

Te Whare o te Ao Hou

Architecture that holds space for sovereignty to return
through birth

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The logo for the Auckland University of Technology (AUT) is displayed in a large, bold, white, sans-serif font.The logo for Te Wānanga Aronui o Tāmaki Makau Rau is a red rectangular box containing the text "TE WĀNANGA ARONUI" and "O TĀMAKI MAKĀU RAU" in white, uppercase, sans-serif font.

Abstract

This thesis explores how architecture can hold space for the return of sovereignty through birthing, bathing, and healing. Grounded in a kaupapa Māori perspective and situated in Ōpōtiki, Te Whare o te Ao Hou imagines a place where care, presence, and connection to land guide the design of intimate, liminal spaces. It considers how thresholds, materiality, and spatial flow can nurture moments of renewal, allowing the body, spirit, and community to reclaim agency. Through site analysis, case studies, and iterative design, the project demonstrates how culturally informed architecture can restore autonomy, honour whakapapa, and create environments where wellbeing, the rhythms of land, and the return of sovereignty coexist.

Contents Page

2	Abstract
4	List of Figures
6	Attestation of Authorship
7	Acknowledgements
8	Introduction
10	Literature Review
16	Methodology
22	Critical Review
31	Overview of Te Whare o te Ao Hou
88	Conclusion
90	References

List of Figures

Figure 1. East Coast mapping.

Figure 2. Marae along SH35 and the rugged contours that surround it.

Figure 3. Soil types of marae along SH35.

Figure 4. Points of reference of marae, highlighting how rich in te taiao (environment) Ōpape Marae is.

Figure 5. Collage of significant points of reference and site-specific waiata.

Figure 6. Collage of gathering harakeke (flax) with Makeo in the background. The harakeke is used to make artifacts such as birthing mats and muka ties.

Figure 7. Collage of the journey away from kāinga (home) to the birthing site, with the night-time setting reflecting the birthing environment.

Figure 8. Collage of a muka hut erected on non-arable soil, with the potential for the river to wash it away after use.

Figure 9. Collage of the hut burning after a birth has taken place, alluding to the removal of the tapu space.

Figure 10. Proposed site for birthing program with labeled spaces of significance.

Figure 11. Site model showing the site's contours and its gully-like nature.

Figure 12. Selection of offcut pounamu and the start of shaping out the disc for the muka (flax fibre) tie.

Figure 13. Shaping the pito cutter out of the off-cut pounamu.

Figure 14. Smoothing out the artefacts after grinding and finishing with sandstone.

Figure 15. Finishing with wax and rolling the muka fibre, preparing to make the obsidian pito cutter.

Figure 16. Final artefacts: muka tie with pounamu discs and pounamu cutter.

Figure 17. Final artefact: multiple obsidian pito cutters.

Figure 18. Identifying the site.

Figure 19. Flow of program and narrative.

Figure 20. Flow of program and narrative placed onto site.

List of Figures

- Figure 20. Flow of program and narrative placed onto site.
- Figure 21. Elevation of timber structure with pito cutter-like form.
- Figure 22. Moulding of landscape.
- Figure 23. Cutting of the landscape.
- Figure 24. Pulling on the string of the muka tie.
- Figure 25. Regenerative rammed earth.
- Figure 26. Shou sugi ban timber in New Zealand landscape.
- Figure 27. Three concepts for building designs.
- Figure 28. Birthing space interior.
- Figure 29. Bathing space interior for mamaku bathing.
- Figure 30. Burning chimney-like view.
- Figure 31. Birthing section following the contours of the land.
- Figure 32. Bathing section, small and intimate.
- Figure 33. Burning section leading to the water and opening up.
- Figure 34. Perspective of birthing building entrance.
- Figure 35. Perspective of bathing building entrance.
- Figure 36. Perspective of burning building opening.
- Figure 37. Perspective of interior of birthing building.
- Figure 38. Perspective of interior of bathing building.
- Figure 39. Perspective of burning chimney-like structure.
- Figure 40. Site plan, plants, and buildings in relation to hapūtanga.

Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor used artificial intelligence tools or generative artificial intelligence tools (unless it is clearly stated, and referenced, along with the purpose of use), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

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Introduction

Birth is one of the first places where Māori experience colonisation. From the moment we enter the world, our parents are placed under the authority of Western medical institutions that dictate what can and cannot be done, and which cultural practices are deemed unsafe. This displacement of tikanga (customs and protocols) from the birthing process can sever whakapapa connections and diminishes whānau authority. For many Māori, the first breath of life is therefore also the first encounter with colonisation, an encounter that continues to shape health outcomes across generations. By focusing on birthing practices, my thesis seeks to reclaim this beginning, exploring how architecture can restore mana (spiritual and ancestral authority), uphold tikanga, and allow whānau to experience birth on their own terms.

Kia ora, my name is Caleb Mekomoko. I am a descendant of Chief Mekomoko of Te Whakatōhea, a leader who was unjustly executed despite his innocence. His hanging led to significant land loss and the degradation of the Mekomoko name and mana, losses that are still deeply felt within my whānau (Te Puni Kōkiri, 2011). After 158 years, a significant settlement has been reached, this included “5,000 hectares of marine space, \$100 million financial, cultural and commercial redress” (Goldsmith, 2024). This moment represents a change in the tide, a time of hope and opportunity.

My thesis is an expression of this turning point, a chance to provide my whānau with options and pathways forward, using the tools and knowledge I have gathered in my kete (basket of knowledge) through architectural study. It is an opportunity to regain what was lost, and to carry forward what was interrupted.

This journey has led me to focus on health architecture, a field where Indigenous voices and values have long been marginalised. On a study tour to Chile, I visited the Complejo Asistencial Padre Las Casas hospital, which weaves Mapuche culture into its design and function. This experience made me question why Aotearoa has no equivalent Māori-led healthcare facilities in terms of large scale 24/7 hospitals, and whether mainstream hospitals truly reflect what our communities need. Research into Māori health revealed the Tohunga Suppression Act of 1907, which criminalised traditional healing (Norris & Beresford, 2010.), and Te Puea Hērangi’s unrealised vision for a Māori hospital (King, 1977). These histories show how deeply colonial systems disrupted care.

My research responds by reclaiming one of the first spaces where Māori experience colonisation, the birthing space, through maternity design that restores tikanga, whānau (extended family) authority, and reaffirms mana in the act of bringing life into the world.

“My research responds by reclaiming one of the first spaces where Māori experience colonisation, the birthing space”

Literature Review

Literature Review

1. Colonisation and Māori Health: Implications for Birth Spaces

Before the mid-1970s, Māori healthcare access was limited, with families and communities often assuming the burden of care while hospital treatment was less accessible (Durie, 2001, p. 20). The Tohunga Suppression Act 1907 marked a decisive blow to traditional Māori health systems, outlawing tohunga (expert practitioner) and undermining the legitimacy of Māori methodologies for healing, environmental stewardship, and the integration of spiritual and earthly knowledge (te kauae runga and te kauae raro) (Durie, 2001, p. 51). Tohunga were highly skilled experts in spiritual care, herbal medicine, and ritual, yet the Act criminalised their work, contributing to the decline of these practices and the marginalisation of Māori knowledge in healthcare (Hokowhitu et al., 2022). As Hokowhitu et al. (2022) note, “the suppression of Māori healing traditions has had long-lasting effects on the health and well-being of Māori communities, contributing to their exclusion from mainstream healthcare systems.”

The stigma surrounding tohungaism persisted well into the 20th century. Te Puea Hērangi, who sought to establish a Māori hospital, deliberately designed it in the shape of a conventional meeting house because “a Māori hospital would not be acceptable to patients unless it presented a familiar and comforting appearance” (King, 1977, p. 147–148). This was more than aesthetic, it was a culturally grounded design strategy that bridged the gap between Western medical facilities and Māori patients’ expectations. Te Puea’s reputation for matakite (heightened sensitivity beyond the six senses) and “tohunga eyes” (King, 1977, p. 172) reflected her grounding in Māori spiritual traditions, including awareness of mauri (life-force) in places and things, and ways of curing certain sicknesses. Yet, she was “exceedingly reluctant to talk about Māori spiritual experiences to Pākehā” (King, 1977, p. 184), fearing accusations of “tohungaism” a term laden with colonial stereotypes of charlatanism and superstition, reinforced by the Act and by disparaging references in medical reports (King, 1977, p. 184).

The marginalisation of tohunga highlights that architecture cannot simply reference tikanga symbolically. Birth spaces must be designed to structurally enable the practice of cultural and spiritual care, supporting whānau authority and culturally grounded birthing practices

Literature Review

2. Pre-colonial Māori Maternity Practices: Spatial and Whānau Considerations

These colonial interventions were experienced by Māori in the birthing space, where parental authority and tikanga were overridden, shaping generations of disconnection from cultural practices, an issue my thesis seeks to address through design. Prior to colonisation, Māori maternity care was grounded in spatial, ceremonial, and familial practices that reinforced cultural concepts of tapu (sacred restriction) and noa (everyday, unrestricted state). Birthing spaces were deliberately sited away from villages and cultivations to avoid desecration: “The proximity of food-products has ever a desecrating or polluting effect upon tapu persons, objects, or places” (Best, 1914, p. 129). Temporary maternity huts (whare kōhanga) were typically placed in marginal areas, such as stony or sandy stream edges where cultivations would not occur (Best, 1914, p. 133).

Simmonds (2014) emphasises the significance of birth places in Māori maternal identity and the reclamation of mana wahine (feminine prestige/authority) maternities. She notes accounts like Best’s (1914) *The Lore of Te Whare Kōhanga* as incomplete, noting that traditional births often occurred away from the main dwelling, in specially constructed whare kōhanga or whare kahu (nest or cloak houses). Firsthand oral histories confirm this spatial separation; one kuia recalls birthing in a nikau (native palm) house attended by her father, highlighting the important and sometimes overlooked role of men in birth (Simmonds, 2014, p. 215). This spatial and familial framing is central to Māori birthing customs and underscores the cultural importance of birthing places.

The separation and siting of whare kōhanga reflect cultural values of tapu and noa, offering spatial strategies for contemporary maternity facilities, where zones for birth, rest, and whānau support can be deliberately arranged to uphold tikanga and protect mana wahine.

Literature Review

3. Māori Health Frameworks: Informing Holistic Design

The spatial and ritual arrangements of whare kōhanga inspire contemporary strategies for maternity design that reprioritise whānau authority and enable culturally grounded birthing practices. Māori health perspectives emphasise holistic balance, recognising the interconnectedness of spiritual (wairua), mental (hinengaro), physical (tinana), and family (whānau) well-being (Durie, 2001). Durie's Te Whare Tapa Whā model positions these four pillars as essential to health, contrasting sharply with the biomedical model's focus on physical symptoms (Rochford, 2004). Similarly, Rose Pere's Te Wheke model highlights mana ake, the unique identity of each person and family, as integral to wellness (Durie, 2001, p. 59).

Wikitoria August (2005) also draws attention to the psychological dimension of Māori women's experiences in healthcare and public spaces. For example, a wahine describes feeling "uncomfortable, fat, ugly and 'othered'" in Pākehā environments (August, 2005, p. 119). Such statements reveal the ongoing impact of cultural alienation on self-perception and health outcomes, reinforcing the need for spaces that affirm Māori identity and uphold mana wahine (the authority and dignity of women).

The resurgence of these frameworks reflects a broader movement to re-centre Māori concepts in healthcare delivery (Tabetha & Lyons, 2010). Importantly, Māori understandings of illness, such as mate Māori, attribute some conditions to spiritual causes, requiring intervention from traditional healers rather than solely biomedical treatment (Durie, 2001, pp. 23–24). Recognition of these worldviews offers opportunities to create spaces that acknowledge and accommodate spiritual healing practices alongside clinical care.

Te Whare Tapa Whā and Te Wheke demonstrate that health is multidimensional, encompassing spiritual, mental, physical, and family wellbeing. Architecture can embody these principles by creating spaces that facilitate holistic care, integrating areas for reflection, spiritual practices, and whānau engagement alongside clinical functions.

Literature Review

4. Indigenous Architectural Responses: Lessons for Maternity Facilities

Models such as Te Whare Tapa Whā and Te Wheke highlight the need for birthing environments that support physical, mental, spiritual, and whānau wellbeing. These frameworks directly inform my architectural approach, ensuring spaces facilitate holistic care rather than purely clinical function. In architecture, culturally grounded design can actively support Indigenous models of health.

Te Puea's Māori hospital, shaped like a meeting house, exemplifies an early integration of Māori cultural form into a healthcare facility (King, 1977, p. 147–148). This design decision parallels contemporary kaupapa Māori projects, which seek to embed cultural symbolism into healthcare spaces. Modern examples further illustrate this approach. The Kotukutuku Papakāinga in Aotearoa incorporates rongoā (traditional healing plants) in its planting beds, physically embedding Māori healing practices in residential and rehabilitative environments (Müller, 2020).

Internationally, the Complejo Asistencial Padre Las Casas hospital in Chile integrates Mapuche design elements and medicinal plants to support traditional healing by machi (Mapuche healers). These examples demonstrate that physical space can function as a conduit for cultural healing, reinforcing community connection, spiritual engagement, and access to traditional health practices. As Durie (2001, p. 137) emphasises, “healing the spirit rather than the disease” is a central challenge, one that architecture can address by shaping environments that support holistic recovery. These precedents demonstrate that embedding cultural symbolism and traditional healing practices in built form strengthens wellbeing and whānau engagement, principles central to my maternity design.

Historical and contemporary examples, from Te Puea's Māori hospital to modern kaupapa Māori projects, show that embedding cultural symbolism and healing practices into physical form strengthens wellbeing and whānau connection, guiding maternity design that restores agency, reinforces identity, and supports culturally safe birth experiences.

“healing the spirit rather than the disease”

Methodology

Methodology

1. Research Paradigm and Positioning

This project is grounded in kaupapa Māori research, which means that Indigenous knowledge systems, values, and worldviews should lead the research process (Smith, 2012). As a descendant of Te Whakatōhea, my positionality as both researcher and community member informs a practice of place-based, culturally responsive design. I approach the research as a facilitator, not an external observer, prioritising whānau knowledge, mana motuhake (self-determination), and tino rangatiratanga (sovereignty) in all design decisions (Lee-Morgan, 2009). This approach recognises the historical marginalisation of Māori knowledge and the ongoing effects of colonisation on healthcare access, particularly in rural contexts (Durie, 2001). By centring Māori philosophy, the methodology challenges extractive research practices and foregrounds community-led insight into culturally aligned maternity design. Research is understood as relational practice, where ethical engagement, and the responsibilities of whakapapa guide all aspects of the study.

2. Research Scope and Focus

The research examines maternity spaces as sites of colonisation and reclamation, linking historical legislation, pre-colonial practices, Māori health frameworks, and architectural design. It focuses on:

- Historical analysis of colonisation's impact on Māori health and birth practices
- Examination of pre-colonial birthing spaces and tikanga to identify spatial and whānau strategies relevant to design
- Investigation of Māori health frameworks, including Te Whare Tapa Whā and Te Wheke, to inform holistic design principles
- Review of architectural precedents embedding Indigenous healing practices into healthcare facilities

This layered focus ensures that design decisions are informed by history, culture, spatial practice, and health frameworks, all contributing to culturally grounded maternity architecture. The intention is to create spaces that not only function practically but also embody whānau centred care, spiritual wellbeing, and cultural continuity

Methodology

3. Methods of Data Collection

3a. Literature Review

Historical and contemporary texts were analysed to understand the impact of colonisation on Māori birthing practices, health inequities, and the marginalisation of tohunga (Hokowhitu et al., 2022). Scholarly research on Māori health models, including Te Whare Tapa Whā and Te Wheke, was synthesised to extract principles applicable to architectural design (Rochford, 2004). Architectural precedents, both local and international, were reviewed to examine how Indigenous cultural symbolism and healing practices are embedded into built environments (King, 2003). This review provided a foundation for aligning architectural design with culturally grounded health concepts, ensuring that design decisions are informed by robust historical and theoretical knowledge.

3b. Site Analysis

The East Coast's geographic and infrastructural constraints, including isolation, road access, and service scarcity, were mapped to understand practical considerations for facility siting and resilience (Soutar, 2011). Observations of marae adjacency, landscape, and orientation informed spatial strategies that align with local tikanga and facilitate holistic wellbeing. Cyclone Gabrielle's disruption of transport infrastructure highlighted the need for resilient design strategies that accommodate natural hazards and rural isolation (Allan, 2023).

4. Analytical Approach

Data from literature and site analysis were synthesised through critical reflection to develop architectural strategies responsive to both cultural and practical considerations. This involved:

- Identifying patterns of colonisation in healthcare delivery and maternity spaces
- Extracting spatial and ceremonial principles from traditional birthing practices
- Integrating Māori health frameworks into design criteria that inform layout, circulation, and function of maternity spaces
- Evaluating architectural precedents for lessons on embedding cultural symbolism and spiritual practices

By critically reflecting on all sources, the research connects historical, cultural, and spatial knowledge to design interventions that begin to create holistic wellbeing and whānau-centred care.

Methodology

5. Ethical Considerations

Given the sensitivity of working with whānau knowledge and sacred cultural practices, the research observes strict ethical protocols:

- Respect for tikanga and kaupapa Māori principles, including confidentiality and appropriate use of sacred knowledge (Smith, 2012).
- Avoiding extractive practices, acknowledging the ownership of knowledge by Te Whakatōhea, particularly in relation to culturally restricted waiata or other sacred elements.

This ethical approach frames the methodology as an exercise in relational responsibility, where the researcher's accountability to whānau and community shapes all research interactions

6. Limitations and Reflexivity

Insider positionality introduces potential bias, this is mitigated through reflective practice and the use of external expert review (Paewai, 2024). The rural context and relatively small population limit generalisability, but the focus on place-based, culturally grounded solutions ensures practical relevance. Uneven access to historical and oral sources highlights the importance of triangulating literature, interviews, and site analysis. Reflexivity is embedded in each stage, recognising how my whakapapa and personal connection to Te Whakatōhea both guide and influence design decisions.

7. Design Translation

The methodology culminates in the architectural design process, where insights from history, culture, health frameworks, and expert interviews are translated into maternity space design:

- Spatial organisation: Zones for birth, rest, and whānau engagement uphold tikanga and create safe, culturally aligned environments.
- Material and symbolic choices: Embedding healing, cultural, and spiritual practices into physical form reinforces wellbeing and whānau identity.
- Resilience strategies: Siting and design interventions respond to rural isolation, night-time conditions, and infrastructure constraints (Soutar, 2011; Allan, 2023).
- Community empowerment: Expert guidance and cultural expression are central to the birth experience, ensuring design serves the needs and values of Te Whakatōhea.

Methodology

Conclusion

Through this methodology, design becomes a medium for reclaiming tino rangatiratanga over health spaces. Maternity architecture is approached not merely as functional buildings, but as culturally informed environments where Māori knowledge and wellbeing guide every decision. The methodology ensures that architecture is responsive to the community, historically informed, and shaped by holistic health frameworks, bridging the gap between built form and cultural wellbeing.

“bridging the gap between built form and cultural wellbeing”

Critical Review

Introduction

Birth is one of the first spaces where Māori encounter the effects of colonisation. From the moment of entering the world, parents are subject to Western medical institutions that dictate what can and cannot be done, often marginalising tikanga and limiting whānau authority. This intrusion has historically disrupted whakapapa connections and shaped intergenerational health outcomes. The displacement of Māori practices in birthing has contributed to persistent inequities in healthcare access and cultural continuity.

This chapter situates the research within historical, theoretical, and architectural contexts. This is by providing a critical examination of how colonisation has influenced Māori birthing practices and how architecture can intervene to restore mana, uphold tikanga, and support whānau centred care. It integrates historical accounts, Māori health frameworks, spatial philosophy, and Indigenous architectural precedents to inform culturally grounded maternity design.

Critical Review

Colonisation and Māori Health: Implications for Birth Spaces

The historical toll of Western medical systems profoundly shaped Māori birthing experiences. Prior to the mid-1970s, access to hospital care was limited for Māori, with families and communities assuming significant responsibility for health and maternity practices (Durie, 2001, p. 20). The Tohunga Suppression Act 1907 represented a decisive blow to traditional health systems, criminalising tohunga, who were expert practitioners of spiritual care, herbal medicine, and ritual healing. This Act criminalised Māori knowledge, contributing to the marginalisation of culturally grounded health practices (Hokowhitu et al., 2022). The suppression of Māori healing traditions excluded Māori communities from mainstream healthcare systems and diminished the transmission of knowledge across generations. Te Puea Hērangi's attempts to establish a Māori hospital illustrate the tension between Western medical paradigms and Māori cultural authority. She designed the hospital in the form of a traditional meeting house, recognising that Māori patients would only engage with care spaces that presented familiar cultural forms (King, 1977, p. 147–148). Te Puea's understanding of mauri, spiritual balance, and matakite informed her vision, yet colonial structures constrained the realisation of a fully Māori-led healthcare environment. Her careful navigation of these limitations highlights the importance of culturally informed design strategies that enable whānau authority and the practice of tikanga in health spaces. The marginalisation of tohunga and the criminalisation of traditional practices highlight that architecture in healthcare cannot merely reference tikanga symbolically. Rather, it must structurally enable cultural and spiritual practices, particularly in the birthing context, where the restoration of whānau authority and mana wahine is critical.

Pre-colonial Māori Maternity Practices: Spatial and Whānau Considerations

The historical toll of Western medical systems profoundly shaped Māori birthing experiences. Prior to the mid-1970s, access to hospital care was limited for Māori, with families and communities assuming significant responsibility for health and maternity practices (Durie, 2001, p. 20). The Tohunga Suppression Act 1907 represented a decisive blow to traditional health systems, criminalising tohunga, who were expert practitioners of spiritual care, herbal medicine, and ritual healing. This Act criminalised Māori knowledge, contributing to the marginalisation of culturally grounded health practices (Hokowhitu et al., 2022). The suppression of Māori healing traditions excluded Māori communities from mainstream healthcare systems and diminished the transmission of knowledge across generations. Te Puea Hērangi's attempts to establish a Māori hospital illustrate the tension between Western medical paradigms and Māori cultural authority. She designed the hospital in the form

Critical Review

of a traditional meeting house, recognising that Māori patients would only engage with care spaces that presented familiar cultural forms (King, 1977, p. 147–148). Te Puea's understanding of mauri, spiritual balance, and matakite informed her vision, yet colonial structures constrained the realisation of a fully Māori-led healthcare environment. Her careful navigation of these limitations highlights the importance of culturally informed design strategies that enable whānau authority and the practice of tikanga in health spaces. The marginalisation of tohunga and the criminalisation of traditional practices highlight that architecture in healthcare cannot merely reference tikanga symbolically. Rather, it must structurally enable cultural and spiritual practices, particularly in the birthing context, where the restoration of whānau authority and mana wahine is critical.

Māori Health Frameworks: Informing Holistic Design

Māori health models provide critical insight into the design of culturally grounded maternity spaces. Te Whare Tapa Whā, developed by Durie (2001), conceptualises health as a balance between four dimensions: wairua (spiritual), hinengaro (mental), tinana (physical), and whānau (family) well-being. Similarly, Te Wheke, articulated by Rose Pere, highlights mana ake, the unique identity and vitality of each person and family, as central to wellness. These frameworks challenge the biomedical model's focus on physical symptoms by emphasising interconnectedness and holistic care. The psychological and social dimensions of Māori women's experiences in healthcare are critical to consider. August (2005) highlights the alienation felt by women in environments that disregard cultural identity, contributing to diminished well-being and reinforcing the need for culturally affirming spaces. Health facilities designed in alignment with Māori frameworks can support spiritual and family-centred care, offering spaces for reflection, ceremonial practice, and engagement with traditional healing methods. Recognition of Māori perspectives on illness, including spiritual dimensions such as mate Māori, underscores the necessity of accommodating traditional healing practices alongside clinical interventions (Durie, 2001, pp. 23–24). Integrating these principles into architectural design ensures that maternity spaces are not merely functional but actively support cultural continuity, whānau agency, and holistic health outcomes.

Critical Review

Indigenous Architectural Responses: Lessons for Maternity Facilities

Historical and contemporary examples demonstrate how Indigenous design strategies can shape health environments. Te Puea's Māori hospital illustrates an early effort to integrate cultural form into healthcare facilities. Designed in the shape of a meeting house, it offered Māori patients a familiar and comforting environment while bridging the gap between Western medical facilities and Māori expectations (King, 1977, p. 147–148). This is significant because it highlights that architecture can do more than provide function; it can affirm identity, support spiritual practices, and facilitate cultural safety. More recent projects, such as the Kōtuokutuoku Papakāinga, embed rongoā planting beds into residential and rehabilitative environments. This approach demonstrates that physical space can actively support cultural and spiritual healing practices, connecting occupants with traditional knowledge and reinforcing community identity (Müller, 2022). These precedents underline that culturally grounded architecture does not only reference symbolism, it creates environments where practice, learning, and wellbeing coexist.

Internationally, the Complejo Asistencial Padre Las Casas hospital in Chile integrates Mapuche cultural elements, including design features and medicinal plants, to support traditional healing by machi (Mapuche healers). This illustrates that architecture can function as a conduit for Indigenous knowledge, bridging the cultural and clinical, and enabling health environments that are relational, holistic, and culturally empowering.

In Aotearoa, Te Kōhao Health provides a contemporary Māori-led example of holistic care that, is highly instructive for spatial and environmental considerations. Te Kōhao Health is marae-based and provides health, social, education, justice, and Whānau Ora services to predominantly Māori clients (Te Kōhao Health, 2025). This is significant because it demonstrates how Māori-led organisations centre Te Reo and tikanga in their operations, creating relational spaces where cultural practice is intrinsic to service delivery. By embedding tikanga into daily practice, Te Kōhao Health strengthens whānau authority, wellbeing, and identity. Over its 25 years of operation, Te Kōhao Health has prioritised holistic, whānau-centred approaches, including personal care, household management, and advocacy (Te Kōhao Health, 2025). This shows that culturally informed care extends beyond clinical intervention to social, environmental, and relational contexts.

For architectural design, this underlines the need for maternity environments to be flexible, multi-functional, and capable of supporting diverse whānau activities. Embedding tikanga into service provision suggests that architecture, like care, can be a medium for reinforcing identity, authority, and wellbeing, aligning the spatial with the social and cultural

Critical Review

reclamation, healing, and empowerment. Whether through form, spatial organisation, or integration of traditional practices, Indigenous-led projects illustrate how design can restore agency, affirm identity, and support holistic wellbeing. For Māori birthing spaces, these principles are particularly relevant, as they provide opportunities to reclaim the birthing experience, strengthen whānau engagement, and embed cultural authority within the physical environment.

Historical and contemporary lessons emphasise that maternity architecture cannot be purely functional or symbolic. It must enable practice, accommodate whānau, and respond to cultural frameworks of health. Drawing from Māori health models such as Te Whare Tapa Whā and Te Wheke, alongside examples from Te Puea's Māori hospital, Kōtuokutuoku Papakāinga, Complejo Asistencial Padre Las Casas, and Te Kōhao Health, the design of birthing facilities can be informed by principles that prioritise holistic care, whānau agency, and culturally grounded practice.

Mātauranga Māori and Spatial Philosophy

Hirini Moko Mead provides critical insight into the relationship between practice, space, and cultural knowledge. He states, "there is value in forgotten parts of our mātauranga, and we do not know what lies hidden there until we recover our mātauranga" (Mead, 2025). This emphasises that lost knowledge does not negate the importance of surviving practices. The act of practice itself whether weaving, ritual, or spatial organisation can preserve and transmit principles foundational to cultural understanding. Mead also notes that "practice is important, and sometimes that is all we have. It outlasts our mātauranga" (Mead, 2025). Applied to Māori architectural spaces, Hirini Moko Mead (2025) highlights that spatial practices can persist even when the original meanings are obscured. He explains that the central void of the kauhanganui, once aligned with pou and tahuhu, continues to organise movement and behaviour within the building. Mead notes that changes in marae design, such as repositioning entrances, illustrate how the flow of tapu and noa can shift, yet the space maintains residual authority and structure. This perspective can inform contemporary maternity spaces, suggesting designs that embrace liminality, adaptability, and cultural activation. Mead further describes that "the spaces flare out from the invisible centre line called the iho to accommodate the activity that is conducted within that space" (Mead, 2025). The iho functions as an axis that organises the building and guides the flow of activity. Tohunga would awaken or invoke the kauhanganui to accommodate specific needs, such as bringing food into the

Critical Review

normally restricted space. This principle demonstrates that Māori spatial organisation is relational, flexible, and activated through tikanga rather than rigid rules. For birthing spaces, these insights support designs that adapt to whānau needs, facilitate liminal transitions, and maintain alignment with spiritual and cultural protocols.

Integration of Historical, Theoretical, and Design Perspectives

The literature demonstrates that Māori birthing spaces are historically, culturally, and spatially complex. Colonisation disrupted tikanga, restricted tohunga practice, and imposed Western medical models that limited whānau authority. Pre-colonial practices, including the use of whare kōhanga and the separation of birth spaces, reveal spatial strategies for protecting mana wahine and maintaining ritual and spiritual integrity. Māori health frameworks, such as Te Whare Tapa Whā and Te Wheke, provide theoretical principles that foreground holistic care, family engagement, and spiritual balance. Indigenous architectural precedents, both within Aotearoa and internationally, demonstrate that spatial design can embed cultural practice, enable traditional healing, and reinforce whānau authority. Hirini Moko Mead's analysis of practice, the iho, and the activation of the kauhanganui offers a critical lens for understanding how architecture can preserve and reactivate cultural knowledge. These insights collectively inform a design methodology that prioritises relational responsibility, cultural continuity, and spatial adaptability, aligning with kaupapa Māori principles and ethical research practice. Maternity architecture should not be treated as neutral or purely functional. Spaces must be intentionally organised to accommodate liminality, activate cultural practice, and support the holistic well-being of mothers, babies, and whānau. By integrating historical analysis, Māori health frameworks, spatial philosophy, and Indigenous architectural precedents, this research positions itself to design birthing environments that restore agency, affirm mana wahine, and uphold tikanga.

Conclusion

This critical review has contextualised Māori birthing practices within historical, theoretical, and architectural frameworks. It highlights the enduring impact of colonisation on health, spatial practice, and cultural continuity. By drawing on pre-colonial maternity practices, Māori health frameworks, Indigenous architectural responses, and Hirini Moko Mead's insights on practice and spatial activation, the review demonstrates the potential for architecture to reclaim culturally safe birthing environments. These insights inform a design methodology

Critical Review

centred on whānau authority, liminality, and adaptive, culturally grounded spaces. Ultimately, the research contributes to the reclamation of Māori knowledge, the restoration of mana in birth, and the development of maternity spaces that honour whakapapa, tikanga, and holistic well-being.

Overview of Te Whare o te Ao Hou

Overview of Te Whare o te Ao Hou

1. Mapping Process

The first step in my thesis was broad, regional mapping along the East Coast of Aotearoa (New Zealand), a place that is quite literally my backyard. I have worked in its forests, surf along the coastline, I whakapapa to Te Whakatōhea, and grew up in Tūranganui-a-Kiwa (Gisborne). Naturally, this is where I wanted to design, and where I sought to find an appropriate location and programme for a new healthcare space.

Mapping the full length of State Highway 35 (SH35) revealed that only two major hospitals located in Gisborne and Whakatāne, which supports the entire coastline. Gisborne Hospital has been declared being on the “brink of collapse” (Radio New Zealand, 2025), with reports noting that “40 percent of senior positions were vacant” (Radio New Zealand, 2025). There was also trouble in the Whakatāne Hospital. Midwives in the eastern Bay of Plenty fear that the collapse of obstetric services at Whakatāne Hospital will put pregnant women and their babies at serious risk (Hill, 2024). Starting with this healthcare lens made the gaps obvious, especially when so many towns rely on small clinics with limited services.

I also mapped the road closures during Cyclone Gabrielle, an experience I lived firsthand while in Gisborne, which made me realise just how critical these disruptions are for communities. Laying this over the healthcare network showed how fragile the region can be, with whole communities cut off, long detours, and essential services suddenly out of reach. When I added population data, another pattern appeared, most of the towns along SH35 have at least a 90 percent Māori population (Stats NZ, 2024). Many of these towns sit on Māori-owned land that is historically fragmented when referring to the Māori owned Land around 2000 (Manatū Taonga, 2021). These pieces of land are connected by SH35, which reinforces how closely place, movement, and cultural connection shape wellbeing in this region.

From this wider view of the East Coast, I then zoomed into the local context and boundary of Te Whakatōhea rohe, my rohe located in, Ōpōtiki (Te Puni Kōkiri – Ministry of Māori Development, 2021.). I created four smaller maps focusing on the areas around the three marae I initially considered designing for. These three marae are Ōpape, Ōmaramutu, and Waiaua, all sitting close to the highway. I chose these marae because I whakapapa to all three, and they give me the chance to design within my iwi boundary. By picking a location close to the marae, I wanted the healthcare project to connect and create a sense of familiarity when people visit, grounding the experience within whakapapa, landscape, and community rather than an isolated institutional site.

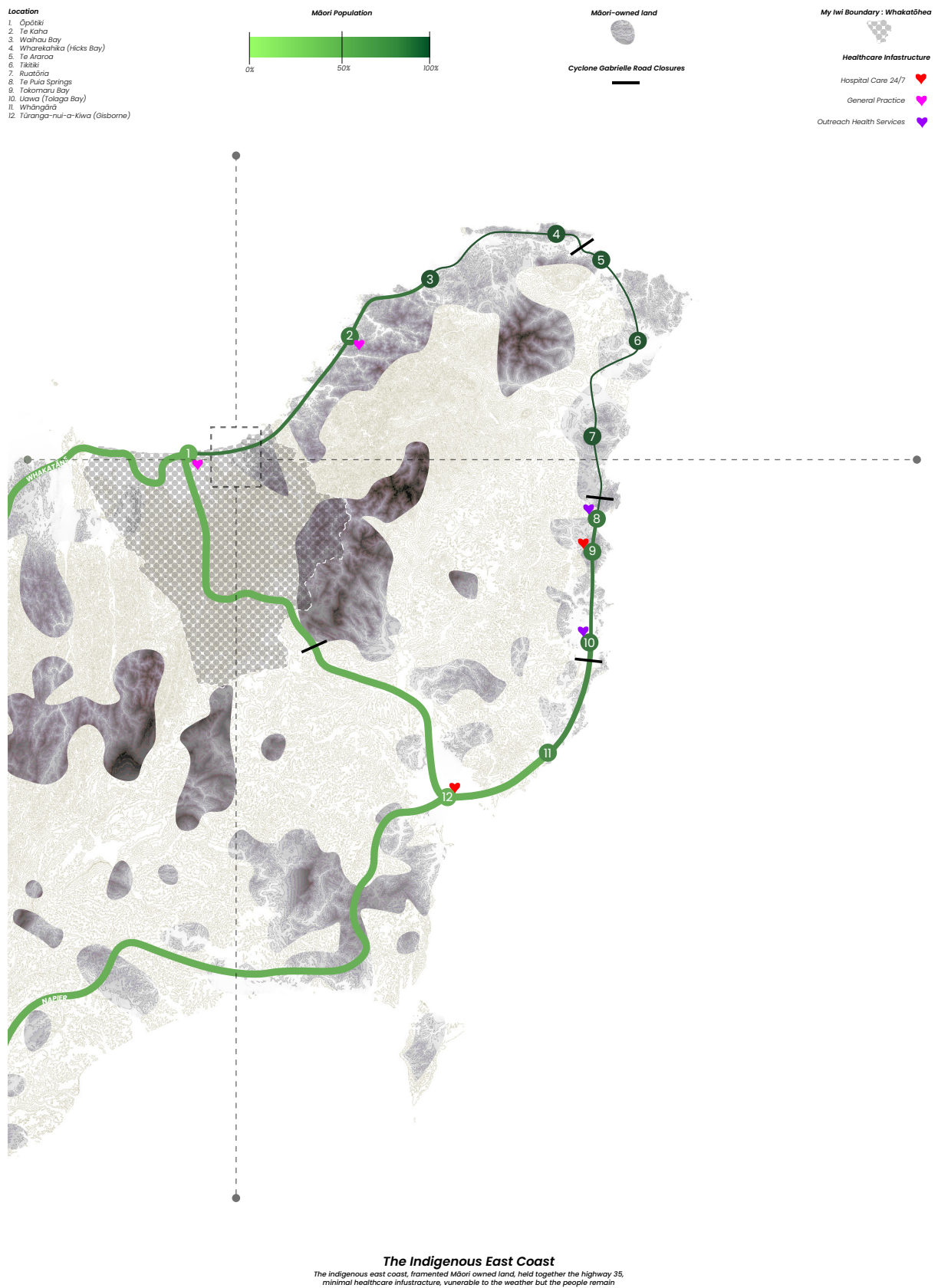


Figure 1. East Coast mapping.

Overview of Te Whare o te Ao Hou

Mapping Process of Marae

These next few maps layered soil types, whenua blocks, Māori land ownership, awa, maunga, contours, and the surrounding cultural landscape. This level of mapping helped me understand not just the physical context but the relational one, revealing how each marae connects to its whenua and how a healthcare space might support or sit within those existing relationships.

Through this mapping process, the project began to shift from simply choosing a site to forming a wider conceptual direction centred on autonomy, whenua-based practice, and iwi specific approaches to wellbeing. Doing this mapping did not just help me pick a site. This process started to shape the way I was thinking about the project as a whole about giving people choice, working with the land, and creating something that fits with Te Ao Māori ways of caring for wellbeing.

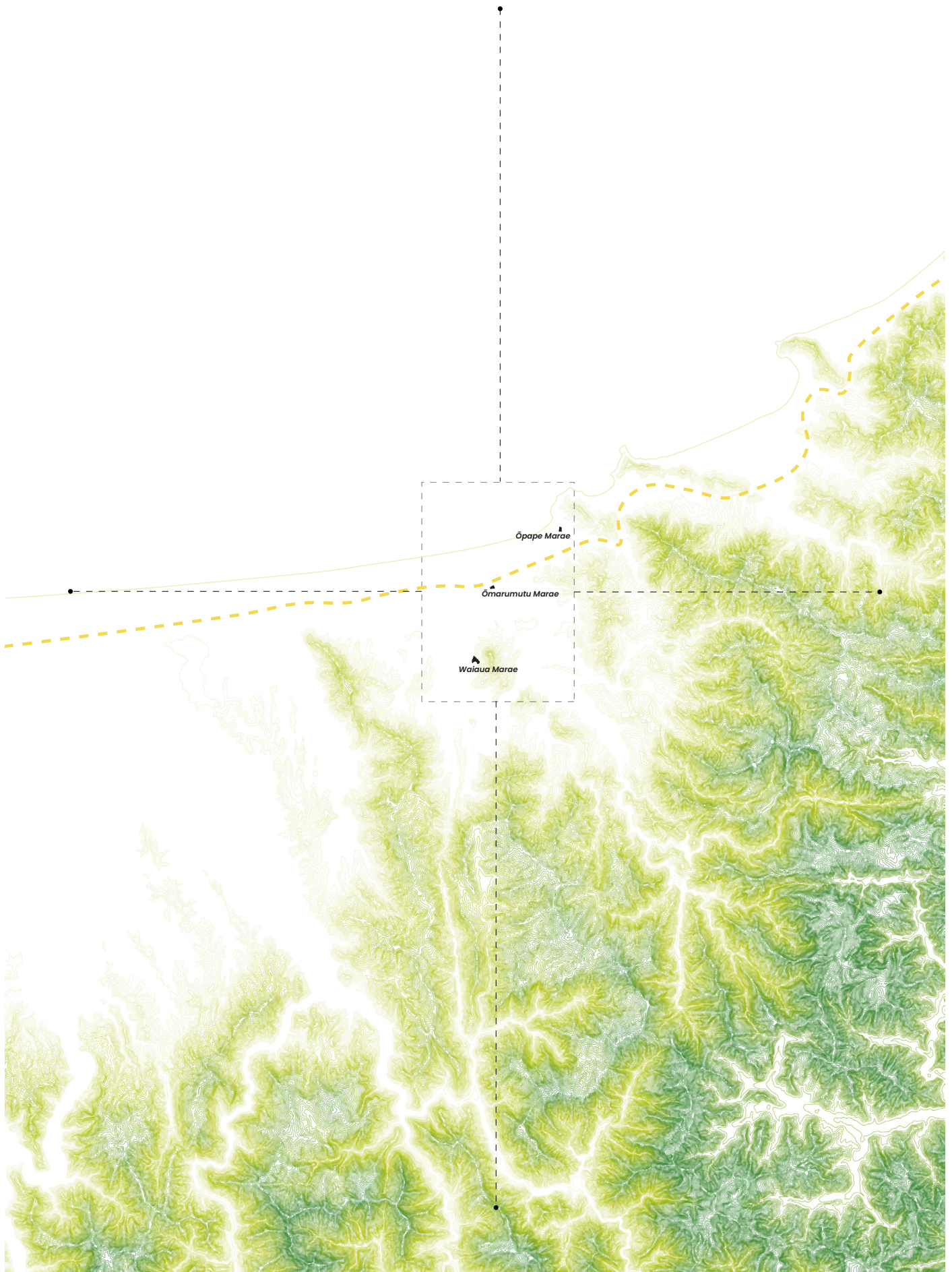
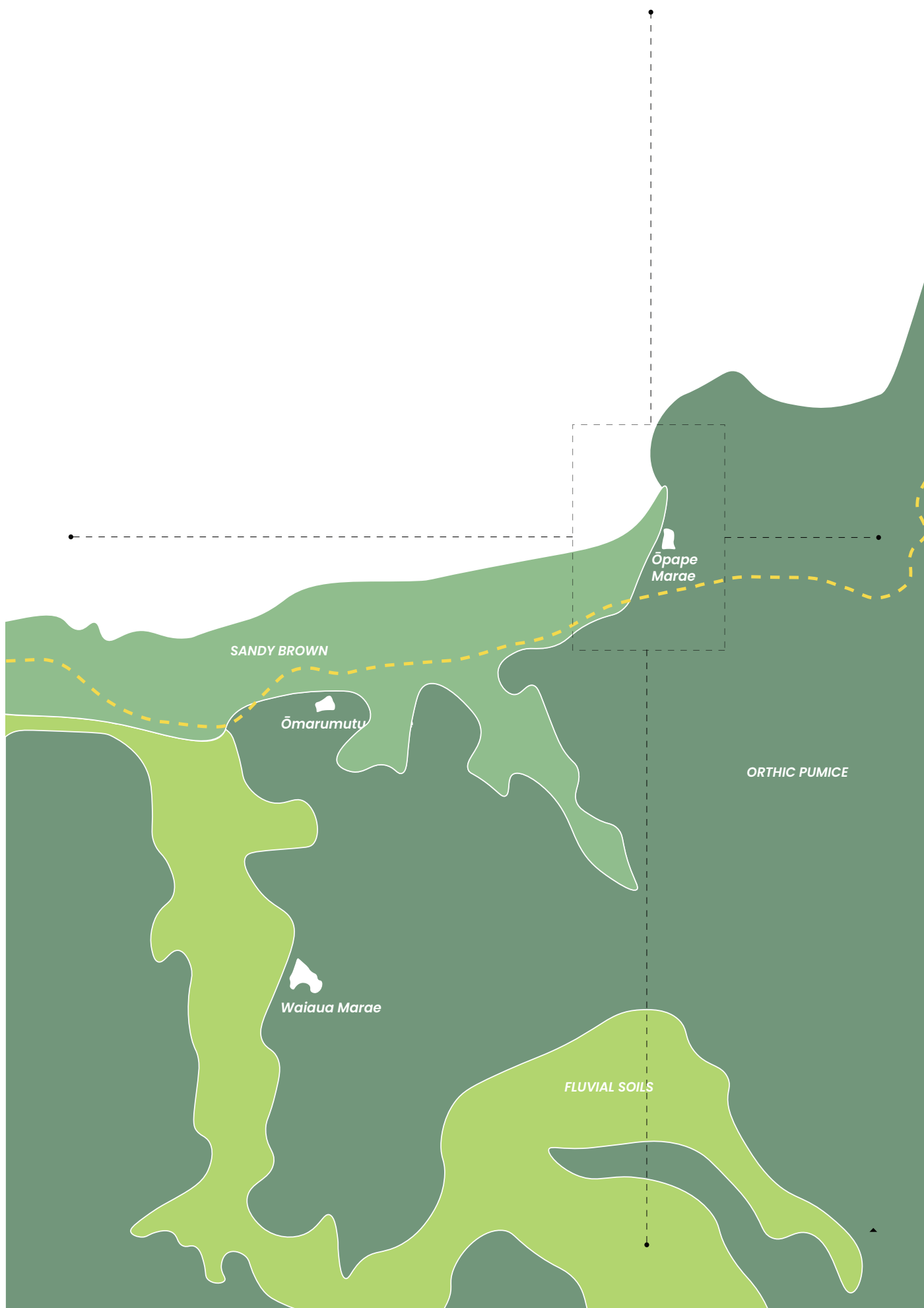
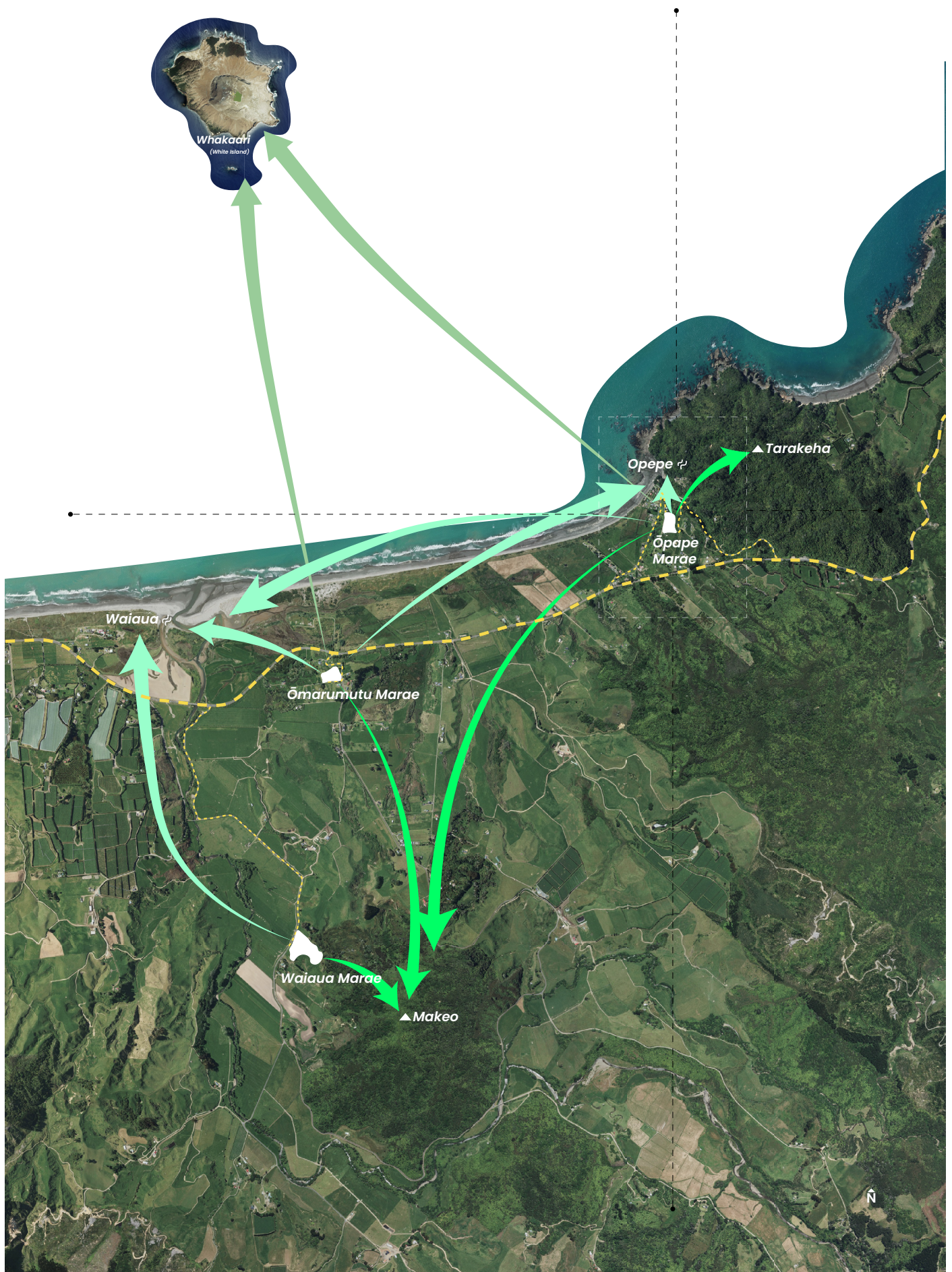


Figure 2. Marae along SH35 and the rugged contours that surround it.



3 Figure. Author (2025). Soils Types of Marae along the SH35

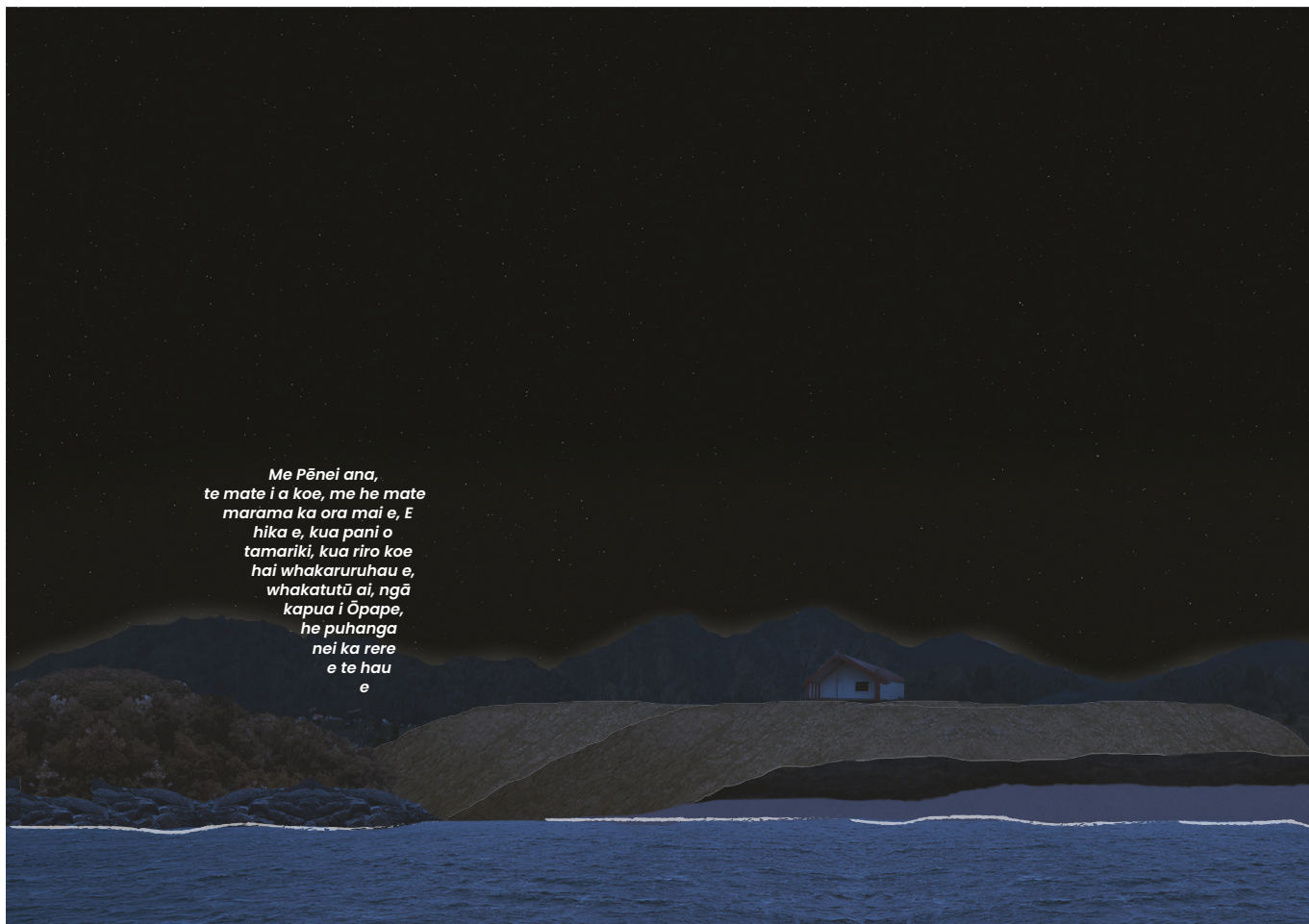


4 Figure. Author (2025). Points of Reference of Marae, noticing how rich in Te Taiao (Environment) around Ōpape marae is.

Overview of Te Whare o te Ao Hou

Programme Development

The development of my architectural programme is grounded in whakapapa and the narratives of my iwi. Through my earlier points of reference mapping, Ōpape Marae emerged as a significant anchor point. Not only geographically, but as a place where Māori understandings of health, belonging, and connection to whenua are actively upheld through whakapapa. This made Ōpape a natural place to begin forming the programme. The waiata “Me Penei Ana”, unique to Ōpape Marae and one of my own marae, memorialises the loss of children resulting from the intermarriage of the Pananehu and the early iwi, giant people whose offspring were often lost due to the women’s small cervixes (Williams, 2023). This waiata is place based around the Opepe stream adjacent to the Ōpape Marae. This waiata, and the histories it records, forms a foundational layer for the project. In many ways, this waiata became the birth of the project itself, providing the first conceptual thread from which the narrative, programme, and site relationship began to unfold.



5 Figure. Author (2025). Collage of significant points of reference and site specific waiata

Overview of Te Whare o te Ao Hou

Programme Development

The region also has a clear, ongoing need for birthing services, as demonstrated by the recent increase in East Coast mums travelling to Tauranga after Whakatāne lost obstetric services: “It might be one extra birth a day, but if those mums are staying 2–3 days, that’s 2–3 extra mums, so it starts to impact on capacity” (Hill, 2025). To visualise these cultural and regional connections, I created a map overlaying the lyrics of the waiata onto previous mapping of the area, highlighting how the song, the stream at Ōpape Marae, and the surrounding land inform the site selection and spatial organisation. This visualisation makes explicit the relationship between cultural narrative, place, and the proposed location for the birthing space, situating the project within a culturally and environmentally significant landscape.



Overview of Te Whare o te Ao Hou

Programme Development

Part of my research into the programme development involved examining traditional birthing practices, including reading Eldon Best's accounts. While Best's writing provides valuable insight, it is important to approach his observations critically, as he was not Māori and his interpretations may be influenced by his own western lens. From Best's accounts I began to understand how birthing spaces were structured and located, taking into account privacy, proximity to water, and separation from productive land. I could not find any visual records of these practices, I created collage visuals to interpret what might have occurred during birthing events. These illustrations made the traditional processes tangible, showing sequences of movement, spatial organisation, and the use of thresholds in terms of the removal of tapu (sacredness). These practices informed my understanding of how spaces, movement, and the landscape were integrated into the tikanga (customs) of birthing practices such as the burning of the structure after birth. Best's accounts helped guide the selection of a site next to the river, slightly removed from productive land, offering privacy while maintaining a connection to the surrounding environment (Best, 1914). When creating these images I also factored in timings such as the high likelihood of births occurring between 1:00 am and 7:00 am, which account for approximately 71.5% of births outside typical daytime hours (Martin et al., 2018). This spatial separation is further reflected in the use of traditional materials for birthing, such as nikau (native palm) huts, which provided privacy while accommodating cultural practices and the presence of family members (Simmonds, 2014, p. 215).

1. Te Whakarite



6 Figure. Author (2025). Collage of gathering harakeke(flax) with Makeo in the background. The harakeke is used to make artifacts such as birthing mats and muka ties

2. Te Haerenga



7 Figure. Author (2025). Collage of the journey away from kainga(home) to the birthing site, the night time reflecting birthing setting

3. *Wāhi tapu*



8 Figure. Author (2025). Collage of a muka hut that is erected on a non-arable soil, with the potential for the river to wash it away after use.

4. Tapu and Noa



9 Figure. Author (2025). Collage of the hut the burning after a birth has taken place, alluding to the removal of the tapu space.

Overview of Te Whare o te Ao Hou

Programme Development

These explorations became the basis for the first stage of my site mapping. The location map did not simply plot geography it became a tool to translate these cultural and historical learnings into spatial criteria. The understandings drawn from Best's accounts, alongside contemporary birth-timing research and tikanga around tapu, helped identify what the site needed to offer. Things such as privacy, separation from productive land, proximity to water, and a landscape form that could hold the processes of birth, burning, and bathing. When these criteria were overlaid with earlier points-of-reference mapping, including the relationship to Ōpape Marae, whenua types, soil conditions, and the cultural significance carried through the waiata "Me Penei Ana" a clearer spatial logic emerged. The gully site, with its bowl-like form, concealment from nearby houses, close proximity but not visible from the marae, immersion in native vegetation, and direct access to SH35, aligned most strongly with these layers of learning. This alignment allowed the site selection to move beyond technical suitability; it became an extension of the rediscovered birthing practices and their relationship to whenua, whakapapa, and wellbeing.



10 Figure. Author (2025). Preposed site for birthing program with labeled spaces of significance.



11 Figure. Author (2025). Site model showing the sites contours and its gully like nature

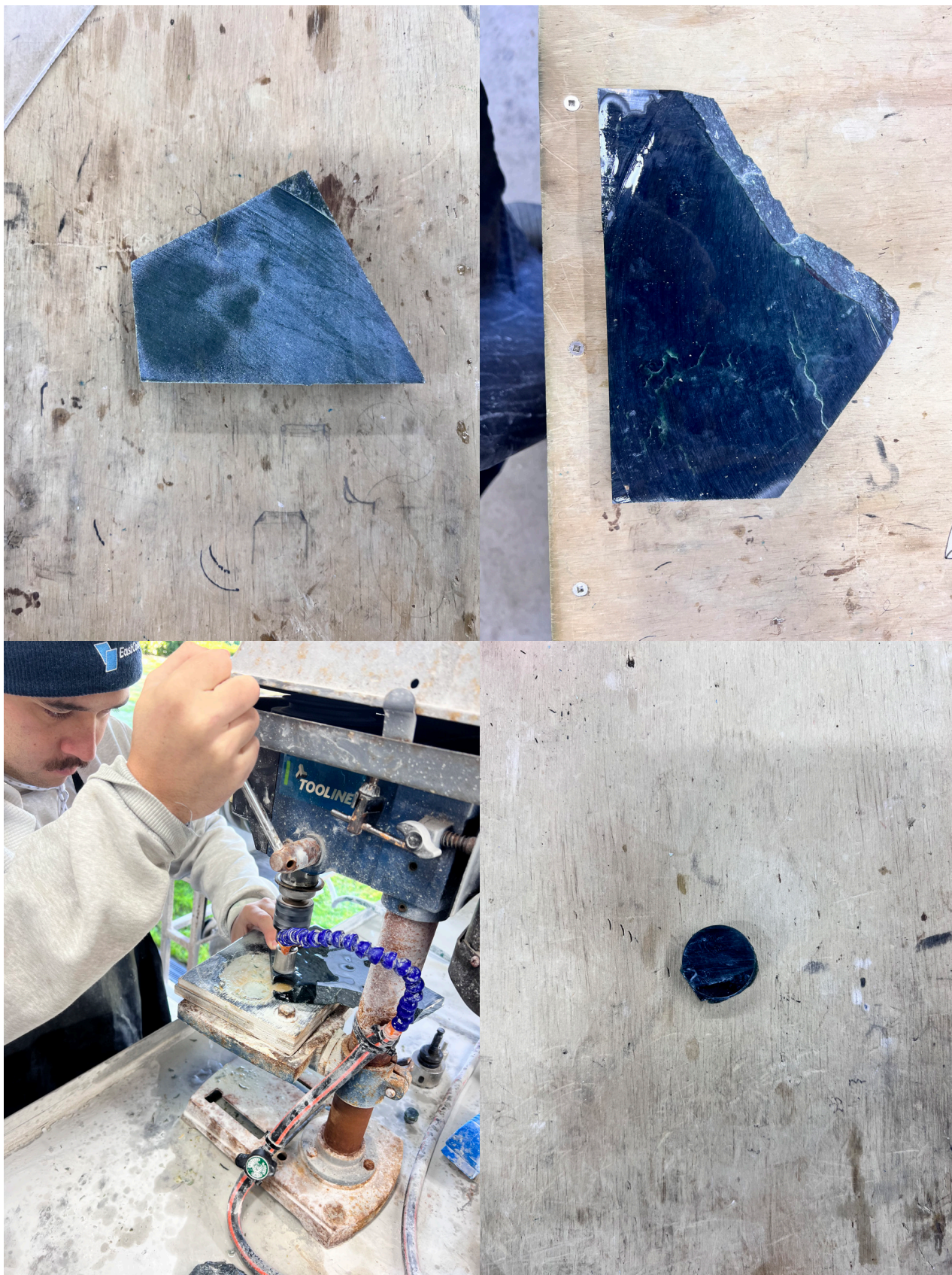
Overview of Te Whare o te Ao Hou

Concept Development

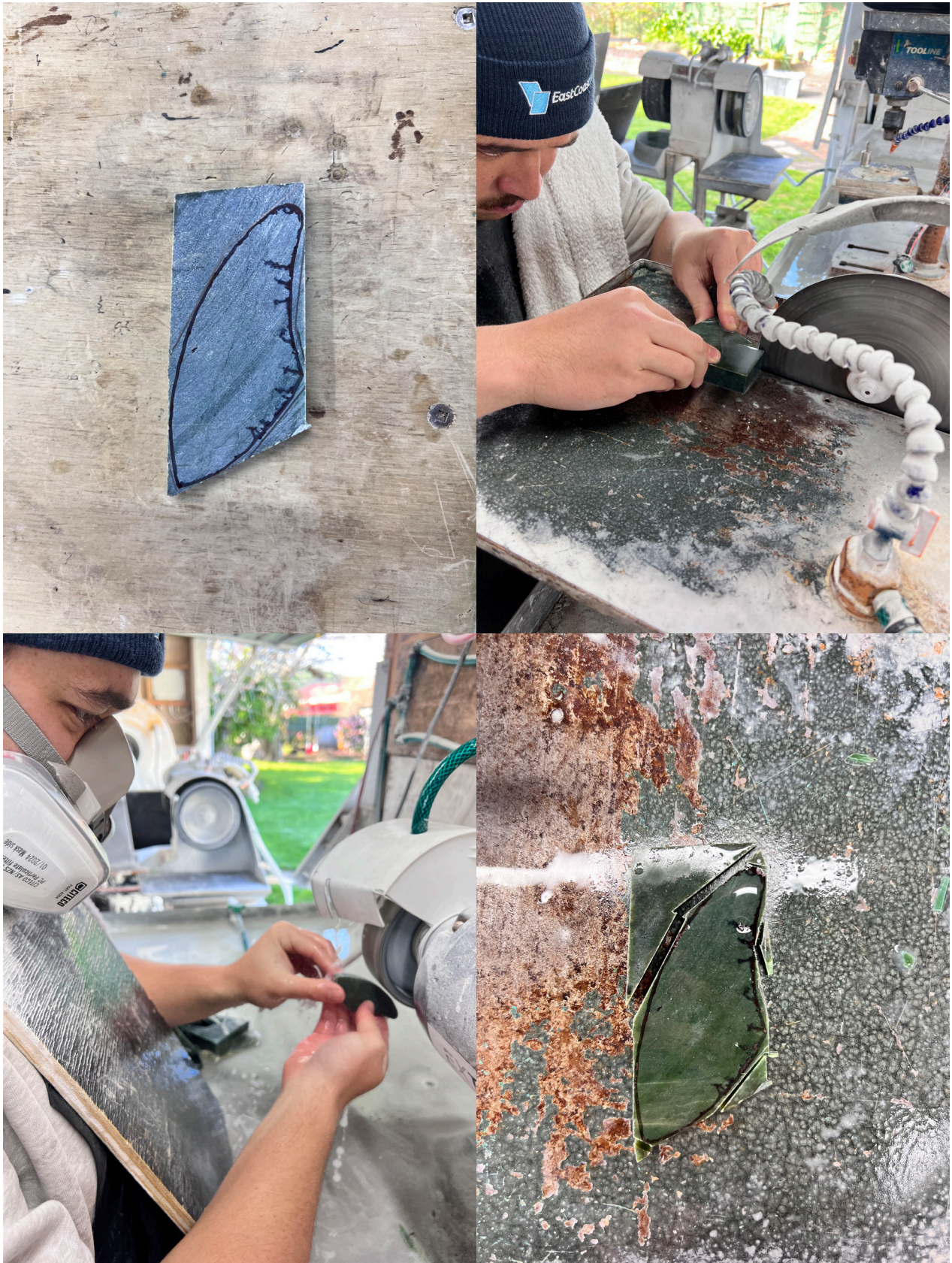
Conceptual development progressed through making, using drawing, model-making, and artefact crafting as research tools. One of the most significant conceptual breakthroughs involved using handmade artefacts to generate architectural forms. I created three taonga associated with cutting pito, which is the close part of the umbilical cord close to the baby).

- an obsidian pito cutter
- a pounamu (Nephrite Jade) pito cutter
- a muka fibre pito tie with a pounamu disc

The making of these taonga was a deeply embodied process involving wet grinding, sandstone shaping, wax polishing, and the careful twisting and tying of muka fibres. Through this process, I gained first-hand experience in the techniques, material qualities, and physical demands of creating these objects. My direct engagement with the material practices and the care required in handling sacred forms. Completing these cutters and muka tie under the guidance of Karaitiana Akroyd invoked a powerful sense of Māori identity, continuity, and the sacredness of birthing practices, while providing crucial insight into how these objects could inform spatial and formal decisions in the architectural design.



12 Figure. Author (2025). Selection of offcut pounamu and the start of shaping out the disc for the muka(flax fibre) tie.



13 Figure. Author (2025). Shaping the pito cutter out of the off-cut pounamu.



14 Figure. Author (2025). Smoothing out the artefacts after grinding and finishing with sand stone.



15 Figure. Author (2025). Finishing with wax and rolling the muka fibre and preparing to make obsidan pito cutter



16 Figure. Author (2025). Final artefacts, muka tie with pounamu discs and pounamu cutter



17 Figure. Author (2025). Final artefact, multiple obsidian pito cutter

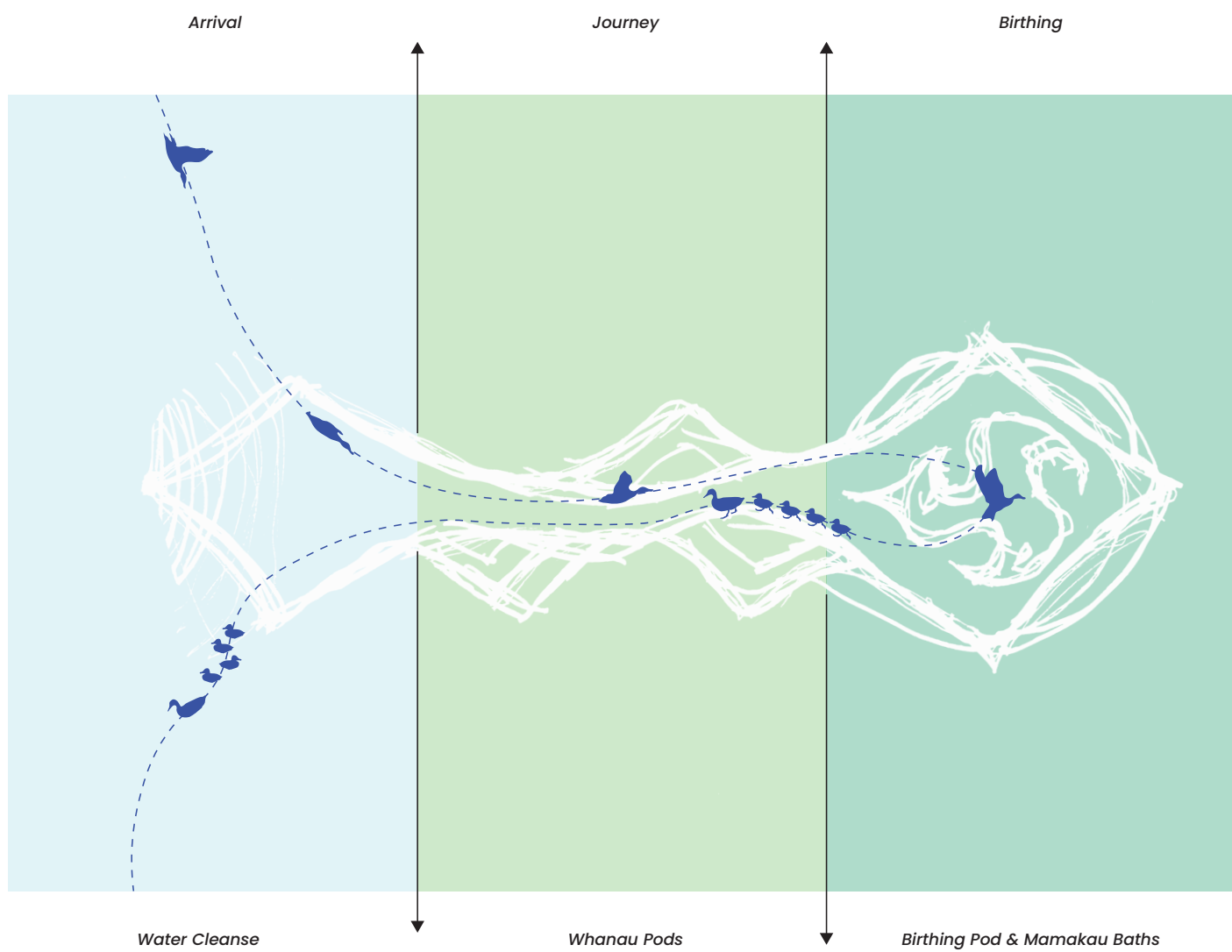
Overview of Te Whare o te Ao Hou

Design Iterations

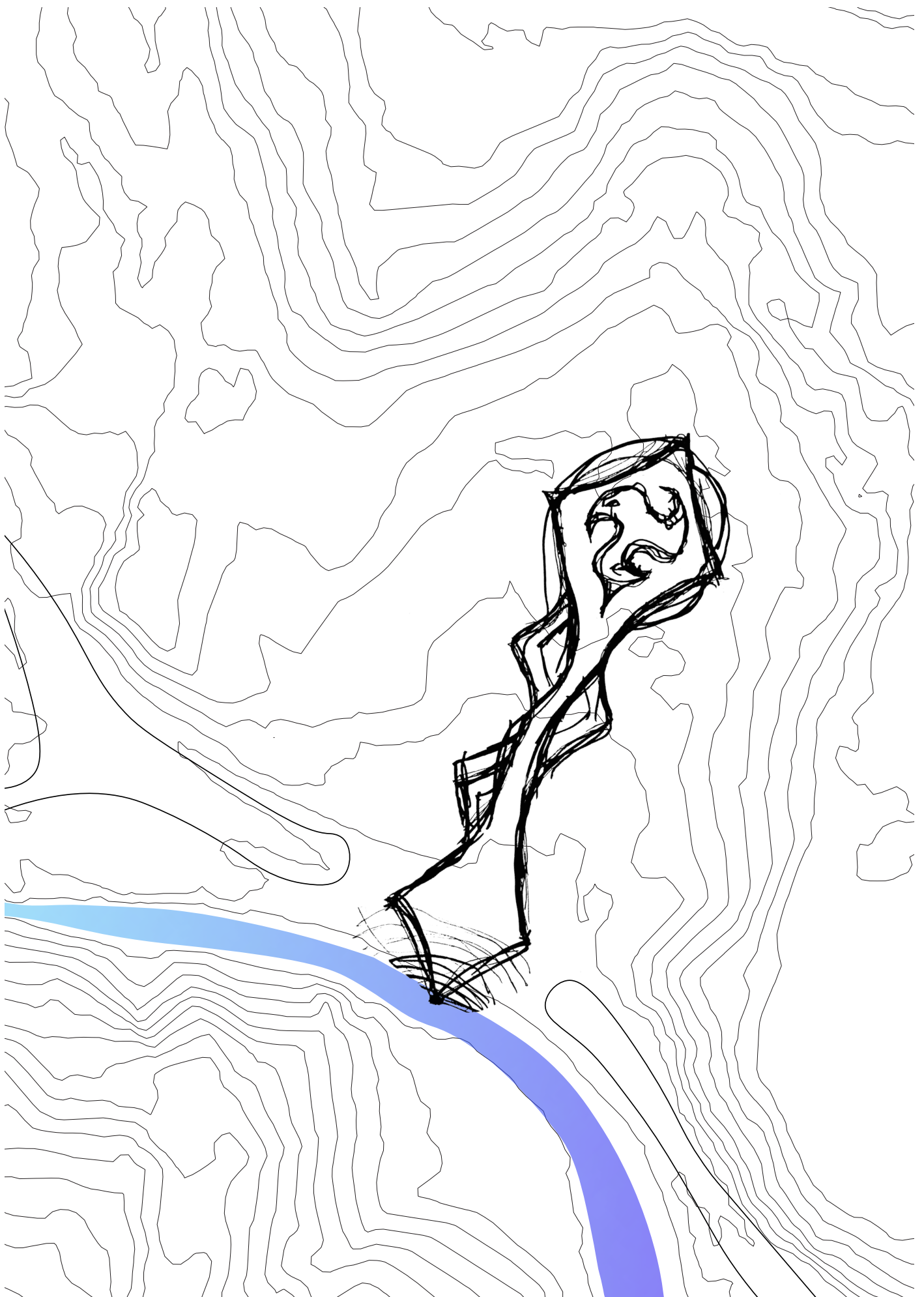
The architectural design underwent several iterations. The earliest scheme envisioned a single long building stretching from the water to the gully interior, housing all programmes in a continuous sequence. Although this approach acknowledged the site's linearity, it unintentionally reproduced an institutional flow a scripted progression with limited agency for whānau. In the first iteration, I introduced the concept of the blue duck (blue whio), a native bird which flies along the streams of this region (Department of Conservation, n.d.). It was used as a guiding metaphor through the building: its path signalled transitions between thresholds and programme areas, reinforcing movement and sequence. While this idea evolved in later iterations, it informed my thinking about natural flow and spatial storytelling. Supporting images document the site, potential building placement, conceptual explorations with the blue whio, and the proposed elevations and floor plan studies, allowing me to test circulation, cultural narratives, and the integration of the landscape into the architectural form.



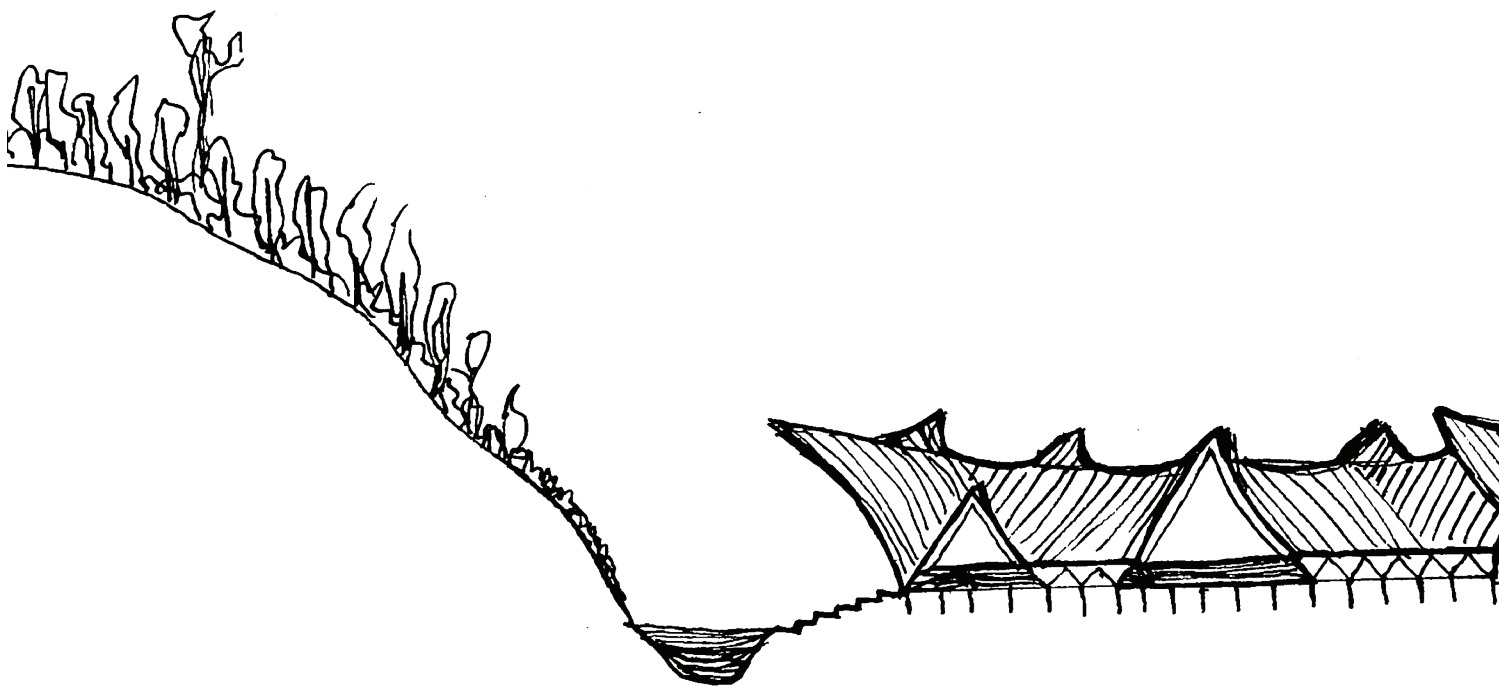
18 Figure. Author (2025). Identifying the site



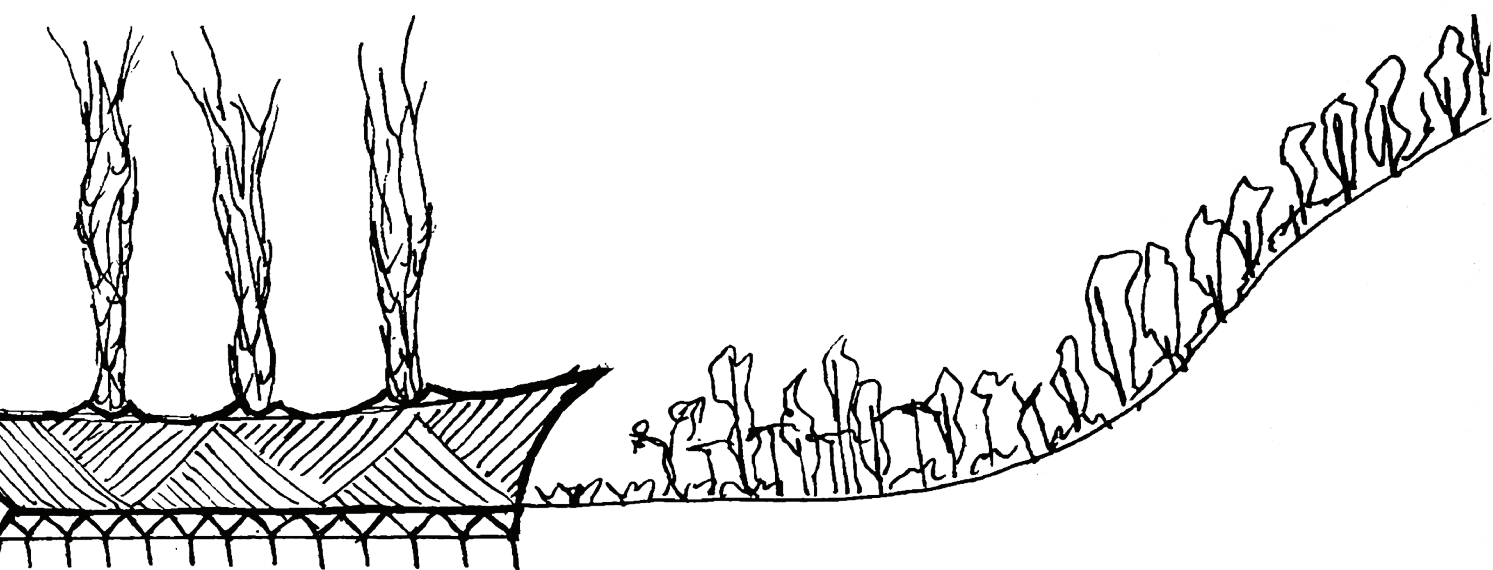
19 Figure. Author (2025). Flow of program and narrative



20 Figure. Author (2025). Flow of program and narrative places onto site



21 Figure. Author (2025). Elevation of timber structure and pito cutter like form

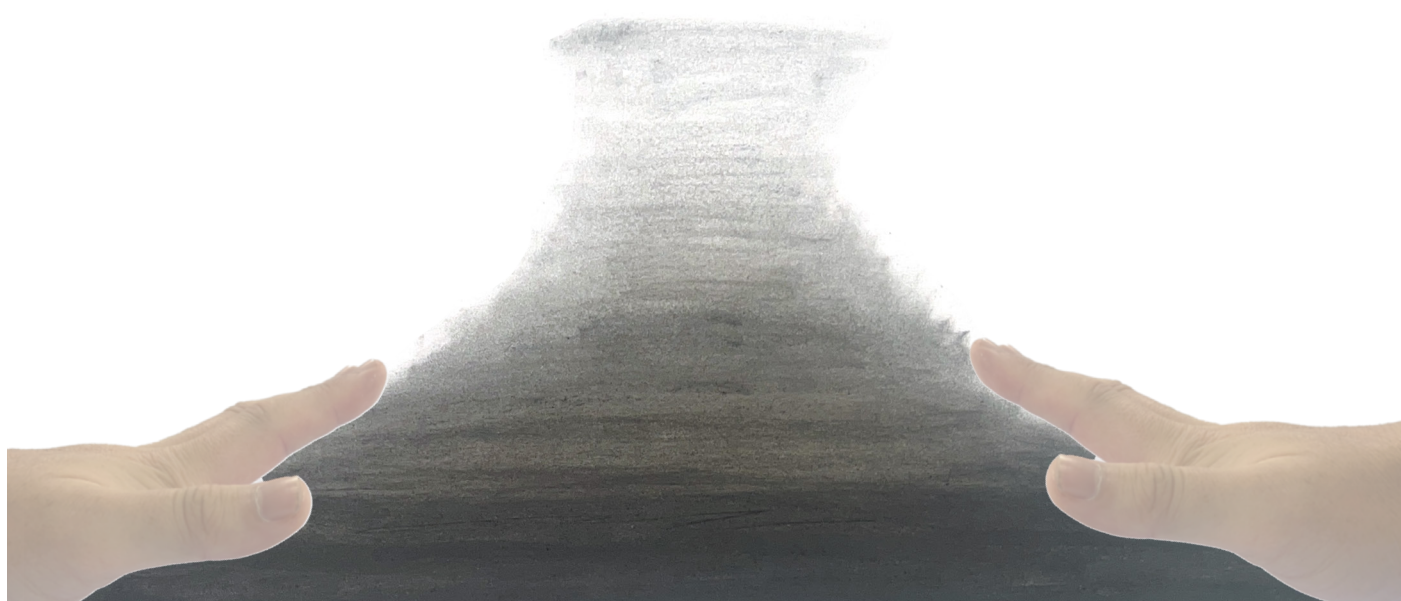


Overview of Te Whare o te Ao Hou

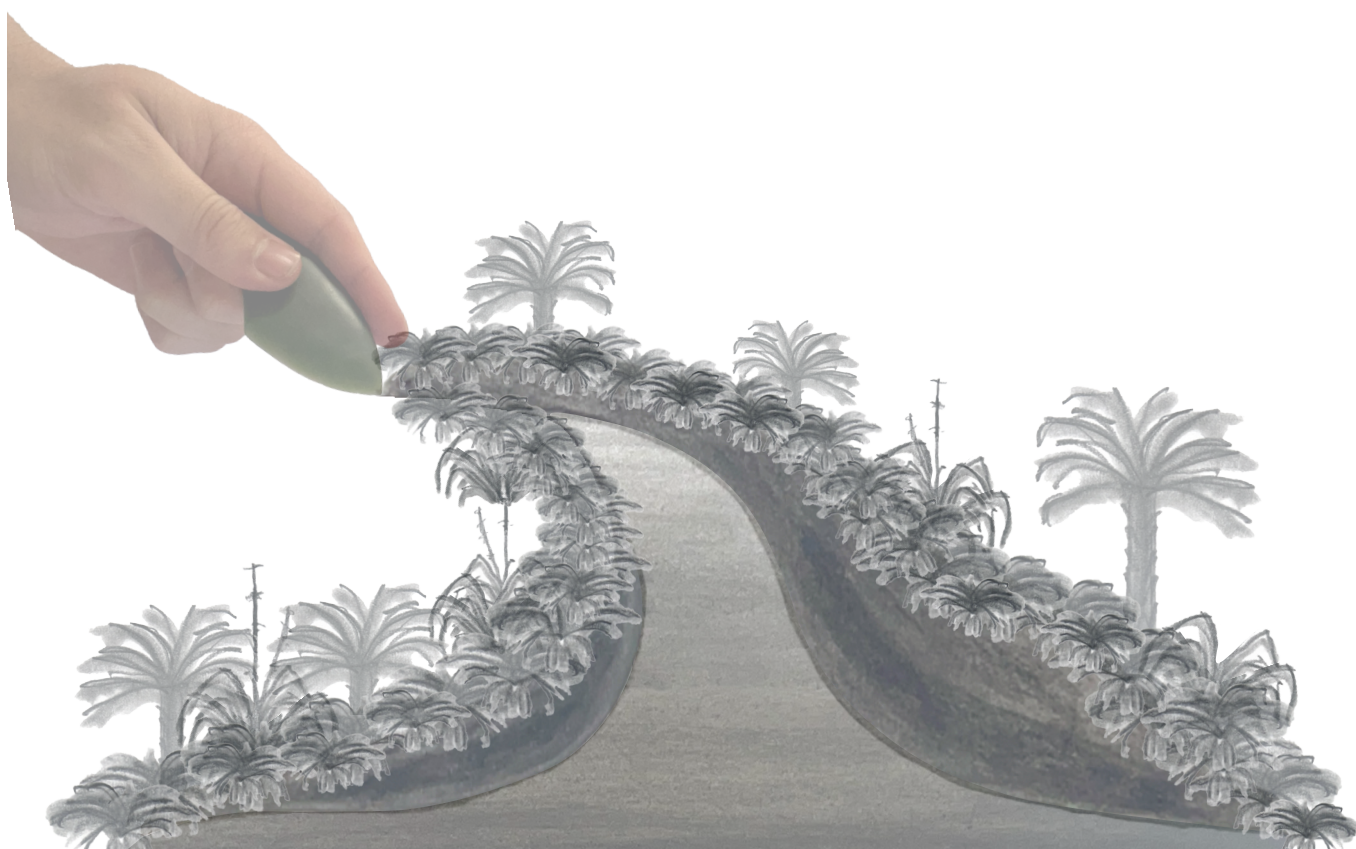
Design Iterations

Conceptual exploration continued through drawing, making, and material experimentation, with charcoal as a medium to reflect the burning and transformative qualities of the programme. I produced three key charcoal drawings:. The first one explored moulding the land, imagining how the contours could shape and inform the buildings; another depicted cutting open the land with the pounamu cutter, creating thresholds while respecting the tapu of the site; and the third showed tying spaces together and shaping objects from soil by hand, representing circulation and the physical transformation of the site.

Through these studies, the materiality of the architecture became more apparent: rammed earth walls were envisioned as sculpted directly from the land, revealing texture and layers that reinforce the building's connection to whenua; charcoal and timber were considered not only for their symbolic and functional roles but also for their ability to blend seamlessly into the natural environment. The black tones of charcoal echo the burnt earth and shaded forest floor, harmonising with vegetation, soil, and water, while referencing the ceremonial processes of burning, cleansing, and transition embedded in the programme. This hands-on exploration helped translate intangible ceremonial ideas into tangible architectural form, guiding the refinement of building relationships, thresholds, and spatial character while reinforcing the project's connection to whakapapa, whenua, and the emotional qualities of each space.



By drawing from the earth, we are reminded that our bodies are formed from the soil itself. Each layer of the whenua carries the weight of whakapapa, surrounding us in the history of the whenua and our tupuna. By engaging with its strata, we allow papatuanuku space to provide its own whakapapa reciting (birthing ritual) of its own.



The opening parts the whenua like a trench, forming a pathway that draws us into the depth of the land. This action exposes the hidden layers of whakapapa, strata unfolding as a genealogy of earth and ancestry



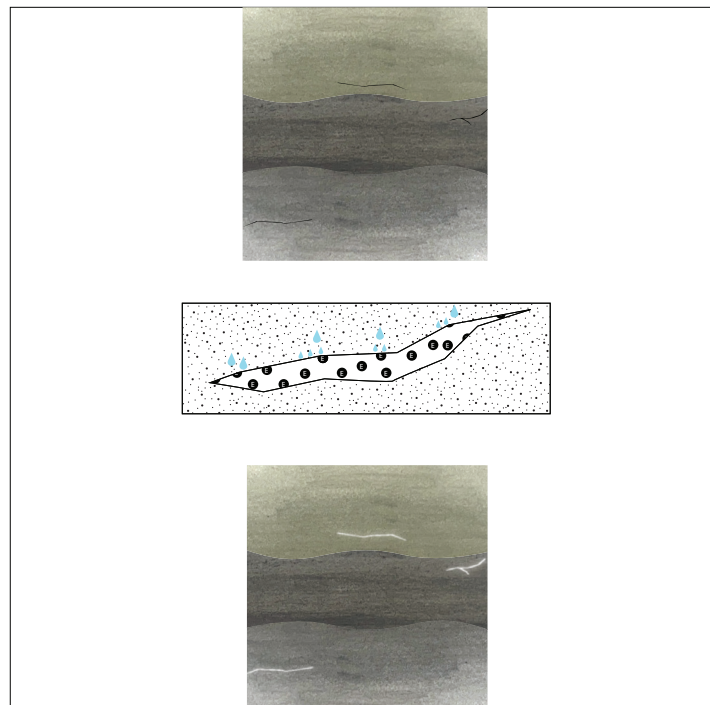
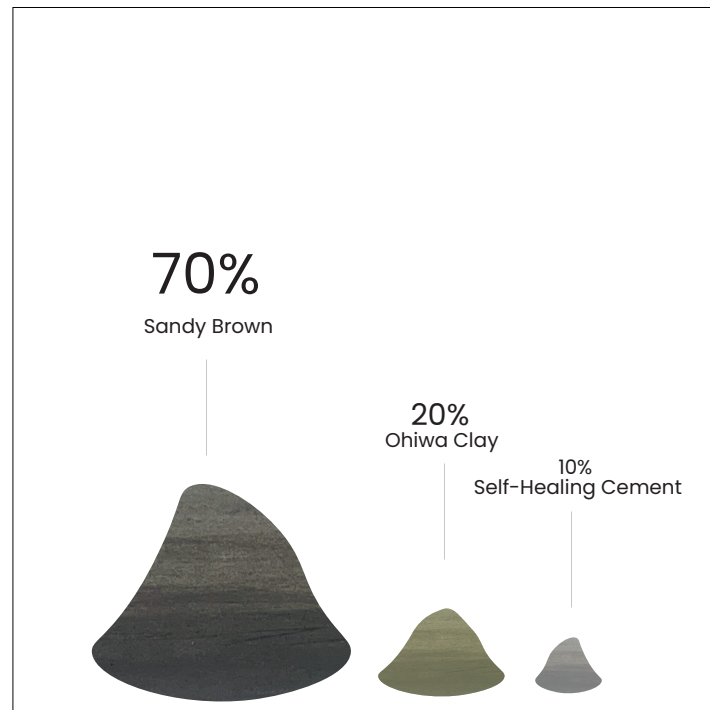
The muka tie threads through the opened soil, pulling a pathway that guides movement toward the proposed structures. As it moves, it links body and land, tracing the lines of whakapapa that connect us to the whenua. In this way, the pathway becomes both guide and threshold.

24 Figure. Author (2025). Pulling on the string of the muka tie

Overview of Te Whare o te Ao Hou

Material Exploration

Building on the principles of self-healing materials, I explored a regenerative rammed earth mixture that incorporates autonomous crack-healing capabilities. My proposed blend consists of 70% sandy soil, 20% clay, and 10% self-healing concrete, with adjustments for external use to improve durability and weather resistance. The diagrams I produced illustrate the proportions, the expected behaviour of the material, and how microcracks can form and self-seal over time. When moisture penetrates small fissures, the embedded healing agents in the concrete component activate, precipitating minerals that fill the cracks and reduce the risk of long-term damage (Jonkers & Schlangen, 2009; Rahbar et al., 2023; Van Tittelboom & De Belie, 2013). This approach makes the rammed earth both materially expressive and functional, retaining its natural aesthetic while actively repairing itself, aligning with regenerative design principles and Māori concepts of whenua and stewardship (Zari & Jenkin, 2010; Roberts et al., 1995; Walker, 2017). By integrating these techniques, the material extends the lifespan of the building, reduces maintenance needs, and responds to environmental conditions in a sustainable, culturally sensitive way (Pacheco-Torgal & Labrincha, 2013; Mangialardi & Manfredi, 2021).

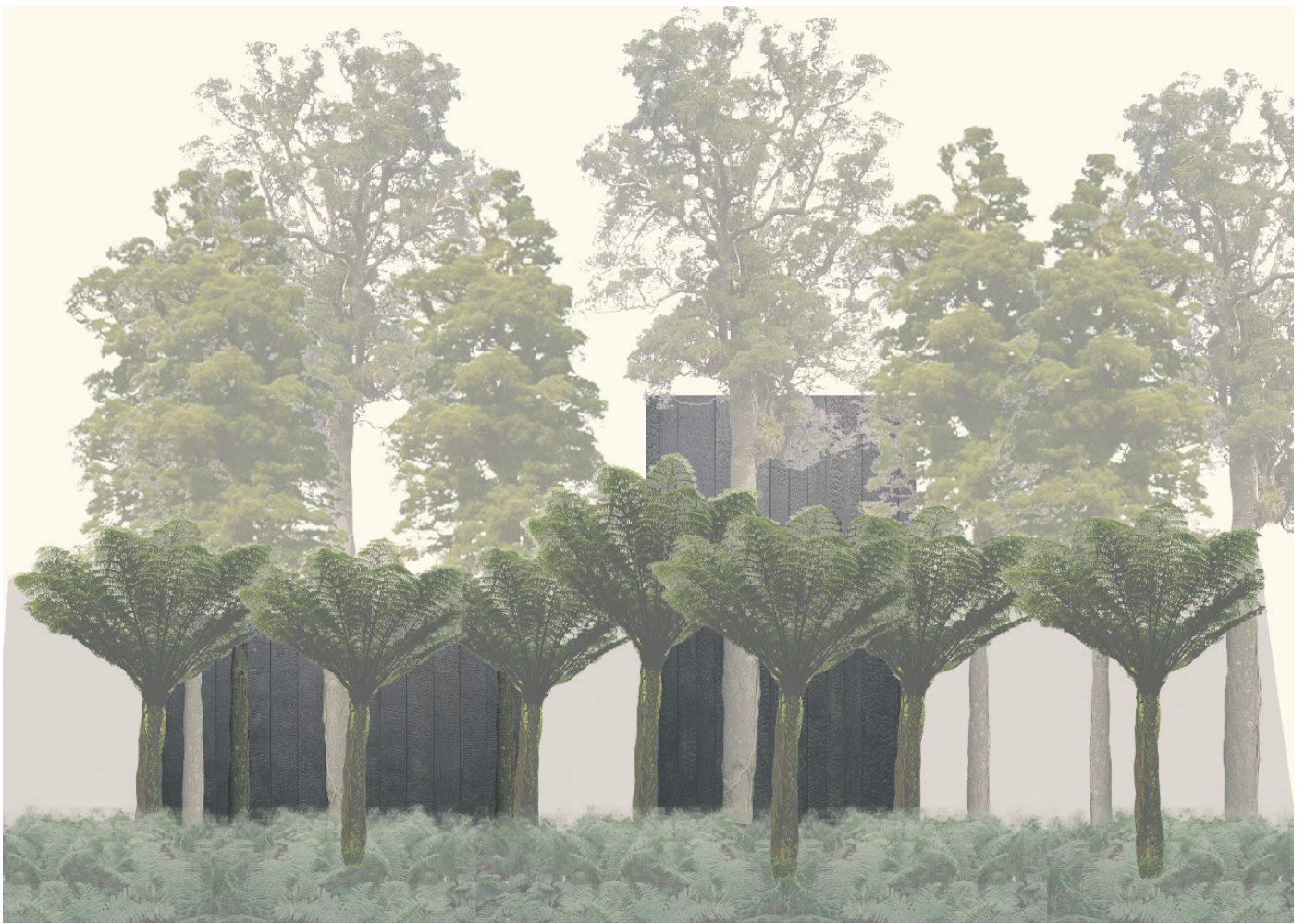


25 Figure. Author (2025). Regenerative rammed earth

Overview of Te Whare o te Ao Hou

Material Exploration

Charcoaled timber, or shou sugi ban, plays a significant role in the project by combining material performance with cultural and aesthetic resonance. The process involves controlled surface charring of timber, creating a protective layer that is resistant to fire, decay, and moisture (Hasburgh, Zelinka, Bishell, & Kirker, 2021). This technique provides durability for exterior applications while reducing the need for chemical treatments, aligning with sustainable and regenerative design principles. Beyond its functional benefits, the deep black char visually integrates with the natural environment, echoing the burning rituals central to the haputanga process and reinforcing themes of transformation, cleansing, and continuity. In this way, the use of charcoaled timber embodies both practical and symbolic significance, linking the architectural materiality to the cultural narratives, environmental context, and sensory experience of the site.



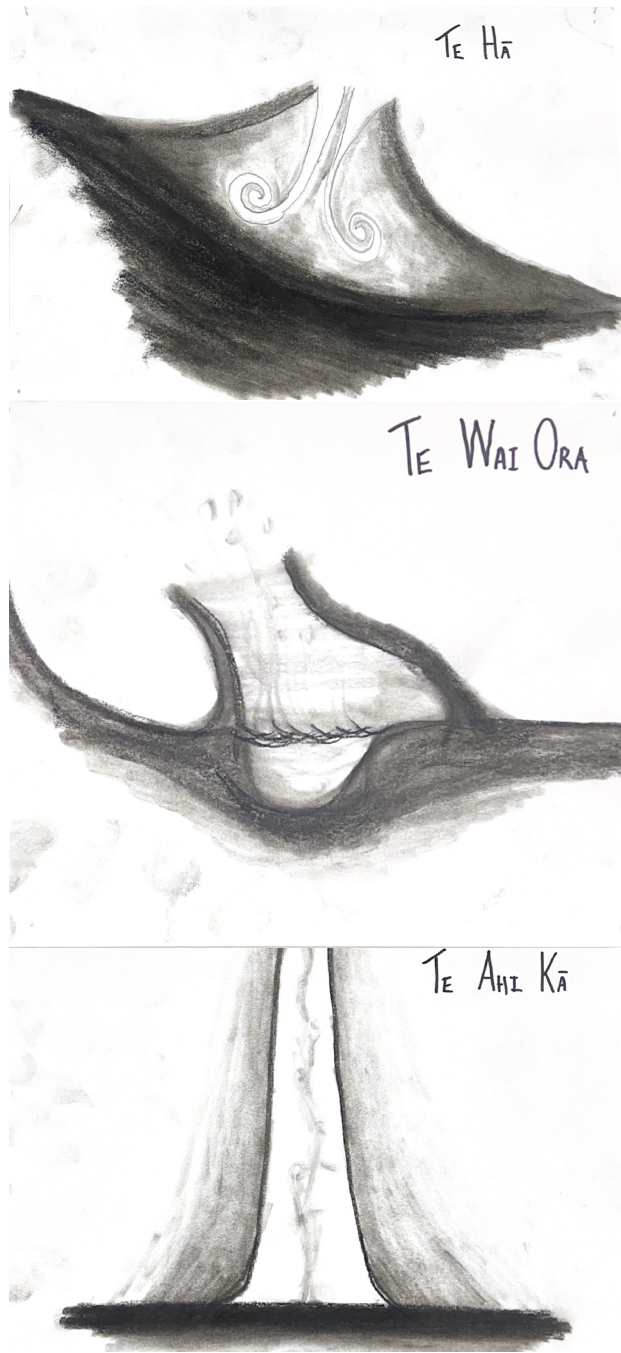
26 Figure. Author (2025). Shou sugi ban timber in New Zealand Landscape

Overview of Te Whare o te Ao Hou

Form Exploration

The three concept drawings explore how the birthing structure can emerge from, sit within, or rise above the whenua. In the first concept, the birthing building opens out of the ground with a breath like gesture, symbolising life emerging from the whenua, Te Hā. The second concept places the birthing space within the earth, forming a womb-like cavity beneath the bathing building, creating an intimate and protective environment where birth is held by the land, Te Waiora. The third concept rises upward, with the birthing building lifting above the others so tapu can be released into the atmosphere, Te Ahi Kā. Its height allows tapu to be carried away from the ground and living spaces.

Together, these concepts express emergence, enclosure, and release, three spatial interpretations of hapūtanga that guided the final design direction.



27 Figure. Author (2025). 3 Concepts for building designs

Overview of Te Whare o te Ao Hou

Form Exploration

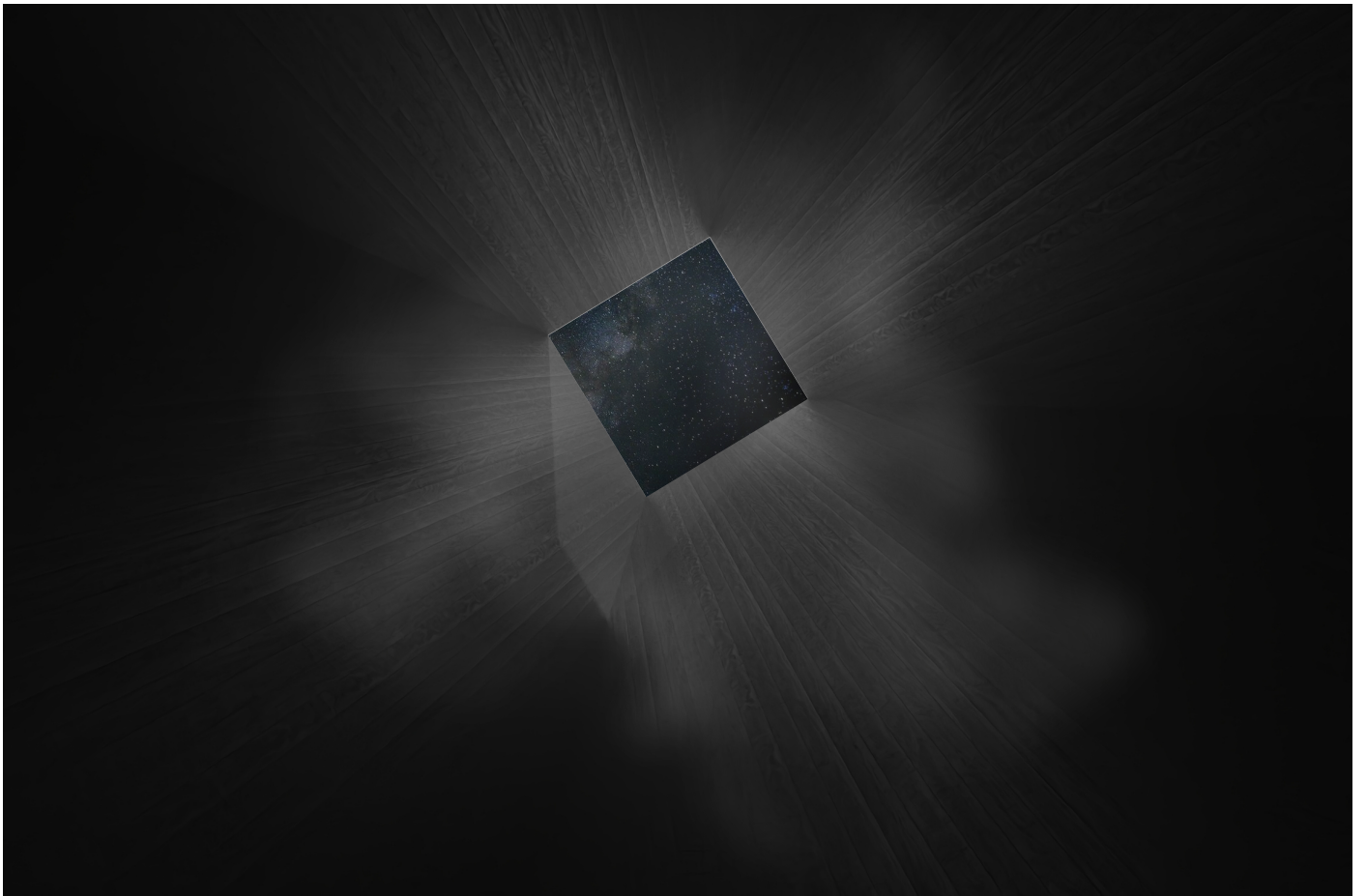
The interior studies illustrate how each space expresses a different aspect of the birthing journey. The birthing interior opens toward the hillside and surrounding bush, lit in a midnight atmosphere that emphasises quiet, protection, and connection to the whenua. Two birthing sticks, traditionally held for strength during labour (Best, 1914), are reinterpreted as structural elements that rise into the roof, anchoring whakapapa directly into the building fabric. The bathing interior is simple and focused, providing a place for the mamakau and a place for the bath, allowing the space to remain calm, uncluttered, and centred on restorative care. Mamaku has long been valued by Māori for its medicinal and restorative properties, including use in dressings for sores or to assist with the afterbirth. The plant also provided food, with young fronds or the pith of the trunk edible in survival situations (NZ Nature Guy, 2021). These qualities allude to the benefits of bathing in mamaku infused spaces for healing and rejuvenation. The burning interior lifts the gaze upwards through a funnel form that opens to the sky, directing tapu upward and away from the ground, reflecting traditional practices where the structure was sometimes burnt after birth to release sacredness and cleanse the site (Best, 1914). Together, these interiors communicate grounding, renewal, and release as an integrated cultural and spatial sequence.



28 Figure. Author (2025). Birthing space interior



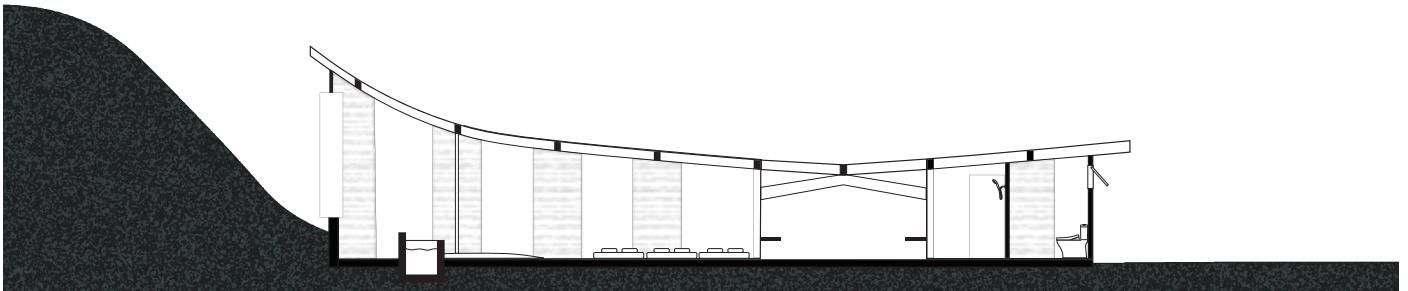
29 Figure. Author (2025). Bathing space interior for mamaku bathing



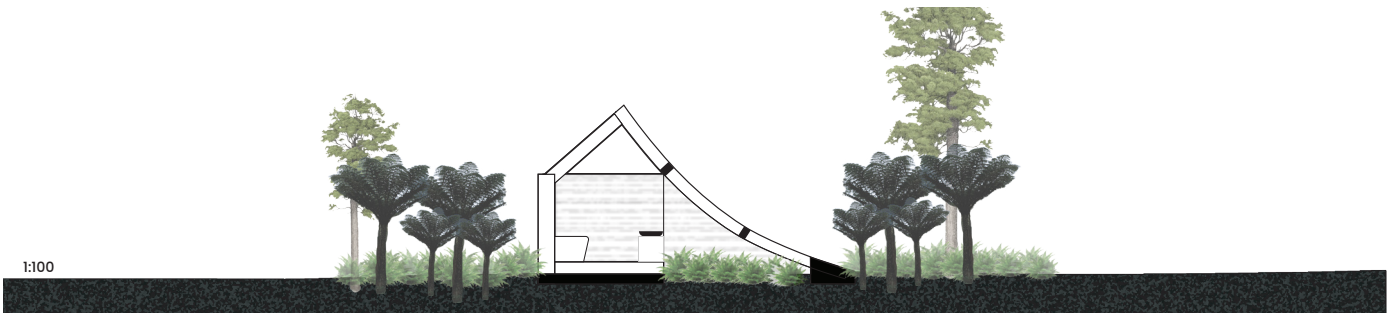
Overview of Te Whare o te Ao Hou

Sections

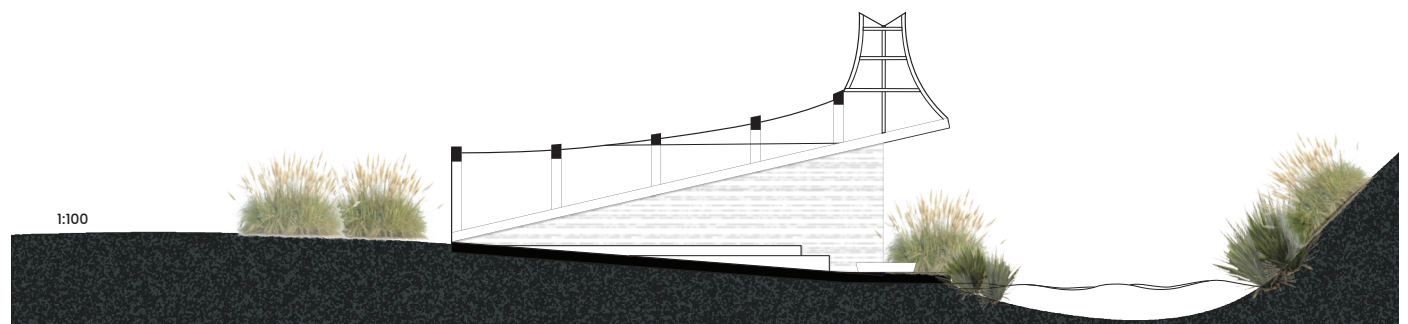
The conceptual interiors translate into sectional studies that carry both the story of haputanga and the architectural logic of the site. Each section responds to the contours of the land, tracing the rising slope, the gully, and the river's edge, allowing the terrain itself to guide spatial experience. The birthing building section expresses emergence, with the ground gently lifting to form a protective cavity, echoing the interior's upward gesture of life rising from the whenua. The bathing building section situates the space within the gully, emphasising enclosure and intimate interaction with mamaku, creating a layered, regenerative environment where the land and water support healing. The burning building section projects vertically, lifting the gaze toward the sky and allowing tapu to disperse, while the slope and site context are carefully integrated so that movement through the building mirrors the journey of birth, cleansing, and renewal. Together, the sections narrate a physical and cultural journey: the birthing process begins within the earth, transitions through water and restorative practices, and slowly returns to the stream, grounding the project in both site and story. In this way, the architecture becomes a vessel for narrative, movement, and the embodied experience of whakapapa and haputanga, translating ritual and care into form, structure, and spatial sequence.



31 Figure. Author (2025). Birthing section flowing the contours of the land



32 Figure. Author (2025). Bathing section, small and intimate



33 Figure. Author (2025). Burning section leading to the water and opening up

Overview of Te Whare o te Ao Hou

Hero Images

The hero images capture the progression of the haputanga journey across the three buildings, each illustrating a distinct phase of experience and engagement with the site. The first image shows the birthing building at night, framed by its butterfly roof and illuminated entrance. One side of the building houses functional spaces such as washing, toilets, and storage, while the other contains the birthing space itself. The entrance frame, inspired by the welcoming gestures of a marae and informed by Te Puea's approach to familiar whare healthcare, provides a sense of recognition and guidance for whānau entering the building. Carefully placed lighting ensures the space is inviting during nighttime, reinforcing its protective and sacred character.

The second image depicts the bathing building, where the mamaku can be prepared and boiled for healing baths. The architecture opens to green space while remaining enclosed to maintain privacy, creating a calm and restorative atmosphere. The design allows for careful preparation and use of mamaku outside the main bathing area, giving whānau control over the healing process while remaining immersed in the natural surroundings.

The final hero image presents the burning building from across the stream, showing people gathering as artefacts burn. The roof rises freely, lifting away from the ground to symbolically release tapu, reflecting the liminal quality of this space, informed by Hirirni Moko Mead with the remove of pou from the space. The building's form guides ceremonial processes while remaining connected to the land and river, reinforcing the narrative of cleansing and transition.

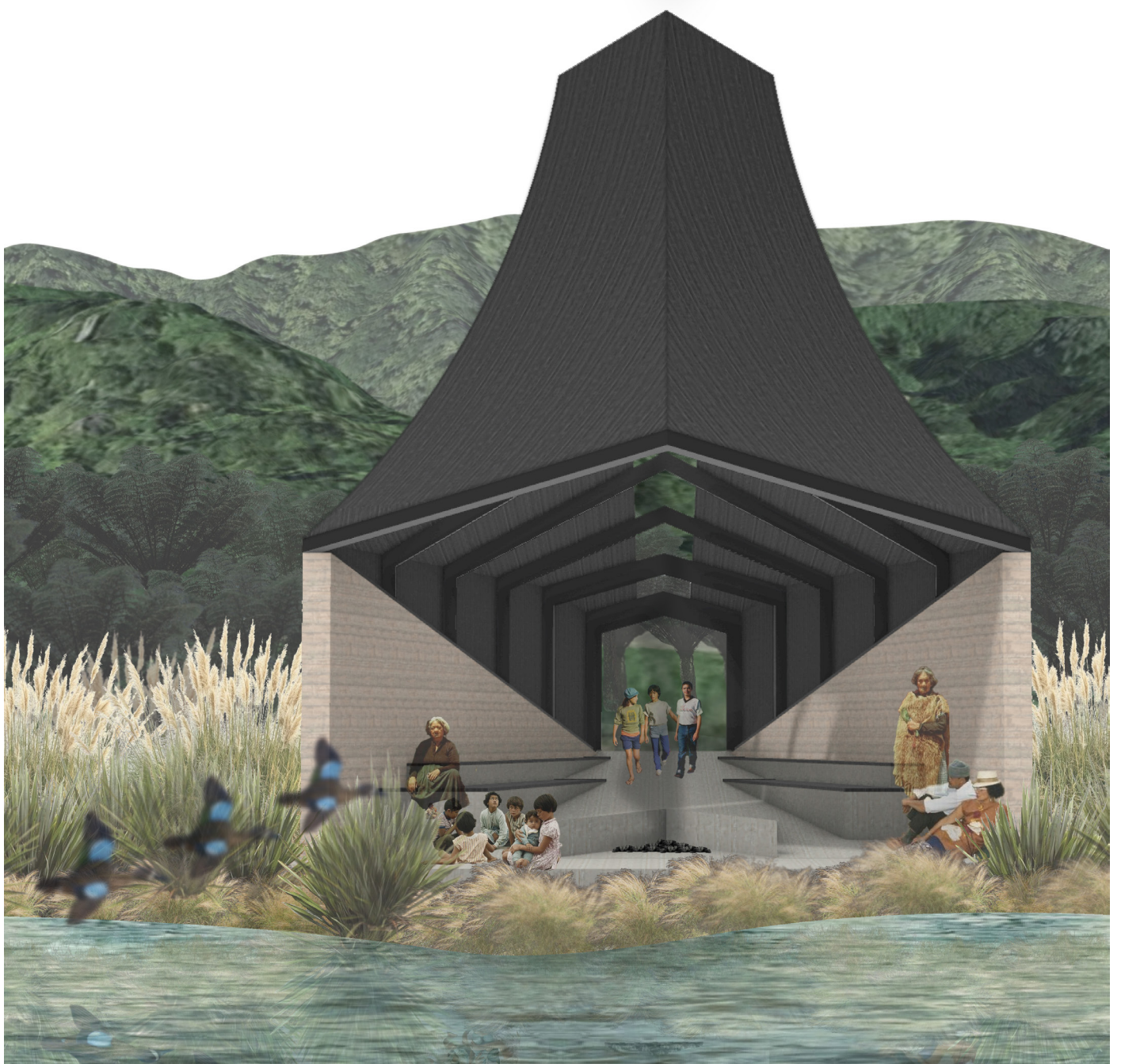
Across all three buildings, a consistent architectural language of shou sugi ban timber and my regenerative rammed earth unites the project, grounding each structure in materiality that is simultaneously durable, regenerative, and responsive to the natural environment. Together, these hero images capture the experiential journey through birth, healing, and release, embodying both cultural narrative and architectural expression.



34 Figure. Author (2025). Perspective of birthing building entrance



35 Figure. Author (2025). Perspective of bathing building entrance



36 Figure. Author (2025). Perspective of burning building opening

Overview of Te Whare o te Ao Hou

Hero Images

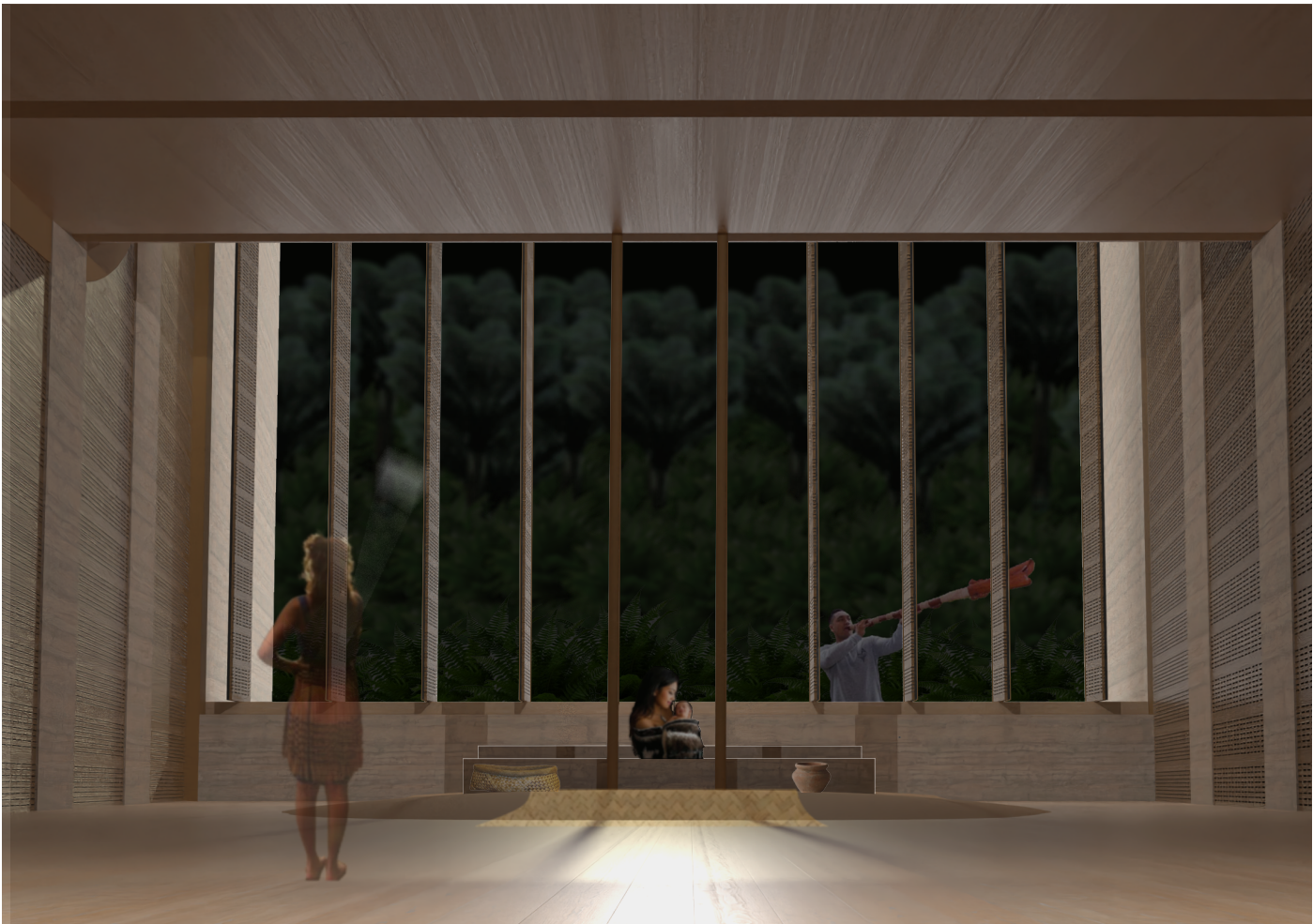
The updated interior studies further develop the narrative and spatial qualities of the three buildings, translating cultural and conceptual ideas into lived experience.

The birthing interior builds on the initial hero image, now presenting a lighter, more open atmosphere. Warm timber surfaces dominate, while perforated panels dampen sound, creating a calm and protected environment. The space remains intentionally open and non-deterministic, with only the traditional birth sticks providing support and a symbolic link to whakapapa. Areas are arranged to allow whānau to be together during the birth, with options for water or out-of-water birthing, and openings that bring the surrounding nature into the space, connecting body, land, and environment.

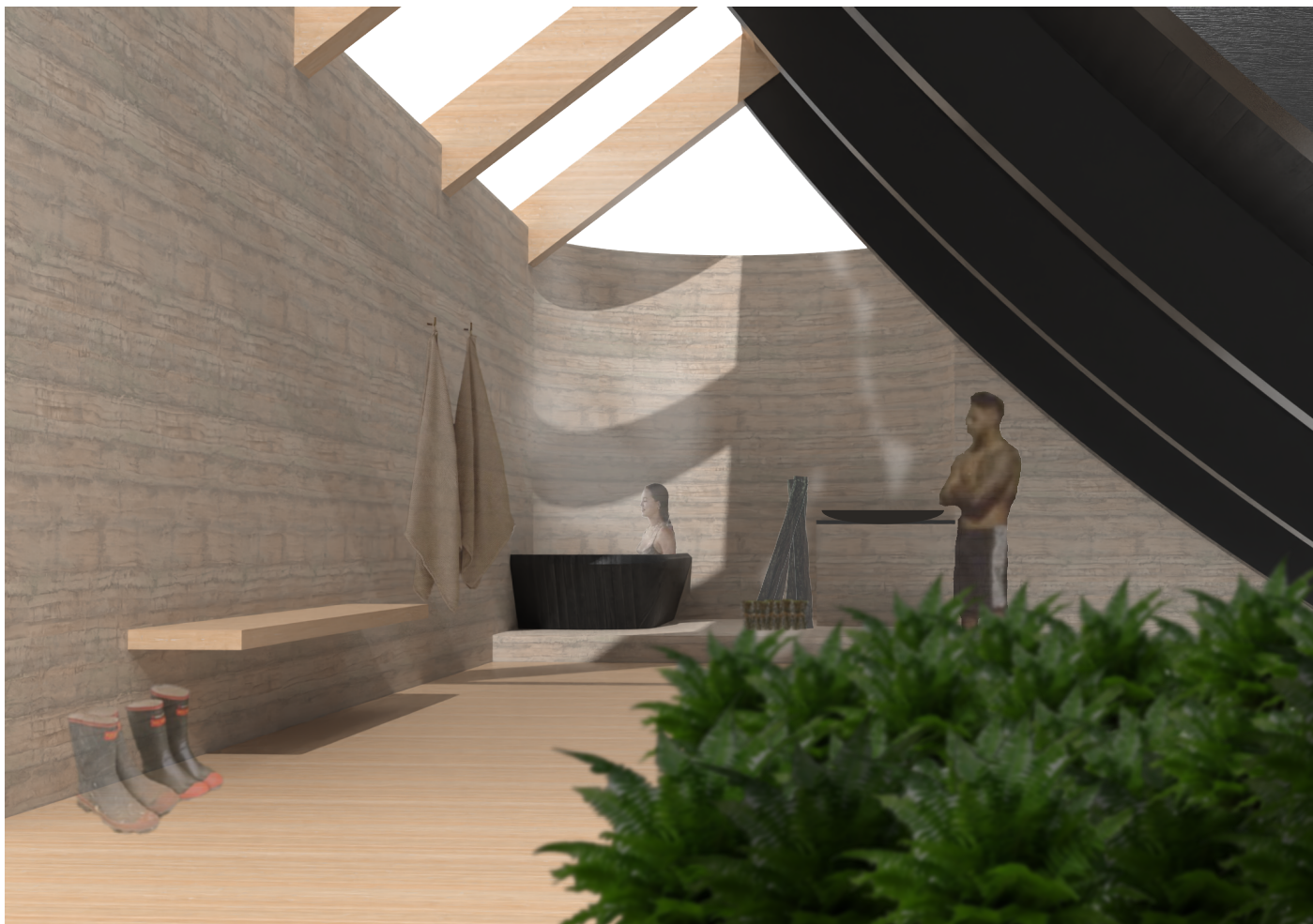
The bathing interior emphasizes restoration, enclosure, and sensory engagement. Surrounded by rammed earth walls and native ferns, the space is private yet intimately connected to the bush. The bath is central to the experience, designed for the wahine to recover, rehydrate, and reconnect with the land, reflecting traditional Māori healing practices and the nurturing qualities of water.

The burning building interior is dominated by its chimney-like form, drawing the gaze upward toward the sky. Timber framing and charred timber lining reinforce the connection between material, ritual, and narrative. The funneling of space allows tapu to rise, symbolically carrying sacredness away from the ground and the living areas, while the charred timber provides both a tactile and visual expression of liminality, grounding the ritual in materiality.

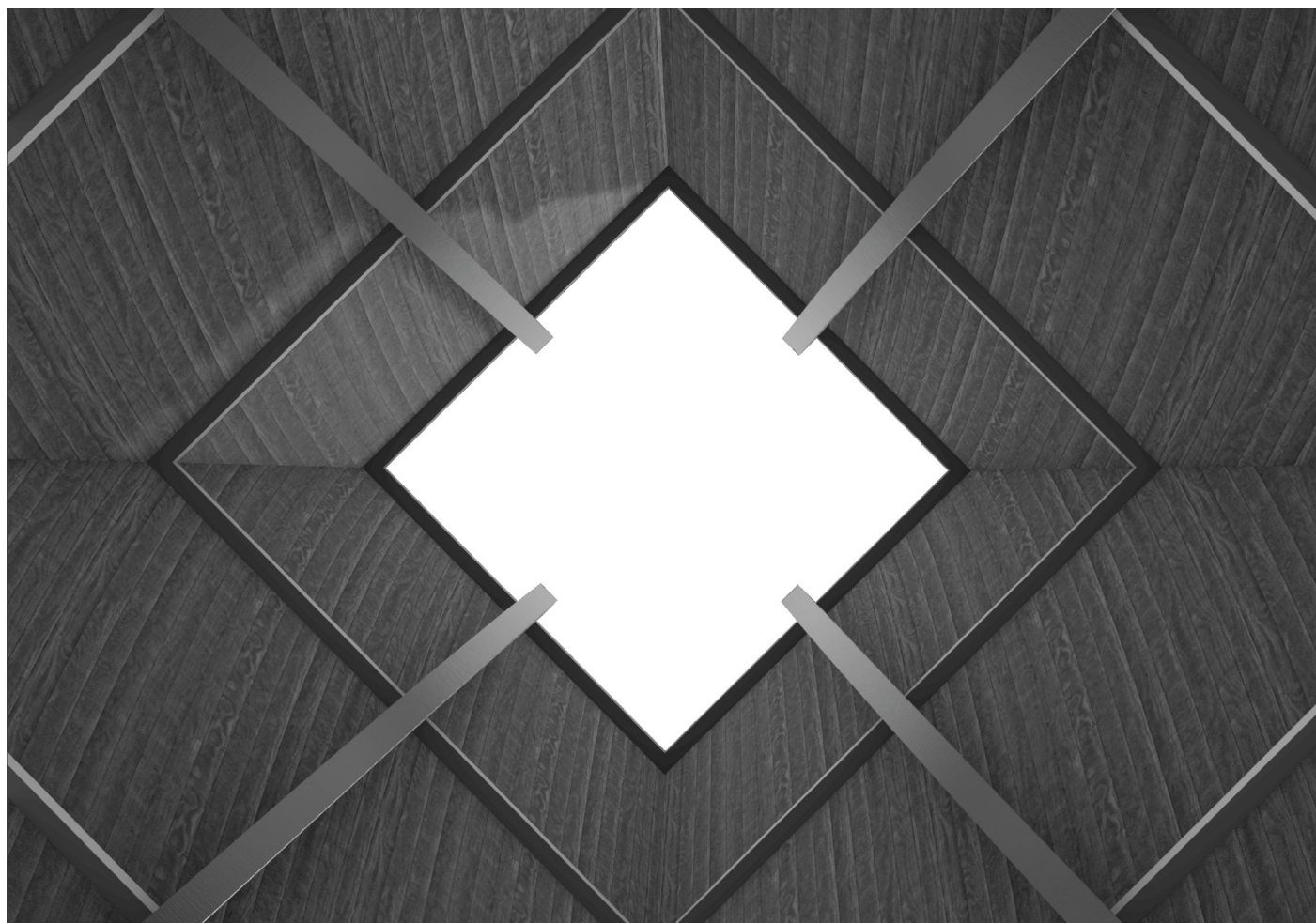
Together, these interiors carry the story of haputanga: emergence, enclosure, and release. They respond to the contours and conditions of the site, creating a journey from birth through healing to ceremonial release, while maintaining a cohesive architectural language of shou sugi ban timber and rammed earth.



37 Figure. Author (2025). Perspective of interior of birthing building



38 Figure. Author (2025). Perspective of interior of bathing building



39 Figure. Author (2025). Perspective of burning chimney like structure

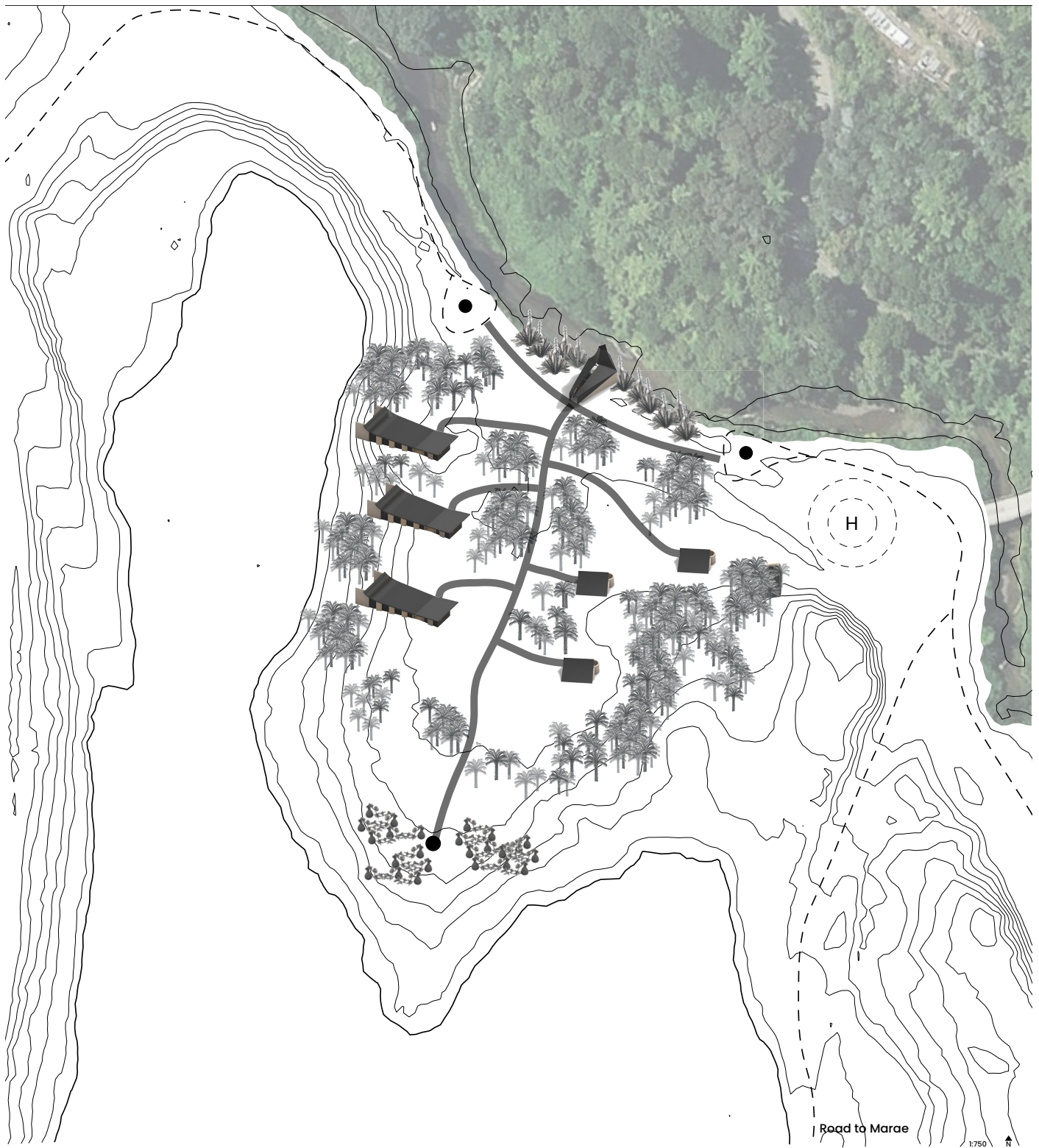
Overview of Te Whare o te Ao Hou

Hero Images

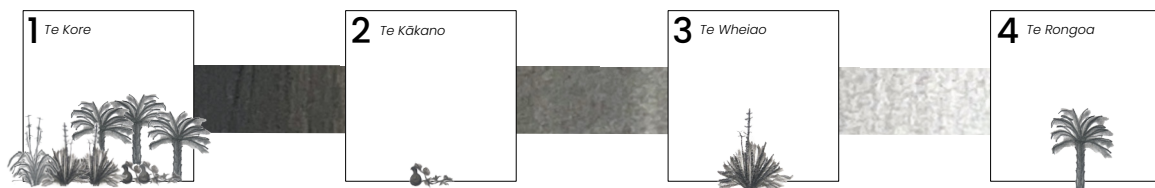
The site map illustrates the spatial and narrative logic of hapūtanga showing how the three birthing buildings, three bathing buildings, and the single burning building are situated within the gully, on slopes, and beside the river. Using mixed media hand drawings, mapping, and 3D overlays the placement of each building cluster responds to the stages of emergence, healing, and release while maintaining privacy and connection to the whenua.

Each building cluster is surrounded by carefully considered plantings, indicating locations of medicinal and restorative plants that can support whānau wellbeing and reconnect people to traditional Māori knowledge. These clusters reflect what can be harvested or prepared from the land, linking the natural environment directly to the practices of hapūtanga.

Informal paths meander through the landscape, providing access to the clusters and buildings while preserving the privacy and ritual significance of each space. Together, the arrangement of building clusters, plantings, and paths embeds the architectural programme within the rhythms of te ao Māori, allowing the journey from birthing through bathing to burning to be experienced as an integrated narrative across the site.



Hapūtanga Timeline
Returning to the rhythms of Nature and Whakapapa



1. Te Kore holds the space of potential, where all plants gather and the journey of hapūtanga begins, guiding the overall rhythm of the site.
2. Te Kākano, guided by the hūe, nurtures growth and intention, reflecting on life yet to come and the sacred return of the placenta to the whenua, informing the birthing structure where the placenta is held and honoured.
3. Te Wheiao, carried by harakeke and muka, marks the threshold, weaving protection and guiding tinana, hinengaro, and waiua through transition, shaping the burning structure where tapu artifacts, harakeke mats, and muka ties are ritually returned to the elements.
4. Te Rongoā, with mamaku black fern, embodies recovery, healing, and revitalisation, informing the mamakū bath structure, which nurtures and restores the mother while reconnecting her with the rhythms of life and traditional Māori birthing practices.

40 Figure. Author (2025). Site plan, plants and buildings in relation to hapūtanga

Conclusion

This thesis has been a deeply personal and reflective journey, connecting my whakapapa, tikanga, and architectural practice. Through mapping Te Whakatōhea rohe, visiting marae, and observing the landscape, I came to understand how architecture can support cultural wellbeing, whānau authority, and reconnection with whenua. The process highlighted the importance of designing spaces that are responsive to Māori knowledge, rather than imposing institutional frameworks.

Creating the artefacts, the obsidian and pounamu pito cutters and the muka fibre tie grounded the project in hands-on practice. These objects informed materiality, sequence, and spatial organisation, showing that design can carry cultural meaning and ceremonial significance. The separation of birthing, burning, and bathing spaces reflects this thinking, offering agency and choice while respecting historical practices and tikanga.

The project also considered practical and environmental factors, such as site selection, rural isolation, and resilience in the face of natural events like Cyclone Gabrielle. Integrating regenerative materials, such as rammed earth with self-healing concrete, demonstrates how ecological sustainability and cultural responsiveness can be combined, producing architecture that is both caring and enduring.

Looking ahead, this work opens pathways for Māori-led health and wellbeing projects that centre whānau, culture, and land. Future research could explore the long-term impacts of culturally grounded spaces on wellbeing, the technical integration of regenerative materials in Aotearoa, or the adaptation of these principles to other health, educational, or community facilities.

Ultimately, this thesis shows that architecture can be more than functional. It can reclaim mana, embed cultural practice, and provide environments where Māori knowledge, wellbeing, and identity are actively nurtured.

*Ngā mihi nui,
Caleb Mokomoko*

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