductive lives comprise chapters four and five, focussing on mātauranga and tikanga Māori, and western influences, respectively; followed by suggested innovations for sexuality education, maternity and abortion service delivery in the sixth chapter. To conclude, I examine patterns across the structural divide of chapters four and five, and investigate how service recommendations can be integrated into practice. A reference list and appendix of research documents follow the conclusion.

Describing each chapter of the thesis in more detail, the first chapter delineates a Mana Wāhine theoretical approach to research (Pihama, 2001). Through the research topic conceptualisation and data analysis, my analysis is centred, attending to diversity and socio-cultural intersections of experience. I outline historical and contemporary colonising processes and impacts, including specific imposed western social formations: patriarchy, Christianity, the market based economy, and the role of research in colonising Māori femininities and masculinities. I then investigate four applicable tools for a Mana Wāhine research agenda, including deconstruction for decolonisation, legitimation of traditional and contemporary mātauranga Māori, engaging in a nuanced analysis that does not merely seek ‘deficits’ or uncritically investigate ‘strengths’ of contemporary Māori, and theorising Māori identity and culture as a diverse, continually changing process that is practically oriented and jointly accomplished in social dialogue. I then finally discuss how this thesis was produced through a process of whānaungatanga with various members of the research team.

In the second chapter, I conduct the first comprehensive literature review of historical and contemporary Māori reproduction, in order to background later empirical chapters. I initially outline Māori reproductive demographic patterns, contextualising this quantitative information with a review of traditional mātauranga

49 Supernatural being. Literally translated in English as ‘Potential being from beyond’ (T. Smith, 2009).
and tikanga Māori literature pertaining to reproduction. This includes related narratives and knowledge about reproduction, growth and conception; *whenua* and *wai*, reproduction, *whakapapa*, identity, and the social significance of reproduction. Traditional knowledge about sexuality, *hapūtanga* and abortion including miscarriage, *te whare tangata*, childbirth and ceremonies associated with new life; and *whānaungatanga* is reviewed. I then review impacts of colonisation and racism on *whānaungatanga*, reproduction and sexuality, followed by Māori engagement with sexuality education, maternity and abortion services. Lastly, I outline research related to Māori and reproductive decision making, noting gaps in the present knowledge base.

I describe the research methodologies applied to this thesis in the third chapter, including my approach to recruitment, participant engagement and interview conduct with general and key informant participants, consistent with Kaupapa Māori guidelines (L. Smith, 2006). The diversity of research participation is outlined, and ontological and epistemological assumptions that frame data analysis are described, including a unique articulation of Māori critical realism and Māori social constructionism. I then describe the transcription conventions used, thematic approach to analysis, and how feedback from the wider research team was integrated. I then explore the methodological dilemmas I encountered including a conflict with ethical ideals of transparency, representation of participants’ voices, sending participants’ transcripts, sensitive research, and doing Mana Wāhine research without fluency in te reo Māori.

The fourth chapter, the first empirical chapter, investigates how Māori have reworked and reconfigured traditional mātauranga and tikanga Māori in their reproductive lives. I discuss how regarding children as a taonga, wrapping lives around children’s needs, and aspiring to have them, facilitated childbearing yet may also position childbearing as an imperative. I describe how relational aspects of whānaungatanga including exposure to diversity and rich networks of whānau, experience with children, the practice of aroha, manaakitanga and wairua, and whānau support was applied in participant lives with positive effect, backgrounding reproductive decisions and facilitating childbearing. I describe how participants’ reproductive decisions were facilitated by a motivation to extend and nurture whakapapa into the future, or choosing relationships oriented to future whakapapa. I also describe how wairua often worked as a force that facilitated conception ‘out of participants’ hands’ and informed reproductive decisions.

In the fifth chapter, the second empirical chapter, I describe how Māori reproductive decisions were produced through dialogue with western patterns of practice or negative effects of colonisation. Some participants’ reproductive lives were formed through accommodation to western ways of life, including the individualised nuclear family in the context of a market based economy, prioritising ideals of economic success, maturity, and individual configurations of relationships prior to childbearing. Disempowering intersections by gender, race and socioeconomic hardship produced challenging circumstances for reproductive decisions. Some reproductive decisions were formed in resistance to the individualistic pressures incumbent in a market based economy, driving many to seek responsive strategies.

In the sixth chapter, the final empirical chapter, I describe the innovative potential in applying contemporary mātauranga and tikanga Māori to reproductive health services positioned at key developmental intersections: sexuality education, maternity and abortion services. I initially outline unique strategies in

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50 Land, country, ground, placenta, afterbirth.
51 Water.
52 Pregnancy.
53 The womb, uterus, cervix, vaginal; literally translated in English as ‘House of People’.
54 A child is a gift.
sexuality education across domains of relationships, reproductive responsibility, working with variations in openness about sexuality, and contraception education. I then explore unique mātauranga and tikanga Māori pertaining to maternal bodies, whenua ki te whenua,55 pregnancy and birthing care that could inform maternity service delivery. Finally, I describe the dominant ways that participants’ spoke about abortion, emphasising individual choice, whānaungatanga, and the protection of new life, followed by clinicians’ approaches to working with Māori. There is scope to foreground contemporary mātauranga and tikanga Māori in reproductive services, producing bicultural enrichment, circumvent perceived problems in current health service delivery and link with wider Kaupapa Māori ambitions to achieve whakaruruhau in this field.

I conclude by examining the achievements of the thesis, reviewing main narratives and implications for the dynamic cultural actor. I then extended the discussion to consider the criss-crossing of mātauranga and tikanga Māori and western patterns of practice across the structural divide of chapters five and six. I also outline concrete recommendations for reproductive health service delivery, limitations of the present study and possibilities for future research.

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55 Returning the placenta and afterbirth to the ancestral homelands (Mead, 2003).
CHAPTER 1: MANA WĀHINE

INTRODUCTION

A Mana Wāhine theoretical approach to research has intrinsically shaped and scaffolded the process of knowledge production and my personal development throughout the thesis, outlined in the introduction. Mana Wāhine research is a theoretical framework positioned within the broader context of Kaupapa Māori research incorporating a Kaupapa Māori research agenda, and a wāhine Māori analysis of the phenomenon studied (Pihama, 2001). Implicit in the term Mana Wāhine is recognition of the intrinsic spiritual and physical prestige of wāhine Māori. There is no singular theory of Māori feminism (Irwin, 1992) but iterations of this concept may occur across various disciplines and nuanced in relation to the whānau, hapū and iwi perspectives of the researcher. Mana Wāhine is a concept that is broader than academic study and feminism. Mana can be bestowed and acknowledged in areas other than academic knowledges and the embodiment of Mana Wāhine can be done in diverse ways. There are numerous examples of wāhine Māori who have held status in whakapapa across whānau, hapū and iwi including those who have been active leaders in the struggle for tino rangatiratanga at a national level (Pihama, 2001). Academic understandings, workings, knowledge and activism in relation to the intersections of gender, culture and other areas of identity are one aspect of doing/being/enacting Mana wāhine.

In this chapter, I initially review relevant literature on colonisation that contextualises Mana Wāhine research followed by a review of the literature outlining the methodological approach to doing Mana Wāhine research. In this chapter I seek to clarify what social context has given rise to the need for Mana Wāhine research? What specific colonising impacts are relevant to a Mana Wāhine research agenda? How can Mana Wāhine research be done in the presence of the challenges posed by colonisation? Throughout this chapter I engage with key themes that draw from Leonie Pihama’s (2001) description of Mana Wāhine as a theoretical framework: Mana Wāhine, te reo me ona tikanga Māori, whakapapa, whānau, recognising diverse realities, wairua, Te Tiriti o Waitangi, decolonisation, mātauranga Māori and reclaiming cultural space. I have integrated these concepts throughout this chapter, italicising my use of them. While these themes were all significant and important considerations in this thesis, I have chosen to orient my discussion of Mana Wāhine research to the key themes that were pertinent to the current thesis, conducted in Psychology, drawing upon critical psychological theories. This thesis also broadens a Mana Wāhine research approach to

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1 An approach that privileges the perspectives and protocols of Māori women.
2 An approach that privileges the perspectives and protocols of Māori.
3 Māori women.
4 Extended family (also means to be born, to give birth).
5 Subtribe (also means to be pregnant, conceived in the womb).
6 Tribe (also means strength, bone).
7 A supernatural force in a person, place or object. Mana goes hand in hand with tapu.
8 Genealogy, lineage, descent (also means genealogical table).
9 Self-determination.
10 The inherent prestige, authority and power of women.
11 Māori language and traditional practices.
12 Genealogy, lineage, descent (also means genealogical table).
13 Spirituality (also means soul, quintessence - spirit of a person which exists beyond death).
14 The Treaty of Waitangi.
15 Māori education, knowledge and wisdom.
include analysis of the positioning of Māori masculinities, of pertinence to the present study topic based upon reproduction and whānaungatanga.  

**COLONISATION**

Colonisation has had a significantly negative impact on Māori with particular gendered implications, of relevance to a Mana Wāhine research agenda. In this section I outline some of the broad processes and impacts of colonisation, a rubric that contains a multitude of interventions, experiences and responses. This includes the outright intent of the settlers to usurp Māori forms of governance and dispossess Māori from ancestral homelands, to mundane forms of assimilative process. It also includes responses that resist and strive to re-configure and confirm past processes, to those that take the best from either worlds, or those that are still searching for a way forward. I then discuss the formalised agreement between Māori and Pākehā through Te Tiriti o Waitangi, and the way that this provides a platform to engage with the rights of Māori, as tangata whenua of New Zealand.

**BROAD IMPACTS ON MĀORI**

Through colonisation, Māori faced warfare, confiscation and forced sale of lands leading to the dispossession of 96% of previously occupied land (Glover et al., 2004). The dispossession of land isolated Māori from surrounding sea, and areas by which to live, cultivate and obtain food and sustenance (Glover et al., 2004). With loss of access to these resources, communities became reliant on income through cheap and unskilled labour, leading to long hours, heavy work, and survival on a subsistent income (Orange, 1994). The psychological aspects of colonisation, and its effect on Māori mana, has caused further material and social disadvantage for Māori (Herangi-Panapa, 1998). The loss of papa kāinga has led to further negative impacts, considering the social, ecological, and spiritual significance of whenua to Māori (Pere, 1994). A recognition that colonisation has intergenerational psychological effects on indigenous people has recently been recognised in the international literature, through the concept of ‘intergenerational trauma’ (Czyzewski, 2011). The end of the 1800s showed a marked decline in the health of Māori, marred by introduced diseases and epidemics of illnesses (Orange, 1994). Neglect and apathy on the part of the government was conspicuous, with perceptions by government officials that intervention would amount to a ‘special vote’, justified by beliefs that Māori were a ‘dying race’ (Orange, 1994) and there would be a need to ‘smooth the dying pillow’ to facilitate the death of Māori (Te Kani and Waiti 2011). Later denial of access to traditional methods of healing and rongoa through the Tohunga Suppression Act 1907, had an additional impact (Glover et al., 2004). Such interventions were pernicious in their effects, and relate to what academics such as Leonie Pihama (2012), Cherryl Smith (2004), and Marewa Glover and Benedicta Rousseau (2007) refer to as depopulation, eugenics and genocide.

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16 Relationship, kinship, sense of family connection.
17 Local people, hosts, indigenous people of the land - people born of the whenua (of the placenta and the land) where the people's ancestors have lived and where their placenta are buried.
18 A supernatural force in a person, place or object. Mana goes hand in hand with tapu.
19 Original home, home base, village.
20 Land, country, ground (also means placenta, afterbirth).
21 Remedy, medicine, drug, cure, medication, treatment, solution (to a problem), tonic.
22 Skilled person, chosen expert, priest - a person chosen by the agent of an atua and the tribe as a leader in a particular field because of signs indicating talent for a particular vocation.
In New Zealand, domination also occurred through assimilating Māori to the system of European culture, enabled by the ‘tyranny of the majority’ and racist discourse (Jackson, 2007). The New Zealand government believed that the possibilities for Māori survival lay in assimilation to western processes, and that Māori had a lot to gain through assimilation, justified inequitable practice, and failed to create means for Māori development (Orange, 1994). This was also facilitated by surrounding discourse that insinuated Māori were inferior to Pākehā, and that Māori were wealthy through land occupation (Orange, 1994).

Despite the severity of colonisation and removal of Māori sovereignty, Māori did not fall victim to a ‘fatal impact’ (O’Malley & Hutton, 2007). The retention of Māori beliefs and practices across the history of colonisation speaks to the resilience of our culture, and the strength of leaders who fought to sustain this knowledge (Orange, 1994). Although the government refused to allow policies specific to Māori cultural needs, there were some Pākehā who understood and advocated for Māori. Over time, participation in Pākehā matters became possible and some became able to move and mediate between both cultures (Orange, 1994). For some Māori, tino rangatiratanga has formed the ultimate aspiration, in the aim of being sovereign, free of foreign power (Hohepa, 2011).

The violation of agreements and treaties was another part of colonial domination (Hohepa, 2011). Following contact between tangata whenua and new settlers to New Zealand, various agreements were drawn up to formalise this relationship. One such agreement, Te Tiriti o Waitangi, signed in 1840, acknowledged the equality of the treaty participants, their culture, and epistemological bases (Hohepa, 2011; HRC, 2008). As tangata whenua, Māori were promised tino rangatiratanga, the right to self govern, and that political, judicial, and legal authority would be granted to Māori over their own people; this right was not adhered to (Hohepa, 2011). In the place of tikanga Māori that formed the lore, or governance of Māori people, was imposed western government structures, the law, informed by British and European epistemologies. This was a key agent in the force and impact of colonisation; forming laws that did not afford scope for tikanga Māori, traditional structures and whānau or actively legislating against this (Te Runanga o Te Rarawa, 2011).

Acknowledging the foundation of the relationship between Māori and Pākehā, in Te Tiriti o Waitangi, provides a platform where tangata whenua are entitled to recognition as equitable partners in the governance of New Zealand (Durie, 2001). Tangata whenua rights include: self determination, equity of values, collective wellbeing, equal quality of information, policy based on evidence that is valid for Māori (Robson, 2002). Under the climate of goodwill between Māori and Pākehā, that characterised the intent of Te Tiriti o Waitangi, consideration of social justice, equity, and security have been deemed important political and social considerations under a crown government (Department of Health, 1993; Marsden, 2003). The social determinants of health model is useful in accounting for the impacts of various axes of power and social hierarchy on health outcomes, including reasons why Māori do not currently experience equity in health outcomes compared with Pākehā (CSDH, 2008).

Specific impacts relevant to Mana Wāhine
In this section I examine the institutions, practices and processes associated with four dominant western modes of social organisation that have been imposed upon Māori through colonisation with specific relevance to a Mana Wāhine research approach. There is considerable diversity within these modes of social

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23 Correct procedure, custom, manner and practice, pertaining to Māori.
organisation, and they are not indicative of western culture or all western people in full, but instead represent an intersecting hegemony over Māori through the ongoing experience of colonisation. Critique of these areas is also shared with western scholars and commonalities may be drawn with the experiences of other indigenous people.

**Patriarchy**

Drawing upon *te reo me ona tikanga* for insights into traditional Māori understandings of gender, a lack of gender hierarchy is indicated in the gender neutrality of personal pronouns: ia, that means both he and she (Mikaere, 2011a; Pihama, 2001). Wāhine and tāne roles were not configured by hierarchy, but by an interrelationship with one another (Mikaere, 1994), as complementary attributes (Rimene et al., 1998), guided by a general governing concept of whakarite that denotes balance between people and the world, in terms of reciprocity and complementary roles (Herangi-Panapa, 1998). There were no separate spheres or differentiation between home and work, rather, everyone in the community worked together and leadership roles were shared between tāne and wāhine (Mikaere, 1994). As both sexes typically worked together, work was not gendered; rather the task at hand was done by whoever was available (Pere, 1994). Wāhine roles included being bearers of knowledge, those who maintained whakapapa, leaders, nurturers, and spiritual leaders (Herangi-Panapa, 1998). Whakapapa is the primary structuring social influence rather than gender. This informs the importance placed upon wāhine, as ‘Te Whare Tāngata,’ the house of procreation; where reproduction and maintaining whakapapa is part of cultural identity, and having children is viewed as a Māori cultural norm (Glover, McKree, & Dyall, 2008). This also informs the importance placed upon men, and the role they had in protecting the whakapapa and tribal interests through battle, and possible death.

Māori became pressured to assimilate to western notions of patriarchy through Government structures, including law, legislation, judicial and political processes. Our system of whānau became altered through the Native Land Act of 1909 where Māori customary marriage was not considered legally valid. This forced heterosexual wāhine Māori to become married according to western legal definitions that positioned them as property of their partners without equal rights to collective property or their children (Mikaere, 1994). Further shifts in Māori feminine and masculine subjectivities were more subtly enabled at an institutional level through the government’s exclusive focus on engaging Māori men, consistent with a legacy of colonial patriarchal practice that perceives tāne to be the ‘naturally’ important people in society. This occurred during the signing of *Te Tiriti o Waitangi* (Mikaere, 2010; Pihama, 2001) yet wāhine Māori still comprised thirteen of the signatories (Hutchings, 2002; Johnston, 2005). In more recent history, the government undermined the appointment of the Māori Women’s Welfare League to work with Māori issues in favour of establishing a New Zealand Māori council; because the government was concerned the issues were not for wāhine Māori to address. The formation of the iwi leaders forum in 2010 illustrates another contemporary example of the government’s reluctance to engage with wāhine Māori over tāne Māori, where six of their seven members are tāne (Mikaere, 2010).

Māori were also pressured to assimilate to Pākehā norms and values. This had a twofold effect, in over-riding Māori beliefs with Pākehā ones, and positioning us as ‘other’ in relation to European norms, rendering us subject to racist and incorrect definitions and assumptions. In an example of Pākehā attempts to over-ride Māori norms and values, missionaries attempted to shift indigenous sexuality in line with a subservience to

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24 Men, males, husbands.

25 The womb, uterus, cervix, vaginal; literally translated in English as ‘House of People’.
patriarchal authority (Rountree, 2000). To early settlers observing wāhine Māori in the whānau, their autonomy, sexual freedom, nudity and long unbound hair was interpreted as ‘immoral’, lacking discipline (Mikaere, 1994) and part of a ‘savage’ nature (Rountree, 2000). The missionary focus was to ‘clean, clothe, and control’ the Māori woman’s body to appear more Christian (Rountree, 2000).

Colonising perspectives of Māori masculinities have also positioned us as ‘other’ in relation to Pākehā. In the nineteenth century, Māori masculinity was viewed by the settlers in opposition to the cultural white male ideal, with Māori seen as inherently ‘savage’, ‘violent’, ‘intellectually inferior’, and in need of being ‘tamed and civilised’ (Hokowhitu, 2004). Such discourses functioned to justify the legitimacy of colonising objectives. In the twentieth century Pākehā views of Māori masculinity shifted to an aim of harnessing their ‘savagery’ as a ‘natural athleticism’ which equipped tāne Māori to enter into the Pākehā cultural world, albeit the stoic, rugged, sports-oriented, sometimes violent, physical mainstream male world (Hokowhitu, 2004). Perceptions of tāne Māori as inherently violent, while sanctioned in acceptable colonial roles such as war, combat, and hunting have led many to question the suitability of tāne Māori as fathers and leaders, becoming a ‘naturalised’ assumption of Māori ‘dysfunction’ rather than viewing the varieties of Māori men’s subjectivities in academia, the creative arts, and as fathers in the context of whānau (Hokowhitu, 2004).

Alongside these deliberate attempts to make Māori gendered subjectivities more Pākehā and patriarchal, these became embedded within Māori views of tikanga, to the point where many perceived traditional Māori gendered subjectivities to be inherently patriarchal and many Māori now accept a gendered hierarchy as tikanga Māori, Ani Mikaere (2010, p. 7) writes:

“Turning Māori philosophy on its’ head and its recharacterisation as the mirror image of Western belief systems is no unintended consequence of the colonisation process but rather an integral component of its success”.

Critiquing the ways in which patriarchy has been subtly embedded within our tikanga is a pursuit of Mana Wāhine research, in peeling back the layers of colonial masculinity (Hutchings, 2002). Reclaiming cultural space for wāhine in matters of cultural significance is also important (Pihama, 2001). Subtle and more significant differences in marae tikanga exist within and across various rohe, including the cultural practices pōwhiri and tangihanga. Therefore, the manner of reclaiming cultural space for wāhine is likely to vary considerably from rohe to rohe, however maintaining a view that kaupapa should be prioritised over tikanga unites us (see Pihama, 2001 for a broader discussion on this topic).

MARKET BASED ECONOMY

Through the process of colonisation, a market based economy based upon a system of capitalism and economically defined ‘social-class’ was imported (Pihama, 2001). Under a monetary system, based upon the commodification of goods and human labour, a lack of access to resources formed a basis for marginalisation. An analysis of socio-economic marginalisation forms an important element of Kaupapa Māori research (Smith, 2006) including Mana Wāhine. Historically, Māori were disadvantaged from accessing educational opportunities across the full spectrum of schooling and academic subjects, and barriers to achievement were

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26 Community facility where hapū collectives discuss political and social matters, and host important events such as funerals.
27 Boundary, district, region, territory, area, border (of land).
28 Invitation, rituals of encounter, welcome ceremony on a marae, welcome.
29 Weeping, crying, funeral, rites for the dead, obsequies.
30 Topic, policy, matter for discussion (also means platform, layer and raft).
formed through teachers stereotyped and racist views about Māori academic achievement (Barrington, 2005; Herangi-Panapa, 1998; Hokowhitu, 2004; Jones & Taonui, 2010). This prevented Māori from entering occupations across the socio-economic spectrum, instead channelling Māori into lower skilled and lower paid vocational roles in New Zealand (Jones & Taonui, 2010).

The introduction of a market based economy through colonisation is likely to have negative impacts on tāne Māori where systems of hierarchy position tāne Māori unequally to tāne Pākehā,31 producing particular gendered subjectivities. The heterosexually located male breadwinner discourse may place pressure on tāne Māori to economically provide for their whānau in a social context that does not make this easy (Hutchings, 2001). This may have further negative impacts on wāhine Māori who are reliant on tāne for these means (Hutchings, 2001), heterosexual wāhine Māori who leave their partners, and wāhine Māori who align with western feminist trends to develop a career.

Discourses of neoliberalism come under this critique of the market based economy (Pihama, 2011; Smith, 2011b) for the way that their modes of representation and underpinning ideologies operate at the sharpened interface between cultural oppression and economics (Smith, 2011b). The constitution of an individualised, rational subject, who exists in a free market of choices, positions responsibility for one’s socio-economic status and outcomes upon the individual’s perceived skills, abilities, and ‘hard work’ (Saunders, 2010). The impact social disadvantage has in restraining the ‘individual choices’ available, is ignored, and the power privilege affords is unacknowledged.

Graham Smith (2011b) notes that within a Kaupapa Māori analysis of socio-economics, Māori have strength and resilience through the system of whānau. Social capital and capacity acquired through networks with whānau, hapū and iwi offer economic benefits. Through nurturance in whānau, a value system built upon collaboration and sharing is also an important resource for the job market. However, analysis needs to note that for some urbanised whānau this concept is unknown, and political discourses that suggest that being Māori means not having any money, need to be challenged (Penetito, 2011).

EARLY MISSIONARY INFLUENCE THROUGH THE PROMOTION OF CHRISTIANITY
There are diverse forms of Christianity emphasising and promoting different beliefs and practices that have also been subject to change over time. It is not my intent to engage with the nuances and complexities of these different value systems, but to instead describe the impacts of missionary engagement with Māori during colonisation, through the promotion of Christian ideology of that era. For many experts in traditional pre-colonial frameworks of spirituality, a shift to Christianity from pre-colonial frameworks was conscious and explicit (Royal, 2006). Christian spirituality and understandings of wairua through tikanga Māori have been synthesised to produce a mutually influencing value system in Catholicism, today (See Tate, 2010). Christianity comprises a system of practices and processes to express, understand and experience wairua, forming part of a Māori Christian cultural identity for many (Simmonds, 2009). It is very likely that interpretations made about pre-colonial concepts of wairua are infused with understandings of Christianity (Royal, 2006) and one framework of wairua is not superior to another (Pihama, 2001).

The influence of early missionaries and Christian ideologies did however, effect a shift in tikanga Māori approaches to sexual knowledges in alignment with western patriarchy (Aspin, 2005; Mead, 2003; Simmonds, 2009). Early missionaries perceived Māori beliefs to be paganistic, placing moral and ethical judgements on

31 Pākehā men.
people to comply with a western value system (Herangi-Panapa, 1998). During early colonisation, the aims of patriarchy were facilitated through the Christian spiritual blessing of heterosexual marriage that permitted a man to have property rights over women and children in the family (Te Awekotuku, 1991). The contestation of same-sex relationships in some Christian discourse represents a defensive posture to the patriarchal order (Aspin, 2005). This has influenced Māori sexualities where validated subject positioning for those who had same sex attraction were made out to be wrong and considered ‘paganistic’ (Aspin & Hutchings, 2007).

Such ‘paganistic beliefs’ in our mātauranga included the story of Tutānekai, who formed an intimate relationship with his hoa takatāpui, Tiki (Te Awekotuku, 1991) and the celebration of same sex relationships through depictions of this in Māori taonga (Aspin, 2005). Today, many Māori who experience same sex attraction use the term Takatāpui, from the story of Tutānekai and Tiki (Aspin & Hutchings, 2007). Deconstructing the binaries that reify a perception of ‘normal’ and ‘other’ that characterise western approaches to sexuality to appreciate a more fluid and flexible understanding of sexuality where sexual preferences may change over one’s lifetime, offers resistance to some Christian social formations in this area (Aspin & Hutchings, 2007).

**APPROACHES TO KNOWLEDGE**

In researching Māori knowledge, western anthropologists imposed their own value system including dominant gendered discourses upon their written accounts of mātauranga Māori (Mikaere, 2010; Pihama, 2001; L. Smith, 2006). Tāne Māori who had multiple partners were seen as ‘chiefs’ while wāhine who did so were ignored (Mikaere, 2011b). Narratives that depicted wāhine strength and power were ignored, invisibilising wāhine potentialities within tikanga Māori (Irwin, 1992) and current positive discursive formations for wāhine Māori. The feminine atua, Papatūānuku, Hineahuone and Hinenuitepo became ‘passive’ figures to the dominant men; the story of a fight between Kahiri the female sexual element, and Tiki, the male sexual element became one of Tiki yielding to Kahiri, rendering the female passive. This is juxtaposed against Māori accounts where the male sexual element was defeated by the female, paralleling coital sex where the male penis is initially erect, becoming limp after orgasm (T. Smith, 2009).

Research assisted the process of colonisation by enabling the settlers to determine, script and define knowledge about Māori, then control how knowledge was applied (L. Smith, 2006). Within psychology and other disciplines, biases implicit in the ideologies of those who belong to dominant social groups have come to be reified as ‘scientific knowledge’ (Gergen, 1990). Both feminist and Kaupapa Māori research share a critique of research claims to objectivity and notions of the researcher as simply a ‘detached observer’ (see Fine, 2002 and ; L. Smith, 2006). For western women, research that has been conducted on women by men has typically worked in favour of patriarchal interests, where women are characterised as inherently inferior, irrational (Hare-Mustin & Marecek, 1988) and incapable of their own informed perspective (Kitzinger & Wilkinson, 1996). For Māori, research has been shaped by, and informed dialogue on, negative colonial discourses that continually position Māori as ‘inferior’ to Pākehā (Bishop, 2005; Pihama, 2001; L. Smith, 2006). Both critical feminist and Kaupapa Māori research resists this dominant western research approach by

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32 Intimate friend of the same sex.
33 Art (generically refers to a treasure, anything prized - applied to anything considered to be of value).
34 Earth mother and wife of Ranginui. All living things originate from them.
35 The first human, a woman.
36 Daughter of Hineahuone, also known as Hinetitama.
working within a framework that critically analyses the ways in which power shapes, constrains, and enables particular modes of being that reinforce the interests of dominant social groups.

Intrinsic to our mātauranga, the concept of wairua is rarely considered in western research (Pihama, 2001). While laws were passed to prohibit tohunga from working with wairua due to the Tohunga Suppression Act of 1907 (Cunningham & Stanley, 2003) this knowledge base was further invalidated across theological, political, and academic spheres. Neoliberal and scientific concepts that privilege a rational subject afford no scope for concepts of wairua. Critical theories and western feminisms have also been critiqued for their lack of provision of wairua, rendering wāhine Māori spirituality invisible (Pihama, 2001). From a Māori epistemology wairua cannot be disconnected from physical reality and is integral to our systems of knowledge. Through whakapapa we have interlinked relationships with the whenua, moana, maunga and the atua (Pihama, 2001) to the point where “the relationship many wāhine Māori have with wairua governs everything they do” (Hutchings, 2002, p. 51). A perspective on identity that acknowledges the interconnection of wairua with ecological features, whakapapa and tribal narratives is part of a distinctive Māori feminist approach (Evans, 1994). Reinvigorating concepts of wairua, wāhine Māori spirituality, and our links to our wāhine atua is an important aspect of shifting dominant western research approaches to befit a Mana Wāhine research agenda (Pihama, 2001).

**MANA WĀHINE**

A Mana Wāhine theoretical approach to research engages with the colonising effects of dominant western social formations; including patriarchy, the market based economy, some Christian ideologies; and their associated implications for the intersections of culture and race with gender, social class, and sexuality. Articulating a unique variety of feminism that has relevance for Māori is important as feminism has not always been perceived to be relevant to Māori due to a perception that colonisation and racism were more pressing concerns (Te Awekotuku, 1991), and western feminists’ struggle against patriarchal social norms and values have occurred without acknowledgment of western privilege (Mikaere, 1994; Pihama, 2001). However, many researchers now contextualise the analysis of Māori specific understandings (Mikaere, 1994), locating the positioning and contexts of those researched, taking an intersectional approach (Davis, 2008). Intersectionality was assumed in my engagement with feminism. The following quote was, and remains, on the second page of the University of Auckland ‘Psychology and Gender 319’ course book:

“I was participating in a graduate seminar in Feminist Theory several years ago when a dispute between a white woman and a black woman froze the casual temper of the group. The white woman claimed that the universal oppression of women by men bound the two of them in a common plight. The black woman disagreed. ‘When you wake up and look in the mirror, what do you see?’ she asked. ‘I see a woman,’ replied the white woman. ‘That’s precisely the problem,’ replied the black woman. ‘I see a black woman. For me race is visible every day, because it is how I am not privileged in this culture. Race is invisible to you, which is why our alliance will always be strained to me.’

I was startled by this exchange. When I, middle-class, white, male, looked in the mirror, I saw a human being, universally generalizable, a generic person – without race, class or gender. What had been so easily concealed had become strikingly visible” (Michael Kimmel in Wetherell & Griffin, 1991, pp. 377-378).

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37 Sea, ocean, large lake.
38 Mountain, mount, peak.
39 Supernatural being. Literally translated in English as ‘Potential being from beyond’ (T. Smith, 2009).
Research that takes an intersectional approach to the analysis of subjects constituted within different axes of power, can also attenuate to spaces of privilege and non privilege (Davis, 2008). Acknowledging privilege by ethnicity can make western feminism relevant to wāhine Māori (Pihama, 2001). Intersectional feminisms are complementary but do not replace the need for a Māori-specific feminism given the cultural distinctiveness of wāhine Māori (Simmonds, 2011), and how the process of colonisation has eroded the mana of wāhine Māori (Te Awekotuku, 1991).

Managing the way that knowledge has been created, and research has been conducted in a way that does not serve the best interests of Māori, makes a number of further considerations pertinent in Mana Wāhine research. Ensuring that wāhine Māori drive research agendas, carry out research according to tikanga and draw out analysis from the vantage points and perspectives of wāhine Māori is a key aspect of practicing Mana Wāhine research (Pihama, 2001). Here, I outline four applicable tools for a Mana Wāhine research agenda; these apply to the design of Mana Wāhine research. Decolonisation (Pihama, 2001) and legitimating mātauranga Māori (Pihama, 2001) are concepts that have additional relevance to deductive approaches to data analysis (see further in depth discussion about epistemology and ontology in methodology chapter).

DECONSTRUCTION FOR DECOLONISATION

Dominating discourses change overtime; as they are critiqued they are revised and re-formed with greater subtlety. Deconstructing these discourses is necessary in challenging the changing form of colonisation (G. Smith, 2011). It is a process that inverts the usual process of colonisation, through placing wāhine Māori at the centre of the analysis and interrogating dominant western discourses and processes (Pihama, 2001). This process involves revealing assumptions and understanding how they inter-relate to produce particular representations of Māori (Pihama, 2001).

Unravelling the layers of patriarchal discourse and early missionary influence that did not find favour in our sexuality (Aspin, 2005; Pihama, 2001), stories and art and then erased this from records forms an important component of reclaiming our mana as full embodied gendered subjects (Pihama, 2001). Creating spaces where Māori theories validate and legitimise the diverse sexualities of our people, is critical to a Mana Wāhine ethic, legitimating being Māori and affirming this as ‘normal’ (Pihama, 2001).

Deconstructing aspects of neoliberal discourse that blame those who are positioned in low socioeconomic positions for not rising out of difficult circumstances while government policies impede our ability to do so is also key aspect of Mana Wāhine research. Examining possibilities for Māori to achieve economic and material wellbeing is crucial when many Māori currently experience hardship associated with low socioeconomic status (Smith, 2006). Critically analysing possibilities for advancement within western frameworks as well as tikanga Māori is important in the task of decolonisation.

LEGITIMATION OF MĀTAURANGA MĀORI

While deconstructing negative representation, we also need to craft something positive to substitute this (Simmonds, 2011). This can involve reclaiming past representations of wāhine Māori in mātauranga, recognising and reaffirming the mana of our wāhine tūpuna (Pihama, 2001) and acknowledging the competency and proliferation of wāhine Māori leaders; historical and contemporary (Evans, 1994). We need to challenge the suggestion that Māori culturally value tāne more than wāhine (Mikaere, 2011a) and resist

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40 Women ancestors, grandparents (Western dialect).
being constituted as ‘powerless’ within the frameworks of dominant western discourses (Evans, 1994). Mikaere (2011a, p. 204) invites us to think “beyond the intellectual imprisonment of what our colonisers deem to be realistic”. For instance, disruptions to intergenerational knowledge transfer through whānau have meant wāhine Māori no longer have the language to explain cultural concepts such as te whare tāngata (Cram & Smith, 2003). Conceptualising, reflecting on, taking for granted, and critically engaging with Māori knowledge on its own terms, within its own epistemological framing, is an important facet of Mana Wāhine research.

Our tūpuna have always been philosophers, with waiata\(^{41}\) and karakia\(^{42}\) that illustrate ancient teachings. Part of legitimising our mātauranga (Pihama, 2001) involves drawing from our own knowledge systems for novel ideas, and uniquely Māori conceptualisations to interrupt colonising processes (Mikaere, 2011b; Pihama, 2011a). Acknowledging the strength, ingenuity, and creativity of our tūpuna by utilising this as a platform to build further ideas, concepts and academic writing validates mātauranga Māori as valuable and legitimate (Pihama, 2001).

Conceptualising, reflecting on, taking for granted, and critically engaging with Māori knowledge on its own terms, within its own epistemological framing, is part of this process. This can involve a critical appraisal of our current tikanga, for the way that gender or other axes of power may be positioned in the process of reclaiming cultural space (Pihama, 2001). It is not to value tikanga or mātauranga as a cultural framework positioned separately from modern influences in ways that render this as separate or irrelevant (Wetherell & Potter, 1992). It is also not to position those, including some young urban Māori who are not in possession of a traditional knowledge set as ‘lacking’ or ‘not robust’ (Wetherell & Potter, 1992). Rather, the process of legitimating mātauranga Māori (Pihama, 2001) involves understanding past suppressed understandings while formulating ways they can be reaffirmed in the context of diverse and complex contemporary lives.

**THEORIZING CULTURE AND IDENTITY IN A POST COLONIAL LANDSCAPE**

While legitimating our mātauranga and te reo me ona tikanga is an important agenda in Mana Wāhine research, it is also complicated in the context of a postmodern, global and multicultural society. It is impossible to accurately capture the reality and intent of people in a historical moment. Interpretation on historical information is shaped by the lenses and cultural values of the writer, and by the reader (O’Malley & Hutton, 2007). The increasing complexity of cultural relationships through local and global networks has led to a greater accessibility of diverse representations and have produced a shift from viewing culture as a stable, homogenous construct, to one that is heterogeneous and dynamic (Meijl, 2010). Legitimating our mātauranga and te reo me ona tikanga in this domain involves drawing upon the past to look for new ways of doing things, and skilfully working them up for new contexts. Culture is seen as dynamic and continually changing process that is formed in dialogue with various surrounding influences (Meijl, 2010).

While wāhine Māori are culturally distinctive from Pākehā this does not translate to a fixed notion of culturally ‘authentic’ wāhine Māori:

“At the heart of such a view of authenticity is a belief that indigenous cultures cannot change, cannot recreate themselves and still claim to be indigenous. Nor can they be complicated, internally diverse or contradictory. Only the west has that privilege” (L. Smith, 2006, p. 74).

\(^{41}\) Song, chant, psalm.  
\(^{42}\) Incantation, prayer, grace, blessing, church service.
Mana Wāhine is a framework that recognises the diverse realities of Māori and does not treat us as a homogenous group (Irwin, 1992; Pihama, 2001). Under this framework, identity is layered, like whakapapa (Pihama, 2011a) across numerous differences in relation to whānau, hapū, iwi and the axes of power: gender, socio-economic status, education, age, urban/rural locations, knowledge of traditional Māori tikanga and disability (Bishop, 2005; Irwin, 1992; Mikaere, 2010; Pihama, 2001). The suppression of our tikanga through colonisation has also produced different and nuanced understandings of this (Simmonds, 2011) and Māori consequently have variable knowledge of this. Differences exist in life experiences, indicated in the subjective experience of being a whaea43 or mātua,44 raising children, or kuia45 or koroua,46 having mokōpūna.47 We also may be positioned differently across our life experiences and in relation to others, as mothers, daughters, aunties, nieces, sisters, grandmothers, and granddaughters (Pihama, 2001). Given the breadth of difference in life experiences, an expectation that Māori women speak with one voice (Mikaere, 2010) or leave aspects of our identity ‘at the gate’ in our theorising (Pihama, 2001, p. 278) is not realistic. This framework aligns with intersectional approaches developed by women of color in the United States of America (see Collins, 2012; hooks, 2000) whereby axes of difference such as race, gender, and class are not located within discreet, measurable factors that converge equally to produce a particular experience but are fused in mutual constitution (Davis, 2008).

In this regard, Mana Wāhine and intersectional approaches to research align with socially oriented feminist theories that take a non-essentialising view of gender, culture, sexual orientation and difference (Davis, 2008). These include feminist post-structuralism (Gavey, 1989), postmodernist psychology (Gergen, 1990), social constructionism (V. Burr, 1995), and discourse analysis (Wetherell, 1998) (see sections on ontology and epistemology for a fuller explanation). In the context of these psychological theories, identity may be seen as a ‘subjective, individual achievement’ (Wetherell, 2010, p. 3) assembled across different domains and reconfigured as meaningful and subjectively experienced. Identity is not static; it is flexible, practically oriented and jointly accomplished through group membership and belonging, marginalisation, and intersections between them. For Māori, who are exposed to multiple cultural influences including mātauranga and te reo me ona tikanga in addition to western and global influences, different modes and configurations are possible depending on their engagement with different cultural concepts.

Within this conceptualisation of culture and identity, I aim to move beyond an analysis of the effects of marginalisation towards strategies for change and innovation (Hook, 2005). It is not my intent to present Māori knowledge post colonisation as somehow not part of ‘authentic’ Māori culture nor adjudicate on what particular ways of life are ‘best’. My aim is to investigate Māori cultural knowledge, practices, values and identity, and how people navigate the diverse landscapes in a postmodern, multicultural and global world.

STRENGTHS BASED VS. DEFICIT FOCUSED RESEARCH

Given the scope for research to operate as a vehicle for colonisation, ensuring Māori have control or rangatiratanga over research about Māori and that communities tangibly benefit from the research is an important consideration in Kaupapa Māori research (G. Smith, 1990) including Mana Wāhine approaches. Comparative research between Māori and non Māori often positions Māori culture negatively with non Māori modes of assistance advocated (Glover, et al., 2004). Such research that investigates the causes of a pre-
determined ‘problem’ in relation to Māori issues without engaging with the social and political factors behind this, runs the risk of perpetuating marginality. Rather than disrupting colonising discourses about Māori, such deficit focused research (Bishop, 2005; Pihama, 2011a; Robson, 2002; L. Smith, 2006) employed in contemporary academic dialogue may stem from, and perpetuate racist discourses (Reid, 2006a), blaming the victim for their victimisation. Without engaging with the notion of positive outcomes for Pākehā resting upon a notion of socio-cultural, ethnic, and socio-economic privilege, the understanding of Māori issues then rests upon notions of an inherent deficit of Māori culture (Reid, 2006a; L. Smith, 2006). Such differences may be perceived as unchangeable, endemic, and ‘normal.’ Searching to find solutions to a ‘Māori problem’ has roots in colonial and imperial discourses, in problematising resistance of Māori to colonisation (L. Smith, 2006) where government agencies want to ‘know about’ us in order to ‘deal to’ us (Pihama, 2011a).

The utilisation of strengths-based research that highlights the resources of indigenous people is advocated by some (Paraschak, 2010) in addressing this bias. Whereas deficit-focussed research is seen to promulgate a negative stereotype of Māori, strengths-based research is seen to cause a shift from viewing oneself and community as marginalised to evening out power relations and allow the researcher to be a better advocate (Paraschak, 2010). Contributing to positive narratives and discourses about Māori equip tamariki48 and rangatahi49 with hopeful possibilities to imagine, envision and embody. Strengths-based research contains transformative potential through increasing visibility of positive discursive opportunities for Māori.

However, in the feminist literature strengths-based research has been critiqued for merely paralleling patriarchal discourse, offering no challenge to the hegemonic structure (Gavey, 1989). Likewise, depicting solely empowered images and representations of Māori when the majority remain marginalised offers no challenge to the systems and processes that maintain this. Therefore, approaches to Mana Wāhine research that acknowledge the strengths of wāhine Māori as well as critically interrogate the discourses that have contributed to women’s subordination contain analytically important components of social change. Being in control of the production of our own knowledge and knowledge about us, deconstructing knowledge and understandings produced about us, legitimating our mātauranga and te reo me ona tikanga from our own frameworks, and the views and perspectives of our own people, we can work towards tino rangatiratanga and Mana Wāhine, allowing Māori women to be self determining subjects.

**WHĀNAUNGATANGA**

As noted in my acknowledgements, this thesis is not the sole product of one individual, the writer; I have weaved the final product with flax gifted to me by various contributors. In this section I detail the inter-relationships that have contributed to the production of this knowledge in a process of whānaungatanga. As the Principal investigator of this study, I have conducted the interviews and analysed the transcripts. My participants are exclusively Māori, and my research team has both Māori and Tauiwi50 members. My primary and secondary supervisors, Associate Professor Virginia Braun and Professor Margaret Wetherell are both Tauiwi. While having Tauiwi supervision does not negate the opportunity for a Māori student to do Kaupapa Māori research (Bishop, 2005; L. Nikora, 2001), this thesis also involves the input of a number of Māori

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48 Children.
49 Younger generation, youth.
50 A person with no Māori tribal affiliation.
academics and practitioners in the research team including kaumātua, a cultural advisor, and rangahau whānau (see acknowledgements for details on people involved with this research).

While ensuring my research met the ethical requirements of the University of Auckland Human Participants Ethics Committee and obtained ethical approval, I also needed to ensure that the ethical expectations governing the conduct of Kaupapa Māori research, which extended beyond the requirements of the University, were met. As outlined in Te Ara Tika: Guidelines for Māori research ethics (Hudson, 2010 see below), reviewing ethical considerations of a project brings it from a state of tapu to a state of being noa. Steps taken along the process include a baseline of kia tūpato in assessing the value of a project, āta-whakaaro and āta kōrero on all elements of the project, in order to kia āta-whiriwhiri the procedures and pathways for the project to kia āta haere. My thesis has proceeded from a state of tapu to noa through wide and broad kanohi ki te kanohi (L. Smith, 2006) discussions with numerous researchers, advisors and whānau. Discussions have steered me towards different research topics and nuanced framings of these research questions.

I see myself as having a kaitiaki role over the research and take responsibility to protect my participants and the communities who have contributed to this thesis. In relation to Kaupapa Māori research, the data and memories are typically stored with the hapū, or governing organisation. However, as this thesis is on a sensitive topic, confidentiality of data is a greater tikanga. Contrary to Kaupapa Māori ideology around relationships, and a sense that we cannot own humans, the land, or resources (L. Smith, 2006), the ownership of the raw data (recordings and transcripts) rests temporarily within the University of Auckland (up to three years from completion of the research), in accordance with their protocols around confidentiality and anonymity. However, ownership of the research and concepts contained within it, sits within the broader context of the whānau, participants and advisors from various communities that have contributed to this thesis. Summary reports of key findings will be written without the use of technical jargon and disseminated to communities that have participated in this knowledge production. Hui will be organised to manaaki ki te tāngata and give back findings to Pakanae and Motukaraka marae, and Te Atawhai o te Ao in Whanganui. Full copies of the thesis will also be given to these agencies. Further knowledge exchange has also been facilitated through networks at North Shore Hospital and at academic and practitioner conferences such as Family Planning; Women’s Studies Association of New Zealand; The International Association for the Study of Sexuality, Culture, and Society; Ethnography Across the Disciplines; and Women in Psychology. With further funding I may write up a literature review and develop wānanga based upon the reinvigoration of tikanga Māori concepts of reproduction along with a selection of participant narratives.

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51 Elder. In this research it refers to chosen experts who have knowledge of mātauranga and tikanga Māori.
52 Members of my Māori research advisory group.
53 The restricted and controlled access to other human beings (Tate, 2010).
54 Be free from the extensions of tapu, ordinary, unrestricted.
55 Being careful.
56 Precise analysis and thorough discussion.
57 Consciously determine.
58 Proceed with understanding.
59 Face to face engagement.
60 Trustee, minder, guard, custodian, guardian, keeper.
61 Gathering, meeting, assembly, seminar, conference.
62 Be hospitable and generous with people.
63 Community facility where hapū collectives discuss political and social matters, and host important events such as funerals.
64 Seminar, conference, forum.
Throughout this project, I have attempted to embed participant and community views on this thesis into the project design, being flexible with my approach, and allowing the participants’ kōrero\textsuperscript{65} to shape my analytic areas of interest across the project. While some researchers have highlighted a lack of researcher control in \textit{Kaupapa Māori} research as a difficulty (Walker, Eketone, & Gibbs, 2006), my thesis has not been linked to one such community, but has incorporated many perspectives from various communities of which I am part of, some of them offering contradictory views. Given my learning position in relation to \textit{te reo me ona tikanga} and \textit{mātauranga Māori}\textsuperscript{66} (Pihama, 2001), I was guided heavily by external support from Māori communities at the start of my thesis, with less but significant degrees of input towards the end.

\textsuperscript{65} Narrative, speech, conversation, discourse.
\textsuperscript{66} Māori education, knowledge and wisdom.
CHAPTER 2: SEXUALITY, REPRODUCTION AND WHĀNAUNGATANGA

The prior chapter described the Mana Wāhine\(^1\) approach to research utilised in this thesis, describing some key interventions and reviewing the broad terrain of colonising impacts on Māori; how colonisation suppressed traditional mātauranga\(^2\) and tikanga Māori\(^3\) and imposed patriarchal patterns of practice, Christian discourse, a market based economy and different approaches to knowledge. In this chapter I continue to review the current literature, with a closer focus on material that contextualises the thesis research questions and later analysis, with a particular focus on the texture and scope of the terrain that Māori traverse to walk between two worlds, and live a bicultural, post colonial, colonised reality as Māori. In order to understand present Māori reproductive practices and understandings, including the dichotomised presentation of Māori reproduction in newspaper and academic articles in terms of a ‘deficit’ and personal and whānau\(^4\) views that considers reproduction as a ‘positive’ (see introduction), an understanding of traditional views and colonising impacts was sought. What do we know about Māori understandings of reproduction prior to colonisation? What mātauranga and tikanga Māori underscore an understanding of reproductive processes, sexuality and raising children? Furthermore, what impacts did colonisation have on peoples’ lives across these domains? Have relevant health services been complicit in colonising Māori reproductive practices in the areas of sexuality education, abortion and maternity services? How does this relate to Māori and reproductive decision making today?

A synthesis of the available literature relevant to reproductive decision making, including mātauranga and tikanga Māori that pertain to cultural practice, and the opportunities for these to be configured in related services and institutional practice, is a central accomplishment of the PhD. This has not been done before, and is currently the first comprehensive literature review of traditional and contemporary Māori reproductive practice in this area, compiling literature from interdisciplinary sources. However, this is not a full account of traditional mātauranga and tikanga Māori, and expertise rests with various kaumātua\(^5\) who have a lived experience of these cultural practices. Mātauranga and tikanga Māori pertaining to reproduction is a subject area that is considered highly tapu\(^6\) by some. Perhaps because of these restrictions, a literature review focussed on traditional mātauranga and tikanga Māori pertaining to reproduction was not available, although knowledge was available in diverse and scattered sources. Complicating this task further, perspectives varied widely based upon different whānau, hapū\(^7\) and iwi\(^8\) and written accounts of this knowledge were likely to have been characterised by the types of misrepresentation described in the prior chapter (see approaches to knowledge in chapter one). Despite these restraints, learning this mātauranga and tikanga Māori formed part of my development as a Kaupapa Māori\(^9\) researcher (see He Pounamu Ma\(^10\) in introduction). My

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\(^1\) An approach that privileges the perspectives and protocols of Māori women.
\(^2\) Education, knowledge, wisdom, understanding, skill.
\(^3\) Correct procedure, custom, manner and practice pertaining to Māori.
\(^4\) Extended family (also means to be born, to give birth).
\(^5\) Elder. In this research it refers to chosen experts who have knowledge of mātauranga and tikanga Māori.
\(^6\) The restricted and controlled access to other human beings (Tate, 2010).
\(^7\) Sub tribe, to be pregnant, conceived in the womb.
\(^8\) Tribe, strength, bone.
\(^9\) An approach that privileges the perspectives and protocols of Māori.
\(^10\) I refer to myself as a white jade, greenstone; with fair skin but a strong Māori core.
engagement with this material involved close discussions with my research kaumātua to facilitate my understanding and inform protection of my wairua while doing so.

REPRODUCTIVE PATTERNS

Māori patterns of reproduction are distinctively different to Pākehā and the wider New Zealand population, although have followed similar trends. In this section, I describe current patterns of Māori reproduction gleaned from demographic literature in order to set the scene and allow the rest of the literature to contextualise this quantitative information.

There has been a trend towards older parenting in New Zealand. In 2009 the median child birthing age of New Zealand women was 30 compared with the median age in the mid 1960’s, of 25 (Bascand, 2009). In 2009, women were more likely to give birth in their early 30s (125 births per 1,000) or late 20s (112 births per 1,000) compared with women in the 1960s who were more likely to give birth in their early 20s (213 per 1,000) or late 20s (206 per 1,000) (Bascand, 2009). Over the same timeframe early parenting, which is often perceived negatively in the academic literature has decreased within the 15-19 year group, and halved (65 compared with 32 per 1,000), while the under 15 year group has decreased by 12.5% (Bascand, 2009). Despite these decreases, New Zealand has high rates of early reproduction, in the top three of international comparisons, following the United States and England (Boddington, Khawaja, & Didham, 2003).

Amongst these general trends, wāhine Māori often start their families earlier (Ministry of Health, 2003) in their mid teens and early twenties (Dyall, 2006). The median age of childbirth for Māori is 26 years of age (Bascand, 2010) which corresponds to research that suggests Māori view the optimal age to have children in a person’s 20s (Glover et al., 2008). The highest fertility rate for wāhine Māori were the ages 20-24 (156 per 1,000 wāhine), very closely followed by 25-29 (148 per 1,000), then 30-34 (110 per 1,000) (Bascand, 2010). Research from 2001 notes birth rates for rangatahi Māori at around 2-3 times higher than those of non Māori; for those between the ages of 15-19 these were 70 per 1,000 (20 per 1,000 for Pākehā) and under 15 years were .6 per 1,000 (.2-.3 per 1,000 for Pākehā) (Ministry of Health, 2002a).

Māori and Pākehā have had greater variance in completed fertility rates historically, and with changes occurring over time. Completed fertility rates among Pākehā declined from an average of 6 children in the 1880s to an average of (under) 3 children by the mid 1930s; across this timeframe in comparison, the Māori birth rate was increasing (Brookes, 1991). These changes occurred alongside significant declines in infant and maternal mortality due to improved health and living standards (Abbiss & Kunowski, 1999). Māori fertility then dropped significantly between 1960 (6-7 children) and 1990 (2-3 children) (Rimene et al., 1998). This decline was evident across wāhine Māori of all ages, but most significant for wāhine in their 20s (Statistics New Zealand, 2004), with the lowest decline for rangatahi wāhine Māori (Pomare, 1995).

Across New Zealand generally, the average fertility rate rose between 1921 (3.1) and 1961 (4.3). This increase was accompanied by early marriage and childbearing (Statistics New Zealand, 2010). Over the last three decades, the average fertility rate has been 2.01; ranging from 1.90 (2003) through to 2.13 (2009), consistent across many countries with low fertility (Bascand, 2009). In 2009, the average fertility rate for wāhine Māori was 2.83 (Bascand, 2010). An earlier study, drawing on data from 1996, has suggested that an

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11 Spirit, soul, quintessence - spirit of a person which exists beyond death.
12 Māori women.
13 The younger generation of Māori, Māori youth.
interaction between ethnicity and community is related to the differences in fertility rates between Māori and the wider New Zealand population with higher rates emerging when delineated according to sole Māori (2.46) than sole European (1.89) or mixed Māori and European ethnicity (1.37) (Statistics New Zealand, 2004). Higher rates are also seen when delineated according to those who have both Māori ancestry and ethnicity (2.12) and those who have Māori ancestry but do not ethnically identify as Māori (1.70) (Statistics New Zealand, 2004).

Across the next two sections of this chapter, my interest is in understanding the lived experiences and practices that inform these demographic patterns. Māori are dynamically engaged in developing practices around reproduction from older forms of knowledge and newer forms of contingency in the presence of new social considerations. To understand contemporary practices, I need to review, discuss and explain two contexts: traditional mātauranga and tikanga Māori practices, and the colonising impacts, contemporary innovations and dilemmas in cultural and institutional practice.

**TRADITIONAL MĀTAURANGA AND TIKANGA MĀORI**

In this section I examine the literature on traditional mātauranga and tikanga that broadly pertain to reproduction and inform reproductive decision making. Key narratives that illustrate elements of this knowledge base are presented in boxed sections. Some of the source material is colonial and may be culturally inflected by Christianity and European cultural assumptions (T. Smith, 2009). For this reason, anthropological writings by European authors are contextualised with Māori knowledge, as referred to by Māori authors. Some European authors, Elsdon Best and Bruce Biggs, are engaged with, due to the prominence of their writings in Māori accounts. Given the complexity of culture, as a heterogeneous, dynamic and continually changing process (Meijl, 2010), much of this knowledge has been carried forward in various ways into contemporary lives.

From written accounts of traditional mātauranga and tikanga Māori, human reproduction is a process that is contextualised with social, spiritual and ecological elements. These elements are not dissociable and relate to broader concepts of equi-systemic-sovereignty (P. Porter, personal communication, 16th December 2010), an interactive relationship with kin, the flora and fauna (Jahnke, 2002), and a dynamic relationship between Atua, tāngata and whenua (Tate, 2010). These understandings inform a traditional Māori account of human reproduction, with elements filtering into contemporary understandings.

**REPRODUCTION, GROWTH AND CONCEPTION**

Human growth activities, like reproduction, are subject to the same principles as other natural phenomena, and encompass an understanding of biological and spiritual development. While the knowledge base exists, it is rarely contextualised in relation to contemporary literature on Māori and reproductive matters. There may be benefit in drawing upon this to better understand Māori and reproduction in research and in health services. Under a Māori worldview, all living things contain a mauri,17 have form (āhua) and unfurl over time (tipu) (Salmond, 1985). The process of gestation metaphorically links to transitioning from a state of te kore,18

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14 Supernatural being. Literally translated in English as ‘Potential being from beyond’ (T. Smith, 2009). In Tate’s use of Atua, this refers to a singular, supreme being (Tate, 2010).
15 People, persons, human beings.
16 Land, country, ground, placenta, afterbirth.
17 Life principle, special nature, a material symbol of a life principle, source of emotions.
18 The potential, the void, the nothingness.
through to te po\textsuperscript{19} (Mikaere, 2011a). From the process of conception, the kakano\textsuperscript{20} cultivates koi ora hou\textsuperscript{21} This contains mauri, whakapapa,\textsuperscript{22} hau,\textsuperscript{23} and pumanawa\textsuperscript{24} whilst in te whare tāngata.\textsuperscript{25} This process conceptually involves transitions of ira atua\textsuperscript{26} from the realm of wairua into ira tāngata\textsuperscript{27} in the physical world (Manihera & Turnbull, 1990). Ira atua is derived from human descent from atua; ira tāngata is derived from descent from the first human being (T. Smith, 2009).

There are debates over the precise point when an embryo contains a wairua (Manihera & Turnbull, 1990). Accounts of this knowledge range from stating that an embryo contains a wairua once it is conceived, when it begins to assume form (Pere, 1994), at birth (Advisory Committee on Assisted Reproductive Technology, 2007), or when it develops eyes and the ability to think (Best, 1975; Manihera & Turnbull, 1990; Mead, 2003). There is consensus that the foetus contains a wairua prior to birth, and entering te ao marama.\textsuperscript{28} A capacity for spirituality is inherent in children from this stage (Pere, 1994) and they are seen to be sensitive to sensory stimuli. This informs the approach to communicate to unborn children through speech and touch during pregnancy, before they are born into te ao marama (C. & P. Jacobs, personal communication, 11th April 2011; Turia, 2007). The baby’s experience in the womb is seen to influence how their life will unfold, with human nurturance seen to buffer their resilience (C. & P. Jacobs, personal communication, 11\textsuperscript{th} April 2011).

**WHENUA AND WAI\textsuperscript{29}**

Whenua\textsuperscript{30} holds a key role in birth practices for Māori, and corresponds to a value system that sees human experience inter-related with the natural world. Māori are known as tāngata whenua,\textsuperscript{31} as people who belong to the whenua\textsuperscript{32} (Cadogan, 2004). Another meaning of whenua is a newborn baby’s placenta. The functions of the whenua as placenta and land are paralleled as providing connection, life, and nurturance specifically for baby and generally for humans (Mead, 2003). The whenua\textsuperscript{33} along with the pito\textsuperscript{34} are traditionally buried and returned to the whenua\textsuperscript{35} (Cadogan, 2004; Yates-Smith, 1998), in a special place where it would not be walked over (Pere, 1994) or the pito could be hidden in a cliff or tree (Mead, 2003). The whenua\textsuperscript{36} is human tissue from a live person, considered part of the newborn baby, and regarded as tapu (Mead, 2003). The practice of whenua ki te whenua\textsuperscript{37} pertains to the importance of whenua in its linkage of te tāngata, with their tūpuna\textsuperscript{38} and atua (Mead, 2003). The organisation, the Māori Women’s Welfare League was involved with reinvigorating this practice in hospitals during the 1980’s. Mothers or close relations would often make a

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\textsuperscript{19} The form, the dark, the night.
\textsuperscript{20} Ovary and sperm.
\textsuperscript{21} A new life.
\textsuperscript{22} Genealogy, lineage, descent (also means genealogical table).
\textsuperscript{23} Breath of life.
\textsuperscript{24} Abilities and aptitudes.
\textsuperscript{25} The womb, uterus, cervix, vaginal; literally translated in English as ‘House of People’.
\textsuperscript{26} Supernatural life.
\textsuperscript{27} Human genes, however, as ira tangata come from ira atua, ira tangata is considered to have a more spiritual quality than human genes (Moko Mead, 2004).
\textsuperscript{28} The world of light.
\textsuperscript{29} Water, juice, liquid.
\textsuperscript{30} Land, country, ground, placenta, afterbirth.
\textsuperscript{31} Local people, hosts, indigenous people of the land - people born of the whenua (of the placenta and the land) where the people’s ancestors have lived and where their placentas are buried.
\textsuperscript{32} Land, country, ground (also means placenta, afterbirth).
\textsuperscript{33} Placenta, afterbirth (also means land, country, ground).
\textsuperscript{34} End, extremity, naval, section of umbilical cord nearest the baby's body.
\textsuperscript{35} Land, country, ground (also means placenta, afterbirth).
\textsuperscript{36} Placenta, afterbirth (also means land, country, ground).
\textsuperscript{37} Returning the placenta and afterbirth to the ancestral homelands (Mead, 2003).
\textsuperscript{38} Ancestors, grandparents.
special basket to give to the midwife to contain the whenua. Often, aunties or grandmothers would take the whenua to bury at the papa kānga.\textsuperscript{39} Whānau living overseas often send whenua to New Zealand to be buried by whānau, a process that is accommodated by the New Zealand customs service (Mead, 2003).

The narrative of Ranginui\textsuperscript{40} and Papatūānuku\textsuperscript{41} illustrates the link between Māori and the natural environment, in the cosmological story of creation. The structuring of Māori creation stories around the reproductive functions of tāne\textsuperscript{42} and wāhine\textsuperscript{42} also gives insight into the gendered assumptions of Māori, emphasising a particular reverence for wāhine sexual and reproductive capacities and the power of wāhine sexual organs in the creation and sustenance of life (Mikaere, 2011a).

<table>
<thead>
<tr>
<th>Narrative 1: Ranginui and Papatūānuku</th>
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<tbody>
<tr>
<td>In Māori cosmology, the story of Ranginui and Papatūānuku begins with their creation of the world as we know it (see Herangi-Panapa, 1998 for an alternative account involving Whaitiri). After coming into being from te kore to te po, Papatūānuku and Ranginui became lovers, holding each other together in a loving embrace with their children close to them. They became separated, pushed apart by one of their sons Tāne,\textsuperscript{44} who pushed Papatūānuku downward to become the earth, and Ranginui upward to become the sky (Herangi-Panapa, 1998; Himona, 2001; Rimene et al., 1998). The stages of labour and birth parallel the children’s movement from te kore, the womb (Mikaere, 2011a) through te Po, (Best, 1975), to te ao marama, achieving new life, and the attainment of knowledge (Mikaere, 2011a). Their children became atua specific to particular natural phenomena (Ka’ai &amp; Higgins, 2004) and kaitiaki\textsuperscript{45} of these domains (T. Smith, 2009).</td>
</tr>
<tr>
<td>Through Papatūānuku, wāhine Māori and land are spiritually linked through the metaphor of providing nourishment for future generations (Earp, 2000), culturally, spiritually, socially, politically, and economically (Mikaere, 1994). The whakatauki: he wāhine, he whenua, a ngaro ai te tāngata\textsuperscript{47} also reads that without nourishment, humanity is lost (Pere, 1994). This nourishment is also symbolised during the time of breastfeeding, where wāhine Māori become te ukaipo\textsuperscript{50} like Papatūānuku. Further atua link wāhine Māori to the land, including Hineahuone,\textsuperscript{49} who was physically formed from the earth, Hinenuitepo\textsuperscript{51} whom we meet when we die and return to the earth (Hutchings, 2002).</td>
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<tr>
<td>In addition to whenua,\textsuperscript{52} wai has a role in fertility, bringing forth new life (T. Smith, 2009). Water functions to move matter and energy to te ao marama, and with karakia\textsuperscript{53} can lift tapu (T. Smith, 2009). In the story of Ranginui and Papatūānuku, the union of male and female waters created new life and their tears flooded the earth, allowing life to flourish.</td>
</tr>
</tbody>
</table>

\textsuperscript{39} Original home, home base, village.
\textsuperscript{40} Sky father and husband of Papatūānuku. All living things originate from them.
\textsuperscript{41} Earth mother and wife of Ranginui. All living things originate from them.
\textsuperscript{42} Men, males, husbands.
\textsuperscript{43} Women, females, ladies, wives.
\textsuperscript{44} Son of Ranginui and Papatūānuku, atua of the forests, husband of the first human, Hineahuone, and their daughter Hinenuitepo/Hinenuitepo.
\textsuperscript{45} Trustee, minder, guard, custodian, guardian, keeper.
\textsuperscript{46} Proverb, saying, cryptic saying, aphorism.
\textsuperscript{47} By women and land men are lost.
\textsuperscript{48} Mother, origin, source of sustenance, real home.
\textsuperscript{49} The first human, a woman.
\textsuperscript{50} Daughter of Hineahuone, also known as Hinenuitepo.
\textsuperscript{51} Daughter of Hineahuone, also known as Hinenuitepo.
\textsuperscript{52} Land, country, ground (also means placenta, afterbirth).
\textsuperscript{53} Incantation, prayer, grace, blessing, church service.
The concept of whakapapa is integral to reproduction and inter-related with the ancestral landscape. The concept of whakapapa does not parallel genetic determinism that derives from evolutionary theories (in relation to class, gender and race) and defies explanation by science (C. Smith, 2004). Whakapapa was the means for ancestors to stay alive after death (Palmer, 2002). Within whakapapa, traits are inherited from ancestors, relating to:

“...the transmission of knowledge, of wairua, of other elements. It centres around the construction of, and addition to, layers of existence and focuses on what the layers consist of.... Within all rohe there is the assumption of a whakapapa relationship with non-humans. For example, tūpuna awa is a reference to ancestral rivers.... It is relationships with all our relations (C. Smith, 2004, p. 32).

Traditionally, Māori identity was formed through whenua, whānau and whakapapa (Cadogan, 2004; Ka’ai & Higgins, 2004). Whakapapa is encoded in the names and past stories about the landscapes and the ancestors who roamed them. For example, Te Ramaroa in the Hokianga region is a mountain peak named by Kupe who noticed a long enduring light across this area of the harbour on his arrival to New Zealand, and took this as his cue to enter. Our present narrative today demonstrates the proliferation of many relations after that point.

Narrative 2: Hokianga ki te Tonga

“Tradition tells us the genesis of the ancestral landscape of "Hokianga Ki Te Tonga" began with the ancestral mountain, Te Ramaroa who began the twin peaks Puketi and Paeroa. They began a daughter Tamaka, the peak who stands in the shadow of the grandparent Te Ramaroa, and the twin boys, Paora and Mahena. Paora stands at the foot of the parent Paeroa but Mahena stands in the bay beyond Koutu. He was banished to that place because of interfering with his sister Tamaka. Then at the foot of the parent Puketi, is the small hillock which is Tangihia, the stillborn child. From these generations of landforms descend the secondary hills and land features which became the pā sites and papa kāinga of successive generations of people beginning with the founding ancestor, Kupe” (J. Klaricich as told to C. Turner, personal communication, 23rd February, 2012).

For Māori a 'place of home' is traditionally connected with the natural environment, awa and maunga, physically and spiritually (Jahnke, 2002). The process of burying the whenua with new life, and interring those who have passed on to the whenua, embeds a sense of belonging to a particular place (Hohepa, 2011). Maintaining a relationship to the whenua ensures linkage to atua and tūpuna across generations, enabling rangatiratanga (Manihera & Turnbull, 1990; C. Smith, 2007), and responsibility (C. Smith, 2007). Whakapapa bestows birthright, validating connection with whānau, hapū, iwi, papa kāinga and the cultural space where names of places and language tie us to our ancestors. Personal qualities and attributes are

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54 Boundary, district, region, territory, area, border (of land).
55 An early visitor to New Zealand who returned to Hawai’i.
56 This is the translation of Te Ramaroa.
57 A coastal region in the North of New Zealand.
58 Fortified village, fort, stockade, screen, blockade, city.
59 River, stream, creek, canal, gully, gorge, groove, furrow.
60 Mountain, mount, peak.
61 Land, country, ground, placenta, afterbirth.
62 Sovereignty, chieftainship, right to exercise authority, chiefly autonomy, self-determination, self-management, ownership, leadership of a social group, domain of the rangatira, noble birth.
linked to people from their whakapapa, and people will be reminded of their ancestors through their tamariki,63 and mokōpūna64 when they embody such attributes (Manihera & Turnbull, 1990).

**SOCIAL SIGNIFICANCE OF REPRODUCTION**

Traditionally, the protection of whakapapa and inter-related networks stemming from this required reproduction to be a socially contextualised experience (Glover & Rousseau, 2007). This saw reproduction considered more broadly than beyond an individualised personal desire for a child, and was extended to a broader focus on continuing the next generation (Glover et al., 2008). The social function of human reproduction is shown in linguistic parallels between the language for reproduction, and descriptions of social structure. In te reo Māori65 the term whānau, loosely translated, means ‘extended family’ and ‘to be born and give birth’ (Moorfield, 2013). The term hapū refers to a kinship group, called a sub tribe, and means to ‘be pregnant, conceived in the womb’. The word iwi refers to an extended kinship group, or tribe, and ‘strength, bone, usually human only’. The dual meaning of iwi that refers to both bones and relations, denotes the strength and scaffolding that bones give to human form, and that relatives, whānau members give to the wider network of relational membership, the iwi (Glover & Rousseau, 2007). Te Whare Tapu o Ngāpuhi66 refers to the arrangement of maunga encircling and sheltering the people, providing a metaphor for the nurturance of iwi, hapū and whānau (Hohepa, 2011).

With the importance of whakapapa came the importance of choosing an appropriate partner for sexual relations or marriage (Palmer, 2002; Pere, 1994; Rimene et al., 1998). Forming a relationship typically involved a taumau67 (Best, 1975; Biggs, 1960) or a tomo68 (Biggs, 1960), similar to an engagement. This was sometimes based upon parents’ friendships or political ties (Biggs, 1960), by senior members of a whānau (Pere, 1994), or as outcomes of peace agreements (Biggs, 1960). This involved an intensive discussion about the couple’s whakapapa, involving “aata koorerotia i runga i te takapau wharanui,” to ensure no arguments between the couple and provide a mat for the marriage and conception of potential future children (Biggs, 1960, p. 42). Under systems of taumo and tomo the individuals involved were accountable to the broader whānau, for any actions or transgressions to one another such as domestic violence (A. Peita Whare-Tohunga, personal communication, 26th August 2011; Biggs, 1960).

Sexual ethics, particularly incest regulations, were encoded in whakapapa and whānau narratives (see narrative 2 on Hokianga ki te Tonga). In the whakapapa narrative of Hokianga ki te Tonga, the consequence of an incestuous relationship resulted in Mahena (the perpetrator) being banished from the whānau. The story of Hinetitama and Tāne notes a caution around incestuous relationships and an emphasis on giving the victim the opportunity to live with dignity and peace (L. Smith et al., 2002).

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63 Children.
64 Grandchild, descendant - child or grandchild of a son, daughter, nephew, niece, etc.
65 Māori language.
66 The sacred house of Ngāpuhi.
67 Whānau, hapū, iwi discussions about a betrothal initiated between birth and early adulthood, not necessarily involving the couple.
68 Whānau, hapū, iwi discussions about the union of a couple around early adulthood, involving the couple, usually at the woman’s parent’s home.
Narrative 3. The story of Hinetitama and Tāne

Hinetitama is the daughter of Hineahuone, and Tāne. In childhood she becomes separated from her father and is unaware her father is alive. They meet later in life and while Hinetitama is not aware of Tāne’s identity, Tāne is aware of Hinetitama’s identity and does not reveal his identity to her. They fall in love, and have many children. On discovering Tāne is her father, Hinetitama recites a karakia to prevent him from pursuing her and travels to Rarohenga, the underworld, to prepare for her children (and humankind) in death, changing her name to Hinenuitepo (L. Smith et al., 2002).

The mana69 of a whānau, hapū and iwi was partially determined by the number of members (Yates-Smith, 1998). Reproduction and good fertility, particularly of the members of the rangatira,70 ensured the continuation and survival of the whānau, hapū and iwi whakapapa (Rimene et al., 1998). For some of chiefly lineage,71 the focus of reproduction was to create a hapū or even an iwi which meant taking on more than one partner over time, and across the rohe (C. & P. Jacobs, personal communication, 11th April 2011). Marriage and reproduction between two people of warring tribes also functioned to bring about peace.

Sexual diversity was common and sexual difference accepted; same sex relationships and multiple partners over the lifetime were common (Aspin & Hutchings, 2007). Indeed same sex relationships were depicted in artworks and whānau narratives (Aspin, 2005; Aspin & Hutchings, 2007). In contemporary times, people in same sex relationships may be referred to as takatāpui,72 from the narratives of Tutānekai, Tiki,73 Hinemoa (Aspin, 2005) and Wairaka (Te Awekotuku, 1991).

Narrative 4. Tutānekai, Tiki and Hinemoa

In the narrative of Tutānekai, he is known to have an intimate relationship with a hoa takatāpui, Tiki. Hinemoa, a woman, attempts to pursue him and does so by trying to seduce him by dressing up as a man. However, she is not successful (Te Awekotuku, 1991).

Narrative 5. Wairaka

In the narrative of Wairaka, she is noted to have had a takatāpui relationship. She crosses gendered boundaries, stating ‘Kia whakatāne au i ahau,’ let me be as strong as the strongest man (Te Awekotuku, 1991).

SEXUALITY, HAPŪTANGA,74 AND ABORTION

For Māori, sexual symbolism was part of mundane and everyday life; featuring in artwork, carving, and mythology, implicit in language for ‘wriggling’, ‘working’, and ‘sleeping’, and names for sea creatures that resembled sexual organs (Biggs, 1960). Sexuality was not seen as shameful, though genitals were seen as a very personal part of the body, to be protected, not exposed (Rimene et al., 1998), particularly the puke75 region for wāhine, and the glans area of the penis for tāne (under the foreskin) (Biggs, 1960). Exposure was

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69 A supernatural force in a person, place or object. Mana goes hand in hand with tapu.
70 Someone who is rich, well off, noble, esteemed, revered.
71 This includes Kahungunu, Whangaramaitawhiti, and Taumatamatea, Waimirirangi, Reitu, Reiipa.
72 People who have an intimate companion of the same sex.
73 An atua positioned in the genital region to represent fertility and the wairua of unborn children; a symbol of male sexual energy, referred to by Best, as the penis, also the name of the takatāpui companion of Tutānekai.
74 Pregnancy.
75 The pubic area
seen as indecent, shameful, and would evoke ridicule, though was sometimes done to deliberately incite this in challenge, such as during haka.\(^\text{76}\)

**Narrative 6. Tāne and Hineahuone**

The descendants of Ranginui and Papatūānuku wanted to create a human being. To do so, they had to search for male and female reproductive elements (see Mikaere, 2011b; Rimene et al., 1998; T. Smith, 2009 for the full version in te reo Māori). They searched across the eleven layers of the sky, across Papatūānuku, Hinemoana,\(^\text{77}\) without success. After seeking advice, they found the female element at the genital region of Papatūānuku, named Kurawaka, and shaped it at the mound of their mother at Hiwawa.

The first human, a woman named Hineahuone, was created by Tāne. The first step was to give her the breath of life and the ira tāngata. Secondly, in order to give her the ira atua a battle was fought between Tiki and Kahiri,\(^\text{78}\) with Kahiri emerging as the victor. Finally, the waiora\(^\text{79}\) of Tāne is passed to Hineahuone, uniting the ira atua and ira tāngata strands and bringing her to life (T. Smith, 2009).

Both male and female genitalia were imbued with strength, in tikanga and in myth and legend narratives. Male genitalia, urenui,\(^\text{80}\) are a prized feature of a haka, provided the foreskin protects the glands of the penis. In Tuhoe\(^\text{81}\) philosophy, protruding the tongue during haka relates to showing an erect penis during the dance (Rimene et al., 1998). Male genitalia represent manhood and future descendants, whakapapa. The narrative of Tāne and Hineahuone contain metaphors for wāhine and tāne sexual and reproductive capacity. Depicted in the story of Tāne and Hineahuone, is the process of coital sex in the creation of the first human. Tiki, representing the penis appears initially strong and erect but after ‘fighting’ with Kahiri, representing the vagina, appears weakened after orgasm (T. Smith, 2009). For this reason, the female genitals are referred to as te whare aitua.\(^\text{82}\) Such descriptors depict a virile, potent and powerful female sexuality. In the story of Maui\(^\text{83}\) and Hinenuitepo, reproductive processes function in a story about death, rather than about new life, cohering around the sexual power of wāhine (Mikaere, 2011a).

**Narrative 7. Maui and Hinenuitepo**

In an extension of Narrative three, Maui-tikitiki-a-Taranga, a descendant of Hinenuitepo, seeks to accomplish many great feats. After discovering fire, fishing up te ika a Maui,\(^\text{84}\) and subduing the sun, he attempts to obtain immortality. He attempts to do so by reversing the birth process, crawling up Hinenuitepo’s vagina, however is killed in the process, becoming drawn to Hinenuitepo (see Hohepa, 2011 for story of Maui and Hinenuitepo and variations of this oral narrative).

**Te Whare Tāngata**

In tikanga Māori, the reproductive capacity of wāhine is honoured. Wāhine are considered the first environment that people encounter, with wāhine likened to Papatūānuku (August, 2005). The term te whare tāngata refers to the womb or uterus, with the cervix as the gateway to the vagina, a tapu tract (T. Smith,

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\(^{76}\) Vigorous dance with actions and powerful rhythmically sung words.

\(^{77}\) Daughter of Ranginui and Papatūānuku, atua of the oceans.

\(^{78}\) The guardian of female sexual energy

\(^{79}\) Health and soundness.

\(^{80}\) The penis.

\(^{81}\) A Tribal region from Te Urewera mountain ranges.

\(^{82}\) The womb, uterus, cervix, vaginal; literally translated as the ‘House of Death’.

\(^{83}\) Descendant of Hinenuitepo.

\(^{84}\) The north island of New Zealand. Literally translated as Maui’s fish.
Further descriptors for the womb include te uma atua and te ahurewa (Porter, 2010). Te whare tāngata is viewed as a link to the line of descent for wāhine (Salmond, 1985) imbued with mana tāngata, mana toto, mana tātai, mana tūpuna, mana whenua, and mana atua (Porter, 2010).

While interpreted as a place of strength and mana, the womb is also viewed as nurturing. The nurturance of the womb is aligned with femininity and the concept of kei roto. Masculinity is configured in opposition to this, with the concept of kei waho. Drawing on the marae context, the inside is related to warmth, darkness and peace (te po), and the outside is related to light and potential hostility (te ao marama) (T. Smith, 2009). In relation to water, internal waters are viewed as settled and nurturing, and masculine waters are viewed as having the potential for turmoil.

While European authors interpreted wāhine Māori reproductive or sexual power as negative or passive (Simmonds, 2009), Māori considered this to be active, with the ability and power to create humans (Herangi-Panapa, 1998). Containing an ability to facilitate whakapapa, the womb is seen to have a dual ability as te whare tāngata and te whare mate, taking on a “layering of time and space in another dimension” (Herangi-Panapa, 1998, p. 40). From this understanding, menarche, conception, childbirth, and menopause were rites of passage to womanhood, and a source of mana wāhine (Palmer, 2002).

HAPŪTANGA AND CHILDBIRTH

Consistent with the concepts of equi-systemic-sovereignty (P. Porter, personal communication, 16th December 2010), an interactive relationship with kin, the flora and fauna (Jahnke, 2002), and a dynamic relationship between Atua, tāngata, and whenua (Tate, 2010), conceiving a new life was considered uplifting (Pere, 1994), in the context of regeneration, of those who had gone before (Biggs, 1960). This contrasts with colonial discourses that consider these events negatively, imposing connotations of conception as sinful, and childbearing as a punishment and labour (Pere, 1994).

Given the importance of te whare tāngata it was tīka for wāhine to be supported by their partner and whānau during pregnancy, and for this to continue during motherhood (Advisory Committee on Assisted Reproductive Technology, 2007). Pregnancy was recognised through various signs such as dizziness, nausea, feeling especially affectionate towards one’s partner, and pickiness with food (Biggs, 1960). Care for pregnant wāhine involved providing for their food cravings (Biggs, 1960; Pere, 1994), placing protective spiritual influences on them (Pere, 1994), rongoa and mirimiri to assist with pain relief (Ministry of

85 The divine womb
86 The sanctuary of harmony
87 Human authority
88 Authority from blood kin
89 Authority from genealogy
90 Ancestral sovereignty
91 Ecosystemic sovereignty
92 Divinity
93 Inside.
94 Outside.
95 Community facility where hapū collectives discuss political and social matters, and host important events such as funerals.
96 The womb, te whare tāngata literally translated is ‘the house of people’, te whare mate literally translated is ‘the house of death’.
97 Mana pertaining to women.
98 Correct, straight, true, direct, keep on a direct course, upright, right, just, fair, accurate, appropriate, lawful, proper.
99 Remedy, medicine, drug, cure, medication, treatment, solution (to a problem), tonic
100 Rub, soothe, smooth, stroke, fondle, smear, massage.
Health, 2002b). During pregnancy, wāhine did not cut their hair as this was considered to maintain links to tūpuna, and it was thought that the baby would lose mana and strength if hair was cut (Rimene et al., 1998).

Childbirth sees the tapu of a wāhine heighten, with practices designed to observe these rules of tapu (Manihera & Turnbull, 1990). The area that a woman gave birth in was considered tapu, though birth practices varied by whānau, hapū, and iwi. Given the tapu nature of this process, tohunga were called upon to assist (Pere, 1994; Yates-Smith, 1998). Whānau, hapū and iwi differences emerge in people who were permitted to attend the birth, though many note the involvement of tāne as whānau birth attendants (Moewaka Barnes et al., 2013; Reynolds, 2012). The dangers of childbirth required attendants to have keen concentration, alertness, knowledge and experience (Mead, 2003). Successful labour and delivery was linked to the right spiritual and physical environment (Palmer, 2002).

The participation of others in child birthing may have made the experience less daunting, as birthing wāhine may have had an enhanced sense of confidence in knowing what to expect and apply coping strategies (Palmer, 2002). Tapuhi had a number of strategies for creating a positive environment to assist the birthing mother, such as supportive discussions, stories about other births, songs, laughter; mirimiri and warm baths (Palmer, 2002). Childbirth delivery was facilitated by a tapuhi who mirrored the mother, positioned kneeling in a semi squat with knees apart, bracing the mother with her knees and holding her by the armpits to gain a physical sense of the contractions (Best, 1975; Mead, 2003; Palmer, 2002; Porter, 2010). Three classes of birth were traditionally recognised, parallel with phases of the moon, and te po (see Best, 1975, pp. 57-61 for a detailed discussion).

**CEREMONIES ASSOCIATED WITH THE NEW LIFE**

A number of ceremonies associated with the birth of a child are described in the literature, with noted whānau hapū and iwi nuances (Best, 1975; Mead, 2003; Shirres, 1997; Yates-Smith, 1998). Many of these ceremonies were reserved for children of high rank. Initially, a maioha (Mead, 2003) or koroingo (Yates-Smith, 1998) ceremony was conducted very soon after the birth. Some accounts mention a whakaituhitanga that lifts the tapu from the mother through karakia and cleansing with water. Later tohi and tūā ceremonies were conducted to remove the tapu from the child (Mead, 2003; Yates-Smith, 1998). After this, but sometimes before, a pure ceremony was performed to bestow the mana of the gods on a child (Best, 1975). This was to secure the mana tapu and mana atua, rather than attempting to make the child noa (Yates-Smith, 1998). Offering and eating food removed the tapu from all of those who were connected with the birth (Shirres, 1997). While not involving particular ceremonies, children who cut their first tooth and received their first haircut were often given karakia (Mead, 2003).

**ABORTION AND MISCARRIAGE**

Abortion and miscarriage were not linguistically distinguished from each other in te reo Māori and are referred to in the terms tahe, whakatahe, materotanga, and taiki (T. Smith, 2009). In some accounts, the cause

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101 Skilled person, chosen expert, priest - a person chosen by the agent of an atua and the tribe as a leader in a particular field because of signs indicating talent for a particular vocation.
102 Birth attendants.
103 The restricted and controlled access to other human beings (Tate, 2010).
104 Supernatural being. Literally translated in English as ‘Potential being from beyond’ (T. Smith, 2009).
105 Be free from the extensions of tapu, ordinary, unrestricted.
106 Sickness or health within.
107 Miscarriage caused by the provocation (accidental or deliberate) of an atua, given the sense that pregnant wāhine were seen to be under the influence of the atua.
of miscarriage or stillbirth was attributed to the baby, who was thought to not be ready for this world (Reynolds, 2012). Some accounts of traditional practice suggest that there were known and accepted methods for causing a loss of conception through deliberate taiki of the foetus, or breaking rules of tapu, such as actions that exerted pressure to the abdomen (Palmer, 2002; T. Smith, 2009). Drinking tea made from boiling roots of the harakeke\(^{108}\) was a known rongoa practice that could cause a loss of conception (Tangohau, 2003). Infanticide and maternal suicide also occurred in response to unwanted pregnancy (Palmer, 2002).

Wairua that arose as a consequence of conception but were not brought into being were termed kahu, kahukahu or atua kahu\(^{109}\) (T. Smith, 2009). They were considered to inhabit the space between te ao marama and te po and were managed with karakia to assist them to pass on through te po (T. Smith, 2009). They were thought to have a mischievous influence, like premature babies who were seen to embody these qualities.

**Whānaungatanga**

The term whānau does not easily translate to the term family, and current debates arise over what constitutes whānau, the various forms of whānau, and how whānaungatanga is practiced today. While traditional whānau were formed by various parent-child families that have an enduring existence, outlasting the lives of the individual members (Metge, 2001), whānau membership often transcends whakapapa relationships and non-kin people may be aligned to the whānau through shared experience, often in relation to marae (Mead, 2003). Whānau members were constituted within the community, typically shared a common purpose, and worked collectively towards a common agenda (Metge, 2001). This formed a protective support network around the parents who were not isolated in the day to day activities of raising children (Mikaere, 2011a). Children were brought up amongst a broad range of family members of different ages, and generations, exposing children to the diversity of human relationships and situations (Pere, 1994).

Whānau also operated as a micro political system (Pihama & Penehira, 2009), and socio-economic alliance (Rokx, 1999) where whānau formed an overall governing system, making decisions on economic matters and topics of interest (Pere, 1994). Crucially, aroha\(^{110}\) underpins whānaungatanga, providing the binding or attachment to the whānau that enables these processes to occur (Pere, 1994), ensuring stability, loyalty, and commitment to the whānau, hapū, iwi, and the marae (Pere, 1994). Loving, looking out for people across the length and breadth of the area, caring for them, and ensuring they are treated with kindness, facilitated the protection of people (C. & P. Jacobs, personal communication, 11th April 2011; Pere, 1994).

**Whānau relationships**

Tūpuna, the grandparents, specifically the kuia\(^{111}\) and koroua\(^{112}\) of children, played an active and significant role in raising them, with the potential for more engagement than the parents (Durie, 1985; Pere, 1994). The term for grandchild in te reo Māori is mokōpūna, with the term moko meaning: image, signature, mark, often facial; and the term puna meaning: spring or pond. Run together these translates to the reflection of an image in a pool, the way that a grandparent sees in their mokōpūna, a reflection of themselves, or those from previous generations (S. Edwards, McCreanor, & Moewaka Barnes, 2007; C. Smith, 2007). Between the tūpuna and

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108 New Zealand flax, Phormium tenax.
109 Cloak, or foetal membrane.
110 Affection, sympathy, charity, compassion, love, empathy.
111 Elderly woman, grandmother, grand aunt.
112 Elderly man, grandfather, grand uncle, papa.
mokōpūna, exists a shared experience in the present; the tūpuna provides a link to the past, and the mokōpūna, a link to the future (Pere, 1994).

In addition to the active role of the grandparents, aunts and uncles also played a significant role in the child’s upbringing. Those of their parents’ generation were referred to as whaea113 or matua114 (Pere, 1994). The whakatauki, ‘nāu i whatu te kahu, he tāniko tāku,’115 illustrates the dynamic whereby parents provided the immediate needs in a child’s life while the other members assisted in refining this (Taonui, 2010). Being accepting, embracing, nurturing, and thoughtful of others within your social circles was the normative system; metaphorically and tangibly, the children were in everybody’s arms, and loved by everyone (Pere, 1994).

Relationships between siblings were a context significant for learning. It was understood that children would learn from other children (C. & P. Jacobs, personal communication, 11th April 2011). The tuakana was responsible for mentoring, guiding, and also protecting the teina, while the teina was responsible for serving and providing for the elder sibling (S. Edwards et al., 2007). The premise of ako applied whereby to learn and teach was considered concurrently (C. & P. Jacobs, personal communication, 11th April, 2011; Tomlins-Jahnke & Durie, 2008). This system was also extended to relationships with cousins (Metge, 2001).

A relatively common practice of raising a child by whānau who were not the birth parents of a child was whāngai (Mikaere, 1994), also known as atawhai119 (C. Smith, 2010) and tamaiti whāngai (McRae & Nikora, 2006). The term whāngai translates to ‘nourish’, ‘feed’, ‘enrich’, culturally, emotionally, spiritually, and physically. Whāngai children were considered a ‘gift of love’ (McRae & Nikora, 2006). This process did not parallel adoption, it was not necessarily permanent, there was no stigma, and was not premised on the concept of replicating the experience of raising a child in a nuclear whānau, with children considered property. Instead, the child remained part of the wider whānau, with the whāngai process strengthening bonds between whānau and whakapapa (C. Smith, 2012), to relieve stressed whānau, or to assist whānau who were unable to conceive children (C. & P. Jacobs, personal communication, 11th April 2011; Mikaere, 1994; C. Smith, 2012).

P R I M A C Y O F C H I L D R E N I N T H E W H Ā N A U

Whakatauki120 provide rich metaphors for the primacy and importance of children, generally, and in the context of the whānau. Many Māori view children as a gift from god and a blessing (Glover et al., 2008). A common metaphor for whānau is the harakeke, a flax bush that has a number of long blade-like leaves fanning out from a central point (Metge, 2001). New shoots, also known as the rito, spring out from between the two centre blades in the fan. While the bush in its entirety is likened to the whānau, the blades are likened to the parents who fold around the new shoots, the child. Consistent with this metaphor, children are seen to be the most important person in the whānau (C. Jacobs, personal communication, 12th June 2013). The proverb “he kai poutaka me kinikini atu, he kai poutaka me horehore atu ma te tamaiti te iho,”121 illustrates the importance placed upon children, and subsequent investment in the future (Taonui, 2010).

113 Mother, aunt
114 Father, uncle
115 Your parents wove the cloak; I/we provide the fine border
116 Elder sibling of the same gender (tuākana is plural).
117 Younger sibling of the same gender (tēina – means plural).
118 To raise, adopt, nurture, rear (also means to feed).
119 To raise or adopt temporarily (also means to show kindness to).
120 Proverb, saying, cryptic saying, aphorism.
121 Pinch off a bit of the potted bird, peel off a bit of the potted bird, but leave the substantial part for the child.
From beginning in the womb, babies are seen to contain an intrinsic tapu, inheriting mana from the spiritual domains (Tate, 2010). They were considered gifts from atua, manifestations of tūpuna from the past, and unborn children of the future (Jenkins & Harte, 2011). The intellectual, physical, emotional, and psychic influences were considered and nurtured by the adults surrounding them through the process of waiora (Pere, 1994). Caring for children was an emotional and spiritual process, involving the transmission of culture, fostering lifestyles, and shaping identity (Dürrie, 1997). Amongst the collective, the uniqueness of people, their abilities and skills, or pūmanawa122 were recognised, and nurtured (Te Kani and Waiti 2011) while difference and diversity was treated with acceptance (C. & P. Jacobs, personal communication, 11th April, 2011).

Children were seen as tapu, and were given the freedom to allow them to be bold, brave and independent (Jenkins & Harte, 2011). The characteristics of ihi,123 wehi124 and wana125 were instilled in children to enable them to be “loving, confident, and successful” people who maintain a zest for life (Jenkins & Harte, 2011, p. 33). Early European observers considered wāhine Māori to be good, loving mothers, and Maori children to be indulged. When babies were weaned, shared parenting occurred and fathers would take children with them on their daily routines (Jenkins & Harte, 2011). Keeping children busy was seen as important and when children participated in adult life, they were treated with respect.

COLONISING IMPACTS, CONTEMPORARY DILEMMAS AND INNOVATIVE STRATEGIES IN REPRODUCTION

Having outlined the traditional mātauranga and tikanga Māori that broadly pertains to reproductive decision making, I now turn to examine the impacts of colonisation, racism and the current inequity that pervades the availability of, and access to, our cultural practices across everyday lives and institutional support services. Government policies and the imposition of dominant western values that position us as ‘other’ to Pākehā have had a negative effect on our reproductive cultural practices. While institutional policies in related health care services have increasingly attempted to meet the needs of Māori, there is still much ground to reclaim in order to meet aspirations of culturally relevant sexuality education, understanding the western and tikanga cultural contradictions presented by abortion services, and cultural safety in maternity care.

CULTURAL PRACTICE

Here, I outline the available research on the impact of colonisation on the cultural practice of whānau, reproduction, and sexuality. These three domains cohere to produce a picture of the cultural conditions and context for reproductive decision making. While I examine the imposed difficulties and restraints on practicing in accordance with mātauranga and tikanga Māori, I also discuss the innovative solutions that have been developed to meet these current challenges.

Whānau

Generic government policies cohered around an individual subject, rendering whānaungatanga difficult to practice (Dürrie, 1997). In this regard, the Native Land Act and Native Land Court of 1865 aimed to undermine the collectivism of Māori culture and whānau by instating an individual title to land (Mikaere, 1994). The Town and Country Planning Act of 1974 created barriers to Māori building on papa kāinga, until the 1980s (L. W. Nikora, Guerin, Rua, & Awekotuku, 2004). The ‘ten owner rule’ limited the number of people who could have title to the land, and only required half of the individual owners’ consent to sell the land (Herangi-Panapa, 2011).

122 Natural talent, intuitive cleverness.
123 Delight of life, psychic choice or personal essence.
124 Awe, respect and wonder of life.
125 Thrill, exhilaration, and excitement contained in a love of life.
Consequently, many whānau were not left with enough land to sustain them, necessitating movement to urban areas to nuclear configurations of family (Mikaere, 1994; L. W. Nikora et al., 2004). Under English Law, land sales were only tenable to men, denying half the Māori population an opportunity to kaitiaki the land (C. & P. Jacobs, personal communication, 11th April, 2011).

During the last century, with a spike between 1930 and 1960, many Māori moved from rural to urban areas. In 1926 18% of Māori lived in urban areas; this doubled over thirty years to 35% in 1956, but leapt to 66% by 1966, and 83% by 1986 (Meredith, 2011). Loss of papa kāinga through government theft, decreases in rural employment, regional planning regulations, and denial of consent to build on papa kāinga were also motivators (Durie, 1997). For some, this shift contained hopeful aspirations including the prospects of employment, trade training schemes and home loans in urban areas. However, many whānau no longer have connections to these papa kāinga today (Mead, 2003).

The process of urbanisation progressively shaped the practice of whānaungatanga towards a more nuclear model of family in the absence of intensive whānau support systems. People shifted to narrower nuclear configurations of familial relationships where individual households were no longer in close proximity and maintaining intergenerational links between relations became difficult (Durie, 1985, 2001; S. Edwards et al., 2007). This system was further narrowed as whāngai, the relationships of couples in same sex relationships, and more recently, children born through assisted human reproduction, were not considered part of a ‘valid’ family (Pihama, 2001). Adoption laws have had varying levels of congruence with Māori concepts of whāngai over time, in some cases actively legislating against this through enforced closed adoption systems (McRae & Nikora, 2006; Mikaere, 1994).

Western values, the system of the nuclear (heterosexual) family, individualism, and capitalism competed with traditional mātauranga and tikanga Māori (Pihama & Penehira, 2009), and society became increasingly economically driven (Moeke-Pickering, 1996) (see section on market based economy in chapter one for further details). Shifting from a singular system of production and consumption to a money and market economy with an individualised income system has had a significant impact in facilitating capitalist individualism (Metge, 2001), This had gendered implications as ‘breadwinning’ imperatives shifted to tāne (Mikaere, 1994), while wāhine were seen to take sole responsibility for nurturing children (Dyall, 2006; Pere, 1994; Simmonds, 2009), isolating wāhine from support networks (Mikaere, 1994).

For Māori who moved to urban areas, particularly up to the 1970s, most faced discrimination; Māori were excluded from housing, hotels, employment, sport (swimming pools, All Blacks tours to South Africa during apartheid126), and recreation (movie theatres, barbers) on the basis of their race (Barrington, 2005). Socio-economic vulnerability was brought about by concentration in poor quality housing, and jobs that were vulnerable to economic change (Belich, 2001). Unemployment, some of which became long term unemployment, which is associated with hopelessness for the individual and whānau, came to pose a new challenge for some whānau (Durie, 1997; Metge, 2001). Further discrimination is evidenced through deficit theorising in educational underachievement of Māori, where a Māori upbringing in the context of whānau is considered a ‘problem’ or ‘deficiency’ in a child’s environment (Pihama & Penehira, 2009). Media portrayals often refer to whānau as ‘dysfunctional’, failing to provide rangatahi with necessary resources, driving them to lives of failure and crime (S. Edwards et al., 2007).

126 Apartheid was a legally enforced system of racial segregation in South Africa that heavily restricted the rights and sovereignty of black South African people.
Ongoing colonisation, and related effects, has had an impact on the wellbeing of whānau (S. Edwards et al., 2007). While some whānau maintained engagement with aspects of mātauranga and tikanga Māori, others maintained primary engagement with the new dominant culture, and some chose positions that were situated counter culturally to both positions, through organised gangs or less organised criminality (Rimene et al., 1998; Taonui, 2010). However, a non-engagement with mātauranga and tikanga Māori is not automatically indicative of a negative Māori cultural identity, as Māori negotiate their identities and uptake of cultural positioning in the context of negative stereotypes, social marginalisation and draw upon strategies for crafting pride in Māori identities in a sophisticated fashion (Borell, 2005). While statistics continue to show disparities between Māori and non Māori, they also show that the majority of Māori are doing well, and have no conceptualisation of themselves as ‘victims’, or ‘disadvantaged’ (Mead, 2003). Far from the model of whānau that ‘deficit’ focussed research constructs, rangatahi Māori are seen to value the time they spend with their whānau (S. Edwards et al., 2007).

While elements of whānaungatanga are less immediate or intensive as they were in the past, whānaungatanga is still important and relevant, today. Living in a two parent or one parent household did not mean Māori were abandoning the practices of whānaungatanga altogether (Moeke-Pickering, 1996). Whānau is still a unit that has relevance to teaching members learn to care, share and pass on love to children, and where parenting is learnt through hands on experience looking after younger siblings and observing those in the wider whānau (Tangohau, 2003). The roles of wider whānau members in raising children, especially intergenerational relationships between tūpuna and mokōpūna are still relevant (Durie, 2001; S. Edwards et al., 2007; C. Smith, 2010). Relationships between brothers, sisters, and cousins are still structured and enacted according to tuakana and teina patterns, though are often undervalued (Durie, 1997; S. Edwards et al., 2007). Whāngai is still practiced in the context of wider whānau relationships, with babies given to childless couples to strengthen whakapapa and relationships between whānau to ensure that key skills and knowledge within the whānau were transferred, and to maintain ahi kaa (Jahnke, 2002; C. Smith, 2010). The development of pan tribal marae facilitated the reformation of whānaungatanga networks in urban areas to form communities of ‘urban Māori’ and allow whānau the opportunity to engage with Māori cultural processes, such as sports, kapa haka and speaking te reo Māori (Hutchings, 2002; Mead, 2003; Tangohau, 2003). The continuity or reconnection with mātauranga, tikanga and te reo Māori, through the mediums: waïata, tikanga and karakia, suggests there is value in future usage (Mead, 2003) and allows these cultural practices to survive and bring about a unique group identity (Glover et al., 2008).

**REPRODUCTION**

Māori have been categorised and defined as ‘unfit’ under eugenic philosophy, and subject to a system that aims to restrict our reproduction, and exclude us from benefits enjoyed by those considered ‘fit’ (C. Smith, 2004). Discourses about Māori and reproduction are similarly exclusionary and informed by dominant western discourses of ‘successful femininity’ that exclude those who do not occupy spaces of socioeconomic and ethnic privilege (K. Allen & Osgood, 2009; Burns, 2000). Women who are not deemed the ‘right’ women in the ‘right’ circumstances to become mothers (such as indigenous, working class and young mothers) are positioned within a space of ‘failed femininity’ (Woollett & Boyle, 2000). Māori practices and beliefs in the area

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127 This translates as ‘to keep ‘the home fires burning’. Refers to those who stay at papa kāinga and fulfill tasks and obligations on marae.

128 Māori performing group.

129 Song, chant, psalm.
of reproduction have been subject to scrutiny and intervention by the government, canvassing such areas as marriage practices, birthing processes, fertility rates, and whānaungatanga (Glover & Rousseau, 2007).

Māori reproduction has been constructed as a problem by government discourse, emphasising a need to limit, restrict and control it (C. Smith, 2004; Turia, 2004). In the 1960s, during urbanisation, Māori ‘families’ were considered ‘too big’, leading to the government led Family Planning Association to attempt to restrict Māori reproduction through targeted contraception provision (C. Smith, 2004). In the 1980s, wāhine Māori were prescribed Depo provera, an injectable contraceptive, more than any other form of contraception, similar to women of color in the United States of America (Rimene et al., 1998; Silliman, Fried, Ross, & Gutierrez, 2004). Depo provera is used widely across ‘developing countries’, or focussed on those who fit third world stereotypes in New Zealand, the USA, Australia, and Great Britain (Bunkle, 1993; C. Smith, 2004). In the last decade, high fertility rates of rangatahi wāhine Māori have been problematised, while similarly high abortion rates for Māori couples have not (Turia, 2004). The current conservative New Zealand government has considered compulsory contraception for wāhine who are on the domestic purposes benefit, of which Māori make up 38% (see Bennett, 2011).

Early reproduction contravenes neoliberal ideals of individual responsibility associated with the attainment of higher education and financial independence (Wilson & Huntington, 2005). The role of bearing and raising children is not seen as a primary role, while a career is seen as the only legitimate subject position (Cherrington & Breheny, 2005). Many people who do not have access to luxuries and opportunities associated with high socioeconomic status such as tertiary education, career, leisure and travel often choose to parent younger, given the perceived lack of benefits in delaying reproduction (K. Allen & Osgood, 2009). Some rangatahi wāhine actively choose motherhood over education (Breheny & Stevens, 2007).

Early reproduction is frequently researched in the context of risk and negative outcomes to mother and child (Cherrington & Breheny, 2005; Macleod, 2011) legitimating the ‘need’ for prevention and intervention (Cherrington & Breheny, 2005). Drawing upon colonising concepts of tainting the civilized, early reproduction becomes repackage within a discourse of ‘social problem’, and pregnant adolescents become a threat to perpetuating poverty, health costs, dependence on welfare, contributing to population growth (Macleod, 2011), and ‘regressive’ development as a country (Cherrington & Breheny, 2005).

Māori cultural identity is often cited as a ‘risk factor’ for pathologised early reproduction (Green, 2011; Pihama, 2011b) and conflated with adverse risk factors that are associated with social disadvantage (Pihama, 2011b). Māori are measured against western norms to delay childbearing and appear deficient for failing to accept the appropriate western solution of abortion (Cherrington & Breheny, 2005). The problematisation of ‘Māori teen pregnancy’, creates a naming, shaming, and blaming of Māori, amidst a silent privilege (Reid, 2004). Explanations often rest with a homogenised view of indigenous cultures as ‘other’, such that indigenous culture and the breakdown of culture through assimilation to western norms can ‘cause’ teenage pregnancy (Macleod, 2011). Some Māori, including the organisation, Te Puni Kokiri, take a pronatalist position that is situated to counter discourses that problematise Māori fertility and minimise negative outcomes associated with early reproduction (Clark, 2002).

Early reproduction can confer some short term benefits, such as attention from family or peers, access to special services, encouragement from fathers (Breheny & Stevens, 2007) and longer term benefits including

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130 Ministry of Māori development, New Zealand public sector department responsible for Māori public policy.
bonding, attachment, and reaching ‘adult status’ (Rawiri, 2007). Early reproduction can be considered a benefit to those who experience it, strengthening bonds with their own mothers, and spurring them to become goal oriented and pursue education in an envisioned future as a mother (Spear, 2001). For many wāhine Māori, pregnancy is a life changing experience and may involve cessation of harmful behaviours such as smoking and drinking alcohol (Rimene et al., 1998).

Within indigenous communities, early reproduction is not problematised, and efforts are made to de-stigmatise it and ensure that the child and whānau are socially supported (Pihama, 2011b). However, it is not encouraged, and any negative circumstances that surround the child and whānau are addressed (Pihama, 2011b). Whānau support can reduce a risk of negative outcome associated with early reproduction, and feelings of disempowerment associated with insufficient resources (Rawiri, 2007). Anticipated problems associated with early parenting do not occur when the mother and child are supported (Macleod, 2011). When corrected for socioeconomic status, early parenting does not pose a risk of low birth weight for Māori babies, but does for Pākehā or Pacific babies. It is suggested that a supportive environment towards rangatahi Māori parents is a protective influence (Mantell, Craig, Stewart, & Ekeroma, 2004).

**SEXUALITY**

Through early settler and Māori encounters, the distinctive differences in Māori appearance, dress, and manner were interpreted by colonial observers to be ‘exoticised’ and ‘other’, and wāhine Māori were considered to be ‘savage’ (Hutchings, 2002), primitive beings, who were highly sexual, promiscuous, and erotic (Te Awekotuku, 1991). Such representations linger today and inform discourses of promiscuity that come to imbue representations of Māori sexual and reproductive health (Reid, 2004). These bear a similarity to ‘women of colour’ in the US who are considered to be sexually promiscuous and incapable of taking responsibility in reproductive decisions, or mothering (Silliman et al., 2004), and form a backdrop to problematised explanations about early Māori reproduction (L. Smith et al., 2002).

Māori sexual and reproductive subjectivities are presented as a counterpoint against Pākehā who are considered not ‘at risk’, ‘over-represented’, ‘unwanted’ and ‘unintended’ in sexual and reproductive health matters (Green, 2011). Negative statistics about rangatahi Māori including high rates of pregnancy, abortion and sexually transmitted infections paint a negative view of their sexuality, without acknowledging their potential for aspiration and a positive future. Policy interventions are premised on an assumption that researchers, medicine and the State ‘know’ Māori better than Māori know themselves, and rarely permit intersections with Māori knowledges, experiences and understandings (Green, 2011).

**INSTITUTIONAL PRACTICE**

While the cultural practice of mātauranga and tikanga Māori pertaining to reproductive decision making has undergone significant change in the context of colonisation, encounters with relevant health services have the potential to reinforce or resist colonising practice. In this section, I outline the available literature on Māori engagement with reproductive health services, with a particular focus on sexuality education, abortion, and maternity care. While colonisation and the imposition of western approaches in these domains have constructed barriers to service utilisation and engagement for Māori, the contemporary application of mātauranga and tikanga Māori through bicultural relationships with Pākehā have potential for creating culturally meaningful and better quality sexual, reproductive, and maternity care for Māori.
SEXUALITY EDUCATION

The provision of formal sexuality education in schools, and the content of this, has been subject to debate within the academic literature, and met with resistance by some who believe this encourages promiscuity, despite no demonstrated link between increased knowledge and increased sexual activity (Waetford, 2008). In the present New Zealand sexuality education guidelines, the school board of trustees is required to consult with the school community, parents and caregivers on the delivery of the curriculum which may mitigate these concerns (The Ministry of Education, 1999). Further critique of sexuality education has also stemmed from the derivation of content by adults that does not correspond to rangatahi orientations, understandings, or questions (L. Allen, 2005). Underlying the content, is a sense of adolescents as vulnerable and prone to ‘risky’ behaviour, while adults are not, forming an ‘imaginary wall’ between adolescents and adults (Macleod, 2011). This may overstate the level of agency people have in negotiating sexual relationships and their ability to protect themselves from unwanted sexual acts, sexually transmitted infections, and pregnancy, particularly early ones (Macleod, 2011). Although sexual experience is seen as a means for rangatahi to become knowledgeable, their active desire or a ‘discourse of erotics’ is not engaged with, and there is no discourse of ‘positive sexual agency’ (L. Allen, 2005).

There are also barriers to the provision of sexuality education. Formal sexuality education may be missed by rangatahi parents who leave high school (Rawiri, 2007), rendering whānau provision of sexuality education of greater importance. Many whānau find providing informal sexuality education to rangatahi, difficult (Rimene et al., 1998). Discussing contraception with daughters is feared to promote promiscuity or early sexual relationships by some Māori mothers (Manihera & Turnbull, 1990) particularly when viewed in the context of negative discourses of Māori sexuality (see prior section). In this regard, understanding how to prepare rangatahi wāhine to be strong, confident sexual people requires further research (Waetford, 2008). Rangatahi who have parents that view sexuality as an ordinary part of adolescent development report greater confidence in sexual and reproductive decision making (Waetford, 2008).

Investment in sexuality education, including cross cultural materials that cohere with indigenous values, allow people to feel empowered and connected with their cultural beliefs, leading to delayed sexual activity and greater contraceptive adherence in a Native American context (Stephens, Patil, & Thomas, 2012). Contemporary mātauranga and tikanga Māori have considerable applicability to sexuality education in New Zealand. Understandings of wāhine as keepers of te whare tāngata, through an alignment with the moon and the earth, and status as tapu (Moewaka Barnes, 2010) may inform sexuality education. Sexuality may also be taught through the broader context of reproduction, an awareness of our social environment (Waetford, 2008), individual life aspirations (Newbold & Willinsky, 2009) and whānau aspirations (Hiroti, 2011). In Kura Kaupapa Māori,131 discussions about sexuality education occur alongside acknowledging the impact of colonisation in shaping understandings of sexuality (Levine & Green, 2006). Some authors have drawn up models of sexual and reproductive wellbeing in relation to contemporary mātauranga and tikanga Māori. Smith, Philip-Barbara and Aspin (2002) discuss the ways that sexuality infuses the four dimensions of te whare tapa wha.132 The relationships we have with our bodies, how they change in relation to the life cycle, and negotiating sharing bodies with others in sexual and non sexual contexts are considerations in relation to te taha hinengaro.133 Te taha tinana134 relates to how we think of ourselves, our bodies, the

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131 Primary school operating under Māori custom and using Māori as the medium of instruction.
132 A model of health proposed by Mason Durie, comprising of four walls (Durie, 1995).
133 In relation to the mind, or thoughts.
shape, colour, height, abilities, how these inform our action and the ways that we think about others. Te taha whānau\textsuperscript{135} pertains to our sense of belonging across our sexual and cultural identities, while te taha wairua\textsuperscript{136} relates to the life-giving potential and positive aspects of sexual connection and energy.

**ABORTION**

In New Zealand, as in other western countries, debates around abortion have been polarised with advocates for women and advocates for foetuses (Abbiss & Kunowski, 1999). The Contraception, Sterilisation and Abortion Act of 1977 rendered it possible but difficult to get an abortion with restrictions lessening from the 1980s (Abbiss & Kunowski, 1999). Accessibility and personal cost renders this a difficult process, and women seeking this possibility are expected to participate in counselling (Dyall, 2006). Women are given various resources to assist them to make a decision, that encourage them to consider their values and life plans (Children by Choice, 2004) understand the procedures that will happen to them, and become aware about possible support services (ADHB National Women's Hospital, 2006).

While methods of abortion have been described in the context of literature that describes traditional mātauranga and tikanga Māori, it has been suggested that Christian discourse has influenced a condemnation of abortion from contemporary mātauranga and tikanga Māori (Tangohau, 2003). Abortion is regarded negatively from contemporary mātauranga and tikanga Māori as it disrupts the spiritual element conferred in the conception of a new life (Turia, 2007), considered to be whakanoa i te mauri o te tāngata\textsuperscript{137} from a Māori catholic perspective (Tate, 2010). Through an abortion the wairua and mauri of a new life is not given the opportunity to reside in te ao marama, the world of life; but goes to reside with the ancestors and Hinenuitepo (Rimene et al., 1998; Turia, 2004). Wāhine Māori from rural communities reportedly find the concept of abortion, difficult (Manihera & Turnbull, 1990). Concepts of whakapapa, the way that the mauri of the new life is embedded within the whānau, and the collective mana, manaakitanga,\textsuperscript{138} duty of care (Turia, 2007) and the tapu of te whare tāngata (Hiroti, 2011) are pertinent considerations from mātauranga and tikanga Māori.

Statistics from 1997 suggest that rangatahi Māori who became pregnant were less like to seek a termination (25%) than rangatahi Pākehā\textsuperscript{139} (50%), although the abortion rate for rangatahi Māori (27 of 1,000) was slightly higher than rangatahi Pākehā (21 of 1,000) (Dickson, Sporle, Rimene, & Paul, 2000). More recent statistics from 2011 indicate that the abortion ratio for Māori (of all ages) was 218 of 1,000 known pregnancies, which was lower than the rate of abortion for Asian (253 of 1,000), slightly higher than that of Pacific (210 of 1,000), and higher than European (184 of 1,000) (Abortion Supervisory Committee, 2012). While a disinclination for abortion aligns with contemporary mātauranga and tikanga Māori, there are still a high proportion of Māori seeking abortions. This is an area that requires significantly more research (NZ Parliamentarians' Group on Population and Development, 2007) particularly into ways that the whānau could be empowered to establish their own tikanga to work through this (P. Reynolds & C. Smith, personal communication, 3\textsuperscript{rd} August 2010), and how this might inform rangatahi Māori sexual and reproductive health education. Some have proposed that whānau support for assisting rangatahi couples to parent needs to be considered (P. Reynolds & C. Smith, personal communication, 3\textsuperscript{rd} August 2010), as well as the practice of

\textsuperscript{134} In relation to the body.
\textsuperscript{135} In relation to the extended family (also means to be born, to give birth).
\textsuperscript{136} In relation to the spiritual.
\textsuperscript{137} Extinguishing the life principle.
\textsuperscript{138} Hospitality, kindness.
\textsuperscript{139} The younger generation of Pākehā. In this study it refers to young people under 20 years old.
whāngai, which is often at odds with the perspectives of rangatahi Māori who believe their parents would disapprove if they found out they were pregnant (Dyall, 2006).

Maternities

Government legislation eroded traditional mātauranga and tikanga Māori associated with birthing, initially through the requirement for birth attendants to be registered through the Midwives Registration Act 1904, the Tohunga Suppression Act 1907 and Campaign for Safer Maternity 1924 that required birth attendants be registered midwives (Palmer, 2002; Papps & Olsen, 1997; Simmonds, 2011), and the later requirement to birth at a hospital (Meaw, 2003; Palmer, 2002). Māori maintained traditional systems in rural areas (Palmer, 2002) and community birth attendants (tāne and wāhine) or Māori mothers assisted their daughters to deliver babies (see Harris & Harris, 2001 for her grandmother’ story; Tangohau, 2003).

Wāhine Māori narratives of giving birth in hospitals during the 1930s note difficulty with transport and access to hospitals, the use of chloroform for pain relief that rendered wāhine no recollection of the births, wāhine did as the doctor said without question, and that many returned to work very soon after the birth (Harte, 2001). Up to the late 1960s many Māori avoided birthing in hospital as it was seen to be unfamiliar, and observances of tapu were not followed. Hospitals were seen as a place of death (Palmer, 2002), karakia was not practiced (Palmer, 2002; Simmonds, 2009), food was placed in the same location as blood or bodily tissue (Rimene et al., 1998), wāhine wore clothes or lay in a bed that someone had died in (Mead, 2003), whānau were not permitted to be present (Palmer, 2002), and many had to leave children at home (Palmer, 2002).

Today, under the Health and Disabilities Act of 1993, wāhine register with a maternity care provider (MCP) who maintains continuity of care, taking responsibility for education and facilitation of secondary services up to six weeks postpartum (Palmer, 2002). With increased choice in maternity care, the form of care differs according to the MCP. For example, some independent midwives are able to facilitate home births and hospital births, while doctors (general practitioners, GPs) and specialist obstetricians work from a hospital only (Ellis, 1998). Accessing maternity care from a midwife or doctor is free in New Zealand and funded by the Ministry of Health (Moewaka Barnes et al., 2013).

Despite greater flexibility and accessibility of services, barriers to Māori maternity service engagement remain. Māori tend to delay registration and have difficulty choosing a maternity care provider (Dwyer, 2009; Palmer, 2002), and are less likely than Pākehā to attend antenatal classes (Health Services Consumer Research, 2008; Rimene et al., 1998). Māori are also less likely to have an ultrasound examination (7% of Māori compared with 12% of Pākehā) (New Zealand Health Information Service, 2007), or pay for pregnancy services (40% of Māori compared with 73% of all women) (Ministry of Health, 2012a). Māori are more likely to report not having enough information from their maternity care provider to make informed choices about maternity tests (Health Services Consumer Research, 2008). Māori also have less access to obstetric interventions than Pākehā given a lower likelihood of receiving obstetric interventions than Pākehā at equal levels of risk (Rumball-Smith, 2009). On average, Māori also have a shorter duration of postnatal hospital stay (2.6 days) than Pākehā (3.1 days) (Ministry of Health, 2012a).

As a consequence of social, cultural and economic marginalisation, Māori experience a higher proportion of maternal and infant health disparities compared with Pākehā (Moewaka Barnes et al., 2013). These include higher proportions of babies born with a birth weight under 2.5kg, preterm birth, still birth (Ministry of Health, 2012b), neonatal death, and maternal death (Perinatal and Maternal Mortality Review Committee, 2012).
From research on maternal death, the authors concluded that ‘mental health needs of Māori women during pregnancy must be identified and services delivered in culturally appropriate ways’ (Perinatal and Maternal Mortality Review Committee, 2012, p. 87). Developing the relevance of maternity services for Māori is imperative to ensure Māori are engaged with maternal health services, in order to be referred for specialist support and treatment if required, given the higher rates of negative health outcomes.

Recent research that has investigated Māori experiences of maternity care has raised concerns about cultural safety. Maternity and birthing services may elicit whakamā from patients where attention is not paid to tikanga Māori. This includes practices common to the maternity hospital environment such as revealing the body to strangers (Rawiri, 2007), particularly genitalia (Palmer, 2002), being ‘growled at’ by medical staff, not knowing the purpose of procedures associated with touching in intimate areas, being asked to remove taonga during childbirth, being viewed with a racist interpretation, being discussed by others without being addressed (Rimene et al., 1998), or not feeling confident asking about things and agreeing to things without certainty (Rawiri, 2007). Older wāhine and grandparents were strong enough to voice when they did not know or were not happy with what was happening to them, whereas younger wāhine were not (Rimene et al., 1998). A lack of attention to knowledge of contemporary tikanga and mātauranga Māori, poor staff communication, and non-adherence to tikanga best practice guidelines were reported in the context of neonatal care (Pihama & Lee, 2010).

Many wāhine Māori who gave birth in a hospital based maternity service prior to the 1980s, were not able to maintain the practice of whenua ki te whenua as they were not offered it (Rimene et al., 1998; Tangohau, 2003). In the 1980s, the Māori Women’s Welfare League campaigned for the revival of whenua ki te whenua in the hospitalised birthing environment (Mead, 2003; Simmonds, 2009), and provision to allow whānau to attend the birth (Abbiss & Kunowski, 1999; Mead, 2003). In the context of current maternity care services, people spoke of being too whakamā to ask for the whenua, particularly with earlier births, and noted regret (Rimene et al., 1998). There were also accounts of whenua being ‘incinerated’ or ‘thrown out’ rather than returned to the whenua (Palmer, 2002; Simmonds, 2009). While tikanga best practice guidelines that specify the tikanga around whenua ki te whenua, and the importance of whānau support, have been developed and applied across District Health Boards (Auckland District Health Board, 2003), further research is required to investigate the disjuncture in application (Moewaka Barnes et al., 2013).

It is possible that differences between contemporary mātauranga and tikanga Māori with western oriented maternity care services construct barriers to service engagement. Currently, health services including maternities are back grounded by a western model that is premised on individualism (Jansen & Smith, 2006), the internalisation of responsibility by the individual subject, and understanding the body without emotion or sense of the whole (Lovell, Kearns, & Friesen, 2007). These values, that link in with a capitalist framing, create a maternity experience likened to being on a ‘conveyor belt’ with an emphasis to conserve time and expense (Rúdólfsdóttir, 2000). Research has noted a concern among Māori that wāhine are moved through hospitals too quickly, without the opportunity to acquire necessary skills in breastfeeding (Moewaka Barnes et al., 2013). The presence of these values informing western health care may also present communication mismatch with Māori (Jansen & Smith, 2006). For instance, while shaving the pubic area in preparation for birth is a routine ‘procedure’, for Māori, this may have associations with sexuality and lead many to feel

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140 Be ashamed, shy, bashful, embarrassed.
141 Treasure, anything prized - applied to anything considered to be of value.
142 Placenta, afterbirth (also means land, country, ground)
uncomfortable (Tupara & Ihimaera, 2004). Differences in the subjective evaluation of pain may also represent a communication difficulty between Māori and western clinicians (Stones, 2004).

A bicultural partnership between mātauranga and tikanga Māori and Pākehā in maternity services is a possibility. This has been proposed by Kenney (2011), including aspects of: whakapapa, whakawhānaungatanga, whakarururanga, whakaæetanga, whakaritenga, whakangungu, whakawhirinaki, whakamana, oritetanga, and mana motuhake. This may include further contemporary mātauranga and tikanga Māori including intuitive understandings, mirimiri, watching the coastal tidal patterns for cues about the birth (see Harris & Harris, 2001 for a detailed account). It may involve viewing birth as special and a celebration of mana wāhine, teaching mirimiri, karakia, te whare tāngata, whāngai u in the context of antenatal services (Rimene et al., 1998). Giving options for whānau to have greater agency, maintaining tikanga and wairua practices and resourcing through whānau, appreciating intergenerational knowledge and dynamic support, involving tāne (fathers, uncles and grandfathers) in birth could enhance the cultural relevance of maternity services for Māori (Moewaka Barnes et al., 2013; Reynolds, 2012). Assuming contemporary mātauranga and tikanga Māori, allowing whānau processes to be carried out according to tikanga is appreciated by those who experience antenatal (Abel, Finau, Tipene-Leach, Lennan, & Park, 2003; Ratima, Ratima, Durie, & Potaka, 1994) and maternity care by Māori midwives (Rimene et al., 1998).

Māori have borne the impacts of colonisation through poor health outcomes (Durie, 2011) that have been exacerbated by outlawing mātauranga and tikanga Māori in healthcare (Orange, 1994), and a lack of cultural responsiveness in relation to maternity services (Moewaka Barnes et al., 2013), sexuality education (Waetford, 2008) and abortion. While tikanga Māori is no longer outlawed and health services are more responsive to Māori cultural values, more subtle hindrances informed by receiving care through an unacknowledged western value system have created barriers to drawing upon the full spectrum of health care according to contemporary mātauranga and tikanga Māori (Panzironi, 2010). Further barriers pertain to our positioning within dominant western discourses as ‘other’ compared with Pākehā in relation to our systems of whānau (Pihama & Penerehia, 2009), reproduction (Glover & Rousseau, 2007; C. Smith, 2004; Turia, 2004) and sexuality (Green, 2011; Hutchings, 2002; Reid, 2004; L. Smith et al., 2002; Te Awekotuku, 1991), and being positioned as ‘unfit’ to reproduce in relation to a eugenic ideology (C. Smith, 2004). The advent of new technology and provision of maternity and abortion services has created the potential for positive experiences of care but also colonisation of Māori values leading to negative experiences for whānau including guilt and whakamā (Rimene et al., 1998). For Māori, greater emphasis on service provision to minimise whakamā, and emphasise adherence to contemporary mātauranga and tikanga Māori would lead to improvements in culturally enriched services (Moewaka Barnes et al., 2013).

143 Building relationships.
144 Ensuring safety, creating safe environments.
145 Gaining acceptance, agreement, approval, permission, consent.
146 Negotiation, reconciliation.
147 Advocacy and protection.
148 Building trust.
149 Empowerment, personal validation.
150 Equity.
151 Autonomy, self determination.
152 An outgoing tide signifies new life.
153 Breastfeeding.
MāORI AND REPRODUCTIVE DECISION MAKING, TODAY

Existing research on contemporary Māori reproductive decision making has focussed on two extreme poles: early reproduction and infertility. The majority of research on early reproduction (discussed in an earlier section of this chapter) has been conducted from a deficit focussed lens by western researchers, problematising and labelling this as ‘teen pregnancy’ with an assumption that the pregnancy is unwanted (Pihama, 2011b). However, Kaupapa Māori research in this area has emphasised the strategies and resourcefulness of a number of those who become parents at an early age (see Rawiri, 2007) and some political commentary on contemporary mātauranga and tikanga Māori that inform decisions to proceed with early reproduction (see Turia, 2004). This overarching focus on ‘overproduction’ in research on early reproduction led to an invisibility of the phenomenon and impacts of infertility among Māori, leading to some research in this area (see Glover et al., 2008; Reynolds & Smith, 2012). However there is not yet a present body of literature that examines a comprehensive range of reproductive dilemmas and possibilities for Māori.

From this available literature, Māori decisions to have children are informed by the concept of whakapapa (Glover et al., 2008) connecting us to our ancestors, heritage and stories (Turia, 2004). Children enhance the mana of the parents (Glover et al., 2008) and are often referred to as a ‘gift’ (Hiroti, 2011) pertaining to whakapapa and not ‘objects’ (C. Smith, 2010). Children are of economic and social value, as a shared commodity for community tasks and cementing bonds with grandparents and wider members of the whānau, hapū, and iwi. ‘Protecting whakapapa’ is a culturally relevant concept for Māori in sexual and reproductive health, rather than approaches that attempt to ‘control whakapapa,’ illustrated in the rhetoric of controlling Māori ‘teen pregnancies’ (Turia, 2004). Further Māori cultural concepts that apply to reproductive decision making have been elaborated by Turia (2004):

“The kaupapa of manaakitanga, whānaungatanga, kaitiakitanga, mana tūpuna, and tikanga that emanate from them guide our dreams and aspirations. When I sit with our kuia and koroua at hui they don’t ask me how much I paid my cleaner, or what’s the size of my pay packet? Their interest is in how many mokopūna we have. And similarly, my heart just bursts when I disclose we have 6 children, 24 mokopūna, 5 mokopūna tuarua” (p.3).

Within this context, new human life is valued. It is considered to be the responsibility of the whānau, hapū and iwi to treat the body and new human life as tapu; to respect, protect and nourish mana wāhine and te whare tāngata (Turia, 2004).

In the presence of contemporary mātauranga and tikanga Māori, having children is considered a cultural norm (Glover et al., 2008), often framed as an assumption (Reynolds, 2012) that could be perceived as a pressure to have children (Glover et al., 2008). Having children gives an opportunity to be a mother, father, and grandparent (Glover et al., 2008; Reynolds & Smith, 2012) with gendered implications for mana wāhine and mana tāne (Reynolds, 2012). Infertility could bring about negative impacts or be stigmatising (Glover et al., 2008; Reynolds & Smith, 2012), with the prospect of having ‘no issue’ in whakapapa records viewed with sadness (Glover et al., 2008). Dominant western discourses that create imperatives to ‘own your

154 Topic, policy, matter for discussion (also means platform, layer and raft).
155 Guardianship.
156 The prestige of the ancestors.
157 Gathering, meeting, assembly, seminar, conference.
158 Great grandchild.
159 The inherent prestige, authority and power of women.
160 The inherent prestige, authority and power of men.
own home’ and ‘own your own baby’ (Glover et al., 2008) facilitate a sense of entitlement to have children (Hiroti, 2011) and direct solutions away from traditional whāngai (Glover et al., 2008), or esteemed roles for those who did not have children (Hiroti, 2011).

Māori reproductive decisions also occur in the context of dominant western patterns of practice. Having children is becoming increasingly complicated by social pressures, and expensive due to economic pressures increasing with rising living costs, the necessity of childcare, gender inequity in domestic work, and low wage work (Baker, 2008). This may cause many to delay childbearing, limit family size or not have children. Research on Māori and infertility has suggested that some Māori may be delaying having children as many adapt to middle class professional lifestyles where meeting travel, university and career goals, or attaining money, status and home ‘ownership’ take precedence (Glover et al., 2008). Contrary to traditional Māori accounts of reproduction and parenting and aligning with western trends, tāne are often excluded from research on reproduction (Reynolds, 2012) although there has been a recent push to bolster men’s involvement in international research and activism in this area (Barker & Das, 2004).

Reproductive decision making is often centred around psychological and material explanations in western research (Basu, 2006). Decisions to have children are informed by a need to give and receive love, experience the joy of children, a desire to create a family with a child that is part of both members of the couple (Langdridge, Connolly, & Sheeran, 2000; Langdridge, Sheeran, & Connolly, 2005), and something to strive for and bond with (Langdridge et al., 2005). In some western accounts of early reproduction, this is attributed to ‘fate’ or God’s purpose (Spear, 2001). Having children is seen as a sign of maturity, morality, sexual competence, psychological stability, enabling the parents to pass on the family name, knowledge, and history, giving a sense of continuity after death (Baker, 2006). Many believe that children will strengthen marital relationships, made people feel ‘complete,’ enhance their lives as a source of pleasure in watching children develop, relive their own childhood, and form a basis for intergenerational and extended family relationships (Baker, 2006).

**Conclusion**

The focus of current research on Māori early reproduction and infertility renders Māori decisions to not have children, proceed with an abortion, limit or delay childbearing an invisibilised experience that is conceptually impossible, with reproductive decision making inferred as unnecessary, uncomplicated, and without complex negotiations of subject positions anchored across contemporary mātauranga, tikanga Māori and contemporary western patterns of practice. Glover (2008) has heralded an ethnographic examination of contemporary Māori experiences and conceptualisations of reproduction, in the context of New Zealand social change. I hope to respond to this call for research and address the current knowledge gap, through this PhD thesis. Compiling the available literature from a variety of interdisciplinary sources in the area of reproduction in this chapter has been necessary to achieve that, and an accomplishment in its own right. It is my hope that this compilation of literature about Māori reproduction, sexuality and whānaungatanga will form a useful knowledge base for those working in health and social services to learn about mātauranga and tikanga Māori, and colonising impacts in this area.

Outlining the mātauranga and tikanga Māori that underlie reproductive processes, an integrated and holistic picture of spiritual, social, and ecological life emerges, where dignity and respect is granted across these domains of life, and reproduction maintains the harmony of these fundamental elements. Colonisation has
unequivocally disrupted these common sense meanings of reproduction for many Māori, through generic government policies, urbanisation, economic imperatives, discrimination, and the imposition of western patterns of practice in health services. However, resistance to these colonising processes also occurs through everyday cultural practice and in health service provision. There is now a strong knowledge base that critiques research that characterises whānaungatanga, reproduction and sexuality solely as ‘deficits,’ or locates the constitution of this thinking within historical and contemporary western discourses of eugenics or dominant western discourses of successful reproduction that is bound with socioeconomic and ethnic privilege.

Moving beyond the dichotomous representations of Māori and reproduction either through solely ‘deficit’ or ‘positive’ approaches or through seeking to investigate Māori and reproduction through the lens of early reproduction or infertility, I hope to explore the rich complexities, joys and dilemmas faced by Māori in the context of their reproductive lives. This will be further enriched by understanding how Māori negotiate the reproductive cultural terrain associated with living in an ever-changing, multi-cultural, global society, as Māori, who also experience the intersections of further, various criss-crossing identities. While the present knowledge base suggests there is a significant need for better cultural responsiveness in sexuality education, abortion and maternity services, the present research also seeks to develop our understanding of current Māori reproductive practice and new innovations within these domains of health.
CHAPTER 3: METHODOLOGY

INTRODUCTION

In the first two chapters of this thesis, I initially reviewed the generalised colonising impacts and imposed dominant western social formations (in chapter one), followed by a more specific review of reproductive patterns, traditional mātauranga\(^1\) and tikanga Māori\(^2\) and colonising impacts on cultural and institutional practice (in chapter two). The current chapter picks up the methodological thread from chapter one, where key interventions in the Mana Wāhine\(^3\) approach to research (Pihama, 2001) utilised in this thesis were outlined, including deconstruction for decolonisation, legitimation of mātauranga Māori, positioning Māori women’s experiences at the centre of analyses, acknowledging the diversity of Māori realities in a post-colonial landscape, and developing research relationships through a dynamic of whānaungatanga.\(^4\)

Here, I describe the overall qualitative design of the project, a method that enables the generation of rich and detailed descriptions of a particular phenomenon (Denzin & Lincoln, 2005) including exploration of the interconnections of tikanga, colonisation and possibilities for emancipation. I outline the process undertaken to recruit, engage and conduct interviews with Māori tāne\(^5\) (15), wāhine\(^6\) (16) and key informants (12). I describe the scope and focus of general participant interviews that were designed to elicit men’s and women’s experiences, perspectives and beliefs about having children and key informant interviews that were designed to draw on their knowledge of mātauranga, te reo me ona tikanga\(^7\) and its application in related health areas. I then describe the Māori critical realist ontology and Māori social constructionist epistemology that informed my reading of the data using thematic analysis (Braun & Clarke, 2006); how recurrent patterns or themes were sought through a data-driven inductive approach while discursive ideas common to critical and Mana Wāhine theories shaped a deductive approach to the analysis.

This project aims to fulfil Māori expectations and quality standards, following tikanga Māori (HRC, 2008; Hudson, 2010) and Kaupapa Māori\(^8\) (L. Smith, 2006). The research was also approved by the University of Auckland Human Participants Ethics Committee on the 5\(^{th}\) of December 2007.

DATA COLLECTION

Kaupapa Māori research requires practitioners to work in accordance with tikanga Māori. Key considerations for researcher engagement have been described by Linda Smith (2006): Aroha ki te tāngata,\(^9\) kanohi ki te kanohi,\(^{10} \) titiro, whakarongo… kōrero,\(^{11} \) manaaki ki te tāngata,\(^{12} \) kia tupato,\(^{13} \) kaua e takahia te mana o te tāngata,\(^{14} \) kaua e mahaki.\(^{15} \) This is not a definitive guide to researcher conduct but provides a starting point for researcher engagement.

\(^1\) Education, knowledge, wisdom, understanding, skill.
\(^2\) Correct procedure, custom, manner and practice pertaining to Māori.
\(^3\) An approach that privileges the perspectives and protocols of Māori women.
\(^4\) Relationship, kinship, sense of family connection.
\(^5\) Men, males, husbands.
\(^6\) Women, females, ladies, wives.
\(^7\) Māori language and traditional practices.
\(^8\) A research approach that privileges the perspectives and protocols of Māori.
\(^9\) A respect for people.
\(^10\) The seen face, present yourself to people face to face.
\(^11\) Look, listen, speak.
\(^12\) Share and host people, be generous.
\(^13\) Be cautious.
\(^14\) Do not trample over people’s dignity.
point for researchers to consider during initial and ongoing engagement with participants and communities. I have italicised these concepts where I describe my engagement with them in the relevant sections of this chapter.

Guidelines for interviewing Māori are not found in textbooks (L. Smith, 2011), this is drawn out of the dynamics of Kaupapa Māori where understanding and coming to knowledge is formed in the process. Interviews were done in a participant focused way, and I endeavoured to meet the participants’ requirements, being flexible with the arrangement of the interview. Tikanga ensuring that the mana16 of participants was maintained took precedence over my research or analytic agenda (Glover et al., 2004). Participants were interviewed ‘one-on-one’, which is a useful approach for eliciting personal accounts (Arksey & Knight, 1999) in the context of a sensitive topic like reproduction that involves discussions about relationships, sexuality, te whare tāngata,17 and whānau.18 Semi structured interviews offered participants flexibility with answering the question, allowing them to discuss a broader ‘story’ about their experience and expand on aspects of their experience not directly elicited by questions from the interview schedule.

Potential participants were given an information sheet containing information about the researcher’s intentions, the focus and process of the research, and proposed dissemination of results (see appendices B, C, D and E). In this, they were also informed that interviews would be digitally audio recorded for the purposes of transcription, and given the option of receiving a summary report of the final research project. Care was taken to mention that this is a qualitative project, and they may be quoted verbatim from the research, albeit anonymously. They were also informed that the interviews were conducted predominantly in English, given that I only had a beginner’s level knowledge of te reo Māori.19 However, both English and te reo Māori versions of the Participant Information Sheet and Consent Form were available. My email address and a contact phone number was supplied in the participant information sheet in case an intending participant wanted to ask questions, or arrange a meeting kanohi ki te kanohi (L. Smith, 2006).

Discussions occurred prior to the interview to whakawhānaungatanga20 (L. Smith, 2006), obtain informed consent and attend to the wairua21 of the interview. Using the written consent form (see appendices F, G, H and I) as a guide, I discussed how the participants’ information would be used in the project, gave them the opportunity to ask questions and sign the consent form. I recited a karakia22 at the start and finish of the interview if participants were agreeable to this, or asked if there was another they preferred. Throughout this process and the interviews I maintained a view of aroha ki te tāngata (L. Smith, 2006), ensuring participants were comfortable with the interview arrangement and questions asked.

Participants were given the opportunity to have the interviews at the University (7), my home (5), their home (20), workplace (7) or marae23 during recruitment at marae wānanga24 (4). While the vast majority of interviews were done in a private location, some participants did not wish to be interviewed in a location away from their partner or children. In cases where participants’ insisted on this arrangement, I agreed and their

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15 Do not flaunt your knowledge.
16 A supernatural force in a person, place or object. Mana goes hand in hand with tapu.
17 The womb, uterus, cervix, vaginal; literally translated in English as ‘House of People’.
18 Extended family (also means to be born, to give birth).
19 Māori language.
20 Making connections with people through sharing whakapapa.
21 Spirituality (also means soul, quintessence - spirit of a person which exists beyond death).
22 Incantation, prayer, grace, blessing, church service.
23 Community facility where hapū collectives discuss political and social matters, and host important events such as funerals.
24 Seminar, conference, forum held at a community facility for hapū collectives.
**General Participant Recruitment and Interviews**

I chose to focus on men’s and women’s experiences of fertility, reproduction and parenting in this thesis as the majority of research in this area has been conducted solely with women. Research that focuses on wāhine and excludes tāne in this area has been problematised as it mutually reinforces men’s lack of responsibility and involvement (Greene & Biddlecom, 2000). The inclusion of tāne in this research is appropriate for Māori, as culturally, reproductive decision-making is a whānau responsibility (Irwin, 1992; Rimene et al., 1998). It is likely that the absence of men’s’ narratives from whānau discourse stems from the influence of dominant western discourse that views child rearing and domesticity as women’s’ responsibility; through tikanga Māori, children are seen as the responsibility of the wider whānau. I aimed to interview people from a range of iwi (see Table 1), of different ages, genders, sexualities, occupations, rural/urban geographies, and parents/non parents (summarised in tables 2-3, below).

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25 Gift, present, offering, donation, contribution.
26 Food (also means to eat).
27 Tribe (also means strength, bone).
Sixteen wāhine and fifteen tāne who identified as Māori were interviewed about their views, beliefs and experiences around fertility, reproduction and parenting. General participants for this study were required to culturally identify as Māori and have Māori ancestry, given the research aims to explore Māori cultural perspectives on fertility, reproduction and pregnancy. Participants were required to be over the age of 18 years old, in order to give informed consent. Overall, a wide range of ages, from rangatahi\(^{28}\) to kuia\(^{29}\) and koroua\(^{30}\) were included (see Table 2). I was interested in the views of people both who had and did not have children. The majority (25/31) of general participants were parents themselves – 15/16 Wāhine and 10/15 Tāne, with an overall average of three children each. Of the 12 key informants, 10 had children, with an overall average of four per parent (see Table 1). The majority of participants were heterosexual; one tāne general participant identified as gay, and another two participants (one wāhine general participant and one key informant wāhine) refuted any categorisation of their sexuality (see Table 2).

<table>
<thead>
<tr>
<th>Iwi</th>
<th>Participants’ stated iwi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ngapuhi</td>
<td>27</td>
</tr>
<tr>
<td>Te Rarawa</td>
<td>14</td>
</tr>
<tr>
<td>Te Aupouri</td>
<td>3</td>
</tr>
<tr>
<td>Tuhoe</td>
<td>3</td>
</tr>
<tr>
<td>Te Roroa</td>
<td>2</td>
</tr>
<tr>
<td>Ngāti Manawa</td>
<td>2</td>
</tr>
<tr>
<td>Whakatohea</td>
<td>2</td>
</tr>
<tr>
<td>Ngati Kahu</td>
<td>2</td>
</tr>
<tr>
<td>Ngati Kahungunu</td>
<td>2</td>
</tr>
<tr>
<td>Ngati Awa</td>
<td>1</td>
</tr>
<tr>
<td>Ngati Mahuta</td>
<td>1</td>
</tr>
<tr>
<td>Ngati Maniapoto</td>
<td>1</td>
</tr>
<tr>
<td>Ngati Po</td>
<td>1</td>
</tr>
<tr>
<td>Ngati Whatua</td>
<td>1</td>
</tr>
<tr>
<td>Tainui</td>
<td>1</td>
</tr>
<tr>
<td>Te Arawa</td>
<td>1</td>
</tr>
<tr>
<td>Kai Tahu</td>
<td>1</td>
</tr>
<tr>
<td>Rangitāne</td>
<td>1</td>
</tr>
<tr>
<td>Ngati Maniapoto</td>
<td>1</td>
</tr>
<tr>
<td>Ngati Tuwharetoa</td>
<td>1</td>
</tr>
</tbody>
</table>

---

\(^{28}\) Younger generation, youth.

\(^{29}\) Elderly woman, grandmother, grand aunt.

\(^{30}\) Elderly man, grandfather, grand uncle, papa.
Table 2: Demographic summary of general and key informant* participants

<table>
<thead>
<tr>
<th>Demographic category</th>
<th>Specific detail</th>
<th>General participants (31)</th>
<th>Key Informants (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Wāhine (16)</td>
<td>Tāne (15)</td>
</tr>
<tr>
<td>Age</td>
<td>20s</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>30s</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>40s</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>50s</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>60s</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>70s</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>80s</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Gender</td>
<td>Wāhine</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Tāne</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Sexuality</td>
<td>Heterosexual</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Gay/Lesbian</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Refute categorisation</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Location</td>
<td>Urban</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Rural</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Children</td>
<td>Have children</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Do not have children</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

*Key informants described more fully in next section

Participants were recruited from a range of socioeconomic statuses, though were not directly asked for their incomes as a ‘measure’ of this. Given the impact of colonisation on disadvantaging Maori in the context of a market based economy (see chapter one), asking whether participants were working at the moment, and what they did if they were, was a more meaningful way of approaching this (see Table 3). Around half of participants were not in full time paid employment (6 were beneficiaries; 4 were pensioners; 3 were stay at home parents; and 3 were students), while a number were in occupations across the socioeconomic spectrum that could be considered working to middle class (5 in construction and transportation; 4 in community health), and middle to upper class (4 in lecturing/research; 2 in admin/teaching).

Table 3. General participant demographics: occupation

<table>
<thead>
<tr>
<th>General participant occupations</th>
<th>Gender</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Wāhine</td>
<td>Tāne</td>
</tr>
<tr>
<td>Beneficiary</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Construction/ transportation</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Community health</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Pensioner</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Lecturer/ research</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Stay at home parent</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Student</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Admin/ teaching</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Advertisements for lay participants were posted at the University of Auckland, the undergraduate psychology research notice board, the Department of Psychology Kōhanga,31 Hineahuone at Nga Taurā Māori,32 and emailed through personal networks. Additionally, two Māori recruiters assisted by approaching potential participants about the research on my behalf. Some of these recruitment methods led to ‘snowballing,’ or whakawhānaungatanga (L. Smith, 2006) with participants recommending the research to others. My details were made available on the research advertisements for lay participants; they approached me to express possible interest, by email or phone. I subsequently followed up on their request, arranging a time to discuss

31 A Māori research study space in the School of Psychology, The University of Auckland.
32 A Māori research study space at The University of Auckland.
what the research involved, scheduling an interview at a location and time that suited both the participant, and I.

While a diverse range of people were recruited (see tables 1, 2 and 3 for participant demographics), this research cannot, and does not, represent the views of all Māori. Further, the aim of the research is not to generalise to all Māori, given that not only are there iwi, hapū and whānau differences (Mikaere, 2010; Pihama, 2001) but individual differences, and various levels of engagement with dominant western discourse. Therefore, this research aims to access rich detailed descriptions of some Māori perspectives on fertility, reproduction and parenting, situating them within broader social norms and contexts.

Interviews lasted an average of 68 minutes; ranging from 23 minutes to over two hours. At the start of the interview I explained the format of the questions I intended to ask in order to assist them to know what to expect, upholding their mana, in order to kaua e takahia te mana o te tāngata (L. Smith, 2006). I mentioned that some of the questions may seem strange, or common sense, but that I was interested in explanations and reasons behind these assumptions we hold in common. I also asked questions to ascertain demographic information about the participant, their iwi, gender, age, occupation, current locality, number of pregnancies, children, their current ages, and grandchildren. During some of the interviews it emerged that some general participants had experience in relevant health services and an in-depth knowledge of te reo me ona tikanga. In these interviews I allowed the participants to speak about their work experience, and made use of this data during the analysis. In extracts where general participants spoke about pertinent work experience, I have referred to their role such as ‘kaumātua’ in parenthesis with other relevant demographic information [Kaumātua, tāne, 40s, rural].

Semi structured individual interviews were conducted, focusing on participants’ experiences with fertility, reproduction and parenting, with further questions about their views, beliefs, and values on the subject. In allowing participants to story their experience, I was attending to the concept of spiral discourse (Bishop, 2005; see later section on representation for a full elaboration of this concept), where the multiplicity of views and experiences is acknowledged, shaped between the researcher and participant and allowed to come forth in an interview setting. I asked questions, allowing the participants to speak without interrupting them, allowing them to share what they found relevant on that particular point, following the process titiro, whakarongo... kōrero (L. Smith, 2006). When the participant had finished speaking, I either asked a ‘probing’ question that asked for more explanation, or proceeded to ask them the next interview question if they had not already covered this.

In some cases, participants narrated the story of their life, and experiences relating to fertility, reproduction, and parenting across the generations, or work experiences. When participants chose to respond in this way, I allowed them to continue, noting when they were covering points of experience relating to the interview questions and any possible probing questions. When they finished their kōrero I noted areas of my schedule that they had responded to, followed up with probing questions and asked any remaining questions. This manner of responding to questions suited the aims of my research, as questions were deliberately broad, aiming to generate personal stories and experiences and elicit participants’ personal beliefs on these issues.

33 Subtribe (also means to be pregnant, conceived in the womb).
34 A supernatural force in a person, place or object. Mana goes hand in hand with tapu.
35 Elder. In this research it refers to chosen experts who have knowledge of mātauranga and tikanga Māori.
36 Narrative, speech, conversation, discourse.
The broad areas for interview questions were refined and developed in relation to the literature and early interviews (and piloted). Interviews with general participants focussed around their personal experiences of starting families and having babies, the importance and role of children in their whānau, their age when they had children and level of support (personal networks, government, and health services), the size of their whānau, and positive and negative experiences in this process. I asked these participants whether they thought Māori have different views to Pākehā on these issues, their views of recent media accounts of Māori fertility and the ways Māori are portrayed.

After completing eight pilot interviews with wāhine, and doing an initial analysis, I reshaped the direction of the interviews in order to elicit more specific information about the participants’ experiences. This pilot material was also utilised in later analysis and included in the final thesis. Questions were designed to orient the interviewee to reflect on their experiences with babies, reproduction, and sexual and reproductive health services. With participants who had children, I asked about their experiences growing up in their whānau, having children themselves, their support and experiences with social, birth, post-birth, and sexual health, services. I also asked whether there were times that participants felt honoured or stigmatised for having children, and what they saw for their future (see appendix J). Interviews with participants without children followed a similar format, though I asked whether they wanted children and included hypothetical questions about how they would envision their experiences having children (see appendix L).

Key informant interviews were conducted to investigate te reo me ona tikanga and mātauranga Māori from kaumātua, Māori researchers and clinicians, and how they applied this in their work. Given the legacy of research as a vehicle for colonisation of Māori, where Māori are ‘researched’ and Pākehā experts come to have ‘knowledge’ over Māori (L. Smith, 2006), I saw value in privileging Māori expertise. Aiming for a diverse perspective I recruited researchers who had some interest in reproductive matters, and clinicians from a range of areas in health including spiritual wellbeing, general health, mental health, counselling, sexual health, midwifery, infant care and abortion services. Recruiting key informants with a broad range of expertise has allowed me to examine commonalities and differences in their approaches to mātauranga Māori, however it is beyond the scope of this thesis to offer a full evaluation of any specific area.

Table 4. Key informant areas of expertise

<table>
<thead>
<tr>
<th>Key informant areas of expertise</th>
<th>Number of key informants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaumātua</td>
<td>5</td>
</tr>
<tr>
<td>Researchers</td>
<td>3</td>
</tr>
<tr>
<td>Government</td>
<td>1</td>
</tr>
<tr>
<td>Clinicians:</td>
<td></td>
</tr>
<tr>
<td>Sexual health</td>
<td>1</td>
</tr>
<tr>
<td>Mental health</td>
<td>4</td>
</tr>
<tr>
<td>Maternity</td>
<td>1</td>
</tr>
<tr>
<td>Abortion</td>
<td>2</td>
</tr>
<tr>
<td>Infant care</td>
<td>1</td>
</tr>
<tr>
<td>Church</td>
<td>2</td>
</tr>
</tbody>
</table>

It was difficult to recruit Māori key informants as I encountered health services that did not employ any Māori staff, yet saw Māori clients; persistence was needed to identify Māori staff members within health care organisations, and specific Kaupapa Māori services (see table 4 for key informants’ areas of expertise, and tables 1, 2, and 3 for key informants’ demographic information). In approaching potential key informant participants, I emailed, phoned, or met with managers of the agencies of interest (such as Māori midwives,
marae, Plunket, Family Planning), explaining my research, and asking if there was likely to be any Māori staff within the service who might want to participate. Once Managers were willing to let me disseminate information on my research to staff, I emailed participant information sheets to them, with my details for them to contact me. This method yielded few participants, and it was rare that I received responses. All participants who were interviewed were recruited through whakawhānaungatanga and networking with colleagues who recommended colleagues or friend of theirs.

Interviews lasted an average of 73 minutes; ranging from 37 minutes to over two hours. As noted in general participant interview processes, the same level of attention was paid to kaua e takahia te mana o te tāngata and titiro, whakarongo… kōrero (L. Smith, 2006), allowing a spiral discourse to develop (Bishop, 2005; see later section on representation for a full elaboration of this concept) and allowing a narrative flow.

The interview schedule for key informants was piloted on the first key informant participant (a wāhine clinician). This interview was included in the analysis. After asking for demographic information, in order to build rapport I asked about her personal experiences of starting families and having babies. I then asked about clients’ common presenting issues, the service’s approach and her personal approach to Māori clients. I asked about whether she knew of further agencies that support Māori who are having babies, her perception on their efficacy and suggestions for improvements. I narrowed this to focus on her specific experiences with clients, her perception of their views about children and whether she believed Māori have different views to Pākehā on these matters. I then asked about her view on recent media accounts of Māori fertility.

After piloting, I reshaped the interview schedules to be nuanced differently for health professionals and researchers (see appendix L) and kaumātua (see appendix M). Both schedules retained the demographic questions but formal questions about key informants’ personal experiences were omitted in order to focus on participants’ expertise in sexual and reproductive health knowledges. Instead, I asked participants to discuss personal experiences as they became relevant. All key informant participants were asked what they saw as the influences that encourage and discourage Māori from having children today, over the last one hundred years; kaumātua were additionally asked about the tikanga behind this and influence of wairua and whakapapa;37 health professionals and researchers were asked if they saw whāngai38 practiced today. All key informants were asked for their perspectives on current research statistics that compared Māori with non-Māori in relation to childbirth ages, total fertility rates, abortion and sexually transmitted infection (STI) rates; participants were also asked whether they thought these were outcomes of a shift in tikanga. An implicit motive was also to ascertain key informants’ responses to the presentation of statistics, in relation to Māori comparison with non-Māori, common in deficit focussed research (see section on tino rangatiratanga39 in prior chapter). All key informants were then asked questions specific to their particular occupations; what traditional practices they saw retained, how they facilitated and supported this and what they saw the future hold for Māori protocols around fertility, reproduction and parenting. Health professionals and researchers were asked about their clients’ main challenges and their approach to support them. I also asked how clients came through these difficulties, whether the clients they saw were using contraception and what further support agencies were available to them. I was also interested in current sexual and reproductive health campaigns, asking whether they knew of any that took a Māori focus, whether traditional knowledges were incorporated, and how Māori were represented.

37 Genealogy, lineage, descent (also means genealogical table).
38 To raise, adopt, nurture (also means to feed).
39 Self-determination.
DATA ANALYSIS

Critical theories are not central to a Kaupapa Māori research agenda, however their praxis may be useful in challenging and transforming disempowering social structures (Pihama, 2001) (see also section on deconstruction for decolonisation in chapter one on Mana Wāhine research). Some have advocated for critical theories to be used in Kaupapa Māori scholarship (Penetto, 2006; Reid, 2006b), though others have heeded caution in applying these tools for liberation, rather than colonisation (Reid, 2006b). In common with Kaupapa Māori and Mana Wāhine approaches, critical theories work on the premise of deconstructing negative social views, and disempowering institutional practices. In elucidating these everyday forms of colonisation, they can then be analysed, challenged and transformed, supplanted with alternatives (Willig, 1999).

ONTOLOGY

In my earlier description of Mana Wāhine research I have described the difficulties associated with research oriented to understanding the worlds of Māori and Pākehā (Irwin, 2011), the various realities that are engrained within these spheres and intersections between them. As a Kaupapa Māori research project a Māori ontology, constituted in mātauranga Māori, has a primary role in constituting the lived ‘reality’ of participants’ everyday experiences. Sharing a Māori ontology, the experiences, beliefs, ideals and behaviour of my participants including discourses of wairua is taken for granted and interpreted as ‘real’ and valid, lending the definition of my ontological position as ‘realist’ in orientation.

However, a key analytic procedure in this research is examining how experiences are grounded in culture, through the various positions my participants occupy (Taylor, 2001). This involves externalising the taken for granted experiences and values described to me by participants and referring to them in terms of their manifestation and production within social norms rendering them subject to a more ‘relativist’ level of analysis (V. Burr, 1998). Under a relativist standpoint, no single ‘true’ perspective is considered to be shared by all those who belong to a particular social group (Fawcett, 2004), including Māori and Pākehā. Multiple perspectives are created by intersections with class, sexuality, race, age, rural and urban localities, in addition to iwi, hapū and whānau (see section on recognising diverse realities in chapter two on Mana Wāhine research chapter). What is taken for granted as ‘true’ knowledge is constructed through language, which is embedded in underlying discourses that constitute common understandings, values, and power relations (V. Burr, 1995; Kitzinger & Wilkinson, 1996). A sense of self is constituted through an embodiment of the various discourses available to people in a particular culture and society; while this is experienced in unified form, consciously as a coherent ‘self’, under analysis the subjectivity contains multi layered influence, contextually driven ‘desires’ and ‘behaviour’ that may be contradictory and inconsistent (Gavey, 1989).

In this thesis I take a critical realist approach (Willig, 1999) to my analysis, drawing strategically on both realist and relativist ontologies. Participant’s experiences are interpreted as ‘real’ and ‘valid’ but are seen to be multiple and varied. They are analysed for the ways they are constituted within various social and historical norms, values and discourses, where relevant; with a particular agenda to examine the impacts of dominant western discourses in historical and ongoing colonising processes. Crucially, the truth and validity of Māori discourses of wairua is taken for granted in participant accounts; this has been considered lacking in non Kaupapa Māori social constructionist research (L. Smith, 2006). My approach relates to my lived Māori ontological position and my politicised position to disrupt the legacy of research that negates the validity of such experiences (see section on approaches to knowledge in chapter two on Mana Wāhine research.
chapter). Understanding the embodied experience of *wairua* (Pihama, 2001), interconnection with the natural world and our relationships with others, past and present, conscious and unconscious, forms an integral influence on our sense of self, our embodied subjectivity.

**EPISTEMOLOGY**

In this research, I have drawn upon a social constructionist epistemology (Gough & McFadden, 2001) aligned with the task of *decolonisation* in *Mana Wāhine* research. Understanding the historical, cultural, political and social context around participants’ common sense understandings is important in attenuating to broader power dynamics (Gough & McFadden, 2001; Willig, 2001). Demonstrating the social trajectory and function of knowledges that justify our marginalisation enables us to disrupt these processes and trace avenues for change and emancipation (Denzin & Lincoln, 2005). This approach aligns with and extends Moewaka Barnes’ (2010) concept of Māori-centred social constructionism that positions Māori concepts at the centre of the analysis, rather than ‘other’. It also relates to the *Mana Wāhine* aim to legitimate *mātauranga Māori* (see relevant section of chapter one), drawing upon these culturally suppressed knowledges to search for unique solutions from our ‘roots’, or ‘branching outwards’ to connect with *te ao Hurihuri*40 to fashion new strategies for emancipation.

From a social constructionist epistemology participants’ speech is not treated as a mirror to the reality of their experience, and attention is paid to the cultural assumptions and contradictions that pervade their talk (Hall, 1997). Through communication, participant’s speech is active, live, and organic; People actively shape and create their social worlds, new ideas and form new common sense understandings. Acknowledging this interactive process in the production of knowledge is the *Kaupapa Māori* concept of spiral discourses in interview contexts (Bishop, 2005; see later section on representation for a full elaboration of this concept). This also opens up opportunities to facilitate change through disrupting disempowering concepts in a *decolonising* process along with reinforcing and embedding *mātauranga Māori* concepts in everyday talk.

Unique to a social constructionist epistemology, but inspired by a *Mana Wāhine* research agenda, is an analysis of *mātauranga Māori*, sourced from a Māori epistemology. *Mātauranga Māori* is not analysed with deconstructive intent, as this runs counter to the *mana wāhine* aim to legitimate this holistic, interconnected cultural knowledge that has been suppressed by colonising objectives and practices. Thus, my intent is guided by a lighter form of social constructivism that seeks to draw out cultural assumptions and norms that guide and frame the participants’ ideas and behaviour, including those of *mātauranga Māori* (Pihama, 2001) sourced from a Māori epistemology (Sadler, 2007) and dominant western values, discourses and assumptions that have formed a colonising interface.

**TRANSCRIPTION**

Representing an analytic stage in the research process, the audio recorded interviews in this study were transcribed according to an orthographic style (Lapdat, 1999). Care was taken to utilise transcription conventions that suited the analytic method chosen for this study, thematic analysis. Detail on the utterances, intonation and pitch were not deemed important data in this study and were not noted. Data were not ‘cleaned’ to be made more grammatical (Braun & Clarke, 2010); talk was typed verbatim, with ‘umms’, false starts and self interruptions included. Movements and sounds were described in brackets when they occurred, such as laughter, sighs, coughs and motions. Pauses were noted, with those extended over 1 second denoted by a

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40 The ever changing world.
description of their length (eg. 2.0, 3.0, 4.0). Overlapping talk was denoted by placing the less dominant statements in brackets amongst the dominant segment of speech, such as:

Participant: Yeah, it was! (both laugh). And it's really filling too, you know it's very nutritious. And umm, if they have that in the evening, you know for their evening meal they just sleep right through. (Snores).

Jade: Yeah, oh (laughs). That's a good trick (both laugh). (Kura: Oh cool, cool). (3.0) Now, umm, (4.0). And did you access any other sort of health services, like sort of a doctor or midwife, anything like that?

While I transcribed some interviews (4), most were transcribed by a professional transcriber (39) who was required to sign a confidentiality agreement that ensured confidentiality of participants was protected. I checked all transcripts for accuracy and incorporated field notes that documented non-verbal communications. Electronic and any printed transcripts were anonymised; participant interviews were referred to by a ‘code’ such as ‘W1’ for the first wāhine participant, participants’ names, the names of people they spoke about, locations, workplaces, or further specific identity details were removed and referred to generically. In the analysis, demographic information including the participants’ gender, age range, and urban/rural location were reported alongside participant quotes in order to contextualise their responses [Tāne, 40s, rural]. Clinicians were referred to by a generic title such as ‘clinician’, ‘researcher’ or ‘kaumātua’ [Clinician, Wāhine, 30s, urban], with their area of work signalled if relevant in order to protect the anonymity of participants working within small networks of Māori in health services. There was one exception to this process, and one participant (Taane Thomas) was offered the opportunity to waive his right to anonymity, with one extract attributed to him by name in this thesis and related publications, due to the unique and novel approach he had taken in designing and delivering a sexuality education programme. This did not compromise the anonymity of other extracts as he was not quoted further in his capacity as a sexual health educator.

The transcribed words of the participant interviews comprised the data under analysis, with quoted excerpts taken to evidence the analytic claims. Care was taken to balance ‘preservationist’ and ‘standardised’ systems of quotations to ensure that key elements of participants’ data were preserved while elements distracting from the analytic intent were removed (Sandelowski, 1994). However, much of the liveliness of the speech was retained including sighs, rhythms, false starts and self interruptions in order to preserve the quality of the conversation and non-articulated aspects of participants’ communication. When speech was removed from an excerpt this was indicated with three full stops in a row (…).

**Thematic analysis**

This research utilised Braun and Clarke’s (2006) approach to thematic data analysis where personal accounts were drawn together to produce “collective or shared meaning and experiences” (Braun & Clarke, 2012, p. 2) through identifying recurrent patterns or themes. This was done through an inductive analysis where analytic ideas were driven by the content of the data. Discursive ideas common to a social constructionist epistemology including the concepts of decolonisation (Pihama, 2001) and legitimating mātauranga Māori (Pihama, 2001) were also drawn through the analysis by a deductive approach (Braun & Clarke, 2012). This was informed by an understanding that participant experiences and understandings were grounded in culture and that they simultaneously actively created and reproduced this cultural knowledge (Braun & Clarke, 2006).

On a practical level, the analysis followed the six phases outlined in Braun and Clarke’s (2012) guidelines for thematic analysis (these six phases are italicised in the proceeding paragraphs). Following data collection, the interviews were transcribed and time was spent on familiarisation with the data. This involved either
transcribing audio recordings or listening to the audio recordings while checking the accuracy of the transcripts, multiple readings of the texts, examining each transcript to identify all instances of talk related to the participant's beliefs, personal decisions or experiences around fertility, reproduction and pregnancy. I kept a diary of my initial analytic ideas through this phase, which assisted me to make meaning from the data.

The second phase of analysis involved generating initial codes. Using NVivo, qualitative research software, I went through the transcripts developing semantic and latent interpretive codes for features of the data that related to my research questions. Throughout this process I linked text from the transcript to the corresponding code. In the third phase, searching for themes, I looked for patterns amongst the initial codes and brought these together under more inclusive categories; some codes were collapsed into an over-arching theme. The fourth phase involved reviewing potential themes in relation to the data, recursively going through the transcripts and back to the themes to assess their continued relevance and depth and defining areas of inclusion and exclusion of the theme. Defining and naming themes, the fifth phase, was ongoing throughout the writing process with supervisory input. Themes were demarcated by their uniqueness within the thematic map and linked with others to tell a story oriented to the research question or particular ‘sweet spots’ that constituted analytic interest. Themes were presented with an initial broad description of their scope, with carefully chosen extracts illustrating various manifestations of a particular theme.

During phase six of the analysis, producing the thesis, my interpretation and analysis of the data was contextualised in relation to the literature. I consulted with my initial broad based literature review to ensure all relevant concepts were incorporated in the analysis and structured ideas to allow a coherent narrative flow through the thesis. Feedback on the themes was obtained from kaumātua, my cultural advisor and rangahau whānau in the context of the final chapter, and integrated.

**Methodological and Ethical Issues**

Research is not a clear-cut process and we may be presented with scenarios that require us to address conflicting ethical ideals. In this section, I outline some of the methodological and ethical issues I encountered and present my resolution of these dilemmas. I discuss my reflections on being able to be fully transparent in the research process, understanding whether I could truly represent the ‘voice’ of my participants, examining the reasons for and against sending participants’ transcripts, developing strategies in order to research safely in relation to sensitive topics, and doing a Kaupapa Māori research project as Māori without fluency in te reo Māori.

**Transparency in the Research Process**

While seeking community support for this thesis I was frequently asked to describe my analytic position on the research topic. When I explained I was interested in hearing the kōrero of people who had children, and was asking questions to elicit these stories, many people wanted to know my agenda, what I was seeking to find. Given the legacy of research done on Māori, and the subsequent development of Kaupapa Māori research borne out of a dissatisfaction with research done ‘on’ and ‘to’ Māori with no benefit offered to such communities (L. Smith, 2006), such questions are particularly pertinent.

Several factors impeded my ability to mitigate these concerns. First, the visibility of my Māori identity is not obviously salient unless people know my whānau. I have light skin in winter, or during summers ‘in the lab’, blonde hair and a French surname. The lack of any Māori academic staff in the Psychology department at the University of Auckland at the time of my enrolment in early 2007 meant my supervisors were Pākehā. I was
an emerging researcher, and consequently did not have any established publications, or oratory presentations by which people may have judged my capability to do Māori centred or Kaupapa Māori research. I was also in a learning position with regard to te reo Māori me ona tikanga (Pihama, 2001).

Furthermore, the language of discourse analysis (Gough & McFadden, 2001) Mana Wāhine and Kaupapa Māori research (L. Smith, 2006) was difficult to explain, unless people had some awareness of these research methodologies. Attempts to communicate my epistemology, hypothesis and political commitment to participants was difficult when the research was conceived in relation to language and concepts associated with critical theories (Weatherall, Gavey, & Potts, 2002) and my theoretical approach to Mana Wāhine research took form through the research process. In addition, taking an inductive approach to qualitative analysis, and allowing themes to come through the data meant my analytic positioning took form during the data analysis after the interviews were done. When engaging Māori people from communities to assist with research participation I was required to articulate a rationale that was easy to understand in lay terms, and be as transparent as I could about what I was seeking to investigate.

Piloting my research assisted in this process and I could be transparent about my research once I had analysed some data through which to constitute my analytic ideas, based on my participant’s kōrero. Those who engaged with me in recognising my history, and the tikanga and wairua of this process, enabled me to continue to work safely through the terrain of Kaupapa Māori research. Ongoing support from my cultural advisor, Dr. Paul Reynolds; my rangahau whānau, Liz Wootton, Pikihiu Pomare, Terrynn Clarke, and Alayne Hall; kaumātua Pereme Porter, Anaru Peita-Wharehunga, Chrissy and Pio Jacobs have assisted me through this. Attending to the wairua and receiving guidance from my tūpuna also provided key affirmation for the work I am doing to benefit Māori.

As demonstrated through my research experience, complete transparency in research at the outset is not always possible. Stating our initial positioning within a particular ideological tradition may not be enough, and we may not feel willing to communicate our personal experiences in relation to the research as they might be highly personal or feel like a divergence. Furthermore, in the process of learning, as we allow research to shape and constitute our analytic ideas, our reasons for doing this research may also shift over time. Piloting the research, working with research whānaunga to assist in translating our ideas into easily understandable concepts, and seeking guidance from kaumātua regarding the wairua of the research are strategies to assist with conveying our research intentions to interested communities.

**REPRESENTATION**

Representing participants’ views and perspectives is not a clear task and tensions exist between ‘honouring’ the participant’s voice in Kaupapa Māori approaches and ‘looking beyond’ their dialogue in Mana Wāhine and critical theories. As noted in my discussion of Mana Wāhine research, the mis-representation of mātauranga Māori through western research has had negative impacts on Māori with Māori ‘expertise’ replaced in favour of a colonial ‘expert’ (Bishop, 2005). Māori do not comprise a homogenous group and the diversity and complexity of being Māori means that an insiders’ positioning as Māori will not necessarily translate to an ability to ‘speak for’ the participants (Bishop, 2005). Much has been written in the feminist literature on the potential for mis-representation of participants’ voices when interpreted through a realist ontological position (see Fine, 2002). Research that has been conducted from a realist ontology that claims to

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41 Elder. In this research it refers to chosen experts who have knowledge of mātauranga and tikanga Māori.

42 Ancestors (also means grandparents; western dialect).
be objective has been criticised for concealing the biases of the researcher, hiding their own agenda behind the façade of their participants’ ‘voice’ (Fine, 2002) and that researchers should acknowledge their influence in this, framing the narratives of participants’ lives (Mac Millan, 1996).

The presentation of latent themes that background participants’ talk may offer a further complicating layer in the process of representation. This is produced through a reading of the data for the purpose of a more social constructionist and subtly discursive level of analysis where participants’ experiences are contextualised in relation to social norms and values, explicating instances of discrimination and oppression and making these visible and open to critique. These themes may not be overtly apparent, nor formed through the participants’ intended meanings. There is the possibility that the participants of my research may have a different perspective to me and may not agree with the way that I have portrayed them (Burman, 1996; Coyle, 1996; Potter & Weatherall, 1987; Weatherall et al., 2002). For example, my participants may hold a different social critique than I do, or they may not define themselves as being positioned within specific social formations, or discourses (Weatherall et al., 2002).

Consistent with a relativist approach to knowledge creation, the researcher is also subject to analysis as their position is seen to be multiple and varied. Researchers are urged to write in a way that is transparent, reflexive and open enough for readers to engage with decision-making processes and arguments (Ang-Lyngate, 1996; Mac Millan, 1996; Stanley, 1996). Christine Griffin (1996) argues that the researcher should be ‘accountable’ for their motives going into research, critically analysing this and acknowledging their responsibility by asking how this may assist those under study. This consideration is shared by Kaupapa Māori research scholars, for whom a self reflexive engagement with the motivations for researching a given topic is considered an important part of the research process (Bishop, 2005; Hudson, 2010). For these reasons I have written my reflexive account at the beginning of this thesis so readers are able to engage with my construction of this knowledge (see the introduction chapter for my reflexive account).

Allowing a spiral discourse to develop during an interview also provides some safeguard in protecting participants from mis-representation. The participant and researcher co-construct knowledge as participants shape and refine ideas in response to verbal and non-verbal cues from the researcher (Bishop, 2005). A continuation of the research relationship, when desired, also maintains a respect, aroha43 and manaaki44 to the participants who have been generous in sharing their stories. Such processes are essential to ensure kaua e takahia te mana o te tāngata (L. Smith, 2006), respecting the mana of the participants in research where representation is a theoretically difficult endeavour.

**SENDING PARTICIPANTS TRANSCRIPTS**

Decisions about whether or not to send participants’ transcripts may be bound with ethical considerations, with care for participants’ at the heart of the kaupapa.45 In Kaupapa Māori research it is common practice to send participants their interview transcript, allowing them to sign off their material by an agreed upon date. This practice gives the participant the opportunity to clarify any ambiguous expression and decide whether they would like to withdraw any material from the dataset (P. Reynolds, personal communication, 19th September 2011). This practice also aligns with the spirit of aroha ki te tāngata, and treats the participants offering and contribution to the research, respectfully.

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43 Affection, sympathy, charity, compassion, love, empathy.
44 To support, take care of, give hospitality to, protect, look out for.
45 Topic, policy, matter for discussion (also means platform, layer and raft).
However, there are a number of complications associated with this practice. Transcription represents a stage of the analytic process, and is an imperfect and produced version of the raw audio data. The look of conversation typed verbatim is not easy to understand without knowledge of transcription conventions (Taylor, 2001). Viewing the raw product of transcribed interview data, with false starts, repetition, umms and ahs, may be confrontational to a participant who is participating in university research, where the power dynamic is construed to favour the researcher, who is ‘expert’ (Forbat & Henderson, 2005). This may cause participants to feel that they are being represented as inarticulate in the research, they may misinterpret the transcript, ‘correct’ or edit some of the more interesting aspects of the data (Weatherall, et al., 2002) or elaborate and include possible omissions. In the context of sensitive research, participants may be re-confronted by the emotional content of an interview and re-traumatised by re-engaging with this (P. Reynolds, personal communication, 19th September 2011).

Arguments for this practice also pre-suppose a realist ontology, where language is viewed as a means to understand an objective reality and describe a particular phenomenon. Under a relativist or critical realist ontology where participants are seen to have multiple and varied views of a phenomenon, where there is no single ‘truth’, the idea of removing particular accounts within the data may omit interesting aspects of this variability (Forbat & Henderson, 2005). For instance, removing hesitations and difficulties around language may omit revealing points of contradiction. Offering participants a transcript that represents a ‘frozen’ moment in time may also be read differently from the time of the interview to the time they receive the written transcript in the context of lives that are fluid and subject to change.

The practice of sending participants transcripts can be done in ways that alleviate some of these potential concerns. For instance, tidying the transcript to make it more readable for the participant allays any concerns over positioning the researcher as ‘expert’ (P. Reynolds, personal communication, 19th September 2011). Developing practices that are sensitive to the possibilities of re-traumatisation at the outset such as carefully selecting language to prevent re-traumatisation, making referrals to relevant services, making a decision based upon careful reflection of the different types of traumatic and challenging experiences that may be discussed through the research (C. Smith, personal communication, 30th January 2014), or framing this practice as optional so the participant can decide whether or not they wish to re-engage with the material may also allay potential concerns over re-traumatisation (P. Reynolds, personal communication, 19th September 2011). There may also be benefits in offering participants transcripts in sensitive research, as a narrative interview may operate as a therapeutic intervention, and healing for a person to talk to a ‘stranger’, with the transcript comprising a written testimony that validates a person's experiences, allowing them the opportunity to show this to others (C. Smith, personal communication, 30th January 2014).

While there is considerable potential for the practice of sending participants’ transcripts to work in the best interests of participants, in this study, I used my judgement on sharing transcripts on a case-by case basis. Drawing from critical realist ontology with an understanding of participants’ accounts as complicated, internally contradictory with variability over time, and constituted by the articulation of various social formations, my default position was to not offer transcripts to participants. Participants were given the opportunity to be interviewed according to a narrative style, and many articulated accounts of trauma when outlining narratives of sexual, relationship, whānau histories, abortion, and engagement with health services, and there was the potential to share transcripts with participants in a manner that was therapeutic. However, as this topic had the potential to raise multiple and complex traumatic and challenging experiences for participants that had not
been discussed with anyone before, the possibilities of re-traumatisation from encountering a transcript, and possible risks to confidentiality, were considered to outweigh potential benefits of sending them their transcripts. Furthermore, the prospect of tidying transcripts to make these more readable appeared too time consuming and beyond the scope of a time pressured doctoral thesis that involved in depth analysis with a (relatively) large number of participants (for a qualitative research project). Transcripts were however, offered to two participants (KI6 and M9) due to restraints associated with meeting one participant kanohi ki te kanohi (KI6) and interviewing one participant from overseas (M9) (see explanation for this in data collection section). One participant accepted the opportunity to read her transcript (KI6); this was tidied to remove ‘Ummms’ and repetition of information, and the participant did not ask for any changes to be made to her transcript. Furthermore, in the interest of maintaining aroha ki te tāngata, and respecting those who have shared their stories with me, I have provided participants with a summary report of the findings written in accessible language.

**Sensitive research**

At the outset, I was aware that participants in this study could disclose emotionally distressing experiences and experience considerable distress in relation to discussing personal issues. I attempted to safeguard participants at the outset of the interview by informing them they did not have to discuss or disclose anything they did not feel comfortable sharing with me, they could have a break, stop the interview or withdraw from the study. When participants became tearful or discussed sensitive material I asked if they wanted to turn the tape recorder off, have a break or continue. Some participants asked for a drink, some asked to take a cigarette break; in these situations we turned off the tape recorder and discussed everyday events. For those who did not wish to take a break, I allowed them to speak about their experience and took a strengths based approach to acknowledge their ability to manage the hardship and challenges they experienced. Sometimes this approach meant discussions took a tangent from the research topic, however I believed it was important to allow participants the space to self-regulate and bring themselves through the emotional distress that discussions elicited. When participants indicated they had spoken enough, I asked if it felt okay to move on and with permission I moved on to the next question. If participants lived in Auckland I offered them a sheet containing contact details of local support and counselling services in Auckland (see appendix A). I also attempted to made contact with them the next day or week after, to ask how they were feeling and offer support if needed. Qualitative research that seeks to explore participants’ experiences in sex, reproduction and parenting has the potential to raise difficult and challenging memories from participants’ lives. It was important that I was prepared for this possibility as many participants spoke of distressing experiences.

**Te reo Māori**

In undertaking a Kaupapa Māori research project I was required to have a firm knowledge of te reo Māori (Nepe, 1991). Some writers advise that Kaupapa Māori researchers need to be fluent in te reo Māori as this ensures a competency in mātauranga Māori as some terms do not have equivalent meanings in English and concepts are rooted in different epistemological systems of meaning (Nepe, 1991). Other writers have not emphasised the importance of the researcher’s fluency in te reo Māori, but rather their obligation to encourage and promote the revitalisation of te reo Māori (Walker et al., 2006).

Engaging with participants who spoke in te reo Māori was also important. Participants’ spoke with varying degrees of te reo Māori during informal conversations and during the interview. The majority of participants spoke in English, some frequently drew upon te reo Māori terms (21), others deepened this engagement
through discussing whakatauki\textsuperscript{46} and common phrases (5), and one participant spoke with even amounts of te reo Māori and English. I was able to understand te reo Māori terms and common phrasings that participants used, and participants offered translations as they knew that I was not fluent in te reo Māori and needed some assistance.

At the outset of this thesis, I had a beginner’s level knowledge of te reo Māori and took formal te reo classes to develop my understanding of this in order to proceed with Kaupapa Māori research. While this assisted me to engage with participants and re-affirm a general te ao Māori framework of understanding, a stronger development of te reo me ona tikanga and relevant mātauranga Māori in relation to reproduction was developed through reading the relevant literature, having conversations with kaumātua, my cultural advisor, colleagues (see first section in this chapter: He Pounamu Ma\textsuperscript{47}) and participants.

\textsuperscript{46} Proverb, saying, cryptic saying, aphorism  

\textsuperscript{47} A white jade/greenstone.
CHAPTER 4: CONTEMPORARY REPRODUCTIVE LIVES IN THE CONTEXT OF MĀTAURANGA AND TIKANGA MĀORI

So far, I have outlined my motivations for doing this research, reviewed the relevant topic and methodological literature, and described the design of, and methods applied to, this project. These prior chapters have laid the groundwork for the present analytic chapters, with relevant literature contextualising my analysis of participants’ accounts and methodology chapters explaining my process and approach to data collection, analysis and presentation of participants’ material. The present chapter is the first analytic chapter of three that analyses participants’ accounts of their reproductive lives. These accounts span experiences raising children and reflections on the meaning of children in participants’ lives; desires and motivations to have children; personal decisions to conceive or terminate a pregnancy, seek adoption, assisted human reproduction or whāngai; reflecting on their upbringing and experiences they wanted their children to have. In this chapter I seek to understand how is the mātauranga and tikanga Māori, described in chapter two, carried through the contemporary lives of Māori? How are these concepts being reworked and reshaped by contemporary Māori? How do participants’ common sense descriptions of children and child rearing practices characterise reproductive lives? How might the socialisation of children to the practice of whānaungatanga create future reproductive expectations or positive circumstances for raising children? How was whakapapa relevant to reproductive choices and decisions? How did wairua influence reproductive decisions?

In this chapter, participant accounts of their reproductive lives drew upon mātauranga and tikanga Māori in diverse ways, with variable articulation in te reo Māori to anchor these concepts, and overlap with western patterns of practice. In the first section, he tamaiti he taonga, a more theoretical and abstract understanding of children was described by participants with less grounding in active processes and practices. Consequently, more interpretive work was required to demonstrate the continuity of reworked mātauranga and tikanga Māori in this section. By contrast, accounts in the latter sections provide an account of participants’ lived experiences of the cultural practices under investigation, with greater persuasiveness for participants’ immersion in distinctive mātauranga and tikanga Māori pertaining to reproduction. Participants in this study did not exclusively describe their reproductive lives in terms of mātauranga and tikanga Māori (discussed in this chapter) or western ideologies and philosophies (discussed in chapter five), and walked between two worlds, often negotiating multiple perspectives. Patterning across the structural divide of these two chapters was observed, however, this will not be explored in these chapters (chapters 4 and 5) but will be analysed in the final thesis conclusion.

He tamaiti he taonga

In this section I analyse participant accounts that indicate a continuity of mātauranga and tikanga Māori that denote children with a special status (see chapter 2 where I discuss the privileged position of children) and

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1 To raise, adopt, nurture (also means to feed).
2 Education, knowledge, wisdom, understanding, skill.
3 Correct procedure, custom, manner and practice pertaining to Māori.
4 Relationship, kinship, sense of family connection.
5 Genealogy, lineage, descent (also means genealogical table).
6 Spirituality, spirit, soul, quintessence - spirit of a person which exists beyond death.
7 Māori language.
8 A child is a gift or treasure.
explore how children enrich the lives of the parents and inform an inclination towards wanting children in reproductive decisions. The following participant’s account threads these concepts together:

Jade: What did it mean to have a family?

Participant: It means everything. You’ve shared something, you’re responsible for little humans, which is very important, give them the best you can, education, you know, and health. Give them everything that they deserve, that they need [Wāhine, 80s, rural].

For this participant, a kuia9 in her 80s reflecting on having five children, children were considered to be a central aspect of her life, meaning ‘everything’ to her. She also describes the meaningfulness of sharing this process in the context of a couple relationship, creating a being and raising them, giving them the ‘best’, and ensuring that basic and complex needs were met. This account may be read to indicate a continuity of traditional mātauranga and tikanga Māori that centre children in a privileged position in the whānau,10 like the metaphor for whānau with harakeke11 (Metge, 2001). It is also consistent with contemporary mātauranga and tikanga Māori that position having children as a cultural norm (Glover et al., 2008), often framed as an assumption (Reynolds, 2012) that could be perceived as a pressure to have children (Glover et al., 2008). Like the majority of accounts in this section, this account is not specifically anchored in te reo Māori concepts and may also represent a shifting and eliding cultural amalgamation with various western notions of children. There is considerable cultural variability across various western views about children and parenting (Harkness & Super, 2006) with different cultural values placed upon children (Robertson, Rogers, & Pryor, 2006) and discourses of compulsory motherhood influencing reproductive decisions (Ulrich & Weatherall, 2000). While this positive view of children and having children directly informed this participant’s motivations to have children, in many further accounts, such views of children backgrounded reproductive decisions.

SPECIAL STATUS OF CHILDREN

Consistent with the prior account, children were frequently considered to mean ‘everything’ to participants, and described positively for the way they enriched their lives.

I believe they [children] are a gift and they need to be treasured (Jade: mm) Um I believe children (2.0) that the joy that you um (1.0) it’s unconditional love you get from your children and it’s unconditional love that they give back. Um (2.0) you learn so much from children. Um I can’t speak of the immense joy that I myself have, have um received from, from having children and pride. The amount of pride um that you get (1.0) um and just watching them grow and (1.0) and you know the kids getting to a point where you’re not propping them up you’re actually standing beside them while they, they totter off [Wāhine, 50s, urban].

In this account, children were referenced as a ‘gift’ that needs to be ‘treasured’, also reported in other contemporary Māori studies of infertility (Hiroti, 2011) and align with traditional mātauranga and tikanga Māori that centre children in a privileged position in the whānau (Metge, 2001), denoting them with a special status. Utilising a range of superlatives this participant described the ways that her children enriched her life through a transfer of unconditional love, joy, and pride in seeing them develop skill and mastery. A view that considers children to have a positive impact on parents’ lives provides a facilitative background to reproductive decisions, also aligning with social patterns and practices in western research where having

9 Elderly woman, grandmother, grand aunt.
10 Extended family (also means to be born, to give birth).
11 New Zealand flax, Phormium tenax.
children is considered to bring about an opportunity to give and receive love (Langridge et al., 2000; Langridge et al., 2005) and pleasure through watching children develop (Baker, 2006). Protection for children was emphasised in further accounts, including one that drew upon concepts anchored in te reo Māori describing the links between children, atua\(^2\) and whenua.\(^3\)

\[ \text{How I am to the environment is also how I am to the kids. Um in the sense that ah you know if I’m not treating the environment right ah I’m not treating them right… I guess the word is atua… for me um my (1.0) my ancestors um are with me um (1.0) and my ancestors are observing me, interacting with me, with the spaces, with the other people around me. Um and um they too have emotions and feelings. Um so if I hurt my kids um I’m hurting them [Tāne, 40s, rural].} \]

For this participant, who did not have children, but was involved with raising his nieces and nephews, children were considered in relation to the spiritual and ecological elements of human experience. This aligns with concepts of equi-systemic-sovereignty (P. Porter, personal communication, 16\(^{th}\) December 2010), an interactive relationship with kin, the flora and fauna (Jahnke, 2002), and a dynamic relationship between atua, tāngata,\(^4\) and whenua (Tate, 2010), that have been described in relation to traditional concepts of reproduction. Extending a perspective that children are considered to be manifestations of tūpuna\(^5\) from the past, and unborn children of the future (Jenkins & Harte, 2011), in this account they are also interconnected with atua. Understanding and protecting the relationships between children, tūpuna, and atua leads to a position that protects these domains and cherishes children. This account also aligns with research suggesting that punitive discipline of children was an affront to tūpuna, breaking their tapu\(^6\) (Jenkins & Harte, 2011). Across the breadth of these accounts, children in the context of a broader whānau collective were a highly valued and enriching aspect of participants’ lives, backgrounding a subtle facilitation to have children or be around children.

**CHILD FOCUSED PARENTING**

Many participants discussed the positive impact children had on transforming their lives, shifting their focus in life to look after their children, including a participant who adopted a child.

\[ \text{He [adopted son] fills, um children, fill in that um when you’ve your life goes along in a breeze and then you get married but when you have a child whether you bear that child or not, if this child is yours and you’re given this child your just whole life changes. Your attitude to life changes. It becomes so embroiled with this other being that’s been given to you that it’s just such a joy and he was such a joy to bring up. [Wāhine, 70s, rural].} \]

This participant described the process of becoming a parent as a transformative trajectory, emphasising the consistency across biological and adoptive parenting. This re-orientation and shift in attitude to life was attributed to being ‘embroiled with’ another being, with positive implications and ‘joy’ experienced. Being ‘embroiled’ with a child (or children) matches the metaphor for whānau with a harakeke, and the way that the broader whānau wrap around the child(ren), the te rito,\(^7\) centre (Marsden, 1977), potentially relating to early

\(^{12}\) Supernatural being. Literally translated in English as ‘Potential being from beyond’ (T. Smith, 2009).

\(^{13}\) Land, country, ground (also means placenta, afterbirth).

\(^{14}\) People, persons, human beings.

\(^{15}\) Ancestors, grandparents.

\(^{16}\) The restricted and controlled access to other human beings (Tate, 2010).

\(^{17}\) Centre shoot, undeveloped leaves of New Zealand flax, *Phormium tenax*. 

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colonial interpretations that Māori indulged their children (Biggs, 1960; Jenkins & Harte, 2011). Children were privileged in the broader context of whānau in the majority of accounts, with some participants evidencing a commitment to their children and investment in their futures through making major whānau decisions on this basis, including a participant who moved from a rural area to the city for the benefit of her two children.

In my family um, the children come first. (Jade: mm) Yeah I see it in my brothers you know like Hone’s family. His kids come first... And they moved to [town] from [rural area] for the children so that they could go to a Catholic school (Jade: yeah) mm yes. And he could, you know, do his [construction] job. I mean he was, he was making a living [in rural area] but not enough, he thought, for his children’s future (Jade: mm) so he took them [to the city] and that’s what really what we did when we came back from [rural area] (Jade: yeah) came to [the city] for the future of our kids... they’ve got to have the stimulation of you know being in a busy place and just not thinking about going to the city you know whereas for someone [from a rural area] it’s a big thing and you know they have to take things for granted that yeah and take it, take going to university for granted mm that was a big thing... In our case mainly because I mean the jobs weren’t terribly, um you know, they weren’t highbrow or anything [Wāhine, 50s, urban].

Making major whānau decisions, such as where to live, for the benefit of children was common among participant accounts. While this may not necessarily translate to a value system that positions children as the most important aspect of family life, consideration for their children’s future education shaped broader whānau decisions. For the current participant, this was facilitated by having easy employment transferability contrasted with immersion in a career and notion of a ‘high brow job’ potentially supplying a different value imperative and less flexibility in workplace location (see chapter 5 for an alternate view and analysis of class pertaining to reproductive decisions). Research has noted that Māori shifts from rural papa kāinga18 to urban areas have been motivated by employment and tertiary education ambitions (L. W. Nikora et al., 2004; L. W. Nikora, Rua, Awekotuku, Guerin, & McCaughey, 2008), and in this account was facilitated by parents’ considerations for their children’s envisioned future and possibilities for education.

Illustrating modes of social organisation for the positioning of children at the centre of the lives of their parents in the context of contemporary mātauranga and tikanga Māori, another participant, who had two children, spoke about the ways that her marae19 were structurally organised to be focussed around children within the collective.

Jade: Um and was there anything else you wanted to add um about your experiences or just (1.0) or anything you can think of that links to [the subject of Māori and reproduction] -

Participant: I know when we go onto a marae there’s always lots of kids around (Jade: mm) and things are set up so that - as you know, they’re fed first separately. Um which is good, and then they all go out and play (Both laughing) While the adults eat. (Jade: yeah) Yeah. Um (2.0) and they’re just kind of integrated into the whole thing on a marae you know they just wander in and out and nobody stops them and if someone says they’re hungry well they’re given food [Wāhine, 50s, urban].

Responding to an open question at end of the interview, this participant talked about the ways that a marae context provided structures and systems to care for children. Children were embedded, integrated,

18 Original home, home base, village.
19 Community facility where hapū collectives discuss political and social matters, and host important events such as funerals.
accommodated and privileged in the context of marae processes and not fully segregated from adult processes. The integration of children within broader marae processes in contemporary accounts, aligns with traditional descriptions of Māori parenting, where mothers were not left to raise children alone and were part of everyday processes alongside fathers (Biggs, 1960; Rokx, 1999). The participation of children in everyday lives also comprised a form of training, and they were treated with respect (Jenkins & Harte, 2011). The notion that having children is a contemporary Māori cultural norm (Glover et al., 2008; Reynolds, 2012) is supported by these accounts of being ‘embroiled with’ a child, making major whānau decisions on the basis of children’s envisioned futures, and being able to access modes of social organisation that evidenced a commitment to children, and also extends this to reinforce the special status of children and their centrality in the lives of parents.

ASPIRATIONS TO HAVE CHILDREN

The dominant over-arching construct of having children as contemporary tikanga Māori (Glover et al., 2008; Reynolds, 2012) is supported by these various ways that participants described broader patterns of practice that cherish children, a commitment to children through child focussed parenting, backgrounding reproductive decisions and informing an implicit motivation to have children. However, in an alternative manifestation of this, positive views of children explicitly informed reproductive decisions with children described as an aspiration.

Jade: (2.0) Cool. Um tell me about a time when you knew that you wanted to have children?

Participant: Mm (2.0) I’ve always wanted to have kids eh... I can remember all the way through school I was like ‘yeah no I want to have kids’ when all my mates went ‘oh no no you don’t want to do that’. (laughing) But I’ve always wanted to have kids eh, I always liked kids. Keep you out of trouble… I can I remember sitting on the bus and I was thinking about it and I was only in third form then (laughing) [Tāne, 20s, urban].

For this participant who had three children, having children was an aspiration that endured since he was high school age, and in the face of opposition from his peers. This aspiration was informed by enjoying the company of children and incurring benefits associated with fatherhood, including the opportunities for positive identity and participation in wholesome activities that detracted from more risky and troublesome ones. This account aligns with traditional Māori concepts of male nurturing (Rokx, 1999) and contemporary western identities of a ‘caring father’ (Henwood & Procter, 2003) or ‘new father’ (Johansson & Klinth, 2008) that emphasises the pleasures of father-child attachment (Everingham & Bowers, 2006). Many participants also spoke about having a big family, and aspiring to have many children.

I’ve always been like, sweet I’ll have kids, it’s never really been a - it’s just been an assumption that you have kids anyway and there’s been so many around because I actually don’t remember a point when I’ve gone ‘oh yeah, I’d love to have kids’. I know plenty of times I’ve gone, because like I’d like a big family right. That would suit me. Ten kids or something. Whether my partner [does] or not well she said five or six maybe. Whether we even get past one is another thing. So I’ve thought of times when I, there are times where I was like ‘oh maybe having that many kids wouldn’t be that great’. But I always definitely wanted kids [Tāne, 20s, urban].

For this participant, who wanted to have children but was delaying this, having children was taken for granted and assumed. Questioning whether or not to have a large family was a more pertinent reproductive decision,
with some discrepancy noted between his ideals and those of his partner. For rural whānau of earlier
generations, bearing many children was typical (Rimene et al., 1998) and prior to urbanisation, having many
children functioned to build a hapū20 (C. Jacobs, personal communication, 12th June 2013). While these
traditional mātauranga and tikanga Māori concepts are not explicitly acknowledged in participants’ accounts,
aspects of this value system may trickle across the generations through many of the beliefs espoused in this
chapter, including those that value many children in the context of whānau. While urbanisation (Pink, 2001;
Pomare, 1995), contraception, and participation in employment (Pomare, 1995) has contributed to many
Māori having fewer children than was normative for previous generations, many participants in this study
prioritised having more children than current western norms. For the next participant, who had many children,
prioritising children was linked to discouragement from seeking abortion.

Participant: Because early days that [abortion] was just a no-no (husband: It’s a tapu) Yeah (husband:
to the Māori) It was tapu because the whole focus was around having children. And now I guess that,
you know, that move once again the move that has (1.0) into the cities, have influenced a lot of the
um (1.0) the (husband: the thinking of the woman, eh?) [Kaumātua, wāhine and tāne, 70s, urban].

Reinforcing the valence of mātauranga and tikanga Māori in contemporary lives, this participant also
described the way that urbanisation opened the doors to different cultural norms and practices that can
constitute reproductive decision making for Māori. Inferred in this account, tikanga Māori that encourages
reproductive decisions in favour of having children and consider abortion to be tapu are contrasted with the
alternative view that frames abortion as a considered possibility. This is consistent with literature that suggests
abortion is perceived negatively by Māori (Hiroti, 2011; Manihera & Turnbull, 1990; Rimene et al., 1998; Tate,
2010; Turia, 2004, 2007). Alluding to the availability of new feminine configurations that consider abortion a
possibility, this participant may be speaking to the differences between discourses of reproductive decision
making that prioritise agency of wāhine21 and those that prioritise the agency of whānau, where whāngai
may be a preferred solution to unplanned hapūtanga22 (see chapter 6 for a fuller discussion about abortion).

Informed by, and linked in with the notion of reproduction as a Māori cultural norm (Glover et al., 2008;
Reynolds, 2012) was the concept of he tamaiti he taonga. Within this theme, participants described views of
children that emphasised the special status of children, where children’s needs were privileged in parenting
decisions and having children was a favoured ambition. These accounts had variable alignment with
traditional mātauranga and tikanga Māori in this area, were not always anchored in te reo Māori often, and
overlapped with western patterns of practice. As a theoretical and abstract understanding of children was
described in this section with less grounding in active processes and practices, more interpretive work was
required to demonstrate the continuity of reworked mātauranga and tikanga Māori. In contrast, accounts in
the following section provide a greater account of participants’ lived experiences of the cultural practices under
investigation, with greater persuasiveness for participants’ immersion in distinctive mātauranga and tikanga
Māori pertaining to reproduction.

RELATIONAL ASPECTS OF WHĀNAUNGATANGA

While colonising influences and urbanisation have instigated barriers to the practice of whānaungatanga
(Durie, 1985, 2001; S. Edwards et al., 2007; Metge, 2001; L. W. Nikora et al., 2004; L. W. Nikora et al., 2008;

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20 Sub tribe (also means to be pregnant, conceived in the womb).
21 Women, females, ladies, wives.
22 Pregnancy.
Pihama, 2001; Pihama & Penehira, 2009), this remains a relevant concept that is practiced within the lives of contemporary whānau (Durie, 2001; S. Edwards et al., 2007; C. Smith, 2010; Tangohau, 2003). Rich networks and intensive levels of support for those who have children cultivate favourable circumstances to raising children, which may further underscore, or explicitly facilitate, reproductive decisions to have children.

DIVERSITY AND RICH NETWORKS

While urbanisation has seen the experiences of many whānau Māori shift to less intensive support networks (Durie, 2001; S. Edwards et al., 2007; Metge, 2001; L. W. Nikora et al., 2004; L. W. Nikora et al., 2008), the importance of some level of whānau presence was noted across all participant accounts in urban and rural contexts. Many participants spoke about cherished memories they had with their uncles and aunties: “You know, you can’t put a price tag on some of these, like uncle Wiremu. Those characters... And it does rub off on you Jade you know... I bloody miss them dearly (M10) [Tāne, 40s, urban]. These favoured uncles and aunties made an impression on this participant who noted their favourable influence ‘rubbing off’ on him. The identities and ‘character’-isation of whānau archetypes provided a memorable source of love and attachment. Aunties and uncles were seen to play an important part in raising children within a whānau in this study, consistent with literature that suggests that traditionally, they were seen to refine the work done by the parents.23 (Metge, 2001). The next participant, who had two children, spoke about her siblings’ contribution to her children’s upbringing.

In this participant’s account, the presence of her brothers and sisters in the lives of her children gave examples of people who modelled a constellation of different possibilities and different ways of being, excelling, and enjoying life. The value in being ‘ordinary’, yet being able to break the ice through humour is also emphasised among these whānau archetypes. Having bonds with whānaunga24 is considered to strengthen whānau identity in contemporary lives (S. Edwards et al., 2007; Kingi & Waiti, 2011), and in this account, also shaped individual identity. In this extract, identity is constituted among the myriad of whānau relationships, allowing children the opportunity to identify with diverse whānau, and build up an information pool, a foundation, providing resources to be a person in the world. These functions, outlined in this account, may also be facilitated by the quality of whānau relationships, as they are enduring and enable children to be supported in a pathway to ensure their success and achievement (C. Jacobs, personal communication, 12th June 2013).

As well as modelling different possibilities for identity, aunties and uncles were also seen to provide key early relationships. “[These relationships] get them to to really socialise and build their own bonds with (1.0) you

23 The whakatauki, ‘nāu i whatu te kahu, he tāniko tāku’, ‘your parents wove the cloak; I/we provide the fine border’, illustrates the dynamic where parents provided for the immediate needs in a child’s life and other family members took part in refining this (Taonui, 2010).

24 Relative, relation, kin, blood relation.
know the family yeah... Just getting used to different people... know that they’ll be safe with them” [Wāhine, 50s, urban]. Teaching her children about engaging with diverse people was seen as important to this mother of two, preparing her children for their future adult lives. This relates to contemporary literature on whānau that suggests connection in relationships function to give children an important sense of belonging and ability to develop trust (Jenkins & Harte, 2011). Tuakana\textsuperscript{25} and teina\textsuperscript{26} relationships were also seen as very important and relevant to participants in contemporary lives.

Oh we had a wonderful childhood. Um I was ah the sixth, the sixth, fifth child... We were self contained in our little family because we were all friends... But um I think we were well prepared for adult life by our older brothers and sisters and my Mum and Dad... You always had somebody to look out for you. You never really - we were very lucky because we never really knew any um hardships or we were never lonely or we had um we were very resilient [Wāhine, 70s, rural].

This participant, who experienced infertility and adopted a child, spoke positively of an experience growing up in the context of many siblings. Consistent with the literature, this participant’s siblings played a significant role in her upbringing (C. & P. Jacobs, personal communication, 11th April 2011; Durie, 1997; S. Edwards et al., 2007) and formed a tight knit circle of friends. Having close knit whānau relationships brought about strength and resilience for this participant. This relates to literature that suggests that collaboration and lifelong relationships implicit in the contemporary practice of whānaungatanga translates to social capital (G. Smith, 2011). In addition to the aforementioned rich networks of tuakana, teina, aunties and uncles, close bonds and support between children and grandparents were ever present across these accounts.

We had, oh my grandfather lived with us until he passed away. So, yeah he used to look after us a lot when we came home from school, always have something on the stove, something cooked for us, feed us [Wāhine, 40s, rural].

For this participant, who went on to have two children, her grandfather lived with her childhood whānau and cared for her as a child. This offers a further example of male nurturing in contemporary accounts of whānaungatanga, also indicating the primacy of the relationship between a tūpuna and mōkōpūna.\textsuperscript{27} The latter is consistent with literature suggesting that the traditional view of the relationship between a tūpuna and mōkōpūna is special (Durie, 2001; S. Edwards et al., 2007; C. Smith, 2010) noting its practice in contemporary lives. Across the breadth of accounts in this study, the level of support provided by grandparents varied depending on the whānau circumstances. In some instances, the grandparents took a greater role in raising the children through whāngai, for short time frames, or permanently in their care (Durie, 1985; Metge, 2001; Pere, 1994).

My wife and I only had two children and we adopted two children… And um (2.0) ah four mōkōpūna of our own but with um (2.0) with my… stepchildren you know we, we have ah two other mōkōpūna too... Um (2.0) when we were growing up there was no distinction between whāngai... [and] the children of ah of the parents... My um my own family my mother and father had… us and they um brought up… [some] of their grandchildren as their own. So (1.0) you know we lived as [siblings]... But um you know that’s how the whānau was brought up [Kaumātua, tāne, 70s, rural].

\textsuperscript{25} Elder sibling of the same gender.

\textsuperscript{26} Younger sibling of the same gender.

\textsuperscript{27} Grandchild, descendant - child or grandchild of a son, daughter, nephew, niece, etc.
Whāngai was practiced in this participant’s whānau where the grandparents cared for their grandchildren in the broader whānau context. This is consistent with literature that describes contemporary practices of whāngai occurring to assist stressed whānau or those who were not in a position to care for their children (C. & P. Jacobs, personal communication, 11th April 2011; Mikaere, 1994; C. Smith, 2012). For this participant, whāngai was practiced in his experience of parenting, where he and his wife adopted two children, and his experience of grand parenting where he had mokōpūna from his step children. The diversity of family forms and the care oriented towards children and mokōpūna described in this account is implicit in an understanding of whāngai. The inclusiveness and diversity of the concept of whānaungatanga was relevant in the context of these contemporary accounts, forming a backdrop to participants’ reproductive decisions.

EXPERIENCE WITH CHILDREN

Consistent with the features of whānaungatanga that outline close involvement of extended whānau of various ages and generations in the context of raising children, many participants described experiences being around children as a continuous feature of their lives from childhood. For one participant, who had three children, she established familiarity with children through experience with her sisters’ children.

Jade: And what do children mean to you?

Participant: They mean everything, you know, because (1.0) because you know me being, looking after like millions of kids, well not millions I only brought up like thirteen of my sisters’ kids but um yeah they mean everything eh. (2.0) They’re the best thing you could have, a kid. The best thing you could have [Wāhine, 20s, urban].

While exposure to babies was not an overt encourager to having children, looking after thirteen of her sisters’ children contributed to this participant’s positive evaluation of children. This appreciation for children is likely to have operated as a very strong facilitator to having children. Contemporary literature has suggested that having children is a cultural norm for Māori (Glover et al., 2008) which is extended in this extract to consider the ways that immersion within a whānau context provides frequent opportunities to be in spaces where children are present to learn how to look after and raise them. This also corresponds to further contemporary literature on whānaungatanga that suggests that parenting is learnt through hands on experience looking after younger siblings and those in the wider whānau (Tangohau, 2003). Whānaungatanga not only provided a learning environment for raising children, it also provided opportunities for positive experiences and pleasure of being with babies that created conducive circumstances to wanting children.

Because we were so young you know, [holding my younger brother] was fascinating (Jade: mm) and soft and lovely and we really loved them. Mm (Jade: Yeah, yep). Yeah we really did… We were allowed to hold and you know watch (Jade: yeah) that was enough… Oh it was lovely, it was, it made you happy - it made me happy to hold my little brother (Jade: yeah yeah) mm and he was a dear little boy with this, the happiest little face you could imagine (laughing) and we all thought he was lovely (laughing) [Wāhine, 50s, urban].

For this participant, who went on to have two children, she recalled a childhood experience holding her baby brother that evoked happiness in her. This positive experience that endured in the participant’s memory, conveyed a positive and special quality of children, informing the perspective of someone who went on to have children in her adulthood. The influence of aroha for babies and children around them was frequently

28 Affection, sympathy, charity, compassion, love, empathy.
mentioned in participants’ accounts of wanting to have children. This corresponds to contemporary literature that suggests that Māori view children as a gift (Hiroti, 2011) that enhances a person’s mana29 (Glover et al., 2008). It also relates to western research that suggests pleasure in watching children develop is a motivator for having children (Baker, 2006) and extended in this study to include simply being around children and enjoying positive moments in their company.

**AROHA, MANAAKITANGA,30 WAIRUA**

In addition to providing a system of support for children and a ready-made network of relationships to aid with developing identity and interactions, the dynamics of whānaungatanga ran deeper, providing a positive context for experiencing and teaching aroha, manaakitanga, and wairua.

[I’ve] been brought up in a family, whānau environment with aunties and uncles everywhere. It was good. I don't think I ever had a bad day. I don't think any of our family did. There was always food on the table, there was always love and care. It was choice. There were parties but they were singing parties [with] guitars and that. They were really good, we used to look forward to them [Tāne, 50s, rural].

This participant, who went on to have two children, spoke about enjoying his experience growing up in the context of a close knit whānau. His account emphasised the joy and fun of his childhood, attributed to the involvement of extended whānau, providing manaakitanga and aroha through sharing food, love, care, and entertainment. The continued presence of many extended whānau, noted in this extract, may have also functioned to provide tiakitanga,31 ensuring protection for children (C. Jacobs, personal communication, 12th June 2013). Providing children with unconditional love and commitment are noted as important components of whānaungatanga in contemporary literature (Jenkins & Harte, 2011), providing the glue that binds whānau together (C. & P. Jacobs, personal communication, 11th April 2011; Pere, 1994). Speaking about growing up in a close knit whānau context, another participant described what he wanted his three children to experience.

**Jade:** What experiences did you have as a child that you wanted your children to experience?

**Participant:** (3.0) Love (2.0) there was always a lot of that around especially growing up like we did. There was always people over so you always got someone to play with, yeah. Everything. I hope my kids have everything, get the best out of life that they possibly can… What I - what I reckon is, is that like the love you give to your kids they'll give to someone else and so on and so on [Tāne, 20s, urban].

After pausing for time to reflect, which created emphasis; this participant stated he wanted his children to experience love. Contemporary accounts of whānaungatanga have noted the function this has in teaching children how to care, and love others (Jenkins & Harte, 2011; Tangohau, 2003), which is extended in this account to acknowledge the positive influence of love experiences. This was seen to be a continuous cycle that had reverberations across their children’s’ relationships with others. In another account, from a participant with many children, aroha and wairua were seen to have reverberations across personal relationships, the latter enhanced by strong whānau bonds and connections.

[Speaking about his daughter’s sense that something was wrong with her sister overseas, going to visit her and finding her isolated and unhappy]: The wairua side was very strong. This one kept picking up vibes [about her sister overseas]. ‘It’s not good. I don’t like it and I’m going.’ (laugh) Come

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29 A supernatural force in a person, place or object. Mana goes hand in hand with tapu.
30 Hospitality, kindness.
31 To guard, keep (also means to look after, nurse, care, protect, conserve, save [computer]).
hell or high water she put it in, her time at [work], off she went. Oh yeah those sorts of ah things we have and those sorts of things we fix up ourselves because of the strong ah thing from the whānau [Kaumātua, Tāne, 70s, urban].

This participant attributed their strong whānau bonds to their piqued sensitivity to wairua that enabled them to manaaki,32 tiaki33 and support one another. From this account, having an accurate sense of whether something was wrong in the life of a whānaunga was enabled through the wairua. The approach taken within this participant’s whānau to nurture and acknowledge the wairua of their children is consistent with contemporary literature that positions the development of children's wairua as important (Jenkins & Harte, 2011). Reproductive decisions are backgrounded by the tikanga of aroha, manaakitanga and wairua that have persisted from traditional through to contemporary accounts of whānaungatanga.

**Whānau Support**

The support and care of babies within a whānau environment was common across the dataset and was framed as an integral approach to ensuring the mothers and fathers of the children were supported.

*So I went straight from high school to uni because I thought well what else am I going to do? (laughing)... so I had my son in the first semester and then I came back and... my Mum had him at [Kaupapa Māori] based work] with her which was you know which was great because he was in a whānau orientated environment and I’d feed him, express milk and go off to my class because Nanny would have him and then I’d come back and take him again... At the time it was just like mm didn’t think anything of it [Wāhine, 20s, urban].*

For this participant, a rangatahi35 parent who went on to have another child, having her mother’s support to look after the baby while she attended University lectures meant her plans for education were not disrupted. The location of her mother in a whānau oriented environment made this support a possibility. In the current literature, rangatahi mothers are frequently excluded from the neoliberal concept of success that is premised on an individual striving for education and career achievements (Wilson & Huntington, 2005) and parenting in the context of a nuclear family. The present account diverges from this neoliberal construct, where the location of this participant’s mother in a child friendly environment made this support a possibility. While neoliberal discourses consider unplanned, early reproduction to be the consequence of a ‘poor reproductive choice’ that constrains wāhine participating in education and career (Breheny & Stevens, 2007; Macleod, 2011; Wilson & Huntington, 2005), this participant was supported by her whānau in her ambitions to be a mother and a student working towards a career. This investment of whānau support offset any negative outcome in educational attainment, for this participant. This aligns with research that suggests an absence of negative outcome for mother and child in communities where rangatahi childbearing is supported (Macleod, 2011; Rawiri, 2007; Rimene et al., 1998).

**Whānau** support could take many forms, and included a more intensive level of support, known as atawhai.36 This was evidenced in the account of a participant who had four children: “because she was working and then I felt that she wasn’t capable of looking after her daughter... I brought her and my granddaughter up together and we stayed together. I nurtured her through... bringing her up with... her mother there [Wāhine, 50s, rural].

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32 To support, take care of, give hospitality to, protect, look out for.
33 To guard, keep (also to look after, nurse, care, protect, conserve, save [computer]).
34 An approach that privileges the perspectives and protocols of Māori.
35 Younger generation, youth.
36 To raise or adopt temporarily (also means to show kindness to).
Translated, atawhai means ‘to show kindness to someone’ (Moorfield, 2013) and also describes the temporary care of children by relatives (C. Jacobs, personal communication, 12th June 2013). In the present account, the atawhai process was led by the grandmother, without the involvement of courts or procedures that remove the child from the care of their parents. The practice of atawhai has been traditionally favoured as it provides an enriching environment for the child, who is able to maintain contact with the parents alongside whānau who assist them to raise the child (C. Jacobs, personal communication, 12th June 2013). Illustrating an even more intensive level of whānau support for rangatahi Māori37 parents is the practice of whāngai, which may represent an alternative or contrary position to abortion.

One was my um son’s girlfriend… I actually went and pleaded with her to keep the baby and um (2.0) and when the baby’s born I’ll take it… I said ‘all you have to do is carry this baby when the baby’s born I’ll come and take it off your hands. You don’t have to see it, you don’t have to do nothing. As soon as it’s born I’ll take it and bring it home and it can be our baby’. And um I was prepared to do that but she didn’t want to have a bar of it… So even though I’m heartbroken and I often think about this child would be 13 years old now and I think well we’d have a mokōpūna that age, a teenager, and I think of that and the lost child that we you know I believe that child’s up in heaven somewhere, you know, and um I just think it’s very sad. Very sad [Wāhine, 50s, urban].

For this participant, who had six children, and was anticipating a first mokōpūna, tensions between her offer to whāngai the child, and her son’s girlfriend’s decision to seek an abortion were fore grounded in her account (see chapter six for a more detailed discussion on cultural positions around abortion). From mātauranga and tikanga Māori, whāngai, a Māori process of adoption where the child is raised by another member of the whānau, is a possible solution for people who are not in a position to care for a child (Jahnke, 2002; C. Smith, 2010). Demonstrated in this account, the practice of whāngai gives whānau the opportunity to take responsibility for the reproduction of its members. This aligns with contemporary literature that suggests that new life is considered in relation to whakapapa, and the way the child is embedded within the collective mana of the whānau, hapū and iwi38 (Turia, 2007).

While urbanisation and further colonising dynamics have shifted the fabric of whānaungatanga to a closer alignment with western nuclear family systems, elements of the rationales and purpose of whānaungatanga were maintained by participants, forming a background context for reproductive decisions. Diversity and rich networks of whānaungatanga provided opportunities for children’s identity development, learning about aroha, manaakitanga, wairua, hands on experience with parenting for those who were not yet parents, and support for parents, forming a cultural facilitation to have children in reproductive decisions.

**WHAKAPAPA**

In this section, I report on how participants described a facilitation to have children by a motivation to extend their whakapapa into the future and chose relationships that were oriented to future whakapapa. In some accounts this was explicitly recognisable in relation to traditional mātauranga and tikanga Māori, and in others this could potentially be perceived in relation to Pākehā and contemporary Māori ideologies and patterns of practice.

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37 Young Māori.

38 Tribe (also means strength and bone).
EXTENDING WHAKAPAPA INTO THE FUTURE

Drawing upon mātauranga and tikanga Māori, a participant who experienced infertility and had one adopted son described the way that she saw children continuing the descent of the whānau into the future.

Children are the essence of you ah or without trying to push your every ah wish into them um if you can get across to children um that you come from a, like, you come from this line to be proud of who you are... You belong to people. You belong to this, this nucleus... If you didn’t have children you would run out of nucleus and it would just wither and die. So you need to have your children and children need to grow up and have their children and in that sense your, the whole core of your being exists and will stay alive as long as your children are alive you will be alive in them in some way or other [Wāhine, 70s, rural].

This participant described whakapapa as a collective whānau identity that endured across generations with new children. This described conceptualisation of whakapapa is consistent with contemporary Māori views that see children as a means for ancestors to continue life on through whakapapa (Palmer, 2002) and Pākehā views that see children enabling a history and continuity after death (Baker, 2006). In this participant’s account, it was a sense of a ‘nucleus’ that allowed one to live on in the future. Having whakapapa knowledge was also described to have positive implications for identity as it allows a sense of belonging. This may relate to contemporary literature that positions Māori identity in constitution with whānau, hapū, iwi and a mutual base of whenua (Cadogan, 2004; Ka’ai & Higgins, 2004). Whakapapa was also valued and further described by a participant who had six children.

I felt honoured and valued that ah (1.0) that um (2.0) yeah my children are going to make me live on because ah there will be um their whakapapa starts with me - their mum and dad that’s where their whakapapa starts... My Uncle Kaikautu [has no son]... [At his Dad’s funeral] he said well, our Dad was a very poor man you know, he just lived a humble life but he had a big family and Uncle Kaikautu said well he’s the richest of all of us because his children are going to be there and his grandchildren whereas we’re rich in um (1.0) like Dad was the only one who never owned his own home and all that stuff. But ah Uncle Kaikautu said well he’d give it all up just to have a a son... I was really happy to have the children, I was really, it made me feel (1.0) complete or something like that, you know? As yeah, I’d, um my life is, is a full circle a whole. It doesn’t matter what I do next or I achieve or don’t achieve because that’s my achievement my family yeah. They’ll live forever... And um I’m not a rich person just like my Dad wasn’t but riches are in different things, eh? [Tāne, 50s, urban].

Drawing on the concept of whakapapa, this participant described how his children will allow him to continue living, giving him a sense of completion in his life. While he emphasised the gendered lineage of this concept, which demonstrates the infiltration of western concepts of patrilineal genealogy within Māori concepts of whakapapa (Mikaere, 1994), this concept was also drawn upon by wāhine. In this participant’s account, a value system is presented that privileges the enjoyment of children, where ‘richness’ is considered in terms of ‘familial achievement’ and a continued legacy through children, and where parenting and the work associated with raising children is strongly valued. While positioning himself as financially ‘poor’, he contrasted this with the account of his Uncle who was described as less well off despite being financially wealthier, because he had experienced significant loss after the passing of his son, and was therefore without a patrilineal whakapapa line.
Nurturing future generations through parenting was seen as a significant accomplishment in many of the accounts (Taonui, 2010). While this aligns with Pākehā views about investing in, and protecting future generations (Gaba, 1999) it is also an important aspect of protecting whakapapa for Māori. For instance, intergenerational awareness was contained in a participant’s translation of te reo Māori concepts of parenting. This participant, who had six children spoke about the word mātua, which means ‘parent’, and has a deeper meaning: to “take whoever is under their, their arms or, or their control, to take them forward” [Kaumātua, tāne, 40s, rural]. He also discussed the term whāngai, which has been introduced in this chapter and means to “constantly feed… from the old spring to the next spring, feed the next, the new” [Kaumātua, tāne, 40s, rural]. Across these rich and deep descriptions for parenting, is recognition of te ao hurihuri.

Given the significant generational changes that Māori have undergone since colonisation and urbanisation, this has required greater skill to negotiate in the context of parenting. The significance of intergenerational transfer in the context of whakapapa is elaborated further by this participant:

What we say back home we say ‘nō nga aha koe’? Nō means from where, nga many, aha what or substance koe that you descend from, eh? (Jade: Mm) So what are the many facets or DNA that make you who you are. The reason why we don’t say ‘ko wai koe’ back home because the wai itself is water. It is ‘from which waters do you descend from?’ How much water is consistent inside us, what 80 something percent water? … And of course that kōrero goes back to the word tūpuna which is an endless spring, [it] mean[s] all those things, eh? Mokōpūna is the trans, transability of, is the transplant and in as in, the substance, you know, the moko… And you can see that they are the living embodiment of past, eh? That they are living right now because they have those (1.0) those designs and stuff and the same with my mokōpūna. They are the imprints or the blueprints or (1.0) or the embodiment, D, DNA, of all that generations eh… Big huge net or a big huge rākau, they say the whakapapa, nei? It all goes back to a certain spring or the main spring of course is Hoki ano ki te atua.45 Te puna ranga, te ranga puna katoa… as in the te puna, ko te mauri, ko tihi ko te tapu, ko te mana, toki ki tohi, no reira, then everything descends from there eh? Mm. All the generations and mokos [Kaumātua, tāne, 40s, rural].

This participant described the te reo Māori phrasing for a common engaging question ‘who are you?’ He goes on to note that the grammatical origin of this concept alludes to a deeper query about whakapapa flowing from a source; that the mana, the mauri, and the tapu descends from the tūpuna, right back to the atua. Here, mokōpūna are seen to be an imprint of their ancestral source; the tūpuna provides a link to the past and the mokōpūna provides a link to the future (S. Edwards et al., 2007; Pere, 1994; C. Smith, 2007). Holding an understanding of children from these dynamics of whakapapa, bringing the past forward and projecting the present into the future, was consistent with a view that acknowledged the beauty and specialness of reproduction. Across the breadth of these accounts, the concept of whakapapa was seen as a

39 The ever changing world.
40 A common engaging introductory question in Māori, ‘where are from?’
41 As above.
42 Narrative, speech, conversation, discourse.
43 As above.
44 Tree, stick, timber, wood, spar, mast, plant.
45 It goes back to the supernatural world.
46 Brought forth by the wellspring in its entirety.
47 The spring contains the life force, the epitome of sacredness, the prestige, the ancestral qualities – accordingly.
48 Life principle, special nature, a material symbol of a life principle, source of emotions.
source of wellbeing and *mana*, bringing about a richness of *whānau* and an enduring legacy through the generations. In the same way that elements of decadent human experience are engaged with, protected and valued, the rich networks of *whānaungatanga*, past, present, and future, are considered so by Māori, with children positioned at the centre of this, valued, cherished, and considered the achievement of the parents.

**Relationships oriented to future whakapapa**

In some participant accounts, reproduction was a commonsense outcome or the intent of intimate (hetero) sexual relationships. One participant described this in relation to the semantics of *te reo Māori* translations for (penile vaginal) sex.

> ‘Me moea,’ you know is to come together as one eh? ‘Mo moea’, as in you know, we talk about the word sleep. ‘Moe’ means to not to mate it does but to join eh? ‘Mo moea i te rongo o te hononga,’ you know? It’s to come together in (1.0) in that joining as such eh… my wife’s beautiful eh and she was, and she is and you know when you get to a certain stage, you know, because we never used what’s it called (1.0) prevention devices. (Jade: Contraception) No we never had contraception. We we we um ‘ka moe maua, ka moe maua, i runga i te mohio,’ you know we we we joined together and know that we are going to make children. (Jade: Mm) We wanted ten children, we only got six [Kaumātua, tāne, 40s, rural]

This participant described the concept of *me moea*, meaning ‘sex’, ‘to sleep’ and ‘to join’. The integrative meaning of this concept extends physical considerations of sex beyond ‘mating’ through adjoining concepts of ‘sleeping’ and ‘dreaming’, implying psychological, emotional, and potentially spiritual elements; this too, is inferred in the concept of ‘joining’ in sex. Deepening an understanding of (penile vaginal hetero)sex in this way, while also incorporating an awareness of reproductive potential offers an exception to the dominant western discourse of ‘plastic sexuality’ where the introduction of contraception has obscured the commonsense association of (hetero)sex and reproduction (Giddens, 1992). However, solely viewing sex in terms of whakapapa and reproductive potential may foreclose other meanings of sex in heterosexual, bisexual, lesbian, and takatāpui relationships that occur for attachment, bonding and pleasure without reproductive intent. While pertinent for this participant’s life, a view of sex oriented to reproduction without the need for contraceptives may not fit with contemporary western sexualities in the context of permissive sexual discourses (Hollway, 1984), risks of sexually transmitted infections and may collide with neoliberal sexual discourses (Adam, 2005) that emphasise ‘risk’ and individual responsibility. In another account, future whakapapa was considered in relation to seeking a partner for an intimate relationship.

> I met my husband when I was 30, or just going on 30. And I was looking forward to having some children, I thought it would be nice to have some children, and I umm (2.0) I’d sort of thought that, well, you know I’d really need to find a father first (laughs) (Jade: laughs) you know? (laughs) [Wāhine, 40s, urban].

In this account, from a participant who had delayed having children, finding the ‘right’ potential intimate relationship partner was contingent on her envisioned identity of them as a ‘father’. Here, the selection of a partner for an intimate relationship was not limited to current dyadic interpersonal contentment. Rather, this

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49 To sleep, close (the eyes), dream; to marry, wed, sleep with, have sex; to die or be dead; to beget or be born.
50 Ibid.
51 To sleep with, have sex with another is to sense and feel a connection together.
52 We slept together, had sex on the basis and understanding.
53 Close friend (of the same gender), lesbian, gay, homosexual.
participant’s strategy aligned with tikanga relating to the traditional importance of creating, shaping, and protecting future whakapapa through reproduction (Palmer, 2002; Pere, 1994; Rimene et al., 1998), and prioritising the wellbeing of (future) children. An envisioned family structure was also considered in a wider whānau context with whānau involvement sometimes scaffolding the process of marriage. This ranged from verbal agreement with relations to a formal tomo,54 for many of the older participants, including one participant with five children.

Yeah I met my wife (2.0) and ah (3.0) told my father we were going to get married, oh I told my sister. She rang my father and my father said ‘I’ll be down’. I thought oh probably what we would do was get married and that’s it. But no they had to take you down and visit the (1.0) my wife’s people and ah have a tomo and ah decide whether (1.0) whether I was the right man for the woman I suppose. And (2.0) that that took place and (2.0) within a month of that we got married… tomo is (1.0) is actually is actually what the Māori version of being engaged [is]. You know, because ah (2.0) well (1.0) well once (1.0) once you agree on it that (1.0) that that’s the deal done with you know with (2.0) that’s me [Tāne, 70s, rural].

As alluded to in this participant’s account, the practice of tomo is a traditional tikanga designed to guide discussions about the couple’s whakapapa, protect against couple disagreements, and provide a foundation for future children (Biggs, 1960). This process also establishes and ensures a connection, ongoing relationship, and support between the couples and the parents of both partners, balancing the whānau influence (C. Jacobs, personal communication, 12th June 2013). Also noted in this account, and consistent with the traditional rationale for tomo, the influence of the whānau in a formal tomo was seen to be binding by making individuals accountable to the broader whānau (A. Peita Whare-Tohunga, personal communication, 26th August 2011; Biggs, 1960). While the traditional practice of tomo was not widespread across the breadth of interviews, with western processes of engagement and marriage occurring more frequently across these contemporary narratives (see section on marriage in next chapter), participant accounts that considered how relationships were oriented to future whakapapa showed the ways that traditional mātauranga and tikanga Māori that facilitate having children have been reworked in the context of contemporary Māori lives.

**Wairua**

Interconnected with concepts of whānaungatanga, and whakapapa is the influence of wairua on the process of conception.

I remember when I first, before I even actually got the pregnancy test confirmed that I was hapū55 I remember thinking there’s a little wairua growing inside of me [Wāhine, 20s, urban].

This participant, who became pregnant during her teenage years and went on to have two children, described how she could locate the presence of a ‘wairua inside her’. Her account links with knowledge bases that position the conception of a new life facilitating the whakapapa and creating the genealogical descent of people (Manihera & Turnbull, 1990) from the ira atua56 and wairua to the ira tāngata57 and the physical

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54 Whānau, hapū, iwi discussions about the union of a couple around early adulthood, involving the couple, usually at the woman’s parent’s home.
55 to be pregnant, conceived in the womb (also means sub tribe).
56 Supernatural life.
world, whilst in *te whare tāngata*\(^{58}\) (Herangi-Panapa, 1998). As indicated in this account, holding an awareness of the baby’s *wairua* allows the mother to form a positive attachment to the baby inside the womb, which aligns with *mātauranga* and *tikanga Māori* that advocate caressing, talking and singing to the baby, and care for the mother and their body, to assist with the baby’s development (C. Jacobs, personal communication, 12\(^{th}\) June 2013). In another participant account, having children was considered solely in relation to *wairua* and *tinana*\(^{59}\).

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Participant: Oh - It was taken out of my hands. I got pregnant and I didn’t mind, I wanted to be a parent… I mean it was common sense, you know, I wanted to have children (Jade: Yep) Mmmm.
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Jade: How many children did you kind of, ideally want to have?
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Participant: I never thought of that. I had as many as I needed to have. (Jade: Yep, yep) I had as many as what was in me to have [Wāhine, 80s, rural].
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This participant, a *kuia* in her 80s who had five children including one who was *whāngai*, spoke of having children prior to the accessibility of contraceptives, at a time when the timing of *hapūtanga* and number of children was not something one ‘planned’ (Campbell, 1999). While alluding to a sense of wanting children, with no minimum or maximum number stated, her fertility plans were fluid. Locating the conception of a baby as being ‘out of her hands’, not within her will, this participant’s account evoked the influence of *wairua*, of ‘what will be’, and the variation and complexities of human fertility. Her account also positioned the healthy delivery of a child as a gift, conveying a sense of gratitude for being able to have children.

For some, the conception of a new life was attributed to interplay between *wairua* and *whānau*:

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After he found out I was pregnant he just decided to stay back in New Zealand so... he um he didn’t sign the [defence forces] contract and he didn’t go over[seas]... Lo and behold his friends, his friends were um in an attack and they both passed away and so we were actually like we were all sitting there thinking ‘like, man, maybe this was an actual blessing in disguise. Maybe this was all meant to be, like everything’s that panned out maybe my daughter actually you know gave my Dad life in a way?’ If that makes sense in a kind of spiritual sense, do you get me? [Wāhine, 20s, urban]
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For this participant, who had one child and became pregnant in her teenage years, her understanding of reproduction was mediated by *wairua*, serving to facilitate and support her decisions to have children, operating as a gentle enabler. The conception of her child was linked with events that functioned to save the life of her father. *Wairua* was a force that was ‘out of her hands’, embedded within, and working for the betterment of, the *whānau* collective. In traditional *mātauranga Māori*, spiritual guardians are believed to work through wahi ngaro\(^{60}\) in an unseen manner that may make things happen for our loved ones (C. Jacobs, personal communication, 12\(^{th}\) June 2013). *Wairua* may be detected by an individual’s perception of sensations, and consistent with this account, this may be enhanced by the child’s *wairua* and shared *whakapapa* connection between the child, mother, and grandfather (C. Jacobs, personal communication, 12\(^{th}\) June 2013).

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57 Human genes, however, as *ira tāngata* come from *ira atua*, *ira tāngata* is considered to have a more spiritual quality than human genes (Moko Mead, 2004).
58 The womb, uterus, cervix, vaginal; literally translated in English as ‘House of People’.
59 Body (also means tree trunk or the main part of anything).
60 World of gods and spirits, divine intervention, a place out of sight.
Unplanned pregnancies among certain categories of wāhine including rangatahi Māori mothers, are considered ‘irresponsible’, a consequence of a ‘poor decision’ with individuals ‘blamed’ for positioning themselves in low socioeconomic circumstances, conveying risk to them and their children, from extreme neoliberal discourses (Breheny & Stevens, 2007; Cherrington & Breheny, 2005; Macleod, 2011). However, for participants who spoke about the influence of wairua on their reproduction, this situated their decisions antagonistically against discourses that blame and shame them for their circumstances. Across these extracts, the interpretive frame by which participants described and conceptualised hapūtanga and parenting in relation to the concepts of he tamaiti he taonga, whānaungatanga, wairua, and whakapapa operated as a gentle enabler to having children through affirming decisions to have children.

CONCLUSION

Participants in this study very clearly draw upon, and were embedded within, traditional mātauranga and tikanga Māori through discussions about their reproductive lives. Collectively, these values provided a cultural scaffold for having children; one that emphasises the meaningfulness, importance, and privilege of creating a baby. A child focussed approach to parenting endured across many participant accounts, informing decisions about where to live, cohering with marae processes and structure, and having children was considered an aspiration across contemporary feminine and masculine identities. Deep reflection on the importance of parenting and nurturing young people for their future lives, in te ao hurihuri is acknowledged in accounts in this chapter. Whānau was considered a unit of socialisation to important cultural values: whānaungatanga, manaakitanga, wairua, whakapapa, aroha, learning how to ‘be’ in this world, including how to ‘be around’ and raise children in various capacities as aunties, uncles, tuakana, teina, tūpuna and to take this as ordinary and fulfilling. Consistent with literature in this area, this also provided opportunity for rangatahi to learn about and prepare for parenting (Tangohau, 2003). These values functioned to give members positive experiences with children that formed encouragement to have children, strengthening bonds between whānau and engagement to these tikanga. For some, (hetero) sexual and intimate relationships were sought with reproductive intent and considerations for whakapapa and future children, in some cases through the traditional practice of tomo. The facilitation of whakapapa through te whare tāngata resulting in the presence of a wairua in conception was a traditional concept (Herangi-Panapa, 1998; Manihera & Turnbull, 1990) that held relevance in contemporary accounts. Participants also emphasised the influence of the wairua in the process of conception, shaping ‘what will be,’ at times protecting and working for the betterment of the whānau collective.

The survival of these mātauranga and tikanga Māori in the context of colonisation is no small accomplishment, as mātauranga and tikanga Māori were suppressed (Pihama, 2001), western knowledges and practices were imposed in the process of assimilation (Orange, 1994), and urbanisation rendered whānaungatanga difficult to practice (Dorie, 1985, 2001; S. Edwards et al., 2007). Consequently, these traditional concepts were not purely replicated, and aspects of these were changed, reworked, and developed in relation to contemporary lives. The different pathways of people’s lives also provided a range of positions by which to reflect, interpret, and enact these various cultural options. The resilience and relevance of mātauranga and tikanga Māori in participant accounts also speaks to the positive value they held for participants, operating as a source of strength. Mātauranga and tikanga Māori comprise a tapestry of various fibres, weaving together with the fibres of other cultural values that complement, match and unite to develop unique patterns and articulations. The maintenance of these practices was reliant on whānau support and
knowledge of mātauranga and tikanga, which were not accessible for many Māori as a consequence of colonisation. The dynamic Māori cultural actor is the agent who weaves the tapestry of their life from the available cultural options leading to diversity and complexity across Māori accounts, problematising ideals of traditional ‘authenticity’.

Furthermore, given some of the more intensive experiences of colonisation, including depopulation, eugenics and genocide (Glover & Rousseau, 2007; Pihama, 2012; C. Smith, 2004) where Māori lives and futures were not valued, mātauranga and tikanga Māori provide a value system that sees significance in Māori lives, and enhances Māori mana. As reproduction had social importance for whānau, hapū and iwi, traditionally (Glover & Rousseau, 2007), it remains vital to us today. Facilitating tino rangatiratanga\(^{61}\) in reproductive decisions may involve making decisions that value the worth, mana and status of ourselves as Māori. This may be observed in our choices to have children derived from our cultural and spiritual values, our understanding of our bodies, and our determination to make things work in the absence of stigmatising discourse. It may also be observed in our choices to not have children, and focus on other life ambitions and pursuits.

The accounts in this chapter form a stark contrast to the image of Māori painted by neoliberal discourse. Dominant neoliberal discourses that problematise those who do not delay childbearing in the pursuit of financial wealth and individually blame (rangatahi) wāhine Māori who become pregnant for making ‘poor’ (economic) reproductive choices (Breheny & Stevens, 2007; Cherrington & Breheny, 2005; Macleod, 2011; Wilson & Huntington, 2005) are resisted by mātauranga and tikanga Māori. Instead of being constituted within an individual agency, participants described a relational component to individual agency, where they were supported in their goals for individual achievement in education and career, by a background of whānau involvement and investment in theirs and their children’s lives, including assistance by whāngai and atawhai. Far from being a ‘deficient’ value system that produces ‘negative outcomes’ such as ‘early parenthood,’ Māori concepts of whānaungatanga, wairua and whakapapa place value upon mothering and fathering in the presence of neoliberal discourses that increasingly devalue this. This aligns with research that suggests an absence of negative outcome for mother and child in communities where rangatahi childbearing is supported (Macleod, 2011; Rawiri, 2007; Rimene et al., 1998). Looking after the futures of rangatahi parents, through whānau support, providing access to education and career opportunities and supporting them to carve their life pathway, is important.

Reproductive decisions are made by the individual, within their own stage of life, the boundaries of their couple relationship, their level of engagement with mātauranga, tikanga Māori, and level of whānau support in the context of a western individualist, capitalist society. Considering the capacity to be ‘rich’ in whakapapa and whānau networks allows children to be considered a source of pride and achievement, and for happiness and wellbeing to occur without attaining ‘richness’ in money or material possessions. However, tikanga values can neatly dovetail with aims to pursue economic ambition when whānau support is mobilised and relationships are strong, functioning, configured equitably and oriented to the future wellbeing of the whānau. There is the possibility that the presence of these values may position childbearing as an imperative for some, as noted in research on infertility (Glover et al., 2008; Reynolds & Smith, 2012). Though, as will be demonstrated in the following chapter, this is often counter-posed against the various restraints to childbearing in the presence of dominant western ideologies.

\(^{61}\) Self-determination.
CHAPTER 5: CONTEMPORARY REPRODUCTIVE LIVES IN A COLONISING CONTEXT

The present chapter continues the analysis of the contexts and circumstances of participants’ reproductive lives from the prior chapter. The previous chapter demonstrated how mātauranga¹ and tikanga Māori² informed participants’ reproductive lives through accounts of he tamaiti he taonga,³ whānaungatanga,⁴ whakapapa⁵ and wairua.⁶ Considering the experience of Māori ‘walking between two worlds,’ in this chapter I now turn to consider how Māori reproductive decisions are constrained, influenced, and affected by dominant western practices and colonising influences. Shifting from a singular system of production and consumption to a market based economy (see section on the market based economy in chapter one, Mana Wāhine⁷) in the context of colonisation has had a significant impact on Māori reproductive lives, practices and decisions (Pihama & Penehira, 2009). A non-collectivist income system, that facilitates the individualism of a capitalist society (Metge, 2001) has also necessitated reproductive considerations from an individual standpoint, with different implications according to socioeconomic positioning. For most contemporary Māori, economic considerations, individual maturation, and the strength of a couple relationship have become obvious concerns, alongside the hardship of managing cultural, racial, and gendered marginalisation.

Given the complexity of these colonising circumstances, how do Māori engage with these individualising pressures? What were new reproductive considerations from this vantage point? How did participants rework and reshape these cultural mores to hold relevance to their reproductive lives? How do Māori accommodate, cope with, or resist the challenges presented by dominant Western norms, practices and patterns of social organisation through their reproductive choices? How, too, did they deal with the challenges involved in negotiating reproduction in the context of a market based economy, a context in which a number were disempowered and where, for some, this intersected with other sources of disadvantage such as race and gender? Furthermore, what were the possible standpoints and strategies drawn upon by participants in their reproductive lives, in the presence of this new cultural common sense? As the chapter will demonstrate, these themes were played out in discussions around the importance of maximising individual development and ensuring economic sufficiency, through accounts of struggle associated with surviving on low-paid work, discussions of aspirations for education and career, and through accounts around maturity and ‘readiness’ to have children in the context of ‘good relationships’. The first part of the chapter focuses on the particular contexts and challenges that were informed by colonising influences, while the second part of the chapter investigates the standpoints and strategies that participants took in relation to these western practices, by accommodating to them, resisting them, or inhabiting a position between these two poles.

¹ Education, knowledge, wisdom, understanding, skill.
² Correct procedure, custom, manner and practice.
³ A child is a gift.
⁴ Relationship, kinship, sense of family connection.
⁵ Genealogy, lineage, descent (also means genealogical table).
⁶ Spirituality, spirit, soul, quintessence - spirit of a person which exists beyond death.
⁷ An approach to research that privileges the perspectives and protocols of Māori women; also refers to the inherent prestige, authority and power of women in the context of Leonie Pihama’s (2001) principles for Mana Wāhine research.
INDIVIDUALISING PRESSURES

Differing from the concept of relational agency described in the prior chapter, where an individual is supported in their reproductive and personal ambitions by their whānau, participants also drew upon, and were embedded within, western individualist ideologies, including individual agency and responsibility. From this position, individuals described how they calculated what was best for them, in order to maximise their self-interests, requiring new balancing acts between educational aspirations, ambitions, and reproduction, subject to notions of ‘being ready’, at an appropriate age, in a married or long term relationship, in order to replicate the nuclear family.

EDUCATION, CAREER AND HOME OWNERSHIP AMBITIONS

Working towards education and career development informed participants’ reproductive decisions, backgrounding the practice of delayed childbearing, particularly across participants’ teenage years and twenties. For this participant, who left a rural area to study at a Catholic school in the city, childbearing was not on her immediate horizon.

Well (1.0) it [having children] didn’t enter my (1.0) my mind at all because (1.0) when um (1.0) when we were back in the country um (1.0) my father had this um thing about education… the school that we went to was a Catholic school and um (1.0) we um (2.0) I think we’d um (3.0) we gained a scholarship or we were put through that anyhow to ah enable us to come to um the city school… it was (1.0) known as the um I suppose the elite areas of a (2.0) of the um (1.0) in terms of education… I had no (1.0) I had no thought about getting married or having children or anything like that because my mind was set on ah the environment I lived in I guess and being with the nuns, I loved that [Kaumātua, Wāhine, 70s, urban].

This kuia in her 70s, who went on to have many children and work in a health context, grew up in a whānau environment where education was considered very important. Growing up during urbanisation, she moved from a rural area to the city to pursue secondary education on a scholarship. While this participant moved away from whānau support networks, it appears that the urban environment of nuns and school offered a whānau based support, allowing opportunities for relational individuality in the pursuit of educational goals.

Prior to her time at school, between 1900 and the 1950s, there was an emphasis on Māori practical vocational training, with direct attempts to repress Māori interest in academic studies (Barrington, 2005; Mikaere, 2011a). This participant’s focus on academic studies occurred following the government’s shift to allow Māori to pursue this (Barrington, 2005), representing a very significant opportunity to pursue upward socioeconomic mobility. Opening spaces for full Māori participation in education allows tāne and wāhine Māori to enter occupations across the socio-economic spectrum, although this has yet to be attained (Jones & Taonui, 2010). In this participant’s account, the presence of an educational opportunity was not framed overtly as a discouraging reproductive influence, but backgrounded her reproductive decisions by superseding a consideration for having children due to an interest in maximising her individual development. For contemporary Māori today, gaining a secondary school education is seen as very important and the impact of

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8 Extended family (also means to be born, to give birth).
9 Elderly woman, grandmother, grand aunt.
10 Māori men.
11 Māori women.
very early hapūtanga\textsuperscript{12} on compromising the attainment of this was noted as a serious concern by some key informant participants.

Jade: Oh um you spoke a little bit about um how there are sort of (1.0) um factors out there in society um that discourage Māori from having children. Um can you tell me a bit more about that?

Participant: Um (sigh) I think (2.0) it depends on your formal education. (Jade: Mm) I think education is (1.0) is really primary to um (1.0) to Māori who may take on a profession so may wait (1.0) to have pregnancy versus our continuing ah (1.0) epidemic I'll call it of our young women 13, 14 um (2.0) you know and no formal education um and no chance of well, very little chance of having formal education after becoming pregnant [Researcher and midwife, Wāhine, 50s, urban].

Gaining a formal education and a professional career was described by this participant, a researcher and midwife with four children, as a discourager from having children and impetus to delay childbearing for Māori today. She located a concern with early high school age girls, including those she worked with, becoming pregnant and not having the opportunity to continue their (high school) education, precluding an opportunity to have a career. Acknowledging the potential difficulties associated with (very) young parents’ attainment of education and career, this account diverges from those that describe the positive implications of whānau support (see prior chapter) or individual determination that can assist young parents to flourish. It also differs from the dominant perspective in the western literature, where a reproductive age bracket up to 21 years of age is problematised (Cherrington & Breheny, 2005) as it is considered to disrupt life opportunities, education and the attainment of a high socioeconomic status for women, in the context of social shifts towards gender equity in young men and women’s ambitions, in principle if not practice (Macleod, 2011; Wilson & Huntington, 2005). Diverging slightly from this, the present participant took an approach that problematised a much narrower reproductive age bracket (13-14 years of age) evidencing a re-worked western script through contemporary Māori engagement, aligning with some aspects of western patterns of practice while broadening the space for reproductive permissibility. Knowledge of the potential life opportunities, including travel, actively informed participants’ decisions to delay reproduction and advocate this to young people, as described by a participant who delayed having two children.

If I had a bunch of young Māori women in front of me, here, I would say, for Christ's sake, keep your bloomers on, you know (laughs). For God's sake, there's a big world out there, you know, go and have a look first. (Jade: Yeah). Take the fuckin’ pill so you don't get pregnant. (Jade: Yep). (2.0). Go and have a look at what's out there. There's a big, big world out there, go and have a look. Even if it's a bit scary, you know. (3.0) [Wāhine, 40s, urban].

This participant, a mature student with a husband in business, positioned early (hetero) sexual activity, with the possibility of unplanned hapūtanga, limiting further (possibly unknown) life opportunities. While contemporary mātauranga and tikanga Māori supports and facilitates childbearing (see prior chapter), this account also aligns with contemporary research on Māori and reproduction that suggests rangatahi\textsuperscript{13} are encouraged to ‘go out and see the world’ prior to having children (Glover et al., 2008). Consistent with the western literature, childlessness or delayed reproduction is considered to offer greater prospects for career, travel or leisure opportunities (James, 2009). As has been demonstrated across these accounts, some Māori feel in control of accommodating to this model of individualism and engagement with the market based

\textsuperscript{12} Pregnancy.
\textsuperscript{13} Younger generation, youth.
economy by drawing upon socioeconomic and educational advantage that enable this to be considered a possibility, leading them to advocate or practice delayed childbirth to maximise opportunities. However, given the present context of colonisation and historical lack of access to education and economic resources (Barrington, 2005; Jones & Taonui, 2010) there are likely to be a variety of experiences for different Māori. While the strategy of delayed reproduction is aligned with broader feminist arguments that critique the notion of compulsory reproduction (Baker, 2006; Ulrich & Weatherall, 2000), it is advocated as the strategy to facilitate economic advancement and exploration, with those who have children at a younger age considered to not have agency to do so.

Both tāne and wāhine spoke about the importance of providing a home for their children. Home ownership was frequently referenced as the 'ideal' and led some to delay childbearing.

What we wanted to was to have our property [in rural area] um mortgage free which we managed we did (Jade: yep) we paid it all off… Um and sort of (1.0) when we moved, it needed work it hadn’t Neil did a lot of work on it and it was beautiful (Jade: mm) yeah... Having a baby, people think ‘oh you can do that’ but it’s, a lot of things you can't do once you’ve had a baby. You know you’ve got to stay sort of close to a, reasonably close to a hospital and mm (Jade: mm) there’s a lot of different stresses put on but yeah. No we wanted to be absolutely secure. (Jade: yep) mm (Jade: yep) and we were

[Wāhine, 50s, urban].

For this participant, her ambition for freehold home ownership in a rural area required considerable planning prior to having children. While not mentioned in this account, this participant and her husband lived and worked in an urban area, in administration and labouring jobs respectively, living and saving on a low income prior to moving to a rural area. The lower cost of home ownership in rural compared with urban areas is likely to have facilitated this ambition. Pursuing a ‘sense of security’ was a motivation for delaying having children and saving money to buy a home. This participant did so to facilitate her ability to cope with ‘different stresses’ and restrictions in her ability to ‘do things’ while raising children. The idea of having a home, and place to stand converges with mātauranga and tikanga Māori (C. Jacobs, personal communication, 12th June 2013) and is consistent with prior research that has noted that many Māori delay reproduction in pursuit of this goal (Glover et al., 2008). However, the concept of home ‘ownership’ is a western concept, facilitated by western government policies around individual title to land (Mikaere, 1994) and provides further evidence for the ways that Māori re-work the contradictions associated with living a colonised reality. Delaying childbearing in the pursuit of home ownership, education, career or travel are situations where the cultural ideals of western social formations and contemporary mātauranga and tikanga Māori may converge when socioeconomic positions and individual circumstances allow.

Maturation and ‘readiness’ to have children

For some participants, maturation was an important consideration in reproductive decisions, where a state of emotional readiness, and the attainment of sufficient psychological insight was required to raise a child.

I think what's ah stopped me before having kids um (2.0) is that (1.0) difficulties I had as a child, had um (1.0) caused me to have issues as a young adult um and with that awareness um I’d always felt um (1.0) ah hesitant to ever have kids because I didn’t think I would be a good father. So I didn’t want to have kids um unless I (1.0) I knew that um (1.0) I (1.0) would have what it takes um (1.0) not just materially but ah psychologically ah emotionally um (1.0) yeah [Tāne, 40s, urban].
Experiencing a challenging childhood led this participant, a student in an urban environment who did not have children, to doubt his ability to “be a good father,” discouraging him from having children. However, this was not seen as absolute, as his readiness to be a father could be developed through psychological and emotional growth over time. The importance of this maturation process for him, was oriented to the best interests of the child, and not economic ambition (as demonstrated in the prior section). Located in an urban environment, this perspective is also implicitly framed in relation to individualism, without an assumption that the extended whānau may support through whāngai14 or atawhai15 (as noted in the prior chapter). While literature from the west has noted that the prospect of fathering can cause anxiety for people (Henwood & Procter, 2003), it may also be extended in the context of these contemporary Māori narratives to inform and affect reproductive decisions in the context of individualised circumstances.

In discussing ideals about when to have children, participants did not state a preferred age but spoke about a need to reach a level of maturity to raise children.

And of course when you have kids you find that boring is best (Jade: mm) that being exciting isn’t good for kids. Going to all night parties is not the way you bring them up. You have to be staid boring old things who stay in every night who never got out, you know, and just leave their kids. (Jade: mm) You have to be boring, that was fine (Jade: yeah) that’s what you did… Mm yeah it was becoming middle age sort of lady you know in your early 20s being (2.0) conservative (Jade: mm) very conservative [Wāhine, 50s, urban].

For this participant, who raised children in the context of both rural and urban contexts, was a stay at home parent of two children with a husband who worked in a factory, having children required them to adjust to a more settled and ‘boring’ life in order to look after them. Differing from the accounts in the prior chapter that emphasise individual relationality in the context of whānaungatanga, this account emphasises a notion of individual responsibility in the context of a nuclear family. While this account offers accommodation to a western script, it is also nuanced differently through contemporary Māori engagement. While having a child is seen as a sign of maturity in western contexts (Baker, 2006), in these accounts, participants of both genders described the impact of having children as an impetus to maturity, forming a reason for slowing down social lives to become more conservative, consistent with literature that notes this trend among working class wāhine (Breheny & Stevens, 2007). An awareness of the requirement to become mature may operate as a motivation to delay childbearing, but does not restrict reproduction prior to this stage, enabling maturation through the process of raising children. This differs from neoliberal reproductive discourses that problematise childbearing under 21 years of age due to the perceived impact on the socioeconomic positioning of the mother (Cherrington & Breheny, 2005), assume a nuclear family structure, and form an extreme imperative to delay childbearing. In contrast, this account offers a lighter initiative to delay childbearing based upon maturation without problematising the chronological age of the mother, instead framing this around the best interest of the children. Tāne also articulated experiences of transformation through parenting, and a maturation process was related to a metaphor about cars by a participant who delayed having children.

In my younger days I would have looked at and gone ‘oh no like buying a people mover, a Toyota Premier’ you know um things like that. ‘Wow that’s so uncool’… I guess it’s associated with a loss of freedom and you know as a young man I think I [was] very much all about freedom and all that sort of

14 To raise, adopt, nurture (also means to feed).
15 To raise or adopt temporarily (also means to show kindness to).
stuff. So for me you know that’s probably why it was seen as uncool. Um yeah it’s not like the kind of sports car that you dream of when you’re younger [Tāne, 40s, urban].

This participant, who worked as a lecturer, contrasted his present ideal for a car that was sensible and ideal for a family, with the ideals he had in his younger years, for a sports car. Freedom and being ‘cool’ were attributes attached to his car choices when younger and exempt from his present family car choices, and status as a father. A shift in masculine identity associated with fatherhood was noted in this account, consistent with western trends in the literature (Henwood & Procter, 2003; Terry & Braun, 2009). An awareness of the required shift from his individual goals and ambitions towards considering the best interests of the children subtly backgrounded this participant’s reproductive decisions, forming a rationale for delaying childbearing.

MARRIAGE, LONG TERM AND ‘STRONG’ RELATIONSHIPS

Participants of all ages, generations and genders spoke of marriage as a commonsense precursor and prompt to having children.

Um (2.0) well this is looking looking back (Jade: mm) you know um at the time I didn’t really think about things like that at the time it it was just what you did. You know you got married and had your children. Yeah. Mm [Wāhine, 50s, urban].

Speaking about her experience becoming a stay at home mother of two children to a husband who worked as a labourer, this participant described the normative pull of marriage and having children through not ‘thinking about’ or questioning it. An individualised view of relationships and reproduction formed through individual decisions rather than whānau negotiation is presented in this account (see prior chapter). Māori were required to marry according to western concepts of marriage after Māori customary marriage was not recognised from 1909 (Mikaere, 1994) and this became normalised for many Māori participants’ in this study, consistent with western trends (Novack & Novack, 1996). Western research has noted that marriage and childbearing are often read as the ‘appropriate femininity’ for women (Sha & Kirkman, 2009) which may apply to these participant accounts. However, across a social context of declining marriage rates and a greater acceptance of childbearing in non-married, de facto relationships (Statistics New Zealand, 2009; Welch, 2011), not all participants signalled marriage as a necessary precursor to having children.

Jade: When did you first have a sense that you wanted to have children?

Participant: Um probably when I had been with Mark for a year. Yeah. So it was it was um I knew exactly what I was doing yeah I’m going to have a baby now (laughing) so I would have been probably I would have been ah 21 21 yeah.

Jade: And what were some of the um what were some of the things that made you feel like you wanted to have a baby?

Participant: Um um it was so natural and so um instinctive and um that I just listened to it no question you know yeah, yeah (laughing)… Yeah it was the right thing to do yep [Wāhine, 50s, rural].

This participant, who met her partner in a rural area, described being in a position of relationship stability and having an emotional, instinctive impetus to have a child. Framing the length of her relationship as an element of her motivation to have children, it may be inferred that a level of satisfaction in her relationship may have been reached in order for her to consider childbearing. Accounting for her position, and emphasising the
stability of her relationship, this participant was able to demonstrate her individual responsibility when making a decision to have children, at an age that would be considered young by neoliberal western discourse. While this aligns with western research that suggests the quality (Robertson et al., 2006) and stability of a relationship is important to reproductive decision making (Ulrich & Weatherall, 2000), with further questioning, the primary factor was her trust in her knowledge about this, which was located as instinctual. This description parallels the notion of two competing internal representations pertaining to ‘sense’ and ‘sensibility,’ engaged with in English literature; the former denoting qualities of logic and measured emotional response with the latter denoting qualities of impulsiveness and expressiveness (Brodey, 1999). This offers a nuanced difference from the notion that reproductive decisions are considered from a ‘rational’ plane aligned with ‘sense’, and broadens this out to consider the influence of ‘sensibility’ and intuition. Further participants emphasised the importance of relationship stability as a pre-requisite to having children, including one who reflected on a decision for his partner to have abortion when hapūtanga occurred outside of these parameters.

Um (2.0) I mean like our relationship wasn’t stable so (2.0) if we had have had the baby it would have been a struggle to stay together with that with her... I’m pretty sure we would have got separated because we separated in the end anyway... Like I’d still have the opinion that you wouldn’t want to oh that I wouldn’t want to bring a child up in an unstable condition but if my partner (2.0) um became pregnant if I got my partner pregnant then I’d deal with it, than not kind of deal with it. I’d man up and take on the responsibility now [Tāne, 20s, urban].

Emphasising the influence of relationship stability on his reproductive decisions, this participant, a student in an urban location, presented two possible responses to an unplanned hapūtanga occurring in a relationship considered to be unstable. In the first response, relationship uncertainty and the prospect of relationship dissolution formed discouragement from hapūtanga, consistent with western patterns of practice in the context of all socioeconomic positions in the literature (Robertson et al., 2006). Framing an alternative through a newer, transformed perspective, hapūtanga occurring in the context of a non-stable relationship operated as an incentive to strengthen the relationship, for the benefit of the child. This was not framed as an easy process and was oriented to a sense of ‘manning up’ and ‘taking responsibility’. This was based upon a sense of individual responsibility, rather than whānau responsibility for the wellbeing of the child. This aligns with western literature suggesting that tāne experience anxiety about the prospect of fathering (Henwood & Procter, 2003) broadening this to include their ability to manage a prospectively difficult intimate relationship, and potentially low socioeconomic positioning alongside parenting. For tāne who note a shift in identity following a new relationship or parenting status, affirming an alignment with a ‘responsible’ masculine subject position (see prior section on maturity) has been proposed as a strategy for placating anxiety, allowing tāne to follow a trajectory towards a positive transformative identity (Terry & Braun, 2009).

CHALLENGING CONTEXTS

In addition to, and intermixed with, the individualising pressures that were evidenced in participants’ reproductive lives, there were further contexts that produced challenging circumstances for Māori to organise their reproduction. Being marginalised by socioeconomic status, culture, race or gender also rendered the enactment and practice of mātauranga and tikanga Māori described in chapter four, difficult, or entirely blocked.
In this section I describe how participants managed their reproduction in the context of a market based economy, and the particular challenges faced by economically disadvantaged Māori, in a broader New Zealand social context where Māori are disproportionately represented in higher numbers, in low socioeconomic statuses (see relevant section in chapter on Mana Wāhine research). Being positioned within this economic context creates stress, potential hardship, necessitates complex calculations about affordability, and disrupts usual whānau patterns through individualised working lives. A key informant clinician who worked at an abortion service described how she saw couples to be responsible for ensuring economic self sufficiency through their reproductive decisions.

It's a decision that adults have to make at the time of their lives and and where they're actually sitting. You know economically, financially and economically in their own structure, whānau structures

[Clinician, 50s, urban].

Speaking as an abortion service clinician, based in an urban area that also services people from nearby rural towns, this participant described how a realistic appraisal of the couple’s financial circumstances was a key aspect of their reproductive decision making. In the context of a market based economy, reproductive decisions may necessitate considerations of affordability, particularly in the absence of whānau support or when economic security may be threatened. While not only applying to those who seek abortion, an ideal of financial stability may also inform reasons for delaying having children or restricting childbearing. This corresponds to western trends and literature that suggests that reproductive decisions were tempered by considerations of financial security, childcare expenses, an ability to live on one income, the costs of establishing a home, and job security (Robertson et al., 2006) indicating a consonance with western people from a range of socioeconomic positions, rural and urban geographies. A consideration for the level of whānau support implicit in a couple’s circumstances, acknowledged in this account, also converges with the concept of whānau support described in the prior chapter, but acknowledges diversity in whānau structures to include nuclear orientations of families (Durie, 1985, 2001; S. Edwards et al., 2007), conveying agency for the individual in the context of the social structures around them. A participant who delayed having two children discussed the importance of financial considerations after watching mothers struggle.

And that's what I mean about having kids, it's a lot of work. (Jade: Mmm) You know? I, I had a good husband that basically, he didn't mind working… he was earning a decent pay packet. You know? He could cover the bills [Wāhine, 40s, urban].

This participant, a mature student married to a husband who worked in business, described the importance of having a husband who was able to provide for the family’s basic necessities. She emphasised her husband’s willingness to work and his ability to earn money, which raises the possibility that some husbands may not, evoking a sense of vulnerability for mothers who rely on their husband’s income while they stay at home to care for children. Inferring alternate expectations based upon different positioning within a market based economy, this participant contrasts her sense of control, raising children in the context of a high socioeconomic position, with an alternative sense of struggle to pay bills and raise children in the context of a lower socioeconomic position. These reproductive considerations are likely to be shared with Pākehā who have experienced low socioeconomic positioning, as Māori accommodated to western gendered patterning of economic ‘breadwinning’ for tāne (Mikaere, 1994), and wāhine took sole responsibility for nurturing children (Dyall, 2006; Pere, 1994; Simmonds, 2009) in the context of whānau becoming more nuclear (Durie, 1985,
In relation to general western trends that Māori have been part of, wāhine have been increasingly participating in paid employment which has positioned both tāne and wāhine as responsible for financially providing for the family (Edley & Wetherell, 1999; Freeman, 2003). However, this may be nuanced differently for whānau who live in low socioeconomic circumstances where earning a living may be of primary importance to working class fathers who face greater challenges seeking employment with high risks of unemployment, poverty and social exclusion (Johansson & Klinth, 2008). For a participant with two children, being able to support children on a low income detracted from the time and care available to the children.

Um cause labouring just doesn’t cut it (both laughing) because you do need a certain standard of living um to provide for your children, yep. (Jade: mm) And if you’re constantly worried about you know your next meal (Jade: yeah) um the children kind of come a bit further down the list as far as priorities go [Wāhine, 50s, urban].

Resourcing whānau from low income jobs was not seen to provide children with a sufficient standard of living, by this participant, a lecturer living in an urban area with a husband in construction. While the participant was not speaking from a low socioeconomic position associated with labouring work herself, she was speaking from a knowledgeable position about what a labourer’s income can afford. Drawing upon an individualised concept of a male breadwinner in a nuclear family without a context of relational whānau support and assistance, vulnerability to ‘struggle’ is fore grounded in a position of low socioeconomic status. Surviving on a subsistence income required the parents to place greater energy and time into seeking budget purchases, placing the needs of the children at a lower level of priority. This aligns with literature that suggests long working hours decreases whānau opportunities to spend time with children (S. Edwards et al., 2007) and extends this to consider the ways this may background discouragement from having children in reproductive decisions. It aligns with a broader reproductive imperative to consider individual duties to economically plan for reproduction to safeguard and maximise individual needs (described in the prior section).

Home ownership was noted as an area where contemporary mātauranga and tikanga Māori had some convergence and accommodation with western patterns of practice in a market based economy (see earlier account in individualising pressures). However in some cases, capitalist and corporate agendas created stringent limitations that clashed with participants’ plans to have children.

And then within three months of [a miscarriage] I actually fell pregnant with my son. So it was unexpected um (2.0) well um we weren’t prepared to be parents at that time actually. (Jade: mm) Um (sigh) (2.0) because we’d bought a house after we’d been married for about three years and in those days you had to have a second mortgage as well as a first mortgage and part of the conditions of having a second mortgage was I had to actually (2.0) um I was actually um sent a letter from the mortgage company at the time insisting that I not have children for ten years… So that was a bit scary because I you know we weren’t um earning an awful lot of money at that time. So um as I say although it was an unplanned pregnancy um as the time went on um yeah my husband and I were very, very excited (Jade: yep) about it [Wāhine, 50s, urban].

In obtaining a mortgage, this participant and her husband were restricted from having children for ten years due to the bank’s requirements to ensure they repaid their mortgage. These extremely difficult conditions for reproduction within a market based economy was informed by their low socioeconomic position, as they worked in the community and in hospitality respectively, in an urban environment with high housing costs.
Consistent with western patterns of practice, economic considerations may inform decisions to delay childbearing (Robertson et al., 2006). However in this account, extreme neoliberal discourses that prioritise individual decisions that maximise monetary wealth over reproduction (Wilson & Huntington, 2005) cohere with influence of formal corporate institutions and intersect with western and Māori norms around home ownership, producing lifestyles that are unsympathetic to the lives of parents and whānau. While this formed a socially mediated and corporate enforced discourager from having children for this participant, an unplanned hapūtanga was considered a positive event that freed them from this restriction and lack of control over these circumstances, allowing reproduction to take precedence in their lives, albeit containing financial risk.

**CULTURAL AND RACIAL MARGINALISATION**

Reproduction also occurs in a social context where Māori are culturally and racially marginalised, Māori people experience racism and active discrimination, cultural practices are not respected nor observed, and government services are unfriendly (however, see next chapter for more extensive discussion specifically related to sexuality education, maternity and abortion services). Across participant accounts, racism was present and had a negative impact on the whānau. One participant, who became a parent of many children, described experiencing racism when looking to rent a home in the context of urbanisation.

> And that time [1970s] looking for a place to live was quite hard... That’s when we first come across ah racist... Ah we found out the hard way through [holding up hand as a telephone] ‘ring’ ‘Um, hello’ (1.0) ‘Hello I’m looking for ah accommodation I see in the paper.’ ‘Oh yes (1.0) yes you can come around if you like to have a look. Yep okay.’ Then I show up knock on the door, Pākehā opened the door ‘Yes.’ I said ‘I rung about five minutes ago.’ ‘Oh look that room is just taken. The person has just gone, he gave the money. Money first. If you got the money well you get the room’... Next day, ring up [same thing happens]... I met some other guys having the same problem [Kaumātua, tāne, 70s, urban].

As a consequence of colonisation, Māori who moved to urban areas, particularly during the 1960s and 1970s, faced racial discrimination and social exclusion (Barrington, 2005). Intersecting prejudice in relation to socioeconomic status and race were deployed in this account, where prospective landlords inferred that the participant, and those he spoke to, did not have the money to rent the home, based upon his observation that they were Māori. Having a home has been noted as an idealised pre-requisite to reproduction across this study, with the pursuit of home ownership causing many to delay childbearing. Racial discrimination can impact whānau wellbeing (S. Edwards et al., 2007) and also potentially inhibit reproductive decisions by creating barriers to achieving success in the market based economy such as education, career, economic wealth, renting or home ownership.

For participants who needed economic support before, during or after having children, engaging with social support services also brought about challenges. After having his first child at a time when he was not in employment, a participant sought economic support from ‘Work and Income New Zealand’ (WINZ), finding them unhelpful.

> We actually tried to stay away from like WINZ and all that sort of stuff because ah they can (2.0) they’re there to help but they can also muck you around quite a bit too. Like we had baby and it took us, it was three months before they like, they actually helped us... Then I got a job (1.0) I got back into the workforce, WINZ will wouldn’t help us (1.0) Housing Housing New Zealand turned their back on us (1.0) I’d been on their waiting list for almost three years and we still haven’t got a house through them [Tāne, 20s, urban].
Neither WINZ nor Housing New Zealand would assist this participant’s whānau in their early stages of parenthood, to the point where he perceived the services to have ‘turned their back on’ him. As a consequence of government decisions through colonisation, barriers to Māori socioeconomic advancement have facilitated circumstances of socioeconomic vulnerability and hardship (Belich, 2001) leaving leaves people vulnerable to struggle, backgrounding reproductive lives with difficulty and the need to navigate a slow moving system to obtain emergency support. While this participant described an experience in an urban area, it may also feature in rural communities where paid employment is scarce. Like early parents of western ethnicities in low socioeconomic circumstances who are blamed for making reproductive decisions that do not facilitate socioeconomic advancement (Macleod, 2011), Māori are subject to the same expectations without acknowledging the impact colonisation has had on present socioeconomic circumstances. This might contribute to a lack of prioritisation or discrimination towards Māori parents who require government financial assistance, such as this participant. This contributes to the literature that suggests that there are barriers to Māori parents’ receipt of government income due to a lack of knowledge about what is available, interrogative questioning, transportation issues, and not being able to access childcare (Rawiri, 2007).

A negative consequence of colonisation that impacted some whānau was gang membership and criminality, positioned counter-culturally to contemporary mātauranga and tikanga Māori and dominant western culture (Rimene et al., 1998; Taonui, 2010). For some participants, vulnerability to joining peer group gangs began at school. This was described by a participant, who had three sons.

So um intermediate I really liked intermediate and then college well I fell off at college... I just started getting into the wrong things basically you know and that was just growing up really now when I look back on it eh... I tried to explain it to my older boys because the one thing I regret was my older boys ended up just like me. They went straight into jail when they were [teenagers] yeah. And though I I blame myself for that because I thought ‘oh shit maybe I shouldn’t have let that happen to them you know. I should have been stronger with them tell them what’s right and all these things. I gave them too much leeway and freedom’... I saw the same thing happening to Ruru [youngest son] so I took Ruru out of school at [early high school] because he was not going to school. He was going with his mates and getting into trouble... [I said] you’re not going to do that because you’re going to end up in jail and I took him to work with me... And Ruru works full time at that same job as me to this day (Jade: That’s awesome) Mm... And he embraces work um and he he’s got all the things that you can work for that you don’t have to take off other people... [At the time] I said to Ngakau [wife] ‘I’m going to intervene’ and the school said ‘you have to send him to school’. I said ‘you can take me to court but I lost my last two children to the jail and I’m not losing this boy’. Yeah. So the school ah relented... Yeah I told the school ‘you you’re doing the best job you can but you can’t tell me my son is in the school grounds for the whole school time which he can just wander off and you don’t know that but you know at the end of the day that he’s been missing the next day’ [Tāne, 50s, urban].

This participant, who worked in construction, spoke of the struggle involved with breaking a cycle of imprisonment, from his own experience through his eldest sons, and successfully keeping his youngest son from jail. While he attempted to teach them about the risks associated with growing up and ‘getting into the wrong things’, this had little success and the imprisonment of his eldest sons led him to self blame. Urbanisation led many rural Māori to encounter wealthier ‘city slickers’ who had acquired greater material possessions in the context of a market based economy, forming different ideals from their whānau and
weakening their bond and influence (C. Jacobs, personal communication, 12th June 2013). Traditionally, Māori boys were looked after by their fathers (Jenkins & Harte, 2011), providing a close supportive parenting approach. For contemporary Māori, a supportive whānau context could be interrupted by an individualism facilitated by the formal education system. While offering opportunities for improving socioeconomic status and career prospects, formal education also contained risks of socialising children to other less positive influences through peer pressure. In the context of low socioeconomic status, where there are expectations to gain material possessions without the income to acquire them, ‘taking these from other people’ might be the only way to access these resources, informing different identity positions for Māori and Pākehā in urban geographies. In this participant’s account, assisting his son to gain paid employment away from the influence of his peers was an effective strategy that enabled his son to participate in the market based economy and acquire ‘material possessions’ while also offering an alternative identity position than was available through positioning in a lower socioeconomic position at school. These challenges brought about by colonisation, urbanisation, and the market based economy background reproductive decisions through informing different spaces to consider envisioned reproductive lives and possible challenges associated with parenting.

**Patriarchy and abuses of power**

As noted in chapter one, the introduction of a patriarchal mode of social organisation where tāne are considered more important than wāhine, has disrupted older complementary patterns of Māori masculinities and femininities, encouraging particular forms of violence and abuse. A power imbalance in the couple relationship based upon gender had a negative influence on participants’ reproductive decisions. One participant, who had six children, spoke about shifts in gendered expectations within his community.

*When she was pregnant with my mum um ah at that time there was a lot of drinking around here… there were certain Pākehā influences, the women did everything and the men did nothing… ‘I just do my business and when I come back home everything’s got to be top shape’… But the generation beforehand it was totally different… Everyone had a plan, everyone was contributing, everyone carried their weight as such eh [Kaumātua, tāne, 40s, rural].*

Speaking of his kuia’s generation, this participant described the impact of colonisation on a rural community that brought about a shift towards individualism in the context of a market based economy with different implications for femininities and masculinities in reproductive lives. This was framed negatively, with imbalances in tāne and wāhine work and leisure time described, alongside heavy alcohol consumption. This account is consistent with contemporary Māori literature noting the impacts of assimilation to domestication, marriage, and nuclear families, leading many to assimilate to mothering in isolation from whānau networks with less involved fathering in urban and rural geographies (Dyall, 2006; Mikaere, 1994, 2011a; Pere, 1994; Pihama, 2001; Simmonds, 2009). The current western literature notes that parenting and childrearing associated with feminine attributes is undervalued (Campo, 2009) and women are still required to do the vast majority of it (Morell, 2000; Wager, 2000). This follows a departure from traditional Māori norms that did not differentiate between home and work spheres, where raising children was a task of everyone in the whānau (Pere, 1994). Shifts in whānaungatanga based upon gender create barriers to the flow and practice of contemporary mātauranga and tikanga Māori that can be a source of strength and resilience, with challenges backgrounding discouragement in contemporary Māori reproductive decisions. In one participant’s case, experiencing violence in her intimate relationship led her to seek an abortion.
I remember the counsellor at the [abortion] clinic… She made sure that I was sure about it. So that’s when I I like really explained to her, you know, that… this is the last thing that I wanted to happen but that I actually just couldn’t I couldn’t bear another child any more like, you know? I just talked to her about my relationship with my partner… I had to be blunt and let her know that you know we don’t have the best family, well we didn’t create the best family environment to have a family in… we had a um (2.0) a mind game kind of relationship where, emotional abusive relationship kind of thing… Like it got really bad it escalated and escalated to a point where like (1.0) fists were flying and Hīria was scared and um (2.0) you know cars were being crashed and shit like that. It just got really, really bad [Wāhine, 20s, urban].

This participant spoke of a decision to proceed with an abortion based upon a belief that she and her partner had not created a positive family environment. She described a reluctance to seek an abortion, which aligns with contemporary Māori perspectives that perceive abortion negatively (Hiroti, 2011; Manihera & Turnbull, 1990; Rimene et al., 1998; Tate, 2010; Turia, 2004, 2007). However, she also described a stronger impetus to proceed with an abortion based on a description of her relationship as emotionally abusive, also inflected with physical abuse that had been witnessed by their child. Whānau violence is denounced from contemporary western and tikanga Māori literature and considered a violation against tikanga and whakapapa (Te Puni Kōkiri, 2010) pertaining to he tapu o te tāngata16 (Tate, 2010). Circumstances of whānau violence make reproductive decisions in any socioeconomic position extremely difficult, discouraging childbearing and encouraging abortion in circumstances of unplanned hapūtanga. While wider whānau support may provide a safeguard from violence in a couple relationship, in individualised and urbanised circumstances, contemporary mātauranga and tikanga Māori that facilitate childbearing may be superseded by considerations for the future of the child, especially if their future may be compromised by constitution in a context of whānau violence.

Also denounced from contemporary western and tikanga Māori, sexual abuse or rape of wāhine imposes on their opportunity to consent to sex and make a reproductive choice. General participants did not report having children in the context of these experiences. However, four key informant participants17 spoke about encountering very young pregnant rangatahi wāhine (aged 11, 12, 13, 14, and 15) in the context of their work, and suspected this was a consequence of sexual abuse.

Participant: And as a midwife… the youngest child that I’ve attended with a student is 11 years old…

Jade: What did you make of that situation?

Participant: Just sadness (Jade: Mm) Um (2.0) you know um (2.0) I mean if it was (1.0) was CYFS going to be involved with that? Um (1.0) you know was it abuse? Which I would suggest it was. It’s just really sad… That child’s life is pretty much changed overnight. Well it’s probably changed from the time that the incident happened. But now she’s got a reminder [Researcher and midwife, Wāhine, 50s, urban].

This participant described working with extremely young rangatahi mothers in her role as a midwife. Rather than problematising the rangatahi mother, her concern was located with the circumstances that led the girl to become pregnant at such an early age, hypothesising that this was due to sexual abuse. Like physical

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16 This refers to the intrinsic tapu given to every person at conception, and relates to our relationships with the Atua, tāngata, and whenua.

17 This included a researcher, midwife, kaumātua, and a clinician in abortion services.
violence, incest and sexual abuse is considered a form of whānau violence from tikanga Māori (Tate, 2010; Te Punī Kōkiri, 2010) and was not tolerated (J. Klaricich as told to C. Turner, personal communication, 23rd February, 2012). Sexual abuse runs counter to the notion of cherishing children in the context of whānau support and tiakitanga18 (see prior chapter). While early reproduction is generally not problematised in indigenous communities, protecting rangatahi from sexual abuse, ensuring social support (Pihama, 2011b) and positive futures through access to good quality sexuality education are considered important in the contemporary Māori literature (Arabena, 2006). Having access to appropriate services such as psychological, medical, sexual health and abortion services that are not occluded by psychological barriers formed by religious or sociocultural discourse, or economic disadvantage are critical in supporting those who have experienced sexual abuse or rape (Bryant-Davis, Tillman, & Counts, 2012). This approach may be situated alongside contemporary mātauranga and tikanga Māori that facilitate childbearing and support those who choose early parenthood as well as those that advocate delayed childbearing in the context of individualising pressures and a market based economy.

While challenges experienced in intimate relationships produced discouraging circumstances for having children, those who sought solutions in leaving these circumstances were further stigmatised by negative social views about single mothers. This was described by a participant who delayed having children, but continued with an unplanned hapūtanga.

Jade: Have there been any times when you’ve felt stigmatised for having children?

Participant: Um oh yes well there would be frequent ah (1.0) single mother beneficiary you know ah anti DPB stuff in the media and, you know, people that, you know, attacking beneficiaries and single mums… And yet, you know, um (1.0) people don’t realise that those situations can change eh? Like marriages can break up and then, and then a person who - they can become a single mum through no choice of their own [Wāhine, 50s, rural].

Negative social perceptions of single parents who are reliant on government financial support (Domestic Purposes Benefit [DBP]) form a discouraging influence on reproductive decisions, and do not contribute to positive circumstances for raising children. While this participant lived rurally, she was still impacted by individualised urban pressures through the media, television and newspapers. Western literature has problematised the way that dominant neoliberal expectations of reproduction in the context of marriage (Sha & Kirkman, 2009) and economic sufficiency (Breheny & Stevens, 2007; Cherrington & Breheny, 2005; Macleod, 2011; McRobbie, 2009; Wilson & Huntington, 2005) form a space of social stigma for all women positioned outside these parameters (K. Allen & Osgood, 2009; Burns, 2000), including women who separate from the partners of their children and require government economic support (Burns, 2000). However, individualised pressures in a market based economy intersect with gendered expectations for parenthood, creating vulnerability for un-partnered women without a breadwinner to economically support a family. While this applies to Pākehā and Māori, the possibilities for whānau support that can enrich and support the mother from tikanga Māori are invisibilised and unacknowledged.

STANDPOINTS AND STRATEGIES

While I have outlined the various colonising influences on Māori reproduction, I now turn to consider the diversity of strategies participants drew upon when dealing with these challenging contexts. Participants

18 To guard, keep (also means to look after, nurse, care, protect, conserve, save [computer]).
ranged from embracing, endorsing and fully living with western individualising and market based economy pressures, to merely accommodating, suffering in the absence of alternatives, or completely resisting and trying to carve out ways of living that reject western practices.

**ACCOMMODATING VOICES**

Māori accommodation to western patterns of practice was dependant on the socioeconomic position and concerns of the participants. For instance, embracing, converging and positively accommodating was easiest for Māori who are in the best economic positions, and upwardly economically mobile. This may be considered in the following account of a participant, who studied with his wife to postgraduate tertiary level, and later went on to have three children after infertility problems, reflecting on whether or not he would have considered an abortion if hapūtanga was unplanned during this time.

*Um but yeah we um never had an abortion although (2.0) um (2.0) I’m pretty sure that you know when we were younger say in our early 20s that we would have definitely have considered that if Tiana had got pregnant just because we didn’t feel ready then and we kind of wanted to do the OE thing and get, you know, kind of get a bit more settled and established in terms of professional development as well as probably financial as well before we went on to have kids. So um (sigh) yeah (1.0) but that never came up [Tāne, 40s, urban].*

The prospect of a child disrupting education and career plans was described as a reason for considering abortion by this participant, who moved to the city from a rural town to study and later work as a lecturer. Having a baby was considered to risk an envisioned upward career and economic trajectory for him and his partner. This account emphasises an engagement in the market based economy that is based upon maximising individual needs for career development and attaining a higher socio economic position to prepare for having children. This participant notes a sense of agency and control over positioning in relation to the economic marketplace through education, with reproductive decisions configured in relation to this. Further studies have noted that rangatahi wāhine, including Māori, seek abortion for unplanned hapūtanga while they are invested in attaining an education (Breheny & Stevens, 2007; Rawiri, 2007) and this pattern of practice is likely to be shared with western people who want to maintain or rise to a high socioeconomic position in the absence of whānau support or possibilities for whāngai or atawhai (see prior chapter). In this participants’ case, he did not face an unplanned pregnancy and did not need to seek an abortion enabling him to embrace western patterns of practice and combine this with adherence to traditional Māori cultural practices. While seeking abortion may be at odds with contemporary Māori perspectives that consider abortion negatively (Hiroti, 2011; Manihera & Turnbull, 1990; Rimene et al., 1998; Tate, 2010; Turia, 2004, 2007), causing conflicting cultural expectations for those who experience unplanned pregnancy, this participant was able to walk between two worlds without compromise, embracing western patterns of practice alongside adherence to traditional Māori cultural practices.

However, there is a difference between those who were upwardly mobile and embracing of western positions and those who were suffering hardship socioeconomically, did not see any alternative, and who were merely accommodating. A kuia who had many children discussed her observation that stress associated with current living costs formed discouragement from having children.

*There’s not really encouragement these days to have children. It’s more (1.0) um discouragement... you are forced to have to go to work to pay rent. To pay all of those, you know, commodities that ah you must (1.0) um (2.0) upkeep otherwise you have, you walk the (1.0) you walk the streets. So um...*
(3.0) well I personally don’t believe it’s been encouraged too much because of those factors. You know from that comes the stress of having children, of keeping a job down, of ah (2.0) ah being able to cope [Kaumātua, wāhine, 70s, urban].

For this participant, who worked as a kaumātua\textsuperscript{19} in an urban area, balancing employment, paying rent and bills while raising children was described alongside pressure and stress, discouraging people from having children. Also describing individualised pressures for nuclear couples living in a market based economy, this participant did not discuss the concept of relational agency that was mentioned in the prior chapter, despite being a kaumātua with a wealth of practice based knowledge of mātauranga and tikanga Māori. This account shows the pervasiveness of the market based economy and the stressors it places upon those who actively practice tikanga Māori. It has been noted in the contemporary literature that low income whānau are likely to face the greatest disjuncture combining working and parenting, with fathers working long hours and mothers shouldering the domestic tasks and parenting (S. Edwards et al., 2007; James, 2009). For Māori, creating contemporary lives in the context of colonisation and urbanisation has shaped the need to be aware of economic implications in reproductive decisions, to avoid socioeconomic hardship and struggle. This is likely to be shared by western people, though might have a piqued difficulty for Māori in urban areas who do not have connections to papa kāinga\textsuperscript{20} (Mead, 2003) or whānau support networks, and who are also subject to racism or other types of discrimination.

RESISTANT VOICES

Some participants resisted western individualising and market based economy pressures, sometimes anchored in contemporary mātauranga and tikanga Māori or refashioning creative strategies. Resisting these pressures was easier for some Māori rather than others, depending on land ownership, rural or urban location, or level of cultural support and immersion.

BEYOND AN ‘APPROPRIATE AGE’

Some accounts noted a difference in the acceptability of early reproduction in western and Māori spaces.

*I think in general um (2.0) Māori are a lot more accepting. I have to say in my experiences I’ve found that Māori environments (2.0) I’ve been made to feel like well yeah it’s honoured and special for having a baby or, you know, just that people are happy to have it around and then I wouldn’t say all Pākehā places are like anti kids or anti um children but I think (2.0) if you’re younger it’s not as common [Wāhine, 20s, urban].*

For this participant, a student, who became a mother in her teenage years, and went on to have two children, Māori environments that made her feel ‘special’ for having a baby were put into sharp focus when backgrounded by non-Māori environments that were perceived to be ‘anti’ rangatahi parents and children. This account aligns with literature that suggests rangatahi mothering is often stigmatised in western contexts, with racism forming an additional intersection of marginality applied to rangatahi Māori (Cherrington & Breheny, 2005; Green, 2011; Reid, 2004). It also aligns with contemporary Māori perspectives across the spectrum of socioeconomic positions and urban and rural geographies that advocate support for reproduction and parenting to counter discourses that problematise Māori reproduction (Clark, 2002) and ensure social support for children and whānau (Pihama, 2011b). Support for reproduction aligns with the concepts of

\textsuperscript{19} Elder. In this research it refers to chosen experts who have knowledge of mātauranga and tikanga Māori.

\textsuperscript{20} Original home, home base, village.
whānaungatanga, wairua and whakapapa that were outlined in the prior chapter, yet is predicated on the presence of supportive networks. The confluence of the different positions informing this account, show the ways that Māori are able to creatively refashion strategies based upon aspects of contemporary mātauranga, tikanga Māori and western ideologies and patterns of practice that suit, and resist other aspects. Further participants elaborated on rationales for not problematising rangatahi parenting.

I don't think that having children young in and of itself is necessarily a bad thing although people point to certain negative outcomes. But whether those negative outcomes are a result of the age of the parent or to what extent those are showing how little support those parents get and what the circumstances are surrounding the actual pregnancy... It’s not just one mother being on her own who’s made, who’s perhaps um not made a lot of actual decisions. You know because sometimes some sexual relationships can occur because the young women just says ‘well, why not?’ ... Um so when young women are in situations like that where they don't feel good about themselves, they are probably, if they feel like that, not supported well by their families or they may be families where they don’t want that support. And so they’re on their own struggling and being condemned by society as well. So I think those things are really, really hard. We need to get down to all the things that happened, how that young woman got, got to where she is. And yet we further stigmatise her [Researcher, 50s, urban].

This key informant researcher participant positioned her perspective on early reproduction in opposition to studies that associate rangatahi parenting with negative outcomes (See Breheny & Stevens, 2007 for a list of these), noting further intersections that produce challenges in reproductive circumstances, including gendered sexual scripts that position the sexuality of wāhine as passive and the sexuality of tāne as active, individualism and no whānau support (see prior chapter for accounts of whānau support), and prejudice including racism and stigma for early reproduction (also see prior section on challenges). This may align with western studies that suggest ‘socioeconomic position’ is a more relevant signifier of outcome than ‘age’ for rangatahi parents (see Macleod, 2011 for further discussion). In this participant’s account she did not problematise rangatahi parenting, instead suggesting an examination of the circumstances surrounding hapūtanga in order to derive solutions from a focused engagement with the issues that impact the rangatahi. This participant’s approach to understand the rangatahi’s circumstances and support them is a constructive view, also noted in the prior chapter, and aligning with contemporary Māori literature (Arabena, 2006; Clark, 2002; Pihama, 2011b). Choosing to move along a vein that is supportive of early reproduction offers resistance to dominant neoliberal and racist discourses that position Māori negatively and attempt to discourage childbearing. By taking a more nuanced appraisal than dominant and racist reproductive discourses allow, contemporary Māori are able to refashion reproductive decisions and processes that are more responsive to their reproductive lives.

**BEYOND CONSUMERISM AND MATERIAL ‘WEALTH’**

Contrary to earlier accounts that emphasised engagement with the market based economy, many participant accounts resisted this emphasis through resourcing by other means, including the following stay at home mother with a husband who worked as a tradesman.

*It's not a material world for us it never was. It was about practical things, learning to be able to feed yourself, obviously it's really important and you learn to respect nature and you also learn to respect others too*[Wāhine, 40s, rural].

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As mentioned in the prior chapter on contemporary mātauranga and tikanga Māori, some participants stated that they perceived ‘richness’ in terms of their whānau rather than money. This was developed in the present participant account to convey a lack of interest in material wealth and resistance to full participation in a consumerist, market based economy. Outlining a different emphasis in life, Māori cultural knowledge was constructed as a resource that enabled opportunities to procure food from the land and sea, and support whānau in rural contexts. An intergenerational knowledge transfer of procuring food from the environment is common within contemporary Māori accounts (see Tangohau, 2003; Te Runanga o Te Rarawa, 2008) teaching broader skills such as understanding patterns of growth in the natural environment, life, death (C. Smith, 2010) and relationships with people. These modes of practice may not be available, or as accessible to those in urban areas as many whānau no longer have connections to these papa kāinga today (Mead, 2003), but similar accounts may also be articulated by Pākehā who are based rurally. Many participants spoke of engagement with the natural environment and learning how to be self sufficient, as an important aspect of their upbringing, and one that they wanted to impart to their children and younger relatives. One participant spoke about teaching his nephews “how to live”, based upon his childhood where he enjoyed “the freedom to go anywhere, do what you liked get muddy, get hurt, learn and move on” [Man, 50s, rural].

I used to take them fishing and hunting and I remember the first day Huatere [nephew] and Maaka [another nephew] were allowed out in the boat by themselves to fish... they had seven tarakihi21 and they were over the moon... We’d go up and get wood. We’d build up in the bush... And then we go catching eels. I remember Huatere came with us once to catch eels and we got a bloody swag of eels and we give them out round the village... We did a few hāngi22 me and the boys... We go and get our wood and dig the hole and do it and make a little basket and we’ll have it for the four of us [Tāne, 50s, rural].

This participant, who worked in construction, emphasised his role in teaching his nephews skills for procuring food across different modalities (fishing, hunting, eeling) and cooking them. This also involved developing a sense of mastery around catching fish, learning to be self sufficient through building huts, sharing with people and enhancing family relationships within the community. This account also documents the relevance of the contemporary mātauranga and tikanga Māori concept of whānaungatanga, where this participant evidenced his role raising children within the wider extended family. While western fathering or male childcare is often constructed in relation to a breadwinner discourse facilitated by nuclear framings of family in the context of a market based economy (Nentwich, 2008), this was broadened and extended to include a nurturing masculine identity involving alternative means of resourcing, and caring within the community. Resisting the individualised pressures associated with full participation in the market based economy, this participant described a lifestyle that was not heavily reliant on consumer culture and was nuanced to contemporary mātauranga and tikanga Māori, as it can be practiced within a rural area with access to the natural environment. These contemporary Māori configurations and strategies in rural areas are likely to background reproductive decision making, and may render concerns about participation in the market based economy irrelevant. While participants living in rural contexts demonstrated a resistant to the market based economy, this was also present in accounts from participants in urban areas, who described strategies to prepare for children that required little financial outlay.

21 A silver marine fish with a black band behind the head.
22 Earth oven to cook food with steam and heat from heated stones.
My mother collected all the baby stuff... She’s still got the three cots at her house... She had a carrycot. She had a bassinet. She had everything. High stool... Blankets, everything. She said ‘that’s my contribution’ and honestly it was, it was like the whole lot. You got the whole lot in one day mm. It was great... So very little financial outlay to start with and that was for the whole family... When I finished with them they went on to the next [brother or sister’s] baby and then they gave them back to Mum and she’d wash them and put them away all ready for the next one and (laugh) she’d have the cots full of clothes... She’d get them from garage sales and op shops (Jade: yeah yep) yeah and from other members of the family... With baby clothes they don’t last, you know, you don’t use them for very long especially the very small stuff they grow out of so quickly but she used to get them back straightaway almost, you know, and of course you didn’t have room to keep a whole lot of baby stuff [Wāhine, 50s,urban].

Like the prior accounts, a full reliance on an individualised market based economy was resisted by this participant, an urban stay at home mother of two children to a husband who worked in a factory. While this might be reflective of a strategy by urban Māori in low socioeconomic positions to resist a narrative of disadvantage there are likely parallels with Pākehā in low socioeconomic positions. This account also draws upon the rich relationality of whānau support, through her mother’s assistance in equipping her children with collective resources for her mokōpuna,23 sourced from second hand shops and whānau. The benefits associated with tangible whānau support has been noted in the literature (Rawiri, 2007), along with other strategies such as buying in bulk (Rimene et al., 1998). Such accounts demonstrate a creative refashioning of strategies to live in the context of a market based economy with limited access to monetary resources, ultimately resisting extreme neoliberal reproductive imperatives that prioritise the assumption of high socio-economic status before having children (Breheny & Stevens, 2007; Cherrington & Breheny, 2005; Macleod, 2011; McRobbie, 2009; Wilson & Huntington, 2005) under the assumption that an engagement in the consumer culture is necessary (McRobbie, 2009).

SHIFTING VOICES

Some participants did not fit neatly into one pole or the other, and evidenced a variable and uneven movement back and forth between positive acceptance and convergence with western norms, and active resistance to them. In this section I discuss participants’ accounts of regret about not meeting economic and education goals, but also accounts that celebrate child bearing in the context of dynamic cultural practice. One participant described his feelings about the possibility of being a young grandparent.

Jade: Um thinking about the future have you got any thoughts about being a grandparent in the future?

Participant: Hopefully not too soon... I’m I’m hoping that they that they’ll wait and they’ll take their time... but yeah in saying that I mean if anything did happen I’d 100% support any - I mean I’d kind of be semi disappointed as as most parents would but I’d never, I’d never turf them out or or, you know, or turn my back on them so my kids would never get disowned from me. I don’t think anything they can do would really make me yeah, turn my back on them [Tāne, 30s, urban].

This participant, a parent of five children, working in construction, and with experience of raising children in urban and rural geographies, reflected on his children’s possible future reproductive choices when asked

23 Grandchild, descendant - child or grandchild of a son, daughter, nephew, niece, etc.
about the prospect of being a grandparent. While his account aligns with accommodation to individualised western patterns of reproductive practice, he also emphasises an over-arching (and emphatically articulated) process of whānau support, implying a relational sense of agency rather than an assumption of individual responsibility, consistent with contemporary Māori views that advocate support for rangatahi (Arabena, 2006; Clark, 2002; Pihama, 2011b). As noted in the prior chapter and in the literature, whānau support for rangatahi parents and their children is common in contemporary Māori accounts (Rawiri, 2007), and may vary from occasional or regular childcare to atawhai and whāngai (see prior chapter for accounts of whānau support). The majority of participants spoke about tensions between having a child, or additional children, and meeting other goals. Some participants spoke with regret about the impact early, unplanned hapūtanga had on their (or their whānaungas’24) career.

Yeah my dad was terrible at that time [he found out Tui and his girlfriend were having a baby] he really was - wouldn’t even come out of the room. Yeah my dad was terrible, girl. The only thing that cheered my Dad up then was me making the [city] team, no honestly, he would not - he reckoned it ruined my rugby career [Tāne, 40s, urban].

For this participant, who went on to have four children, conceiving a child with his partner while on the cusp of career success elicited negative feedback from his whānau. While this participant was able to maintain success in his rugby career, his father still perceived this as a barrier to him achieving ‘excellence’. This aligns with western research that notes how fathers experience a tension between fatherhood and work (Henwood & Procter, 2003; Ranson, 2001). This may be further informed by a low socioeconomic positioning, as this participant mentioned earlier in his interview (but not in this extract) that he grew up very poor. His father’s focus on this participants’ individual development in a market based economy and investment in his sporting career aligns with contemporary mātauranga and tikanga Māori that advocate whānau support for children yet also simultaneously offers divergence from perspectives that advocate proceeding with hapūtanga when it occurs. Childbearing was also reported to have an impact on the careers of wāhine, as noted in this participant’s account.

I didn’t want, really to have children. We didn’t set out to have children, they just came. So, it was a negative sort of a decision, really. I’m pleased now that I did have children, but that’s not what I really what I intended. I wanted to be a career woman. And ah, but that was the end of the career, you see [Wāhine, 70s, rural].

For this participant, a 70 year old kuia who was rurally based and went on to have three children and work as a nurse, parenting was not positioned as an integral part of her life plan, with a career taking precedence. While not regretting her experience as a parent, she noted that this was not her intention. Her sexual and reproductive history occurred during a time when contraceptives were not accessible, limiting opportunities to delay childbearing (Campbell, 1999) and work towards a career. It has been noted in the literature that during urbanisation, following world war two, it became a requirement for many wāhine Māori of this participant’s generation to work outside the home (see M. Edwards, 1990 for an account of this; Mikaere, 1994). However, in aspiring to a ‘career’ rather than a regular job, this participant had to sacrifice this for motherhood as working mothers, particularly those who were rurally based, were still relatively rare. In this account there is a sense that control of individual career achievement may have been possible in absence of reproductive reality, which could also apply to western women in the context of individualised pressures. Speaking about a

24 Relative, relation, kin, blood relation.
time frame 50 years later, a key informant counsellor spoke about a similar trend occurring among those she worked with.

*Often you hear of parents who have had kids and they look back and said ‘oh if I hadn’t have had my children I would have done this’. Often it’s talking about some plan that they had, you know, some career thing or study or whatever and they haven’t been able to have it* [Counsellor, wāhine, 30s, urban].

For some people this key informant counsellor worked with, childbearing was framed as an interruption to study and education plans. While current social circumstances differ from the earlier context of the prior participant’s account, a disjuncture between reproduction and economic ideals were still present in people’s lives. While the western literature has noted that the introduction of contraception has created opportunities for women to delay and limit childbearing (Campbell, 1999) and women enjoy greater participation in education and employment (Johansson & Klinth, 2008), remnants of traditional western discourses and gender inequity still form psychological barriers and practical inequities to women combing work and motherhood (Woollett & Boyle, 2000). In the context of a nuclear family configured in a market based economy, where the mother is not supported by whānau, women are assumed to be caregivers (Dyall, 2006; Pere, 1994; Simmonds, 2009) and men assume responsibility for breadwinning (Mikaere, 1994), children and career may form competing ambitions for Māori and western women across lower socioeconomic positions. Yet, simultaneously, dominant neoliberal discourses may also form pressure for women to make the most of opportunities to work, become qualified, delay childbirth and engage with consumer culture in the pursuit of ‘self actualisation’ (McRobbie, 2009). The harder edge of such neoliberal ideology may conflict with contemporary mātauranga and tikanga Māori that consider childbearing to be a significant source of mastery and skill, facilitating childbearing and proceeding with hapūtanga when it occurs (see prior chapter).

**CONCLUSION**

Reflecting the complexities of living a bicultural reality, Māori participants in this study did not only draw upon mātauranga and tikanga Māori when describing their reproductive lives in contemporary Aotearoa, but western reproductive patterns of practice. In this chapter I have outlined the ways that dominant western cultural configurations are being negotiated in contemporary Māori lives, backgrounding reproductive decisions. Like reproductive practices that are configured in relation to mātauranga and tikanga Māori, western practices are heterogeneous, and have undergone various re-workings and re-configurations over time. Over the past century, the New Zealand demographic has changed as more couples are living in de-facto relationships, with lower rates of marriage and childbearing and higher rates of relationship dissolution, step and blended family arrangements (Callister & Didham, 2007). Cultural shifts towards greater gender equality have facilitated education and career ambitions for young men and women, which is often prioritised over reproductive ambitions, facilitating delayed reproduction (Robertson et al., 2006). These social changes have led to a shifting terrain for Māori to accommodate to, be challenged by, or resist.

Through colonisation, Māori have been required to accommodate to individualism through government processes, nuclear family formations (Durie, 1997), and configurations of femininity aligned with child care, while masculinity is aligned with economic breadwinning (Dyall, 2006; Mikaere, 1994, 2011a; Pere, 1994; Pihama, 2001; Simmonds, 2009). In this way of life, individuals are required to plan for reproduction from a vantage point of safeguarding or maximising individual needs in the context of a market based economy.
Accommodating to this, individualised configurations of couple relationships (rather than whānau formations) were described by participants in marriage and de facto relationships, necessitating relationship strength in circumstances of reproductive intent, with abortion considered a solution in the absence of this. Intersections between individualised nuclear families and patriarchal gender formations conveyed risk of intimate partner violence and sexual abuse, without protection and support from the wider whānau, negatively impacting on reproductive decisions and forming motivation for abortion.

While colonisation has had broad impacts on Māori, it has not been entirely monolithic, as individual Māori have different levels of engagement with mātauranga and tikanga Māori, or western patterns of practice, and are diversely constituted by socioeconomic position, gender, urban and rural geographies, amongst other intersections. Opportunities to enact sexual and reproductive choices may be impeded by being constituted within multiple axes of marginality (Silliman et al., 2004), and decision making may be constrained by social, couple, personal or economic circumstances (Chrisler, 2012b; Stephens et al., 2012). From the position of these various vantage points, the dynamic Māori cultural actor encounters a criss-crossing patchwork of different options, some of which are easily accessible and seen with a lens in sharp focus, while others are still positioned within reach but partially obscured, making goals perceived to be out of reach and struggles or challenges emphasised. As indicated by the Marxist standpoint, “man 25 makes his own history, but he does not make it out of the whole cloth; he does not make it out of conditions chosen by himself, but out of such as he finds close at hand” (Marx, 2009, p. 9). Making reproductive and other life decisions within this framing, various goals and ambitions are perceived differently from various standpoints, with different life trajectories envisaged. High socioeconomic position and/or aspirations for education and career allowed some to feel in control of this, and manage their reproductive decisions in relation to additional life plans. However, urbanisation and exposure to exclusion based upon gendered, raced and socioeconomic prejudice (Barrington, 2005) formed a backdrop that created challenging circumstances to configure life aspirations, including reproductive plans. Differences in individual circumstances, preferences, level of whānau supports, options, and developmental stages of life also likely intersect to reorient reproductive and other ambitions on the dynamic Māori cultural actor’s horizon.

However, in some accounts, participants actively resisted individualising pressures that considered socioeconomic attainment and older age necessary for reproduction. These accounts align with western critiques of neoliberal imperatives (Breheny & Stevens, 2007; Cherrington & Breheny, 2005; Macleod, 2011; McRobbie, 2009; Wilson & Huntington, 2005) while also drawing upon contemporary practice of mātauranga and tikanga Māori (see prior chapter and also Clark, 2002; Pihama, 2011b) and whānau support (Rawiri, 2007). Positions that are supportive of early reproduction offer a collective resistance to racist discourses that problematise early Māori childbearing, and allow a more nuanced engagement with the social issues that collectively affect Māori, or are experienced by individuals and whānau. Having children in low socioeconomic positions in the context of a market based economy was not problematised by participants who did not privilege materialist values, and were able to resource beyond financial means. This included drawing upon mātauranga and tikanga Māori methods of procuring food (see Tangohau, 2003; Te Runanga o Te Rarawa, 2008), non-individualised approaches to parenting where whānau support was offered (Rawiri, 2007) allowing a rich relationality to contribute to individual choices and goals, and utilising whānau based networks for sharing second hand goods. However, while mātauranga and tikanga Māori associated with

25 Or in the context of this research, the dynamic Māori cultural actor.
whānaungatanga, whakapapa, and wairua outlined in the previous chapter provide a buffer and resilience for Māori having children, our current colonised reality and the suppression of this knowledge, renders this inaccessible for many Māori.

Given the increasing expectations on Māori to adhere to individualising pressures to maximise opportunities to achieve education, career and home ownership, carefully planning reproduction in this context, it is important to ensure that these pathways are clear, and provide the necessary foundations and steps towards achievement. It is highly likely that historical racist discourses regarding Māori academic abilities (Barrington, 2005) still linger, informing the approach of educators, of whānau, and of our rangatahi and their peers, occluding opportunities to succeed in, or even aspire to, career and education ambitions. Although movement towards gender equity ideals have sought to level this out, delayed reproduction is now framed as an imperative while the social and practical restraints on wāhine remain. Consequently, it cannot simply be a case of advocating for people to seek career instead of reproduction in their lives (or vice versa). We need to examine the structural determinants that produce challenging circumstances for people across their lives, as a consequence of colonisation, that block us from positive engagement with western patterns of practice or mātauranga and tikanga Māori, while assimilating us to disadvantage by positioning in low socioeconomic, individualised and isolated positioning in the context of nuclear families characterised by patriarchal gendered formations and exposure to racism. Considering many communities are sustained on very little work, production, economic base or means of achieving one, accentuating government dependence (Evans, 1994), this is very important to our tino rangatiratanga, as Māori.

26 Self-determination.
CHAPTER 6: CULTURALLY RELEVANT SEXUALITY EDUCATION, MATERNITY AND ABORTION SERVICE

Having seen the complexity of Māori reproductive lives, the cultural values that the dynamic Māori cultural actor navigates and negotiates (across chapters four and five), and the impacts of colonisation, racism and current inequity on the accessibility of our cultural practices across institutional support services (see chapter two), I now turn to consider how mātauranga\(^1\) and tikanga Māori\(^2\) and western patterns of practice may synergistically inform sexuality education, maternity and abortion service delivery enabling the delivery of services that are culturally relevant and ensure whakaruruhau.\(^3\) Analysis of these areas focuses on questions that hold the most utility, and fulfil gaps in prior research. What are some concrete examples of sexuality education provision that resonate with mātauranga and tikanga Māori, and western knowledges and values that have relevance to Māori? What maternal care knowledges and practices that pertain to mātauranga and tikanga Māori would have utility in maternity services? How did participants make sense of abortion from mātauranga and tikanga Māori and western patterns of practice? How were elements of mātauranga and tikanga Māori respected in abortion service delivery?

Implicit within the concept of mātua\(^4\) is the process of taking the next generation forward and guiding them as best we can. Foregrounding mātauranga and tikanga Māori in related services, allowing a culturally congruent experience for whānau\(^5\) and an accessibility of cultural options including mātauranga, tikanga Māori and western patterns of practice when making decisions about having children, raising children, negotiating sexual relationships, birthing, or making a decision about whether or not to have an abortion, may facilitate this. This also aligns with the agreement made between Māori and Pākehā, in Te Tiriti o Waitangi\(^6\) where tangata whenua\(^7\) are entitled to recognition as equitable partners in the governance of New Zealand (Durie, 2001) with equity of values (Robson, 2002).

This chapter draws upon related mātauranga and tikanga Māori that inform reproductive decision making discussed in the prior chapters and introduces new concepts that refer specifically to these domains of reproductive health service: sexuality education, maternity and abortion. Identified areas of innovation are contextualised with the related literature for ways that they circumvent perceived problems in current health service delivery and link with wider Kaupapa Māori\(^8\) ambitions to achieve whakaruruhau in this field. These are not intended as comprehensive accounts of these complex areas. Instead, my aim is to emphasise the links between these areas, presenting a contextualised and holistic approach to supporting sexual, reproductive, maternal and whānau wellbeing. These accounts draw upon key informants’ experiences working and delivering services in these areas, and participant personal experiences including supporting their children or whānau in these areas.

**SEXUALITY EDUCATION**

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\(^1\) Education, knowledge, wisdom, understanding, skill.

\(^2\) Correct procedure, custom, manner and practice, pertaining to Māori.

\(^3\) Whakaruruhau/cultural safety is “seen as actions which recognise, respect and nurture the unique cultural identity of tangata whenua...and safely meets their needs, expectations and rights” (Ramsden, cited in Jungersen, 2002, p. 6).

\(^4\) Parents.

\(^5\) Extended family (also means to be born, to give birth).

\(^6\) The Treaty of Waitangi.

\(^7\) Local people, hosts, indigenous people of the land - people born of the whenua (of the placenta and the land) where the people's ancestors have lived and where their placenta are buried.

\(^8\) An approach that privileges the perspectives and protocols of Māori.
Sexuality education is vital for equipping rangatahi\(^9\) with the necessary information and skills to make informed sexual and reproductive decisions that align with personal and whānau aspirations. Key aspects of sexuality education were emphasised across participant accounts including teaching about diversity and respectfulness in relationships and emphasising the implications of sexual and reproductive decisions. The need to deconstruct and work with diverse contemporary Māori understandings of sexuality, pitching contraceptive education in a meaningful manner and assisting whānau to support rangatahi, was also emphasised. Across these themes, there are many areas of overlap between tikanga and western approaches that are united in problematising dominant western ideas. Drawing upon and utilising the innovation of mātauranga and tikanga Māori, the cultural congruence of sexuality education can be enhanced for Māori, while also holding wide ranging applicability to people from other cultures.

**RELATIONSHIPS**

One key informant researcher participant described the utility of western sexuality education approaches that focussed on teaching people about healthy relationships for contemporary Māori.

*[There’s the]... ‘healthy relationships, ethical relationships’ field as opposed to just, you know, [the] ‘try and minimise risk, try and prevent illness’ [field]... the understanding is it’s not just about what you want to prevent but it’s also about what you want to promote... That’s where it’s consistent with Kaupapa Māori in terms of looking at things more consistently and not looking at people in isolation and not focusing on women. You know it’s about focusing on relationships between men and women, women and women, men and men [Clinician, wāhine, 50s, urban].*

This participant outlined the congruence of western approaches to sexuality education that teach about ethical and healthy relationships with Kaupapa Māori approaches that emphasise working with the broader dyadic relationship and the surrounding social context. She framed this approach in opposition to current dominant western approaches that focus on risk and illness, also critiqued in the western literature for the ways that this positions adolescents as prone to ‘risk’ (Macleod, 2011) and forecloses opportunities to discuss other areas of sexuality that impact rangatahi (L. Allen, 2007). Ensuring that relationships are spaces where sexual and reproductive decision making can be negotiated is an important element in sexuality education and sexual health service provision (Ollis, Harrison, & Maharaj, 2013). One particular western approach that emphasises healthy and ethical sexual relationships, from a white Australian context, advocates shifting responsibility from wāhine\(^10\) as managers of the sexual desires of tāne\(^11\) to a broader responsibility of sexual ethics and care for each other in relationships, including negotiating sexual consent (Carmody, 2004). It may also include components on gender, power, and sexuality; relationship diversity; sexuality and relationships, including teaching rangatahi ways to distinguish between sex viewed in pornography and sex in mutual and loving intimate relationships (see Ollis et al., 2013). These latter perspectives align with contemporary Kaupapa Māori approaches to sexuality education that considers sexual and reproductive health in the context of relationships and connections with people (Glover et al., 2008; The Ministry of Health cited in Te Puāwai Tapu, 2004). Teaching about ethical intimate relationships in relation to further mātauranga and tikanga Māori was elaborated by a general participant.

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\(^9\) Younger generation, youth.

\(^10\) Women, females, ladies, wives.

\(^11\) Men, males, husbands.
The coming together of sacredness to another and that may not necessarily be a sexual act, or intimate act that may be the friendship that you and I are sharing as we talk about it, you know? 
**Tapu** to **tapu**. Sacredness to sacredness. That may be in the friendship that will develop with my children, with my uncles, auntsies, grandparents, brothers and sisters as we come together sacredly in a friendship... You can even take that further towards your relationship you have with your **maunga**... It’s been really opened towards the development of relationships and... the dynamics um that involves [Tāne, 40s, rural].

This participant described a nuanced approach to considering sexuality in relation to the **mātauranga** and **tikanga Māori** concept of **tapu**. While he directly translated this to the term ‘sacredness’, a deeper meaning of **tapu** conveys the restricted and controlled access to other human beings, their interconnection with the **atua** and **whenua**, and constitution in relationships that enhance, sustain, restore and empower those in the relationship (Tate, 2010). Western and contemporary **Māori** literature that advocate teaching ethical and respectful relationships in sexuality education (Carmody, 2004; Glover et al., 2008; Ollis et al., 2013; The Ministry of Health cited in Te Puāwai Tapu, 2004) aligns with this approach. This participant’s strategy also extends this further, emphasising the prior knowledge and skills that **rangatahi** have in their everyday respectful relationships. Teaching about intimate relationships through emphasising this established knowledge offers a scaffold by which to process and interpret new knowledge and experience. The notion of relationships is extended further to consider relationships with the landscape and environment. This is consistent with contemporary **Māori** literature that considers human, spiritual and ecological elements to be integrated in **mātauranga** and **tikanga Māori** (Jahnke, 2002; P. Porter, personal communication, 16th December 2010; Tate, 2010). Extending the social aspect of relationships further, may be the acknowledgement of sexual feelings towards those of the same sex. The breadth of this concept was illustrated by a key informant researcher participant who deconstructed one of my untested assumptions about relationships in the demographic questionnaire.

**Jade:** And what is your sexuality?

**Participant:** Well that’s a very difficult question. (laughing) Because I think that I mean I see sexuality on a continuum and I think that the idea that you need to categorise like heterosexual, homosexual or bisexual is actually kind of western concept that um my **raho** sexuality is sexuality. And that people would be attracted to different people at different times in their lives. Some people might be more attracted to women and more attracted to men but that sexuality was expressed in diverse forms [Researcher, 50s, urban].

In this account, the participant disputed the use of ‘sexuality’ as a linguistic category to define sexual desire, in relation to terms such as heterosexual, gay, lesbian, bisexual, transgender, queer and **takatāpui**. Instead she positioned the concept of sexual desire as less bounded and restrictive than a categorical approach would allow, and located this with the concept of **raho**, that contains more diverse opportunities for desire and attraction. This is consistent with the contemporary **Māori** literature that has critiqued colonising discourses about sexuality for the way they draw upon binaries that reify a perception of ‘normal’ and ‘other’, instead,

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12 The restricted and controlled access to other human beings (Tate, 2010).
13 Mountain, mount, peak.
14 Supernatural being, literally translated in English as ‘Potential being from beyond’ (T. Smith, 2009).
15 Land, country, ground, placenta, afterbirth.
16 Testicle (men) or labia majora (women).
17 Close friend (of the same gender), lesbian, gay, homosexual.

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advocating for an approach that allows for more inclusive fluid and flexible identity positions over a lifetime (Aspin & Hutchings, 2007). By not differentiating between ‘normal’ and ‘other,’ all people have access to the concept of belonging, which is noted as an integral function of whānaungatanga in contemporary Māori models of sexuality (L. Smith et al., 2002; The Ministry of Health cited in Te Puāwai Tapu, 2004). Acknowledging sexual feelings irrespective of gender and not occluding this by heterosexist influence and prejudice offers a culturally congruent way of working with Māori. Working outside a categorical framing that privileges heterosexuality also counters dominant western heterosexism, where heterosexuality is presumed as the default position, also problematised in the western literature (Brickell, 2001; Peel, 2001). Sexuality education initiatives that prepare rangatahi to be adults with mana, informed, confident and respectful in relationships, offer congruence with contemporary mātauranga and tikanga Māori.

REPRODUCTIVE RESPONSIBILITY

Understanding potential reproductive consequences from (penile vaginal penetrative) sex without contraception was seen as an important element of sexuality education. For one key informant kaumātua participant, reproductive responsibility was oriented to the view of sexuality as a taonga.

I always say that um (1.0) you know their generation (1.0)... they’ve got to use protection now... It’s a taonga in itself. It’s in it’s own right. You know ki te moe wāhine... I don’t want you to tutū i ai ia, as in kei hapū nei, might get pregnant as such, eh? And what their hapūtanga ko te wāhine, has to be done through (1.0) through... He aha he tika. Because you have to have both sides agreeing on what might happen. And it’s not just the two, it’s the parents and their families as such... There’s a bigger picture out there, eh? [Kaumātua, tāne, 40s, rural].

In this account, the participant describes instructing a rangatahi (heterosexual) tāne to not ‘tutū’, meaning to not ‘touch’, or ‘play with’ something that is not fully understood. These unknown implications are directly related to the consequences of sleeping with a woman and conceiving a child, and the broader ramifications this has on the couple and wider whānau to protect the whakapapa (see chapter four for a broader discussion). Western literature has noted that dominant discourses of ‘plastic sexuality’ obscure and invisibilise reproductive consequences through the innovation and popularity of the oral contraceptive pill (Giddens, 1992). In this current social context, teaching potential reproductive consequences in relation to (hetero penile vaginal) sex is important, especially as reproductive consequences from sex may not be obviously evident. Deeper reproductive consequences that pertain to the implications of parenting or abortion, as they relate to contemporary mātauranga and tikanga Māori may also be considered (see chapter four for general domains to consider). A key informant sexual health educator participant, Taane Thomas, described a workshop he ran to facilitate reproductive responsibility in this vein.

I give them um a kete... If they were to ever have a child, each of them have to draw a life journey of that child... [after] two days it takes, um they all stand up and intimately share with the group um no

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18 A supernatural force in a person, place or object. Mana goes hand in hand with tapu.
19 Elder. In this research it refers to chosen experts who have knowledge of mātauranga and tikanga Māori.
20 Treasure, anything prized - applied to anything considered to be of value.
21 To sleep with, or have sex with, a woman.
22 Fidget or fiddle with her.
23 She might become pregnant.
24 Pregnancy and childbirth for women.
25 Has to be done correctly.
26 Genealogy, lineage, descent (also means genealogical table).
27 Basket, kit.
outsiders are listening... coming to the end of my workshop and um I say ‘well these kete are... yours to take home and um um I want you to hang them on your wall so you can see, you can see it every day... if you’re going to go to an area where there’s going to be alcohol or if you think your defences may be just dropping a little bit or if this is going to be the night that you’ve chosen to be with um you’re your partner um when are you ready to bring that story to life that you shared with us and when you’re ready to put the placenta of your first child in that kete, because these kete are used to hold your placenta for your first child so you can continue to do this ceremony of your ancestors’.

Taane described his approach to teaching rangatahi reproductive responsibility through an exercise that asked participants to consider and present a narrative for a potential future child, gifting them with a kete that is utilised in the tikanga Māori practice of whenua ki te whenua. Noting that whenua ki te whenua is a traditional practice of the participants’ ancestors, alludes to the significance and meaning of reproduction in the context of traditional mātauranga and tikanga Māori, encouraging participants to take this seriously. An effective mechanism of this intervention involved pairing the rangatahi ideals for their children with their present circumstances and asking them to consider this in the choices they make in their contemporary lives, reinforcing the link between sexuality and reproduction. This approach to sexuality education may be useful to all, offering particular congruence for contemporary Māori as it offers potential to incorporate an awareness of how reproduction and parenting can be an impetus to responsibility and require a shift towards more responsible and ‘boring’ identities (see chapter five, section on individualising pressures, maturation and readiness to have children), as well as the implications of parenting in the context of mātauranga and tikanga Māori (see chapter four, sections on he tamaiti he taonga and considerations for future whakapapa). For Māori, this is particularly important given the cultural significance of reproduction. This also aligns with the contemporary literature that suggests the process of having children links us with whakapapa, connecting us to our ancestors, heritage and stories (Turia, 2004) and that for many Māori, rich whānau networks (also see chapter two on whānaungatanga for further discussion) are a life aspiration (Hiroti, 2011).

WORKING WITH VARIATIONS IN OPENNESS ABOUT SEXUALITY

Participants frequently discussed views about sex that were positive and affirming about sexuality. In these accounts, sex was seen as normal, fun, and part of cultural life.

I think we [Māori] (2.0) um acknowledge that sexuality is part of who we are and something that’s fun and enjoyable... If you look at a lot of our haka which are very sexual and our carvings which are very sexually explicit... I remember sitting at the marae with Nannies who’d be sitting there peeling their potatoes and... they’d be going (1.0) oh ‘I’d better go home and visit my husband’. And you’d go ‘why Nanny?’ And they’d go ‘oh he’ll be missing me, he’ll be hungry’ and you know damned well she’s not talking about his puku and you know, there was all this kind of banter and joking-ness and kind of playfulness around sex [Researcher and Clinician, wāhine, 30s, urban].

For this key informant, who was a researcher and clinician, she described her Nannies’ ‘playful’ banter about sexuality and the way it was intentionally pitched at a level that would not be understood as sexual without adult knowledge of sexuality, and maintained an ordinary and positive status for all. Similarly, while the carved

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28 Returning the placenta and afterbirth to the ancestral homelands (Mead, 2003).
29 A child is a gift
30 Vigorous dance with actions and powerful rhythmically sung words.
31 Community facility where hapū collectives discuss political and social matters, and host important events such as funerals.
32 Stomach.
genitals, or sexual explicitness of *haka* would seem ordinary and non-sexual in the absence of adult sexual understanding, with illumination and sexual knowledge this takes on another layer of understanding. This contemporary account of sexuality aligns with contemporary research that has suggested sexuality is discussed openly and with humour in *te reo Māori*\(^{33}\) (Penehira, 2012) and traditional literature that suggests that sexual symbolism was a mundane part of everyday life (Biggs, 1960), representing highly prized future descendants (Rimene et al., 1998). The openness about wāhine sexual desire in this account also aligns with western New Zealand research that advocates an inclusion and acknowledgement of wāhine sexual desire in sexuality education, equipping all rangatahi with a sense of ‘positive sexual agency’ (L. Allen, 2005). However, openness about sexuality was not observed in all accounts, suggesting diversity in contemporary Māori understandings about sexuality. This included a key informant kaumātua participant, who described discussions about sexuality as tapu.

*Sex was actually quite a ah tapu part to talk about, you know, and so we never spoke about sex with our mother... she just made us aware you know of what could happen when we get into a relationship and make sure that we’ve got the right man (laugh) you know and that he was going to look after us, and look after our children [Kaumātua, wāhine, 50s, rural].*

This participant described a starkly different approach to sexuality than the prior participant, instead emphasising the status of sexuality discussions as tapu, forming a barrier to speaking, and eliciting knowledge, about sexuality. Society and culture shape views on sexuality (The Ministry of Health cited in Te Puāwai Tapu, 2004), including the influence of early Christian sexual discourses have contributed to shaping a view that sexuality discussions are tapu (Aspin & Hutchings, 2007) consistent with accounts from Pacific Island cultures (Greenwood & Cowley, 2003). While recommendations have been made for whānau to have informal discussions about sexuality with rangatahi to protect the sexual and reproductive health of the whānau, further studies have suggested that many Māori have difficulty with this (Rimene et al., 1998). In another study, promoting contraception to daughters was considered a difficult task for mothers, as it was perceived to endorse promiscuity or early sexual relationships (Manihera & Turnbull, 1990) which may correspond to colonial discourses about wāhine Māori as sexually permissive (Hutchings, 2002; Te Awekotuku, 1991). Some authors have argued that there has been a waning in wāhine Māori preparation of their daughters to be strong, confident sexual people (Waetford, 2008), with a culture of secrecy and silence around sexuality potentially contributing to risk of unwanted pregnancy, abortion, or suicide (Greenwood & Cowley, 2003).

**CONTRACEPTIVE EDUCATION**

Extending the earlier concept about teaching respectful relationships, this can also be drawn upon as a motivator for using contraception.

*Sex is a normal healthy beautiful part of our lives, how do we do it and protect each other... if it’s just a quick bonk then, you know, how do you protect people?... As well as having the technique... (1.0) actually part of being a good lover is being respectful of your (1.0) your lovers and making sure that they’re safe and that you’re safe... Rather than (1.0) put a condom on your penis so you don’t get a sexually transmitted infection, you know? Who cares about that really and most people don’t when you’re in the sort of, middle of something really fun and exciting... [Researcher and Clinician, wāhine, 30s, urban].*

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\(^{33}\) Māori language.
Rather than advocate for condom use due to a concern about sexual risk, this participant (a researcher and clinician) advocated condom use from a broader context of care, respect, and protection of a sexual partner. This message about condom use is pitched at a meaningful emotional tone for rangatahi to understand, process and resource. It also coalesces with another sexuality education agenda, to teach rangatahi about ethical sexual relationships, consistent with the western literature (Carmody, 2004; Ollis et al., 2013), contemporary Māori literature (Glover et al., 2008) and accounts described in this chapter. This participant account also contains a further strategy, pairing the use of contraceptives with the qualities of a good lover, bringing about implications for positive identity and good sexual technique through contraceptive use. This offers an engagement with a ‘discourse of erotics’ or sense of ‘positive sexual agency’ that is noted to be absent from current sexuality education in the western literature (L. Allen, 2005) and disrupts an approach to sexuality education that positions rangatahi as prone to ‘risky’ behaviour, also problematised in the western literature (Macleod, 2011). This approach aligns with contemporary Māori research that emphasises the need to incorporate te taha tinana34 in sexuality education, and an awareness of how we relate to our bodies and those of others in sexual relationships (L. Smith et al., 2002).

For some participants, intergenerational differences in contraceptive knowledge formed a barrier to informal sexuality education for rangatahi.

Um my own mokos35 I (1.0) and my daughters and my sons yeah I talk to them openly (1.0) it was a subject that wasn’t tapu... Um (1.0) my daughter came in and she said ‘oh Mum, the boys are sleeping with the girls up at their friends houses’. I said ‘oh okay’. So when he come home and I said to him ‘oh you been sleeping with her?’ He said ‘Mum haven’t you heard of contraception?’ I said ‘yeah I have actually’ and he said ‘okay’. About (1.0) two months later he come and he said ‘oh Mum ah my girlfriend’s pregnant’. I said ‘oh haven’t you heard of contraception?’ (laughing) But no I took - those are the babies I took... Mm (1.0) I must say my children have educated me (laughing) in a lot of ways [Kaumātua, wāhine, 70s, rural].

For this participant, a key informant kaumātua, informal discussions about sexuality with her children were enabled through maintaining open channels of communication. However, her ability to advise them was complicated by generational shifts towards contraceptive availability as younger generations were better equipped with this knowledge. This was detailed in a humorous exchange between the participant and her son, where both suggested the other had ‘not heard about contraception,’ destabilising each other’s ‘expert’ or knowledgeable position on contraception and methods of safeguarding against unplanned hapūtanga36 and STIs. Navigating the circumstances surrounding her son’s disclosure of an unplanned hapūtanga, the participant’s use of humour lightened the potentially difficult atmosphere and she was able to awhi37 and support her son, later taking responsibility for her mokōpūna38 and raising them. This is consistent with accounts from chapter four of this study that show wide ranging forms of whānau support including atawhai39 and whāngai,40 especially for rangatahi parents. Across the breadth of this account, many Māori cultural

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34 In relation to the body.
35 Grandchild, descendant - child or grandchild of a son, daughter, nephew, niece, etc.
36 Pregnancy.
37 To embrace, cherish (also means to surround sit on eggs, brood).
38 Grandchild, descendant - child or grandchild of a son, daughter, nephew, niece, etc.
39 To raise or adopt temporarily (also means to show kindness to).
40 To raise, adopt, nurture (also means to feed).
concepts converge: aroha, humour, awhi, support for rangatahi and the protection of whakapapa by the whānau through whāngai. Educating rangatahi about contraceptive advice needs to take into account generational differences in technologies and how this may impact the provision of informal parental (or grandparental) sexuality education, and also consider the ways that parents may be able to support rangatahi when they encounter circumstances of unplanned hapūtanga.

Offering contraceptive advice in institutional settings also requires clinicians to examine their preconceptions about Māori and fertility, as this can be a barrier to delivering good service. Now that I’m kind of older and more assertive I can kind of you know tell them [sexual health clinicians] what I meant. But if you were younger and vulnerable um yeah I would worry about people going there especially with them not kind of explaining things and giving people kind of the right information... She asked me about the um chip thing [Implanon contraceptive implant] and I go ‘oh I’m [mid 20s]’ she was going ‘oh yep, oh well, you know, be careful depending on what age you are to get it because it lasts for five years’. I go ‘oh but I’ve already got two children’ and she goes ‘oh’ [surprised tone, moves back in her seat] like that to me [Wāhine, 20s, urban].

This participant, who became a mother in her teenage years, and went on to have another child, spoke about the need to be assertive with, and obtain full information from, sexual health clinicians, also describing a negative experience in a sexual health clinic to demonstrate this. Disclosing that she had two children by her mid twenties to the sexual health clinician, this participant read the clinician’s body language to indicate discomfort, potentially conveying a negative judgement on her reproductive history. A negative response may be read in the context of current cultural trends that view contemporary Māori as ‘over-productive’, considered to have families that are ‘too big’ (Turia, 2004) or too early (Glover & Rousseau, 2007). Given a social context by which Māori reproductive decisions may be read negatively, this participant’s advice to be assertive and obtain full information from sexual health clinicians is important in ensuring that the needs and aspirations of Māori are protected and not over laid with a different agenda. This approach aligns with the contemporary Māori literature, suggesting that approaches to sexual health that seek to control whakapapa are problematic, while approaches to protect whakapapa have greater congruence with contemporary mātauranga and tikanga Māori (Turia, 2004).

MATERNITY

Reproduction and the process of creating new life is an area steeped with significance in the context of traditional (see chapter two) and contemporary mātauranga and tikanga Māori (see chapter four). The cultural concepts pertaining to maternities extend these cultural concepts and background reproductive decisions. Key elements of contemporary mātauranga and tikanga Māori that were articulated by participants include understanding bodies of wāhine as te whare tangata and the responsibility of the whānau to support the mother and pepe, understanding the practice of whenua ki te whenua and the intergenerational barriers to this practice, correlations between the natural environment and birthing, and manaakitanga of hospitals and clinicians. There is clear potential to integrate aspects of this knowledge into

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41 Affection, sympathy, charity, compassion, love, empathy.
42 The womb, uterus, cervix, vaginal; literally translated in English as ‘House of People’.
43 Baby.
44 Hospitality, kindness.
sexuality education, antenatal and maternity services in order to improve service delivery for all, and offer greater cultural congruence for Māori, meeting expectations for whakaruruhau.

**Meanings of Maternal Bodies**

A reverence for te whare tāngata and the bodies of wāhine hapū was expressed across participant accounts. This included a key informant kaumātua participant, who described the parallel between the bodies of wāhine with whare hui and process of conception with pōwhiri.

They kept that word iwi there because the women are the vessel that makes the bones of the next generation of the next generation, of the next generation... When we’re talking about carving and stuff... for the whare hui and what we’ve got to take into consideration is that the whare hui re - resembles a lot of things to the woman... The kai karanga go outside there... that’s the woman’s voice and then you have the man the man whakautu, the male um (2.0) ah returns the call. Pehea te wāhine rāua, you look at the whare now, see the wāhine is open... and the male responds ‘Haere mai ana, I’m coming’, nei? As in, ‘you are ready, I am coming, and a new generation will come out of this experience’... The wāhine opened up... the entrance way as such...the tāne comes in, ka moea the baby comes, you know, they become one, ka moea... they come inside the whare and the whare grows and that’s the kōpū [Kaumātua, tāne, 40s, rural].

This participant described the significance of wāhine alongside the social formation iwi, noting the ability of wāhine to perpetuate iwi, in its meaning as a social formation as well as its meaning as bones, of the next generation. He also describes how wāhine are depicted in whare hui and the way this informs decisions about where to place carvings, and considerations for social engagement in the process of pōwhiri. Describing the pōwhiri process in detail, this is considered to mirror sexual and reproductive consent, with the voices of the kai karanga, who are wāhine, enabling the first aspect of engagement, and with a response, allows the process to begin. Like the process of sex, conception and gestation, these social proceedings allow the manuhiri to proceed into the whare hui, and become one with the tangata whenua of the marae, with shared conversation and ideas contributing to growth within the collective. This application of a pōwhiri process to conception aligns with contemporary mātauranga and tikanga Māori that consider the integration of social, spiritual and ecological elements in everyday life (Jahnke, 2002; P. Porter, personal communication, 16th December 2010; Tate, 2010) including reproduction. It also aligns with contemporary Māori research that considers the role of wāhine in reproduction to be culturally significant (August, 2005; Herangi-Panapa, 1998).

This participant’s understanding of this mātauranga Māori is culturally appropriate and consistent with the view that tāne are kaitiaki of te whare tāngata (Rimene et al., 1998).
have been critiqued for not respecting observances of tapu or eliciting whakamā\(^{58}\) in wāhine during childbirth (Palmer, 2002; Rawiri, 2007; Rimene et al., 1998), contemporary mātauranga and tikanga Māori convey the significance of te whare tangata and a reverence for wāhine during hapūtanga and birth that may facilitate the enactment of mana wāhine\(^{59}\) during childbirth, also consistent with western feminist perspectives that advocate for women’s agency in childbirth (Bowes & Domokos, 2003; Marshall & Woollett, 2000; Purkis, 2003; Rúdólfsdóttir, 2000).

Respect and care for maternal bodies was advocated by participants who described various strategies to support pregnant mothers, which offers further potential for the enactment of mana wāhine during hapūtanga. The tikanga of mirimiri\(^{60}\) for pregnant mothers was noted across many participant accounts, including a key informant kaumātua participant. When she [mother in law] was young... she was constantly massaged while she was pregnant... to get her, ah, the muscles ready for for the trauma of stretching and things [Kaumātua, tāne, 40s, rural]. This account aligns with the contemporary Māori literature that considers whānau and partner support through rongoā\(^{61}\) and mirimiri important in assisting pregnant mothers (Advisory Committee on Assisted Reproductive Technology, 2007; Ministry of Health, 2002a), western literature that notes shifts towards men’s involvement in reproduction (Johansson & Klinth, 2008) with practical implications to also assist with preparing their bodies for the birth process and delivery of the baby (C. Jacobs, personal communication, 12\(^{th}\) June 2013). Further nurturance, awhi and manaakitanga for the pregnant mother and baby were also provided through touch and speaking to the baby in the womb.

Our parents or our grandparents (2.0) when they are teaching their women or their mokōpūna things like (1.0) Ko hapū e koe kōrero ki to pepe\(^{62}\) (Wife: Mm hm) When you are pregnant speak to your child within you... [and at birth] some women are grandmother, great grandmother or grandfather may pick the baby up ah ‘tena koe e mau koe i te wairua o te atua\(^{63}\) that coming from God... That sort of the wairua\(^{64}\) he’s ah blessing the child straightaway before the actual ah baptism of the child [Kaumātua, 70s, urban].

This participant described a contemporary tikanga Māori practice of nurturing a baby in the womb through speaking to them and acknowledging the wairua at birth. These two tikanga are linked to contemporary mātauranga Māori documented in the literature that considers a foetus to contain wairua prior to birth and entering te ao marama,\(^{65}\) enabling a capacity for spirituality (Pere, 1994) and sensitivity to sensory stimuli (Turia, 2007). Through wairua, the baby’s experience in the womb may inform their future development, with nurturance buffering resilience (C. & P. Jacobs, personal communication, 11\(^{th}\) April 2011), and greeting the baby at birth operates as formal acknowledgement of the wairua (Best, 1975; Manihera & Turnbull, 1990, p. 12; Mead, 2003). Facilitating the transmission of wairua also informs the view of pregnant mothers’ bodies as tapu (Manihera & Turnbull, 1990).

In another participant’s account, a key informant manager of a health service and mother of five children, wairua was protected during hapūtanga through keeping her hair uncut. I remember having a fight with my

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58 Be ashamed, shy, bashful, embarrassed.
59 The inherent prestige, authority and power of women.
60 Rub, soothe, smooth, stroke, fondle, smear, massage.
61 Remedy, medicine, drug, cure, medication, treatment, solution (to a problem), tonic.
62 When you are pregnant, speak to your baby.
63 Hello, you, brought through the spirit from the gods.
64 Spirit, soul, quintessence - spirit of a person which exists beyond death.
65 The world of light.
sisters, they wanted me to cut my hair and I didn’t want to. My grandfather described this as bad luck, cutting links with tūpuna [Manager of health service, wāhine, 50s, urban]. For this participant, cutting her hair was seen to cut links to tūpuna, which is consistent with contemporary Māori accounts that consider this to risk diminishing the mana of the baby (Rimene et al., 1998), reifying the heightened wairua and tapu nature of wāhine while they are hapū. Current western health services are premised on the individual (Jansen & Smith, 2006) which are not culturally congruent with these contemporary mātauranga and tikanga Māori pertaining to care for wāhine and pepe that emphasise the responsibility of whānau and acknowledgement of wairua. There is clear potential for these practices to be incorporated into antenatal services to allow good care for all, and better culturally congruent care for Māori.

**WHENUA KI TE WHENUA**

For many participants, the practice of whenua ki te whenua was situated through an approach to treating bodies respectfully, as tapu.

The same things that was taught by my grandparents and my mother and myself going through having my children, the pito or the placenta they all, they’re all part of our cultural and our heritage… I never had any miscarriages. Um I hadn’t lost any of my children, yep. And ah, so I went through normal normal birth… [Speaking about teaching her granddaughter] I wouldn’t want her to go tell her to go and burn it. You know, yep of course. That’s your body, and like I say all your body is tapu. Yeah, you know, and we started from the earth, we go back to the earth, you know. So any part of us it’s like when we have an operation [Kaumātua, wāhine, 50s, rural].

For this participant, a key informant kaumātua, the intergenerational practice of whenua ki te whenua was attributed to producing healthy birth circumstances. In her account, whenua is treated as part of the body, and like the body is considered tapu, to be treated respectfully and returned to the whenua. The practice of whenua ki te whenua is consistent with contemporary mātauranga and tikanga Māori that acknowledge the influence and integration of social, spiritual and ecological aspects of everyday life (Jahnke, 2002; P. Porter, personal communication, 16th December 2010; Tate, 2010). This contemporary practice inscribes identities with links and connection to papa kāinga (Hohepa, 2011) if these areas are accessible, and also reinforces a broader Māori identity as tāngata whenua, people who belong to the whenua (Cadogan, 2004). While many participants emphasised the importance of this practice, some were not taught about this practice by their whānau or maternity care provider, nor offered the whenua (Rimene et al., 1998).

Jade: Do you remember if the hospital, ah staff offered you the placetas of your children?

Participant: No. No they didn’t and yeah and I always regret that, I regret yeah.

Jade: Even though they didn’t offer you the choice or the opportunity?

Participant: Yeah

Jade: Or the possibility?

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66 Ancestors, grandparents (Western dialect).
67 Returning the placenta and afterbirth to the ancestral homelands (Mead, 2003).
68 End, extremity, naval, section of umbilical cord nearest the baby’s body.
69 Placenta, afterbirth (also means land, country, ground).
70 Land, country, ground (also means placenta, afterbirth).
71 Original home, home base, village.
72 Land, country, ground (also means placenta, afterbirth).
73 Placenta, afterbirth (also means land, country, ground).
This participant’s account of not being offered the whenua^74 after childbirth is consistent with the accounts of many more wāhine Māori who gave birth in a hospital based maternity service prior to the 1980s (Rimene et al., 1998; Tangohau, 2003) when The Māori Women’s Welfare League reinvigorated this process (Mead, 2003; Simmonds, 2009) producing shifts in the cultural responsiveness of hospitals. For this participant, not being given the relevant knowledge about whenua ki te whenua or the option of keeping the whenua, created a barrier to the practice of tikanga. In this regard, maternity services operated as a vehicle of colonisation, by not facilitating the practice of tikanga Māori. Learning the meaning and practice of whenua ki te whenua after she had given birth to her children lead this participant to emphatically state that she would ensure this practice would continue through future generations. Learning this tikanga later in life, when she already had children, lead her to experience guilt and self blame for not adhering to it, when she was not aware of it. This is not likely to be an uncommon occurrence, as it has been noted in the literature that many wāhine rangatahi Māori do not know the significance of whenua ki te whenua (Rimene et al., 1998).

Maternity services have the opportunity to back ground mātauranga and tikanga Māori into their processes, to facilitate learning opportunities for wāhine who may not have had access to this. This may avoid the cultural conditions for Māori mothers to experience guilt, caused by contradictions between colonising influences that have historically denied wāhine Māori the opportunities to access and practice tikanga Māori associated with infant care while also framing the practice of tikanga Māori as an imperative, rather than allowing a continuous flow of different cultural options for contemporary Māori to determine the pathways that suit their lives.

**ADDITIONAL HAPŪTANGA, BIRTHING KNOWLEDGES AND CARE**

Participants described further contemporary mātauranga and tikanga Māori pertaining to hapūtanga and birth, including a key informant tapuhi,^75 and father of three.

*It was a terrible, terrible stormy day... and to me I could see the relationship between what was going on outside in the environment to what was happening within the um the kōpū^76 of my wife. There was a direct comparison... We both knew, that at six o’clock when the tide turns - that we knew that’s when baby was going to come because that’s when it’s really calm... So um yep sure enough the tide turned the whole of the wind dropped. The water went calm and out came baby (Jade: Wow) It was the low tide. And ah (1.0) I know that there’s a direct relationship between tide and birthing um um and it’s that’s occurred several times during um ah my wife having children but also my daughters having children [Tapuhi, tāne, 40s, rural].*

This account of childbirth aligns with contemporary Māori literature that emphasise the links between the social, spiritual and ecological influences on life (Jahnke, 2002; P. Porter, personal communication, 16th December 2010; Tate, 2010), the alignment of wāhine with the moon, the tides and earth (Moewaka Barnes, 2010), indigenous understandings of the body that prioritise spiritual matters (Mika, 2005) and an ability to read spiritual and environmental cues such as the moon, the sea, or the eyes of a cat to understand a whānaunga’s^77 stage of labour (C. Jacobs, personal communication, 12th June 2013). Further aspects of this

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^74 Placenta, afterbirth (also means land, country, ground).
^75 Birth attendant, midwife.
^76 Belly, womb, abdomen.
^77 Relative, relation, kin, blood relation.
participants’ account are consistent with the contemporary Māori literature, including the description of a correlation between the tides and birthing (Harris & Harris, 2001; Kenney, 2011) and men’s involvement in birthing (Moewaka Barnes et al., 2013; Reynolds, 2012; Tangohau, 2003).

Offering a continuity of care in birthing and after care facilities was seen as important to participants, including a mother of two, who spoke about the experience of her first birth.

And that first night they let, they let her [pepe] have a sleep and then they took her into the, into the nurse’s room so I had a sleep, but then after that, you know, she stayed in the cot next to me… they fed Neil [husband] as well so it was like all my duties were ticked off you know… And they were so nice and casual… It was just so neat (Jade: mm yeah) and you looked over the harbour and you’d sit there and look… I loved it (Jade: wow) mm. And the food was nice… And it was like you were cocooned in another world actually… it was like a big hug (Jade: oh) just to keep you safe [Wāhine, 50s, urban].

For this participant, a mother of two, the birth offered her a chance to have a rest, and the hospital provided a cocooning environment. The manaakitanga of the hospital contributed to the positive wairua of her experience, like the cocooning environment of a womb. Responsibilities were taken out of her hands, and were not governed by an individualism that required her to do ‘everything’, such as feeding her husband. She was supported by people who were not whānau, but allowed this to feel the same. From literature on traditional mātauranga and tikanga Māori, the right spiritual and physical environments were linked with a successful labour and delivery (Palmer, 2002). The provision of these conditions offers a culturally congruent manner of care for Māori who utilise hospital based maternity and after birth care services. This offers a welcome contrast from critiques of hospital based maternity services that consider many to assume individual responsibility for wellbeing (Jansen & Smith, 2006; Lovell et al., 2007) and work from capitalist ideologies that emphasise a need to conserve money and expense (Rúdólfsdóttir, 2000), instead, creating circumstances of care that are conducive to the practice of manaakitanga.

Abortion

Abortion is complex area that stirs emotions in many, and where contemporary western values and mātauranga and tikanga Māori, clash. This is the first in depth qualitative research project that has investigated Māori perspectives and experiences of abortion. Consequently there is sparse research on the subject to contextualise participant accounts and recommendations for whakaruruha. By outlining key debates, I hope this work will be a catalyst for greater discussion between individuals and whānau who may consider abortion or have used abortion services, clinicians and kaumātua to investigate how we can offer broader support for Māori who face circumstances of unplanned hapūtanga and make reproductive decisions in the context of contemporary Māori and western cultural influences (see chapters four and five on cultural influences that inform reproductive decision making). Participants discussed the importance of wāhine individual choice in abortion decisions alongside the acknowledgement of whānaungatanga in reproductive decision making, and values that prioritise the protection of a new life. Negotiating these contradictory values was seen as a dilemma by many, and abortion service clinicians were required to work with ambivalence, respecting wairua and whānaungatanga. While further rich accounts of participants’ experiences of abortion (and other areas of reproduction) were collated as part of this thesis, I am only able to provide a ‘snapshot’ of
the range and depth of accounts as they may inform focussed service recommendations. This data will be utilised to develop further publications.

**INDIVIDUAL CHOICE**

Many participants advocated that a decision to have an abortion was a decision for wāhine to make. This was often articulated outright without espousing views that contradict this, as described by a takatāpui tāne participant without children.

*I think one of the important things is ah, you know, for first I think that’s a big step. Ah I’m very supportive that ah in the sense that I think, you know, women should have a choice around their bodies for a start [Tāne, 30s, urban].*

This participant initially emphasised the gravity of considering abortion in a reproductive decision, also mentioning that the availability of abortion was important in enabling wāhine to decide what happens to their own bodies. The politics around women’s ‘choice’ and having the opportunity to have an abortion occurs against a backdrop of women’s rights activists fighting for abortion to be legalised in the west, that is ongoing in many countries (Abbiss & Kunowski, 1999). Advocating for wāhine to have a choice to have an abortion does not necessarily correspond with a willingness to have one, and participants may prefer not to have one in circumstances of unplanned hapūtanga depending on their circumstances. For a participant who had an abortion, and later became a mother to two children, her direct engagement with people who held a ‘pro-life’ or anti-abortion perspective raised the importance of matter to her.

*[Being confronted with a pro-life person] struck a chord with me and it was, it was 20 years after the fact that nearly 20 year afterwards and I just stood up and I said ‘you need to be in that person’s place before you can actually make that judgment’ (Jade: yep) Um (Jade: yep) because (sigh) if I’d have been given a choice I think I would have kept the baby [Wāhine, 50s, urban].*

For this participant, having an abortion was a medical decision and not her ‘choice’. However, as someone who had been through an abortion, she disagreed with the judgement yielded by someone who took a ‘pro-life’ position. This participant spoke about the importance of understanding the circumstances of wāhine and reasons for having an abortion. Māori make reproductive decisions across a backdrop of many different considerations, drawn from contemporary western, mātauranga and tikanga Māori, a blend or clash between the two (see chapters four and five). While many participants who sought abortion would have liked to have a baby in better circumstances, including the current participant, this was not seen as a possibility in their current situation. The enactment of the individual ‘choice’ of wāhine in reproductive decisions that favour abortion, sometimes caused disjunction for male participants who wanted to keep the baby, including a participant who became a father of five children to another partner.

*Participant: It was pretty bad at the time um because I didn’t get a say in it… I’ll never do that kind of stuff again. It was um yeah it was something stupid and um yeah I’ll always regret it. Um yeah.*

*Jade: And was that something that, um, how did you come to that decision? …*

*Participant: Oh I didn’t come to the decision; the girlfriend had already decided that that’s what’s going to happen [Tāne, 30s, urban].*

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78 Christian right wing groups have historically opposed abortion, considering it to be a murder of an unborn child and a sin. A ‘pro-life’ position aligns with this approach, and advocate for the rights of the foetus. This is countered by a ‘pro choice’ position taken by women’s rights activists (Macleod, 2011).
This participant described how his girlfriend's decision to have an abortion was at odds with his wishes to keep the baby. Assuming responsibility for an action that his girlfriend requested, and he had no input, this participant described this as something that he could have potentially stopped, emphatically expressing regret.

In the western literature, tāne assume varying levels of responsibility when a co-conceived hapūtanga is terminated, from exclusion (demonstrated in the present account), mutuality, to responsibility in persuading wāhine to seek abortion (Reich & Brindis, 2006). As Māori refashion strategies in the presence of various cultural influences including mātauranga and tikanga Māori, it is possible that tāne Māori responses to abortion also fit along this spectrum. It has also been noted in the contemporary Māori literature that tāne are often excluded from reproductive and parenting matters (Reynolds, 2012) aligned with western trends, albeit with some current momentum towards increased men's involvement (Barker & Das, 2004). In this participant's case, being excluded from a reproductive decision where his partner sought an abortion may be informed by western trends towards reproduction and abortion as a woman's choice and responsibility. In contrast, his positioning may be situated within contemporary mātauranga and tikanga Māori that considers new life as highly significant, with his partner's decision and enactment of abortion clashing with the provision of whānau support and investment in collective responsibility for the new life (see further accounts and detailed explanations of this tikanga in chapter four).

**WHĀNAUNGATANGA**

Further participant accounts emphasised the importance of wider whānau investment in reproductive decision making, with many participants reporting whāngai as a prioritised option over abortion, including a key informant kaumātua participant.

_The Māori of my time there was no such thing as abortions. And um as I said um (2.0) had grandparents who were always willing to have their children where Pākehā or I suppose I should say non Māori you know they (1.0) they hid that away. They um (1.0) once you know there was a (1.0) pregnancy was discovered that, you know, they sent the girl away to have this child somewhere else or to have an abortion. Māori have never been fans of abortion but I don't know what the present figures are but I would imagine there'd be, there'd be some that would go down that road [Kaumātua, 70s, rural]._

This participant described the differences between Pākehā and Māori responses to unplanned hapūtanga earlier in his lifetime, how Māori grandparents took responsibility for the babies while Pākehā would hide the hapūtanga or seek abortion. This account aligns with contemporary Māori literature that documents the practice of wider whānau involvement in reproductive decision making, with whāngai considered a possible solution for those facing an unplanned hapūtanga (McRae & Nikora, 2006; Mikaere, 1994). It is a lack of whānau support for rangatahi who face unplanned pregnancies that is problematised, rather than early reproduction (P. Reynolds & C. Smith, personal communication, 3rd August 2010). However, some scholars have noted the difficulty in applying this tikanga in contemporary lives, as rangatahi may believe their parents would be unhappy if they found out they had an unplanned hapūtanga (Dyall, 2006). For one participant, a father of three, the prospect of his daughter seeking abortion on her own was ‘devastating’.

_I would be devastated if she, if I didn't know that my daughter um ah was pregnant you know and had aborted her baby. I would have been devastated… I feel for my daughter to be so so alone to have to make a decision like that… I find that um there’s a strong need I don't know what it is and I don't_
know, for a kaumātua element within that, ah an elders support group who were there for children, who were there for these young kids [Tāne, 40s, rural].

Describing a hypothetical situation, this participant spoke about the difficulty he would experience if his daughter were to face an unplanned hapūtanga and make a decision about whether or not to have an abortion without seeking whānau support. In relation to contemporary tikanga Māori that positions the support of whānau as integral to reproduction and parenting (see chapter four), the prospect of an individual making a decision to have an abortion clashed with this approach. As described by the prior participant, a western ideology that considers unplanned hapūtanga as something to ‘hide’ leading rangatahi to believe that they cannot tell their parents and seek abortion on their own, is at odds with accounts in this study that emphasise the support that is offered to rangatahi who face unplanned hapūtanga, from the whānau. For some whānau, difficulties discussing sexual and reproductive matters may extend to discussions around unplanned hapūtanga and abortion. Having a kaumātua present for rangatahi who faced an unplanned hapūtanga and were considering abortion was offered as a suggestion, to offer support, and potentially encourage them to seek whānau support if appropriate, and advise on mātauranga and tikanga Māori pertaining to whakapapa and the collective mana of whānau (see chapter four for further discussion on contemporary mātauranga and tikanga Māori knowledge).

**PROTECTION OF NEW LIFE**

Abortion was a difficult matter to discuss for many participants, including a key informant kaumātua.

I’d just say look, have it and go and adopt it, if you want to adopt it. At least you know it’s, it’s being born into the world. Yeah, you know? But yeah, but not that [draws in a sharp breath] Yep [Kaumātua, wāhine, 50s, rural].

Speaking hypothetically about what she would advise someone who was facing an unplanned hapūtanga, talk about abortion was difficult, evidenced in her reluctance to use the term ‘abortion’ and her sharp intake of breath after referring to it, potentially indicating disapproval or discomfort about the prospect of abortion. Abortion is perceived negatively by many contemporary Māori (Hiroti, 2011; Manihera & Turnbull, 1990; Rimene et al., 1998; Tate, 2010; Turia, 2004, 2007) with some overlap between dominant Christian and Māori accounts that condemn its practice. Some scholars have speculated that Christian values may have interspersed mātauranga Māori in this regard (Tangohau, 2003). Protection of a new life and whakapapa was often framed as the rationale behind whānaungatanga based practices such as whāngai, and was contextually informed by contemporary mātauranga and tikanga Māori. However, some accounts contained intersections with views that advocated the protection of a new life and the individual choice of wāhine.

None of mine have [had an abortion]. I don’t know. I don’t know whether I could mm. But I mean it’s (1.0) it’s the choice they make, eh? No I’m not going to comment on that. I don’t hold anything against them but (1.0) I myself, no [Kaumātua, wāhine, 70s, rural].

In this extract, the key informant participant and mother of four noted her personal view that she would not want to have an abortion, and that none of her children sought one. However, without condemning the practice of abortion, she noted the availability of different personal views, and the function of individual ‘choice’ in construing this. This perspective encompasses a view that advocates the protection of new life, while also acknowledging the validity of decisions to ‘choose’ abortion, aligned with accounts described in the earlier section on individual choice (of wāhine). The myriad of different and conflicting perspectives on abortion
practice corresponds to the equally diverse ways that reproductive decisions are constituted differently in relation to contemporary mātauranga and tikanga Māori and western ideologies and patterns of practice (see chapters four and five) and perspectives that advocate for proceeding with an unplanned hapūtanga, facilitated by whānau support and whāngai, or to seek abortion.

ABORTION SERVICE DELIVERY
Abortion is a highly emotionally charged area where divergent perspectives are articulated by Māori who are positioned within equally diverse configurations of contemporary mātauranga and tikanga Māori and western ideologies and patterns of practice. Among these confusing, often competing values that surround reproductive decision making and decisions to proceed with an abortion, Māori key informant participants described the way they instituted provisions for whakaruruhau within abortion services.

A lot of women can actually become ambivalent… That's why you ask them about where they sit on a scale… You know if they sit anywhere under six, you know, for me that's ambivalent they cannot actually be clear about their decision and so what we do, we offer them pre um pre op counselling… We're talking about three options adoption, termination and um continuing. And so we work around those areas and around um their feelings, their emotions, mentally… But I always say to women, you know, at the end of the day it's what's best for you, your wellbeing and your whānau, but you have to make that decision… One is um individual where the woman actually comes by herself and makes that whole decision by herself and has and no whānau members are actually involved and then there’s the other one, the other where um she's actually informed her whānau and her whānau are supporting whatever decision she makes whether it's an abortion or continuing with the pregnancy… But even a woman's um wellbeing or ahua is quite different to a woman who actually makes an individual um choice by herself [Clinician, 50s, urban].

Describing her approach to abortion service delivery and working with wāhine who have an unplanned hapūtanga and their whānau, this key informant clinician emphasised the importance of elucidating the preferences of wāhine and assisting wāhine to be certain about their decision to proceed with an abortion in the context of other options including adoption, or parenting. This approach aligns with the concept of abortion as an individual choice, outlined at the beginning of this section, where the decision is made by the wāhine but also takes into account the supporting whānau, if available. This participant described two different circumstances, one where the wāhine makes a decision on her own, without whānau support, and another where the wāhine makes a decision with whānau support. It is important to note that partner and whānau support may not be a possibility for all wāhine who face circumstances of unplanned hapūtanga, or that their decision may not align with the wishes of their partner (see earlier account in individual choice section), their whānau or their partner's whānau (see account in section on whānau support in chapter four). However, demonstrated in this participant’s account and consistent with the perspectives of contemporary Māori scholars, taking an approach to empowering wāhine and their whānau in abortion services is important (P. Reynolds & C. Smith, personal communication, 3rd August 2010). Discussing and working with wairua, whānau, and whenua ki te whenua were methods of facilitating this process and described by the same clinician.

79 A shape, appearance, condition, character, likeness, nature, figure, form (also means to form, make).
I think one of the biggest practice and traditions is about Māori women taking the whenua\textsuperscript{80} home and I think that’s a huge thing… Um you know abortion’s still a very secretive um issue, you know? Some whānau… you know, ‘I haven’t told my mother yet’ you know but… ‘I’ll be taking it home because my mother will be burying it’. So… the parents may not agree with um, you know, the actual abortion but there’s still some of that traditional … [practice of] whenua to whenua\textsuperscript{81} [Clinician, 50s, urban].

This participant described how her clients were practicing whenua ki te whenua, returning the product of conception, or whenua\textsuperscript{82} to the whenua,\textsuperscript{83} following an abortion. While abortion was described as a ‘secretive’ process, the practice of whenua ki te whenua offered a way of broaching discussion about abortion with whānau, and where possible, eliciting whānau support.

While the practice of abortion is perceived negatively in the context of dominant contemporary mātauranga and tikanga Māori (Hiroti, 2011; Manihera & Turnbull, 1990; Rimene et al., 1998; Tate, 2010; Turia, 2004, 2007) it offers whānau the opportunity to respect other aspects of mātauranga and tikanga Māori. The practice of whenua ki te whenua enables a connection with the whenua,\textsuperscript{84} tūpuna and atua (Mead, 2003) consistent with a viewpoint that considers social, spiritual and ecological elements integral to human life, noted in contemporary Māori literature (Jahnke, 2002; P. Porter, personal communication, 16th December 2010; Tate, 2010). This may assist those who proceed with an abortion to establish a process to acknowledge the wairua. Assistance to reconcile contradictory ideologies about abortion was offered by another Māori key informant clinician who worked with Māori.

I always say to them, you know, that um ‘we all make mistakes, we all do’. And I know with young women because I’ve been there before you think you’re in love… The ones that, who, who are Christian and particularly Catholics and Muslims they’re really ah, they feel really, really guilty over having an abortion. But for some reason they feel they have to. But you know, what they always want is forgiveness and um (2.0) what I do is because I’m theologically trained too in that case with them I will go, I will talk the scripture to them… Jesus forgives but as, as the woman in the, caught in adultery Jesus said ‘go and, and sin no more’. And I say to them what that means for us ‘don’t do it again. Try to make sure that you have your contraception’… I really believe that, that God loves still loves them’ [Clinician, 60s, urban].

This participant described the ways she worked with women who experienced guilt for seeking an abortion, particularly when they held contemporary religious cultural views that consider abortion negatively. From dominant Christian cultural perspectives, abortion is regarded as a murder of an unborn child and considered to be a sin (Macleod, 2011). Understanding the dilemmas faced by those seeking abortion in the context of cultural mores that regard abortion negatively, this participant was able to work from scriptures aligned with Christian cultural values that offered parallels to their experience and situation. Acknowledging the negative positioning of abortion in dominant Christian cultural ideologies, this participant offered women the opportunity for forgiveness, while reinforcing their need to use contraception to avoid circumstances of unwanted

\textsuperscript{80} Placenta, afterbirth (also means land, country, ground).
\textsuperscript{81} Returning the placenta and afterbirth to the ancestral homelands (Mead, 2003). In the context of abortion, this also refers to the product of conception.
\textsuperscript{82} In the context of abortion this refers to the product of conception (also means placenta, afterbirth or land, country, ground).
\textsuperscript{83} Land, country, ground (also means placenta, afterbirth or product of conception).
\textsuperscript{84} Land, country, ground (also means placenta, afterbirth).
hapūtanga and the need to seek abortion. This approach offered a way for patients to reconcile the often difficult and contradictory space associated with making a decision to have an abortion.

**CONCLUSION**

In this chapter I have provided concrete examples of how reproductive health services can be more culturally responsive to Māori, integrated with further research in this area. In order to understand how sexuality education, maternity and abortion services can be re-worked to facilitate whakaruruhau, I now turn to examine relevant current guidelines for sexuality education, maternity and abortion services to assess current practices. With this understanding, I will assess the extent to which these cultural understandings are already integrated in current services, what areas demand more work, and provide some key recommendations for service delivery.

**SEXUALITY EDUCATION**

Sexuality education is a compulsory component of the *Health and Physical Education* curriculum in New Zealand primary and secondary schools (The Ministry of Education, 1999). The design and delivery of sexuality education programmes is considered at the discretion of each school to ensure that it is responsive to the realities and needs of students and their communities (Education Review Office, 2007). This is achieved through two-yearly community consultation, and the requirement of educators to respond to student queries in a positive classroom environment. Key outcomes of sexuality education cohere around the domains of understanding (physical, emotional and social) sexual development, sexuality and reproductive health, the process of developing interpersonal skills, and shaping values and attitudes to sexuality including respect for self and others, care and concern, communication and decision making skills, and skills that enhance relationships (friendships, families, parenting, and love) (The Ministry of Education, 1999). Students are required to critically engage with social and cultural influences of sexuality, learning is required to be age-appropriate, delaying intercourse is advocated, and sufficient time is required for students to engage with learning concepts.

Sexuality education is also required to respond to the "diversity of values and beliefs in the schools' community" (The Ministry of Education, 1999, p. 39). Cultural expertise is required of educators who draw upon mātauranga and tikanga Māori in their programmes, while young Māori involvement in designing and delivering these programmes, the incorporation of cultural identity, and the involvement of whānau, hapū and iwi are considered to contribute to the success of programmes for Māori (The Ministry of Education, 1999). In an evaluation of the sexuality education of 100 (18% of secondary and 12% of intermediate) schools in New Zealand, meeting the needs of diverse groups of students (including Māori) was highlighted as a particular concern and a ‘one size fits all’ approach to sexuality education was seen across many schools (Education Review Office, 2007). Only 20% of these schools were inclusive of Māori students, 25% were inclusive of Pacific students, and 20% were inclusive of international students. Utilising Māori staff, appropriate Māori external providers, or adapting mainstream programmes to incorporate relevant Māori cultural content was advised.

From this evaluation, there appears to be a clear need for Māori cultural content to be integrated into school based provision of sexuality education programmes, the extent of which could be determined through

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85 Sub tribe, to be pregnant, conceived in the womb
86 Tribe, strength, bone
community consultation, and based upon students', parents, and communities needs. It is possible that time could be devoted to a component on Māori sexuality in state schools. While the adaptation of mainstream programmes is advised, the inclusion of Māori designed interventions such as Kete Whenua (described in this chapter) offer a means of weaving and interconnecting various Māori cultural values together, offering greater cultural congruence for Māori. The utilisation of outside Kaupapa Māori providers for guest speaking or assembly presentations would be useful if school teachers do not have expertise in mātauranga and tikanga Māori, the material is temporally contextualised in the wider sexuality and reproductive health programme, and there are sufficient sessions to facilitate openness and honesty in a question and answer session. Resources that facilitate culturally congruent approaches to sexuality education could be developed based on the present research, the broader innovation of Māori providers and Te Puāwai Tapu.87

Furthermore, I recommend that state school based sexuality education includes content that pertains to reproductive responsibility, the possibilities of unplanned hapūtanga, parenting and abortion through such interventions as Kete Whenua (discussed earlier in this chapter). This could prompt discussions about how whānau might respond to circumstances of unplanned hapūtanga including solutions that protect whakapapa including atawhai and whāngai. Presenting these frameworks for Pākehā audiences with Māori students might also be a good method of presenting Māori sexuality in a positive light rather than the deficit focus of Māori as a sexual and reproductive health ‘problem’ but where Māori cultural frameworks are part of the solution and the material is culturally congruent for Māori. Deconstructing views of sexuality discussions as tapu, as well as racist sexual and reproductive discourses about Māori would also be an important inclusion in sexuality education.

**Maternity Services**

The United Nations Population Fund has a special interest in supporting reproductive justice and has signalled the need for an intercultural approach in maternity care, with a greater focus on indigenous and ethnic minority wāhine (Sigal, Denmark, Nadel, & Petrie, 2012). This is pertinent to a New Zealand context where a lack of attention to tikanga and mātauranga Māori has been reported in maternity (Moewaka Barnes et al., 2013; see section on colonising impacts on institutional practice pertaining to maternities in chapter two) and neonatal care services (Pihama & Lee, 2010). There is also further data on more negative participant experiences with maternity services that are not discussed in this thesis but will be developed for publication. Tikanga best practice policies and guidelines are key strategies for ensuring whakaruruahau in health services and ensure that the potentialities of our knowledges and practice are not suppressed, instead foregrounding these options to be available to all Māori who come into contact with health services. Auckland District Health Board (ADHB) developed ‘Tikanga Best Practice Policy’ (Auckland District Health Board, 2003), which provided a precedent for further district health boards in New Zealand. Specific service guidelines have also ensued through a range of health areas, but have yet to be developed for maternity services.

Current tikanga guidelines for ADHB include a general policy statement to “safeguard the wairua (spiritual) hinengaro (psychological) and tinana (physical) wellbeing of Māori (consumers/clients/patients) and their whānau (family and extended family group)” (Auckland District Health Board, 2003, p. 2) which is presumed to overlay maternity services. Informed consent and tikanga compliance (including requests or explanations for touching the head, body or genitalia) is expected in order to restore the tapu of the wāhine and their

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87 Charitable trust that provides Māori sexual and reproductive health services.
whānau, who are considered noa (disempowered and beyond their own physical or spiritual power) when they are involved with the healthcare service. Ideally karakia is to be offered to the wāhine and their whānau, collective whānau decision making is assumed, flexibility with visiting timing and numbers is granted, and shared meals between whānau and the wāhine is encouraged. Food is to be kept separate from bodily fluids or the body, and taonga are only to be removed if they pose a risk to the wāhine. The removal, retention, return or disposal of body parts, including whenua are also protected by protocols to ensure that staff consult with the wāhine and whānau, provide enough information for them to make an informed choice, return them in an appropriate container; if the wāhine and whānau do not request this to be returned, an explanation of the disposal/burial of the whenua will be provided and will follow tikanga processes.

While these broader tikanga guidelines have applicability to maternity services, there is a clear need for services to adhere to these guidelines, and for tikanga guidelines to be developed that are specific to mātauranga and tikanga Māori associated with maternity care. In a review of impacts on Māori mothers and babies with implications for life course health, Moewaka Barnes, Moewaka Barnes, Baxter, Crengle, Pihama, Ratima and Robson (2013) found that many services fell short of appropriate care for Māori and recommended research on the ways that mātauranga and tikanga Māori can be applied in birthing and after care services, and contribute to innovative approaches. The assumption of Māori values and mātauranga, allowing whānau processes to be carried out according to tikanga is appreciated by those who experience maternity care by Māori midwives (Rimene et al., 1998).

In the context of the present empirical research (the current chapter), literature on traditional childbirth practices, and contemporary studies (reviewed in two different sections in chapter two), there is significant potential for innovation in maternity services based upon the application of mātauranga and tikanga Māori, and a number of recommendations can be drawn from this body of scholarship. I recommend teaching mātauranga and tikanga Māori in antenatal care and facilitating this in birthing services, including the acknowledgement of subjective experience and embodiment in birthing. This may include intuitive aspects of birthing, mirimiri to assist with pain relief (see Harris & Harris, 2001 for a detailed account), wairua (Moewaka Barnes et al., 2013) that denotes wāhine with a status as highly tapu and permits engagement and attachment with the baby in the womb (Manihera & Turnbull, 1990). It may also include practices utilised by tapuhī to create a positive and supportive environment including songs, laughter, stories about prior births, and birthing in a manner that enabled the tapuhī to gain a felt sense of the contractions (see Palmer, 2002). I recommend that antenatal, birthing and aftercare services consider and treat hapūtanga as a celebration of mana wāhine, te whare tāngata, whāngai u (Rimene et al., 1998), that whānau are given greater agency to allow whānau resourcing, intergenerational knowledge transfer, and mana tāne (involvement and investment of fathers, uncles and grandfathers) (Moewaka Barnes et al., 2013; Reynolds, 2012; Tangohau, 2003). I also recommend that birthing and aftercare services allow wāhine and whānau the opportunity to stay for as long as they need to in order to learn necessary skills. Enabling wāhine and their whānau greater agency in maternity services, consistent with a humanising approach to childbirth (see Machizawa & Hayashi, 2012), would also create a broader space for whānau specific engagement with mātauranga and tikanga Māori in these contexts. Furthermore, I recommend the publication of accessible resources (print or web

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88 Incantation, prayer, grace, blessing, church service.
89 Placenta, afterbirth (also means land, country, ground).
90 Birth attendants.
91 Breastfeeding.
92 The inherent prestige, authority and power of men.
based) for whānau to utilise to explore and learn about traditional and contemporary understandings of hapūtanga.

The tikanga of whenua ki te whenua has been occluded by the failure of birthing and after care facilities to offer the whenua\(^{33}\) to mothers of new born babies, until the 1980s (Rimene et al., 1998; Tangohau, 2003) and consequently, many wāhine rangatahi do not know the significance of whenua ki te whenua (Rimene et al., 1998). I recommend providing opportunities for whānau to learn these tikanga in sexuality education, antenatal, birthing and aftercare facilities. This may avoid circumstances for Māori ‘mother guilt’ where wāhine come to learn about these tikanga later in life and regret applying mātauranga that they were denied access to through colonisation.

**ABORTION**

Traditionally, miscarriage and abortion were not distinguished from each other in te reo Māori (T. Smith, 2009), with certain practices understood to accidentally or deliberately cause this (Palmer, 2002; T. Smith, 2009). Much like sexuality, abortion is an area that is not openly discussed, with silence and invisibility for those who undergo the procedure and consequently there is very little research on Māori experiences in this area. There is considerable potential for dialogue and further research to investigate how Māori understand abortion, Māori experiences of abortion, and the ways that people who are faced with circumstances of unplanned hapūtanga can be supported in the context of contemporary Māori and western cultural influences, and I recommend future research is done in these areas.

However, in the present study, the first empirical study of Māori and abortion, a range of perspectives on abortion exist among Māori today, with varying consistency and overlap between contemporary western values and mātauranga and tikanga Māori. Participants noted a focus on the individual choice of wāhine to proceed with an abortion, in determining what happens to their bodies. This corresponds to a broader background of western women’s fight for equal rights with men in the context of patriarchal social formations, including the right to decide not to bear children and proceed with hapūtanga (Abbiss & Kunowski, 1999). However, the cultural terrain of abortion is different for Māori, for whom patriarchal social formations have been introduced through colonisation, including the institution of the nuclear family with gendered implications for mothering in isolation (Mikaere, 1994; Pihama, 2001) and where dominant Christian social formations have likely informed a negative view of abortion (Tangohau, 2003) in relation to contemporary mātauranga and tikanga Māori (Hiroti, 2011; Manihera & Turnbull, 1990; Rimene et al., 1998; Tate, 2010; Turia, 2004, 2007). While most participants respected the availability of abortion as a reproductive choice, many participants did not prefer abortion as a solution to unplanned hapūtanga, for them or their descendants. The individualised focus of abortion, as a decision for women conflicted with the wishes of tāne Māori, who often wanted to proceed with an unplanned hapūtanga.

There are very little guidelines on working in abortion services with Māori, which potentially reflects the paucity of research in this area. The Abortion Supervisory Committee in New Zealand has published Standards of Practice for the Provision of Counselling (Abortion Supervisory Committee, 1998) which specifies knowledge required to provide a counselling service, and includes “cultural norms and practices related to the care, touch and respect of the human body... [and] cultural practices concerning the disposal of human tissue” (p.8). This is likely to incorporate an understanding of respecting mana wāhine when working with te whare tangata, the tapu nature of women in hapūtanga, and the practice of whenua ki te whenua

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\(^{33}\) Placenta, afterbirth (also means land, country, ground).
with abortive tissue. Social workers and counsellors are also required to have an “understanding and application of a systemic approach as it applies to a family/whānau... a cultural group/iwi/hapū” (p.9), which acknowledges the possibilities of whānau involvement to support the wāhine, however, clients are ideally seen to exercise (individualised) self determination in abortion decision making, where this behaviour stems from their own choice and decision, which may be abrasive for whānau who wish to take responsibility for the reproduction of their members.

While there appears to be definite intent to provide whakaruruhau for Māori in abortion service delivery in the present guidelines, recommendations could be more concrete, with deeper explanation of cultural concepts, as I have indicated in the prior paragraph. I would also suggest further recommendations to guide people who work with Māori in abortion services. Given mātauranga and tikanga Māori values that run in opposition to abortion such as protecting whakapapa and the whānau oriented solution of whāngai, practices that encourage the involvement of whānau in a support role is advocated, when possible. As rangatahi may anticipate a negative response from parents in circumstances of unplanned hapūtanga and seek abortion without trying to establish whānau support (Dyall, 2006), sexuality education that encourages hypothetical discussions about unplanned hapūtanga between rangatahi and whānau is recommended to ensure that communication channels are opened and whānau are given the opportunity to support rangatahi where possible, without rangatahi fearing negative repercussions. In the context of these diverse considerations, working with the wāhine as an individual or alongside her whānau, I recommend elements of tikanga Māori such as whenua ki te whenua are introduced as a way for the wāhine to broach their decision with whānau and respect other aspects of mātauranga and tikanga Māori including wairua and Christian spiritualities.
CONCLUSION: TORQUE OF LIFE

This thesis, a qualitative exploration of Māori reproductive lives, has described the delicate mechanics and components of reproductive beliefs and practices, fine tuned across the generations from the past to present. It has become evident how various cultural influences construct a complex tapestry as a context for the reproductive decisions of individual Māori. Through ongoing discussion, talk, everyday practice, learning, refining and reworking, the dynamic Māori cultural actor masters the torque of these cultural influences to craft their own lives, and the lives of potential future descendants.

My initial interest in pursuing this thesis topic was piqued by the disjuncture between deficit focussed research presenting Māori reproduction negatively and my positive personal experiences in the context of whānau. Asking how do Māori make sense of their reproductive lives? Led me to review traditional mātauranga, tikanga Māori, and western patterns of practice, and discuss the implications for relevant reproductive health services. From initial naive curiosity, my thesis has taken a complex and multi layered trajectory, informing a process of personal growth as a Kaupapa Māori researcher, and a simultaneous pursuit of knowledge. Learning te reo Māori, engaging more intensively with my whānau and hapū at various marae in the capacity of researcher, and reflecting on my experiences in the context of whānau has provided lived practical experience to anchor my reading of academic literature pertaining to traditional mātauranga and tikanga Māori, and my analysis of participant experiences.

Reviewing the knowledge produced through the thesis, in chapter one, I explored the historical and social contexts that have produced the need for research that centres the analysis of wāhine Māori, and specific research techniques and strategies. Broad and more specific impacts of colonisation were examined, including patriarchy, the market based economy, early missionary influence through the promotion of Christianity, and approaches to knowledge. These concepts provided insight into potential areas of interest in data analysis, while latter sections reviewing and developing key techniques of mana wāhine research informed the approach to data analysis. More specific literature pertaining to sexuality, reproduction and whānaungatanga was reviewed in chapter two, the first literature review investigating traditional pre-colonial mātauranga and tikanga Māori understandings of reproduction, colonising impacts, the contribution of health services as a colonising interface, and how reproductive decisions are considered, today. This review illuminated the current research topic as considerably relevant, as Māori agency in reproductive decision making, abortion or delayed childbearing is less acknowledged in contemporary empirical research.

Participants’ reproductive lives and key informant contributions were analysed in chapters four, five and six. The knowledge gleaned from chapter two enabled the exploration of how reproductive mātauranga and tikanga Māori were carried through and reconfigured in contemporary practice in chapter four, enabling the exploration of cultural common sense pertaining to children, childrearing, whānaungatanga, whakapapa.

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1 Extended family (also means to be born, to give birth).
2 Education, knowledge, wisdom, understanding, skill.
3 Correct procedure, custom, manner and practice, pertaining to Māori.
4 An approach that privileges the perspectives and protocols of Māori.
5 Māori language.
6 Sub tribe, to be pregnant, conceived in the womb.
7 Community facility where hapū collectives discuss political and social matters, and host important events such as funerals.
8 Māori women.
9 Relationship, kinship, sense of family connection.
10 Genealogy, lineage, descent (also means genealogical table).
and wairua. These cultural values provided a support and facilitation for having children and parenting, were a source of strength in people’s lives, resilient to colonising influences. Chapter five investigated the complexity of colonising influences, new considerations for reproductive lives, and various standpoints and strategies that participants’ took in relation to them. In this regard, participants managed individualising pressures, the market based economy and areas where they were disadvantaged by class, culture, race, and gender. While many participants’ accommodated to these new considerations, access to monetary resources enabled easier accommodation while access to environmental, whānau or mātauranga and tikanga knowledge facilitated resistance. The sixth chapter examined the implications of these findings for relevant reproductive health service delivery, and what innovations mātauranga and tikanga Māori could yield for culturally congruent sexuality education and maternity services for Māori, how participants’ made sense of abortion in the context of various competing standpoints, and how abortion service delivery could be more responsive to mātauranga and tikanga Māori. Current guidelines in these areas were analysed with recommendations made for relevant service delivery.

**Patterns of Cultural Practice**

In these conclusions I want to reflect further on the patterning across the emergent cultural practice of western and Māori influences, and describe how this research could be developed further. Participants in this study have described reproductive experiences that have necessitated walking between two worlds, negotiating multiple perspectives and areas where there may be conflict. This may also be termed ‘managing the contradictions of a colonised reality’, living a ‘bicultural reality’ or ‘being Māori’. Pulling this thread together I now describe the ways that participants’ lives operate across mātauranga and tikanga Māori (chapter four), and western patterns of practice (chapter five). While I have described how participants negotiate dominant themes: he tamaiti he taonga, whānaungatanga, whakapapa, wairua, individualising pressures, the market based economy and other challenging contexts, I now consider whether there were participants who exclusively drew from one cultural modality, explore the ways this patterning intertwined or formed pinch points and dilemmas for majority who worked the combinations, and consider the implications of these patterns of practice for broader political strategies.

Of the total participants in this study (43), all described some aspect of tikanga Māori (including whānaungatanga, whakapapa or wairua) in their reproductive lives (43), while a clear majority described some aspect of western practice (individualising pressure, engagement with the market based economy) (39). Of those who did not describe any engagement with western practice, all were tāne, who had grown up in rural areas, were in low socioeconomic positions, but were of a range of ages (20s to 70s), and included fathers (3) and one child free tāne. There may be a number of reasons for this. During recruitment, many prospective tāne participants suggested I speak to their wives or partners, as many believed that wāhine had more expertise in the area of reproduction than themselves. For those who agreed to participate, this may also feature into their expectations about the study, influencing how they responded to my questions, emphasising aspects of tikanga Māori. It is also possible that for these participants, who grew up rurally in close geographical proximity to whānau, tikanga Māori may have been readily accessible, informing a deep engagement with these practices in the context of their future reproductive lives, and rendering western

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11 Spirituality, spirit, soul, quintessence - spirit of a person which exists beyond death.
12 A child is a gift.
13 Māori men.
practice less salient. However, all four of these tāne described hardship in their reproductive lives, either racism or classism, and I am concerned that experiencing discrimination inhibited opportunities to participate in the market based economy, leading to their current circumstances of low socioeconomic status, rendering ambition in education, career, travel, or the market based economy irrelevant considerations to factor into their reproductive lives. While I have described hardships in the reproductive lives of wāhine Māori associated with the imposition of patriarchy (see chapter five), the disempowering intersections of gender, race and class produce particular effects on the reproductive lives of tāne Māori, which are also worthy of investigation and challenge.

The clear majority of participants described some engagement and integration between tikanga Māori and western patterns of practice into their reproductive lives. Participants described processes associated with tikanga and mātauranga Māori as a counterpoint or different approach to western patterns of practice, and had experiences of divergent models, illustrated in the following example:

Jade: … And how do these experiences you’ve had, both the experiences of your family of origin, and experiences in your current family, how do these, how do you think these have sort of, tapped into your own values about children and family?

Participant: Well, I think they’ve given me two different views. One is the view of the big family, growing up, together, happy, and the other is the small family, growing up, so that really, I’ve. It’s, it’s a sort of a catch twenty two question that, because I’ve got these two ideas in my head… I learned that you didn’t really have to have a lot of money to be happy. But, then when I grew up and had a family, I know you’ve got to have some money to be happy. You can’t, you know you’ve got to be able to get along… They’re two entirely different ideas in my head about it…. I really think that the Māori is made differently, in that they are family orientated. Whereas the European are, umm, they want to get on in life, they see themselves as getting on in life, making a bit of money [Wāhine, 70s, rural].

For this participant, growing up in the context of a lower socioeconomic status enabled an opportunity to contrast her competing expectations of this time, from her earlier beginnings in a larger family that was whānau oriented with little money, to a latter experience in a smaller family that was mostly likely more nuclear oriented and focussed towards ambitions to maximise her (and her husband’s) placement in a market based economy. In the above extract, this participant contrasts her initial alignment with mātauranga and tikanga Māori spheres of influence when growing up in what she considered to be a Māori experience, to one that was oriented to maximising positioning in the market based economy in the context of what she considered a Pākehā experience. In this account, whānau is constructed as a joy, equitably positioned alongside economic materialism, linking in with earlier participant accounts that consider richness in terms of whakapapa and whānaungatanga relationships (see chapter four).

However, while this was positioned as antithetical or potentially dilemmatic for some participants, many described managing individualising pressures while retaining tikanga Māori. One participant described his mother’s approach to managing reproduction and her ambitions.

My mother … Mum never wanted to - she was a teacher (1.0) she had me when, at a time where the government was paying for your education. So when she was hapū 14 with me there wasn’t the kind of option of maternity leave… And Mum always was quite up front. She took lots of pride in her career

14 To be pregnant, conceived in the womb (also means sub tribe).
and her um and studying and she really enjoyed having her own life... When I told her I was gay... she said ah that ‘it was a reflection on how she saw her life’ I guess. ‘You’ll never be beholden, you know, to having a family unless you want one...’ It wasn’t that there were other options, but that was the thing that you did when you were, you know, growing up in the 70s it was kind of expected if you were a woman that career paths were either to be a teacher or a nurse... And she said ‘there was a general expectation’ and she said ‘with my father that you got married’ and she said ‘for me I was, it wasn’t that I didn’t want those things’. So Mum wasn’t really, a kind of - really a maternal character in the sense of her kids weren’t the focus in her life ah she... said ‘I loved having, you know, children because I had my sisters and my mother who can contribute to them, bringing, you know, raising you,’ and that was then that whole round of children and appreciation for other members of their whānau was more than just their brothers, mother, father etc [Tāne, 30s, urban].

This participant described disclosing his gay sexuality to his mother, and her response to this that implied a parallel with her own reproductive decisions and life choices. This participants' account of his mothers' reproductive decision-making conveyed that parenthood was an explicit choice, against the western (Ulrich & Weatherall, 2000) or Māori social norm that conveyed pressure to have children (Glover & Rousseau, 2007; Reynolds & Smith, 2012). However, being part of a supportive whānau enabled this participants' mother to have children, and focus on her ambitions for career. The mutual contribution of her wider whānau in raising her children enabled her to maximise her potential in the context of an individualised, market based economy, contributing to a broader ethic of relational individuality. While earlier narratives (see chapter four and section on whānau support) evidenced similar aspects of whānau support, this participant's mother's ambitions in career and education were fore grounded while the whānau were available to support her ambitions and the future of her children. While diverging from the narrative of early reproduction (explored across chapters four and five), where intensive whānau support through atawhai or whāngai was commonplace, this broadens the narrative of whānau support to include wāhine of all ages in their ambitions, to allow a positive mutually influencing relationship between Māori and western patterns of practice.

While descriptions of harmonious engagement with western and Māori patterns of practice were described by some, for others, navigating these different possibilities was hindered by colonisation.

And each generation that um grows up without like (1.0) well we have to learn to walk in two worlds don’t we as Māori. And some of us we (1.0) we only grew up in the Pākehā world. I mean but we always had that connection to our whānau and ah but um we’re, being in the city can be a bit isolating too in when you’re not brought up in your homelands and you don’t have much contact with your marae. Yes so at least my parents grew up at [rural area] in home but yeah we’re the product of the city generation. Um so it’s good to come back and to sort of like re-learn things, get back in touch with the Māori world... Well when I came back to live and decided to live [in rural areas] I slowly became um (2.0) um you know (1.0) put in touch with, with the concepts and things that I had that we hadn’t really grown up with... We’d always grown up knowing that we were Māori and, you know, that we had the wider whānau and that but um (2.0) sort of learnt more about it as you came back to live back back at [rural papa kāinga]. Mm. And learn things. Learning te reo was top of my list. (Jade: Mm.

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15 To raise or adopt temporarily (also means to show kindness to).
16 To raise, adopt, nurture (also means to feed).
17 Original home, home base, village.
18 Māori language.
For this participant, who described growing up in te ao Pākehā with a predominance of western patterns of practice, the mātauranga and tikanga Māori practice of whānaungatanga was simultaneously maintained. While whānaungatanga underwent significant transformation during urbanisation and wider colonisation with many Māori moving to more nuclear configurations of whānau (Durie, 1985, 2001; S. Edwards et al., 2007), for this participant, elements of whānaungatanga were described as a resilient cultural practice. However, a sense of loss is evoked when compared to the experience of her parent’s generation, who grew up at their rural papa kāinga, with whānau geographically accessible, close to their marae. This was considered to be interlinked with knowledge and practice of other aspects of te ao Māori including te reo me ona tikanga Māori, motivating her to move to her rural papa kāinga to learn more. Demonstrating the complexity of colonisation and its effects, this participant reworked her generational script associated with predominantly western patterns of practice, to carve out new possibilities by seeking to understand the script that her parents grew up with, associated with mātauranga and tikanga Māori patterns of practice. This was enabled by the retention of whānaungatanga connections and papa kāinga, resources that are not accessible to all Māori, as a consequence of colonisation.

As indicated in these three accounts, the dynamic Māori cultural actor skilfully weaves together the pattern of their own reproductive life across different sets of cultural resources pragmatically and flexibly. As demonstrated in chapters four and five, some cultural concepts may background reproductive lives and decisions, shaping them without explicit engagement while other cultural concepts may be foregrounded and explicitly engaged with, overtly shaping reproductive lives. Some options may be resisted, through reliance on existing (dominant or marginalised) Māori or western cultural concepts, or a blend between the two. Extending upon these earlier conclusions by considering the intertwining of mātauranga and tikanga Māori, managing different cultural expectations sometimes involved contradiction and dilemma, or harmonious positions, depending on the context. Positions where mātauranga and tikanga Māori synthesised allowed a greater richness, potential expansiveness and diversity of options for participants’ reproductive lives. Māori are adept at negotiating western patterns of influence and practice and are not simply ‘connected’ or ‘disconnected’ from mātauranga and tikanga Māori. Different intersecting identities associated with being Māori of a particular socioeconomic position, gender and urban and rural location may foreground different options or challenges when considering reproductive, educational, or career ambitions, across Māori and western patterns of practice. Sometimes mātauranga and tikanga might go in and out of focus as other stresses or considerations are fore grounded. As noted in the prior extracts, new cultural forms and reproductive practices also emerged as Māori worked within contemporary contexts and renewed an engagement with mātauranga and tikanga Māori. The survival of mātauranga and tikanga Māori in the context of reproductive lives reinforce their value, potential and continued relevance for the lives of contemporary Māori.

The bicultural reproductive dilemmas and experiences facing the dynamic Māori cultural actor in the context of reproductive lives are intrinsically tied to broader politics and goal of tino rangatiratanga. The cultural

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19 The Pākehā world.
20 Māori language and traditional practices (Pihama, 2001).
21 Self-determination.
patterns and dilemmas experienced in the realm of reproduction apply to broader politics in the current context of colonisation, and wider agendas to ensure the next generation of Māori has access to education and economic opportunity (Herangi-Panapa, 1998), that Māori philosophy and values are incorporated into mainstream agendas through wider power sharing (Herangi-Panapa, 1998), and we are able to live free of one-sided, negative, racist or ‘other-ing’ discourses. Reclaiming tino rangatiratanga through resistance, insisting on our rights and ability to live as tangata whenua22 (interview with Annette Sykes in Bargh, 2007), according to our tikanga is also pertinent to reproductive and broader political ambitions. Exercising our individual rights and educating others about them, and supporting politicians that have a reproductive justice agenda and support non-profit organisations in this sector are key approaches to achieving reproductive rights (Chrisler, 2012a). As dynamic Māori cultural actors, we have the agency to determine not only the scope of our own reproductive lives, but broaden possibilities and scope for the lives of Māori collectively, as a unique people.

While the strategy of binarising23 ourselves within a particular pattern of practice is outdated, we also need to mobilise from as many perspectives as possible, organising ourselves in such a way as to retain a distinct and autonomous indigenous harmony (interview with Teanau Tuiono, in Bargh, 2007). Facilitating a “two-way process” of exchange and continuing to acculturate Pākehā to Māori understandings is also a possibility for change; a revolution in the “hearts and minds of our youth” may form a catalyst for such an enterprise (interview with Annette Sykes, in Bargh, 2007, p. 123), potentially utilising space creatively, transforming it, and drawing upon the media for our aims (interview with Teanau Tuiono, in Bargh, 2007). Furthermore, communalities in marginality experienced by women internationally, and by wāhine Māori as a consequence of colonisation provide a platform to engage with, and contribute to broader conversations about reproductive justice (Chrisler, 2012b). By dismantling and challenging exclusion and marginalisation by socioeconomic status, gender, race, sexuality, we as researchers, activists, health service professionals, and Māori living everyday lives, can clear the pathways for our tamariki,24 mokōpūna25 (and beyond) to live out their dreams.

THE NEXT TWIST

While this project has been broad in scope, enabling holistic interconnections to be drawn across various fields, this has come at the expense of pursuing interesting strands of analytic enquiry, and there is considerable potential to expand this research further. While I have outlined detailed recommendations for service delivery in the conclusion of chapter six, I wish to build upon that, and reinforce the point that sexual and reproductive education and health services need to improve cultural responsiveness for Māori. Based upon the present research it has been ascertained that mātauranga and tikanga Māori are being practiced in the reproductive lives of Māori today, alongside, and in combination with, western patterns of practice. There are clear illustrative examples of culturally congruent approaches to sexuality education, maternity services and abortion in this thesis that could be utilised in practice tomorrow, or to inform the development of tikanga policy guidelines, teaching and educative resources, and training for educators and clinicians in this area. There are also clear linkages in the need to prepare rangatahi Māori26 for reproductive responsibility, to consider circumstances of unplanned pregnancy, and possibilities of parenting, whāngai, adoption or

22 Local people, hosts, indigenous people of the land - people born of the whenua (of the placenta and the land) where the people's ancestors have lived and where their placentas are buried.
23 Positioning within two mutually exclusive positions.
24 Children.
25 Grandchild, descendant - child or grandchild of a son, daughter, nephew, niece, etc.
26 Young Māori.
abortion. We need to move beyond a deficit focus in this area, and focus on how to best support our rangatahi Māori, our tamariki, who are our future. The responsibility for this is shared among sexuality education, sexual health, abortion, antenatal and birthing services to co-ordinate a response that involves, acknowledges and encourages the support of whānau while enabling and mobilising possibilities for Māori aspiration and ambition in education, career, travel, participation in the market based economy, in the context of the reproductive aspirations and decisions of rangatahi Māori.

In addition to these possibilities to extend the research to consider practical applications, there is considerable scope for further research in the area of Māori and reproduction. While further rich accounts of participants’ experiences of abortion, birthing, engagement with sexual and reproductive health services, with particular implications for femininities and masculinities were collated as part of this thesis, I am only able to provide a ‘snapshot’ of the range and depth of accounts as they may inform focused service recommendations. The broader data collected from this thesis will be utilised to develop further publications. There is considerable potential for further research that investigates how to develop user-friendly resources, guidelines or methods of training educators, clinicians, and health service staff working in the specific areas of sexuality education, sexual health, maternity services and abortion. For instance, further research into Māori experiences and beliefs on abortion could draw upon interview data from clinicians, abortion service users, and kaumātua in order to investigate the best ways of working with Māori who seek abortion, and develop resources for service users, clinicians, and formal agency guidelines.

Given the complex interplay of privilege and marginality that shape particular circumstances for Māori reproductive lives, it is very likely that this may also factor into contraceptive use, potentially informing barriers to this. Some possible research questions could focus on what are the barriers and facilitators to contraceptive use (e.g. condoms, the pill, inter uterine devices, long acting reversible contraceptives)? What do people know about the various forms of contraception? What are the myths that surround them? What would people like from a contraceptive? What are participant narratives of contraceptive use? Is it all about assertiveness? How do structural power relations play out in these contexts? Do circumstances change for men or women if the partner is of the same ethnicity, age, socioeconomic status, level of conventional attractiveness? Does alcohol use impact adherence to contraception? What are some of the rhetoric and talk around contraceptive use and ‘safe’ ‘not safe’ sex? Does this just apply to protection from pregnancies or sexually transmitted infections? Does this reinforce ‘risky’ practices in the context of sexual excitement and thrill seeking? What do whānau of young people know about contraception?

Given the interviews were conducted by me, a wāhine Māori, it is very likely that my difference in gender from tāne participants elicited a different response to my interview questions (Schwalbe & Wolkomir, 2003) than if the interviewer was tāne Māori. Given the complexities of intersectional influence on participants’ reproductive lives through gender, class and positioning across Māori and western patterns of practice, a study on Māori masculinity and reproduction, conducted by a tāne Māori researcher is likely to yield interesting findings. Focus groups would allow tāne to build upon the responses of others in hui on marae, allowing a collective wairua to build up, enabling discussion about possibilities for enhancing mana tāne in reproduction as it is configured in the broader context of the lives of tāne. These hui could be held at various

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27 Elder. In this research it refers to chosen experts who have knowledge of mātauranga and tikanga Māori.
28 Gathering, meeting, assembly, seminar, conference.
29 The inherent prestige, authority and power of men.
marae to enable hapū\textsuperscript{30} specific strategies for enhancing mana tāne in reproduction, in a colonising context, that contains individualising pressures, cultural, class and racial marginalisation.

There are also further research possibilities for investigating mana wāhine\textsuperscript{31} in reproduction. Workshops for mana wāhine, with a wāhine Māori researcher, could run simultaneously to the research with mana tāne described above. These could be collated together to enable discussions between wāhine and tāne with possible action points developed and enacted in various marae. Further research could investigate meanings of e kura\textsuperscript{32} for wāhine Māori in the context of growth and birth, and the potentiality of it. Understanding how wāhine Māori manage work and reproductive lives simultaneously with varying degrees of whānau support would also be of interest.

It has also been suggested at various phases of this study that a qualitative research project investigating the reproductive lives of all people in New Zealand would be of pertinence and relevance, today. Given the intersecting challenges that are likely to be shared with people from other cultures (class, race, and gender), there are likely to be commonalities but also differences in strategies and approaches to managing them. In particular, a research project with Pasifika cultures would be of interest. This study could also be followed up with a large scale quantitative research project to investigate how pervasive these various patterns of cultural practice are in New Zealand today, and in the future.

\textsuperscript{30} To be pregnant, conceived in the womb (also means sub tribe).
\textsuperscript{31} An approach that privileges the perspectives and protocols of Māori women.
\textsuperscript{32} Menstruation.
APPENDICES

APPENDIX A: LIST OF SUPPORT SERVICES

List of Support Services

Te Aho Tapu Trust
Address: Suite B, 39-41 East Tamaki Road
Hunters Corner
Papatoetoe
Manukau City
Phone: 09 250 4812
Fax: 09 250 4813
Email: info@teahotapu.com

Te Tai Awa o te Ora
Address: 18 Otara Rd
Otara
Manukau City
Phone: (09) 274 4220
Fax: (09) 274 4270
Email: taiawa@ihug.co.nz

Auckland DHB

Māori Mental Health Services
Address: 11 Sutherland Rd
Pt Chevalier
Phone (09) 845 3084
Fax Number (09) 815 5256
Email Māorimhreferrals@adhb.govt.nz

St Lukes Community Mental Health Centre
Address: 615 New North Road
Morningside
Phone: (09) 845 0940

Waitemata DHB - Waitakere
Address: 55-75 Lincoln Road
Waitakere Hospital
Henderson

MOKO
Phone: (09) 838 9960

Adult Community Mental Health Team
Phone: 822 8501

Waitemata DHB - North Shore
Address: 124 Shakespeare Road
North Shore Hospital
Takapuna

Maternal Mental Health
Phone (09) 488 4634
Fax Number (09) 486 8999

Adult Community Mental Health Team
Phone: 487 1400

Counties Manukau DHB

Awhinatia Community Mental Health Centre
5-19 Great South Road
Papakura
Phone: 295 1200

Manukau Community Mental Health Centre
17 Lambie Drive
Manukau City
Phone: 261 3700

Te Rawhiti Community Mental Health Centre
15 Aberfeldy Drive
Highland Park
Phone: 538 0700

The Cottage Community Mental Health Centre
24 Station Road
Otahuhu
Phone: 270 9090
APPENDIX B: GENERAL PARTICIPANT INFORMATION SHEET

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND
DEPARTMENT OF PSYCHOLOGY
Faculty of Science
Human Sciences Building
Floor 6, 10 Symonds Street,
Telephone 64 9 373 7599 ext. 82287
Facsimile 64 9 373 7450
The University of Auckland
Private Bag 92019
Auckland, New Zealand

MĀORI PERSPECTIVES ON FERTILITY, REPRODUCTION AND PREGNANCY.
MĀORI PARTICIPANT INFORMATION SHEET.

To …………………………………………

No Motukaraka me Pakanae nga marae.
Hokianga Whakapau Karakia te awa.
I te taha o toku whaea o Ngai Tupoto, Motukaraka me Te Mahurehure.
I te taha o toku matua he Pakeha, Devonport.
Ko Ngatokimatawhaorua te waka oku tupuna ko Mate Sarich me Connie Morgan.
Ko oku maunga karangaranga ko Motukaraka me Whiria.

My name is Jade Le Grice. I am a student at The University of Auckland conducting research with and for Māori. I am enrolled for a Doctorate of Clinical Psychology in the Department of Psychology. I am conducting this research for the purpose of My Doctoral thesis, supervised by Dr Virginia Braun. The aim of this research is to explore Māori perspectives on fertility, reproduction and pregnancy.

You are invited to participate in my research and I would appreciate any assistance you can offer me. I will be conducting confidential interviews, and the interview will include discussion of topics around your beliefs and any experiences you have had starting families and having babies. Interviews should take approximately one hour of your time, possibly up to one and a half hours, and if you choose to participate, the session time will be arranged at your convenience. You will be offered a $20 grocery, petrol, or book voucher of your choice to thank you for your time and help with the research. You will only have to contribute as much as you wish to, and at any time of the discussion you will have the right to end the session. With your consent, your interview will be audio-taped and then transcribed. The audio recording equipment can be turned off at any time or you will be able to withdraw parts or all of your information up to [INSERT DATE ONE MONTH AFTER TIME OF INTERVIEW].

You are assured that all specific identifiable information provided by you, such as your name and address, will not be seen by anyone, for any reason, other than myself, and only I will know the identity of participants. Extracts from the information you provide may be quoted in the report and in possible publications, however this will be written in a way that preserves your anonymity, and it will not be possible to identify you. Your interviews and consent forms will be stored securely, and separately, and destroyed 3 years from completion of the research (electronic files will be deleted, any paper transcripts will be shredded). There is a possibility that I might continue to do related, and possibly more in-depth, research after this project, on the same, or similar, topics. With your permission, I would like to be able to use your interview for other related projects in the future.
Should you wish to express concerns about any aspect of this project, but do not wish to approach me, you may contact my supervisor Dr Virginia Braun, or Professor Fred Seymour, Head of the Psychology Department, or the Chair of the Ethics Committee, at the addresses supplied below.

Thank you very much for your interest in making this study possible. I will contact you again soon to see if you are willing to take part. In the meantime, if you have any queries or wish to know more please phone me at the number given below or write to me at:

Department of Psychology,
The University of Auckland
Private Bag 92019
Auckland.
Telephone: 021914135
Email: j.legrice@auckland.ac.nz

My supervisor is: Dr Virginia Braun.
Department of Psychology,
The University of Auckland.
Private Bag 92019, Auckland.
Telephone 3737599 ext 87561

The Head of Department is: Professor Fred Seymour.
Department of Psychology,
The University of Auckland.
Private Bag 92019, Auckland.
Telephone 373599 ext 88414.

For any queries regarding ethical concerns please contact:
The Chair,
The University of Auckland Human Subjects Ethics Committee,
University of Auckland,
Private Bag 92019, Auckland.
Tel. (09) 3737599 extn. 87830.

APPENDIX C: GENERAL PARTICIPANT INFORMATION SHEET — TE REO MĀORI

HE PEPA WHAKAĀETANGA HEI KAĪWHINA MŌ TE RANGAHAU KA MAU TĒNEI PEPA WHAKAĀETANGA MO NGĀ TAU E ONO

Te Kaupapa: Ngā whakatau a te Māori mo ngā āhuatanga e pā ana ki te whakatō kākano, te whakaputa uri me te hapūtanga o te wahine.

Kairangahau: JADE LE GRICE

Kua homai ki au, ā, e mārama pai ana au ki te take o tēnei rangahau. I whai wā au ki te tuku pātai, ā, kia whai whakautu hoki. Kei te mōhio au, he mahi kore-utu tēnei, ā, ka whiwhi koha hoki au hei pūtea kai, pūtea penehīni, pūtea pukapuka rānei ki te wāriu o te $20 mo ōku mahi. E mārama ana au, ina whakakore au i te uiui kōrero, kāre au i te whakautu i ngā pātai. Kei te mōhio au, tērā pea ka whakamau ētahi wāhanga o aku kōrero ki roto i te rīpoata, ki rō pānuitanga rānei, ā, ka huna hoki tōku tuakiritanga. E mārama ana au, me waitohu ngā kaituhi o aku kōrero i tētahi pepa whakaāe, ā, he pai kia whiwhi koha hoki ana au he pai kia tango au i aku kōrero mai i te rangahau nei i mua i te 25 Hepetema, 2011 Kāhore he raru.

☐ E whakaāe ana au kia uru mai au hei kaiāwhina i tēnei rangahau
☐ E whakaāe ana au kia kapea, ā, kia whakatakotohia ā-tuhi aku kōrero
☐ E whakaāe ana au kia tū a Jade Le Grice hei kaiponu i ōku rauemi mo te 3 tau mai i te otinga o tēnei rangahau, hei arataki i ōna ake rangahau o apōpō.
☐ E pirangi ana au i tētahi whakarāpopoto o ngā hua i puta i te uiui kōrero. (Ki te pirangi, tuhia mai ō kōrero whakamārama ki raro.)

Ngā kōrero whakamārama:

____________________________________

Ingoa: (Kia āta te tuhi)

Te Rā: / / /

Waitohu


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APPENDIX D: KEY INFORMANT PARTICIPANT INFORMATION SHEET

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND
DEPARTMENT OF PSYCHOLOGY
Faculty of Science
Human Sciences Building
Floor 6, 10 Symonds Street,
Telephone 64 9 373 7599 ext. 82287
Facsimile 64 9 373 7450
The University of Auckland
Private Bag 92019
Auckland, New Zealand

MĀORI PERSPECTIVES ON FERTILITY, REPRODUCTION AND PREGNANCY.
KEY INFORMANT PARTICIPANT INFORMATION SHEET.

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You are assured that all specific identifiable information provided by you, such as your name and address, will not be seen by anyone, for any reason, other than myself, and only I will know the identity of participants. Extracts from the information you provide may be quoted in the report and in possible publications, however this will be written in a way that preserves your anonymity, and it will not be possible to identify you. Your interviews and consent forms will be stored securely, and separately, and destroyed 3 years from completion of the research (electronic files will be deleted, any paper transcripts will be shredded). There is a possibility that I might continue to do related, and possibly more in-depth, research after this project, on the same, or similar, topics. With your permission, I would like to be able to use your interview for other related projects in the future.
Should you wish to express concerns about any aspect of this project, but do not wish to approach me, you may contact my supervisor Dr Virginia Braun, or Professor Fred Seymour, Head of the Psychology Department, or the Chair of the Ethics Committee, at the addresses supplied below.

Thank you very much for your interest in making this study possible. I will contact you again soon to see if you are willing to take part. In the meantime, if you have any queries or wish to know more please phone me at the number given below or write to me at:

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The University of Auckland.
Private Bag 92019, Auckland.
Telephone 3735999 ext 88414.

For any queries regarding ethical concerns please contact:

The Chair,
The University of Auckland Human Subjects Ethics Committee,
University of Auckland,
Private Bag 92019, Auckland.
Tel. (09) 3737599 extn. 87830.

### APPENDIX E: KEY INFORMANT PARTICIPANT INFORMATION SHEET – TE REO MĀORI

**HE PEA WHAKAMĀRAMA KÖRERO HEI ARATAKI I A KOUTOU.**

<table>
<thead>
<tr>
<th>Te Kaupapa:</th>
<th>Ngā whakatau a te Māori mo ngā āhuatanga e pā ana ki te whakatō kākano, te whakaputa uri me te hapūtanga o te wahine.</th>
</tr>
</thead>
</table>

E ngā mana, e ngā reo, e ngā mātāwaka katoa puta noa i te motu, tēnei ka mihi. Ki ngā mate huhua o te tau, o te marama, o te wiki, haere koutou, ā, whakaoti atu. Kia tātou ngā kanohi ora o ēnei rā, tēnā tātou ktoa!

No Motukaraka me Pakanae nga marae.

Hokianga Whakapau Karakia te awa.

I te taha o toku whaea o Ngai Tupoto, Motukaraka me Te Mahurehure.

I te taha o toku matua he Pakeha, Devonport.

Ko Ngatokimataawahorua te waka oku tupuna ko Mate Sarich me Connie Morgan.

Ko oku maunga karangaranga ko Motukaraka me Whiria.

He tauira ahau i Te Whare Wānanga o Tāmaki Makaurau, e whakataki ana i tētahi rangahau kōrero mo tōku Tākutatanga (PHD), e īhingā pū ana ki a Ngāi Māori, ā, mō Māori hoki te take. Mā tēnei, ka puta ai ahau hei Tākutu o roto i ngā āhuatanga o ngā māhi Mātai Hinengaro (Psychology) mai i Te Tari Whai Mātai Hinengaro (Department of Psychology) o Te Whare Wānanga o Tāmaki Makaurau (The University of Auckland). Ko Tākutu Virginia Braun te kaiwhakahaere o tēnei rangahau. Ko te tino kaupapa o te rangahau nei, he āta whera whera i ngā āhuatanga, e ai ki a Ngāi Māori, mō te whakatō kākano, te whakaputa uri, ā, anō ra, ko te hapūtanga o te wahine.

Ko te hiahia, kia uru mai koe hei kaiāwhina i taku rangahau. He īnoi nui tenei ki a koe, ā, ahakoa te iti, te rahi rānei o tō āwhina, he pou-namu tonu mōkō.

He mahi uiui kōrero huna tāua, e pā ana ki ōu whakaaro me ōu ake mōhiotanga mō te whai whānau, ā, te whai tamariki hoki. Ka āhua kotahi ki te tokahi me te hāwhe hāora te roanga o tēnei uiui kōrero, ā, ina whakaae mai koe kia uru mai hei kaiāwhina, ka pai kia tū te uiui kōrero nei ki tētahi wā pai māu. He paku pūtea kai, pūtea penehīni, pūtea pukapuka rānei ki te wāriu o te $20, hei kohi māu mo tau āwhina.

Kei a koe te rahi, te iti rānei o ngā kōrero ka whakamahia i roto i tēnei rangahau, ā, kei a koe tonu te mana kia kapia te uiui i reira. Kia whakaae mai koe, ka riipenehia ou kōrero katahi a muri mai, ka whakatakotohia ā-tuhi nei.

E āhei ana te mīhini hopu reo reo te whakaweto i waenganui i ngā whakahūiti kōrero, ā, e pai ana hoki kia tangohia ētahi, te katoa rānei o ōu kōrero mai te rangahau i mua i te 25 Hepetema, 2011.

E kore rawa ngā kōrero e pā ana ki a koe tonu, arā ki tō ingoa, ki tō wāhi noho, ā, aha noa atu, e kitea, e rangona rānei e tētahi atu, ahakoa te aha. Ko ēnei kōrero, ko ahau anake te kaitirotiro. Ina whakamahia ētahi o wāu kōrero ki rō rīpoata, ki rō pānuitanga rānei, ka tuhia kia huna tonu ai to tuakiritanga.

Ko wāu riipene kōrero, me wāu pepa whakaaetanga mō tēnei rangahau, ka waiho ki tētahi wāhi whakaruruha, ā, kia turakinatia i te 3 tau whai muri mai i te otinga o tēnei rangahau. Ko ngā kōnae hiko (electric files) ka whakakorehia, ā, ko ngā kōnae pepa (written files) ka ngakungakutia (shredded).

I te mutunga o tēnei rangahau, tērā pea ka hohonu ake tuku titiro ki ēnei kaupapa, hei rangahau hou mōkū. Ina whaia tonu ko ngā kōwai ōrite ki ēnei e rangahaua ana i tēnei wā, kia whakaae mai koe, ka pai kia whakamahi i ōu rauemi hei arataki i ahau.
Ina he raruraru āu e hāngai ana ki ngā āhuatanga o tēnei rangahau, ō, kāre pea koe e pirangi kōrero mai ki ahau, ka taea e koe te kōrero ki taku kaiwhakahaere, a Tākuta Virginia Braun, te tumuaki rānei o te Tari Whai Mātai Hinengaro, a Douglas Elliffe. Kei raro, e whai ake nei o rāua whakamārama.

Ina pirangi koe te hou mai ki tēnei mahi, waea mai. Mehemea he pātai tonu āu, waea mai, tuku reta mai rānei ki au.

Heoi, ngā mihi maioha ki a koe mo te tautoko ki ahau, kia tutuki pai ai taku rangahau.

Mā te Atua koe e manaaki, e arataki, e tiaki i ngā wā katoa, i nga wāhi katoa.

Tono mai, wāea mai ki a:

**Jade Le Grice**
Department of Psychology,  
The University of Auckland  
Private Bag 92019  
Auckland.  
Telephone: 021914135  
Email: j.legrice@auckland.ac.nz

Taku kaiwhakahaere ko:

**Dr Virginia Braun.**
Department of Psychology,  
The University of Auckland  
Private Bag 92109, Auckland.  
Telephone 373-7599 ext 87561

Te tumuaki o Te Tari Whai Mātai Hinengaro ko:

**Dr. Doug Elliffe**
Department of Psychology,  
University of Auckland  
Private Bag 92019, Auckland  
Telephone 373-7599 ext 85262

Mehemea he pātai, he raruraru hoki āu e pā ana ki ngā tikanga matatika, wāea atu ki a:

The Chair,  
The University of Auckland Human Subjects Ethics Committee,  
University of Auckland  
Private Bag 92019, Auckland.  
Telephone (09) 373-7599 ext. 87830

CONSENT TO PARTICIPATE IN RESEARCH

THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF SIX YEARS.

Title of Project: Māori perspectives on fertility, reproduction, and pregnancy.

Researcher: Jade Le Grice.

I have been given, and have understood, the explanation of this research project. I have had an opportunity to ask any questions, and have had them answered. I know that my participation in this project is entirely voluntary. I am also aware that I will be offered koha to the value of $20 in the form of a grocery, petrol, or book voucher for participating in this study. I understand that I may withdraw myself from the interview, and that I am under no obligation to answer any particular questions. I am aware that extracts from the information I provide may quoted in the report and in possible publications, and that this will be anonymised to protect my identity. I understand that any professional transcriber working on my interviews will be required to sign a confidentiality agreement. I also understand that I may withdraw any or all of the information I provide at any time up to [INSERT DATE ONE MONTH AFTER TIME OF INTERVIEW], without giving a reason.

☐ I agree to take part in this research
☐ I agree to the interview being audiotaped and transcribed
☐ I agree that Jade Le Grice may keep the data for up to 3 years from the time the research is completed for use in future related research projects
☐ I will require a summary of the findings (if yes, please provide contact details)

Contact details: _______________________________________________________

Name: (please print clearly)

Date:

Signed:

APPENDIX G: GENERAL PARTICIPANT CONSENT FORM — TE REO MĀORI

HE PEPA WHAKAĀETANGA HEI KAIĀWHINA MŌ TE RANGAHAU
KA MAU TĒNEI PEPA WHAKAĀETANGA MO NGĀ TAU E ONO

Te Kaupapa: Ngā whakatau a te Māori mo ngā āhuatanga e pā ana ki te whakatō kākano, te whakaputa uri me te hapūtanga o te wahine.

Kairangahau: JADE LE GRICE

Kua homai ki au, ā, e mārama pai ana au ki te take o tēnei rangahau. I whai wā au ki te tuku pātai, ā, kia whai whakautu hoki. Kei te mōhio au, he mahi kore-utu tēnei, ā, ka whiwhi koha hoki au hei pūtea kai, pūtea penehīni, pūtea pukapuka rānei ki te wāriu o te $20 mo ʻoku mahi. E mārama ana au, ina whakakore au i te uiui kōrero, kāre au i te whakautu i ngā pātai. Kei te mōhio au, tērā pea ka whakamau etahi wāhanga o aku kōrero ki roto i te ʻipoata, ki ʻo pānuitanga rānei, ā, ka huna hoki tōku tuakiritanga. E mārama ana au, me waitohu ngā kaituhi o aku kōrero i tētahi pepa whakaāe, ā, e mārama hoki ana au he pai ki tango au i aku kōrero mai i te rangahau nei i mua i te 25 Hepetema, 2011 Kāhore he raru.

☐ E whakaāe ana au kia uru mai au hei kaiāwhina i tēnei rangahau
☐ E whakaāe ana au kia kapea, ā, kia whakatakotohia ē-tuhi aku kōrero
☐ E whakaāe ana au kia tū a Jade Le Grice hei kaiponu i ʻoku rauehi mo te 3 tau mai i te otinga o tēnei rangahau, hei arataki i ōna ake rangahau o apōpō.
☐ E pirangi ana au i tētahi whakarāpopoto o ngā hua i puta i te uiui kōrero. (Ki te pirangi, tuhia mai ō kōrero whakamārama ki raro.)

Ngā kōrero whakamārama:

Ingoa: (Kia āta te tuhi)

Te Rā: / /

Waitohu:

APPENDIX H: KEY INFORMANT CONSENT FORM

CONSENT TO PARTICIPATE IN RESEARCH – KEY INFORMANT

THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF SIX YEARS.

Title of Project: Māori perspectives on fertility, reproduction, and pregnancy.

Researcher: Jade Le Grice.

I have been given, and have understood, the explanation of this research project. I have had an opportunity to ask any questions, and have had them answered. I know that my participation in this project is entirely voluntary. I am also aware that I will be offered koha to the value of $20 in the form of a grocery, petrol, or book voucher for participating in this study. I understand that I may withdraw myself from the interview, and that I am under no obligation to answer any particular questions. I am aware that extracts from the information I provide may quoted in the report and in possible publications, and that this will be anonymised to protect my identity. I understand that any professional transcriber working on my interviews will be required to sign a confidentiality agreement. I also understand that I may withdraw any or all of the information I provide at any time up to [INSERT DATE ONE MONTH AFTER TIME OF INTERVIEW], without giving a reason.

☐ I agree to take part in this research
☐ I agree to the interview being audiotaped and transcribed
☐ I agree that Jade Le Grice may keep the data for up to 3 years from the time the research is completed for use in future related research projects
☐ I will be identified in any quotes by general descriptors
☐ I will require a summary of the findings (if yes, please provide contact details)

Contact details: _____________________________________________________________

Name: (please print clearly)

Date:

Signed:

APPENDIX I: KEY INFORMANT CONSENT FORM – TE REO MĀORI

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND
DEPARTMENT OF PSYCHOLOGY
Faculty of Science
Human Sciences Building
Floor 6, 10 Symonds Street,
Telephone 64 9 373 7599 ext. 82287
Facsimile 64 9 373 7450
The University of Auckland
Private Bag 92019
Auckland, New Zealand

HE PEPA WHAKAĀETANGA HEI KAIWHĀKI MATUA MÔ TE RANGAHAU

KA MAU TÊNEI PEPA WHAKAĀETANGA MO NGĀ TAU E ONO

Te Kaupapa: Ngā whakatau a te Māori mo ngā āhuatanga e pā ana ki te whakatō kākano, te whakaputa uri me te hapūtanga o te wahine.

Kairangahau: JADE LE GRICE

Kua homai ki au, ā, e mārama pai ana au ki te take o tēnei rangahau. I whai wā au ki te tuku pātai, ā, kia whai whakautu hoki. Kei te mōhio au, he mahi kore-utu tēnei, ā, ka whiwhi koha hoki au hei pūtea kai, pūtea penehi, pūtea pukapuka rānei ki te wāriu o te $20 mo ōku mahi. E mārama ana au, ina whakakore au i te uiui kōrero, kāre au i te whakautu i ngā pātai. Kei te mōhio au, tērā pea ka whakamau ētahi wāhanga o aku kōrero ki roto i te rīpoata, ki rō pānuitanga rānei, ā, ka huna hoki tōku tuakiritanga. E mārama ana au, me waitou ngā kaituhi o aku kōrero i tētahi pepa whakaae, ā, e mārama hoki ana au he pai ki tāku kango au i aku kōrero mai i te rangahau nei i mua i te 31 Hurae, 2011 kāhore he raru.

☐ E whakaāe ana au kia uru mai au hei kaiāwhina i tēnei rangahau
☐ E whakaāe ana au kia kapea, ā, kia whakatakotohia ā-tuhi aku kōrero
☐ E whakaāe ana au kia tū a Jade Le Grice hei kaiponu i ōku rauemi mo te 3 tau mai i te otinga o tēnei rangahau, hei arataki i ōna ake rangahau o apōpō
☐ Ka kitea ko wai au i roto i ngā tohutoro o ngā kaituhi matua
☐ E pirangi ana au i tētahi whakarāpopoto o ngā hua i puta i te uiui kōrero. (Ki te pirangi, tuhia mai ō kōrero whakamārama ki raro.)

Ngā kōrero whakamārama:

Ingoa: 
(Kia āta te tuhi)
Te Rā: / /

Waitohu:


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APPENDIX J: REVISED INTERVIEW SCHEDULE FOR GENERAL PARTICIPANTS WITH CHILDREN

He pepi he taonga: What are the influences that encourage/discourage Māori to have children?

INTERVIEW SCHEDULE FOR GENERAL PARTICIPANTS – WITH CHILDREN

Personal information
Nō hea koe? Ko wai tō iwi? Note gender. How old are you now? What is your sexuality? Are you working at the moment? What do you do?

Interview questions

Whanau influences
Who’s in your whanau? (Genogram) how many pregnancies, adoptions, whangai, names, ages.
Where were you brought up?
Tell me about some of your happiest memories growing up.
What were some of the good things about coming from a small/large family/family with x amount of siblings?
Tell me about a time when you knew that you wanted to have a child/children. (Triggers, events)
What experiences did you have, as a child, that you wanted your children to experience?
Where were you in your life when you had your child/children?
Where were you living when you had your child/children?
Who were you living with when you had your child/children?
Can you tell me about what it was like for you bringing a child into this world?
What supports did you have in place when you had your first child?
Tell me about the key support people you had around you when you or your partner got pregnant, and what they were able to do for you?
Was your partner supportive during your pregnancy?
If so, tell me about what sorts of things they did?
What qualities would the ideal partner have to support you in pregnancy?
Tell me about some helpful and supportive things your whanau have done for you during your pregnancy? (Grandparents, aunties, uncles, cousins)
What supports did you have in place when you had your second/third/… child?
Tell me about the key support people you had around you when you or your partner got pregnant, and what they were able to do for you?
Was your partner supportive during your pregnancy?
If so, tell me about what sorts of things they did?
Tell me about some helpful and supportive things your whanau have done for you while raising your children? (Grandparents, aunties, uncles, cousins)

Experiences with support services
How were your experiences with support services? (Government, well child, plunket, birth support, GP, midwife, obstetrician)
What experiences have you had with sexual health services, generally?
Have you ever had an abortion?
Would there be a time that you would ever consider an abortion?
Have you ever used contraception, like the pill, the morning after pill, or condoms?
What do you think of the contraceptives you have tried? (the pill, morning after pill, condoms)

Societal influences
Were there any times you felt stigmatised for having children? If so, tell me about these experiences.
Were there any times you felt honoured, and valued for having children? If so, tell me about these experiences.

The future
Do you have any thoughts about being a grandparent or great grandparent in the future?
Is there anything else to add?
APPENDIX K: REVISED INTERVIEW SCHEDULE FOR GENERAL PARTICIPANTS WITHOUT CHILDREN

He pepi he taonga: What are the influences that encourage/discourage Māori to have children?

INTERVIEW SCHEDULE FOR GENERAL PARTICIPANTS - WITHOUT CHILDREN

Personal information
Nō hea koe? Ko wai tō iwi? Note gender. How old are you now? What is your sexuality? Are you working at the moment? What do you do?

Interview questions

Whanau influences
Who’s in your whanau? (Genogram) how many pregnancies, adoptions, whangai, names, ages. Where were you brought up? Tell me about some of your happiest memories growing up. What were some of the good things about coming from a small/large family/family with x amount of siblings? Tell me about some helpful and supportive things your whanau have done for you while growing up? (Grandparents, aunties, uncles, cousins) Have you experienced times when you felt you wanted to have children? Tell me about a time when you knew that you wanted to have a child/children. (Triggers, events) What experiences did you have, as a child, that you wanted your children to experience?

Hypothetical questions
Where do you see yourself being in your life when you have your child/children? Where do you see yourself living when you have your child/children? Who would you be living with when you have your child/children? What supports did you want to have in place when you have your first child? Tell me about the key support people you would have around you when you or your partner gets pregnant, and what would they do for you? What qualities would the ideal partner have to support you in pregnancy?

Experiences with support services
What experiences have you had with sexual health services, generally? Have you ever had an abortion? Would there be a time that you would ever consider an abortion? Have you ever used contraception, like the pill, the morning after pill, or condoms? What do you think of the contraceptives you have tried? (the pill, morning after pill, condoms)

Societal influences
Were there any times you felt stigmatised for not having children? If so, tell me about these experiences. Were there any times you felt honoured, and valued for not having children? If so, tell me about these experiences.

The future
Do you have any thoughts about being a grandparent or great grandparent in the future? Is there anything else to add?
APPENDIX L: REVISED INTERVIEW SCHEDULE FOR KEY INFORMANTS - HEALTH PROFESSIONALS AND RESEARCHERS

He pepi he taonga: What are the influences that encourage/discourage Māori to have children?

INTERVIEW SCHEDULE FOR KEY INFORMANTS: HEALTH PROFESSIONALS

Personal information
Nō he a koe? Ko wai tō iwi? Note gender. How old are you now? What is your sexuality? Are you working at the moment? What do you do?

Interview questions
At any point, if a personal experience becomes relevant to the question, please feel free to korero about this.

Broad general questions
What are the influences that encourage/discourage Māori to have children, today?
How has this changed over the last 100 years?
How is whangai practised today?

Question about research and statistics
Research has indicated that Māori are more likely than non-Māori to have children when they are younger.
What are your thoughts on this?
Do you know if this has changed from previous times?
Research has also indicated that Māori, on average, have more children than non-Māori.
What are your thoughts on this?
Do you know if this has changed from previous times?
Research has indicated that Māori women are more likely to have an abortion than European women.
What are your thoughts on this?
Do you know if this has changed from previous times?
Research has indicated that young Māori are more likely to have sexually transmitted diseases, particularly chlamydia and gonorrhoea, which carries a risk of infertility.
What are your thoughts on this?
Do you know if this has changed from previous times?

Specific occupational questioning
What traditional beliefs and practices that relate to fertility and reproduction do you see maintained by the clients that you see?
How do you facilitate and support these beliefs in the clients that you see?
What do you see as the main challenges faced by the clients that you see? (Losing a child, infertility, abortion)
If you work for an organisation, what does your service offer to people in these situations?
How do you support clients in these situations?
How do clients come through these difficulties?
Do you know if the clients you see are using contraception regularly?
Is there much support available to Māori who have children?
What agencies do you make referrals to?
Do you know of any health campaigns that target Māori in areas of fertility, pregnancy, reproduction or sexual health?
How are traditional knowledges and practices incorporated in these campaigns?
How are Māori represented in these campaigns?
What does the future hold for Māori protocols around fertility, reproduction, and pregnancy?
APPENDIX M: REVISED INTERVIEW SCHEDULE FOR KEY INFORMANTS - KAUMATUA

He pepi he taonga: What are the influences that encourage/discourage Māori to have children?

INTERVIEW SCHEDULE FOR KEY INFORMANTS: KAUMAUTA

Personal information
Nō hea koe? Ko wai tō iwi? Note gender. How old are you now? What is your sexuality? Are you working at the moment? What do you do?

Interview questions

Broad general questions
What are the influences that encourage/discourage Māori to have children, today?
How has this changed over the last 100 years?
What was the tikanga behind it?
How does wairua come into play when someone brings a child into the world?
How does whakapapa come into play when someone brings a child into the world?

Question about research and statistics
Research has indicated that Māori are more likely than non-Māori to have children when they are younger.
What are your thoughts on this?
Do you know if this has changed from previous times?
Research has also indicated that Māori, on average, have more children than non-Māori.
What are your thoughts on this?
Do you know if this has changed from previous times?
Research has indicated that Māori women are more likely to have an abortion than European women.
What are your thoughts on this?
Do you know if this has changed from previous times?
Research has indicated that young Māori are more likely to have sexually transmitted diseases, particularly Chlamydia and gonorrhoea, which carries a risk of infertility.
What are your thoughts on this?
Do you know if this has changed from previous times?

Specific occupational questioning
What traditional beliefs and practices that relate to fertility and reproduction do you see maintained by the clients that you see?
How do you facilitate and support these beliefs in the clients that you see?
What does the future hold for Māori protocols around fertility, reproduction, and pregnancy?


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