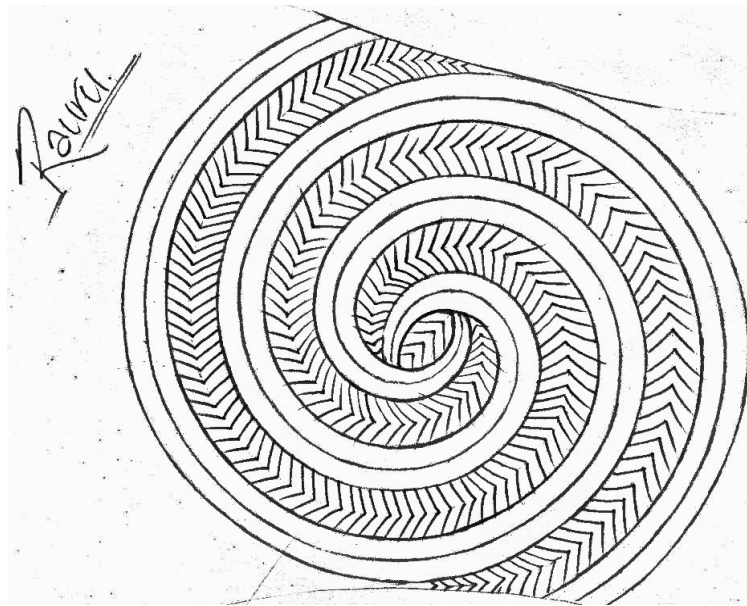


**HE KANOHI KITEA KA HOKI NGĀ MAHARA**

**Ngāti Porou kuia tell the stories encompassing their childbirth  
experiences**



**Beatrice-Ann Materoa Leatham**

**A thesis submitted to  
Auckland University of Technology  
in partial fulfilment of the requirements for the degree of  
Masters of Health Science**

**2014**

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## Attestation of Authorship

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*Nga mokopuna ataahua, tena kotou katoa, thank u, to everyone for your love encouragement & respect for each other your success is so sweet (Ethel Leatham, 2013).*

This sentiment epitomises our worldview that is Māori; it is not one's success it is the success of us all. This thesis celebrates being Māori, celebrates the specialness of birth and the preciousness of our mokopuna. I dedicate this writing to my brother who passed away. I miss you Wayne, thank you for being present in the pages of this book, arohanui.

## Glossary

Aotea	One of many ancestral waka that voyaged from Hawaiiki to Aotearoa
Aotearoa	New Zealand
Aroha	Absolute appreciation
Atua	Māori deity or Christian God
Hapū/hapū	Subtribe
Harataunga	Kennedy Bay
Hineahuone	First human being
Hinengaro	Physical mind
Hoa rangatira	Wife, husband, spouse
Kai moana	Seafood
Kai whakahaere	Main co-ordinator
Kanohi ki te kanohi	Face to face
Kawa	Protocols determined by Atua lore
Kia ora	To be well or common contemporary greeting
Kōpara	Native bird, also known as Bellbird. Known for its loud, clear songs
Kōrero – kō re ro	‘kō’ is the sound, vibration and rhythm of voice; ‘re’ means to observe to gain an understanding of life experiences; ‘ro’ refers to the ability to internalise from a neutral point the positives and negatives of a situation. Kōrero encapsulates all the senses involved in communication, not only the verbal or audio aspects. Traditionally kōrero meant to communicate from a neutral point of being.
Kōrerorero	Conversation, discuss, converse
Kuia	Aged (old) lady
Kupu	Word
Mahi	Passion or contemporary meaning for work
Mana	Pure identity given by our deities
Mana Atua	The sacredness of deities that provide the foundation of existence for all living creations and the being that is human
Mana Tangata	Inherited talents that descend through whakapapa and/or personal accolades based on proven skills, work and contribution to whānau, hapū or iwi over time
Mana Tīpuna	The sacred blueprint of potential instilled by deities that ensure the integrity of roles and responsibilities are carried appropriately
Mana whenua	Authority of land boundaries
Manaakitanga	Caring for a person by encouraging she or he takes

	responsibility for any specific role that she or he may provide her or his whānau, hapū and iwi.
Manawa	The manawa serves our physical and spiritual existence by keeping our bodies oxygenated. Equally it keeps us spiritually and emotionally connected to our environment. This is one of the physical and spiritual organs of our being that is Māori
Māra kai	Food garden
Mātāmua	Eldest child or first born
Mātanga haauora	Expert in wellbeing, health
Mātanga tikanga	Expert in tikanga
Mātauranga	Knowledge
Mirimiri	Māori massage
Mokopuna	Grandchild or great grandchild or descendant
Mōteatea	Lament, traditional song
Ngākau	The Ngākau is the spiritual house for the life essence that is called māuri. The life essence reinforces our state of identity. This element of the being that is human, is essential to our Māori make up.
Ngāpuhi	Northern tribe
Ngāti Hine	Northern subtribe
Ngāti Poroutanga	Culture of the Ngāti Porou people
Noa	Neutral
Ope	Army, troop, group of people moving together
Pā	Sense or touch. Fortified village or traditional word for marae
Pākehā	Pā = sense ke = different ha = breath; people of difference
Papakainga	Family homestead where you grew up
Papatipu	Family homestead where you grew up
Patu	To hit (verb). Hand weapon (noun)
Pēpī	Baby
Pōhara	Poor
Pono	Truth or honest
Pōtiki	Youngest child
Puku	Stomach
Pūrākau	Factual story
Rangatiratanga	Sovereignty, chieftainship
Rāuru	An archaic symbol that has a unique style of intertwining spirals
Rohe	Region
Taha whānau	Family dimension
Taku/tāku	My (possession)

Tamāhine	Daughter
Tāne	Man, male
Tangata whenua	People of the land, Indigenous people
Tangi	Cry or bereavement
Tangihanga	Grieving and farewell process of the deceased
Taonga	Treasure or heirloom
Tapu	Sacred
Tauīwi	Foreigner
Te ao hāuora	Health sector
Te Ao Māori	The Māori world and its cultures
Te Ao Mārama	Traditional understanding is that this is the spiritual world, the world that we all came from and when we die we return there. This place is the spiritual infusion between the deities and their descendants to the universe.  Today Te Ao Mārama is referred to as the ‘world of light’; this understanding has come from when Papatūānuku and Ranginui were separated and the first beams of light were seen.
Te Ao Tūroa	Traditional understanding is that this is the physical world. Literally translated as ‘the long standing world’, this is the world we are living in today.
Te Tairāwhiti	East Coast region
Tika	Appropriate or correct
Tikanga	Common sense
Tinana	Body
Tino rangatiratanga	Collective autonomy or self autonomy
Tipuna/Tipuna	Ancestor/ancestors
Tūpāpaku	Deceased person
Tūrangawaewae	Place of birthrite
Urupā	Māori cemetery
Wahine pōkai	Midwife; this is a modern term using traditional words
Wahine/wāhine	Mature female, females
Wairua	The wairua is the fusion between two parents, their two waters infused to conceive the physical being. Traditionally Rua gave reference to the sacred beings, these sacred Rua beings instill the innate passions the baby will fulfil in life. Wairua is a physical expression used to affirm there is a connectedness between two people or a person and her or his human surroundings.
Waka	Traditional vessel used as means of transport
Whaiora	whai – giver or receiver ora – wellness or modern word for patient or medical consumer.

Whakaaro	To think, consider, decide
Whakanui	To celebrate, honour, exalt, magnify or enlarge
Whakawhānau	To birth
Whakawhānaungatanga	Establishing relationships
Whānau	Family or birth
Whānaungatanga	Relationship
Whāngai	When you take someone in to be your own, adopted
Wheako	Experience

## Abstract

The purpose of this study was to give voice to the unique experiences of Māori during their childbirth journey. The context of childbirth within Aotearoa has largely been constructed through the ethnocentric worldview of non-Māori. This environment has presented a sense of urgency to document distinctively Māori knowledge that will empower whānau.

In line with this perspective processes of decolonisation were observed to liberate marginalized philosophies and values. Kaupapa Māori theory prioritized a Māori worldview whilst a hermeneutical approach allowed further space for the meanings to unfold. These methodological theories aligned giving the research a strong platform to develop.

Five Ngāti Porou kuia shared the stories of their life and birthing. Their laughter, tears, humor, wisdom and memories exposed awareness to the complexities of Māori thought and the interconnected nature of this knowing. These kuia were all born between 1931 and 1941 therefore their perspective spanned from childhood through to grandmotherhood. They told rich vibrant stories revealing their experiences within the broader context of society. Almost immediately themes appeared within their narratives that innately provided an intimate insight to their perceptions of birthing.

Practices and understandings that were characteristically Māori were explored to determine how Māori sustain and hence transmit this knowledge to future generations. This involved examining the background and broader societal impacts that have influenced outcomes within Māori health and specifically maternity. Overall this study aimed to influence the revitalization of Māori knowing specific to birthing.

The findings reveal that childbirth is influenced by a multitude of complex elements. Since the turn of the century the maternity sector in Aotearoa has been strongly directed by Western notions, specifically medicalisation. Fortunately, inherent understanding of birth has contributed to preserving integral concepts pertinent to a Māori perspective. Collective relationships are vital, in particular whānau have a crucial role in supporting wāhine through this process. The special bond Māori share with the wider environment is often expressed in the narratives of whakapapa; these notions explicitly embrace childbirth. Whakapapa itself consistently emerges as a significant component, intertwining salient themes and reflecting an intrinsic synergy between female and male energies. These ideas reveal the sacredness of childbirth.

# Chapter One

## Te Ihorei o taku Koronga

### (Introduction)

Cultural identity is crucial to the health of an Indigenous person; poor health of wāhine birthing is testament to the demise of identity within Te Ao Māori. Cosmological narratives exhibit powerful female leadership influencing the wellbeing of tangata whenua. Regarded as the safekeepers to our genealogy any form of disruption to the health of wāhine is detrimental to the preservation of whānau, hapū and iwi. The aim of the research is to give Māori women the opportunity to tell the stories of their birthing experiences. Five Ngāti Porou wāhine shared their stories of birth and this study offers an interpretation of their kōrero.

By collating these narratives and exposing the historical, political, socio-economic and cultural context it is envisaged that contemporary issues faced by Māori women and whānau will be illuminated. Within this process, childbirth practices that are unique and underpin Māori identity will be examined to discover how Māori maintain this knowledge inter-generationally. The overall aim of this study is that the findings will influence the reclamation and recreation of mātauranga Māori birthing practice.

Kaupapa Māori theory was used to guide this research ensuring a Māori worldview of doing, offering a culturally safe environment for Māori to share their birthing history. Hermeneutic methods were also utilized as they attempt to uncover the meaning from the experience. This insight into a fundamental aspect of whānau ora will assist in providing alternative understandings that may better support the needs of Māori birthing whānau.

### **The significance of these stories**

Before I start telling their stories I feel compelled to share with you the reader the significance of the accounts as they were told to me. Three of my interviews took place in the homes of the participants; Gisborne and Te Araroa. The other two interviews took place in the homes of their daughters' in Auckland. All five kuia were happy to be speaking to me, particularly once I explained that the information that I was gathering was ultimately for the benefit of their mokopuna. All reservation appeared to dissipate at the mention of 'mokopuna'. They then physically took on a presence of humble pride, that they might be part of informing a fragment of history for their whānau. In saying

this they all remained reserved in how their “qualifications and experiences” would be enough to take part in such a study. In my eyes these kuia were the pinnacle of ‘qualified’, in the lived experiences of birthing within a Māori world.

The interviews that took place in Te Tairāwhiti region, my daughter Jessikha was present filming the conversations; the kuia were very happy for her to be present, they were however not sure about the idea of being filmed although once they knew that the purpose was to have a visual record for their mokopuna they gladly agreed. In fact, a sense of obligation to share their stories for their mokopuna, including Jessikha, emerged. Jessikha was as much a part of the interview as I was. I had not considered the impact of having a mokopuna present would have upon the warmth of the kōrero. Her presence added a fundamental layer of security for her Nannies and made this process tika.

The life experiences of Ngāti Porou kuia were articulated through their Māori lens, evolving and inter-related to every aspect of their life, including childbirth. ‘*He kanohi kitea ka hoki ngā mahara*’ literally translates to, a familiar face causes memories to flow. This title encapsulates the essence of kōrero; ‘kō’ being the sound vibration, ‘re’ meaning to gain an understanding of life experiences and ‘ro’ is to listen from a neutral point of view (P. Tai Tin, personal communication, May 14, 2013). In this sense, myself as the researcher is the stimuli and stimulant to the kōrero. Hence, my face, my voice, my kōrero enhanced the memories of these kuia to then envisage what they deemed appropriate, and more importantly worthy for their mokopuna to hear. In turn, as memories flowed, faces within their recollections inspired deeper contemplation and narrative.

As the kōrero began their physical presence was reflected in the sound of their voices. The memories and experiences were emphasised by expressions of warmth, happiness, humor and sometimes great sadness. Their pride in being asked to be part of this research was very humbling and a reminder of my responsibility to protect the integrity of the taonga that I was about to receive.

My first interview was with Hineawe Waitoa Mason in her family home in Gisborne. Hineawe (Auntie Bubs) was very apprehensive about being interviewed and out of all my participants she questioned me the most as to why I had chosen her. My answer to her; as one of the youngest in a large whānau I knew she would give a unique perspective to my research. She also had a great sense of humor and an infectious laugh when telling a



story. But besides this, Auntie Bubs is also my mother's younger sister, she has been a very significant figure in our whānau and I could not conduct research of this nature without giving her the respect of taking part.

Mereheni Matakinō Waitoa nee Dewes Rangihuna was my second interview, it took place at Mereheni's (Māmā's) home in Te Araroa. Māmā was very open to being interviewed and slipped into the 'participant' role with ease. This process was not new to her and she welcomed the opportunity to help a mokopuna. Māmā was the wife of my grand Uncle who passed away some years ago. She is one of the eldest kuia in our whānau and any opportunity to learn from her is precious.

My last interview in the Ngāti Porou region was with Ethel Rata Leatham nee Waitoa. Her interview also took place at her family home back in Gisborne. When I was preparing for this research and discussing my intentions with elder whānau members I was repetitively advised that I should speak with Ethel (Mum). To begin with I was unsure if it would be appropriate to include my mother as a participant, but as time drew closer to the interview I began to sit with the idea more comfortably. Essentially my concern was that we were too emotionally attached and I would be too close to the stories. I now realise that being so intimately involved has offered a distinct worldview enveloping Mum's kōrero with the security of mutual trust and admiration. I will be forever grateful that I had this time to spend with my mother's birthing experiences.

Back in Auckland I had two more interviews; Mereaira Davies and Haereroa Gibson. Both these interviews were conducted in their daughters' family homes. Mereaira (Mrs Davies) is the mother of one of my closest friends, we have been friends for over 25 years. When I was a teenager Mereaira would frequently cook me breakfast, feed me dinner and let me know with no uncertainty if she was not happy with myself or her daughter. Mrs Davies is one of the 'mothers' in my life that will always influence my thinking, her mothering was strong, unquestioning and devoted. It was a immense privilege to begin to hear her perspective of birthing and intimate whakaaro that exhibited her wealth of knowledge.

Haereroa Gibson was my last interview and again, in her daughters home in Auckland. As with all the kuia in this research I also had a long relationship with Haereroa (Mrs Gibson). Her daughter and I have been friends since we were five years old. One of my fondest memories was the first time I tasted Mrs Gibson's delicious home-pickled gherkins and slept outside on the trampoline, under the stars, in the front yard of the Gibson family home Panikau Road, Whangara. Mrs Gibson has always had a quiet

warmth about her, her smile radiates and she emanates humble confidence. Her stories were filled with humor and she exuded a willingness to share that made the conversation flow effortlessly.

My journey through these interviews has exposed me to a side of these Ngāti Porou kuia that I may never have seen if it had not been for this research. They did not want to be anonymous therefore after this paragraph, I have chosen to use their first names (rather than the name I know them by) in an attempt to allow the reader to form their own relationship with the participant. Their pūrakau have not only fed my mātauranga but touched every emotional core I know. I listened, read, re-read, listened to the words, listened to the vibrations and felt each emotion that was expressed. This process has been excitingly overwhelming as each kuia began to fill the pages with their experiences. I am immensely grateful to them all for the learning they have shared with me and hope that I give their words the respect they deserve within this thesis. Nga mihi aroha ki ōku mātanga whakawhānau pēpe ko Aunty Bubs, rātou ko Māmā, ko Mum, ko Mrs Davies ko Mrs Gibson.

## **Ngāti Porou**

*“We are of Porourangi, of Toi and of Ruawaipu”  
(McConnell, 1990, p.7)*

Historical recounts of genealogical connections and lines differ according to whose account you read and the purpose for which that account was collated. For example, whakapapa that was recorded for land court purposes may have additional motives to making links, in comparison to accounts that have been documented for whānau records. Bearing this in mind, the history that I re-tell is predominately from resources of Ngāti Porou and will therefore favour the general consensus of Ngāti Porou. These pūrakau also connect to myself and the participants. Other iwi may possibly debate some of what is told here and will have their versions of particular accounts, however it provides the ontological foundation for the kōrero of these kuia.

The people of Ngāti Porou are as distinctive in their reo, attitude and aptitude as the environment is in its ruggedness and poise. Mahuika (2012) poignantly relates a deep human connection to the land shaping the character and psyche of Ngāti Porou. For example, complimentary roles of women and men are reflected in the female and male elements of Hikurangi maunga. Hikurangi Te tone o Houku and Te tipu a Taikehu, are the twin peaks of the maunga, one female and one male. This synergy maintains a balance in both the natural environment and the human environment.

As it is commonly understood our ancestors found their way from Hawaiiki to Aotearoa upon great waka navigating their voyage by the stars. Of these waka there were several that have association with Te Tai Rawhiti including: Horouta, Tākitimu, Nukutere, Mangaarara, Tereānini, Nukutaememeha and Te Ikaroa-o-Rauru (McKinnon, 1997).

Two prominent ancestors of Ngāti Porou who I directly descend from and subtly shrouded my upbringing from as far back as I can remember are Hinerupe and her brother-in-law Tūwhakairiora. Tūwhakairiora and Hinerupe had many attributes, they also connect significant lines of descent from the great Ngāti Porou ancestors; Paikea and Porourangi, Toikairakau and Ruawaipū (McConnell, no year; McKinnon, 1997).

### **Kahutiaterangi**

Kahutiaterangi was the son of Uenuku-marae-tai of Hawaiiki, he had a brother called Ruatapu, and although they shared the same father they had different mothers. Kahutiaterangi was spoilt by his father and it was obvious Uenuku favoured him. Ruatapu became very jealous and plotted to avenge his father's affections for Kahutiaterangi. He built a waka, named Tutepewarangi, and on the day it was blessed Ruatapu, Kahutiaterangi and young men of Hawaiiki boarded to paddle out on the ocean of Kiwa. Unbeknown to the crew of Tutepewarangi, Ruatapu had disguised his patu and a hole in the floor of the waka, once they were well out at sea he unplugged the hole then took to slaying all aboard leaving only himself and Kahutiaterangi alive (McConnell, 2002; Reedy, 1993).

As the waka rapidly filled with water Ruatapu taunted his brother; "how are you going to get yourself ashore, brother?" Kahutiaterangi replied, "By the guiding of my tīpuna I will come through but you, how will you reach shore?" It seemed, now that Ruatapu had achieved his utu, he did not care what was to happen to himself replying, "As the eight tides of Ruatapu take the jellyfish so will Ruatapu be cast ashore" (McConnell, 2002, p.16).

As Kahutiaterangi contemplated his destiny a pod of whales approached the waka, not wanting to return home with the news of his brother's betrayal he climbed upon one of the whales. The whale's name was Paikea thus, Kahutiaterangi became the legendary Paikea. Leaving the fate of his brother to be announced by the tides of Kiwa, he left his homeland behind and directed his journey to a land his tīpuna Kupe had spoken of, Aotea.

On arrival to Aotea he landed for a short time at the shores of Harataunga, from there he moved around to Opōtiki continuing on until he reached Tairāwhiti, there he entered inland at the mouth of Waiapu. The word of his presence in Aotea had reached the great chiefs of the Nukutere waka; Whironui and Araiaara.

Huturangi is the sacred plume of Whironui and Āraiaara. It was Huturangi who greeted Paikea at Te Kautuku. Some years after Paikea married Huturangi. Together they moved south finding a bay that strongly resembled Paikea's homeland. They named their new home Whangarā-mai-tawhiti (Whangarā-from-afar) and it is from here that these two ancestors, Paikea and Huturangi, became the beginning of Ngāti Porou (McConnell, 1990; n.d; McKinnon, 1997; Simmons, 2006).

### **Porourangi**

Porourangi is the eponymous ancestor of Ngāti Porou and descends directly from Kahutiaterangi (Paikea), it is from him that the tribal name is derived (McKinnon, 1997). His parents are Nanaia and Niwaniwa. Porourangi was a tapu man, because of this he did not gather kai, particularly kai moana. His wife, Hamo o te rangi, continually scolded him for not doing this mahi saying he was lazy. Eventually tiring of her complaints, he made a fish hook and against the strong wishes of his people he went fishing. Regrettably, as warned he became ill and died. Pōrourangi remains an enduring part of Ngāti Porou.

Hauiti is the renown tipuna of Te Aitanga-a-Hauiti and descends directly from Porourangi. Hauiti exerted great influence in Te Tai Rawhiti and ensured his children married people of mana (McKinnon, 1997). His grandson Tautini lived at Toiroa, a pā found on the ranges between Anaura Bay and Tokomaru Bay [see figure 1], he married Hinetamatea. The marae, including the wharenuī at Anaura Bay is named in honor of this famous ancestress, Hinetamatea.

### **Toikairakau and Ruawaipū**

Toikairakau is of the same generation as Paikea's father Uenuku. He is one of the great ancestors of Ngāti Porou and it is said he was the first of the pure Polynesians to settle in Aotearoa. His name prior to coming to Aotearoa was Toi-te-huatahi meaning Toi the only child; Toi-kai-rakau means Toi the wood eater named this because he and his people were renown for living on forest products rather than the cultivated foods (Fletcher, 1930).

There is not much known about Ruawaipū, the person. She descends from Toikairakau and held the territory north of Waiapu. Her mantle is of the supreme carrier of mana whenua. Because there are no tales of Ruawaipū conquering land she held, it is believed that she gained her papatipu as a result of migration. Ruawaipū and her people remained unchallenged in their hold over this territory until the generation of Tamatea Arahia (McConnell, 1999; 1990).

Tamatea Arahia; the chief of Ruawaipū iwi, was murdered by the Nga Oho people when they invaded, and took hold of Kawakawa (mai Tawhiti). His daughter Tamateapoko and her family fled to Whangarā (mai-Tawhiti). Tamateapoko is a significant tīpuna as it is with her that much of the East Cape whānau originate (McConnell, 1999).

Tamateapoko longed for her homeland; she was a woman dedicated to her whānau, and married Uekaiahu, the chief of Ngāti Tuere. Tragically one of Tamateapoko's sons, Uehaua, drowned collecting water with a calabash; after this she would name her following children in the memory of him, Uetahā, Uemahaki, Uengenge and Uenikoti. McConnell (1990) attributes 'Ue' as another way to say "Aue" (alas) commemorating the grief held by their mother. It is also reasonable to assume 'Ue' was the connection to their father Uekaiahu. In full their names were an expression of Uehaua's death and possibly honored his personal attributes; 'tahā' is a calabash and 'mahaki' is humble (P. Tai Tin, personal communication, May 14, 2013).

So, whilst Tamateapoko commemorated her son's death in the names of her consequent sons, she also instilled in them a gnawing desire to return to their homeland. This yearning was to be answered by Tamakoro and Uetahā. Together these skilled warriors led their ope to battle Nga Oho successfully reclaiming the land of Ruawaipū; Kawakawa-mai-tawhiti. It did not take long for the many sons of Tamateapoko, their whānau and affiliated iwi to repopulate this area. Uetahā went on to marry Rongomaitapui and they had three daughters, they came to be known as the 'Kōpara a Rongomaitapui' (bellbirds of Rongomaitapui) (McConnell, 1990; 1999).

### **Kōpara a Rongomaitapui**

The daughters of Rongomaitapui and Uetaha; Te Aopare (matāmua), Tamateakui and Hinerupe (pōtiki) were affectionately named, ngā Kōpara a Rongomaitapui because of their constant chatter and singing. Te Aopare, Tamateakui and Hinerupe connect to both tīpuna, Paikea and Toikairakau. Their mother Rongomaitapui descends from Paikea and Porourangi. Tamakorito and Tanewera were their grandparents; Tamakorito being the descendant of Paikea. As previously outlined, their father Uetaha is a

descendant of Toikairakau and Ruawaipu. His parents were Tamateaupoko (descending from Toikairakau) and Uekaiahu.

### **Tūwhakairiora**

Tūwhakairiora descends predominantly from Paikea. His line comes down through Porourangi, Poroumata (who was his grandfather) to Te Ataakura his mother and Ngatihau his father. Tūwhakairiora's whānau were not of high ranking, they were ordinary people however, Te Ataakura was dedicated to redressing her father's murder and remained committed to this task. Therefore, prenatally she dedicated Tūwhakairiora's life to avenging his grandfather's death. Tūwhakairiora became a remarkable man, with an exceptional reputation.

*“Tūwhakairiora established mana over the people while Ruawaipū retained the mana over the land” (McConnell, 1990, p.7).*

These ancestors were of a time when human antics were closely aligned to the realms of godliness. Over time the acts of fact and fantasy have become inextricably interwoven therefore some will find it hard to believe the achievements of these tīpuna. It is, however generally accepted they undoubtedly had an insurmountable impact upon the moulding of Ngāti Porou. Their stories have shaped our whakapapa, our lands, and our worldview. They, along with their many counterparts, are fundamental to the essence of Te Ao Māori.

### **The aims and approach**

This research takes a Kaupapa Māori approach which locates the power and control within Māori cultural understanding and practices, seeks to redress power imbalances and bring concrete benefit to Māori. It recognises a Māori worldview of doing, encourages the revitalization of te reo and is underpinned by the concept of whānau (Walker, Eketone & Gibbs, 2006). This requires an understanding of the past in order to acknowledge the present, enabling movement toward a future where Te Ao Māori will be readily accessible and validated for our mokopuna. The first aspect of this research will therefore address the historical, political, socio-economic and cultural context in which wāhine birth. This will illuminate contemporary issues that impact upon the process of childbirth.

Secondly, this study will explore childbirth practices of wāhine and whānau that reinforce their identity as Māori in modern society. Historically, Māori have proven their ability by surviving near eradication; this resourcefulness displays a core determination

of retaining practices and identity unique to Māori. It is therefore the intention of this research to discover initially, how wahine maintain their knowledge and understanding of childbirth, and subsequently, how this knowledge is passed on to future generations.

Thirdly, this inquiry seeks to provide an avenue for the re-discovery of traditional birthing knowledge. This reclamation process will inevitably generate some redefinition to ensure the protection and promotion of this knowing in contemporary Māori society.

### **Orthographics and terminology**

The word 'Indigenous' will appear with capital 'I', (except when it is within a quotation), this corresponds with the term Western (Ka'ai-Mahuta, 2010).

When referring to New Zealand I will use 'Aotearoa' (except when New Zealand is used in quotations) this is the name that now commonly describes the whole country.

Prior to the arrival of non-Māori, people identified by way of their whānau, hapū and iwi the term 'Māori' was introduced to distinguish Indigenous peoples of Aotearoa. In this research I will use this term 'Māori', however this is not intended to detract from the uniqueness of tribal identity.

The term 'wahine' or 'wāhine' used in this research describes Māori woman or women.

### **Background**

#### **My story**

I first experienced the maternity services of Aotearoa via my General Practitioner (GP) in Te Awamutu. I do not actually remember too much of my antenatal care except it was at a very nice GP practice, there were flowers blooming outside and at my first visit he did a vaginal examination (to this day I am not sure what his rationale was for doing this very invasive examination).

Aside from a fleeting moment on a day in the third trimester when I realized this growing bump was going to have to come out, I embraced being pregnant. My pregnancy was very normal and uncomplicated. I never worried about labour, pain or needless to say pain relief; there was no birth plan. Innately I trusted my body would do what was needed to birth my precious baby.

The stories that I heard through my pregnancy were all laced with graphic imageries of horror, agony and pain. Nearing term I realized that not one woman had told me a

positive story about their birthing experiences. These storytellers were not whānau and nor were they Māori. My natural optimism kept my thinking positive.

The due date came around and went and nothing happened. Five days later, I started to have some regular 'breath-taking' tightening's, formally known as 'braxton hicks'. Disappointingly after a few hours they all died down. Seven days later it started again, this time it was different. The tightening's became stronger and closer, it was 10 pm. At 11 am I called the maternity unit, like clockwork the contractions were 5 minutes apart. I was advised to come into the unit.

After a 25 minute drive to the Matariki maternity unit the contractions were now to 3-4 minutes apart and with each one I had to work hard to stay focused and calm. According to the midwife I was 6 centimeters dilated. Two more hours of hard work; labour and my body started to call to me in a way that was out of my control.

My GP was out of town that night and so his locum (whom I'd never meet) was present; he did very little. The midwife, a Scottish woman guided me through second stage with compassion and assurance, I listened and my pushes started to work. I could feel my baby coming down, out towards te ao Tūroa merging from her serene world of Te Ao Mārama. My baby was moving into a world of sharp noises and bright lights; and into the hands of a stranger.

I had gained control; being guided by the Scottish voice, pain had turned to burning; the most intense sensations I had ever felt. I wanted to move through this moment as quickly as possible. I was giving birth, my baby was coming, my baby's head was crowning. I listened to my body, to the midwife; "breath, push, breath, little pushes", it felt like an eternity of searing pain, then, with control and clarity baby's head was born. The next push and almost instantly baby's body was released from the warm protection of mine. The link between Te Ao Mārama and te ao Tūroa fused in a moment; past, present and into the future. The birth of my baby girl, the most empowering experience I had ever had, the memory of pain almost instantaneously gone. I was left, a very proud mother.

Two years later the memory of the contraction pain came flooding back as labour started for the second time. It was not until this moment I appreciated the power of naivety. My mind was very aware of what my body had to do and I wanted this moment to play forward as fast as I could make it. So, once I got to second stage I knew what had to be



done to finish the task at hand. This time my pushing was effective right from the start and before too long my James was born.

My third birth was quite different, my body automatically did what was required and although I was in control, I had no control over the power of my physical being. It was the most surreal experience, as if I was watching from above. Like my body, this baby also knew his job. I felt him moving down, through my *wheako mō te ara tau whaiti*, aided only by the strength of my contractions. I barely had to push to free him from my body. Paora was born at home surrounded by wāhine pōkai (8 in total including myself), he was the smallest and fastest baby to birth.

The last birth was again a unique journey, this little one had mirimiri and oriori nearly everyday she grew in me. I was about a week over my due date when I finally felt the pulling of my body, warning me things were changing inside. I had a sense of excitement to know by morning I would have my baby in my arms. This labour came on swiftly and fiercely; with one contraction I was jolted out of bed and onto my knees on the floor. I literally felt my body open and baby's head engage deep into my pelvis. Again, my body demonstrated its power, an undeniable message; I would soon meet my peepi. In saying this, Materoa was the hardest of all my baby's to push out, and being the fourth I underestimated the energy she required to be born.

All my children hold special names, and are reflective of where I was in my life at the time of their birth. Each name embraces a story and connects them to who they are and where they are from. My first three children are Ngāti Porou and Ngāti Tarara (Yugoslavian) and my pōtiki is Ngāti Porou, Ngāti Hine, Nga Puhi, Ngāti Hamoa (Samoan) and Hainamana (Chinese). In their entirety their names encompass their whakapapa, and identifies their cultural background. As I contemplated each baby's name it was very important to connect them to their whakapapa but moreso, that their namesakes were people that I admired and who encompassed values that I wished to be exhibited in my child.

Jessikha Rose Materoa; she got the name Jessikha simply because I liked it; I did want it to sound softer so spelt it with 'kha', unfortunately this has left her with the task of always having to spell Jessikha (with a 'kha' not 'ca'). 'Rose' is her paternal grandmother and when she was born the roses were blooming. 'Materoa' her great great grandmother is the significant connection for Jessikha to her whakapapa. Materoa is a Nanny that I love dearly and so wanted her presence to always be with my daughter.

James Haimona Pohoikura; he is named after my father and my brother, two men that I have the utmost respect. 'Haimona' is Māori transliteration for his fathers' name (Simon) and Pohoikura connects James to his whakapapa, of Kawakawa mai tawhiti. Paora Nikau Pohoikura; Paora is named after his uncle, again his namesake is a young man that is kind and exhibits attributes that I would like to see in my son. 'Nikau' simply because I liked the name and Pohoikura, again to connect him to his Waitoa whakapapa. Just prior to Paora's pregnancy I had a very early miscarriage. I had never contemplated the feeling of losing a child and it was the most devastating moment. I will never forget my little lost one.

Lastly, Materoa Hineawe Waiehurangi; she holds her great great grandmother and her grand Auntie (Nanny Bubs') names. Ironically they have been given to her in this order because the tipuna Materoa was older than Hineawe therefore they are in chronological order. Waiehurangi is a younger ancestor and reflects her Ngāti Hine ancestry. But, when I first looked at Materoa I instantly knew she would hold this name first, she was just my little Materoa.

In 1996 I applied for midwifery. I was declined. I reapplied the following year and entered into a class that would nurture some lifelong friendships. Since graduating in 2000 I have been practicing as a midwife. It has been the experiences of being a midwife and being a mother that has guided my academic career and research aspirations.

To some extent Māori identity has been blurred by a dominant discourse that upholds negative outcomes and maintains disparities in wellbeing. Many whānau have fallen into the trap of these definitions being victim to racism, poverty, abuse, alcohol and drug use. Unfortunately these realities have led to a large portion of our whānau losing the confidence in their capacity, this is extensively reflected negatively in social, economical and political status.

I have been privileged to work with many whānau over the years sharing intimate and empowering moments as they bring their peepi into Te Ao Māori. Sadly, some of these times have been the most devastating moments a mother and whānau could go through, I have witnessed strength, courage and resilience that is insurmountable. It has been through these experiences that my confidence in Māori having the ability to realize their potential and the potential of their tamariki has been strengthened. Therefore the knowledge that I bring to this research has been enriched by the generosity of mind, body and spirit of the whānau I work with.

Far too much of our mātauranga and memories from our tīpuna have regrettably passed on and with this is the loss of knowledge that is irreplaceable. Therefore it is imperative that we take the opportunities to listen to our elders, hear what they have to share before it's too late. It is crucial that we critique and document the effects of our histories on our present to therefore plan for the future. Whānau abuse was not a practice of Māori, we did not smoke in our pregnancies, we did not consume drugs and alcohol nor did we suffer from obesity or poverty. We also did not suffer from the poverty of our thinking, Māori knew we had potential and capacity, I believe these notions are innate.

Having the opportunity to know the intricacies of your whānau, hapū and iwi are crucial elements to the success of not only the individual but tangata whenua. Māori must write our own stories and dictate our own future. This can only come to fruition by understanding our past.

Ultimately this research pays tribute to my tīpuna for the rich ancestry that I have been privileged to carry; the intention is for these stories to be passed to my children so they can tell their children, maintaining intimate whakapapa. In a broader capacity the goal is for these narratives to feed into a pool of mātauranga that will bring concrete benefit for birthing whānau. For this to be reality a social shift must occur that will directly and positively affect Māori. At the very least this research will reveal to health professionals the crucial role we play in the composition of whakapapa.

### **How the study came about**

Critiquing a health environment that severely overlooked the aspirations of tangata whenua arose from being subject to a culture of education that profoundly espouses the dominant way of knowing and doing. This need to scrutinise ideologies that circulate and support reproduction of concepts that contribute to the maintenance of marginalization has been widely articulated (Smith, 1999; Ramsden, 1995; Tupara, 2001; Ajwani, Blakely, Robson, Tobias & Bonne, 2003). Moreover, the demand from Māori makes it vital to document our stories as a record for future generations and cements the desire of Māori researchers to support the reclamation and recreation of this knowing.

### **The need for the research**

During colonisation the fundamental element of Māori collectivism clashed with ethnocentric ideals of individualism. The overwhelming result for wāhine was the destruction of whānau and, coupled with a dominant patriarchal society, the subjugation of wāhine ensued (Mikaere, 1994). Dispossession from cultural identity devastatingly

affects wāhine, the inevitable flow-on effect apparent in the health statistics of wāhine and our tamariki. Research that addresses the denial of traditional knowledge and ways of doing is therefore crucial to the health of future generations.

The imposition of government legislations and onset of urbanisation saw an undermining of women birthing within their whānau environment and led to the hospitalisation of childbirth. This was a rapid transition; it has been estimated that in 1920 65% of births in New Zealand were in a home environment, compared to almost 80% hospitalised by 1935 (Ellis, 1998; Donley, 1993). The Western medical model had gained a monopoly on childbirth and power over maternity services and birthing women.

Currently midwives in Aotearoa New Zealand practice independently from other disciplines as Lead Maternity Carers [LMC]. The LMC role allows unique insight into the primary health needs of Māori, and provides a valuable opportunity to critique current health services provision in the maternity sector. Although this platform of care has been shown to suit wāhine Māori and whānau, statistics demonstrate that Māori remain at a disadvantage and marginalised in just about all areas of maternity (Ministry of Health [MoH], 2012; 2002c).

For example, Māori birth younger than other New Zealand women, have more preterm and low birth weight babies, are two and a half times more likely to smoke than non-Māori women and breastfeed less (MoH, 2010; 2002; Te Puni Kokiri [TPK], 2000; Tobias, 2001; Ratima & Kingi 2002). These factors all impact upon the other and are significant pre-determinants to the status of adult health.

In 1994, Guilliland and Pairman offered a practice model within midwifery built upon partnership. The partnership model used the constitutional base of te Tiriti o Waitangi as a springboard. It recognises pregnancy and birth as a normal physiological process and places the total childbirth experience within its social and cultural framework (Guilliland & Pairman, 2010; 1994). Whilst the midwifery partnership model created a platform to challenge maternity services, the alienating effects of health care provision continue to maintain disparities and Māori women remain disadvantaged.

Kenney (2011a) critiques the partnership model of care as minimizing a collective worldview and therefore a Māori perspective of wellbeing. She suggests midwives are unlikely to appreciate a Māori worldview and hence provide culturally appropriate care. Therefore Kenney strongly debates the appropriateness of such a model that has been

developed essentially by non-Māori upon the premise of te Tiriti to advocate the principles of protection and participation.

The Māori midwifery workforce comprises of only 8.1 % (MoH, 2012); this is problematic considering statistical population projections indicate Māori demographics are rapidly increasing (Durie, 2005). Coupled with token compliance to legislation and a dominant non-Māori workforce, that from a Māori perspective is inadequately educated, the health and wellbeing of whānau will continue to be adversely impacted (Kenney, 2011a).

To address these entrenched disparities providers of maternity care will need to develop an understanding of the history, practices and cultural values that underpin Māori childbearing. This will require contextually relevant and culturally appropriate maternity environments supported by legislation that is fully adhered to (Kenney, 2011a).

### **Who will benefit**

The results of this research will primarily benefit wāhine and birthing Māori whānau. Additionally, by exploring and publishing ways of knowing in a Māori reality the research will be beneficial to whānau, hapū and iwi. More specifically this research will directly impact on the whānau of the participants as it contains the kōrero of their kuia and their birthing experiences.

### **Overview of thesis**

This chapter has outlined the purpose of this research, the approach that will be taken and the reasons why this research is needed. Further, I have told something of my own story of giving birth.

Chapter two goes on to expand on the changing contexts in which Māori women have birthed. It reviews the historical context comparing worldviews of Māori and non-Māori during the colonising period. This provides an understanding to the background that now informs contemporary Māori birthing. This chapter also explores the broader determinants of health and the complex nature of these determinants with a particular emphasis on the maternity sector.

Chapter three outlines the Kaupapa Māori approach and methods by which this research was conducted. The interconnecton between ontology and epistemology is highlighted to emphasize the theoretical perspectives discussed. Māori academics such as Hudson (2004) and Cram (2001) will assist in outlining ethical considerations in Māori research prior to illustrating the specific methods utilised. A thorough examination, including an

overview of the Hermeneutical influence, will show the appropriateness of this methodology to this study.

Chapter four is the analysis, introducing the seven themes that were extracted from the data. Themes that were revealed extended upon elements that impact upon Indigenous wellbeing accentuating characteristics of chapter two. Each theme is emphasised by the participants voices, in this way the chapter tells its own story as it moves through each idea.

Chapter five offers a deeper symposium to provide further context to the themes. This chapter will encapsulate the main findings to show how issues may be addressed within contemporary midwifery practice to better meet the needs of birthing whānau.

Finally concluding this thesis chapter six presents each participant and her story. They are each introduced by way of ancestral proverb and an acknowledgement of their personal attributes accorded. Their story is then told, uninterrupted. I have chosen to place these here rather than as a appendix to maintain the mana of their kōrero. These kuia told vibrant narratives, their energy is expressed in their words and encapsulates their Ngāti Poroutanga.

## **Chapter Two**

### **Te Ahunga mai o taku Rangahau** (Context/Literature Review)

#### **Context of Māori health**

It is now widely accepted that the health of a person is not shaped by the influence of the health sector alone; it is strongly impacted by broader determinants beyond the boundaries of this sector. These broader determinants of health have been categorised to include historical, social, economic, cultural and political factors (Ratima, 1999).

Demonstrably poor health of Indigenous peoples around the world is not coincidental. Indigenous peoples are marginalised within all of these categories and this must be understood within the context of colonisation (Ratima, 1999). Examining the status of these determinants in New Zealand is significant to appreciating the health of tāngata whenua. While emphasis should be placed upon solutions and progress, having insight and understanding of our history is necessary to plan for continued advancement of Māori health. The Commission on Social Determinants of Health discuss the need to bring about improved daily living conditions, equitable power, money and resource distribution, and robust measures identifying the problem to evaluate the impact of action (Durie, 2011).

This chapter will illuminate some of the fundamental discourse that contributes to that understanding. To provide an historical base in this discussion, I will briefly describe pre-colonial health and the significance of Te Tiriti o Waitangi. This will provide a link to the emergence of disparities between Māori and non-Māori health within contemporary society, which arise from differential access to key determinants of well-being. The effects of these broader determinants upon health will be explored to offer comprehension of the complexity of the relationship. Factors such as these have historically impacted significantly on Māori within the maternity sector and continue to influence crucial health outcomes of wāhine and their baby's. Therefore, particular emphasis will be given to maternity services and midwifery – one of the most fundamental aspects of care for taha whānau.

#### **Historical context of health**

Historical findings were often transcribed by non-Māori, as traditionally Māori were a oratory culture and recounts of history were often past on via reciting such things as waiata and moteatea. Orbell (1995) accounts how Māori made use of newly acquired

reading and writing skills recording mythic narratives, songs and such things as cultural practices. These written records were not always attributed to Māori scholars and therefore were not published as such. Hence much of what is documented has come via anthropologists (non-Māori) gathering from various sources and then reflecting what they deemed important and appropriate to dictate. This means that many of these written accounts have been misinterpreted using an ethnocentric filter and therefore (at the very least) lost the significance of that particular action or practice. For example, waiata was often only valued as entertainment, this definition forfeited the deeper significance such things as waiata had for Māori (Ka'ai-Mahuta, 2010). Therefore, history dictated by early settlers must be put into this context and reliability of accounts reflected.

Wāhine have experienced a unique history of colonisation. This led to the severe suppression of status and has strongly influenced the views of where wāhine stand in contemporary society. Much of what is espoused lies in myths and legends lending understandings to the realm of imagination (Jenkins & Pihama, 2001). Moon (2008) identifies the act of employing the appeal of fairy tales to distinguish between good and evil as a common method of setting parameters of publicised knowledge during this historical period, and reflective of Christic values. Ironically the status of wāhine depicted in myths and legends tell of wāhine that were masters of knowledge, communication, physically and mentally strong and were held in the highest regard. Their theoretical worldviews were steeped in Te Ao Māori; these stories could therefore be a platform for wāhine to be guided.

Walker (1987) writes of some of the earliest observations of life in Aotearoa New Zealand, recorded by explorers such as Tasman and Cook, who were notable for objective and liberal views. They observed a people (Māori) who had a balanced character, exhibiting both positive and negative characteristics. Intelligence, ingenuity and industrious traits were displayed along with fear, greed and hostility. Savage and Berry later wrote of similar findings.

During these exploratory times, Joseph Banks also described a sound health philosophy and health system based upon social and cultural concepts that were managed extremely effectively within Māori communities. Life expectancy at birth for Māori was similar to that of non-Māori. Pre-colonisation therefore saw a Māori health system that was 'praiseworthy' (Smith, 1999; Walker, 1987).



Settlers arrived with an individualistic materialist culture and saw their activities as unproblematic. They introduced infectious diseases and muskets and stripped Māori of their land, values, beliefs and social structures. The chronic ethnocentric views of settlers during that period were simply a sign of times to come (Smith, 1999).

Māori have traditionally debated issues of importance in gatherings that focused upon a collective model. One of the first health hui was held at Pūkawa, Lake Taupo in 1856. The focus was how to combat the effects of escalating settlers; 1600 tribal leaders gathered to discuss the imposition of foreign political, economic and social systems. It was recognised that actions needed to be progressive and sustainable promoting cultural survival. This hui was a first of a kind signifying the crude ability of Māori to be innovative forward thinkers; for those present the motive was to create an environment for Māori that promoted equality and resilience (Durie, 2011).

### **Birthing and colonisation**

In her recent publication Clarke (2012) reports Māori birthing rates pre-colonisation are sketchy. She highlights some academics suggest Māori were having large families and others, particularly in the Southern regions, suggest that Māori birthing rates were low attributing this to longevity of breastfeeding patterns. During the colonising period the New Zealand Government saw it advantageous to encourage young, strong migrant couples to join the new colony, they would reproduce adding to the colonising population.

What was explicit during this period was the vast difference in attitudes to birthing. Māori tended to return to the daily activities requiring little time for recuperation after they had birthed whereas Pākehā went into confinement for extended periods of time. Māori were also open about their childbearing period in comparison to Pākehā women, who went to great lengths to conceal pregnancies. These were some of the approaches that revealed cultural contrasts in which Māori and Pākehā were birthing.

The concealment of pregnancy of Pākehā was greatly concerned with maintaining an honorable, passive demeanor reflective of their Christian missionary values. Rather than an image of beauty pregnancy was seen as an act of promiscuous behaviour that clearly identified those that were sexually active from those that weren't, the foci being women as sexual entities. These attitudes were typical of the taboos that surrounded pregnancy and sexuality during this period, especially among the middle class of Pākehā women.

This was reinforced by the euphemisms that expressed any commentary regarding pregnancy and birth; language was veiled and dismissive (Clarke, 2012).

In comparison Māori openly carried their pregnancies without issue of upsetting missionary values or causing discomfort to the middle class of Pākehā. Reflected in photographic images (Clarke, 2012), wāhine show pride in their pregnancy. Similar impressions were found by Makereti (1938) when it was shown that pregnancy was celebrated within hapū and iwi, particularly if it was of chieftainship ranking.

Due to its tapu nature special care was taken of wāhine during their pregnancy which meant certain practices needed to be adhered to. In accordance with this, specific structures such as a whare kōhanga, were erected; particularly for wahine of higher ranking. They would go and await the coming of their baby. For wahine of the more common status, they would go into the bush to birth their baby. Both these concepts separated the act of birthing from community living hence removing the likelihood of such things as cross-contamination. So, aside from the tapu nature of birthing this practice was simply common sense.

Attendance to wahine during labour and birth was exclusively by those who had the skill and a purpose for being present. Makereti (1938) points out that wahine laboured quietly, birthing baby in the squatting position. And although men may have been present (if their particular skills were required) no man other than their hoa rangatira (partner/husband) would ever touch their puku or genital area. Makereti reports wahine remained stoic in the presence of painful contractions, maintaining quiet control. She refers to this control as an ode to her 'husband';

*"Not a murmur comes from the patient, no matter how great the pain, for what is pain but nothing, when she is giving her husband the son or daughter which he so desires?" (p115).*

This quote has resounding parallels to a Western worldview and although Clarke (2012), Moon (2008) and King (2003) have all made similar references to a male dominant Māori society other language such as 'patient' warns of probable Western influences in the translation of Makereti chronicles. Mikaere (1994) refutes the notion that traditional Māori society was predominately led by males. She espouses Māori was a gender neutral society pointing out personal pronouns in te reo indicated to either male or female, *ia* (*his or her*) and possessive personal pronouns *tana* or *tona* (*hers or his*). Jenkins and Pihama (2001) support these views in their discussions impressing the need to redefine the scope and image of mātauranga wāhine.

What has become obvious is the stamina wahine displayed in times of emotional and physical distress. As outlined wahine returned to normal daily routines soon after birthing and tapu rituals had been released. In the case of non-ranking wahine their labours were equally abstemious, in fact probably more so considering they often birthed in the bush without the comfort of an enclosed space.

During the early century Pākehā missionaries were birthing with the assistance of women who were considered midwives (not formally trained), these numbers were small. Māori practiced in a similar manner, and although (it is assumed) their skills and numbers were greater than their counterparts, Pākehā rarely sought the assistance of Māori. In a relatively isolated environment such as, Aotearoa, this behaviour of missionaries indicates the arrogant superiority; highlighting their self proclaimed obligation to 'save' the natives. From this perspective, in such intimate matters as childbirth it would not have been appropriate to have turned to the 'uncivilised' for assistance (Clarke, 2012).

The late nineteenth century introduced confinement that was reluctantly offered by hospital boards to destitute women. Due to puerperal sepsis it was deemed safer to birth at home, but the reality for some women was they did not have an appropriate home environment or no home environment at all to accommodate this period. Many lives were lost largely due to lack of infectious control and although the authorities were aware of the dangers it wasn't until the early twentieth century that inroads were made in aseptic techniques and processes. There were other crude aspects to life-saving dilemmas that surgeons would be faced with; performing a highly risky caesarean section (rarely survived by women) to save the baby's life or performing a craniotomy therefore forfeiting the baby's life to save its mother (Clarke, 2012). Ironically caesarean sections are now performed daily, sometimes hourly, with little contemplation to the devastating mortality rates initially observed.

### **Te Tiriti o Waitangi**

In 1935 British colonists acknowledged Māori sovereignty and independence by signing the Declaration of Independence, which was superseded by the signing of the Te Tiriti o Waitangi, Treaty of Waitangi (TOW) in 1840. There, kawanatanga (governance) was surrendered by Māori, while rangatiratanga (chieftainship) over lands, estates, forests, fisheries and treasured possessions (*taonga*) was guaranteed. This led Māori to assume an equal balance would be gained between tangata whenua and new settlers. The

document was intended as recognition of equal partnership and as a foundation for future relationships between Māori and the Crown (Orange, 1989).

Interpretation of the Māori version and Pākehā translation of the three articles of the Tiriti has given rise to considerable conflict, although the Rule of Contrapferentum states that when conflict arises between treaty versions, the version in the language of the non-drafting signatory (in this case Māori) should be read. The Waitangi Tribunal however, must consider both versions as directed by Section 5(2) of the Treaty of Waitangi Act 1975.

Regardless of such conflicts, the Tiriti has significant relevance to health. As Durie (2005) highlights the Tiriti was a unique colonising feature of Aotearoa and promised benefits to all involved. Some would suggest Normanby's instructions to Hobson noting he wanted to protect the rights and property of Māori, eager to ensure that they enjoyed peace and good order, implied protection of good health. Significant implications that emerge directly from various Tiriti articles with relevance to health (*taonga*) are; participation and equity, processes of good governance, self-determination and development of iwi resources.

The constitutional guarantee of equity between Māori and other citizens of New Zealand is stipulated in Article 3 (TOW, 1840). This promises that Māori should experience equal enjoyment of all of the benefits of New Zealand citizenship, which implies the inclusion of good health. The inferences of the Tiriti, specifically the relationship between Māori and the Crown, have been weaved through health strategies in Aotearoa signifying an obligation of health providers to adhere to the principles inherent within this document (The New Zealand Government, 2012; MoH, 2006; 2002a; 2001; 2000). However, government policy requires robust development, implementation and monitoring to ensure these policy impact positively upon Māori health (National Health Committee [NHC], 2002).

The National Health Committee (2002) also recognised that one of the key factors inhibiting positive change was the limited implementation of the Tiriti within the health arena. Moving forward Durie (2011) predicts that Māori and the Crown will realise the full impact of the Tiriti relationship allowing to plan mutual goals into the future. This will support Māori redefining the notion of sovereignty and reinforce the relationships gained locally and globally, particularly with other Indigenous peoples.

## Models of health

Traditional Māori health systems were based upon tapu and noa with infrastructures within communities/whānau to support these practices. Physical, emotional and spiritual realms influenced oranga whānau; therefore health was holistic and certainly not individualistic. Structures such as the whare kōhanga were constructed specifically to ensure preservation of tapu/noa states and continuation of well-being (Clarke, 2012; Rochford, 1997).

There are various currently accepted health paradigms created with respect to a Māori health perspective. One such is Te Whare Tapa Whā, developed by Mason Durie in 1982. Te Whare Tapa Whā is often referred to as the traditional approach to Māori health although it was developed in accordance with contemporary Māori thought. At Hui Whakaoranga in 1984 it was acknowledged that this model reflected Māori world views, incorporating the complex set of dimensions necessary for Māori well-being. Durie identified four dimensions that interact to maintain strength, symmetry and balance thereby ensuring good health. He models them upon the walls of the whare, the four dimensions are: taha wairua (spiritual), taha hinengaro (thoughts & feelings), taha tinana (physical), taha whānau (family) (Durie, 1994). Other such models include Dr Rose Pere's Te Wheke introduced in 1984 at Hui Whakaoranga and Te Pae Mahutonga, a health promotion model also developed by Durie in 1999.

Health paradigms currently applied in New Zealand are centred within the dominant Western culture and based upon the medical model, concentrating on biological dysfunction (Donley, 1993; Ratima, 2001). The inadequacy of these concepts of health for Māori were recognised at Hui Whakaoranga (Durie, 1994). Mid 20<sup>th</sup> century the World Health Organisation (WHO) acknowledged that health was greatly influenced by physical, mental, and social wellbeing and not just absence of disease (Ratima, 2001).

The significant difference between the WHO descriptor and Durie's model is that Te Whare Tapa Whā is firmly anchored in the spiritual rather than a somatic realm (Durie, 1994). Although conceptual Māori models of health have been broadly implemented within the health sector and are recognised to enhance Māori health outcomes, statistics continue to report unacceptable health inequalities. Further discussions have identified strategies required to increase whānau capacity, Māori workforce development, governance and leadership. Durie (2011) has identified the incorporation of Indigenous practices into mainstream structures would enhance Indigenous wellbeing locally, nationally and globally.

The Ministry of Health have implemented a strategy that aims to improve whānau capacity, introduced in 2010, Whānau Ora seeks to transform whānau, restoring the value in which Māori see themselves and where they have come from. These concepts were first highlighted in He Korowai Oranga – Māori health Strategy (MoH, 2002a); this strategy impressed the need for the health sector to reach desired health outcomes not just for individual Māori but also for whānau. The concept of whānau collectiveness has been articulated in early publications. Makaereti (1938) emphasised any action was only undertaken by the individual if it was going to be beneficial to the whānau.

Whānau Ora is a strategy it relies heavily on concepts reflected in models such as Te Whare Tapa Wha, and could be seen as a model of health in itself. Expanding on those concepts whānau ora is outcome driven including; self management, living healthy lifestyles, full participation in society and confident in Te Ao Māori, economical stability and potential, within whānau that are cohesive, resilient and nurturing (MoH, 2011). To achieve these end goals will require unified and integration of solutions. Turia (MoH, 2011) highlights that although transformation may appear to be grounded in an optimistic view the approach is very pragmatic. This aligns with global recognition that pathways need to be distinct with goals that focus on empowerment and contribute to human life in a substantially positive manner (Durie, 2011). Tariana Turia indicates the uniqueness of this strategy with the whakatauki;

*“Me te mea ko Kōpū, ka rere i te pae. Whānau ora is like the beauty of the star, Kōpū, that heralds the coming of the dawn” (MoH, 2011, p. 3).*

Whānau ora is two-dimensional; firstly it encapsulates the integration of social, cultural and economic dimensions and secondly it integrates individual interests with whānau competencies (Durie, 2011; MoH, 2011). At the primary health care level and specifically within maternity this model enhances access to midwives, potentially improving maternal and infant wellbeing. Currently 32 Whānau Ora collectives representing over 160 health and social service providers, are working with whānau to tailor their needs and aspirations. Early evaluation indicates, that although whānau needs are complex and multi-dimensional, there is positive progress toward identified aspirations (Durie, 2013).

### **The Midwifery Partnership Model**

As briefly mentioned earlier the Midwifery Partnership Model (Guilliland & Pairman, 2010; 1994) was developed in 1994 and has been evolving since then. The backdrop to this model is reflected within the concepts that it espouses. Inherent are the historical

impacts and political challenges that the midwifery environment was entrenched in; a system absent of any women-centred approaches that was undermined by the dominating medical model.

Guilliland and Pairman (2010) reiterate the philosophical underpinnings asserting the notion that pregnancy and childbirth are normal life events, that midwifery's primary professional role is with women experiencing a normal pregnancy, labour, birth and postnatal period, that midwives provide women with continuity of care and midwifery is women-centred. This model has gained regulatory and professional recognition, and although it has been shared with the international arena of midwifery it remains exclusive to New Zealand.

The partnership model is essentially a framework for building a relationship between midwives and women. Mutual understanding and trust within this relationship is attained through the sharing of knowledge, control and responsibility. Kenney (2011a) questions the validity of such a partnership when crucial competencies of a midwife, such as cultural safety, are determined through the midwife's self reflection. This disregards the recipients notions of cultural appropriateness and imposes an imbalance of power. Through this lens, a power shift within the relationship undermines an equitable partnership. So, although the social and political context within which the model of partnership is offered recognises an emancipatory platform, it fails to sincerely engage Māori consumers to take control of their childbirthing experiences.

### **Century of development**

The nature of midwifery and obstetric services falls within a century of development. Four phases were identified by Mason Durie (2003) as periods of progress in Māori development over the past century. Te Whakamāuitangi: Recovery 1900-1925, Tūpunga Ahuwhenua: Rural development 1925-1950, Te Hekenga-mai kāinga: Urbanisation 1950-1975 and Te Tiriti, claims, settlements, autonomy 1975-2000. King (2003) identifies similar developments in his writing, saying that Māori could not have foreseen the drastic impact colonisation would have nor the fortitude and resilience shown in response. Further into the 21st century we acknowledge global trends and the influence these may have upon Māori advancement. Durie (2011) highlights the desire to enhance the uniqueness of Māori culture whilst acknowledging these measures will at times be redefined to accommodate a progressive Māori environment.

After the Great depression of the 1930's, as unemployment rates increased, so did Māori population. The welfare state introduced free hospital care, education and minimum income for the unemployed, elderly and those with children; it also initiated the image of 'dependant' applied to Māori (Durie, 2003; King, 2003; Dow, 1999).

The century's phases in the wider context of health were reflected in maternity services. The imposition of government legislations and onset of urbanisation saw an undermining of women birthing within their whānau environment and led to the hospitalisation of childbirth. During this era non-Māori mortality rates were high and birthing conditions were deemed to be unsuitable. As pointed out, midwifery support was provided by both wahine and women who had developed their skills via observation and experience (Clarke, 2012). Reports of this period illuminate the harsh realities of hospital birthing.

The Government of 1904 feared that Māori birth rates would overtake those of the British settlers and eventually gain a monopoly on the competition for resources. As a strategy to address issues influencing the mortality rates the 1904 Midwifery Act was instigated. This outlined specific standards for midwifery practice, prioritising improvement of maternity services by training midwives and enforcing State registration, ultimately phasing out the role of lay midwives. St Helens hospitals provided the base for midwifery training establishing purpose built environments to accomodate working class married woman to birth and spend their postpartum period (Pairman, 2005).

It was a rapid transition to hospital birthing; it has been estimated that in 1920 65% of births in New Zealand were in a home environment, compared to almost 80% hospitalised by 1935 (Pairman, 2005; Ellis, 1998; Donley, 1993). The Western medical model had gained a monopoly on childbirth and power over maternity services and birthing women. Although the Government displayed a sentiment of admiration for mothers it did not support this attitude with any financial recompense aside from free maternity care. As a patriarchal society the virtuous role of mothering was only synonymous with married women, single mothers were treated harshly and expected to support themselves while bringing up their children (Pairman, 2005).

Matiu Rata addressed the Māori Women's Welfare League in 1975 to effect research on the role, status and opportunity for Māori women. The League actively supported the whānau structure, recognising the significance of whānau to Māori development. In the trail of urbanisation the League continued to campaign for the rights of women and children by re-establishing the spirit of whānau (Durie, 2003).



The Land March of 1974, occupation of Bastion Point in 1978, and the establishment of the Waitangi Tribunal in 1975 were all signposts which marked the social movement of Māori (Smith, 1999). The tribunal were now hearing claims and had begun the process of rewriting New Zealand history (Durie, 2003). Māori development was given increased prominence at Hui Taumata in 1984, where the goals of economic self-sufficiency, social equity and cultural affirmation were given high priority (Ratima, 2001).

During the 1980's and into 1990 the Labour Government made significant changes proving to be responsive to women's issues. The Government founded the Ministry of Women's Affairs and also passed legislation such as Parental Leave and State Sector Act 1988 with the intention to raise the profile of women. During 1988, New Zealand midwives established their current professional body, the New Zealand College of Midwives [NZCOM]. After campaigning by consumers autonomy returned to the midwifery profession with the Nurses Amendment Act 1990. Principles that emerged from the Cartwright enquiry (1987-1989) also fuelled the growing disillusionment with the medical model that had up to then shaped midwifery practice.

Women had realised they were entitled to accountability, women-centred care, self determination and cultural sensitivity (Guilliland & Pairman, 1994; Pairman 1999). This legislative and political climate gave rise to the Partnership model for midwifery practice (Guilliland & Pairman, 2010; 1994). The Tiriti o Waitangi provided a constitutional base as a platform to develop this concept of partnership.

Loss of power and dispossession of motherhood knowledge were the descriptors that led to the alienation of the childbirth experience for women. Hence medicalisation of childbirth appeared to have parallel effects upon women that colonisation had upon Māori. Loss of identity, dependency and loss of self confidence had become a common reality for wāhine. Māori women had been experiencing the alienating effects of health care twofold and while the midwifery partnership model creates a platform to challenge maternity services, as already stated Māori women remain at a disadvantage.

The first Māori midwives' hui was held at Waikato in 1994 establishing Nga Maia. This group has a role as a representative body for Māori women and midwives. It evolved to Nga Maia o Aotearoa me Te Waipounamu and is acknowledged as the Tiriti partner to NZCOM supporting Māori women to return to birth within an appropriate environment.

## **Disparities in health status**

### **Ethnicity**

Māori as the Indigenous peoples of Aotearoa have the right to determine individual and collective identities. This distinguishes Indigenous rights from ‘minority’ rights and reiterates the sovereign rights of tāngata whenua. In the past measuring disparities compared one group against another, with one group being the defining reference group and the health of other groups being compared against it. Whilst providing a direct measure of inequality, the non-reference group is positioned as the deficit model (Cormack & Harris, 2009; Tobias, 2001). More recent critique of ethnic data collation recognised conflicts in this manner of analysis (Cormack & Harris, 2009).

Poor quality data collation undermines our ability to effectively monitor Māori health outcomes and work toward the elimination of disparities. Ethnicity within New Zealand is based upon self-identification and is therefore influenced by variables such as age at the time of enquiry, who is asking the question and why the question is being asked. A person may choose to identify in more than one ethnic group. Most of our health statistics come from information gathered at the tertiary level of health care and from death certificates (Cormack & Harris, 2009; Sporle, 2004).

Ethnicity data protocols have been introduced within the health and disability sector intended to improve the accuracy and consistency of ethnicity data over time. Historically ethnicity data has been prepared in an adhoc manner producing poor quality data. The Ministry (2002c; 2002b) has acknowledged accurate ethnicity data as crucial information to guide the development and implementation of health policy, services and programmes. Since this recognition a document (MoH, 2004) outlining protocol requirements for collection, recording and output of ethnicity data has been published. These guidelines will provide consistent measures and documentation for health administrators and health professionals alike. As the MoH (2012) point out accurate data analysis is reliant on quality data.

Recently the Midwifery and Maternity Provider Organisation [MMPO] restructured their maternity notes format (MMPO, 2012). MMPO reported to its members that key changes had occurred including updating screening questions, increasing the amount of smoking questions, aligning hardcopy notes to online versions and inclusion of a brief summary of information on the first page. Noted is a simple yet more crucial change that was not mentioned but would drastically effect the data collation of Māori maternity statistics. ‘NZ Māori’ had replaced ‘NZ European’ as the first option; this means that

when data is entered into the MMPO systems if a woman has identified as Māori, this will be the ethnicity that will be recorded. Prior to this change, if she had entered NZ European and NZ Māori she would be recorded as NZ European. In two consecutive midwifery standard reviews (MSR) over a period of 3 years the ethnicity data from my LMC practice alone contained a 6.8 – 10% inaccuracy record of women I cared for who had identified as Māori. When this discrepancy was first noted in 2009 a request was made to change the order in which Māori ethnicity was printed; the change took place in 2012.

Although improvements have been made in some datasets of ethnicity misclassification and undercounting of Māori still affords further work to reduce inaccuracies. Statistical precision will impact severely upon the monitoring of disparities to ensure effective interventions are implemented. Key stakeholders such as MMPO play a crucial role in the design and maintenance of their collection software and tools to remain responsive to the Crown's obligation in reducing disparities (Cormack & Harris, 2009).

The complex nature between the research, researcher and researched can significantly affect the validity of any research; non-Māori researchers will analyse data differently from Māori. Increased Māori involvement will meet Tiriti obligations and give the research greater legitimacy among Māori, thereby increasing participation. Māori must therefore play a key role in determining all aspects of research as an important pre-requisite for the uptake of results by the community (Smith 1999).

### **Māori health status**

Up to the early 1980s the life expectancy gap between Māori and non-Māori was closing. The inaccuracy of statistical information collected during the 1980s and 90s meant that Māori mortality rates were seriously undercounted (MoH, 2010; Cormack & Harris, 2009; Ajwani, et al, 2003), nevertheless the findings show a steady decline in mortality rates for both genders at all ages for non-Māori ethnic groups (excluding Pacific ethnic groups) while in contrast there was little change in the rate for Māori. Results found a progressive widening of disparity in survival chances between ethnic groups in this period. For example, the life expectancy gap for Māori males at birth increased from 6.3 years to 9.9 years when compared to non-Māori. Current data show Māori life expectancy at birth is at least eight years less for both genders than non-Māori (MoH, 2010).

Chronic disease is identified as the major cause for this increase in inequality; Māori are more likely to experience cardiovascular and cancer mortality, diabetes and chronic lung

disease. The rates of unintentional injury and suicide mortality are also significantly evident (MoH, 2010; Ajwani et al, 2003). These disparities of Māori women and men have remained relatively consistent throughout most of the last decade.

Maternity statistics are also telling: Māori women are having babies at a younger age than most other New Zealand women; in 2010 the average age for non-Māori women was 29 years and 25 years for Māori while 44.1% of all births to teenage mothers (<20 years old) were to Māori women. Māori have increased rates of preterm and low birth weight infants, and any Māori baby is more likely to die within 7 days of birth than non-Māori (excluding Pacific babies) (MoH, 2010; 2002; Tobias, 2001; TPK, 2000). Infant mortality rates are one and a half times higher than non-Māori and Māori babies are less likely to breastfeed.

Māori women also tend to have more babies and this rate has increased over the period between 2001 – 2010. Over a quarter of all baby's across all age groups were of Māori ethnicity and reside in the higher decile areas. Over a third of wāhine smoke at registration with an LMC (MoH, 2010). These statistic reflect the high deprivation population among Māori; MoH (2010) report almost half of wāhine live in the most deprived areas.

Māori are however, more likely to have a normal birth which could simply reflect that the rate of vaginal births decrease with maternal age; therefore the younger you are the more likely you are to birth vaginally. Accompanying this Māori (with Pacific and Asian) were also more likely to give birth via a emergency caesarean; this corresponds with a high rates of smoking in pregnancy and low birth weight babies. The national home birth rate was 3.2% in 2010 and Māori were more likely to have a homebirth than non-Māori. These figures for home birthing are a sharp contrast to the home birth rates of the 19<sup>th</sup> century (MoH, 2010).

Unfortunately there has been very little shift in maternity statistics in nearly a decade, Māori still lead overwhelming negative outcomes. In a domino affect; birthing within a economically deprived state increases the likelihood of being young, a smoker, giving birth prematurely, having a low-birthweight baby and all of these factors elevates chances of intervention specifically birthing via emergency caesarean section. And just as there are inter-related health consequences within maternity outcomes so is there relations between morbidity surrounding this period that impact upon the infant. So, as cultural identity is a pre-requisite for optimal health of Indigenous people, in many cases so too is maternal health a pre-requisite for optimal infant wellbeing.

## **Determinants of health**

### **Biological determinants**

The supposition that health disparities are primarily biological in origin has dubious value. It implies that health status is predetermined and ignores evidence of the influence of broad determinants of well-being. At best, biological differences have limited value as a health determinant as discussed in terms of biological evolution, reflecting the adaptation of human groups to environmental conditions (Xuequin & Henderson, 1999).

If disparities in health are due to innate biological differences, then it absolves responsibility from the societal structures and policies that maintain these inequalities. Ratima (2001) commented that if explanations for identified disparities are not examined, the assumption that these differences are completely understood will be encouraged, supporting widening gaps as disparities appear endemic and are accepted as 'normal'.

### **Historical determinants**

The impact of colonisation upon Māori health is complex and ongoing. Land alienation is widely accepted as a factor of poor health in Indigenous peoples; lack of natural resources, overcrowding and malnutrition are but a few detrimental effects of this consequence (Rochford, 1997). Cited in Ratima (1999), Cobo states that land is not just a possession and means of production but the relationship between the spiritual life of Indigenous peoples and land i.e., tāngata whenua with Papatūānuku and whenua, has many deep-seated implications. Land alienation has therefore not only been a loss of economic base to Māori, but by disrupting the social structures of whānau, hapū and iwi, true poverty was introduced.

Christianity undermined customary belief systems eroding multiple avenues for cultural transmission. Tupara (2012) points out the relative speed in which Māori took to Christianity, being drawn to concepts that were similar to Māori worldviews. As a consequence Missionaries had little trouble establishing education systems that discouraged the use of the Indigenous language. To date our most widely utilised language is English even though the Māori Language Act 1975 gave Māori language official status, fluency remains minimal among tangata whenua.

Aspin and Hutchings (2007) also discuss the strong influence Christianity had on crucial aspects of Māori society. Their focus is particularly on Māori sexuality and the ongoing negative impact patriarchal religious monarchies exude on Indigenous institutions such

as the authority of Māori oratory histories. As Christianity imbedded within Māori society so did their worldviews and Māori oral histories were retold heavily tainted with Christian influences.

Simultaneously the introduction of such things as muskets and infectious diseases had devastating effects upon the Māori population. Combined with the effects of land alienation, Aotearoa was brought to a point early last century where destruction of a race seemed almost inevitable (Clarke, 2012; Rochford, 1997). Durie (2011) discusses the history to which Māori have proven resilience in the face of devastation. Māori vitality is the backdrop to realising Māori potential focusing upon success rather than failure, positive engagement and prospective autonomy.

### **Political determinants**

Loss of self-determination has been identified as another cause of the health disparities that exist within Aotearoa. The partnership called for by te Tiriti o Waitangi has not been honoured and Māori are not centrally involved in the decision-making, acting and controlling of resources (Tupara, 2012; Jones 1999). The Tiriti has not eventuated into a partnership but so far, allowed domination by Pākehā and marginalisation of Māori. This results in lack of equitable participation by Māori in positive and beneficial aspects of life in Aotearoa and over-representation in the negative aspects, for example, in poor health statistics (Bishop, 1996).

The remnants of colonisation permeate contemporary life and although Durie (2011) recognises the significance of the Tiriti being incorporated within legislation Tupara (2012) comments that there is no credible evidence to suggest Māori have equality in opportunities within Aotearoa. Health outcomes discussed above would appear to support this argument. In this context, Jones (1999) aptly refers to the Government as the gardener; when the gardener is allied with one group over another (ie, favours the blossoming flowers over the ones not faring so well) and is not concerned with equity, then the question as to why the group is not faring well will not be asked.

*“The gardener has the power to decide, the power to act, and the control over the resources” (p. 1214).*

### **Cultural determinants**

Mass urbanisation of Māori between 1950 and 1975 led to further loss of connections to land, language, whānau, hapū and iwi. Whānau structures broke down and Māori found themselves alienated in a Pākehā society (Durie, 2003). As already outlined, Durie states that cultural identity is a critical pre-requisite to good health among Indigenous peoples.

Fewer than half of all Māori have ongoing links with tribal land, access to marae is poor and fluency in Māori language considered a hard earned privilege that only few achieve. There is also little opportunity for cultural expression and endorsement within society's institutions, reinforcing lack of contact and inability to gain cultural identity.

Language is the key to all Indigenous culture so the revitalization of Māori language is crucial. Institutions such as Te Kōhanga Reo and Kura Kaupapa will strengthen the survival of Māori language and identity but require access to supportive whānau environments. Confidence in reo Māori promotes a confidence in self identity and therefore cultural identity.

Whānau is crucial to accessing Te Ao Māori as this is where the greatest influence upon children and adolescents originates. Ryan and Wilson (2010) acknowledge the crucial role Māori mothers have in whānau wellbeing therefore the need to ensure our services are both supportive and proactive in reinforcing a reconnection with Te Ao Māori. Government focus since the 1980s has been upon iwi and hapū development leaving whānau alienated by urbanisation to infrequently feel the benefits of this. With the implementation of Whānau Ora and as directed by Durie (2003) attention must be drawn to creating supportive whānau environments that will enhance positive whānau development.

### **Socio-economic determinants**

Evidence has shown that the persistent health inequalities that exist in New Zealand are linked to socio-economic factors (Public Health Advisory Committee [PHAC], 2004; MoH, 2002c; TPK, 2000a). Jones (1999) comments that socio-economic status does not explain health disparities and that to address these attention needs to be given to the underlying structures that cause Māori to be over-represented in poverty whilst Pākehā are over-represented in wealth.

The reality of the early 1900s welfare state's promise of increased wages, trade training and subsidised housing has become minimum income, sub-standard housing, failing education and poor health for Māori (Durie, 2003). Jones (1999) discusses socio-economic status as a symptom of contemporary structural factors that continue to perpetuate historical injustices and points out that inadequate access to key social opportunities explains the association between socio-economic status and race. Jones and Walters et al (2011) agree that this type of racism has no identifiable perpetrator and often manifests as inherited disadvantage.

Māori currently represent the higher deprivation population group in Aotearoa New Zealand, with under-representation in the lower deprivation groups. Local and overseas studies have demonstrated the relationship between life expectancy and deprivation; life expectancy at birth decreases as deprivation increases. Although this is applicable to Māori, studies have also shown that Māori are consistently dying younger than Pākehā at all deprivation points. This highlights the entrenched disparities visible between Māori and non-Māori (Durie, 2005; TPK, 2000a).

It has been clearly identified that young Māori are less than likely to access healthcare as required (NHC, 1999; MoH, 2002c). Poverty results in inadequate access to infrastructural services such as power, phone and transport, elements crucial to accessing appropriate care. Māori women have specified these as barriers to accessing maternity services (NHC, 1999). Considering that the highest number of young pregnant women are Māori, their inability to access appropriate services is a dangerous barrier strongly reflected in maternity, neonatal and childhood morbidity and mortality statistics.

### **Behavioural determinants**

Behaviours which influence a person's health status are termed health-affecting behaviours and can have either positive or negative outcomes upon health (TPK, 2000a). These behaviours include such things as smoking, alcohol consumption and physical activity.

Health affecting behaviours interact largely with socio-economic factors such as access to educational achievement and adequate income; these influence the propensity with which people actively engage in such behaviours (TPK, 2000a). For example, smoking has been associated with low educational levels amongst Indigenous peoples worldwide (TPK, 2000; Xueqin et al, 1999).

All health-affecting behaviours impact upon risk factors for disease processes; smoking is a major cause of preventable death. Furthermore, Māori women are three times more likely to smoke than non-Māori women, especially during reproductive years (MoH, 2010). These statistics are reflected in mortality rates such as, sudden unexplained death of the infant [SUDI] which can be attributed to parents smoking during and after pregnancy (TPK, 2000c; Murchie, 1984). Smoking in pregnancy also increases the risk of miscarriage, preterm labour and low birth weight babies (Moore cited in Sweet, 1997), the latter two of which occur most often for Māori women and are complications that contribute to neonatal morbidity and mortality rates.



Outcomes of health-affecting behaviours unmask the relationship between broader elements of Māori well-being and their direct impact upon health, highlighting an imperative to recognise the influence of and address the issues within these wider determinants to achieve further health advancement for Māori.

### **Future developments**

The last decade has been critiqued as achieving some advantages for Māori within the health sector, specifically the increased numbers of Māori health providers (Durie, 2000; 2003; NHC, 2002). The National Health Committee undertook a complete review of Māori health policy during the decade up to 2002. They acknowledged the achievements of Māori health service providers in delivery, health promotion, education and gains in health workforce development. Areas of concern highlighted were inconsistencies and weaknesses in policy development, implementation and monitoring, which has severely impacted on the ability of Māori health policy to deliver positive outcomes (NHC, 2002).

Five key factors have been identified by Durie (2000) that will impact upon Māori health over the next 25 years. They include participation in society, environmental adaptation, access to Te Ao Māori, demographic change and policies for health. He discusses the shortsightedness of an assumption that it is the sole responsibility of the health sector or the Government to plan for future Māori health. Durie (2011) strongly emphasises Indigenous potential in national and international settings and draws on positive influences toward improving whānau capacity.

Māori health issues have long been vigorously and consistently debated at health hui such as Pūkawa (1856) which despite the diversities of whānau, hapū, iwi, and regardless of the specific issue of health (i.e. children's health or women's health) such hui have engendered consensus on priorities for Māori health. These priorities may be grouped into three broad goal areas; elimination of disparities between Māori and non-Māori, the health and safety of future generations, and active Māori participation. Underpinning and therefore overriding these goals, and consistently emphasised, is tino rangatiratanga (Durie 1998). Positive Māori development emerged at the core of Māori policy after Hui Taumata. There is a strong desire to plan for the future, recognising forever changing landscapes that may require some navigation. Realising Māori potential and celebrating our capacity is now the focus rather than constantly trying to catch up with the past (Durie, 2011).

He Korowai Oranga (MoH, 2002a) was the first explicit Māori health strategy to be developed with a commitment to reducing disparity. Recently, in alignment with this policy, Whānau Ora evolved encapsulating the essence of whānau potential. The overarching framework for these strategies and many others is based on the Tiriti o Waitangi, providing the backdrop for policy development, implementation, monitoring and evaluation of all parts and at all levels of the health sector (MoH, 2002a). The Government has therefore committed to fulfilling the relationship between iwi and the Crown under the Tiriti. Derived from the Royal Commission on Social Policy in 1988 the principles of partnership, participation and protection will continue to underpin that relationship (NHC, 2002; MoH, 2002a).

He Korowai Oranga has acknowledged that to improve Māori health status, contributions and commitment from all sectors, in partnership with Māori, is necessary (MoH, 2002a), and much has been written about the need to scrutinise ideologies that circulate and support reproduction of concepts that contribute to the maintenance of disparity (Aspin & Hutchings, 2007; Smith, 1999; Ramsden, 1995; Tupara, 2001; Ajwani et al, 2003). Ramsden (1995) and Tupara (2001) identified discrepancies in the education of Māori and Pākehā nurses and midwives that have derived from the neo-colonial education system, which promotes stereotypical constructs in Aotearoa. Tupara argues that the current model of midwifery education has yet to secure a place for Māori in the education process, and we are not yet equal contributors in our own development.

Currently the Māori health workforce requires a strong commitment from Government agencies to increase Māori capacity, particularly Māori midwives. Midwives that identify as being Māori make up 8.1% of the midwifery workforce and Māori make up 25.4% of the birthing population (MoH, 2012). This will mean that only 1 in 3 wāhine will have the opportunity to be cared for by a Māori midwife; a by Māori for Māori approach has been noted to improve health outcomes (MoH, 2002a). The other dimension to be considered is the high risk complications that can often accompany wahine, therefore Māori midwives potentially have to negotiate a complex multi-disciplinary level of care.

Māori workforce statistics would appear to support Tupara's (2001) theory that Māori midwives are yet to define their models for successful midwifery recruitment and retention. A by Māori, for Māori and with Māori approach has been identified as a crucial element for health care access and promotion. Failing this, consciousness of Māori health discourse must be promoted in midwifery education to reduce discrimination and institutional racism experienced by Māori midwives and wāhine

alike. Under-representation of Māori at governance level and inadequate participation of Māori within the health sector were two areas identified by the NHC (2002) as potential risk factors for future advancement, and does not reflect the level of interest within the Māori community.

Midwifery's challenge moving forward will be to grow their Māori workforce in a sustainable manner. Work has commenced on this within a Māori advisory group obliged to report back to the Ministry. This advisory group called Nga Manukura o Apopo raise contentious issues within the midwifery arena because it aligns Māori midwives with Māori nurses. The focus of this group is Māori workforce development within midwifery and nursing. Midwifery as a profession negates aligning with nursing as a political stance. For Māori midwives within this group the focus is advancement for Māori. Although Māori midwives and nurses have very individual philosophical standpoints the two can converge to work together towards Māori workforce growth. The focus for these professions is the collective benefit for Māori rather than individual profession. Various projects are currently underway analysing Māori midwifery education among the various midwifery educational institutions (Nga Manukura o Apopo, 2013).

## **Conclusion**

Examining the status of key determinants of health in New Zealand is significant to appreciating the health of tāngata whenua. Good health cannot be separated from socio-economic circumstances and Indigenous peoples world over acknowledge cultural identity as a prerequisite to good health. By 2051 Māori population will almost double in Aotearoa, therefore allowances for the promotion of the Māori health will require input from Māori urban authorities, runanga, whānau and Government. Policies developed must emphasise capacity building, self-determination and strengthening of Māori society (Durie, 2000).

### Chapter Three

## Taku Whatu i taku Rangahau

*(Methodology and methods)*

Over the past few decades there has been a renewed sense of commitment to the revitalisation of te reo Māori and with this the expectation of access to Indigenous knowledge and values. Evolving from here is the demand for autonomy over Indigenous knowledge transmission and the rejection of systems that promote assimilation and dependency (Durie, 2004). To legitimise this mandate Māori require methodological frameworks that support the complexities of Indigenous worldviews.

Chilisa (2012) highlights the ongoing discussions of Indigenous research frameworks and the idea of decolonisation. Decolonisation involves centering the issues and worldviews of the colonised so that their perspectives are represented. It involves using strategies to liberate the voices of the marginalised whilst enhancing the restoration, development and empowerment of cultural practices, thinking and values. Kaupapa Māori theory offers the platform to conduct research that promotes these principles prioritising a Māori worldview. This allows the space for Māori researchers to operate from Māori terms of reference.

### **Kaupapa Māori research**

Smith (2012) sets simple guidelines in which to critique the fundamental intentions of research they are:

*“Whose research is it? Who owns it? Whose interests does it serve? Who will benefit from it? Who has designed its questions and framed its scope? Who will carry it out? Who will write it up? How will its results be disseminated?” (p. 10).*

The theoretical foundation of this research has evolved within an environment that continues to actively debate Indigenous research issues (Smith, 2012). Although the research is in fulfilment of the requirements for my Masters thesis under the auspices of AUT; the direction, ownership, interests being served and beneficiaries to this research are first and foremost, Māori. The design and scope was of my own choice, the results have been written up by myself and will be disseminated throughout Māori communities, firstly to the kuia who participated and then throughout te iwi o Ngāti Porou. Therefore the fundamental intention of this research is to liberate the voices of birthing wāhine.

As a Māori practitioner I am committed to my writing relating to the realities of the whānau that I work with. This will enhance the potential for my research to inform the maternity sector in a meaningful robust manner. Over and above this as a descendant of Ngāti Porou and the stories told in this thesis my obligation to uphold te pono me te tōtika (integrity) of what has been shared within this study is implicit. Much of the whakapapa of these kōrero not only belong to me but to my future generations therefore it is my responsibility to ensure the outcomes of this study continue to make a positive difference for mō ōku mokopuna me ngā mokopuna o nga whakatipuranga e haere ake nei (my grandchildren and the future generations to come).

Assumptions that are acknowledged within this Kaupapa Māori research process are:

- “...the validity and legitimacy of Māori is taken for granted” (Smith, as cited in Cram, 2001, p.41); views expressed in this study do not seek to justify Māori knowledge (Smith, 1999; Cunningham, 1998).
- “The survival and revival of Māori language and culture is imperative” (Smith, as cited in Cram, 2001, p.41)
- “The struggle for autonomy over our own cultural well-being, and over our own lives is vital to Māori survival” (Smith, as cited in Cram, 2001, p.41)
- Māori knowledge is not limited to ‘tradition’; this concept tends to connect Māori development to the past (Cunningham, 1998).
- Māori researchers play a vital role in researching their own communities; their social identity, connection with the land and people place them in a unique position (Fitzgerald, 2004; Smith, 1999).
- Māori childbirth is a normal physiological event enveloping the concept of Māori interconnectedness which recognises the tangible and intangible (Pitama, Ririnui & Mikaere, 2002).
- Wahine will define the period they recognise to be ‘the childbirth experience’, the duration of which may span from pre-conception to the postnatal period.
- Kupu/reo Māori will be given definitions as appropriate and may not apply to all iwi/hapū/whānau; some definitions will be the interpretations of resources referenced, appropriate to time and place.

Māori control is the key element in Kaupapa Māori research, tending to priorities of leadership, consultation and dissemination (Ratima, 2003). Consultation with key stakeholders such as whānau, hapū and iwi maintains rangatiratanga and maximizes

outcomes by giving Maori input into identifying and defining goals, objectives and methods of the research (Health Research Council [HRC], 1998).

To ensure the process of Māori research is tika from conception through to completion, it is essential to consult and collaborate throughout. This commenced early in the planning of this research with key stakeholders within the Māori maternity sector, whānau, kaumātua and kuia; this process significantly broadened during the research period. Primarily in-depth consultation continued with experts specific to Māori birthing practices and kuia of Ngāti Porou. These discussions involved who would be appropriate to interview, and processes necessary to uphold tikanga and kawa significant to each whānau involved.

This research developed from the context within which I have professionally and academically established. It is also reflective of growing up as Ngāti Porou, in Ngāti Porou. It encompasses my life's experiences on the East Coast of Aotearoa, through an era of protest and change. As Reid (2010) discusses Māori are influenced by the environments in which we grow up and that our knowledge is contextualised by these influences. My worldview has been prejudiced by an education system that had been informed through decades of political, social, economic and Indigenous development.

These influences have been the foundation for my desire to contribute to Māori health and specifically the mātauranga of Māori birthing. Research that is by Māori, for Māori and with Māori commits the process to the main principles of Kaupapa Māori research; tino rangatiratanga, social justice, Māori worldview, te reo and whānau (Walker, Eketone & Gibbs, 2006). Inherent within this process is the critique of existing power structures and societal inequalities. The principle of social justice seeks to redress power imbalances and bring real benefits to Māori therefore enhancing quality of life. Pihama, Cram and Walker (2002) propose a Māori worldview recognises the philosophy and practice of Māori culture.

The purpose of this research was to uncover some of the unique kōrero of wāhine birthing and to attempt to unravel what influences Māori birthing experiences. My approach was guided by hermeneutics, which seeks to uncover the meaning. Heideggerian phenomenology promotes phronesis as, "wisdom-in-action that knows the moment, and finds the way day by day" this mantra had a conscious sense of familiarity and contributed to the thinking of this research (Smythe, Ironside, Sims, Swenson & Spence, 2008). Mātauranga that was shared revealed itself during the reading, listening, re-reading and re-listening. Further to this, realization and appreciation also eventuated

from ongoing kōrero with kuia and whānau, although some of this has been informal and not within the moment of the interview, the insights gathered have been invaluable. As Smythe et al has discussed this way of knowing draws the researcher to live the experience, to be immersed within the thinking and await the moment to which understanding takes hold.

A hermeneutic way of researching encapsulates the worldview of the researcher, recognizing all that has come before paths the way forward. Our understanding will be infused with who we are and what influences our way of being; Heidegger (1995) cited in Smythe et al (2008) says it can be no other way, for our very understanding of the words we use has been born of our experience, our situated-ness. This philosophy is synonymous with Māori thought; it acknowledges that our thinking is not isolated, nor is it finite. Interpretations are merely another platform from which to continue on, in this awareness understandings are infinite. It allows space for whakawhānaungatanga, manaakitanga and encapsulates the process of kōrerorero.

Smythe (2011) points out that a researcher can only offer their interpretation, they cannot state ‘what was meant’ but can propose other possibilities to enhance understanding, to raise questions and open conversations to the phenomenon. The researcher is not free of their own pre-understandings. This may be further complicated when the researcher is an ‘insider’ as I was with this project. Smith (2012) advises being an insider researcher places a higher expectation of the researcher to being respectful and ethical, additionally as a member of that community the researcher may also need to negotiate other roles. It is therefore important to maintain humility and not arrogantly flaunt your knowledge. This concept incorporates much of what Cram (2001) and Hudson (2004) point out in their critique of ethical guidelines for Māori research, this will be discussed indepth later in this chapter. Reflexivity and remaining critical is also vital; this will aid in maintaining a level of stability and accountability to the bias of the researcher (Chilisa, 2012).

Imperative to any robust research is the review of literature to inform the topic, the question and design. Smith (2012) indicates “academic writing is a form of selecting, arranging and presenting knowledge, it privileges sets of texts, views about history and what counts as significant” (p. 37). Chilisa (2012) comments that this technique can be highly problematic for Indigenous researchers. Formative information that has originated from the likes of missionaries, anthropologists and historians tend to reflect a dominant worldview. She advises these forms of narratives challenge the researcher to reconstruct knowledge in a transformative manner eradicating deficit theorizing.

Ratima (2001) supports these theories stating research that evolves from these theories exert “prescriptive approaches” (p. 241) that fail to be responsive to Māori needs. Approaches such as these have been developed with little if any input from Māori whereas a resource that reflects mātauranga Māori will advantage Māori health development, promotion and uptake by Māori health professionals. Much of the maternity information available is written from a Western worldview and requires thoughtful critique to apply accurately to the Māori experience of birthing. It has been crucial to balance these maternity sources with appropriate Indigenous commentaries.

### **History of the research area**

Māori academics Fox (1997), Palmer (2002) and Ellison-Loschmann (1997) have focused upon various aspects of whānautanga in their field of research and postulate that current health services provide inadequate alternatives to a dominant health structure. They advocate research that recognises Māori aspirations and moves towards Māori advancement. Such concepts have also been broadly articulated more recently by Māori commentators such as Durie (2011; 2004; 2003), Ratima (2003), Smith (2012; 1999), Cunningham (1998) and Bishop (1996), unfortunately these opinions are still validated. Tupara and Ihimaera (2004) agree with these theories and indicate Māori midwives require unique preparation to acknowledge the diversity of the sector they work within. Palmer (2002) concluded that strategies which encourage Māori to recreate and reclaim their right to a childbirth experience which conveys the complexity and vitality of Māori identity will be a positive advancement in Māori development.

Ryan and Wilson’s (2010) key finding included institutional and interpersonal racism partially explained the barriers to Māori accessing services. Their research focused upon Māori mothers who experienced abuse from their children, although this issue is not well acknowledged negative myths and blame tactics endorse a lack of response from health professionals. Similar findings were identified in Tupara and Ihimaera’s (2004) study that went on to promote programs that are embedded within a Kaupapa Māori approach.

As part of Christison’s (2001) study a chronological discussion of the New Zealand health system pertinent to maternity developments provides a good overview of the systemic influences that have laid the platform for the current maternity structure. Christison highlights the impact the consumer voice has had upon the creation and retention of Aotearoa’s maternity service delivery. Multiple authors commentating on the maternity



sector emphasise the vital role consumers play in Aotearoa; they include Guilliland and Pairman (2010); Pairman, (2005); Tupara (2001); Donley (1993; 1986).

Prior to the initiation of the LMC role the Regional Health Authorities initiated an intensive consultation process; this included 20 hui throughout Aotearoa to hear the views of Māori. Key issues that were identified by Māori representatives included the importance and need for more Māori maternity providers, the need for appropriate information and the concern that traditional Māori birth practices were being lost. These hui occurred in 1993 (Christison, 2001). Although the LMC role has improved access to maternity services for Māori, maternity reports and reviews still advise further development of services are required to address the needs of wahine and their whānau (Tupara & Ihimaera, 2004; Tupara, 2001; Ryan & Wilson, 2010). Glover, Waldon, Manaena-Biddle, Holdaway & Cunningham (2009) support these recommendations and identified a lack of resources reflecting a Māori worldview negatively impacted upon breastfeeding outcomes.

### **Ontology and epistemology**

Ontology sits along side epistemology to inform the theoretical perspective; hence there is an interconnection between these concepts (Crotty, 1998). Chilisa (2012) describes ontology as the “body of knowledge that deals with the essential characteristics of what it means to exist” (p. 20). A Māori worldview locates this study within Te Ao Māori, incorporating a set of metaphysical, ethical, ontological and epistemological guides that give credence to being and thinking Māori. Māori research is part of recovering our own stories of the past. It is intricately linked to the recovery of te reo Māori and epistemological foundations (Smith, 2012). Rather than being seen as a static set of principles and concepts, it may require an integration of traditional knowledge with innovation to be applicable to contemporary ways of being Māori (Ellis, 2005; Durie cited in Ratima, 2003, p.11).

Myths and legends provide insight into Māori perceptions of knowledge and are an easily understandable medium for the transmission of Māori worldviews. It has been suggested by Ratima (2003), Jahnke and Taiapa (1999) that such narratives depict the ontological, epistemological and theoretical framework for Māori research. Smith (2012) and Bishop (1996) support these theories emphasising the importance of reconciliation of the past to the present to reprioritize accordingly. Bishop stresses that this provides a platform for Māori researchers to seek understanding from within Māori cultural principles, preferences and practices.

One such tale is that of Tāne-nui-a-rangi who ascended to the highest heaven to obtain nga kete wananga from Io (Ratima, 2003; Jahnke & Taiapa, 1999). Ngā kete wananga consisted of Te Aro-nui (that before us) representative of worldly knowledge that is perceptible; Tua-uri (beyond the world of darkness) represents knowledge from the realm of the natural world and Te Ao Tua-atea (beyond space and time) representing knowledge from the spiritual realm of Io. This legend represents the integration of Māori reality in general and knowledge in particular, and emphasizes the interconnectedness in both physical and spiritual terms (Ratima, 2003). It has been described as one of the first research projects of Māori, portraying fundamental aspects of Māori research (Jahnke & Taiapa, 1999).

Jahnke and Taiapa (1999) highlight the significance of narratives such as this in terms of research process. Tāne-nui-a-rangi consulted and required guidance from his brothers to ensure correct processes were adhered to, the knowledge gained was of benefit to all and each basket contained unique knowledge that was essential to their well-being. This describes some of the most fundamental elements of tikanga Māori and is an example of the ontological foundation of Kaupapa Māori research.

The epistemological position of Māori research is value-mediated given that Māori consider knowledge to be culturally bound and therefore values-based. The relationship between the researcher and the researched is interactive, and the research is influenced by the values the researcher holds (Ratima, 2003). Indigenous peoples are guided by the concept of respect, it is a principle that governs the basis of all relationships. Respect is reciprocal, shared and interchanging; it is what maintains universal balance and harmony between each other and the environment (Smith, 2012).

In traditional Māori conduct, access to knowledge was not always universal; knowledge was owned by a group and may not have been conveyed outside of that group. This practice ensured knowledge was protected and transmitted intact, and is still relevant today. In contemporary Māori research this concept may mean that certain knowledge is not accessible, or it may require the researcher to demonstrate their appropriate credentials in order to gain access to certain information (Ratima, 2003). The connection I have with the Kuia involved in this research (either from direct whakapapa or as descendant of Ngāti Porou) aligns to this notion. Coupled with my midwifery background the kuia were willing to share their knowledge with me based on these endorsements.

## **Te Tiriti O Waitangi and research**

Te Tiriti o Waitangi affirms our right to conduct research that is for Māori by Māori and with Māori. It supports methodologies, methods and ethical processes that are valid and appropriate for Māori. Article 1 of Te Tiriti relates to good governance, Article 2 promotes tino rangatiratanga and Article 3 proposes equality and equity between Māori and other New Zealanders (Cram, 2001; Orange, 1989). This study will implicitly adhere to the principles of partnership, protection and participation.

## **Rigour**

Bishop (1998) discusses the use of hegemonic discourses and associated concerns regarding validity and strategies of objectivity/subjectivity and replicability, acknowledging them as problematic for Māori researchers. These measures of validity are produced, positioned and defined within another worldview, which perpetuates hegemonic invalidation of Māori reality. The kaupapa Māori position supports an “epistemological version of validity” (p. 211), a term introduced by Lincoln and Denzin (cited in Bishop, 1998). This is articulated as an authority of text that is “established through recourse to a set of rules concerning knowledge, its production and representation” (Lincoln & Denzin cited in Bishop, 1998, p. 211). Kaupapa Māori proactively promotes a Māori worldview as legitimate, authoritative and valid (Bishop, 1996).

Throughout history Māori have applied criteria to assess whether processes are valid. This is termed taonga tuku iho, which literally translated means treasures from the past. Conceptually these treasures are the collected wisdom of ages, the means by which Māori guide and monitor their lives today and in the future. Within these taonga are messages of kawa, the principles that guide processes within Māori culture. These principles may alter from iwi to iwi, hapū to hapū but it is universally acknowledged by Māori that if kawa is not observed, the event is invalid (Bishop, 1998).

Principles of kawa such as consultation, kuia/kaumātua and whakawhānaungatanga are incorporated here; this included the acknowledgement of our whakapapa connections and the option of self-identification of kuia; although by consenting to be part of this research they also consented to being video recorded therefore anonymity was not feasible. The video record however is not included within this thesis; it is held for later generations to have the opportunity to listen again to their tīpuna. Principles of kawa have been adhered to throughout this study to ensure the validity of the research process and therefore enhancing the uptake by whānau, hapū and iwi.

## **Capturing experience**

Māori research embraces Western methods that are consistent with the ontological and epistemological positions of a Māori worldview (Ratima, 2003). Bishop (1996) advocates the use of narratives as a form of inquiry as it aligns with the Māori tradition of oratory knowledge transmission. As highlighted previously hermeneutics seeks to uncover the meaning from experience (van Manen, 1990). This approach to Māori research recognises the meaningful experiences and concerns of the participants and as highlighted previously, aims to empower the 'voice' of the participants. It allows for the power and control to reside with participants and is a way to document the diversities of truth. In this sense the power to define what knowledge is created and the way it is created rests with the storytellers; in this case wāhine. While initially my research proposal rested on hermeneutic methodology, as the study emerged it became more and more 'at home' in a Kaupapa Māori approach where stories were simply told, and as whānau I took on the responsibility of seeking to capture their meaning.

## **Methods**

### **Ethics**

Ethics refers to the regulations of conduct, in research this conduct is concerned with the protection of the researched from physical, mental or psychological harm (Chilisa, 2012). It is vital to consider the accountability of the researcher, ethical planning and administration of the research (Grbich, 1999). Ethical issues have become increasingly significant and four universal principles that have gained wide acceptance internationally are central to Aotearoa. These principles are; beneficence, non-maleficence, justice and autonomy. Ratima and Ratima (2004) discuss the rationale of applying each of these principles to Māori health. Beneficence is concerned with achieving maximum benefits for Māori; non-maleficence focuses on the obligation to do no intentional harm; justice is concerned with fairness and equity; and autonomy emphasizes increased opportunities for Māori control over their own health development.

Hudson (2004) found that the current universal ethical review process based on Western concepts is inadequate for tikanga Māori. Cram (2001) offers seven guidelines for Māori research ethics that when operationalised will enhance the uptake and validity of the research process within a Māori worldview. These guidelines will provide a platform for this research to encompass the universal principles discussed above. They are:

- *Aroha ki te tangata* – *A respect for people*; allowing them to define their own space and meet them on their terms, having cognisance for cultural preferences in establishing relationships.
- *He kanoahi kitea* – *The seen face, meeting face to face*; the process of making connections, building relationships and investing time into the community, face to face.
- *Titiro, whakarongo...kōrero* – *Look, listen...then speak*; the importance of listening to develop understandings and then find a place from which to speak. Being aware of relational dynamics and open to direction from the community.
- *Manaaki ki te tangata* – *Share and host people, be generous*; this concept is about a collaborative approach to research, research training, and reciprocity.
- *Kia tupato* – *Be cautious*; this is about being politically astute, culturally safe and reflective about our inside/outside status.
- *Kaua e takahia te mana o te tangata* – *Do not trample on the mana of the people*; integrated in this value is the idea of sounding out concepts with the people, informing people of the research process consistently and disseminating research findings back to the community in appropriate ways.
- *Kaua e mahaki* – *Do not flaunt your knowledge*; this is about sharing knowledge, being generous with knowledge without being arrogant. The ability of using our qualifications to benefit the community (Hudson, 2004, p 26).

Alongside these principles this study gained approval from the AUT Ethics Committee in December 2011 (See Appendix A).

### **Recruitment**

From a Western perspective purposive sampling was the method used for recruiting participants; this sampling strategy deliberately seeks participants that display certain elements that address research goals and objectives. Snowballing was also utilized; hence respondents recommended other people who would be relevant to the research (Heinlein, 1999). Both these strategies align with a Māori worldview in that they allow for a consultation process that may determine participant input. An emergent design also permitted any negotiation of sampling strategies that was necessary.

Participants were required to meet certain criteria:

- Identify as Ngāti Porou
- Had experienced (or witnessed) childbirth

These criteria enabled the research questions to be addressed within a Māori worldview specific to Ngāti Porou. Discussions started with a visit back to my home where I was able to consult with my mother and other significant whānau members, including one of my grand Aunties. In this initial conversation I expressed my desire to come and speak with them about their birthing experiences. They were immediately intrigued and the stories naturally began to emerge. Obviously at this point I was not prepared to formally record these conversations but they gave me the confidence that my kuia were enthusiastic to share their knowledge.

After these early conversations my kuia recommended who was appropriate in our whānau to approach for the formal interviews. Their recommendations were slightly different from what I had initially envisaged but I trusted their guidance and settled with who I was being advised to interview. The primary conflict for me was the suggestion to interview my mother. I felt that we were too close and that this may inhibit the process of the interview. This has proven to be far from the reality of her kōrero and in fact, her story was a moving experience that has deeply enriched this research and my understanding of her life.

Due to the nature of the study, participants were obviously female but represented a age range between the mid 60's to 80's. Variances were found in such things as their socio-economic and educational status. The age range meant that there were similarities in their backgrounds and invariably in some of their experiences. This dimension has strengthened the analysis from a generational perspective.

### **Interviews**

The data was gathered by five kanohi ki te kanohi in-depth interviews with guiding questions. Kanohi ki te kanohi is an essential element of Māori research especially when conducting research within whānau, hapū and iwi. It is not limited to singular meetings but allows for relationships to be nurtured over time thereby developing connections based on trust and facilitating the sharing of knowledge (Ellis, 2005). McNeill (2008) discusses the dissatisfaction that Māori have experienced with research that have been done by non-Māori. It was expressed that Māori are more likely to be involved in research when the researchers have some kinship to them, this element provides a layer of security and integrity.

This was a unique opportunity, kuia in our whānau had never been interviewed in this manner, on this topic before. Because of the intimate nature of the intended kōrero I felt a responsibility to ensure a record would be available to all whānau connected to these

stories. Although the thesis format is readily accessible it does not encapsulate the moment like a digital recording. Moreover, whānau members have commented that the discourse within a thesis is confusing and the jargon too academic. Based on this knowledge and my desire to secure a record of these precious stories for our mokopuna I decided to digitally record the interviews on video.

My next consideration would be who would be most appropriate to hold the camera. My daughter had experience with the use of a camera so the choice seemed obvious; who better than a mokopuna who has direct whakapapa to many of stories. Her presence seemed to create an environment that gave the moment more credibility confirming for the kuia the intention of the research. The camera also appeared to create a space of importance, its function impressing the value of their stories were not just to be heard but visually documented. Knoblauch, Baer, Laurier, Petschke & Schnettler (2008) assert visual data is amenable to numerous methodologies whilst Dufon (2002) outlines the advantages to video recording research, highlighting the density of data and the platform to contextualise information with a visual record.

Video recording has added a layer of integrity to my research and allowed me to 'see' my interviews hence my interpretations have been informed by the lost gazes, facial expressions, the tears and smiles. I can not express how grateful I am to my kuia and my daughter for allowing this to happen. The material has yet to be edited so is still in its raw format, my intention is to collate the digital recordings into copies for distribution back to the kuia and their whānau.

The interviews were conducted in the environment that most suited the participant, the majority happening within the Ngāti Porou region and the remainder in Auckland. The physical environment included their own or the home setting of their daughters. Each interview process incorporated tikanga as appropriate, therefore an informal mihimihi initiated each meeting, and because of our familiarities we had a relaxed open environment. Cram (2001) emphasises whakawhānaungatanga is a process based upon time-honored and proven principles. It establishes whānau relationships allowing the researcher to identify their bodily linkage, their engagement, their connectedness and therefore their implicit connectedness to other people and the environment.

On several occasions during the mihimihi process other whānau members were present, at each meeting they were welcomed to stay, and given the opportunity to contribute to the interview. Cram (2001) further explains whānaungatanga as being inclusive and acknowledges the value that all present offer. The distance between the researcher and

researched is multi-dimensional and spans from spatial distance through to spiritual distance. Hence, whakawhānaungatanga facilitates the ritual removal of this distance allowing a trusting relationship to develop permitting a deeper level of inquiry and allow strong narratives to naturally occur. I felt offering whānau present the opportunity to share in the kōrero would further enrich the kōrero of their kuia. With this being said, whānau members chose not to stay and in most instances because they wanted to give their kuia the space to kōrero freely.

Aside from participant interviews information was gathered from other sources to contextualize the narratives. This included such things as a literature search of myths, legends, waiata and moteatea, and kōrero with kuia, kaumātua, and mātanga tikanga and mātanga haaora to inform this study.

### **Data analysis process**

Data was initially transcribed by myself but due to time constraints a transcriber was employed to complete this process. The reo within the kōrero was translated by my cultural advisor (who is fluent in te reo Māori). Throughout the analysis process I have continued to listen to the audio recordings. This has allowed me to stay close to the emotions of the story-telling and focused to the purpose of this research. It has also aided in my understanding of the kōrero, feeling the tones in their voices and exaggerations that cannot be felt from reading words.

The analysis determined key themes, these themes were identified by listening, reading and re-reading the transcriptions (Grbich, 1999). I also watched the digital recordings, Dufon (2002) expresses the importance of visual cues such as these; she advises the permanence of a visual recording allows the researcher to return to the moment, enriching the level of analysis by giving more opportunity to contemplate data prior to interpretation and negotiation of meaning.

Themes have been examined in the context of the research question and Te Ao Māori. Key findings have been discussed with participants to seek their approval of the interpretations of their interviews; this provided them with the opportunity to input into this stage of the research (Hudson, 2004). Consultation also took place with key people such as kuia/kaumātua at this point. An emergent design acknowledged the ongoing and consistent consultation process necessary to ensure accordance with tikanga Māori.

I am very humbled to be (for now) the holder of these stories; the protector for my children and future mokopuna. When I consider who this information belongs to I am



compelled to ponder the impact this record of history will hold for future generations that directly whakapapa to these kōrero. These notions guide my responsibility to protect the mana of the stories. It directs me to maintain my honesty; and integrity of what has been shared. Ethics that are developed on the relationship and responsibility to the researched informs every aspect of the research process; from choice of topic, to data collection, analysis and dissemination (Chilisa, 2012).

Following on from that, the Mataatua Declaration on Cultural and Intellectual Property Rights of Indigenous Peoples (1993) (The Commission on Human Rights) declares that Indigenous peoples have the right to self determination. This determines their right to be recognised as the owners of their cultural and intellectual property. Further to this Smith (2012) points out that the first recipients to this knowledge must be the direct Indigenous descendants to that knowledge. In this case the descendants of Hineawe, Mereheni, Ethel, Mereaira and Haereroa.

## **Conclusion**

This chapter has given a broad description of the methodological theory that has informed the processes of this research. The theoretical foundation of Kaupapa Māori research still inspires great debate. It has however, allowed Māori researchers and their participants the space to explore Indigenous issues from a platform that acknowledges and legitimises Māori ways of doing and being. Kaupapa Māori theory challenges researchers to critique such things as the intention, the process and dissemination of findings. It localises the foci to a Māori worldview and attempts to address power differentials. The process is therefore committed to key principles such as consultation, tino rangatiratanga and whānaungatanga.

The context of any research will invariably be influenced by the environment from which the researcher has evolved. For me this encompassed being Ngāti Porou, being a descendant of the kuia involved and being a midwife. I therefore, negotiated the position of being an insider researcher at various levels. From a Māori worldview this position enhances my authority to undertake this research and coupled with our established relationship promoted a level of confidence with the kuia.

At the basis of Kaupapa Māori are the ontological and epistemological characteristics. They are inextricably linked to the revitalisation and restoration of Te Ao Māori. This gives credence to the use of such things as narratives, myths and waiata as forms of analytical tools. The primary use of kanohi ki te kanohi interviews allowed a unique

opportunity to digitally record the kōrero. This form of documentation, with written transcripts, has enriched the process of analysis and created another form of dissemination.

Past research identified health services were inadequate to meet the needs of Māori and unfortunately these findings are still valid. More recently academics recommend programs that are immersed within a Māori worldview. The intention of this research has been to inform Māori birthing practices. Kaupapa Māori theory with hermeneutics has guided the researcher to extract meaningful experiences from the kōrero of Ngāti Porou kuia. These findings will offer a resource that is appropriate and responsive to the needs of Māori. Mātauranga that emerges from this research will ultimately belong to the kuia that participated and provide an intimate resource for their descendants.

## Chapter Four

### Te Ahorei o taku Aronga

*(Findings of the study)*

#### Introduction

Childbirth is a significant event for a woman that will ultimately have some profound impact upon her life and the lives of those that surround her. It is a time of transition, a time of learning, anticipation, joy, fear and unfortunately for some, grief. Preceding this moment wāhine will be exposed to experiences and birth stories that will either positively enhance their attitude or negatively effect the expectations of this event. This position is influenced by the social, cultural, political and familial constructs that define childbirth and hence the values that underpin this moment are espoused in the stories that are shared.

The kōrero shared in this research revealed concepts that further emphasized broader elements associated with good health in Indigenous peoples. From these seven broad themes were extracted. The data was broken down into these categories to accentuate the connection each participant had to each theme. The themes are, Whakapapa, He Kōrero no te Ahi Pōngere, Tikanga, He Tirohanga Pākehā, He Wheako mō te Ara Tau Whaiti, Rua i te Pūkenga and He Māuri Tākai. He Kōrero no te Ahi Pōngere includes sub-themes of Whānau, Te Ao o te Hāpori and Te Ao o te Kainga.

In this research whakapapa is an essential theme that each participant recognised and overtly talked about. The recurring conversation of specific whakapapa led to exploring narratives connected to this genealogy. These chronicles drew attention to the intergenerational connection Māori have to the individuals within these taxonomy. This concept was considered in a manner that extends from the traditional genealogical discussion and links the relationship childbirth experiences have to narratives of the individual and therefore whakapapa.

He Kōrero no te Ahi Pōngere encapsulates experiences related to home. Within this category I have further defined meaning into the experiences of Whānau (family), Te Ao o te Hāpori (community living) and Te Ao o te Kainga (home environment). Whānau is regarded as a vital element to Māori wellbeing. Participants linked the interconnected nature of Māori society by detailing external infrastructures such as the local community and the home environment. These ideas appeared to be an essential component to birthing accounts.

In varying formats tikanga was underlined in each discussion. Some participants exposed tikanga practice more overtly whereas for others these practices were displayed in an innate sense. However, it appeared from the discussions that for all the participants tikanga provided a platform for the conscious actions. These concepts will be explored to examine the influence and relevance upon childbirth experiences today and in the future.

He Tirohanga Pākehā (non-Māori perspective) incorporates the influence of the medical model upon childbirth in Aotearoa. For some participant's medicalisation impacted more severely upon their birthing experiences than for others, however in some way each participant commented on this worldview. Stories move from distrust, disbelief, and disempowerment to acceptance, confidence and acknowledgement of the place that medicalisation holds within the childbirth process. The association of religious beliefs, specifically Christianity is discussed in relation to the biomedical model of care.

He Wheako mō te Ara Tau Whaiti (the birthing canal), this concept captures the 'normal' attitudes and experiences of birthing. Not all narratives explicitly led to a birthing story; in fact the conversations that embraced childbirth as a normal life event were not always about the act of giving birth. Conversations were often initiated by a memory of pregnancy or childbirth but went on to describe other aspects in the individual's life or that of their whānau. This distinctive characteristic further embraces childbirth as a natural process.

Rua i te Pūkenga (the angelic beings) explores what makes birthing uniquely Māori. Throughout this research participants referred to the sacredness of reproduction and birth. This theme explores the relationship of sexuality to aspects of tapu and wairua. Finally, He Māuri Tākai draws attention to the concept of māuri held within the stories of this study.

Although Kaupapa Māori frameworks are grounded in Te Ao Māori, Māori authors such as Elder (2012) and Durie (2004) encourage the use of Western paradigms as a platform to expand Māori understanding. Durie challenges researchers to maintain the integrity of both approaches whilst creating relevant new knowledge. Synonymous of a Māori worldview, hermeneutics acknowledge "our lives are embraced by history and challenged by the future", it allows the meaning to be exposed, emphasising vibrant characteristics of our existence and the influence of others in time (Schuster, 2013, p, 12).

Themes that revealed themselves are very much interwoven amalgamating the past with the present and future. I have drawn from the stories aspects that are all part of a whole; therefore one does not make sense without the other. These concepts have developed from my interpretation of what was shared and are by no means limited to my analysis. It is my hope that the discussions that follow will expose deeper understandings of what already exists whilst creating a platform for new knowledge to enhance this unique Māori worldview of birthing.

## **Whakapapa**

Whakapapa is inherently linked to birthing, one begets the other yielding generational advancement. The movement through descendants links people, places, histories and narratives. At each level of whānau, hapū or iwi are exclusive chronicles, experiences and interpretations (Pohatu, 2011). It is at this point understanding of whakapapa will begin to develop.

Listening to the kuia share their whakapapa drew attention to the complexities of connected chronological accounts. As Pohatu (2011) points out this knowledge reveals the responsibilities and accountabilities of descendants. My awareness of this unique relationship provoked further examination of the possible influences birthing experiences may have upon these accounts and therefore the whakapapa of future generations. Each participant recited their whakapapa in their own way; some in the form of a pepeha, others by telling their story.

A traditional understanding of pepeha may be clarified through returning to the primary source of the word. Therefore, pēpēhā, 'pē' is an ancient word for mana. 'Hā' is a common word for breath however, it also refers to the life cycle. Another level of understanding refers to the first 'pē' as the mana of our deities, the second 'pē' as the mana of our tīpuna and 'hā' incorporates the life cycles dating back to Hineahuone and the provisions made by our tīpuna to further maintain future life cycles (P. Tai Tin, personal communication, May 14, 2013).

The contemporary use of pēpēhā denotes the physical remnants of tīpuna, for example your maunga, awa, marae, whānau, hapū and iwi. It also expresses the connection to ancestral waka and the tīpuna or atua that voyaged upon that waka from Hawaiiki.

Each participant in this study introduced themselves as they chose; Hineawe and Ethel were more informal whereas Mereheni, Mereaira and Haereroa gave their pepeha.

However within all their introductions link to their whakapapa whether it be place of birth or name.

#### *Hineawe*

*My full name is Hineawe Waitoa Mason; my birthday is the 4 September 1946.*

*I was born in Te Araroa. People call me Bubbles, that's my nickname; Māori always have a nickname!! I don't know how I got that nickname (I think) I was blowing bubbles all the time when I was a baby, so they nicknamed me bubbles because... I was blowing bubbles!!*

Hineawe is the younger sister of Ethel, and as she says 'Bubbles' is the name that she is commonly known by. Her given name 'Hineawe' comes from a great female tipuna that immediately identifies her whakapapa to Ngāti Porou.

#### *Ethel*

*"Kia ora taku tamāhine. My name is Ethel Rata, Waitoa Pohoikura Leatham. I was born, in Te Araroa. I was born in 1941, on the 4th August.*

Te Araroa [see figure 1] is a small East Coast township located 173 kms north east of Tūranganui-a-Kiwa (Gisborne). Its current population is approximately 174, during the period that Ethel grew up the population would have been twice what it is now (Soutar, 2012). This small rural township is home to much of Ethel's, Hineawe's and Mereheni's pūrakau.

#### *Mereheni*

*My full name is Mereheni Matakino Waitoa nee Dewes Rangihuna. The Dewes Rangihuna comes in on my parents side, my mum was a Rangihuna, my dad was Dewes. And I'm also known as Mary Jane. Yes, and I was born on the 29<sup>th</sup> May 1931, so I'll be 81 next month. So remember this, what's going on! Yes and I was born at Horoera, you know where Horoera is? It's between Te Araroa and East Cape.*

*Ko Maungakaka te maunga  
Ko Horotua te awa  
Ko Matahi-o-te-tau te marae, i tera takiwa  
He aha whai ake muri nei...*

Mereheni describes her whakapapa link to the area of Horoera [see figure 1]. Maungakaka is the mountain, Horotua is the river, Matahi-o-te-tau is the marae. Mereheni grew up in the area of Horoera.

#### *Mereaira*

*Ko Nuhiti te maunga  
Ko Hawai te awa  
Ko Motuoroi te motu  
Ko Hinetamatea te Marae*

*Ko Ngati Wakarara no Ngati Hau te hapū  
 Ko Ngāti Porou te iwi  
 Ko Ta Apirana te tipuna  
 Ko Mereaira Davies ahau  
 Ko Anaura taku kainga noho.*

Nuhiti is the mountain, Hawai is the river, Motuoroi is the Island, Hinetamatea is the marae, my subtribes are Ngati Wakarara and Ngati Hau. Ngāti Porou is the tribe. Sir Apirana Ngata is my ancestor. I am Mereaira Davies and my home is Anaura [see figure 1].

#### *Haereroa*

*Ko Pukehapopo te maunga  
 Ko Waiomoko te awa  
 Ko Whangara mai Tawhiti taku kainga  
 Ko Ngati Konohi taku hapū  
 Ko Ngāti Porou taku Iwi  
 Ko Haereroa Gibson taku ingoa  
 I was born in Gisborne 1944, 18.1.1944.  
 68 years old.*

Pukehapopo is the maunga, Waiomoko is the river, Whangara mai Tawhiti is my home, Ngati Konohi is my sub tribe, Ngāti Porou is my tribe, Haereroa is my name. Whangara [see figure 1] is a small East Coast rural settlement. Its full name being Whangara mai i Tawhiti; it holds specific ancestry history to Ngāti Porou as it was the settlement place of Paikea one of the main progenitors of Ngāti Porou (the other being Porourangi).



**Figure 1. Te Tai Rawhiti**

Ethel shared her understanding and personal account of her whakapapa; and although her experience of being brought up by her Nana is not an uncommon reality for Māori, her story exposed some of the impacts this experience has had upon her legacy.

*For years I didn't know that my Nana was my Nana until I was about 14 years old, I learned that my grandmother was my grandmother and not my mum. Because when my mum had me, it must have been quite a stigma of solo mums giving birth to babies at her age. And up until I was 14 I always acknowledge my Nana as mum.*

*Both my sister and I always thought that my grandmother was our mum. And every time our mother came to see us, when we were young, we were told that this was your sister.*

Hudson, Ahuriri and Lea (2007) raise the awareness that whakapapa was a determining factor in social organisation and remains relevant to Māori wellbeing. They suggest it then creates a framework for managing information and hence organising mātauranga Māori. Whakapapa explains context and clarifies the relevancy of the numerous layers of relationships that exist between people. As a young teenager this stratum was disordered for Ethel, the misrepresentation of her maternal identity imprinted her



experience of whānau, although this has not tarnished but heightened her conviction to whakapapa.

#### *Mereheni*

*See this is the whenua the papakainga, no Pohoikura Waitoa. And the old home used to stand, it was a beautiful old home. Just, on this side of the cabbage tree there...The whenua, was Pohoikura, Pohoikura Uru Tawa was Ani Copeland's mother. She was one of the ladies that was taken up North during the wars, Māori wars. Hence the name Copeland, she had married Richard Copeland at Coromandel there.*

Mereheni's has a natural way of linking historical events, such as the Māori wars to whakapapa. By doing this she locates the timeframe in which her stories belong and also gives context to her childhood. By identifying some of Ani Copeland's history Mereheni offers further foundation to the whakapapa of Ani therefore extending on whānaungatanga.

The process of whakawhānaungatanga develops connections and relationships. Mereheni explicitly outlines her immediate whānau lines, Dewes and Rangihuna. Both these names are significant whānau within the Te Araroa, East Coast region. She continues to link whakapapa, history and landmarks.

*Anyway this is what I was told. She was brought back here, and match-made to Hone Waitoa, Ani Copeland, that's who your grandmother is named after. So that's the Pohoikura whenua papakainga, that's hers. So we'll go back out there, that's Matakaoa Point. And then Pātangata you can see the tip of the hill out there. And you go along there and there's Puketapu up there, Tokatā there. And then you've got Pukeāmaru right out there. And that's the beginning of the Raukumara ranges. And up, as you go around up around the back there's um, you have to get Whetūmatarau in there. You've got Pukeamaru.*

As we stood in Mereheni's backyard she succinctly tracked the geographical landscapes that relate to the whakapapa of her stories and the Te Araroa region. From the point that we stood it was a 180-degree sweep around from left to right. McConnell (1999) identified individuals who held mana whenua over areas of Te Araroa, Mereheni also shows the relationship Ani Copeland has to this particular whenua, her ownership rights and therefore the birthrite of those that descend from Ani to this specific whenua. She then draws our attention out to Matakaoa Point moving around to Whetūmatarau and Tokatā on the far northeast side of her whare. She also pointed out two pa sites, Pātangata near Matakaoa Point and Puketapu at Tokatā [see figure 2].

The Raukumara range [see figure 2] holds two significant maunga to this whakapapa, Pukeāmaru standing 990 metres and the eminent Hikuranga, boasting its highest peak

at 1754 metres (Soutar, 2012). With each landmark Mereheni gave the genealogical narrative.



Figure 2. East Cape

*Tokatā there, see that's another part of your whānau there na Karawhata, Tokatā down near there. Tamateakui is one of the kōpara, Rongomaitapui and tera taha Pukeamaru, Whānau-a-Te Aopare, that's the elder of the three sisters. Rongomaitapui kōpara then Hinerupe, come around to here to Whetūmatarau here.*

Te Aopare, Tamateakui and Hinerupe (previously acknowledged) are prominent tīpuna of Ngāti Porou and particularly Te Araroa. Te Aopare, the mataamua (eldest) controlled the land between Awatere and Karakatuwhero. Tamateakui had the land from Karakatuwhero to Te Koau and Hinerupe the pōtiki was given Whangaparaoa (McConnell, 2011; 1999; 1990; n.d). Mereheni naturally refers to the sisters as 'Rongomaitapui kōpara', the reputation of these wāhine has lived through centuries.

*And across the river there is Maungaroa. That's Awatere, the stream Whetūmatarau and Maungaroa, na reira ko Hinerupe te marae nēra, ko Awatere te awa, Whetūmatarau te maunga.*

Ko Hinerupe te marae, ko Awatere te awa, ko Whetūmatarau te maunga, ko Te Whānau a Hinerupe te hapū. Hinerupe is the marae, Awatere is the river, Whetūmatarau is the mountain, and the whānau of Hinerupe is the subtribe. This whakapapa relates to the youngest of the kōpara, Hinerupe [see figure 2].

*We already talked about Matakaoa, Pātangata and Pukeamaru. So that covers the Kōpara o Rongomaitapui, the three sisters. Hinerupe, Tamateakui, cause Hinerupe was the pōtiki and Te Aopare was the matāmua so that's the three sisters. So that's Te Paraeuta/Tutua your other marae, so Pukeamaru te maunga, Karakatuwhero te awa, Paraeuta te marae. Te Whānau/hapū a Te Aopare.*

Ko Paraeuta te marae, ko Karakatuwhero te awa, ko Pukeamaru te maunga, ko Te Whānau a Te Aopare te hapū. Paraeuta is the marae, Karakatuwhero is the river, Pukeamaru is the mountain, and the whānau of Te Aopare is the subtribe [see figure 2].

Although there is no hapū bearing the name of Tamateakui, nor was there a whare tipuna built honoring her. Her land encompassed the area of Tokatā to the sands of Punaruku-mai-tawhiti (Punaruku beach) [see figure 2]. She was however the mother of a prominent warrior Kauwhakatuakina. He led the people of Tokatā in many battles and in his honor the wharehau at Punaruku marae was named after him, Te Pikitanga o Kauwhakatuakina. Kauwhakatuakina was the third son of Tamateakui and her husband Tamataonui (McConnell, 1990).

*And you go around to umm, because you're Hunaara as well you go around to Matahi-o-te-tau, I think I said that earlier, for Maungakākā, Maungakākā te maunga, Horotua te awa, Matahi-o-te-tau te marae. Hunaara, to taha Hunaara, to taha Pāti. Your Uncle Tui's got that name Tui Tuiwi Pāti. That was Nanny Waitoa's mothers maiden name. That's Rangatukia, Waiapu. That's where Nanny was brought up. Nanny Materoa. So that's your Hunaara side.*

*So I said to mine, I said to them once, you were responsible for all your marae around here, not just one! Yes.*

Mereheni has shown by its nature, whakapapa will link the individual and their whānau to more than one place. Frequently Māori affiliate more closely with one marae and this can be for varying reasons. Sometimes its simply because it is the more prominent marae within their whakapapa or the one they have done more with. Unfortunately for some it is because the resources maintaining this knowledge is inaccessible. Mereheni is an exceptional example of mātauranga and has shared in depth understanding of her whakapapa.

She also illustrates with her stories the more intimate link Māori have to Papatūānuku. This concept not only extends to auspicious landmarks such as maunga and awa but to our simple backyard landscapes.

*So you got that side of the house, when Papa got out of hospital, he said whatever happened that Norfolk Pine it stays in the section. [Why is that*

*Mama?] I don't know. Perhaps they used to, he said they used to swing on it. When he was a little boy. But he said.*

Childhood memories are contained in the branches of the Norfolk pine, the tree has its own whakapapa, protected by the directive of 'Papa' that it was never to be removed.

*You got Pukeamaru aye and that's Whetūmatarau, right at your back door. From around, all along up there. Ae.*

It is evident that Mereheni is aware of the value these maunga and their neighbouring counterparts bring to the life of those that live within their presence. This kōrero has shown the responsibility of maintaining whakapapa is a reciprocal action that must be respected between the people and the environment.

Many authors have discussed these intricacies of whakapapa linking tīpuna, the environment and natural elements to events. In this sense whakapapa is the overarching organisational system and can be observed in stories such as Mereheni shared. Her description of such things as their transport included the geographical challenges they negotiated. In this simple story Mereheni reiterates the ecological relationship Māori have with the environment distinguishing a unique connection to the whenua that goes beyond the concept of ownership.

*And there were quite a few children and then, there was no bridges to mend and roads were controlled by the tide. That's what we always heard from our father, 'time and tide waits for no one'. Yes everything was time tabled. Time and tide waits for no one.*

Her slightly older perspective gives her stories an eloquent characteristic, showing aphorisms such as "time and tide waits for no one" have whakapapa. This saying is cemented in the lived experience of Mereheni, her father and the community of Horoera.

Mereheni and Ethel intuitively recognised fundamental elements to Māori well being and birthing. Like Mereheni's kōrero indicates, Ethel finishes by emphasising the importance of knowing who you are, even though her order of descent was initially misrepresented Ethel expresses a strong whānau connection and understanding of the significance of whakapapa.

*Ethel*

*Today I must say that the young ones have got the freedom of better knowledge, better parenting could it be, to awhi their children and if it's a baby that's being born out of wedlock, that child is brought up and their whakapapa, now becomes the, focus. Allowing that child to be taught and bought into the family. And I believe as they grow up they will know who they are, and who they come from. Right from birth.*

## He Kōrero nō te Ahi Pōngere (*Experiences related to home*)

The term 'ahi pōngere' refers to the 'home fire that is smoking'; it is a welcoming sign to those that are arriving. The word *ahi* describes the heat in the spark that causes wood to be alight. *Pōngere* is the action of the smoke rising into the air (P. Tai Tin, personal communication, October 30, 2013). Te ahi pōngere is not confined to your home; it encompasses the community that you are familiar with and therefore expresses the closeness of that community. It was evident with all participants that their papakainga was and continues to be extremely important to them. This metaphor is intended to create a feeling of intimacy and indicates the unity of these communities.

### Whānau

The participants were all initially asked to describe their whānau, their brothers, sisters, who they grew up with. With exception of Mereaira they all described a large whānau unit.

#### *Hineawe*

*My grandmother, Materoa Crawford brought me up; along with my sister, Ethel. And I had some Aunties and Uncles and we all lived together in Nans old house. I was the youngest of the family... There would have been quite a few of us living there. Auntie Maharanga, Auntie June, Uncle Kau, Uncle Tina, Ethel (my sister), Auntie Aroha and me at that time. And then later Fiona and Kau come along. So there could have been about 10 of us living in her home.*

#### *Mereheni*

*Toko ono matau, ko te mea pakeke ko te Kapunga Matemoana he was known as KD or Koro and bro. Katahi ano ko Whaimutu, Ko Nepia Andrew, Ko Te Rina Riripeti Baker Dewes, Kotahi ano ko Hine Torori. Koina matau mutu ta matau whānau. No reira, ko au te mea wahine me ke pea mo te koutou, katahi ano ko whānau mai a Te Rina and tera ko tuahine a Hine Torori tekau ma whitu au, katahi ano tera aku tuahine ae, so, tipu atu waenga nui o nga mea tāne, ae. Koira matau i roto i to matau whānau, engari he tungane ano Walter o nga tuakana.*

*[The brothers and sisters yes, and then my dad his first marriage was to mother Maora Maraki and they had three boys. There was John, and their brother Sam, Samuel, and those were our elders of my mum and that's the family of Henry John and Te Aopare].*

#### *Ethel*

*At the time that I was born my Nanny and Papa had 11 of their own children in total. My Nanny and Papa's names are Materoa Karawhata and Tiki Te Pohoikura Waitoa. Their children are (in order of birth);*

*Auntie Dorothy (Tarati Waitoa), Uncle Johnny (Hone Waitoa), Ani Waitoa (my mother), Uncle Dick (who was someone special because he was named after his dad, Richard Waitoa), Uncle Hori, Uncle Tina, Uncle Mickey, Uncle Bossey (Nanny had a big break after Uncle Bosey) then came Auntie June*

*(Nanny Emma, she is the only direct child of my grandmother's alive today), Auntie Maharangi, myself Ethel Waitoa (I am the eldest grand-daughter), Auntie Aroha and Hineawe Waitoa (my sister, her father was Rutene Campbell).*

*Auntie Dorothy (who had the first born mokopuna named Ngatau Wehea. When Ngatau Wehea was born, he lived for a little while, maybe three months I'm not quite sure on that one, but he died).*

*Nanny brought us up all together; 13 in total.*

#### *Haereroa*

*My eldest brother is Enoka, second in family was Bob, third in family was Merewhakaangi, fourth was Hohepa Whakaraka, and fifth was Kerehona, and I was number six, the youngest in the family.*

Each participant included extended whānau members in their description of family. This is in contrast to the typical nuclear family of two parents and their children. Smith (2012) indicates whānau remains a common core unit providing a functional organization that maintains a foundation for collective decision making. Mead (2003) reflected this worldview incorporates a shared perspective promoting core Māori values, such as manaakitanga, whānaungatanga and aroha. These notions are repetitively expressed emphasising their relevance to Māori wellbeing and therefore birthing.

Haereroa reflects upon this social structure affectionately, her story is an example of the notion of te ahi pōngere and the connectedness of the community.

*We lived by the beach, there was probably about 25 families living down there. We all lived down there together in each other's houses... we were a very close-knit whānau, very whānau whānau.*

Haereroa's final statement of how close they were 'very whānau whānau' reinforces this concept of ahi pōngere; the idea of family and intimacy of the community is accentuated by the double use of adjective.

#### *Ethel*

*Prior to that all our bathing and washing was done out on the back lawn. And we had to share our baths, there was one big bath you know. There was no separation of the boys from the girls. You got in and you had your wash and that was it you shared the waters.*

No restrictions due to gender were necessary when it came to the practicalities of whānau life and there was no wasting of resources. By highlighting these aspects of her childhood Ethel identifies constraints that have been voluntarily and involuntarily placed upon whānau practices, such as bathing together, and also the wastefulness of this generation. She continues;

*...all the uncles, had to help with everything that you can think of, that needs to be done in the house. And they did. They had a big house to keep clean. One of my Uncles was apparently very good at washing. And apparently my Uncle John his job was to do the ironing.*

Ethel clearly indicates that everyone in the whānau had their role to play, and those roles were not gender but skill based. These experiences builds on the notion of collective responsibility and the notion of equality, this was typical of growing up in a large whānau on the East Coast (Isaac, 1993). Individuals expertise were utilised for the benefit of the whānau and the constant emphasis was upon whānau wellbeing rather than individual wellbeing (Smith, 2012).

Whilst hard mahi was a comon reality some aspects not only fufiled daily living requirements they also created an avenue for enjoyment. As Ethel continues to describe her upbringing, including some of the harshnesses of life bestowed upon them, she makes it clear that it took all of them to live their daily lives and ensure all chores were done. She goes on to share fond memories of the special times spent with her koro.

*One of the exciting things about my Papa was it was always a treat for him to say to my uncles, “come on, get the horse and cart together” and then he’d put all of his little ones on the cart and we’d go down to the beach to collect our kaimoana; and that was some of our outings.*

*...he always found time to give us a little bit of his time, in those days our little treats were going out and picking our own walnuts, our own apples, our own plums and looking after our own vegetables. It is a pleasure and a treasure to think of those days when although he was so sick, he’d sit and crack these walnuts and feed us with these walnuts when they were ripe. Yeah.*

Ethel’s story offered a unique telling of her grandfather and his experience of World War II. This insight drew attention to the role wāhine played within the whānau and community during this challenging period.

*My life growing up, with my, my Nanny and my Papa? I saw very little of my Papa because he went to war, even though he had a big family and, when he did come back, he did come back like one of the wounded soldiers. So the rest of his life was spent being cared for by the whānau and by my nanny. And um, yeah. Our Papa couldn’t do very much around the home after he came back from war.*

Ethel does not define what “like one of the wounded solderiers” means. It is not clear whether his wounds were physical or deeper emotional trauma. She does go on to state he was “very very sick”, and concludes the war inhibited him from contributing in society to his fullest capacity.

Demographics of Māori communities, particularly post Second World War were changing. Wāhine were taking up leadership roles and making inroads nationally to address increasing issues such as poor housing and poor health. As men returned home with war trauma wāhine displayed their innate capacity to maintain the papakainga and keep the whānau functioning, a role wāhine naturally assumed. This was a common reality for many whānau and one which inspired wāhine to form the Māori Women's Welfare League (Rogers and Simpson, 1993).

Established in 1951 the Māori Women's Welfare League was the first Māori organisation to be formed and gave voice to wāhine at a national political level. They contributed to addressing the rising social, economic and health issues that were resulting from the rural migration to urban settings. The League has been instrumental in developing support mechanisms for whānau with a specific focus on issues impacting upon Māori mothers. This organisation continues to speak for wāhine and remains a compelling force for Māori (Rogers and Simpson, 1993).

Groups such as these highlight the importance of whānau to Māori wellbeing and in particular the role wāhine have in maintaining this responsibility. In her narrative Wood (2008) extends upon this concept situating the rights of wāhine within the whānau and whakapapa as the basis of Māori values. Ethel succinctly summarises this collective worldview with her powerful statement.

*But over the years I've learned that our children, no matter who they are, when they're born they're not only ours, they belong to the whānau. And you're only there to take care.*

### **Te Ao o te Hāpori (Community living)**

Ethel, Hineawe, Mereaira and Haereroa all grew up in a similar period. Born in the 1940's their childhoods were reflective of whānau living rurally and very much community influenced. They all appeared to enjoy the interconnectedness of their whānau; again, this was expressed openly for Haereroa, particularly taking time to highlight the relationship she had with her marae.

*It was choice growing up, I spent all of my time out at Whangara, we had a little village about 34 kilometers from Gisborne, north of Gisborne.*

The village Whangara is still alive and functioning today, and like much of the East Coast, have adapted to contemporary lifestyles. And although these small communities are strongly influenced by the broader social and political environments, they tend to



hold resilient to traditional ways of whānau, hapū and iwi. Haereroa continues to describe her experience of te ao o te hāpori;

*We spent a lot of time on the marae, anything that was going, happening at the marae we were always down there even if we weren't supposed to be down there. Our house was about 200 metres away from the marae.*

*We all lived around the marae, we had two wharenui, Whitireia and Waho Te Rangi and our wharekai is Te Hokowhitu, our urupā is probably 100 metres from the marae and the church was a hundred meters the other way, Patoromu.*

The institution of the marae encompasses whānaungatanga and te ao o te hāpori, complimenting the 'village' setting. It is the common networking center connecting the Māori community to the rest of the hapū. Traditionally the marae was the land directly in front of the wharenui; now referred to as the marae atea. It encompassed a fortified village protected by warriors. Today the entire community structure, including a wharenui, wharehōroi and wharekai are known as the marae. This institution is a symbol of tribal identity and solidarity (Barlow, 1991).

Pohatu (2011) demonstrate interconnectedness as a parameter that interacts, informs, supports and when necessary corrects each other. These dimensions draw upon the community as active participants and therefore ensure shared responsibility. Values such as these are essential to a vibrant Māori community and envelope the essence of marae.

Mereheni elaborates further into the idea of te ao o te hāpori. She talks about whānau that she went to school with and integrates the environment to define the location of neighboring whānau.

*And went to school, to Horoera Native School, that had 30 children. There were many families there. Around Horoera. Then they had the school at the East Cape, the East Cape School, the Horoera School and the families send their, start from the Te Whare's, the Potae's, the Pohiwi, the Walkers, and the Mulligans. Those were the ones on the other side of Waipapa river.*

*And on this other side you come to the Ruwhiu, and the Wanoa's, the Pare Ngatai, and Dewes, Korohena and Tepare Konui.*

Mereheni continues to share her memories of childhood activities. She goes on to highlight the connection parents had with one another and the feeling of communal responsibility for local children. To illustrate this she shares her memories of a common feature on the East Coast, the "party line". This was when the telephone lines in the community were all connected, so if one person received a phone call the whole

community could pick up their receiver and listen (and sometimes contribute) to the conversation. She tells a vibrant tale to emphasise her point.

*Of course, being young and going to school and all you had was the horseback. Whenever there was flooding we used to love it, you'd get the high seas and the high waves rolling in and we used to ride our horses out on to this; today they call it the surfboard, then we rode our horses out on this and let the waves bring our horses back in. And by the time we got home mum would know all about it because the neighbours would ring. Party line then, from one to the other.*

*Of course today they say you know, 'why don't you mind your own business', 'look after your own backyard'. Whereas those days; we can put it this way, if they didn't care, they wouldn't bother. They'd let those naughty children carry on with what they were doing. But we learned this afterwards.*

Post colonisation rural Māori lived further apart meaning there were less opportunity for kanohi ki te kanohi communication. The party line, although not kanohi ki te kanohi created an avenue for whānau to re-establish connection voiding the physical distance between kainga. As a collective it was expected that whānau would have an opinion on issues arising within whānau.

*Growing up with that was teaching us. Whatever else was going on, the parent was the first one to know because they'd get on the party line kei te mōhio koe kei whea ngā tamariki rā? Ara, kei te whakakaukau ngā hoiho i te waipuke! [Do you know where the children are? There, they are taking the horses for a swim in the floodwaters!] We learned to appreciate it later on and that's another thing in comparison to today, we don't do enough of.*

*Because you know, it happens and that's it. It's just none of my business. Hmm and that's why you lose a lot of that caring because if they didn't care, they wouldn't you know. And I remember that quite well, those little darlings!!*

Mereheni emphasizes the connectedness of this community. Knowing each other's business, equated to caring for each other. People were not afraid to be involved. And although it meant potentially getting into trouble Mereheni developed an appreciation of everybody being involved in her life, and the safe environment this element created; an element that according to Mereheni we do not have enough of.

### **Te Ao o te Kainga (Home environment)**

The participants gave elaborate descriptions of their home environment, this builds on from te ao o te hāpori providing further understanding to their background and the context in which their stories evolved. They drew on rich memories conveying a deep bond to their childhood homes.

Ethel

*Actually our home in those days would have been classed as one of the flash homes in Te Araroa. Even though, the outside was all made of iron (wasn't timber); it was iron most of the way around & the roofing. (And our bedrooms; two of our bedrooms had open fires so we had one for a lounge).*

The love for this home with iron walls was felt in the warmth of Ethel's tones and on the edge of her voice appeared to be pride that their home was 'classed as one of the flash homes'. Basic materials increasing both the value and enhancing the adoration Ethel had for her home.

*We had one, two, three, four; four proper bedrooms in this whare and two rooms were suppose to have been lounges, Nanny turned one of them – the big one into a bedroom. There was an attachment for a kitchen and after; oh I must have been five years old, maybe six, before we had a bathroom attached to this whare.*

When kuia were asked about the 'attitude of birthing' when they were growing up, their responses almost immediately turned to describing what life was like when they were young. They would give in-depth descriptions as Ethel does here, talking about daily chores and activities such as cooking.

*Oh all our heating was done through open fires outside, they dug umus and they cooked our meals out in the umus there and the open fires was all, there was nothing to do like coal they've got to do today, it was all manuka wood and our cooking was done through woodstoves.*

*This is where my Nana and Papa lived (from when they first got together). And as her own whānau were born, they moved into homes that were made of timber, all handmade. To my memory, my Nana brought us up in three different homes. But the main one, that my mother was born in was the third home established right in Te Araroa itself. And in that place my grandfather inherited the home through his, parents.*

Contemporary convinences such as hot water were not available, hence you accepted the work required to keep the whānau functioning. This comparison to birth created the impression that birthing was considered a normal life event and like heating the water, it may have been hard work but it was just how it was.

Mereheni

*Okay well, as I said where I was born, then, mum and dad they called the place Toe Toe Station. And there was the development of Māori lands at the time. And they lived in a Nikau camp at the back of the farm...and had an earth floor, in our childhood, big open fire... and the beds on one side and it was a nikau roofing. And Dad lined it with sack. And our bunks were made from the sacks...*

The more simplistic the materials of the home the more endearing the homes were.

*So that's where KD and I were brought up, the first early part of our childhood, four years, five years ...I can just remember that old home. So that's where we were brought up. Yes, and you can still get up there.*

*And then the East Cape Island homes were put up for sale, they noticed there was a crack in the Whangaokena Island, so they put those up for auction and Uncle George Goldsmith who married my father's sister, he got the highest bid, so my father spent time on the island with him, demolishing of the houses took place and that's where our first home come from and it still stands out at Horoera.*

Entwined in Mereheni's story are first-hand historical facts of this region. The whakapapa of Whangaokena Island goes back to when our whenua had the power and the freedom to move. Whangaokena had been destined to marry Whakaari (now known as White Island) but as Whangaokena made his way around the Coast to meet with Whakaari he was struck by the rays of the rising sun at the Eastcape and made his presence permanent where he now stands; a mile or so from the mainland (McConnell, 1990).

This rugged island is a legendary landmark of Ngāti Porou, renown for the tide-pulls of the Whakairingatewaiiau channel, which claimed many shipwrecks; it also boasts illustrious kai moana. Due to the perilous seas that surrounded Whangaokena a lighthouse was erected and hence accompanying light keepers' homes, these are the houses that Mereheni tells us about in her kōrero.

*So we were about, five I suppose, I can just remember that old home. And I'll put it this way, it's been altered since, it's been extended but that old part of the home hasn't got borer in it. But the part that's been extended during the war has got borer in it so it tells you the native timber and the time it's built. Because they rafted all the timber through, by the tide - as the tide went, the current would go towards Pouretua, that lot of timber would be Dads but if it weren't going towards Te Papaki that lot of timber was for Uncle that's how they worked it. It was all rafted over and carted over back to where we've got our home now.*

As Mereheni's recounts her father's expeditions she shares intimate details like how the tides of Tangaroa would determine the ownership of precious materials. These men achieved a great exploit combating nature's hazardous elements to build their whānau home. This voyage often complicated by bad weather and one that not many would undertake, cannot be found recorded in the typical history books of Aotearoa.

*That would be about, say 1935, 1936... It's still there the forestry did it up it's still at the back of the farm and they use it for history.*

These homes hold as many stories as the people that dwelled in them. They weren't just four walls that provided shelter; this is obvious by the indepth description of the homes and homelife. Reese, Hayne and MacDonald (2008) found that the narrative memories of Māori examined in their study were extremely context reliant and made more references to time and internal states.

In contrast to other cultures Reese et al (2008) found that Māori have greater recall of their childhood experiences. They also discovered that Māori had the earlier memories compared to non-Māori and their narratives were extremely context specific. It is proposed that the ability of Māori to recount such early memories is uniquely linked to early childhood exposure of their birth stories. This is supported by the kōrero that the kuia shared in this study; their stories were in-depth and detailed locating timeframes by the content of the story, so as the kuia continued I anticipated hearing their stories of birth.

### **Tikanga**

To understand the basis of this theme there are three terms that need distinguishing; kaupapa, tikanga, and mātauranga Māori. These positions inter-relate providing a foundation for further understanding and interpretation. Natural processes of knowledge dissemination have been actively suppressed over the last century attributing to assimilation into Western ways (Mead, 2003). Therefore these concepts are integral to the revitalization and maintenance of a Māori worldview and all that belongs within it.

Firstly mātauranga Māori is not to be confused with kaupapa Māori. Kaupapa Māori allows the space for Māori to conduct study that legitimizes mātauranga Māori. It is a contemporary term that refers to a particular body of knowledge that is used to communicate distinctive information that is essential to Te Ao Māori (Royal, 2006). Kaupapa incorporates the guiding rules or principles that apply within the situation. Therefore the kaupapa of a given situation is what will guide the actions within that process. Hence, tikanga processes are impacted by the context of the kaupapa. These concepts are embedded within Te Ao Māori and thus te reo Māori (Smith, 2012; Mead, 2003).

Mātauranga Māori has been explained as a blend of spirituality, mythology and fact (Aspin & Hutchings, 2007) that make up a body of knowledge that is distinctly Māori. This may encapsulate pre-existing mātauranga, sometimes referred to as traditional knowledge as well as the creation of new Māori knowledge. An earlier definition by

Royal (2002) described mātauranga as knowledge created by Māori to explain a Māori experience in the world. Hence, the creation and maintenance of mātauranga Māori will ultimately be impacted by the kaupapa and hence applicable tikanga.

Tikanga represents customs and traditions that have been passed down through whakapapa and are accepted as the reliable and proper method of achieving a particular objective or goal. Cultural principles, ethics, attitudes and philosophies both tangible and intangible encapsulate and guide these dimensions of tikanga. For some established actions there has been satisfactory affirmation and accumulated acceptance of the original kaupapa therefore the process is referred to as accepted 'tikanga Māori'. Ceremonies of life including childbirth are resolutely entrenched within tikanga (Mead, 2003).

#### *Ethel*

*Talking about childbirth in my younger days was not openly spoken about like it is today...*

Given Māori knowledge was transferred orally (Mikaere, 1994) it is difficult to believe this did not transfer to the domain of birthing. In fact Moon (2003) recites in detail the birth story of Hohepa Kereopa, born at home in 1947. So, while this is a common thread through these interviews the kuia have shared lineage suggests their knowledge of birthing is deeper than appears obvious.

Wāhine played an integral part in the transmission of knowledge. Tikanga ensured this information from passed on in an appropriate manner preserving the integrity of this mātauranga (Mikaere, 1994). Therefore it is resonable to assume that childbirth was spoken about however the vehicle through which this exchange took place could have included waiata, moteatea and kōrero. The disruption of Māori societal core values has imploded upon the natural interchange of birthing knowledge and hence the subtleties of such exchanges are lost.

Smith (2002) and Mead (2003) also argue mātauranga Māori is embedded within te reo Māori, therefore suggesting that to obtain knowledge from these mediums would require a degree of fluency in the Māori language. So, as Durie (2003) indicates Māori knowledge, philosophies and ways of doing have become a hard earned commodity that only a few are exposed to.

#### *Hineawe*

*Kuia wouldn't talk to us about that type of thing [births or pregnancies] because, when we were little kids we weren't allowed to be around when they*

*talked things like that, Maori people didn't believe in talking about things like that, when the old people were talking that type of thing, your place was outside playing.*

Young ears were not to hear the kōrero of elders particularly when intimate topics were being discussed. They were kept aside to maintain a degree of appropriateness and safety for the child. Haereroa reiterates this aspect in her kōrero.

*Haereroa*

*But you know, if there was something that was happening to the mother while she was hapū or after they'd come home with their baby, nobody was allowed to go in to see what was happening, (the young ones). Mmmmm... Yeah, it was a private thing between the mother, the baby, or the tohunga or lady that was looking after them.*

Although this encapsulates keeping the child safe it highlights the degree of restrictions that were necessary when practices of tikanga were in action. Particularly in the time of childbearing, children were kept at a distance along with people that were not closely related. This allowed the space for mental and physical attunement necessary to assist the mother and baby safely. It also meant that only those that had the best intentions, and a purpose for being present were present (Mead, 2003). She goes on to say;

*When I was growing up, they went to the doctors, and for them their doctor was really special for them. The doctor did everything for them. But the old people used to make sure that they were looked after.*

Haereroa's story reflects the respect they held for the medical practitioner, however her use of 'but' indicates that the following information is true in spite of seeming contrary to what has just been said. It is probable that the accessibility of Gisborne to wāhine of Whangara influenced the use of the medical system. Other kōrero in this study are located further from established maternity services creating transport barriers.

The medical model was strongly endorsed by agencies of the Crown, politicians, educationists and the domineering doctrine of Christianity. Their advocacy validated turning away from Māori culture and accepting "proper knowledge" (Mead, 2003, p 3). However Haereroa has shown that within this community traditional ways and tikanga Māori had been preserved. She then goes on to give an example of the care that the 'old people' nurtured.

*If there was anything at the marae, tangi and things they were not encouraged to go to tangi when they were hapū, or they were not encouraged to go into the urupā when they were hapū.*

These are examples of tikanga that are adhered to during pregnancy. The issue of tapu and noa guided the processes that were to be followed in instances such as this. Tapu is a state of sacredness, for a person or object to be tapu they must by virtue hold mana. To maintain this mana one must adhere to particular tikanga (Royal, 2006a). Haereroa continues;

*They were not encouraged to go and do gardening, especially in the māra kai. It was sort of different in those days; they were sort of like special people, when they were hapū. Because they weren't allowed to carry things, lift things, even after they had their babies they came home and they were rested, you know. Everyone did everything for them. For at least a week, after they had been in the maternity for two weeks.*

Haereroa draws attention to the fact that wāhine were considered special and well supported throughout the pregnancy, through into the postnatal period. She implies this was the general practice reserved for pregnant wāhine. Haereroa proposes things (pertaining to pregnancy care) were different when she was growing up, suggesting these practices are not necessarily relevant today. From my observation as a practising midwife most wāhine and whānau are aware that tikanga requires some consideration however the level of aptitude is hugely variable.

The nature of tikanga will inevitably employ principles of tapu and noa. These concepts indicate the need for caution or that a process is free from restrictions. Mereheni points out the relationship between tikanga and such ideas of tapu.

*Mereheni*

*When they talked about tapu it was in a positive way because they talk about loyalty, then enter marriage. But in a similar way to keep their their wealth, their blood lines instead of marrying out, and you lose that tie. They go on now mana whenua, mana tangata, that goes out and they matchmade you. Right? Ara tō tāne [here's your man]. And whenever they did that, well that was it you have no say. Yeah. And you kept your wealth within yourself, you kept your whenua within yourself.*

Mana whenua is a term that describes customary right to land. Māori who have ancestral links to that land can claim mana whenua. Mead (2003) describes mana tangata as the personal increment based on proven skills, work and contribution to whānau, hapū or iwi over time, Tuwhakairiora is an example of such an individual. Ownership of land was either by birthrite, land defeat or because of the union of two significant people in marriage. These communions were not taken lightly, they were a strategic move to unite whānau, hapū and often iwi. Mereheni continues to emphasise the practice within whānau.



*You know all that part with sort of marrying with what they were trying to hold. To hold to. Even though it had been, it was going on, like my, I can tell my great grandmother right there, well they were a big family from my great grandmother from Hariata, just through this marriages, and then they match made because one didn't get a family to that one's husband, they match made them to get the family. But they talked about it and knew about it and whether you liked it or not it happened.*

She then goes on to clarify ownership of particular whenua.

*Seeing it's all part of the home, down to this side and this green paddock here, we just talking about that today, I was telling Richard that belonged to the Crawfords. The Crawfords. Crawford was Nanny Materoa. Pohoikura was the biological birth of great grandfather Tiki Te Raukura, who legally adopted by Reverend Hone Waitoa and Ani Copeland.*

*And they're married Nanny Te Puhi Materoa.*

The word 'puhi' means to be a virgin, and a female of high rank. 'Pū' is an ancient word for original source or foundation; 'hī' means to raise or draw up. The role of a 'puhi' is to create a foundation of neutral balance and is always identified to be a young female. Her energy is linked to the first human being known as Hine Ahu-Mai-I-Te-One. Hine-Ahuone (in short) emanates perfect synergy and it is believed her existence confirms the initial gender of all baby's (in the early stages of conception) is female and so, endorses the role of a puhi (P.Tai Tin, personal communication, November 28, 2013).

Although Mereheni refers to this designation lightly, the implication is that this union would enhance whānau connections and affect balance. This is a old term that is still held in high regard within Māori communities.

Although Mereheni speaks lightheartedly about these topics she shows in her telling that these conversations were taken very seriously. They encapsulated formal processes such as karakia.

*...And then, they all got up, karakia and next minute, all in Māori "kei te mohio kōrua, e au Henare he tangata kei te haere mai ki tā tatou tamāhine". This rings a bell. "kei te mohio kōrua, kuinei te take harae mai", they all came and sat down and in the sitting room and started talking.*

*So they all had their kōrero as I was saying they came back to that same kōrero just because they cared, otherwise they wouldn't have bothered.*

The next idea that emerged particularly within Mereheni's kōrero was the significance of naming. Hohepa Kereopa (tohunga) believes by naming our children after their tīpuna our language and culture will inherently survive. He says when a child is given the name of their ancestor they also inherit some of the characteristic and personal traits of that

tipuna. This simple manifestation will in some way, guarantee the survival of Te Ao Māori (Moon, 2003).

#### *Mereheni*

*Naming was very important it had kōrero to it, it has history to it. So you were linked back. Whānau is our link to the past and its generational, its our bridge to the future.*

*Pikitanga, Pikitanga Kauwhakatuakina your other marae. Bossy's name, his old grand Uncle's named him at birth.*

As mentioned earlier Kauwhakatuakina was a notable warrior who resided over Tokatā. Materoa (Karawhata) Waitoa, the sister-in-law of Mereheni, was a Hunaara. The Hunaara whānau descended from Tuhorouta and Mohiraia, Tuhorouta was the son of Tuwhakairiora and Mohiraia was the daughter of Te Aotaihi who was the daughter of Hinerupe. Materoa Waitoa (whose name also descends from significant tipuna) had a whāngai son who was named Kauwhakatuakina, he was given that name by his grand Uncle. This clearly indicates his linkage to his whakapapa and identifies him as a direct descendant of this tipuna.

Traditionally names could also explain an event or time significant to the birth of the baby. For example, when Tamateakui was pregnant with Kauwhakatuakina his father Tamataonui suggested in jest that they cut open Tamateakui to check the gender of their baby and if she were a girl they would destroy her. Obviously Tamataonui was desperate for a son and thankfully as it turned out their baby was a boy (McConnell, 1990). In commemoration of this remark they named him Kauwhakatuakina, kau means singular and whakatuakina refers to cutting down.

Therefore as Haami and Roberts (2002) outline names themselves have whakapapa, possessing several layers of meaning and serving as repositories of information. Salmond (cited in Haami & Roberts) would suggest that names act as 'word fossils' or signposts of explicit information and knowledge.

*...Polly Te Aopare Te Kahurangi Polly's name. She is named after my mum and Te Kahurangi was a Nanny that used to stay with mum and dad. She more or less had no one, her whānau left after her third husband died at Horoera. So she just became the Nanny in the house. So, because she cared for Polly, that's why Polly's got the name Te Kahurangi, Te Aopare Te Kahurangi, special.*

Lastly, the most significant example of tikanga came from Mereaira. The following is the story of Mereaira's role during this research project.

### *Mereaira*

During Mereaira's interview she spoke in depth of things that surrounded her childhood and the environment that she grew in. Part way through our conversation Mereaira shared her thoughts, feelings and impression on moko and specifically moko kauae. This topic was unique to any of my other interviews and it was a privilege to have a kuia share with me such intimate whakaaro. Our time slipped away and we had to finish the interview before we had managed to specifically talk about Mereaira's experiences and memories of birthing. We agreed to meet again to complete the interview.

A few weeks later, due to technical issues Mereaira's audio recording was lost and unable to be retrieved, before it had been transcribed.

I hold a huge sense of responsibility for the kōrero that I have been privileged to hear and that has been shared with me. This experience has brought to life the reality and accountability to that kōrero. I considered recalling our kōrero and did transcribe some of what I remembered from the interview. Before presenting it in this thesis I meet with Mereaira again and informed her of what had happened to the audio recording. As soon as I began to tell her my story, I knew what she was going to say. And as predicted, Mereaira simply smiled and said, "it was just not meant to be". She continued to say that she had shared some information that was very personal to her and obviously only meant for my ears and not for the purpose of this research. Therefore, heeding these strong messages I will not retell anymore of her conversation.

As Ratima (2003) highlighted, some knowledge is not universal and may not always be shared. This principal maintains the integrity of the information and protects it from inappropriate use. In this way Mereaira's kōrero has directed its own pathway and knowledge transmission.

Ironically Mereaira's subtle reinforcement of tikanga has emphasized the tangible and intangible manner these notions are expressed. Hohepa Kereopa advises that before knowledge is shared we must listen to what is being told, over and above this people need to know the purpose of what they are doing (Moon, 2003). In my anguish over the loss of this knowledge I reflected on Mereaira's stance "it's just not meant to be". This remark has stayed with me and I now conclude her precious whakaaro was not meant to be recorded. For this research Mereaira's message is to listen, not just to words but to the messages that come in many formats.

### **He Tirohanga Pākehā (*non-Māori perspective*)**

Māori health systems were based upon traditional organisations with tikanga based practices, hence the Western medical approach to wellbeing was vastly different to the methods Māori were accustomed to. The foundation of the medical model powerfully perpetuated absolute authority, therefore other modes of knowing were dismissed and science rapidly became the objective truth (Mika, 2005).

Up until the 1930's Māori were still birthing in their traditional settings only utilising the hospital environment in emergency situations to provide medical support. District nurses working within Māori communities fervently imposed the States recommendation to birth in hospitals, while they provided antenatal care they also reinforced the stance that hospitals were the safest place to birth (Clarke, 2012; Papps & Olsen, 1997; Donley, 1986).

Supporting these ideologies was legislation such as the Tohunga Suppression Act and Midwives Act 1904. These Acts were significant agents for change in health care and for Māori proved to impact upon the transfer of traditional knowledge and skills. So, although the motive of Māori politician, James Carroll was for the betterment of Māori health, some would argue his strategic move in introducing the Tohunga Suppression Act proved to aide in the disruption of cultural practices and knowledge. Simultaneously, traditional ways of birthing and the confidence Māori had in those practices were severely undermined. As Papps and Olsen (1997) expressed this was an era whereby "the possibility of safety meant the eradication of difference" (p. 103).

Mika (2005) examined the correlation between medical science and Christianity, his observations support the idea that traditional knowledge was substituted for Christian dogma, indicating this as a fundamental threat to mātauranga Māori. Throughout Ethel's kōrero she displays a strong commitment to this faith, however she also signals conflict between her Indigenous knowledge and Christian beliefs.

*Ethel*

*"My mother was a single mum."*

This was a statement. Within these words an attitude of the 'time' was revealed, but in the same moment she also exposed pride for what her mother had accomplished, being pregnant and being on her own. Unfortunately for Ethel's mother she was pregnant during a time that was prejudiced by a society that praised marriage and scorned promiscuous behaviour (Clarke, 2012). *"And today I make her age out to be, 17 years old",*

two declarations made that displayed deep contemplation of being a young single mum in the 1940's.

Regardless of whether her mother had shared these memories with her or not, Ethel's interpretation of these struggles encompassed the past and the present. She remained immersed in the empathy she had for the experience of her mother, and although she had not been a teenage pregnant woman on her own herself, she appeared to have developed a depth of understanding of the challenges her mother had faced.

Ethel's own birthing experiences were impinged by a model of care that was now engrained within medical ideologies.

*My first child was born in June of 1962. We named our baby Wayne and in those days, of course, hospitalisation was the in thing for you to do. In the time of my giving birth to my children, it was never heard that you could have your birthing at home. It was all done in the hospital.*

*What I understood at that time, all babies had to be born in the hospital. I didn't think we had an option.*

This is a sharp contrast to what Ethel will tell us about her Nanny's births; from birthing in the bush to birthing in a stark clinical setting. The influence of medicalisation and Government policy is evident in this kōrero. Haereroa also highlights the impact these infrastructures and practices had upon her birthing experiences.

*Haereroa*

*They gave me a drip for probably a couple of hours. And then it was all on. And then when we first started that was the first time, they give you the enema.*

Haereroa did not embrace the controlling aspects of medicalised birth, the use of 'they' in her dialogue emphasises the power of the 'other'. This model of care has had an immense impact, not only on her memories of her birth experiences but at the time, it defined her actions in labour.

*I stayed at home as long as I could when I was in labour because I didn't want them to give me all those enemas and things like that so by time I got there they didn't have a chance. I had no problems with my pregnancies; I stayed home til I was about due to have them so I didn't have to have enema's. Yeah, I stayed home til I didn't have time to do anything. So when I got there it was just...have a baby.*

She safeguarded herself from unwelcome intrusions the best way she knew; by staying away for as long as possible to eliminate opportunity. Overall birthing in this era was very controlled, woman did not have options. They were told what to do and when to do

it. This was synonymous for both Māori and non-Māori (Papps & Olsen, 1997; Donely, 1986).

Presenting late to primary health services is still common for many wāhine today; there are many postulations for this behaviour including reducing the risk of unwanted interventions. A pattern such as this confirms the lack of autonomy Māori have over maternity care and suggests that this practice has been maintained over the generations. As I have previously highlighted Māori continue to negotiate the impacts of colonisation, urbanisation and cultural decay. Haereroa continues to describe her experience of labour and birth.

*They had one separate birthing room for your actual, when you were having your contractions and they'd come in every so often and do that rectal examination and all that. And this was really umm; they'd do that all the time... And once it got to a certain, your cervix opened up enough they would put you on the table in the theatre; and no fathers were allowed to go there.*

Whilst Haereroa recalls this experience with relative ease her voice trails into the distance and her face shows the distain she felt about these unwanted constant rectal examinations. Alone and out of control is the impression that this story leaves me, abandoned in a theatre to move on to the next stage of labour not because your body was indicating it was time, but because some unfamiliar midwife or doctor was telling you. Haereroa goes on;

*No, no you didn't feel like you had any control because you were, everyone else around you was in control of you, you know. (When Annette had Ngapo, she could get up and walk around), but once you went into theatre you just had to lie there and have your baby on your back, you couldn't get up.*

Haereroa reflects on her daughters labour as a point of difference. She is very aware of the lack of control she had in her labours unlike other kuia who had similar experiences they express that they knew no different therefore they never considered their power had been dissolved, Haereroa is very clear she knew that 'they' had the power to do and tell her what they wanted and when they wanted it.

As the medical model took hold of the maternity services women in Aotearoa were sharing similar experiences of dominance over their births (Papps & Olsen, 1997; Donely, 1986). Ethel's story of her first birth tragically draws attention to the power of this model and its counterpart Christianity. Her kōrero gives a unique insight to the loss of a baby and the influence of the maternity sector in this experience.

Ethel

*Yes, yes but I didn't have, a good birth with my first child. Wayne I never ever saw.*

*And I wasn't to know that he wasn't going to live until he was born and I was so drugged up with the anaesthetic that was used. My body had never been use to anything like that and I guess the doctor saw that I was going to be having trouble with having my, my first child.*

The sadness of never seeing her firstborn child was fresh and almost palpable; the devastation this experience still appeared to be living with Ethel. My immediate impression was of the unrelenting influence the health profession can have upon the individual and potentially their future generations. Secondly, both Ethel and Haereroa expose a level of isolation within their stories. Haereroa overtly states she was left alone in the theatre; no fathers allowed. Ethel was stripped of her conscious being and the comfort of knowing her baby's being.

*We were told it was a blessing that he died. And of course over the years I always take comfort that the Lord took our baby, like he did. And for me the sad part was not being able to hold or see him.*

The same doctrine that gave Ethel comfort also deprived her of the opportunity to see her son and although there may have been multiple reasons for this denial none seem justified. She expresses her desire to have held her baby, to have touched her son, these humble requests the right of any new mother.

Ethel

*It was some time in the morning, they said to me that my baby had died. And that the funeral was already being arranged and the baby would have a proper funeral.*

*My husband was ignorant to me not being myself; not knowing what was going on and still having the drug effects, even midday of the next day I still wasn't quite sure what was happening. When I saw my husband that afternoon he said to me, the funeral for my baby was already arranged, the Salvation Army was going to do it and he'd gone and arranged for baby to be buried at Taruheru Urupā.*

Ethel's choice in grieving for her baby had also been taken from her. She appeared to regret not having any control in the burial of her baby. Again, this exposes parallel epitomes to the medical model such as their perceived superiority to any other mode of intellect. It supports the ethocentric attitude that Western religion is not only dominant to any other beliefs but crucial to the process of doing what is right, ensuring spiritual wellbeing; saving the natives from their crude and uncivilised ways. Culturally it may

have been more appropriate for Wayne, Ethel, Jim and their whānau to have gone through the tangihanga process.

Tangihanga is a vital part of Māori culture and like giving birth has certain tikanga that are adhered to that ensure the whānau have the appropriate opportunity to mourn their loss. Tangihanga also ensures the safe departure of the beloved tūpāpaku. It is believed that at the time of death a person's mauri also dies, extinguished with the cessation of breath and heartbeat (Mead, 2003).

*Jim (my husband) went and asked the doctor the next day when everything had been done, the funeral had been done and the doctor said, (at that time) it was the best thing that could have happened for our baby. And that apparently Wayne was something that, I mean it meant nothing to Jim or I, the word mongoloid. I don't know what, even today I don't know what that means. But he, the doctor said that Wayne would never be, a normal baby. If he had lived.*

This word 'mongoloid' was often used in this period to describe a person with Down Syndrome, a term used in ignorance to describe Wayne's affliction at birth and that he would not have been 'normal'.

*They didn't come to talk to me. They only spoke to Jim.*

Not speaking to Ethel and informing her took any element of control and ownership over her experience away, reinforcing the supremacy of patriarchy that had found its foothold within maternity care. The medical and maternity staff took Ethel's power to choose if she wanted to hold or see her baby, it is assumed this was done out of compassion for her. McGrath and Phillips (2008) highlight differing perspectives on notions of illness and wellbeing are at the core when two cultures clash, particularly between Indigenous and non Indigenous worldviews. These conflicting views inevitably impact upon the practice of sharing information in healthcare. Haereroa further emphasises the disempowering nature of the maternity care they received.

*Haereroa*

*They told you when to push [so it wasn't about what your body wanted to do?] No. And they were in control of you all the time.*

This pattern of control has remained with Ethel, and Haereroa, strongly influencing their perception of their birthing history. Fifty years on Ethel still carries immense sadness from this traumatic event in her life. Walter et al (2011) discuss the ongoing affects of psychological and emotional wounding like this, relating historical population trauma such as the dispossession of the birthing experience to contemporary health outcomes amongst Indigenous peoples.



Haereroa and Ethel continued to share their experiences within the hospital setting. Haereroa outlined the hierarchical order within the maternity sector and the effect that this environment had upon her own nursing career. In comparison, as Ethel goes on to talk about subsequent birthing experiences she assumes confidence in the practices that Haereroa found overpowering and disabling. Ethel gained control of her birthing experience with the regulated, stringent manner in which maternity care was provided, the sense of isolation had gone from her reflections.

*Haereroa*

*I did General nursing, that's like what they call comprehensive now. And I'll tell you what; the one I didn't like was maternity. It was just something I don't know whether because they had nurses there that specialised in maternity and they were different to, you know when the general nurses went across they weren't really helpful. And I think that probably put me off maternity. You know I liked being there when the babies are being born and I love being with the mothers and things. But I didn't like the actual way; with maternity the doctors they were always there and they were the bosses, you know we really had to run around for them make sure we got the right things, especially sutures, needles and things like that otherwise they'll bite your head off that. It was quite different to when the midwives came along.*

*Ethel*

*When I went into hospital with Sharon it was quite, the atmosphere was different. It was welcoming and I felt the nurses that attended me that time were concerned for every pain I had. And they also let you know just what was happening, where baby was and when I was actually on the theatre table they told me when to push, when to breathe. Because none of that was taught to you before you went into have your baby. There was no where you could go, you and your husband and be taught how to care for each other, at that time. There was nothing like that.*

According to Haereroa's interpretation midwives clearly had a higher status to the nurses in the maternity units, this was probably due to their familiarity with the maternity environment and practices. Unfortunately it was an area that did not tolerate incompetence and as in some instances this created a competitive unhelpful culture that regrettably still exists within institutions today. Haereroa sums up the influence and dominance of medical practice with this powerful statement.

*There were midwives there when I had my babies but it was still the doctors that were in charge.*

Postnatal care was just as regulated as labour care with strict rules and systems in place that localised authority within the institution rather than with the mother or whānau. The following dialogue clearly implicates the level of control imposed upon woman and their baby's.

*Ethel*

*Once you had baby, with Sharon and Jonathan, I wasn't allowed to leave hospital until baby was a certain weight and that you knew how to feed baby. It usually involved a stay of almost two weeks. Yes. That was with Sharon and Jonathan. With Daniel and Beatrice, 7 days.*

*The babies, they had rooms of their own. It was right up until my youngest was born, I was allowed to have her in the room with me. You never ever had your baby with you until the day you left hospital.*

*Haereroa*

*We had to stay in for at least 2 weeks. Mainly for rest, it was the doctor that insisted you stay there for 2 weeks not the midwives.*

*Mereheni*

*And then in my time you were kept in the home for 14 days; with your first baby. And then you weren't allowed to go to the bathroom or shower. They came around with their trollies and kidney dishes and forceps and what not, you know to take care of the mum. Mind you we used to sneak to the shower all the time.*

Ethel, Haereroa and Mereheni have varying interpretations of their postnatal care. Mereheni remembers aseptic techniques used to reduce the risk of infection that may or may not have been utilised by the time Ethel and Haereroa birthed but similarly they talk of routines imposed that reduced their level of autonomy. Restricted contact and rigid schedules were put in place with the best intentions (Burgess, 2010). These controlling practices had an immense influence upon the initial mothering of their baby and particularly impacted upon the success of breastfeeding.

*Haereroa*

*There was no help, with the breast feeding, with maternity, with midwives, I didn't breastfeed any of my kids. I started.*

*My milk came in but I think that it was just that the midwives didn't help and encourage.*

*They took the babies out at night, for the whole night. Unless you were breastfeeding then they would bring them in and wake you up. But I only did it with Kerry for 3 nights, 3 days. But after that there was no milk coming so they dry you, dry you out, they gave you tablets to dry you out.*

*In those days when I was trying to breast feed help was nothing much...they just left you to it.*

*I think that was one of the things, Kerry wasn't latching on properly, you know because, when I was working with plunket, you could tell if they were latched on properly or not. Like with them not latching on properly you got engorged, you know your nipples were all sore and raw. And that was, I reckon they just didn't have the time to sit and put them on properly. Whereas I think the modern midwives they've got all that time. I don't know.*

Haereroa's impression is that health professionals 'having time' (or not) played a huge role in the lack of success with her first breastfeeding experience. Obviously Haereroa felt that the midwives that cared for her and her babies were too busy to help with latching her baby.

*And I mean your boobies got really big, and there was milk coming out, but they (baby) weren't staying there. And the nurse had to make sure baby was latched on properly. So in the end it was sore. The pain of it all. And that happens to all of them, but you just didn't, maybe it was me I might not have persevered enough?*

*They just gave you the pill to dry your milk up.*

*They just gave it and said this will help you to dry up your milk. And then they start them on bottle-feeding. You wouldn't query it you know. You would say, because you're in so much pain; I can't do this anymore so they'd just give you the pill. After Kerry I didn't even persevere, for Joanne they put her straight on but after 24 hours, she went straight onto the bottle, I didn't even go there.*

Practices that were implemented such as, strictly timed breast feeds, babies slept in nurseries and only returned to mothers on a 3 hourly basis (sometimes not at all through the night) devastatingly impacted negatively upon breastfeeding success. And in some cases adversely affected breastfeeding for all subsequent babies. This was a familiar pattern of this generation. The trend to abandon breastfeeding originated during the 1900's and was largely due to imitating European ways. During this period the that lack of education on bottlefeeding led to malnutrition and was a major cause for infant mortality, particularly amongst Māori babies (Dow, 1999).

Breastfeeding was no longer the accepted normal. Mechanisms within maternity institutions created a pathway to unsuccessful experiences, and removed the opportunity for wahine to breastfeed their babies. Many wāhine were left with the impression that they could not breastfeed and blamed themselves for reasons such as, insufficient lactation or latching difficulties therefore, they felt it was better not to breastfeed. Listening to these stories I had an overwhelming sense of sadness for mothers that had been denied such a natural, crucial element of health.

*Ethel*

*Coming home with Sharon it was a bit challenging. Because feeding babies on my breast, was still a new thing and now here I'm on my own.*

During the postnatal stay in hospital the focus was to give the mother time to heal and rest (Burgess, 2010), and it appears very little consideration was given beyond this setting. These women had not experienced their baby's during the night for two weeks

they were then discharged home under false expectations. This mode of maternity care may have given the mother sleep at night but had deprived her of the reality of a newborns needs. Ethel incites a feeling of isolation and fear of not being confident in her abilities as a mother. Reinforcing of this model of thinking was the care given by the Plunket Society.

#### *Ethel*

*I was fortunate to have the choice of Plunket or the health nurse. Now, I had Plunket for my first visit and of course I was all excited, cleaned the house up and I wanted everything to be nice and warm because we were all in this old house. The Plunket nurse came along and introduced herself and I took her in to see my baby, and straight away she said to me, "turn that heater off, you can't have baby there. Okay now let me see how you're going to feed baby". And I found it uneasy. But I tried to do what she was asking. She showed me how to do some things and I said yes I would follow how she had shown me. She told me she turned the heater off so the baby wouldn't get over heated and she felt that if baby was, in another room it would be healthier for baby. But I felt it was much better for her to be near me so I could hear. She gave me a day for when she was going to come back.*

#### *Haereroa*

*When I went home I had Plunket. They were really officious. Not like now, very friendly. I still have their books. They were all right. They didn't stay very long. Just came and weighed. Did what they had to do, asked all the right questions and you hoped you gave them all the right answers. They only came til the baby's were 3 months and then you had to go the clinic. It's still the same now.*

Neither Ethel or Haereroa had positive experiences with Plunket. They found this service inhibiting to their natural mothering intuition. For a long time Plunket was criticised as being inappropriate for whānau, mainly due to the lack of relevance their programs had for Māori. During the 90's Plunket took a direct stand to strengthen their relationships with Māori communities developing initiatives aimed to improve the wellbeing of Māori children (Durie, 1994). Needless to say this did not come soon enough for Ethel.

*I was made, I made up my mind that I was going to do what was best for my baby. Three days later, the public health nurse called in and introduced herself. And, there was such a big difference. They were both European, they were, the public health nurse was much nicer and instead of her telling me what to do, she just said I'm just going to watch and see what you're going to do and see if there's anything I can help you with. So it was like she was just paying me a visit. So it wasn't like as though she'd come to make sure that everything was being done properly.*

The period in which these wāhine were birthing was a time of negotiating their place within a society that promoted patriarchal systems of healthcare and religion. Disempowering policies and organisations reinforced inequitable outcomes and

advocated integration to a Western worldview of mothering. The sector had not yet come to the place that acknowledged consumers as valuable resources. Therefore the culture exerted within institutions revealed a extremely controlling environment displacing wāhine from their Indigenous experiences of childbirth. Māori notions of wellbeing were not considered and their relevance dismissed.

Ongoing frustration with services that inhibit Indigenous health has exposed the need to address inconsistencies in this area. Health professionals acknowledge the impact inappropriate care can have upon a population and although the health arena has become more culturally sensitive it is very evident that health care is not addressing the needs of minority groups, particularly Māori.

### **He Wheako mō te Ara Tau Whaiti (*the Birthing Canal*)**

The roles that women and men hold within Māori society can only be understood within the context of a Māori worldview. Within this world Māori acknowledge the natural order of the universe and all that is within it. The fundamental principal of balance between living things and the environment creates an equal setting for women and man. Each element is essential to the collective whole and to the sustainability of whakapapa therefore each has its own intrinsic worth. Wāhine are the inherent link to the past, present and the future, however their power to reproduce is only maintained by the equipoise of male energy (Mikaere, 1994).

He Wheako mō te ara tau whaiti brings together the experience of giving birth. This theme explores the synergy of Māori birthing with Māori thought and focuses upon the normalness of birthing. Mereheni began her interview with a succinct description of how and where she was born. Ethel follows with her interpretation of their whānau birthing spot. Ideas expressed in this section provide an insight to participants innate knowledge of birthing.

#### *Mereheni*

*And, what I was told by my Nanny kuia, ara i whānau mai koe, i mua te ahi rā, nē, te ahi wahia (open fire) i runga kirihipi, ā ko te mea whakawhānau, whakawera te wai, whakarite te miro, tērā tū āhua mea o ngā whakawhānau i au i whānau ana so, i kōrero mō tērā nō muri iho nē rā, that would come in later at Kaiwaru papakainga o ngā korohino, āe i reira. Ka noho i reira, koirā tonu hoki te wā kainga, ka noho.*

*[...you were born, in front of the fire, okay, an open fire on a sheep skin, the things to get ready for birthing were to boil the water, prepare the cotton and that sort of preparation was done when I was about to be born so, that would be spoken about later as well, that would come in later at Kaiwaru the*

*Korohino homestead, yes there. It was there we stayed, which we considered our homeland in which we lived.]*

*Ethel*

*So my Nana had all her baby's either way up in the bushes where, she called her honeymoon spot. And in those days the 'honeymoon spot' could be just a place made of raupo with dirt ground and, the toitois, the manuka would have been their, flooring.*

This image supports earlier discussions highlighting the way in which Māori traditionally birthed, quietly in the bush, or where kohanga (Makereti, 1938). It is clear from these reports that the practice of separating birth from community living had continued into the 20<sup>th</sup> century. Ethel has an expression of pride and awe for a woman who could achieve such greatness, birthing all her children in a natural environment such as this.

Durie (1994) and Best (1929) describe particular structures that were erected as part of traditional Māori public health. One of these structures is the forementioned, where kohanga (birthing house). This where was equivalent to the function of a maternity home, although it was only ever used once and then destroyed after the confinement period was completed. The where kohanga provided the space for an expectant wahine to labour and birth with the assistance of a birth attendant. The community acknowledged the spiritual and temporal nature of the event as this period was considered very tapu. The function of the where kohanga was two fold; protection of the mother and baby from communal infections while giving them time to bond, and reducing the risk of contamination by separating the birthing process and its products from day to day living of the community. After baby was born they would remain within this where until breastfeeding had established and the mother had recovered.

Although the participants do not speak about the use of a where kohanga they do indicate birthing was separated from the wider group. Restricted access as a concept of health had maintained a level of acknowledgement and such as Makereti (1938) refers to Mereheni describes a similar environment. This account tells of her grandmothers births and the influence spaces have upon the adaption of practices.

*Mereheni*

*And anyway grandma was say, "ae, ka whakawhānau matau nei, ka haere matau ana" they had a favourite spot down round the house somewhere down the paddock, to give birth. And, and they'd tidy themselves up, everything and then go, did you have a scissors nan? No, no, they used to bite it or just use their nail, you know for the cord. And they'd clean themselves all up, then they'd come back into the house.*

*It was a certain spot where they always went to.*

Birthing places have nurtured the participants conscious recollection of birth contributing to their presence in the world. These places have been preserved by these unique narratives as Ethel emphasises;

*Today we can go back and visit that area where she called her honeymoon spot; the papa rocks.*

Her story has revitalized the honeymoon spot and by her telling it is now recorded in whakapapa. As Heidegger (1971) describes the concept of dwelling, Ethel is present simply by the experience of being and thinking about this space.

However, being the eldest mokopuna, Ethel would not have seen the births at the honeymoon spot, she would have only been exposed to hearing the stories. Schank (1992) describes this type of recall as a semantic memory, developed from words and is independent of personal experience. Semantic memory encompasses how you understand the world, therefore Ethel's memory of the honeymoon spot exhibits how a place and the environment hold these memories and underpin her interpretation of birthing. Mereheni extends upon this and goes so far as to identify each baby by where they were born.

#### *Mereheni*

*It was, Richard put us down the drive where I was taking photos of all the changes, the riverbed and I said well I had all my children up here, except for, Polly. But up there and Morgan was the last at Te Whetu. He was four and a half when we brought Takatau. So, Anita was a Takatau baby. But it wasn't easy because you had to travel to Te Puia, where you had to deliver poor little baby, but at least it wasn't on horseback.*

Rather than being perceived as primitive and unsafe Ethel's kōrero of birthing; *in the bush in a place made with raupo*, reverberated a notion of strength and resilience, moreover, Mereheni indicates the complex nature of identity.

Internal and external infrastructures such as, Government policy, introducing free maternity care and the promotion of pain free labours, influenced a rapid transition from birthing in traditional environments to a Western medical model. Over time Indigenous knowledge has been disturbed and this has had inevitable impact upon the experiences of the next generation. However, Reese et al (2008) hypothesize Māori mothers naturally share rich birth stories improving the retrieval of those memories for their children. In other words, these stories are the foundation of a child's autobiography and may influence their emotive being.

The next aspect that emerged as an important component of birth was the value of those that attended wāhine in labour and at the time of birth. In all cases these people displayed unique skills and had distinctive knowledge in varying facets of caring for wāhine during pregnancy.

*Ethel*

*Nanny Brown she came along after my Nan's children had all been born. And Nanny Brown while she was not a trained midwife in anyway whatsoever, she had total faith the Lord would help her. She was a born Christian and anyone having babies in those days only needed to ring Nanny Brown to come and help; her presence was always a blessing to the mums that she went and helped to have their babies, yes.*

*Haereroa*

*When I was growing up, they went to the doctors, and for them their doctor was really special for them. The doctor did everything for them. But the old people used to make sure that they were looked after.*

During this period many women (both Māori and non-Māori) obtained their midwifery skills from various avenues including observation and assisting skilled birth attendants, in some cases from doctors (Papps & Olsen, 1997). For Māori, men often took the lead in attending wāhine in labour such as Mereheni's father in the following excerpt. From anecdotal evidence, training of such attendants often came from tohunga, kaumātua and kuia in the tikanga of birth.

*Mereheni*

*The rest of us were home births and our dad was the doctor. And by the time the nurse or the doctor got out, on horseback, he'd already done the job.*

*How he learnt these things, I don't know whether he was the one that was with his mother, my grandmother, he had to finish school and come home and be with her, because his father died early in life so he, I think he was, doctor of all things. He was the one who was multi-skilled and yes he was.*

Ethel goes on to refer to kaumātua that would assist with birthing; more than likely they would have had the skill and experience of birthing. These kaumātua may or maynot have been of Tohunga status or female.

*Ethel*

*Usually there was a kaumātua in the community. Unfortunately, I'm not sure who those kaumātua were at the time Nanny was having her babies. It was only quite a while after, to my knowledge, Nurse Banks was introduced to me in our district Te Araroa. And Nanny Brown was used, yes.*

Traditionally a kaumātua was considered the reincarnation of a renowned ancestor that had acquired supernatural powers. These kaumātua had the ability to transform into



birds, fish or insects and the capacity to influence the whānau they had left behind (Barlow, 1991). Today they are more commonly considered people who have experienced many years of living and are now at the pinnacle of understanding life and the context of life. A kaumātua is not just about being old, as generally believed, it is about understanding the concepts of the Māori world and then accurately putting them into practice (Moon, 2003).

#### *Mereheni*

*....Nanny Brown. She used to do a lot of home births. Yeah that's right. Oh anything that learned was Nanny Brown. From kneading the bread in the kauta to giving birth!! Being a matron! Yes. No she was wonderful. She was wonderful. Hmm. Yeah.*

*And then with Nurse Banks, I can remember Nurse Banks staying with us for a week, helping out because dad had a house full of workmen and there was us and there was mum and she would stay for a week and did the cooking and the washing and that was Nurse Banks. And then she had to drive all the way from Te Araroa here. I can remember all that, until I got older, but dad saw to all that.*

Mereheni indicates that these experts did more than assist with the physical action of giving birth. They ensured wāhine were safely guided into motherhood, attending to the somatic and the spiritual needs of wāhine; helping with the whānau, cooking and cleaning, whatever was required. Reedy (n.d) tells us, from the moment a child is conceived, they are nurtured and those that envelope the mother do this with aroha for her developing whānau and the potentiality of that pēpi in Te Ao Māori. This displays manaakitanga to its deepest sense.

As mentioned tohunga also had their place in the care of wāhine and continue to be highly regarded in Te Ao Māori. They specialised in occupations such as, agriculture, weaving, fishing, and of course healing, however their expertise are so integrated within knowledge systems, philosophy and religion that it is impossible to separate healing as a singular action (Moon, 2003).

Tohunga are leaders in Māori communities versed in political, spiritual and professional dimensions (Durie, 1994). They work closely with their communities, their knowledge and competence depended as much on the affirmation of the community as on their own inherent potential, there maybe a expectation that they are accountable for and to the tribe as a whole. Their skills bring together the tangible and intangible realms, with knowledge that goes beyond the human level of thinking. In days gone by, tohunga were often called upon in childbirth, particularly in times of difficult births. This practice still continues in some whānau but is not as prevalent as it was.

The following excerpts offer more examples of changing practices. They also display the fostering of a very natural awareness, so although birthing was not openly spoken about when these kuia were young, they recall being present at births. Their renditions of others births are as cognizant as their own demonstrating the value these kuia place upon childbirth accounts as worthy tales to tell (Reese et al, 2008).

#### *Hineawe*

*When Auntie Mahurangi, she was pregnant with Frankie (in Te Araroa) she couldn't make it to the hospital to the maternity in Te Puia so she had a home birth. Nanny Brown (I don't know her first name, we only called her by Nanny Brown). Nanny Brown was the midwife and helped her (Auntie Maharangi) with her baby. She was not a trained midwife, she just knew everything, she just knew what to do.*

*...All I could hear was Nanny Brown calling out to someone to "heat the water up, heat the water", well I didn't know what the water was for, probably had to with something for the baby I presumed, I didn't know. And, then could hear Auntie Mahurangi bellowing away like all pregnant women I guess. And then, Nanny Brown was calling "oh the head's coming, the head's coming", or something was coming first; or she was saying "push, push, push". And all we could hear was all these "coming" and then next minute... my Auntie 'oh'!!!!*

*Yes, well that was my first experience of seeing, a baby born.*

#### *Mereheni*

*I can remember when I was small, Auntie Girlie giving birth, I remember she was having a baby, I was only small, having a baby and mum and them they were all there, with her. But couldn't understand you know with the pain and the cries of pain, couldn't understand what was happening. But didn't dwell on that. It was to see this baby and where it came from and then they couldn't tell us how it actually gave birth until growing up and then it was compared to the animals giving birth and then I sort of understood. Yeah. This is what they were trying to say and do and we were there, we may have been hearing things and seeing what was going on, you could see the fire blazing, mug and cotton and the scissors and the mug boiling there on the stove but didn't actually know what it was all about, until later on. And hearing these different members of the whānau talking about these different things. Then it sort of just became, like just another bit of conversation really. Until you really experience it, oh this is what they meant and this is what they were talking about.*

These kuia have given rich interpretation constructing images of warmth and safety. Their language is vibrant and descriptive, allowing the listener (the reader) to be in the moment with them. These stories reflect a body of knowledge that validates being whānau and being Māori, they show the connection Māori have to the natural environment and awareness of the learning obtained from these experiences.

The discourse throughout this research innately resides within the physiological body of birthing knowledge. For example, even though these kuia birthed during a dominant period of medicalisation they never use the word ‘delivery’, and only ever use ‘birth’. The term ‘delivery’ originates from the medical model and has become deeply engrained within the maternity sector. It declares woman disempowered within their process of childbirth. The influence of this discourse supports the theory that language has the power to influence and shape behaviour, its implicit nature reveals deeper understanding to such things as relationships, or the association to events and concepts (Pohatu, 2003).

Elder (2012) found humour was a notable feature of the participants in her research, she also points out that participants drew on broad experiences exhibiting Reese et al (2008) notion that Māori will give greater attention to detail highlighting the significance of the event. Haereroa laughs as she recalls her childhood memories of pregnancy.

*You could always tell when my sister was having a baby; because they were really ‘pohara’, a lot of us kids talk about it now, everyone knew when a mother or sister was having a baby, cause they had their flash underwear hanging on the line, because they were going to see the doctor. You had one pair of undies or bra, and most of the time they didn’t wear any undies when they were young, or you know, because they couldn’t really afford to buy lots of clothes.*

*They used to catch what we call the service car to town. So a lot of us, even though we didn’t know what being hapū was, as soon as we saw those things flapping on the line you knew that, oops, someone’s having a baby. And that was one way knowing; ‘how do you know’, and we’d go ‘well you’ve got some flash undies hanging on the line’.*

Haereroa continues to exhibit her distinctively untainted view of labour and birth. She accepts her labour was long but recognises this as normal for a first labour. Like Reese et al (2008) found Haereroa enhances the memory of her birthing story by making reference to external factors that relate to the time and elaborate upon the significance of when she gave birth.

*Kerry, was 1<sup>st</sup> of June 1968, that was what Peter (Haereroa’s husband) said was a long labour, but it wasn’t, it was just the first one...*

*...and the contractions were long, and then they had to give me some what do you call it, they had to bring me on, induce me that’s the word, they had to induce me. And our doctor, my doctor was Dr McKay and he said ‘Oh she’ll be quite a while now’ and so he went to watch the Poverty Bay Japanese Rugby game, and while he was there he had to come back. And there were actually two of us in the home, one was Pakeka, from Whangara, Holden, you know the well-known family. And there was me. She went in before me, and as she was coming out I was going in, but we were both labouring at the same time.*

A unique element in this research that consistently recurred was mode of transport. Moreover, Mereheni emphasised its importance by indicating she nearly forgot to discuss it. d'Entremont (2011) makes the point that experiences during pregnancy profoundly influences the way in which woman birth. So whilst the stories of transport provided a background to the time in which these wāhine were birthing it also expressed a sense of confidence, and acceptance of nature's challenges. As Mereheni states below, there was no fear because there was no other way of life, such as horseback as your main form of transport. These kuia maintained a natural perspective on birthing endorsing d'Entremont hypothesis that the physical, emotional and psychological journey women have during their pregnancy help to form their birthing experiences.

#### *Mereheni*

*Yeah! And I can remember riding around the Bluffs there, you know you had to wait until the wave receded and then you had to cross over. But the thing about today, there is, there is no fear in it because there was no other way of life. You just had to do, because you followed a parent, Dad always brought us in and that was just part of life, you got on with it.*

*See this is the part I missed out on transport, mum would have Polly, in front of her tied up in, in the rope and then the horse would be back to front and this in the rain, you can't, there's no other way of watching and the baby would just get a bit of fresh air. And that horse was galloping and no trouble and dad had one on his back and one on the front! But to think of it today you know. And I said, well I said look at you, you're still alive! Yeah it's like that but going back to pregnancy, I think we sort of just grew with it. Because we always had someone with us. Making us wary of this and that whether you listened or not!*

*My births, well then we had a district nurse. Then it was Shirley Hovell one of the local girls, she used to ride her horse right up the valley, to call in and see us up that way because aunty you know was across the river. And she always kept a check on us and always told us you know because when you're young, we were riding horse, we were riding horses until the end. She told us to be careful and then when you think that was the only means of transport with our parents, in their time.*

*I remember the horseback days. Yeah well that's why my first son, I always said it was through my riding the horse that we lost him, he was 7 months premature. And mum and them they reassured me that no it wasn't, the doctor said he just wasn't meant to be for you. And I happened to be here Taihoro here with Nanny, when all of this started. And Uncle Dick took me down on a one seater car. Down to Waipero. But then I had him on the car.*

The last notion to be drawn from the idea of 'he Wheako me te ara tau whaiti' was a idea that ties in closely to d'Entremont's (2011) relationship between experiences during pregnancy and birthing. Mereheni subtly articulates the feeling that something is missing.

*I stayed home because mum got very sick when she was pregnant with my younger sister, so I stayed home for almost a couple of years.*

*I was fortunate to have the mother in law I had, Nanny Waitoa, because I could be trouble or anything and whenever I come down to mum, and I'd start talking about different things that's happening and she'd start talking like I knew they were talking and she'd explain different things to me.*

*Well there was always someone else in the house with them. You know that helped them. And there was always the nanny there or a Aunty or someone there. Well. Our children haven't got that today. That makes it harder. I think so.*

Mereheni recognises the value of support as an integral element associated to the development of resilient whānau (Barnes et al, 2013). However the capacity to be able to nurture a mother hinges upon internal and external factors of both the giver and receiver.

Barnes et al (2013) express the importance of whānau wellbeing to pregnancy and ongoing life health. A diverse range of challenges will influence whānau security and are embodied within the individual, and among peripheral collective conditions. Indigenous communities are influenced by such things as societal environment including contemporary discrimination however, positive Government initiatives such as Whānau Ora (MoH, 2011) ensure whānau development is central. Recent literature such as Barnes et al (2013) promote Mereheni's passion to support whānau but also call for further research in this area to solidify appropriate whānau programmes within communities. Unfortunatley, simple uncomplicated fostering of whānau by the wider community is no longer readily obtainable.

Mereheni continues on this theme adding another dimension to consider. She emphasises the simplicity of life with the stresses of modern living using traditional practices as a comparison to today.

*And then you think of our, tīpuna, where they're attended to themselves, they came back home and got on with their chores, but, the lifestyle today is so different. I think it's more stressful.*

Epigenetics examines influences upon gene expression including events that may have generational impact. Research shows such things as individual exposure to stress can effect the manifestation of genes affecting the risk of disease later in life (Barnes et al, 2013). These ideas closely align with Walters et al (2011) theory of embodied historical trauma influencing Indigenous development. Societal evolution has disregarded Indigenous needs and aspirations.

Ethel's sense of loss is overtly stated, she sadly reflects upon the birth of her first baby Wayne. As the story unfolds the depth of her grief is tragically revealed.

*Even to this day I still mourn that I didn't even feel having my baby, any pains that went with actually giving birth to my (though the proper channels of my...) my baby. And he had been born and then I was told; while I was still drugged up that my baby would only live three hours. And the memory I've got of my baby being, is that I heard him kind of cough and draw a heavy breath but I didn't have, and wasn't given, the opportunity to say can I look at my baby please?*

Her story is told in the third person, as if in the moment her body belonged to another and it was not her physical experience, due to her level of anaesthesia this feeling is probable. Twilight sleep was a common form of sedation during labour, rather than remove the pain it removed the woman's memory of pain (Papps & Olssen, 1997). To achieve this affect a concoction of barbiturates were used, at times amplified by the use of chloroform (Stojanovic, 2008). Ethel was rendered invalid and experienced the birth of her son as a nebulous bystander. Through the haze of anaesthetic Ethel captured the life of her baby, a moment etched in her being and recalled like it was yesterday. The memory of Wayne encapsulated in a sound; a cough, a heavy draw of breath.

Although Ethel had her husband she recalls the lack of whānau presence and loss of control in significant processes during a time of grief. Tangihanga, as discussed earlier, ensures the safe departure of the one that has passed. The support that Mereheni talks about was unavailable to Ethel in her time of need and mourning.

*'Because of not having whānau around at that time, I sort of just, left it for him (Jim) to do. But even years after that, even now I still mourn that I didn't have the pleasure of picking my baby up and holding him. Each day I would wish that I could reunite with him.*

The medical model continued to feature in Ethel's story. However, regardless of the power differential in this philosophy of care Ethel maintains an intense connection to intrinsic senses required to experience the moment of birth.

*Now in the new hospital with Daniel and Beatrice, that was totally, different. The visiting hours at that time were more and more relaxed, and the husbands were, (with Daniel were still not), were allowed to come into the theatre with the wives or the mums and the fathers were allowed to be present, to even see their babies born. And when Jim was given that privilege, it was enormous. He was delighted to see the whole procedure and had no idea up to that time what it looked like and what it sounded like, having and giving birth. The mother having and giving birth, to their baby.*

Reese et al (2008) emphasise that Māori mothers share their birthing history with superior narrative quality than other mothers. Memories were context dependent therefore, the more intense the context the more elaborate and expressive the tale would be told. This hypothesis is reinforced by the succinct oratory skill displayed by Ethel as she shared such moving experiences.

They go on to say Māori mothers were able to switch their conversational styles to suit the environment and type of story being told, exhibiting acute pedagogical dexterity. Therefore, the detail within the story telling lies in the significance of the event; the re-telling of the story is influenced by the audiences connection to the story and the context in which the story is being told (Reese et al, 2008). Ethel's expression of her story encompassed her emotional, physical and spiritual connection to this event and her oratory acuity allowed the listener to be with her in this moment.

Undisturbed Māori philosophy celebrated female and male roles as equal, however patriarchal attitudes influenced Māori values creating an imbalance between gender roles. The experiences demonstrate distinctive ancestral knowledge and although Māori worldviews are heavily influence by the vestiges of the past innate knowing emerged resoundingly throughout this theme.

The environment in which Māori birth maintains a high level of importance when recollecting childbirth experiences. These settings are influenced by multiple factors that inevitably have the power to enhance the nature of birth or reduce its value. Discourse, and the worldview from which language emerges is integral to the expression of birthing and strongly exhibits knowledge essential to Indigenous understanding. Along with these features, participants unveiled the significance of whānau support and exposed birthing as one experience that is affected by multiple factors and influenced by the physical, spiritual, emotional and psychological being of a woman (d'Entremont, 2011).

### **Rua i te Pūkenga (*Rua divine beings*)**

This theme explores the sacredness of sexuality, birthing, birthing knowledge and encompasses the spiritual, emotional, physical and psychological connection wāhine have with these ideas. Rua are divine beings and mirror the absolute balance of female and male energy maintaining the blueprint of pedagogy for Māori: the same order resides within the whakapapa of wāhine. This balance therefore provokes a sense of responsibility to maintain essential elements of tapu within the birthing process, he tapu

tō te wāhine, he tapu tō te tāne; wāhine Māori have sacredness as do tāne Māori (P. Tai Tin, personal communication, May 14, 2013).

As a foundation to adulthood, the way in which we develop our sexuality will impact upon our perceptions of birthing. Mereheni's open discussion exposing her ideas of sexuality and societal influences upon our youth allowed the opportunity to critique this idea. Attention was also drawn to the idea that wairua invokes a distinct understanding often dwelling in a realm of sacredness, however for each person this definition will differ. Wairuatanga and tapu are considered here in an attempt to understand the relationship to sexuality, pregnancy and birthing.

The meaning of tapu encompasses the view that something or someone requires special attention; or that there are particular restrictions that have been put in place in order to keep that person or persons safe. Tapu ensures observation of particular protocols and practices (Barlow, 1991). Mereheni expressed a sense of urgency to protect these elements prompting the need to understand the significance of tapu.

#### *Mereheni*

*Grand Aunt Korohena, that was my nanny's sister in law, she used to talk about these stories to us. Because, as I said being the only girl, I was sort of involved in a lot of these things and ask questions and they didn't tell you like today, at school; they educate you on puberty and sex life, it took a while for me to understand all that you know because all that we was taught it was tapu.*

Sanctioning open communication, Mereheni encourages dialogue with your children and other extended whānau members. Although this manner of discourse is not new to Māori society, it has been displaced with the advent of Christianity. So, as much as the content of these stories are precious, the value of the actual telling must not to be disregarded. Mereheni indicates pūrakau given to this research are tapu; in her day "...they didn't tell you..."

Mead (2003) acknowledges the presence of tapu within all elements of life, inseparable from personal mana and things Māori. Instilling the value of tapu as a strategy to maintain female wellbeing fosters respect, ethical pathways and signifies the esteemed value placed upon sexuality.

#### *Mereheni*

*Kia tapu [make sacred]. I can remember one grand uncle saying to me, "kia tapu, tiaki koe i a koe mātau ngā mea tāne he rite ki te kararehe" [make sacred, you will need to look after yourself from us males who can be like animals], what the heck is he talking about?*



*Well I didn't know this. Wasn't until I got married and had the experience and I knew what he meant.*

Prior to patriarchal religious monarchies, Māori openly celebrated sexuality. The influence of colonisation has severely oppressed Indigenous sexual diversity and the manner in which this context of knowledge is transmitted. It has been shown that there is also a strong correlation between cultural security and a secure sexual identity (Aspin & Hutchings, 2007).

Sexuality was explicitly displayed amongst our traditional carvings, artworks and embedded within oral accounts. Tipuna conveyed information with little discretion to the human form but with the highest respect to humanity. These sources evidenced the diversity of Māori society pre-colonisation and verify that sexuality was not a forbidden topic (Aspin & Hutchings, 2007). Narratives that live within this context provide a platform to further our understanding of the intricacies surrounding sexual experiences.

#### *Mereheni*

*You know they talk about it, but then to me they forget the other side as well. You know you respecting yourself and you're respecting the boy, you've got to respect one another and you've got to help one another, because it's not until you get older, like you got married, you sort of realize this is what happened. That the feelings between each other this is where respect comes in and all that tapu comes in, but that was our parents! Yeah.*

Reflecting upon her parenting experience Mereheni reiterates the absence of nurturing support she experienced as a mother. Like expressions of sexual awareness, accessible support structures have lost relevance in a society that promotes individuality. These monological notions give little consideration to non-Western realities and ignores appropriate descriptors of cultural identity. Mereheni now sees the value of her parents parenting. She continues;

*What are they trying to do to their, to our children today, because now they just go out and experiment instead of say; our father used to say, you can delete this if you wish to!! Our father used to say this to us girls, keep your legs crossed til Mr Right comes along!! And we used to think it was funny. And that was sort of something that was always talked openly about and said in a jovial way and told to us that you know you were special and all this and, in comparison today loses that, tapu-ness.*

Mereheni shows in her story the balance of female and male energies. Her father obviously has a significant role in ensuring his children maintained their sexual integrity. This open dialogue is an extreme variance to Clarke (2012) interpretation of a Missionary stance to conceal sexuality, not to be spoken about or revealed. Mereheni's telling

exhibits a strong notion that sexuality is a part of life that is not shameful or hidden but celebrated and openly explored, nevertheless to be treated with the deepest respect.

Indigenous communities have been strongly influenced by Christian beliefs; this opinion was firmly situated within Aspin and Hutchings (2007) study, emphasising the effect this has had upon Māori understanding of sexuality. Wairuatanga is often referred to as spiritual wellbeing and to some degree this is correct, however the notion of wairua is complex and like much of Māori knowledge, it has been prejudiced by Western ideas of religion, science and a commodified value system.

Māori are very much spiritually connected to the environment and everything within it. Marsden (1992) notes non-Māori worldviews lack synergy between secular and sacred notions, material and spiritual matters. The deep bond Māori share with Papatūānuku has been well demonstrated and is profoundly articulated within reo Māori, for example whenua means both afterbirth and land. The term whenua exhibits the integral relationship Māori have with the land, to nourish, be nourished, protect and to promote the wellbeing of the environment and all that resides within it.

Haereroa, Ethel and Mereheni shared their view of wairuatanga, their interpretation offers a platform to comprehend the influence of wairua upon birthing experiences. Each expressed their immediate idea of wairua;

*Haereroa*

*Wairuatanga; its sort of, you know being, looking after everybody, seeing that its about caring and sharing, nurturing, with everybody around you. Especially when mothers and you know babies and children around, I think it's a caring sharing thing.*

*Ethel*

*When you say wairua, you mean, believing? Wairua? Okay when you talk about wairua to me today, I immediately think of the worship and prayer to our, kaiwhakahaere te Atua. That was one of the best things our Nanny ever gave us. She, was a believer in the Lord. The Salvation Army was our guardians in worshipping the Lord. My Nana was involved with the Church of England. The Salvation Army at that time was very strong and they were like the Girl guides, they were like our Red Cross, they were like our Saint John Ambulance we have today. The Salvation Army was everything in Te Araroa.*

*Mereheni*

*Yeah taha wairua, it depends on how it's used. 'Te taha wairua taihau-(spiritual leadership), wairua karaipiture-(sacred writings) taha wairua tangata-(spiritual being/spiritual identity). Taha wairua tangata is how you see different things and how you feel about different things, I would say 'he rereke te wairua o tena o tena o tena'-"everyones spiritual being is different", not one of us is alike.*

Haereroa's, Ethel's and Mereheni's initial definition of wairua were remarkably different. Haereroa's interpretation was simplistic in its nature tending towards a very self-driven concept of nurturing one another. Ethel's Christian values, expressed throughout her stories now found their place to be explicitly discussed and she clearly exposed her worldview from a religious perspective. Intertwining her two worlds Ethel also revealed the strength that the Salvation Army had found in Te Araroa. Mereheni delves immediately into a Māori way of thinking and being. She talks about 'te taha wairua' as a living entity with various dimensions specifically allocated. Although Mereheni also grew up in Te Araroa, the Salvation Army did not feature in her account. Ethel further explains her position regarding wairua;

*So you know the wairua has been with our whānau all the way, and it started right from our beginnings. I can remember at 7 years old when I was in the church one night they asked if anyone wanted to give their hearts to the Lord. And I went up and cried, they would teach you a prayer and you prayed it and said it and, oh the tears rolled down and the joy of knowing you'd accepted the Lord as your Saviour. I went home and I told my Papa about this and he cuddled me and said "ka pai moko" and I said Papa they want you to come along too. And his excuse was no I can't because 'kei te mate to Papa' but I believe he loved the Lord when he died too. And that's my understanding of te wairua.*

Reverend Rota Waitoa is reportedly the first Māori clergyman to be ordained in 1853 (however, some will debate the accuracy of this information), he is also the great, great, grandfather of Ethel. His son, Reverend Hone Waitoa was the (adopted) Papa of Richard Te Raukura Waitoa, also known as Dick or Tiki. Ethel therefore has very strong whakapapa to the Anglican denomination, strengthened further by her marriage to Jim Leatham who provided missionary worship to the community of Te Araroa.

#### *Mereheni*

*I remember about my grandfather and my grandmother, because she was Mormon, staunch Mormon; she had been over to Hawaii and back, she was the one that took me around with her and I think I was the last of the mokos that she took with her. And I experienced that sort of thing in the middle of the night or sometime in our bed, I always slept with her, and she'd wake me up - she's sitting up and she's saying a karakia, I didn't know what she was talking about; because kāore i te mōhio te reo Māori (I did not understand the Māori language); it was all in te reo Maori, just trying to understand and I'd cry.*

Mereheni was also brought up in a very strong religious environment, however she was also exposed to non-physical, ethereal realms of being. Her discussion on wairua encompassed a wealth of experience and innate knowing. Her childhood naivety caused distress but grew an understanding of the complexities of wairua.

*And I'd say to her, whakahokia te kainga, matakū i a koe (take me home, I am scared of you) this is to my grandmother, she'd just pat me on the back. But in the morning I used to remember her saying different things like 'ā i konei ka mea, ā kua haere ana' (here she would say, the time has passed) and I'd think what is she talking about? It wasn't until I got older and I said to my father I'm not going back with your mother anymore, she frightens me! He asked me why. And I used to tell him and he used to say listen, she was gifted. She knew different like things happening and she would voice it wherever we were. And I thought she was queer.*

#### *Ethel*

*I always learned from the Salvation Army that it was the house of the devil; I was told, don't ever, ever go there because it belonged to the devil and anyone that went in there was going in to be entertained by the devil. It came one day our whole class at school were to go in to that picture theatre, I would have been about 10 years old. The whole school was to go to that theatre for a certain picture, I think the school was required to see. I went home and I told Nan, no way was I going because it was the devil's house! And Nan said, you're going because your school's going. I told her I didn't want to go to school that day but she made me go. But through that I learned that it was only a building.*

Religious doctrines expressed by Ethel clearly show her fear as a child from strict devout recitals. Mereheni's description is more subjective, nevertheless there is still a view that the intangible makes you eccentric and unusual.

#### *Mereheni*

*And it's a spiritual; some are gifted with all these different wairua. When you hear some talking about it and they say 'whakarongo te autāia na tinihanga' (Listen to the talent one may not even be) but as I said, each one is so different and each one of us is born with these different gifts we don't know we have or we know we have and it's how we use, or you don't know it's there.*

Hohepa Kereopa talks about having links with the elements of nature, for example he is able to control the rain, hail, winds and sunshine. His capacity to work in this way is not exclusive however there is a shared wairua link with tohunga who have this potential. Hohepa emphasizes this skill does not come from genealogical inheritance, unlike Mereheni assumes. She does acknowledge only special people have the ability to work in this way, it is a gift. Hohepa advises it is stronger than whakapapa, it is a wairua connection to whatever elements you are open to or have influence over (Moon, 2003). Mereheni continues;

*I think about it like this, it must be handed down from whānau to whānau. Not every member of the whānau will get anything like that, only special people. Hmm, and I'm not one of them! I'm not one of them to have been so fortunate but I can remember experiencing this with my grandmother...I heard a lot of that when I was small.*

*You know 'he rereke ana te wairua o tena o tena' [everyone's spiritual being is different], and it's how you see things, differently to others. Why is that? It's because it's your way of thinking, o whakaaro [your thoughts]...*

These kuia offer genuine examples of the intricacy, blend and conflict of culture and religion. Wairuatanga presents intimate, personal meanings to each person, it is present from birth and continues on after your last breath, unlike māuri your wairua never strays too far. It is immortal, it is part of the whole person, it has the power to warn of impending danger and it is subject to attack (Mead, 2003).

Wairua has been deciphered in this way; 'wai' is the waters and also signifies the three trimesters. By rearranging the letters in 'wai' it then spells iwa, representing the nine months of pregnancy (the tenth month being the month of readiness). 'Rua' means two and also relates to the sacred divine beings; Rua i te pūkenga. E rua nga wai (wai-rua), refers to the two water sources that combine and make life, one source female and the other male. Hence, the baby embodies physical and psychological attributes of both the mother and father (P. Tai Tin, personal communication, May 14, 2013).

Haereroa, Mereheni and Ethel have shown that sexual identity is embedded within notions of sacred understandings and these values influence the balance of wāhine. Fundamentally, this identity encompasses diverse nuances intertwining many strands. Understanding core components, including sexuality, acknowledges these numerous threads as fluid, flexible elements that challenge narrow oppressive worldviews. This is an evolving platform influenced with age, location and experiences of the world. However, as Māori transpose knowledge of intimate aspects such as sexuality and birthing, inspiration is drawn from knowing these concepts remain distinctively Māori (Aspin & Hutchings, 2007).

Tapu is universal, a force field of protection that can be felt and sensed by others. Like Mereheni indicated Mead (2003) also views tapu as an entity to be protected, this then ensures physical, social, psychological and spiritual wellbeing. Interacting with all other attributes, personal tapu reflects personal resilience.

As with many concepts within Te Ao Māori, wairua has been redefined and is quite possibly one of the best examples of how multiple influences can impact upon interpretation. In an evolving world it is not the purpose of this research to deliberate as to which explanation is correct for this, or any other term discussed here. It was however my intention to highlight the implication and vitality of these inborn Māori notions. Hence, Rua i te Pūkenga explored these special elements of being Māori.

### **He Māuri Tākai (*Bound by your māuri*)**

There is a spiritual connection to all words, phonetics and letters in the Māori language, each has their own sound, vibration and rhythm. This characteristic is innately recognised within our Māori being, traversing any verbal language therefore regardless of your fluency in te reo, Māori are connected to their Māoritanga. Through this definition it was integral to explore māuri. This notion, along with tapu and wairua, encapsulate the process of conception, birth and therefore whakapapa (P. Tai Tin, personal communication, November 13, 2013).

Kanohi ki te kanohi invites full appreciation of this notion, as it is the lived moment that calls upon all senses to value māuri. Therefore I have not pulled out excerpts in the kōrero of these kuia to example their 'māuri' as the written word does not encapsulate this in its entirety. I have offered an understanding of mauri to emphasise its presence in childbirth.

Māuri embodies the being of a person, present from the moment of conception. It is the life force that is bound to the individual epitomizing the active force of life. Māuri allows the heart to beat, blood to flow, energy to move, and the mind to think, be vibrant, express and impress (Mead, 2003).

Pohatu (2011) writes;

*Māuri holds a central place in informing Māori, how and why our lives take the forms they do. It imbues Māori thinking, knowledge, culture and language with a unique cultural heartbeat and rhythm. Angles to that heartbeat and rhythm are positioned by Māori applied principles, valued, interpreted and applied in our activities (p. 1).*

Māori have an ability to connect through mediums in ways that are supremely unique. Connections are so strong that they are felt from a place that needs no explanation, understanding is innately present. That is the resonance of the manawa that lies with each Māori person (R. Tibble, personal communication, August 15, 2012).

Everyone has their own upbringing and within this unique time everyone has their own experience of māuri. He māuri tākai (bound by your māuri), encapsulates the whole person; the tangible and intangible, their character, physiognomies and attributes. These traits have and will continue to be, influenced generationally and supported by tapu and wairua, together they are what makes us Māori (P.Tai Tin, personal communication, November 30, 2013). Elder (2012) found wairua was a potent theme and it proved to be just as powerful for the participants of this research.

## Conclusion

Seven themes developed and allowed the opportunity to examine essential ideas of Māori birthing. Each story signified profound experiences for Hineawe, Mereheni, Ethel, Haereroa and Mereaira. Whakapapa, He Kōrero no te Ahi Pōngere, Tikanga, He Tirohanga Pākehā, He Wheako mō te Ara Tau Whaiti, Rua i te Pūkenga and He Māuri Tākai found their place within this study revealing new knowledge, old knowledge and mostly, very Māori knowledge. Now at the end of this chapter I have realised the true worth of this research.

The first theme paid tribute to whakapapa, drawing attention to the complex nature of this pathway it compelled personal exploration of Ngāti Porou ancestry. Intricate chronicles within this whakapapa showed the potential contribution health professionals may have upon these narratives. In this chapter whakapapa yielded its own story as a fundamental attribute of birth.

He kōrero no te Ahi Pōngere showed the significance of whānau and birthing environments. Whānau are extremely important to all the participants highlighting a collective worldview throughout this theme. Numerous elements impact upon whānau capacity however the wellbeing of wāhine is integral to the wellbeing of whānau. Ethel concluded by emphasising tamariki belong to the whānau reinforcing the interconnected nature of Māori. Birthing environments proved significant and for most these places made birth special. Stories naturally extracted elaborate descriptions of the home environment. This association drew attention to the importance of these places and the normal life process of giving birth.

Tikanga explored knowledge dissemination and simultaneously the suppression of these essential passages. Building upon whakapapa, tikanga revealed customs and traditions that proved meaningful to these kuia. Treatment of wāhine during pregnancy and birth, the survival of traditional health concepts and the importance of naming were ideas examined here. However, the most significant learning regrettably meant the loss of one of the kuia's stories. Mereaira's brief account offers the lived understanding; this experience was tikanga in action.

Tirohanga Pākehā examined the influence of medicalisation and impressed the need to explore dominant religious doctrines that contributed to the amalgamation of birthing practices. The enormity of this influence is sadly exposed by Ethel as she shared her

story of Wayne. Unfortunately this tragic dispossession exposes the ignorance of a health system, that fundamentally remains disempowering for Māori.

He Wheako mō te ara tau whaiti revealed the natural order of birthing, the synergy of Māori thought and the importance of those that attend wāhine in childbirth. Within these stories lived experiences encapsulate time and place regardless of physical presence. Ethel revitalizes the 'honeymoon spot' with her recollection, her memory captured the story and from the story came the memory. Discourse used by the kuia throughout this study reinforced an implicit relationship Māori have with birthing. The vitality of their stories exhibits their enthusiasm for whānau well-being and intrinsic value of knowledge transmission. Ultimately, Māori value the worth of retelling their birthing history.

However, as kuia highlighted recollecting birth stories was not always given great attention. As Mereheni tells her story she delicately indicates the sacredness of the narratives revealed in this research. This theme; Rua i te Pūkenga exposes the powerful intimate connection Māori have with birth and sexuality. Guided by the kuia ideas of tapu and wairua were uncovered. Mereheni revealed the respected nature of sexuality. Whilst tapu creates a shield of protection for the physical, emotional, psychological and spiritual wellness it also challenges Māori to consider distinctive aspects of these elements. Kuia went on to share their interpretation of wairua and like many Māori concepts, this discussion revealed the influence of mainstream ideologies. Examination of complexities within this knowing maintains wairua as the interwoven portrayal of Māori being.

Lastly, these discussions conveyed the need to consider māuri. This research has expressed an essence of aroha layered with the memories of each individual who has contributed to the development of this document. Kuia imparted their personal Wheako within these pages, their stories and my interpretation is a humble dedication to their experiences. He māuri tākai briefly identifies how Māori are compelled by māuri. Present from the very early stages of genealogy, māuri interpenetrates all things binding diversity to create unity.



## Chapter Five

### Te Rauruhanga o taku Iho me taku Aho

*(Discussion and conclusion)*

#### Introduction

The purpose of this study was to give wāhine the opportunity to share their birthing stories. Indigenous peoples experience the world with distinctive patterns. Language, land, seas and all that resides within the environment are inherently linked to those that claim indigeneity. This research encapsulated the relationship Ngāti Porou kuia have to birthing and the significance of this experience. The previous four chapters introduced, provided the background, purpose and presented the findings of this study, this chapter will briefly review the main points and then discuss significant findings further. Ngāti Porou kuia offered a unique platform to critique a worldview that is inimitably Māori. It became obvious that childbirth is influenced by a broad range of factors and feature compelling, sacred elements that are maintained generationally.

Liberating maginalized philosophies and values will empower whānau to reach their full potential. By giving kuia the space to tell their stories distinctive Māori knowledge was revealed. In this discussion the research question will be addressed by expanding on themes outlined previously. To begin, a brief overview of the main points in this study is provided. Following this, factors that emerged as salient and integral to preserving birthing knowledge are presented. Safeguarding the integrity of this knowing the findings have been considered utilizing traditional Māori frameworks beginning with, Ko te Whakapapa o te Ao and then in the phases of Te Whei Ao, Te Whai Ao and Te Ao Tūroa. This will include bringing together ideas that examine whakapapa, tikanga and knowledge transmission. Finally in Te Ao Mārama, a model acknowledging distinctive Māori thinking will be presented for consideration in future midwifery practice.

#### Capturing experience

The kuia that took part in this research and the researcher share common understandings embedded within their experience of being Māori, being Ngāti Porou and whānau; the stories of the kuia are a distinctive feature of this research. Childbirth is a significant life event that underpins whānau. The opportunity as a Māori researcher and whānau member to document such knowledge has been an overwhelming honor, and as I have expressed, it has driven my obligation to ensure the respectful management of this knowing.

Narratives shared by the kuia emphasised the relationship between birthing and wider influence of society, culture, politics and domestic values. They also revealed a strong spiritual connection to birth and matters surrounding this experience. This dialogue reinforces the association of multiple factors upon Indigenous health and wellbeing, particularly childbirth.

Themes that were revealed expressed the importance of whakapapa, whānau, birthing environments, tikanga, and the sacredness innately articulated within these experiences. They also examined the impact of discourses beyond Indigenous organisations such as medicalisation and religion. Finally, the relevance of stories that indirectly addressed the attitude of birthing was considered. These accounts exposed knowing that is firmly situated within a Māori worldview.

### **Context of maternity care**

Underpinning all the stories within this thesis was the particular context of maternity care. During a century of development Māori have vigorously debated issues that reinforce tino rangatiratanga. Amongst these discussions whānau development feature as a priority for Māori wellbeing. It is broadly understood that health is determined by factors that are external to the individual. Discourses involving such aspects as colonisation, socioeconomic status and cultural security are fundamental to addressing entrenched disparities.

Dire health outcomes of wahine attribute significantly to existing morbidity and mortality rates of wahine and whānau. The potential to address maternal wellbeing, thereby drastically reducing the risk of infant morbidity and progressive non-communicable disease is significant. Improving health outcomes for wāhine accordingly improves infant wellbeing and is a prerequisite to whānau ora. Therefore the childbirth continuum is a influential period upon whānau capacity.

Notably Aotearoa's maternity sector is defined by a 'Partnership Model' of care. The principles espoused within this model, particularly 'partnership', have emerged from the Tiriti o Waitangi. However, persistent inequities between Māori and non-Māori would suggest this model is not meeting the maternity needs required to address enduring disparities, nor is there adequate recognition of distinctive workforce development necessary to promote Māori health advancement. Hence, it is imperative attention is given to developing policy that respond to inconsistent maternal outcomes and health needs of birthing wahine.

Unfortunately the relevance of Te Tiriti o Waitangi in health is poorly understood, thereby positioning Māori within a deficit model. Principles of partnership, protection and participation are frequently adopted and although they appear within health policy, little attention is given to the application of these principles in practice. Entrenched Māori health disparity indicate their value is merely a perfunctory symbol of legislative compliance.

### **Ko te Whakapapa o te Ao (*Whakapapa of life*)**

Resonating within the interviews and throughout this study the concept of whakapapa has emerged creating avenues to explore deeper understanding. It has been described as the basis of traditional Māori social structure propagating and uncovering the relationship Māori have to both the physical and spiritual worlds (Hudson, Ahuriri-Driscoll, Lea & Lea, 2007).

Hudson et al (2007) further discusses the intricacies of whakapapa outlining the varying definitions to this concept, including ancestry, genealogy and the layering of generations built one upon the other. They elaborate, describing whakapapa as the 'ultimate catalogue' (p. 44) defining not only the relationships between people but also the wider environment; trees, mountains, animals and beyond to the realms of our progenitors both animate and inanimate.

Inherent in the understanding of whakapapa is the assumption that each level is in some way connected to the one above therefore constituting a line of descent. For example, the stages of the beginning of life are referred to as 'Ko te whakapapa o te Ao'. These phases are the whakapapa of life, the cosmological narratives. Their stages follow in this order;

Ngā Korekore	(The synergetic potential in the intensive void)
Ngā Kore	(The indefinite potential in the extensive void)
Ko te pū	(The sacred energy of growth in potential)
Ko te weu	(The sacred manifestation of growth in potential)
Ko te more	(The sacred enveloping growth in potential)
Ko te aka	(The sacred connections of growth in potential)
Ko te rea	(The sacred layers of growth in potential)
Ko te waonui	(The sacred time, space and matter of growth in potential)
Ko te whe	(The sacred rhythm and of growth in potential)
Ngā Pō	(The sacred night in potential)

Te Whei Ao (The sacred chaotic world in potential)

Te Whai Ao (The sacred formulae world in potential)

Te Ao Tūroa (The sacred physical world in potential)

Te Ao Mārama (The sacred world of pure energy in potential)

These points of Māori history inform us of our beginnings and inherently express our Māori worldview (P. Tai Tin, personal communication, May 14, 2013). Marsden (1992) positions the stories as deliberate constructs that captured our ancestor's view of existence and the association between Io, the universe and man.

Te Whei Ao, Te Whai Ao, Te Ao Tūroa and Te Ao Mārama further explain and distinguish the varying phases of this discussion including the findings of this study. These epistemologies allow innate values to be placed within the conversation to enhance deeper understanding. Within these stages attention is drawn to whakapapa as the foundation to this knowledge.

### **Te Whei Ao**

Te Whei Ao encapsulates the culmination of intention within this research. This way of knowing incorporates all the pre-understandings that brought me to this point, it captures how and why this research was completed.

Ethnocentric ideologies have dominated the environment in which wāhine birth, propagating the need to document robust Māori birthing knowledge. To achieve this, the use of a kaupapa Māori methodology provided the space for understanding to be sort from a Indigenous worldview. Exposing issues pertinent to wāhine, whānau, hapū and iwi provide the opportunity for this to be addressed in a culturally appropriate manner. The focus of hermeneutics is to understand the phenomena of human experience, it engages with our past and inherited traditions to reveal the influence upon the present and future (Schuster, 2013). This lens strengthened the discussions and by maintaining a Māori worldview created a balanced outlook.

### **Te Whai Ao**

Te Whai Ao is the realization of potential and purpose of this study. It encompasses innate philosophy that supports a sound foundation to enhance Māori wellbeing. This research has pointed out the significance held within the narratives of whakapapa and their intimate connection to birthing.

Haami and Roberts (2002) define whakapapa as a complex cosmogony beginning from the origins of the universe and the primal parents; Ranginui and Papatūānuku descending to all living and non-living, material and immaterial phenomena including the human being. This relationship to the wider environment, both tangible and intangible was evidenced throughout the study.

In our contemporary Māori world great ancestors are the namesakes of our children their names and their stories, continue through their descendants. Traits and behaviours of an individual can be traced back to ancestors, hence this form of knowledge has the potential to influence the past, present and future direction of descendants. A name overtly identifies the child to their whakapapa and as Mereheni pointed out, this process has history and remains very significant. This is a significant passage for knowledge transmission.

Tamateaupoko demonstrated the complex variables that influence naming; these elements are predisposed by detailed characteristics. This form of tikanga provides a foundation for human existence whilst creating pathways for individual and collective potential. Te Ataakura displayed this by dedicating Tūwhakairiora to avenging the death of his tipuna. By utilising practices such as repetitively reciting oriori to the unborn child, this formidable commitment eventually came to fruition. Ancestors like Te Ataakura validate the power and influence upon human potential within Te Whai Ao.

There are many customs that are connected to birth and particular tikanga that was adhered to through this process. Discussion within this study revealed the importance of maintaining these principles. However, the significance is not necessarily about the intricacies of the tikanga but understanding the purpose behind the practice. For example, preserving the sacredness of sexuality and birthing induces deep respect for the value of female and male poise. Hence, once the purpose for which you are practicing tikanga becomes known, then you are able to insight the principles of that tikanga. As understandings broaden the value behind the action emerges.

### **Te Ao Tūroa**

Te Ao Tūroa literally translates as ‘the long standing world’; this is the physical world in which we live today (P. Tai Tin, personal communication, May 14, 2013; Williams, 1975). It is in Te Ao Tūroa that the characteristics of our ancestors are evident in the kōrero of our whakapapa. Whakapapa is not only about the genealogical association, it is also the connection to pūrakau that came from that time, that era and how that person gained their reputation.

These pūrakau exhibit the mana of the individual, they may express attributes of a ‘superhero’ nature, tell tales of conquer and conquests, and of people exhibiting tremendous talents for survival and deep dedication to their iwi. These narratives reveal values that encompass whānau wellbeing. They guide ethical pathways that emanate ancestral understandings.

To gain deeper knowledge and interpret the trail of genealogy requires understanding of diverse information. At each level, every person (and their name) will be accompanied by a narrative that provides the origin and rationale of why they came to be in this particular whakapapa. These accounts often expose broader principles and literal information validating relationships to particular whakapapa. Therefore, whakapapa provides an avenue to communicate this knowledge in the traditional oratory manner and creates a pathway to understand the Māori world (Haami & Roberts, 2002).

Peti Lima cited in McConnell, (2002) said;

*E aku uri me aku mokopuna, kia kaha koutou ki te ako I ngā whakapapa o koutou tīpuna I puta mai ai koutou ki waho, ā, mā te ū tonu o te hinengaro kit e pupuri i tēnei mahi a te whakapapa tīpuna ka mau ai. He mahi autāia hoki tēnei ki te ako...*

*[My descendants and my grandchildren. Try hard to learn the genealogy of your ancestors from who you come, for if you set your mind to grasp this skill you will achieve it, for it is a wondrous thing to have knowledge of...(p 114).]*

After Ethel had reviewed this thesis she shared with me similar sentiments. Although this is not in the transcripts, her wisdom is so pertinent I was compelled to include it here. We were discussing the various names of our whakapapa and some of the inaccuracies that had emerged during the process of this study. Ethel was reflecting upon this, and growing up in Te Araroa, she finished by saying;

*Because you lived and breathed your whānau, they were just there. You lived in your papakainga, whānau were always there and it wasn't as important to know exactly who was who, you know, to get the names exactly right. You just didn't think about it. I suppose because we lived there, it was all around you. However now, its important for you children to know your whakapapa and really get it right, because you are the ones who will pass it on and teach your children. You must get it right, so our mokopuna know who they are.*

Whakapapa exposes the inter-relationship between past experiences of yourself and your tīpuna. These experiences may then shape your present, your future and hence the future of subsequent generations (P. Tai Tin, personal communication, March 20, 2013).

### **Mokopuna**

Mokopuna today is defined as grandchild or great grandchild, if the kupu is broken down, 'puna' is spring and 'moko' is DNA (Deoxyribonucleic acid, genetic code), this is the traditional meaning; therefore mokopuna is 'spring of DNA'. This word reflects the depth and extent of ones genealogy and affiliation to her or his ancestors (P. Tai Tin, personal communication, March 20, 2013).

Epigenetic research links external influences upon the health of the developing child, this theory closely aligns with a Māori worldview and the notion that everything is inherently linked (Barnes et al, 2013). Multiple influences including broader determinants, such as social, ecological and ecosocial will also impact the health and wellbeing of childbearing wāhine and therefore mokopuna.

Mokopuna carry the traits of their ancestors reflecting not only genetic encryption but also nonphysical characteristics. Pathways and experiences in life will shape the pathway and experiences of descendants. Therefore as emphasised, whakapapa is more than just our genealogical make-up, it highlights the attributes, attitudes and personalities that are intrinsic to descendants physiological, spiritual, emotional and mental make up (P. Tai Tin, personal communication, March 20, 2013).

Narratives that reveal negative consequences increase the chance of undesirable outcomes. As an example, Glover et al (2009) found the profound impact whānau has upon positive breastfeeding outcomes. Whānau offer a significant source of advice and support, this intimate resource coupled with access to clear, accurate, and culturally relevant information ultimately influence positive breastfeeding experiences. Accordingly, this outcome would necessitate strong whānau capacity. Recent analyses (MoH, 2012) indicate Māori babies are the least likely to be breastfed; therefore the actuality of this consequence is currently minimal. Breastfeeding experiences expressed in this study are reflective of these findings. Haami and Roberts (2002), together with Walters et al (2007) hypothesize that deviations from crucial Indigenous practices will impact generationally. Additionally, the very core of what defines whakapapa is endangered by the embodiment of ongoing adversities.

Current institutional practices reveal a culture of 'risk assessment' during pregnancy (J. Cottrel, personal communication, January 28, 2014). Discourse such as this immediately locates a 'woman-centered' model of care within an adverse-risk mode, unfortunately promoting medicalisation and supporting the view that childbirth is fundamentally

hazardous (Harman & Wakeford, 2013). These underlying messages of risk and adversity threaten the worldview that pregnancy and birthing are normal life processes.

Additionally, emerging research is calling for urgent attention to the alarming global rates of intervention in childbirth. Studies have found a link between practices that interrupt the normal process of vaginal birth, immediate skin to skin contact and breastfeeding, to adult health. Those basic principles of bonding are believed to initiate life long immune systems severely reducing the risk of non-communicable disease such as diabetes, chronic respiratory disease and mental illness (Harman & Wakeford, 2013).

Although, midwifery practice in Aotearoa promotes the passage of normal birthing within a model of partnership, Māori remain disadvantaged in all factors of childbirth and are more likely to be exposed to medical intervention (MoH, 2010; MoH, 2002; Tobias, 2001; TPK, 2000). Such persistent calamity evidenced in Māori maternity outcomes may be an expression of embodied trauma (Walters et al, 2011) and awareness must be drawn to the inequitable distribution of resources and impact broader determinants of health has upon childbearing.

Kenney (2011a) argues the midwifery partnership model of care is inadequate and theoretically detrimental to whānau. Premised on te Tiriti o Waitangi the partnership model severely overlooks a Māori worldview and hence fails to acknowledge tikanga or mātauranga Māori. A mono-cultural representation such as this, threatens the possibility of an equitable partnership and erodes midwives' ability to acknowledge principles of protection and participation (p 127). Kenney continues to say, the denial of a Māori worldview within practice discourses such as this reduces the likelihood that midwives will appreciate the nuances of mātauranga Māori and therefore be unable to provide culturally competent care. However, in an attempt to recognise an Indigenous partnership, Māori principles have recently been added to midwifery standards of practice (NZCOM, 2008) unfortunately, as a footnote they devalue the intention of their meaning and merely provide a token gesture towards legislative compliance.

Despite strong influences displacing traditional roles and responsibility of wāhine within Māori society kuia within this study, and subsequent commentary have clearly shown that wāhine have safeguarded their primary role of preserving whakapapa. Kenney (2011) suggests a contextually appropriate partnership model would acknowledge tino rangatiratanga of all parties; wahine, whānau and midwife.



Whakapapa is a fundamental attribute and gift of birth (Mead, 2003). It is also one of the strongest identity measures for Māori (Hudson et al, 2007). At birth these connections move from being within Te Ao Mārama into Te Ao Tūroa. Traditional understandings of these two realms define Te Ao Mārama as the spiritual world and Te Ao Tūroa is the physical world. Those that assist wāhine transition their pēpi through this stage of life have enormous potential in the expansion of whakapapa. It is for this reason that these concepts became a focal point within this research.

### **Te Ao Mārama**

Te Ao Mārama is referred to as the ‘world of light’; this understanding stems from when Papatūānuku and Ranginui were separated and the first beams of light were seen. The spiritual infusion between deities and descendants to the universe takes place here, it is believed that Te Ao Mārama is where Māori come from and where they will return to once physical existence is complete (P. Tai Tin, personal communication, May 14, 2013; Williams, 1975). Te Ao Mārama is about working in the potential of our knowing with the guidance of tīpuna and Atua, it encapsulates the traditional ways of knowing and doing.

With this in mind, the concept of the Rauru was examined. This model was originally presented by tohunga, Papa Hohepa De La Mere. In consultation with one of his students his definition has been adapted to align to a way of expressing birthing knowledge and epistemology.

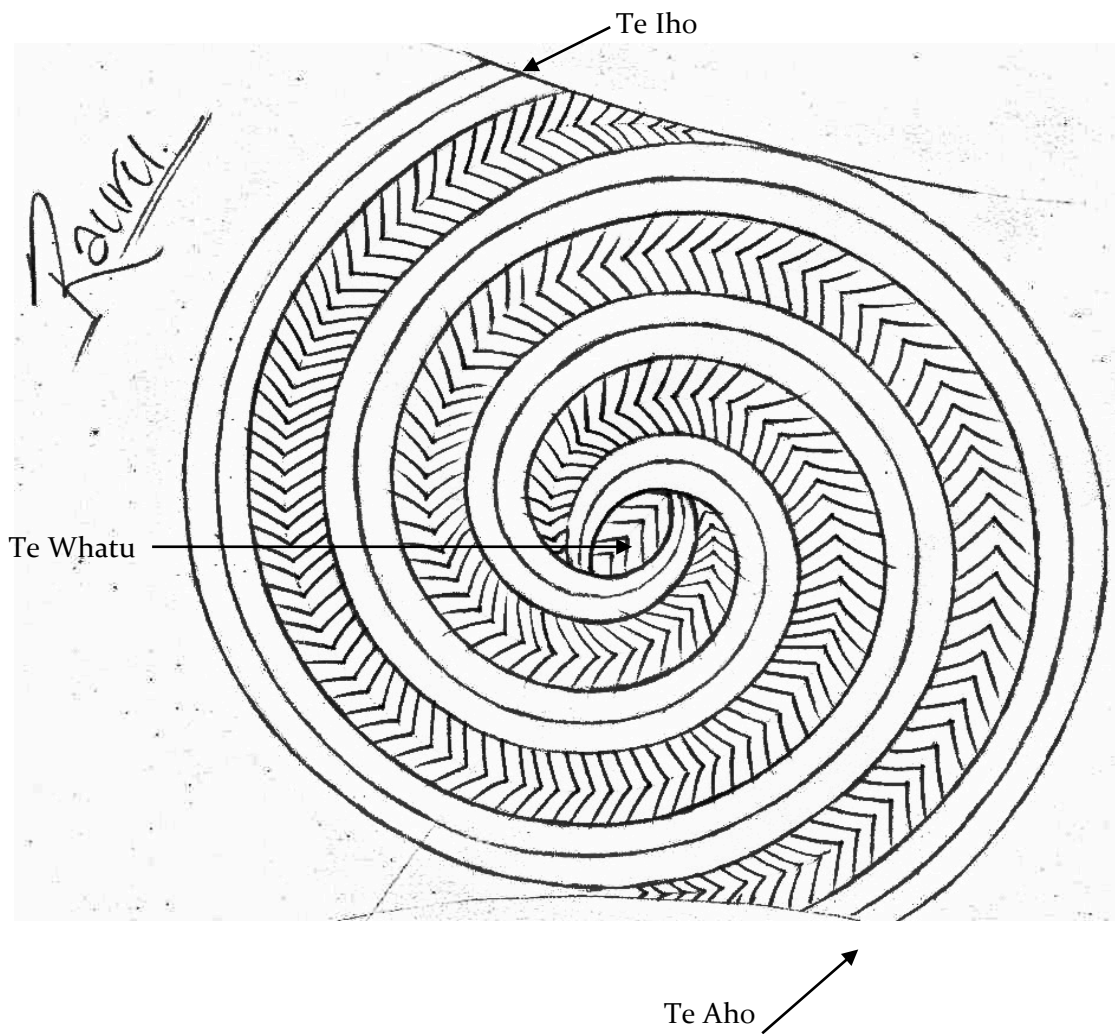
### **Rauru**

The Rauru is an archaic symbol that dates back to the time our ancestors lived in Hawaiiki. One reference of the Rauru traces the lineage of the Ngā Rauru Kī Tahi iwi of the Whanganui region. This tribe descends from the great waka Aotea and it is said that the qualities of their tipuna, Rauru Kī Tahi, were so astounding that his tribe bore his name.

The Rauru symbol has changed appearance over time, however what has not deviated is the unique style of intertwining spirals called, Iho and Aho. These spirals move upward and downward forming an oval, type shape as it moves into the middle of its formation. The middle or ‘eye’ of the Rauru is referred to as the Whatu.

The philosophy of the Rauru is a means of identifying positive potential verses negative potential, this may be achieved by creating a balanced foundation to create new energy. As a model, the Rauru can record the complexities of life events and cycles. Regardless

of positive or negative challenges; change is determined by the individuals' ability to recognise the need for balance and hence affect transformation.



**Figure 3. Rauru**

- **Iho** is a means by which celestial energy is directed downward
- **Aho** is a means by which terrestrial energy is directed upward
- **Whatu** is the culmination of potential in life provided by our sacred deities

The cyclic flow of the Rauru nui moves in toward the centre of the Whatu, then out again; te Aho (upward) and te Iho (downward). These flow cycles encompass three main dimensions; Mana Atua, Mana Tīpuna and Mana Tangata. These dimensions epitomize the essence and therefore the foundation of Māori existence.

### **Te Iho**

Te Iho represents Mana Atua, the downward flow of energy where life potential is held. Created by Atua and ultimately influenced by the supreme being, Io (P. Tai Tin, personal communication, November 13, 2013). Te iho is the vessel by which our predetermined passions, given by our Atua, flow. This encompasses our individual potential.

### **Te Aho**

Te Aho the upward movement of energy embodies Mana Tīpuna the physical being. It is here that potential comes into fruition and ancestral family traits are evident in the development of ones wairua. The stages of mokopuna (genetic make-up, DNA), mokoiti (copulation of sperm and egg), mokonui (fertilisation) and mokoroa (duration of pregnancy) are incorporated at this point.

### **Te Whatu**

Te Whatu merges at the apex whereby divine potential resides; it also makes reference to the concept of weaving together. Mana Tangata includes the centre of the Rauru nui, representing the eye of the past, present and future.

The role of the whatu is to hold the potential of time, space and essential iho (celestial) and aho (terrestrial) energies, within the whatu these sources fuse to create life. This intersection completes the wairua including distinctive qualities and characteristics. However, more importantly the whatu is the medium where thoughts and communication are entrenched, thus expressed from a Māori worldview.

The Rauru is the place in which knowing is centered, without question and is where inherent Māori being is maintained. This energy maintains a connection from Papatūānuku, Te Whare Ahu Mōwai (amniotic sac and fluid) through to the Tipuaki (fontanelle) of the baby, intertwining the human being to the sacred elements of Atua. These three essential elements, Papatūānuku, Te Whare Ahu Mōwai and Tipuaki all maintain the rauru energy. This synergy illustrates the interconnection between the human being and the elements beyond sacred realms. The Rauru establishes a secure platform for human potential to be activated to their utmost capacity (P. Tai Tin, personal communication, 20 May, 2013).

## **Gathering thoughts together**

On many occasions tikanga has acted as the perfect medium to meet the expectation of balance. Unfortunately, today definitions of tikanga have become obscured and manipulated by Western notions that conflict with a Māori worldview, in effect, intellect has changed the nature of Māori common sense. Nevertheless the primary objective of Māori epistemology is to maintain, identify, re-establish or create a foundation of synergy.

Haami and Roberts (2002) emphasise whakapapa as a intergenerational record, particularly of childbirth. Changing patterns in this record may become evident especially by those that protect this intimate, yet complex knowledge. As discussed earlier, embodiment proposes we incorporate our social experiences biologically, from conception to death; these experiences are then expressed in population health and well-being patterns. Walters et al (2007) suggest enduring patterns become embedded in the histories of the affected population, resulting in an overarching legacy of assaults.

The Rauru model represents a worldview that is immersed in Te Ao Māori, encompassing the innate connection of conception, pregnancy and childbirth to divine entities acknowledging the profound sacredness wāhine hold in te Ao Tūroa. It represents all that comes together to produce whakapapa and encapsulates notions found in this research expressed within he kōrero no te ahi pōngere, tikanga, he Wheako mō te ara tau whaiti, Rua i te Pūkenga and he māuri tākai. This is a unique opportunity to revitalise innate mātauranga, however it is merely an introduction to a potential model of practice and knowing. To realise the full potential of the Rauru will require further research and examination of the inherent concepts briefly outlined.

## **Limitations of the study**

Although attention has been given to limit the weaknesses of this study to ensure trustworthiness, certain factors have nonetheless impacted upon this research. First and foremost, the scope of this research has been constrained by the level of resources and research experience; further development of skills such as, interview technique would enhance information gathering. Therefore this is simply the beginning and by no means intended to conclude the issue of birthing stories for wahine.

Secondly, views expressed in this study emerge from narratives of Ngāti Porou and although I have attempted to give a broad comparison, some knowledge is quite specific

to this iwi. Hence, certain information will be irrelevant to iwi outside of Ngāti Porou, although much of this knowledge offers innovative perspectives for Māori to consider.

Research that specifically examines Māori or Indigenous birthing experiences is minimal. This has reduced the opportunity to make explicit comparisons between research outcomes decreasing the depth of analysis. This aspect does however strengthen the potential to broaden the scope of further research.

Lastly, an obligation to work full time throughout this research has meant timeframes on completion have been severely impacted. Furthermore, the need to travel to complete interviews meant fitting this around other commitments. My limited fluency in te reo Māori has also impinged upon the time taken in transcribing of particular dialogue.

### **Implications for practice**

The 'Partnership model' presents the opportunity for woman in Aotearoa to receive maternity care that embraces their worldview; it is the basis from which maternity services seek to take their values and beliefs. Unfortunately, the health status of birthing wahine is undermined at varying levels hence this model is yet to reach its full potential. To address these inadequacies further Māori research will be required. Alternatively, consideration may be given to developing a model that directly acknowledges a Māori worldview, tikanga, mātauranga Māori; ensuring it encompasses clinical and cultural competencies.

Furthermore, as health professionals, midwives are required to acknowledge wāhine as tangata whenua and comprehensively honor the principles of the Tiriti (Kenny, 2011), including protection and participation as well as partnership. Currently little attention is afforded the skill of applying these principles into practice. Hence, more time needs to be appointed to the education of undergraduate and post graduate midwives ensuring their cultural competence is accorded the equivalence of clinical competence. This action will acknowledge the absolute relevance cultural proficiency has to midwifery practice.

### **Further research**

Kaupapa Māori research stipulates a framework that embraces decolonisation. This theoretical platform for Indigenous research is closely scrutinised. However, Māori researchers are guided by core principles that center the needs and worldview of Māori ensuring their perspectives are heard. The ontology and epistemology shown in this research express distinctive relationships between Indigenous peoples and the

environment, particularly Ngāti Porou. Research of this nature is appropriate and in this case allowed the space to operate in a way that embraced Ngāti Poroutanga. This association provided the conceptual foundation to examine intricate ideas thereby promoting robust hypothesis.

Māori researchers play a vital role in researching their own communities (Fitzgerald, 2004; Smith, 1999). As an intimate 'insider' to this research my role negotiated critical aspects particularly as the researcher, and whānau recipient of these pūrakau. Close positioning such as this strengthened the integrity for all involved and particularly enhanced the value for these Ngāti Porou kuia; it also provided the opportunity to create appropriate pathways to develop this thinking.

In an environment that is based upon Euro-centric worldviews it is vital that other Māori midwives be supported to work with their own iwi in capturing the stories of their own people. Kuia who remember back to the early decades of the 20<sup>th</sup> century, before the impact of Western ways dominated childbirth are now very elderly. Thus there is an urgency to engage in such research to capture their stories before it is too late. Moreover, recording this history for mokopuna is imperative.

### **Closing remarks**

It is hoped that this research will contribute in some way to the dearth of knowledge available on Māori birthing. This study has examined intimate birthing knowledge and given voice to the stories of Ngāti Porou wāhine. Interpretations revealed the multitude of influences that impact upon these narratives. It has also shown that wāhine inherently preserve the essence of birthing, and safeguard the sacredness of this knowing.

During my years as a midwife there have been many experiences that I could draw upon to capture the determination and resilience wāhine display however, the continuation of whakapapa demonstrates the distinct value wāhine hold within Te Ao Māori. As shown by the pūrakau within this study, childbirth presents moments of extreme demise and immense joy, these occasions often collide. Recognising attributes that maintain balance empowers wāhine to identify their potential and therefore gain autonomy for their whānau.

As a midwife, a mother, a Māori woman and as Ngāti Porou this journey has given me the opportunity to deepen my understanding of intrinsic values and principles within Te Ao Māori. My passion to be a midwife arose from the realisation during the birth of

my mātamua (Jessikha) that she was being born into the hands of tauiwi. This moment ignited my desire to be the person who guided wāhine and their pepi through this significant journey.

Soon, I will have the ultimate privilege of guiding my mokopuna into Te Ao Tūroa. This moko' is the perfect completion of one cycle, it is the Rauru, the essence of whakapapa and Rua i te Pūkenga. This is my lived experience of the knowing revealed within this research.

Finally, before I present the whole, uninterrupted stories of Hineawe, Mereheni, Ethel, Mereaira and Haereroa I have traced whakapapa from Kahutiaterangi through two major tīpuna of Ngāti Porou; Hinerupe and Tuwhakairiora, to Wayne my eldest brother and our siblings. This exhibits direct lineage from these great tīpuna, without their sagacity and foresight much history would be forgotten. I conclude this chapter in honor of my brother; for whom this thesis is dedicated, in recognition of the oratory wisdom of our ancestors and the knowledge that their stories will benefit all mokopuna.

Tihei Mauriora!



## Tātai Tīpuna (*Ancestral genealogy*)

### <sup>1</sup>Whakapapa o Kahutiaterangi rāua ko Ruatapu

*(Genealogy of Kahutiaterangi and Ruatapu)*

Rangatoro (w)                      =                      Uenuku-rangi                      =                      Paemāhutanga (w)

**Kahutiaterangi** (Paikea)                      -                      Ruatapu

### Whakapapa tō Kahutiarangi teina tuahine

*(Genealogy of Kahutiaterangi and his siblings)*

Rangatoro (w)                      =                      Uenukurangi

**Kahutiaterangi** (Paikea) – Maputūkiterangi – Mahimaiiterā – Ropanui –  
Māngaimatamea - Rongouaroa

### Ko te whakapapa o Hinerupe ki a Ethel rāua ko Wayne

*(Genealogy of Hinerupe to Ethel and Wayne)*

Paikea = Hutorangi

Pouheni = Māhanaiterangi

Nanaia = Niwaniwa

Porourangi = Hamōterangi

Hau = Tamateatoia

Awapūruru = Hineteāhuru

Taiau = Rerepuhitai

Tamāhinengaro = Rākaipūkore

Tāhuhukaretū = Tūketenui

Te Aringaiwaho = Ngutu

Tamakorito = Tanewera

Rongomaitāpui = Uetaha

Te Aopare – Tamateakui - **Hinerupe**

*(Ngā Kōpara o Rongomaitāpui)*

**Ethel (ne Waitoa) = Jim Leatham**

**Wayne** – Sharon – Jonathan – Daniel – Beatrice-Ann

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<sup>1</sup> The direct lineage continues from the leading person on each line

**<sup>2</sup>Ko te whakapapa o Tūwhakairiora ki a Ethel rāua ko Wayne**

*(Genealogy of Tūwhakairiora to Ethel and Wayne)*

Paikea = Huturangi

Pouheni = Māhanaiterangi

Nanania = Niwaniwa

Porourangi = Hamōterangi

Hau = Tamateatoia

Awapūruru = Hineteāhuru

Rerepuhitai = Taiau

Tamāhinengaro = Rākaipūkore

Poroumata = Whaene

Te Ātakura = Ngātihau

**Tūwhakairiora** - Hukarere

**Ethel (ne Waitoa) = Jim Leatham**

**Wayne** – Sharon – Jonathan – Daniel – Beatrice-Ann

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<sup>2</sup> The direct lineage continues from the leading person on each line

**Chapter Six**  
**“He Rerekē te Wairua o Tenā o Tenā”**  
*(Everyone is unique by their wairua)*

*The stories as told by*  
*Hineawe, Mereheni, Ethel, Mereaira and Haereroa*

## Hineawe (*Bubbles*)



### *Hineawe*

*Kotahi te whetu i te ata, ko Hineawe - There is only one morning star, she is Hineawe.*

*This proverb refers to the inner beauty and personal attributes of Hineawe. All people have a talent which is recognised to be their passion or calling in life. The source of such talents is found in our whakapapa. Hineawe (Bubbles) Mason is not only a namesake of this ancestress; she is also a talented individual with her cooking skills and her sweet humility. This ancestor has a direct relationship line to my Aunty Bubbles.*

*"My full name is Hineawe Waitoa Mason, my birthday is the 4 September 1946 as born in Te Araroa. People call me Bubbles, that's my nickname; Maori always have a nickname!! I don't know how I got that nickname (I think) I was blowing bubbles all the time when I was a baby, so they nicknamed me bubbles because... I was blowing bubbles!"*

*My grandmother, Materoa Crawford brought me up; along with my sister, Ethel. And I had some aunties and uncles and we all lived together in Nans old house. I was the youngest of the family... my grandfather, I didn't know him very well.*

*There would have been quite a few of us living there. Auntie Maharanga, Auntie June, Uncle Kau, Uncle Tina, Ethel (my sister), Auntie Aroha and me at that time. And then later Fiona and Kau come along. So there could have been about 10 of us living in her home.*

*I left to work in Gisborne, at the age of 17. I went to live with Uncle John (my mum's brother). So I lived with Uncle John and his wife was Mary. She worked at the hospital and so she got me a job at the hospital. I lived with them for quite a while, 6 months. Then I went to back to Te Araroa, I went back to Nan's place at Te Araroa, stayed there again. Then I come back to Gisborne again to work. And I stayed with my sister Ethel. We both went to work at the hospital together. And I looked after Sharon and Johnny whilst she was working. And on my days off, that's on my days off so I would look after them.*

*When Auntie Mahurangi, she was pregnant with Frankie (in Te Araroa) she couldn't make it to the hospital to the maternity in Te Puia so she had a home birth. Nanny Brown (I don't know her first name, we only called her by Nanny Brown). Nanny Brown was the midwife and helped her (Auntie Mahurangi) with her baby. She was not a trained midwife, she just knew everything, she just knew what to do.*

*...All I could hear was Nanny Brown calling out to someone to "heat the water up, heat the water", well I didn't know what the water was for, probably had to with something for the baby I presumed, I didn't know. And, then could hear Auntie Mahurangi bellowing away like all pregnant women I guess. And then, Nanny Brown was calling "oh the head's coming, the head's coming", or something was coming first; or she was saying "push, push, push". And all we could hear was all these "coming" and then next minute... my Auntie 'oh'!!!!*

*Yes, well that was my first experience of seeing, a baby born.*

*Kuia wouldn't talk to us about that type of thing [births or pregnancies] because, when we were little kids we weren't allowed to be around when they talked things like that, Maori people didn't believe in talking about things like that, when the old people were talking that type of thing, your place was outside playing.*

*My babies, yes my two children. Well Peter and I had been trying to have children and then we found that we couldn't have kids so we adopted our kids. We had to go through the legal process of going to the welfare, and talking to them about adoption. Then they (welfare) talked to us about how we were able to adopt a baby, a male social worker came around home and spoke to Peter and I. We had to go on a waiting list. I think it was 6 months; we got a ring from the Welfare to say that there was a baby in Wellington. He was a boy and*

*he was born at Wellington Hospital and was with the Salvation Army. 'They' said they'd found, a baby that looked like us in some ways. They tried to match babies to the parents, like Peter and I. They told us he was in Wellington and that we could have gone to Wellington, if we wanted, to see him but we thought no. So we didn't see Philip. We drove to Wellington and went to the hospital, he was at the Salvation Army hospital. We went in to visit him, they brought him out, this was about, October he was wrapped up in towel and in a blanket. They unwrapped him on the table and he was all covered in heat rash. He was not quite ten days old. We had wait ten days, the legal timeframe, if it was before ten days 'they' could take baby back. So we got him on the tenth day and we stayed at the Salvation Army hostel there, with Philip.*

*We came back with Philip and we didn't know who his birth parents were because the Welfare didn't release the names of their real names until they were 21.*

*Hmm, it was a great experience; we had to have all these bottles made up and you know something new happened, a new baby. We thought he was just precious because, well, we couldn't have children so yes.*

### Mereheni (Mama)



### Rongomaitāpui

*“He aroha nā Rongomaitāpui, he pōtiki piri poho” -  
“Rongomaitāpui’s love, a child clinging breast”*

*This proverb refers to the deep love Rongomaitāpui has for her children. The famous quotation of Te Whānau a Hinerupe; “Ngā kōpara o Rongomaitāpui” expresses the love and strength Rongomaitāpui and Uetaha’s daughters had in respect of their people. Their names are Te Aopare, Tamateakui and Hinerupe. Mereheni (Mama) has always been highly respected by her children, nieces, nephews, mokopuna and the wider community of Kawakawa Mai Tawhiti. She is regarded by her whānau as a true lady.*

*“My full name is Mereheni Matakino Waitoa nee Dews Rangihuna. The Dews Rangihuna comes in on my parents side, my mum was a Rangihuna, my dad was Dews. And I’m also known as Mary Jane. Yes, and I was born on the 29<sup>th</sup> May 1931, so I’ll be 81 next month. So remember this, what’s going on! Yes and I was born at Haroera, you know where Haroera is?”*

*Ko Maungakaka te maunga  
Ko Horotua te awa  
Ko Matahi o te Tau te marae, i tera takiwa*

*He aha whai ake muri nei...*

*It’s between Te Araroa and East Cape. And, what I was told by my Nanny kuia,*

*“ara i whānau mai koe, i mua te ahi rā, nē, te ahi wahia (open fire) i runga kirihipi, ā ko te mea whakawhānau, whakawera te wai, whakarite te miro, tērā tū āhua mea o ngā whakawhānau i au i whānau ana so, i kōrero mō tērā nō muri iho nē rā, that would come in later at Kaiwaru papakainga o ngā korohino, āe i reira. Ka noho i reira, koirā tonu hoki te wā kainga, ka noho”.*

*[you were born, in front of the fire, okay, an open fire on a sheep skin, the things to get ready for birthing were to boil the water, prepare the cotton and that sort of preparation was done when I was about to be born so, that would be spoken about later as well, that would come in later at Kaiwaru the Korohino homestead, yes there. It was there we stayed, which we considered our homeland in which we lived].*

*Tokoono mātau, ko te mea pakeke ko te Kapunga Matemoana he was known as KD or Koro and bro. Kātahi anō ko Whaimutu, Ko Nēpia Andrew, Ko Te Rina Riripeti Baker Dewes, Kātahi anō ko Hine Torori. Koinā mātau mutu tā mātau whānau. Nō reira, ko au te mea wahine me kī pea mō tekau tau, kātahi anō ko whānau mai a Te Rina and tērā ko tuahine a Hine Torori tekau mā whitu au, kātahi anō tērā aku tuahine āe, so, i tipu atu i waenga nui o ngā mea tāne, āe. Koirā mātau i roto i tō mātau whānau, ēngari he tungāne anō a Walter o ngā tuakana.*

*[There are six of us, the eldest of us was Kapunga Matemoana he was known as KD and bro. Then it was Whaimutu, then Nēpia Andrew, then Te Rina riripeti Baker Dewes, and then Hine Torori. That is all of us, our family. So there for I was the only female for about ten years until Te Rina was born and at Hine Torori birth I was seventeen, so that was my other sister, so we grew up amongst our males, yes. That all of us in our family, but we had another brother who was older his name is Walter].*

*The brothers and sisters yes, and then my dad his first marriage was to mother Maora Maraki and they had three boys. There was John, and their brother Sam, Samuel, and those were our elders of my mum and that’s the family of Henry John and Te Aopare.*

*Okay well, as I said where I was born, then, mum and dad they call the place Toe Toe Station. And there was the development of Maori lands at the time. And they lived in a Nikau camp at the back of the farm. So that’s where KD and I was brought up, the first early part of our childhood, four years, five years. And then the East Cape Island homes were put up for sale, they noticed there was a crack in the Whangaokena Island, so they put those up for auction and Uncle George Goldsmith who married my father’s sister, he got the highest bid, so my father spent time on the island with him, demolishing of the*



*houses took place and that's where our first home come from and it still stands out at Horoera.*

*So we were about, five I suppose, I can just remember that old home. And I'll put it this way, it's been an altered since, it's been extended but, that old part of the home hasn't got borer in it. But the part that's been extended during the war has got borer in it so it tells you the native timber and the time it's build because they rafted all the timber through, by the tide - as the tide went, the current would go towards Pouretua, that lot of timber would be Dads but if it weren't going towards Te Papaki that lot of timber was for Uncle that's how they worked it. It was all rafted over and carted over back to where we've got our home now. By the train and then working horses in those days. Because there was no roads, no bridges were there.*

*That would be about, say 1935, 1936. It was so, anyway that's when your Koro and I was brought up and had an earth floor, in our childhood, big open fire. It's still there the forestry did it up it's still at the back of the farm and they use it for history. Oh yes, had a big fire there and the beds on one side and it was a nikau roofing. And Dad lined it with sack. And our bunks were made from the sacks and in those days they had those huge bags, and they made a lot of use out of them lining the old camp up and there were a lot of different uses for them.*

*So that's where we were brought up. Yes, and you can still get up there.*

*And went to school, to Horoera Native School, that had 30 children. There were many families there. Around Horoera. Then they had the school at the East Cape, the East Cape School, the Horoera School and the families send their start from the Te Wharei's, the Potae's, the Pohoiwi, the Walkers, and the Mulligans. Those were the ones on the other side of Waipapa river.*

*And on this other side you come to the Ruwhiu, and the Wanoa's, the Pare Ngatai, and Dewes, Korohena and Tepare Konia. And there was quite a few children and then, there was no bridges to mend and roads were controlled by the tide. That's what we always heard from our father, 'time and tide waits for no one'. Yes everything was time tabled. Time and tide waits for no one.*

*Of course, being young and going to school and all you had was the horseback. Whenever there was flooding we used to love it, you'd get the high seas and the high waves rolling in and we used to ride our horses out on to this; today they call it the surfboard, then we rode our horses out on this and let the waves bring our horses back in. And by the time we got home mum would know all about it because the neighbours would ring. Party line then, from one to the other.*

*Of course today they say you know, 'why don't you mind your own business', 'look after your own backyard'. Whereas those days; we can put it this way, if they didn't care, they wouldn't bother. They'd let those naughty children carry on with what they were doing. But we learned this afterwards. Growing up with that was teaching us. Whatever else was going on, the parent was the first one to know because they'd get on the party line,*

*"kei te mōhio koe kei whea ngā tamariki rā? Ara, kei te whakakaukau ngā hoiho i te waipuke!"*

*[Do you know where the children are? There, they are taking the horses for a swim in the floodwaters!]*

*We learned to appreciate it later on and that's another thing in comparison to today, we don't do enough of.*

*Because you know, it happens and that's it. It's just none of my business. Hmm and that's why you lose a lot of that caring because if they didn't care, they wouldn't you know. And I remember that quite well, those little darlings!!*

*Yes and then going to Horoera school then they had scholarships. Brother K he was the first one with scholarship so he went off to Wesley College. Following year I got a scholarship, so I went off Hukurere College. And brother Dar, two years later he went off to Wesley because then there was no bridges, no roads, you couldn't actually leave school. And that's how I come we were sort of brought up you know where we sent from home to boarding schools and talking about boarding schools we had to get up at 4o'clock in the morning, there was pack horses there with all our bags and everything on and riding to catch service car!*

*Yeah! And I can remember riding around the Bluffs there, you know you had to wait until the wave receded and then you had to cross over. But the thing about today, there is, there is no fear in it because there was no other way of life. You just had to do, because you followed a parent, Dad always brought us in and that was just part of life, you got on with it.*

*Sit in the service car and then there was poly deluxe in those days. Call into Ruatoria, nice big breakfast there and you carried on. And if you stayed a night, you stayed in hotels, you just stayed hoping to catch the train the next morning yes, so it was lot of cry baby then.*

*My earliest memories of babies, pregnancies. Grand Aunt Korohena, that was my nanny's sister in law, she used to talk about these stories to us. Because, as I said being the only girl, I was sort of involved in a lot of these things and ask questions and they didn't tell you like today, at school; they educate you on puberty and sex life, it took a while for me to understand all that you know because all that we was taught it was tapu.*

*What are they trying to do to their, to our children today, because now they just go out and experiment instead of say; our father used to say, you can delete this if you wish to!! Our father used to say this to us girls, keep your legs crossed til Mr Right comes along!! And we used to think it was funny. And that was sort of something that was always talked openly about and said in a jovial way and told to us that you know you were special and all this and, in comparison today loses that, tapu-ness.*

*You know they talk about it, but then to me they forget the other side as well. You know you respecting yourself and you're respecting the boy, you've got to respect one another and you've got to help one another, because it's not until you get older, like you got married, you sort of realize this is what happened. That the feelings between each other this is where respect comes in and all that tapu comes in, but that was our parents! Yeah.*

*And anyway grandma was say, "ae, ka whakawhānau matau nei, ka haere matau ana" [yes, we were born, we all went] they had a favourite spot down round the house somewhere down the paddock, to give birth. And, and they'd tidy themselves up, everything and then*

go, did you have a scissors nan? No, no, they used to bite it or just use their nail, you know for the cord. And they'd clean themselves all up, then they'd come back into the house.

*It was a certain spot where they always went to.*

*No, I didn't ask her whether it was covered or whether it was just a special place where they'd sort of put themselves to be most comfortable.*

*Well the wharekohanga is related to kohanga, yeah. Could be that they could have named that as their special place. Kohunga whakawhānau, yeah.*

*Yeah like a bird's nest, you know they go back to the nest right. That's just what I heard from my grand Auntie and when it came to my mum, it was only KD that was born up here at the Te Araroa maternity annex and it's just up the hill here. The rest of us were home births and our dad was the doctor. And by the time the nurse or the doctor got out, on horseback, he'd already done the job.*

*And then with Nurse Banks, I can remember Nurse Banks staying with us for a week, helping out because dad had a house full of workmen and there was us and there was mum and she would stay for a week and did the cooking and the washing and that was Nurse Banks. And then she had to drive all the way from Te Araroa here. I can remember all that, until I got older, but dad saw to all that.*

*How he learnt these things, I don't know whether he was the one that was with his mother, my grandmother, he had to finish school and come home and be with her, because his father died early in life so he, I think he was, doctor of all things. He was the one who was multi-skilled and yes he was.*

*When they talked about tapu it was in a positive way because they talk about royalty, then enter marriage. But in a similar way to keep their **their** wealth, their blood lines instead of marrying out, and you lose that tie. They go on now mana whenua, mana tangata, that goes out and they matchmade you. Right? Ara tō tāne. And whenever they did that, well that was it you have no say. Yeah. And you kept your wealth within yourself, you kept your whenua within yourself.*

*You know all that part with sort of marrying with what they were trying to hold. To hold to. Even though it had been, it was going on, like my, I can tell my great grandmother right there, well they were a big family from my great grandmother from Hariata, just through this marriages, and then they match made because one didn't get a family to that one's husband, they match made them to get the family. But they talked about it and knew about it and whether you liked it or not it happened.*

*And then of course there was the other scenario, that was being normal but I can remember he was always being mentioned. Kia tapu [make sacred]. I can remember one grand uncle saying to me, "kia tapu, tiaki koe i a koe mātau ngā mea tāne he rite ki te kararehe" [make sacred, you will need to look after yourself from us males who can be like animals], what the heck is he talking about?*

*Well I didn't know this. Wasn't until I got married and had the experience and I knew what he meant. You know. It was as you go through life you experience different things. Yeah and I learned, instead of telling me straight out!! You know it was interesting because, too*

*often, then they'd say, I'd always say to the boys you respect a girl, like how you would like other boys to respect your sisters. Some listened, some didn't and then, and then it's just all part of, what you were brought up with.*

*Where we were brought up at home there was, they call it a sleep out today, we weren't allowed in the wharemoa, they called it, it was the 'ware', wharemoa for the men, but they called it the 'ware', the boys 'ware', and we were only allowed the weekends to strip the beds and with our brothers, that was private belonged to the boys. And the girls slept in the house. That was, growing up today and you see the changes, the differences, and it's still, progress sometimes it's how we put that through to demonstrate and try and your presentation where the children would understand. Today they'd think you and I would be quite queer if we went back!*

*Because it's all the changes you see and it's just like the childbirth of today. Back in that time that's how our nanny and that went. And then in my time you were kept in the home for 14 days; with your first baby. And then you weren't allowed to go to the bathroom or shower. They came around with their trollies and kidney dishes and forceps and what not, you know to take care of the mum. Mind you we used to sneak to the shower all the time.*

*And it changed around and reduced the days to 9 days and now it's only what? One day if.*

*And then you think of our, 6, where they're attended to themselves, they came back home and got on with their chores, but, the lifestyle today is so different. I think it's more stressful.*

*[Today?] Yeah. Yeah you know because, when you think, the poor mother has just had her baby and they come home to a family of four or five and everything else on top of it and oh goodness knows, I don't know how they, manage it if there's no grandmother. I use myself for example. My mother never went to work. She just stayed home, cooked, sewed, gardened, and saw to our needs.*

*[So when you remember, before you had your babies, your aunties or, nannies - with their babies, were they looked after in a different way than today?] Well there was always someone else in the house with them. You know that helped them. And there was always the nanny there or a Auntie or someone there. Well. Our children haven't got that today. That makes it harder. I think so.*

*Yes. I think so. Where I, after I had Polly, and then, 11 months afterwards I had Kū, and if I hadn't of been with my parents I don't think I would have managed.*

*[So can you tell me about your baby's and your pregnancies?] Oh that was funny!! Granduncle Dick, your papa Dick and I, we met while I was still at home here. I had finished schooling. I stayed home because mum got very sick when she was pregnant with my younger sister, so I stayed home for almost a couple of years. And then I got to go to nursing in Auckland but what speeded that up was having met Uncle Dick and then these neighbours turned up home and I thought it was our mormon evening service for church and then we all gathered in the sitting room and I'll start from this. And then, they all got up, karakia and next minute, all in Maori "kei te mohio kōrua, e au Henare he tangata kei te haere mai ki tā tatou tamāhine" [you two know me, Henare there is a person coming for our daughter]. This rings a bell. "Kei te mohio kōrua, kuinei te take harae mai" [you both*

*know that is the purpose of their arrival], they all came and sat down and in the sitting room and started talking.*

*So they all had their kōrero as I was saying they came back to that same kōrero just because they cared, otherwise they wouldn't have bothered. And then, I was asked to get up and give a kōrero. And then I was talking about party lines, this one time I was thankful there was party lines because my Aunty down the road she said every time she used to hear the phone ringing up home she'd get on and listen. And my Aunty Tuna would listen and she, and when this went on, she says to them, "whakamutu tēnā mahi, i runga te wāea whakarongo ana ki ngā tamariki na" [stop doing that, on the phone the children listened in] where Uncle Dick was apologizing for his behaviour that he wouldn't have passed his advances on, you know. Well it just nearly blew me out of my wits because I didn't know what it was like to even have a kiss!!! And there they're going on and I had to get up and I said, no, I said, Aunty was witnessing he was ringing up to apologise that ah, because I wouldn't get on the phone to talk to him after that because I was scared out of my wits! And sort of eased off after that and then I went off to Auckland. And three months after that, Uncle Dick turned up, and stayed in Browns Bay with Aunty Dorothy and Uncle Grey and I was 19 and I think it was 19<sup>th</sup> birthday present with Polly!!*

*But I tell you when I saw him in the front room where I worked at the hospital, nurse Dews to the front door please, so I came down and the first time I saw your Uncle, I ran, I just ran and I flew into his arms!! You know it was, it was, I felt comfortable. I'll put it that way. Because someone from home and knowing from home because I hadn't been out because it was a blind man who took me out, who was from here, up Queen Street, poor country girl that's what happens!! Yes so we got married up there. In St Davids church. Presbyterian in Karangahape Road.*

*Those are the photos up there. So we come home for Christmas, and, brother KD was then, in the thickest of all the middle of the education department where he was working at the time. He asked if we would stay home and help our parents on the farm. So, it was from then we stayed home. Went back up to Auckland to get all our gear and come home. And that was it. Stayed with mum and dad for a couple of years then we went up to Te Whetu. It was, Richard put us down the drive where I was taking photos of all the changes, the riverbed and I said well I had all my children up here, except for, Polly. But up there and Morgan was the last at Te Whetu. He was four and a half when we brought Takatau. So, Anita was a Takatau baby. But it wasn't easy because you had to travel to Te Puia, where you had to deliver poor little baby, but at least it wasn't on horseback.*

*I remember the horseback days. Yeah well that's why my first son, I always said it was through my riding the horse that we lost him, he was 7 months premature. And mum and them they reassured me that no it wasn't, the doctor said he just wasn't meant to be for you. And I happened to be here Taihoro here with Nanny, when all of this started. And Uncle Dick took me down on a one seater car. Down to Waipero. But then I had him on the car.*

*And well unknown to me what was happening, he was 7 months premature. Today they would have been made to do something for him. Well I think so, because what they do today, what they've got today is all modern technology and all.*

*Waipero was where the birthing unit was. Waipero Maternity Annex. So I had Polly, Waipero Maternity Ward. I had Polly at Waipero, Kū, Whaimutu and then Richard. I had Henry at the Cook Annes in Gisborne, and I had Lily at St Helens in Gisborne.*

*I was in Gisborne. Because I was having children just about every year. I've, I, I'd say something what I had asked my mother but I don't think it would be very nice to record all that. Which was true because I asked her, mum how is it that you and dad managed you know, when there was no what they have today.[contraception?] Yeah all that. Yeah and she said, "kaua e kai horohorotiu!" [do not eat hastily!]. And I'd go like this, but that's the best part!! She'd say "ā kati kei to tutai" [aw, never mind yours, you are a 'know-all']. (You don't have to put that in but it was true because I used to wonder hey?!) Because today well it's all different, same thing I say with my mokopuna, you've got everything to help yourself and yet you can't do it. You know. Well. [planned] to plan.*

*Yeah. Not meant to do it. I'm of the mind if the good lord gives you, that's it, take it. I said come with its own love, you can't replace it.*

*My births, well then we had a district nurse. Then it was Shirley Hovell one of the local girls, she used to ride her horse right up the valley, to call in and see us up that way because aunty you know was across the river. And she always kept a check on us and always told us you know because when you're young, we were riding horse, we were riding horses until the end. She told us to be careful and then when you think that was the only means of transport with our parents, in their time.*

*See this is the part I missed out on transport, mum would have Polly, in front of her tied up in, in the rope and then the horse would be back to front and this in the rain, you can't, there's no other way of watching and the baby would just get a bit of fresh air. And that horse was galloping and no trouble and dad had one on his back and one on the front! But to think of it today you know. And I said, well I said look at you, you're still alive! Yeah it's like that but going back to pregnancy, I think we sort of just grew with it. Because we always had someone with us. Making us wary of this and that whether you listened or not!*

*Yes the whānau were our main support yes that's right. And then you had experienced this they were able to tell you what, you know to be careful and all differences that had happened. What might happen if you get this and did that.*

*I can remember when I was small, Auntie Girlie giving birth, I remember she was having a baby, I was only small, having a baby and mum and them they were all there, with her. But couldn't understand you know with the pain and the cries of pain, couldn't understand what was happening. But didn't dwell on that. It was to see this baby and where it came from and then they couldn't tell us how it actually gave birth until growing up and then it was compared to the animals giving birth and then I sort of understood. Yeah. This is what they were trying to say and do and we were there, we may have been hearing things and seeing what was going on, you could see the fire blazing, mug and cotton and the scissors and the mug boiling there on the stove but didn't actually know what it was all about, until later on. And hearing these different members of the whānau talking about these different things. Then it sort of just became, like just another bit of conversation really. Until you really experience it, oh this is what they meant and this is what they were talking about.*

*For myself, when I was, Dr Taylor had stayed back in New Zealand here and usually helped with the children, I wouldn't have had my younger ones, he would have stopped me having children after the first two. He was here then yeah.*

*And of course I was in and out of hospital. I was fortunate to have the mother in law I had, Nanny Waitoa, because I could be trouble or anything and whenever I come down to mum, and I'd start talking about different things that's happening and she'd start talking like I knew they were talking and she'd explain different things to me. And then by the time I, leave to go home, what on earth am I worrying about? You know that's why I keep encouraging young ones to talk. If anything troubles you, I say find somebody you can talk to. Because that's where I was very, very fortunate. Because I couldn't do it, I had to go across the blinkin' river to get out to Horoera and so I spent a lot of time, with my mum. And I was very fortunate that I had whānau around me, makes all the difference. You'd notice the difference with that today.*

*Yes that's why I say it's important to talk you know. I say, that's medicine, you find it's not as bad as what you think. Because you've got that warmth from the whānau, you feel secure. Makes a big difference. That's where I found, even we had it at Te Puia it was still whānau, hence Ku's name Marae Iri Te Kura, the annexe was closed at the time and it was Kūra Beale who was relieving there at the time for anybody who went in, she said why don't you name your baby after that lovely old lady who, my grandmother, so Marae Iri te Kura and the name was Kura Beale. But of course that's where my grandmother is from Waipero, so it was most fitting. And she talked about these different things and was comfortable because she knew the family. Made a big difference. It does make a big difference. And same thing at Te Puia they, I was in there 'with' (having) Tui, Henry was there as a little boy when he had the osteomelitus. He was in hospital for months and months, at that time patients from the general side wasn't allowed on the maternity side but because they knew me, they knew the whānau they let this little golden haired boy walk through to find his mother, it was Henry. It was the whānau connection, yeah it was. That took a lot of pain, stress and everything away you know when you have things like that around.*

*[How would you interpret the word wairua or wairuatanga?] Oh it's taha wairua. Yeah taha wairua, it depends on how it's used. 'Te taha wairua taihau [spiritual leadership], wairua karaipiture [sacred writings], taha wairua tangata [spiritual being, spiritual identity]. Taha wairua tangata is how you see different things and how you feel about different things, I would say 'he rereke te wairua o tena o tena o tena', not one of us is alike. And it's a spiritual; some are gifted with all these different wairua. When you hear some talking about it and they say 'whakarongo te autaiā na tinihanga [listen to the talent one may not even be]' but as I said, each one is so different and each one of us is born with these different gifts we don't know we have or we know we have and it's how we use, or you don't know it's there. You know, we're all different.*

*You know 'he rereke ana te wairua o tena o tena [everyone's spiritual being is different]', and it's how you see things, differently to others. Why is that? It's because it's your way of thinking, o whakaaro, ka hoki i taku poro ki taku tipuna [your thoughts, I remember about my ball and my grandmother] because she was Mormon, staunch Mormon; she had been*

over to Hawaii and back, she was the one that took me around with her and I think I was the last of the mokos that she took with her.

And I experienced that sort of thing in the middle of the night or sometime in our bed, I always slept with her, and she'd wake me up - she's sitting up and she's saying a karakia, I didn't know what she was talking about; because 'kaore te mohio te reo Māori' [I did not understand the Māori language], it was all in te reo Māori, just trying to understand and I'd cry. And I'd say to her, 'whakahokia te kainga, matakū i a koe [take me home, I am scared of you]' this is to my grandmother, she'd just pat me on the back. But in the morning I used to remember her saying different things like 'ā i konei ka mea, ā kua haere ana [here she would day, the time has passed]' and I'd think what is she talking about? It wasn't until I got older and I said to my father I'm not going back with your mother anymore, she frightens me! He asked me why. And I used to tell him and he used to say listen, she was gifted. She knew different like things happening and she would voice it wherever we were. And I thought she was queer.

I think about it like this, it must be handed down from whānau to whānau. Not every member of the whānau will get anything like that, only special people. Hmm, and I'm not one of them! I'm not one of them to have been so fortunate but I can remember experiencing this with my grandmother. Because I didn't understand what she was talking about, didn't make it any easier. But I used to hear her own children talking about it and think nothing of it. But she was one that realized and gave her knowledge of having been receiving that gift. And then others would get that gift in another way. When you hear them, they use it in a harmful way. And then they take it, they karakia, to lift it and cleanse them and help them to be themselves hmm. I heard a lot of that when I was small.

Today, anything like that happen 'hikā! kua heahea te wairua o te??...' [heavens! The spirit of someone is out of ...] what are they thinking about? You know that's how we would.

My babies, Polly Te Aopare Te Kahurangi Polly's name. She is named after my mum and Te Kahurangi was a Nanny that used to stay with mum and dad. She more or less had no one, her whānau left after her third husband died at Horoera. So she just became the Nanny in the house. So, because she cared for Polly, that's why Polly's got the name Te Kahurangi, Te Aopare Te Kahurangi, special. On the 19<sup>th</sup> January 1951, that was Te Aopare.

And then there was Marae Ihi Te Kura, who was 'Ku', known as Kū she was born on the 29<sup>th</sup> of December 1951.

And there was Whaimutu, koe nei ta maui mate ra the premature. He was 7<sup>th</sup> July 1953. Then Henry John Waitoa, kei te mohio koe ki a Uncle Henry ne, was the 17<sup>th</sup> of August 1954. Lily, was the 20<sup>th</sup> of March 1956. Then there was Richard 5<sup>th</sup> February 1958. Tui the 30<sup>th</sup> of November 1959. Morgan 1<sup>st</sup> of September 1961. Anita, she was the 30<sup>th</sup> of January 1965.

See this is the whenua the papakainga, no Pohoikura Waitoa. And the old home used to stand, it was a beautiful old home. Just, on this side of the cabbage tree there. Because I know there was a shed here, and, and another hut could have been way over there and the house was standing more towards the centre here. The whenua, was Pohoikura, Pohoikura Uru Tawa was Ani Copeland's mother. She was one of the ladies that was taken up North



during the wars, Maori wars. Hence the name Copeland, she had married Richard Copeland at Coromandel there.

Anyway this is what I was told. She was brought back here, and match-made to Hone Waitoa, Ani Copeland, that's who your grandmother is named after. So that's the Pohoikura whenua papakainga, that's hers. So we'll go back out there, that's Matakaoa Point. And then Pātangata you can see the tip of the hill out there. And you go along there and there's Puketapu up there, Tokaata there. And then you've got Pukeāmaru right out there. And that's the beginning of the Raukumara ranges. And up, as you go around up around the back there's um, you have to get Whetumatarau in there. You've got Pukeamaru? Ae.

Yes I suppose so along, Tokataa there, see that's another part of your whānau there na Karawhata. Tokaata down near there. Tamateakui is one of the kōpara, Rongomaitapui and tera taha Pukeamaru, Whānau-a-Te Ao Pare, that's the elder of the three sisters. Rongomaitapui kōpara then Hinerupe, come around to here to Whetumatarau here.

So you got that side of the house, when Papa got out of hospital, he said whatever happened that Norfolk Pine it stays in the section. [Why is that Mama?] I don't know. Perhaps they used to, he said they used to swing on it. When he was a little boy. But he said.

You got Pukeamaru aye and that's Whetumatarau, right at your back door.

From around. All along up there. And across the river there is Maungaroa. That's Awatere, the stream Whetumatarau and Maungaroa, na reira ko Hinerupe te marae nēra, ko Awatere te awa, Whetumatarau te maunga. And you go around to umm, because you're Hunaara as well you go around to Mātai o te Tau, I think I said that earlier, for maunga Kāwha, Maunga Kāwha te maunga, Horotua te awa, Mātai o te Tau te marae. Hunaara, to taha Hunaara, to taha Pāti. Your Uncle Tui's got that name Tui Tuiwi Pāti. That was Nanny Waitoa's mothers maiden name. That's Rangatukia, Waiapu. That's where Nanny was brought up. Nanny Materoa. So that's your Hunaara side.

We already talked about Matakawa, Pātangata and Pukeamaru. So that covers the Kōpara o Rongomaitapui, the three sisters. Hinerupe, Tamatekui, cause Hinerupe was the pōtiki and Te Aopare was the matāmua so that's the three sisters. So that's Te Paraeuta/Tutua your other marae, so Pukeamaru te maunga, Karakatuwhero te awa, Paraeuta te marae. Te Whānau/hapū a Te Aopare.

Pikitanga, Pikitanga Kauwhakatuakina your other marae. Bossy's name, his old grand Uncle's named him at birth.

Naming was very important it had kōrero to it, it has history to it. So you were linked back. Whānau is our link to the past and its generational, its our bridge to the future.

And each generation, huge thing. So you got all that bub? Does that answer that question? I rambled on, I rambled on.

Ae. So I said to mine, I said to them once, you were responsible for all your marae around here, not just one! Yes.

*So even if you had time, you go around up the bluff there out to Horoera. That's part of you, you did not know of Hunaara.*

*Mum will be a good one to talk about growing up. I'll be able to tell her, I didn't include you, I'm going to leave you to tell your own story! Yes. Seeing it's all part of the home, down to this side and this green paddock here, we just talking about that today, I was telling Richard, that belonged to the Crawfords. The Crawfords. Crawford was Nanny Materoa*

*Pohoikura was the biological birth of great grandfather Tiki Te Raukura, who legally adopted by Reverend Hone Waitoa and Ani Copeland. And they're married Nanny Te Puhi Materoa.*

*They say yeah, must have more or less match-made them. Because she came from the other side. And because we are home we just take it for granted, our history.*

*See I enjoy it, back in Waipero in the weekend my first cousin has just past on and then the meeting house down there and see my grandparents all the aunties and uncles photo's in the wharemoa.*

*Nanny Brown. She used to do a lot of home births. Yeah that's right. Oh anything that learned was Nanny Brown. From kneading the bread in the kauta to giving birth!! Being a matron! Yes. No she was wonderful. She was wonderful. Hmm. Yeah.*

*I have 26 mokopuna and 40+ great grand's.*

*[Do you know all their birthdays?] No! I got lost along the way with all the birthdays.*

### Ethel (Mum)



#### Hinerupe

*"E waiwai ana ngā whatu, he mokopuna koe nā Hinerupe" My eyes well up with emotion,  
for you are a grandchild of Hinerupe.*

*This proverbial saying highlights the richness of love and pride this kuia has for her Ngāti Porou and Te Whānau a Hinerupe affiliations. Hinerupe is Ethel's (Mum's) direct tipuna of mana. Hinerupe is known for her straight and direct responses when pushed or challenged.*

*“Kia ora taku tamāhine. My name is Ethel Rata, Waitoa Pohoikura Leatham. I was born, in Te Araroa, at the hospital that’s um, at the time Te Araroa was called Waipero Bay. I was born in 1941, on the 4th August. At the time that I was born my...”*

*At this beginning point of the interview Ethel became almost instantly [very] emotional and tearful; I reassured her that we would remove anything she did not want to include in this interview. This appeared to give her the assurance that she was safe to continue.*

*Ethel regained her composure but remained very emotional; it was obvious that her emotions were at the surface of her stories. They had a sense of pain that had not yet found a place of peace, this depth of feeling could only come with time and living these experiences. She continued...*

*...my mother was a single mum. And today I make her age out to be, 17 years old. At the time that I was born my Nanny and Papa had 11 of their own children in total. My Nanny and Papa’s names are Materoa Karawhata and Tiki Te Pohoikura Waitoa.*

*Their children are (in order of birth), Auntie Dorothy (Tarati Waitoa), Uncle Johnny (Hone Waitoa), Ani Waitoa (my mother), Uncle Dick (Who was someone special because he was named after his dad, Richard Waitoa), Uncle Hori, Uncle Tina, Uncle Mickey, Uncle Bossey (Nanny had a big break after Uncle Bosey), Auntie June (Nanny Emma, she is the only direct child of my grandmother’s alive today), Auntie Maharangi, Auntie Dorothy (who had the first born mokopuna named Ngatau Wehea. When Ngatau Wehea was born, he lived for a little while, maybe three months I’m not quite sure on that one, but he died). Ethel Waitoa (Eldest grand-daughter), Auntie Aroha, Hineawe Waitoa (My sister, her father was Rutene Campbell). Nanny brought us up all together; 13 in total.*

*Actually our home in those days would have been classed as one of the flash homes in Te Araroa. Even though, the outside was all made of iron (wasn’t timber); it was iron most of the way around & the roofing. (And our bedrooms; two of our bedrooms had open fires so we had one for a lounge).*

*We had one, two, three, four; four proper bedrooms in this whare and two rooms were suppose to have been lounges, Nanny turned one of them – the big one into a bedroom. There was an attachment for a kitchen and after; oh I must have been five years old, maybe six, before we had a bathroom attached to this whare.*

*Prior to that all our bathing and washing was done out on the back lawn. And we had to share our baths, there was one big bath you know. There was no, separation of the boys from the girls. You got in and you had your wash and that was it you shared the waters. Oh all our heating was done through open fires outside, they dug umus and they cooked our meals out in the umus there and the open fires was all, there was nothing to do like coal they’ve got to do today, it was all manuka wood and our cooking was done through woodstoves.*

*As far as I know, my grandmother, all those years had her babies at their own kainga because Waipero Bay hospital wasn’t established. So my Nana had all her baby’s either way up in the bushes where, she called her honeymoon spot. And in those days the ‘honeymoon spot’ could be just a place made of raupo with dirt ground and, the toitois, the*

*manuka would have been there, flooring. Today we can go back and visit that area where she called her honeymoon spot; the papa rocks.*

*This is where my Nana and Papa lived (from when they first got together). And as her own whānau were born, they moved into homes that were made of timber, all handmade. To my memory, my Nana brought us up in three different homes. But the main one, that my mother was born in was the third home established right in Te Araroa itself. And in that place my grandfather inherited the home through his, parents. Going back to my own mother, she was born 24 January 1924 and died 1998. She would have been 88. She must have been 17 years old when she had me. Talking about childbirth in my younger days was not openly spoken about like it is today. For my mother, I believe she must have found it very hard, when she was expecting me, according to her brothers, she was the mainstay of the home – this was a term they used to describe her. She was the cook, she was everything to them.*

*The results of my mum's education, and even right up to her later years in life, she always commended a school teacher named Koni Katai; she taught her how to write her name. And as far as I could recall, that was the pinnacle of enjoyment that she learned out of education was through this teacher Kone Katai – who taught her how to write her name. My mum left school at a very early age, and in her own words, it was mainly to help my grandmother bring up the rest of the whānau, even though all the uncles, had to help with everything that you can think of, that needs to be done in the house. And they did. They had a big house to keep clean.*

*One of my Uncles was apparently very good at washing. And he remembers one time there, when he didn't wash the clothes properly and; can I just say here, in those days there was no washing machines, there was no scrubbing boards either. But my uncle Dick remember being hung upside down under the pear tree, because he didn't do the washing properly.*

*He off and on came out with this story and you could see tears in my uncle's eyes, knowing that in those days they were punished, and they were punished very, very, hardly. But he dais it soon taught him, "next time he went to do the washing he did it properly". And apparently my Uncle John his job was to do the ironing. The ironing was done with a wrought iron with a handle. A piece of heavy iron that was heated on the stove and that's how they did their ironing.*

*Yeah. Little things like that I do remember my uncles talking about. And how hard it was. But when I look back on the life my Nana led, she had to be hard, I mean, how many sons did she have? It wasn't easy bringing them up and as they got older, of course they wanted their own way, their horses.*

*One of the exciting things about my Papa was it was always a treat for him to say to my uncles, "come on, get the horse and cart together" and then he'd put all of his little ones on the cart and we'd go down to the beach to collect our kaimoana; and that was some of our outings.*

*My life growing up, with my, my nanny and my papa? I saw very little of my papa because he went to war, even though he had a big family and, when he did come back, he did come back like one of the wounded soldiers. So the rest of his life was spent being cared for by the*

*whānau and by my nanny. And um, yeah. Our papa couldn't do very much around the home after he came back from war.*

*Our papa was very very sick but because we were the peepi of the whānau he always found time to give us a little bit of his time, in those days our little treats were going out and picking our own walnuts, our own apples, our own plums and looking after our own vegetables. It is a pleasure and a treasure to think of those days when although he was so sick, he'd sit and crack these walnuts and feed us with these walnuts when they were ripe. Yeah.*

*Ethel goes on to talk about her birthing, pregnancy experiences.*

*Talking about childbirth in my younger days was not openly spoken about like it is today...*

*The last pregnancy my Nanny had was with Aunty Aroha, it's the only one that she really spoke about. Actually Aunty Aroha and Uncle Bossey's pregnancies she spoke about, these two she had trouble with, not so much at their birth, but because of the affects that my Uncle and my Aunty were born with. My uncle had a weak heart right from the start. And my Aunty Aroha had totally deformed hips. Right from the start my Nanny was told that she would need to go through certain operations to bring her joints back, proper. My nanny wouldn't let them do it. At that time my nanny didn't want them to touch my Aunty Aroha because she could only see through one eye, "cutting her poor little body and why should she suffer like that?"*

*Ethel goes back to talk about births.*

*Usually there was a kaumatua in the community. Unfortunately, I'm not sure who those kaumatua were at the time Nanny was having her babies. It was only quite a while after, to my knowledge, Nurse Banks was introduced to me in our district Te Araroa. And Nanny Brown was used, yes. Nanny Brown she came along after my Nan's children had all been born. And Nanny Brown while she was not a trained midwife in anyway whatsoever, she had total faith the Lord would help her. She was a born Christian and anyone having babies in those days only needed to ring Nanny Brown to come and help; her presence was always a blessing to the mums that she went and helped to have their babies, yes.*

*Aunty Dorothy, to start off with she moved to Auckland. And that's where most of her whānau were born, in Auckland. At those times when Aunty Dorothy was having her babies I guess someone would say they were more up to date with medical procedures. But back in, in the country, you were totally dependent on; catching a horse, like Nurse Banks was. And riding out to possibly forging the rivers to get to a pregnant mum in their homes. And in those days most of the births were done at home.*

*My first child was born in June of 1962. We named our baby Wayne and in those days, of course, hospitalisation was the in thing for you to do. In the time of my giving birth to my children, it was never heard that you could have your birthing at home. It was all done in the hospital.*

*Yes, yes but I didn't have, a good birth with my first child. Wayne I never ever saw.*

*And I wasn't to know that he wasn't going to live until he was born and I was so drugged up with the anaesthetic that was used. My body had never been used to anything like that and I guess the doctor saw that I was going to be having trouble with having my, my first child.*

*Even to this day I still mourn that I didn't even feel having my baby, any pains that went with actually giving birth to my (though the proper channels of my...) my baby. And he had been born and then I was told; while I was still drugged up that my baby would only live three hours. And the memory I've got of my baby being, is that I heard him kind of cough and draw a heavy breath but I didn't have, and wasn't given, the opportunity to say can I look at my baby please?*

*My baby was, was born in a private hospital which was open to the public, it was the Salvation Army Bethany Hospital. It was my husband's choice to go to Bethany. Because at that time he was steeped deeply in Christianity and Bethany had a certain atmosphere. And that's where I had Wayne. Bethany was also the hospital where solo mums or unmarried mums went and stayed, and had their babies. But for Jim his main focus was that Bethany was Christian.*

*It was some time in the morning, they said to me that my baby had died. And that the funeral was already being arranged and the baby would have a proper funeral. At that time my husband was ignorant to me not being myself; not knowing what was going on and still having the drug effects, even midday of the next day I still wasn't quite sure what was happening. When I saw my husband that afternoon he said to me, the funeral for my baby was already arranged, the Salvation Army was going to do it and he'd gone and arranged for baby to be buried at Taruheru Urupā.*

*Because of not having whānau around at that time, I sort of just, left it for him (Jim) to do. But even years after that, even now I still mourn that I didn't have the pleasure of picking my baby up and holding him. Each day I would wish that I could reunite with him.*

*Jim (my husband) went and asked the doctor the next day when everything had been done, the funeral had been done and the doctor said, (at that time) it was the best thing that could have happened for our baby. And that apparently Wayne was something that, I mean it meant nothing to Jim or I, the word mongoloid. I don't know what, even today I don't know what that means. But he, the doctor said that Wayne would never be, a normal baby. If he had lived.*

*We were told it was a blessing that he died. And of course over the years I always take comfort that the Lord took our baby, like he did. And for me the sad part was not being able to hold or see him.*

*They didn't come to talk to me. They only spoke to Jim.*

*We were back in Gisborne at that time; financially of course we were struggling to make ends meet, but we did. And my Nana and my Uncles were all in the farm we should have let them know what was happening with our baby. But because of the trauma that I went through we just took the, well thought this is our problem. It's our problem and no one else's and what else could anyone do.*

*But over the years I've learned that our children, no matter who they are, when they're born they're not only ours, they belong to the whānau. And you're only there to take care.*

*So that was my first baby. And, I must say over the years my own tamariki have helped me, they comforted me over the loss of our first child. And what has carried me through all these years is the love and aroha and understanding of the death of their eldest brother.*

*That was in 1962. Now on the 18<sup>th</sup> of May 1964, we, I, we had our, our second child. She is now 45, she was born in 1964, 18<sup>th</sup> of May. Sharon was a delight, has been a delight to have had and in 1965, I gave birth to our third child who we named Jonathan. Jonathan and Sharon, were born in the public hospital. And, because of the being in hospital, things went so much nicer. I knew from the start to the finish when both my babies were born and I was appreciative of the doctors, the nurses, and the nurse assistants at those times were just excellent.*

*Yes so now on the 30<sup>th</sup> of November 1968, our Daniel was born. And at that time too when Daniel was born, things financially had looked up for us, Jim and I and Sharon and Jonathan were able to look into purchasing ourselves a home, for ourselves and start paying off. Now a wee while after that our Beatrice-Ann was born on the 24<sup>th</sup> of June 1971. And there we go, there's our whānau.*

*Daniel and Beatrice-Ann they were born in the new Tairāwhiti Hospital for Sharon and Jonathan, they were born in what they called the Cook Hospital in Gisborne. And of course as each year as had gone, the facilities for birthing improved. With Sharon and Jonathan there was limited visiting, for the dads and a distinct visiting time for relatives. If you were a relative you came in the afternoon to see your whānau. If you were husband or dad, your visiting hours were at night.*

*Now in the new hospital with Daniel and Beatrice, that was totally, different. The visiting hours at that time were more and more relaxed, and the husbands were, (with Daniel were still not), were allowed to come into the theatre with the wives or the mums and the fathers were allowed to be present, to even see their babies born. And when Jim was given that privilege, it was enormous. He was delighted to see the whole procedure and had no idea up to that time what it looked like and what it sounded like, having and giving birth. The mother having and giving birth, to their baby.*

*And the comfort of having dad there, mirimiri you, telling you, encouraging you to have the courage to go on, "baby's coming", sounded so much nicer. Even though you appreciated your doctor and your nurse, and the nurses around you, having dad with you was, was actually, it was a tonic. And that it, I believe it stabilised the relationship between you, the baby and your husband even more. Yes. But unfortunate for dad, he was busy looking after Daniel when miss Beatrice-Ann decided it was time for her to come out and they sent word and when he came back, our daughter Beatrice was waiting in the incubator to greet her dad, she was impatient to be born and everything happened soon after. Yes.*

*When I had Sharon I was on my own in labour, Yes and just the medical team.*

*It was the kindness of the nurses that made all the difference. And the doctor. In the way they spoke to you, it was a very lovely encouraging, beautiful attention. And I felt like, the nurses at that time were like my mum. And my nana who weren't able to be there.*



*And yes, nursing, you know those who are born to be nurses have, you've got a wairua with them. Especially when you're going through, because at that time when Sharon was born, it was always there, is anything going to happen like with my first baby?*

*When I went into hospital with Sharon it was quite, the atmosphere was different. It was welcoming and I felt the nurses that attended me that time were concerned for every pain I had. And they also let you know just what was happening, where baby was and when I was actually on the theatre table they told me when to push, when to breathe. Because none of that was taught to you before you went into have your baby. There was no where you could go, you and your husband and be taught how to care for each other, at that time. There was nothing like that.*

*What I understood at that time, all babies had to be born in the hospital. I didn't think we had an option. Once you had baby, with Sharon and Jonathan, I wasn't allowed to leave hospital until baby was a certain weight and that you knew how to feed baby. It usually involved a stay of almost two weeks. Yes. That was with Sharon and Jonathan. With Daniel and Beatrice, 7 days.*

*The babies, they had rooms of their own. It was right up until my youngest was born, I was allowed to have her in the room with me. You never ever had your baby with you until the day you left hospital. Coming home with Sharon it was a bit challenging. Because feeding babies on my breast, was still a new thing and now here I'm on my own.*

*I was fortunate to have the choice of Plunket or the health nurse. Now I had Plunket for my first visit and of course I was all excited, cleaned the house up and I wanted everything to be nice and warm because we were all in this old house. The Plunket nurse came along and introduced herself and I took her in to see my baby, and straight away she said to me, "turn that heater off, you can't have baby there. Okay now let me see how you're going to feed baby". And I found it uneasy. But I tried to do what she was asking. She showed me how to do some things and I said yes I would follow how she had shown me. She told me she turned the heater off so the baby wouldn't get over heated and she felt that if baby was, in another room it would be healthier for baby. But I felt it was much better for her to be near me so I could hear. She gave me a day for when she was going to come back.*

*I was made, I made up my mind that I was going to do what was best for my baby. Three days later, the public health nurse called in and introduced herself. And, there was such a big difference. They were both European, they were, the public health nurse was much nicer and instead of her telling me what to do, she just said I'm just going to watch and see what you're going to do and see if there's anything I can help you with. So it was like she was just paying me a visit. So it wasn't like as though she'd come to make sure that everything was being done properly.*

*I'm amazed having had my babies and the children growing up and doing their own thing and now having their own children the available assistance every mother has got today. Especially mums who are perhaps still of school age, how the community, the schools are gathering around and helping mums fairly well, young mums that are having babies. Can you believe in my mum's day, it would have been very hard for her because she would have had to face the stigma of falling pregnant. And as I've already mentioned, when my Uncle*

*Dickie did things wrong, the punishment that was handed out then, was very harsh. And I don't believe my mother would have escaped any of that.*

*For years I didn't know that my Nana was my Nana until I was about 14 years old, I learned that my grandmother was my grandmother and not my mum. Because when my mum had me, it must have been quite a stigma of solo mums giving birth to babies at her age. And up until I was 14 I always acknowledge my Nana as mum. And when my mother had a second baby, I was five years old then, my grandmother decided that it was time my mother left and started earning for herself. Both my sister and I always thought that my grandmother was our mum. And every time our mother came to see us, when we were young, we were told that this was your sister. Today I must say that the young ones have got the freedom of better knowledge, better parenting could it be, to awhi their children and if it's a baby that's being born out of wedlock, that child is brought up and their whakapapa, now becomes the, focus. Allowing that child to be taught and bought into the family. And I believe as they grow up they will know who they are, and who they come from. Right from birth.*

**Mereaira (Mrs Davies)**



*Hinetamatea*

*He kai kei ngā ringa a Hinetamatea - There is always food in the hands of Hinetamatea.*

*This proverb describes the skills of Hinetamatea to always provide for her whānau. This trait is certainly held by Mereaira (Mrs Davies); as she works hard to improve the wellbeing of Māori. Mereaira's direct ancestor Tahu Pōtiki is the brother of Porourangi, the progenitor of Ngāti Porou. Hinetamatea is a descendant of Tahu Pōtiki and ancestress of the Te Aitanga a Hauiti.*

Ko Nuhiti te maunga  
 Ko Hawai te awa  
 Ko Motuoroi te motu  
 Ko Hinetamatea te marae  
 Ko Ngati Wakarara no Ngati Hau te hapū  
 Ko Ngāti Porou te iwi  
 Ko Ta Apirana te tipuna  
 Ko Mereaira Davies ahau  
 Ko Anaura taku kainga noho

*Mereaira Davies agreed to be interviewed for the purpose of this research. The plan was to both audio and video record the interview. Like all my participants Mereaira was at first reluctant to be videoed but agreed and we commenced our kōrero. About 15 minutes into the interview the battery on the video recorded died. My initial response was to postpone the whole interview for another time to ensure it could be videoed. Mereaira hesitated, then voiced her wish to carry on with the interview “its just not meant to be” was her comment; it was evident that she preferred to continue.*

*So, we settled back into our kōrero and continued for about an hour. Mereaira’s story began by introducing her whakapapa, her pepeha, and her childhood, where she lived, who she lived with and delved into the memories of that life. She spoke indepth of things that surrounded her childhood and the environment that she grew in. Part way through our conversation Mereaira shared her thoughts, feelings and impression on moko and specifically moko kauae. This topic was unique to any of my other interviews and I was excited to be hearing and to have a Kuia share with me such intimate whakaaro. Our time slipped away and we had to finish the interview before we had managed to specifically talk about Mereaira’s experiences and memories of birthing. We agreed to meet again to complete the interview.*

*A few weeks later, due to technical issues Mereaira’s audio recording was lost and unable to be retrieved before it had been transcribed.*

*I hold a huge sense of responsibility for the kōrero that I have been privileged to hear and that has been shared with me. This experience has brought to life the reality and accountability to that kōrero. In my anguish over the loss of this knowledge I remembered Mereaira’s distinct statement when the battery ran out in the interview “it’s just not meant to be”. The assertion of this remark reverberated with me, I now conclude the whakaaro Mereaira shared that morning was not meant to be recorded.*

*I considered recalling our kōrero and did transcribe some of what I remembered from the interview. Before presenting it in this thesis I meet with Mereaira again and informed her of what had happened to the audio recording. As soon as I began to tell her that the audio recording had been lost, I sensed what she was going to say; “it was not meant to be”. And as predicted, Mereaira simply smiled and said, it was just not meant to be. She carried on to say that she had shared some information that was very intimate to her and obviously only meant for my ears and not meant for the purpose of this study. I shared this conversation with her daughter. She informed me that some of what her mother had told me, even she had not heard before. Therefore, heeding these stong messages I will not discuss any of the special memories and knowledge that I was privileged to that day.*

*Ironically Mereaira's cautioned of the need to share knowledge, and the imperative to transfer this knowledge from one generation to another to ensure tikanga are not lost. She gave an example (of which I will not go into detail) the situation however required specific tikanga that only a few in this community were fortunate to hold. Mereaira was present to assist, and it was witnessing this situation that signified to her was how imperative it is to pass on our knowledge and ways of doing.*

*Tikanga comes in many formats. For this research Mereaira's message is to listen, not just to words but to the messages that come in many ways.*

### Haereroa (*Mrs Gibson*)



### *Huturangi*

*"He waka eke noa nā Huturangi" - Huturangi's vessel is one of success.*

*This proverbial saying highlights the love and unconditional support Huturangi gave without question her husband Paikea once known by the name Kahutiaterangi. When Huturangi met Paikea she was bathing in the Kautuku stream. They both embraced each other on a higher level of spirituality. Shortly after meeting they walked to meet Huturangi's whānau at their kumara gardens. Huturangi is the daughter of Te Whironui (ariki tamaroa and rangatira of Horouta) and Araiara (ariki tapairu). Huturangi is Haereroa's direct tipuna of mana.*

*Ko Pukehapopo te maunga  
 Ko Waiomoko te awa  
 Ko Whangara mai Tawhiti taku kainga  
 Ko Ngati Konohi taku hapū  
 Ko Ngāti Porou taku Iwi  
 Ko Haerero Gibson taku ingoa*

*I was born in Gisborne 1944, 18.1.1944.  
 68 years old.*

*My eldest brother is Enoka, second in family was Bob, third in family was Merewhakaangi, fourth was Hohepa Whakaraka, and fifth was Kerehona, and I was number six. The youngest in the family.*

*It was choice growing up, I spent all of my time out at Whangara, we had a little village about 34 kilometres from Gisborne, north of Gisborne.*

*We lived by the beach, there was probably about 25 families living down there. We all lived down there together in each other's houses. Got lots of hidings because we were mischief, but we were a very close-knit whānau, very whānau whānau.*

*We spent a lot of time on the Marae, anything that was going, happening at the marae we were always down there even if we weren't suppose to be down there. Our house was about 200 metres away from the Marae. We all lived around the Marae, we had two wharenuī, Whitireia and Waho te Rangi and our wharekai is Te Hokowhitu, our urupā is probably 100metres from the Marae and the church was a hundred meters the other way, Patoromu.*

*We went to Sunday school when we were kids, we went to church, or we were encouraged to go to church, Anglican Church is our church down there. And our school was a mile or so, couple of miles from the village, so if we were lucky enough to have a horse then we rode our horse to school, but otherwise we walked to school most of the time. And that was through the farms, the local farms, and over the hills through to the Whangara school.*

*You could always tell when my sister was having a baby; because they were really 'pohara', a lot of us kids talk about it now, everyone knew when a mother or sister was having a baby, cause they had their flash underwear hanging on the line, because they were going to see the doctor. You had one pair of undies or bra, and most of the time they didn't wear any undies when they were young, or you know, because they couldn't really afford to buy lots of clothes.*

*They used to catch what we call the service car to town. So a lot of us, even though we didn't know what being hapū was, as soon as we saw those things flapping on the line you knew that, oops, someone's having a baby. And that was one way knowing; 'how do you know', and we'd go 'well you've got some flash undies hanging on the line'.*

*When I was growing up, they went to the doctors, and for them their doctor was really special for them. The doctor did everything for them. But the old people used to make sure that they were looked after. If there was anything at the marae, tangi and things they were not encouraged to go to tangi when they were hapū, or they were not encouraged to go into the urupā when they were hapū.*

*They were not encouraged to go and do gardening, especially in the māra kai. It was sort of different in those days; they were sort of like special people, when they were hapū. Because they weren't allowed to carry things, lift things, even after they had their babies they came home and they were rested, you know. Everyone did everything for them. For at least a week, after they had been in the maternity for two weeks.*

*No, no we didn't have anyone special like a tohunga that looked after them, unless there was something happening, and there was a special lady there that did things like that.*

*But you know, if there was something that was happening to the mother while she was hapū or after they'd come home with their baby, nobody was allowed to go in to see what was happening, (the young ones). Mmmmm... Yeah, it was a private thing between the mother, the baby, or the tohunga or lady that was looking after them.*

*My sister, they use to have to have chloroform all the time when they were having babies. They had a mask put over their faces and the doctors sprinkled the chloroform over the mask so that they could breathe it, breathe in while they were in pain. And that sometimes she said she used to grab the mask and put it on her face. My sister is about 18 years older than me.*

*They also had St Helens, and Lister Hospital, and a birthing unit was in Riverside road (in Gisborne). And they had the one up at the Cook Hospital. And Bethany was a maternity home run by the Salvation Army.*

*Kerry, was 1<sup>st</sup> of June 1968, that was what Peter (Haereroa's husband) said was a long labour, but it wasn't, it was just the first one, and the contractions were long, and then they had to give me some what do you call it, they had to bring me on, induce me that's the word, they had to induce me. And our doctor, my doctor was Dr McKay and he said 'Oh she'll be quite a while now' and so he went to watch the Poverty Bay Japanese Rugby game, and while he was there he had to come back. And there were actually two of us in the home, one was Pakeka, from Whangara, Holden, you know the well-known family. And there was me. She went in before me, and as she was coming out I was going in, but we were both labouring at the same time.*

*They gave me a drip for probably a couple of hours. And then it was all on. And then when we first started that was the first time, they give you the enema.*

*With Joanne, (Peter was with me most of the time with Kerry), but with Joanne I went in early hours of the morning, and he had to do a milk run. She didn't take long, once I went into labour, by time he had finished the milk run, I had had her. That was the 20<sup>th</sup>... 6<sup>th</sup> of September, and 68...70... And Annette was 6<sup>th</sup> of July.*

*I stayed at home as long as I could when I was in labour because I didn't want them to give me all those enemas and things like that so by time I got there they didn't have a chance. I had no problems with my pregnancies; I stayed home til I was about due to have them so I didn't have to have enema's. Yeah, I stayed home til I didn't have time to do anything. So when I got there it was just...have a baby.*

*I did General nursing, that's like what they call comprehensive now. And I'll tell you what; the one I didn't like was maternity. It was just something I don't know whether because they had nurses there that specialised in maternity and they were different to, you know*



*when the general nurses went across they weren't really helpful. And I think that probably put me off maternity. You know I liked being there when the babies are being born and I love being with the mothers and things. But I didn't like the actual way; with maternity the doctors they were always there and they were the bosses, you know we really had to run around for them make sure we got the right things, especially sutures, needles and things like that otherwise they'll bite your head off that. It was quite different to when the midwives came along.*

*There were midwives there when I had my babies but it was still the doctors that were in charge.*

*They had one separate birthing room for your actual, when you were having your contractions and they'd come in every so often and do that rectal examination and all that. And this was really umm; they'd do that all the time... And once it got to a certain, your cervix opened up enough they would put you on the table in the theatre; and no fathers were allowed to go there.*

*No, no you didn't feel like you had any control because you were, everyone else around you was in control of you, you know. (When Annette had Ngapo, she could get up and walk around), but once you went into theatre you just had to lie there and have your baby on your back, you couldn't get up.*

*They told you when to push [so it wasn't about what your body wanted to do?] No. And they were in control of you all the time.*

*There was no help, with the breast feeding, with maternity, with midwives, I didn't breastfeed any of my kids. I started. We had to stay in for at least 2 weeks. Mainly for rest, it was the doctor that insisted you stay there for 2 weeks not the midwives.*

*With Kerry I tried to breast feed, but it just didn't happen. And after that, all of them got put on the breast, but nothing happened whereas my sister she breast fed all hers, and her neighbour down the road you know when she went to town she would bring her baby who was born at the same time as my sisters and she would breastfeed them too when she went to town, because they caught a bus at 9 in the morning and couldn't get back til 3 o'clock in the afternoon. So they shared the breastfeeding.*

*So what was the difference between you and her? Did she have her babies at the hospital? Yup. And did she stay for two weeks?*

*My sister had her babies in hospital and stayed for two weeks. I think it was just the natural thing that they did in those days, whereas I think it become a bit more modern in the 60's. Her first one was born in 47, I was too little and don't remember that birth.*

*It was something that they needed to do, like my sister I mean they couldn't come to town, they couldn't afford to make milk, they had cows in those days. But you know, they just did it. Whereas I think with our time, a lot of us were just starting to get into sport and social events. But I didn't, I just couldn't breastfeed. You know, my sister would go 'oh look at those big tits'*

*My milk came in but I think that it was just that the midwives didn't help and encourage. They took the babies out at night, for the whole night. Unless you were breastfeeding then*

*they would bring them in and wake you up. But I only did it with Kerry for 3 nights, 3 days. But after that there was no milk coming so they dry you, dry you out, they gave you tablets to dry you out. In those days when I was trying to breast feed help was nothing much, they just left you to it.*

*I think that was one of the things, Kerry wasn't latching on properly, you know because, when I was working with plunket, you could tell if they were latched on properly or not. Like with them not latching on properly you got engorged, you know your nipples were all sore and raw. And that was, I reckon they just didn't have the time to sit and put them on properly. Whereas I think the modern midwives they've got all that time. I don't know.*

*You know when Arahia had her babies; she had a midwife that could sit there for ages to make sure that she was latched on. And I think the other good thing about it is that they were at home and they were more relaxed whereas when you were in the maternity home when we were having our babies it was sort of 'ring me if you cant do it' otherwise it was get on with it.*

*Oh I didn't mind staying in two weeks, coz it was rest. But that was the difference that you know, that everything else was all right except for breastfeeding. Whereas it's gone back the other way now, breastfeeding is (sort of) encouraged; there are more and more people breastfeeding.*

*I think it was the nurses, the midwives. Some were better than others, but it just depended, you know sometimes you had, I think the older ones like my sisters age, that were sort of doing the midwife thing they were good, but they were only there one or two nights. Whereas the others, new ones the trainees were there all the time, whereas the older ones were experienced and most of the time they were on night duty, so you were asleep and when you woke up in the morning they would bring your baby and they were ready to go off. They would feed the babies at night with Bottles...mmm*

*And I mean your boobies got really big, and there was milk coming out, but they (baby) weren't staying there. And the nurse had to make sure baby was latched on properly. So in the end it was sore. The pain of it all. And that happens to all of them, but you just didn't, maybe it was me I might not have persevered enough? They just gave you the pill to dry your milk up.*

*They just gave it and said this will help you to dry up your milk. And then they start them on bottle-feeding. You wouldn't query it you know. You would say, because you're in so much pain; I can't do this anymore so they'd just give you the pill. after Kerry I didn't even persevere, for Joanne they put her straight on but after 24hours, she went straight onto the bottle, I didn't even go there.*

*When I went home I had Plunket. They were really officious. Not like now, very friendly. I still have their books. They were all right. They didn't stay very long. Just came and weighed. Did what they had to do, asked all the right questions and you hoped you gave them all the right answers. They only came til the baby's were 3 months and then you had to go the clinic. It's still the same now.*

*No, we didn't have the district nurse come, we were still in town, we were in town til Arahia was 5, I think, then we moved out to Whangara.*

*Wairuatanga; its sort of, you know being, looking after everybody, seeing that its about caring and sharing, nurturing, with everybody around you. Especially when mothers and you know babies and children around, I think it's a caring sharing thing.*

## He Oriori mō tōku Taupuhi (A Lullaby for my Special Little One)

*Nāu mai e te mokoiti ki te aina o Te Waiaroha o Ngā Whetū  
 E taumarumaru ai i a Pukematekeo me Ngā Rau Pou Huia a Maki  
 Ka rere tauri atu te wairua i tō moutere ki te tai tamawahine  
 Ka tere atu te tīheru ki kainga mamao o Uenuku, o Rangatoro  
 E whāriki nei te takapau wharanui o Kahutiaterangi ko Paikea i ū ki uta ki  
 Ahuahu e  
 Ko te ariki tamaroa ko Porourangi, ka puta iho ki a Rongomaitāpui, ki a  
 Hinerupe e whītiki koe i a Tamakoro, i a Tamateupoko e  
 Tū ake nei ko Hikurangi nā Māui  
 Tokotoko ake nei ko Whetūmatarau e  
 Teretere iho rā ki Kawakawa mai i tawhiti  
 Ko Awatere  
 Kei a hau pure o Te Aumākua a Taupuhi  
 Ka rua to mana i te po, i te ao  
 Ka wairua i te hihiri, ka ngākau i te mahara  
 Hautiria, whakarongo ki ngā omakitutua a Tamairiea e  
 Hau, hau te toki a Urureinga  
 Whiria mai ki te pou ihorei, ki te pou ahorei  
 He koronga matua mō whare  
 Ka tikanga te tātai ariki nō Rua Matua ki uta e  
 He reo hākuī mōhau e tama e*

Welcome; grand descendent to the sacred floor of Te Waiaroha o Ngā Whetū  
 Which is situated in the shadow of Pukematekeo  
 and Waitakere ranges of Maki  
 At your lookout; the physical being is captivated by the beauty of the  
 East Coast scenery  
 The ancient tīheru is destined for the distant homeland of Uenuku and  
 Rangatoro  
 The sacred birthing bed of Kahutiaterangi, Paikea, whom first landed at  
 Mercury Island from whom you descend  
 You are intrinsically connected to the esteemed chief, Porourangi,  
 then to Rongomaitāpui whom begat Hinerupe  
 You are firmly bound by the lineage of Tamakoro and Tamateupoko  
 Reaching to the heavens is Mount Hikurangi of Māui  
 Acknowledge thy sacred palisade Whetūmatarau, that stands tall  
 Below the Awatere river flows to Kawakawa mai i tawhiti  
 The cleansing winds of the ancient ones call onto thy intrinsic  
 and extensive potential  
 The blueprints of the sacred guardians will come into fruition  
 Your being is stimulated into it's physical identity and spiritual memory  
 Holdfast and listen my little chosen one to the teachings of Tamairiea  
 Urureinga and his scared adze are always alert and ready  
 Your bind to the sacred pillars of lore is eminent  
 Seek for validation, affirmation and confirmation for your desires  
 Your descent from the great Rua Matua holds you well  
 I share with you in love my grand descendent, from our Ancient ones.

(Paraone Tai Tin, 2014)

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## Appendix



### MEMORANDUM Auckland University of Technology Ethics Committee (AUTEC)

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To: Liz Smythe  
 From: **Dr Rosemary Godbold** Executive Secretary, AUTEC  
 Date: 15 December 2011  
 Subject: Ethics Application Number 09/279 **He Hokinga Mahara: Maori women tells stories of their childbirth experiences.**

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Dear Liz

Thank you for providing written evidence as requested. I am pleased to advise that it satisfies the points raised by a subcommittee of the Auckland University of Technology Ethics Committee (AUTEC) and I have approved your ethics application. This delegated approval is made in accordance with section 5.3.2.3 of AUTEC's *Applying for Ethics Approval: Guidelines and Procedures* and is subject to endorsement at AUTEC's meeting on 23 January 2012.

Your ethics application is approved for a period of three years until 15 December 2014.

I advise that as part of the ethics approval process, you are required to submit the following to AUTEC:

- A brief annual progress report using form EA2, which is available online through <http://www.aut.ac.nz/research/research-ethics/ethics>. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 15 December 2014;
- A brief report on the status of the project using form EA3, which is available online through <http://www.aut.ac.nz/research/research-ethics/ethics>. This report is to be submitted either when the approval expires on 15 December 2014 or on completion of the project, whichever comes sooner;

It is a condition of approval that AUTEC is notified of any adverse events or if the research does not commence. AUTEC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are reminded that, as applicant, you are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

Please note that AUTEC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to make the arrangements necessary to obtain this.

When communicating with us about this application, we ask that you use the application number and study title to enable us to provide you with prompt service. Should you have any further enquiries regarding this matter, you are welcome to contact me by email at [ethics@aut.ac.nz](mailto:ethics@aut.ac.nz) or by telephone on 921 9999 at extension 6902.

On behalf of AUTEC and myself, I wish you success with your research and look forward to reading about it in your reports.

Yours sincerely

Dr Rosemary Godbold  
**Executive Secretary**  
**Auckland University of Technology Ethics Committee**