

Pūrākau of Hapū Māmā who Smoke and the Ūkaipō
Stop Smoking Wānanga

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A thesis submitted to
Auckland University of Technology
in partial fulfilment of the requirements for the
degree of Master of Health Science (MHSc)

2020

School of Health and Environmental Sciences
Taupua Waiora Centre for Māori Health Research

Pepeha

Ko tenei tōku pepeha me tōku whakapapa i te taha o tōku Pāpā

Ko Te Ramaroa tōku maunga

Ko Tuwhateroa tōku rere

Ko Whirinaki tōku awa me tōku whenua

Ko Matai Aranui ratou ko Pa Te Aroha me Moria ōku marae

Ko Te Hikutu tōku hapū

Ko Ngā Puhi tōku iwi

Ko Matawhaorua tōku waka

Ko Hokianga-nui-a-Kupe tōku moana

Ko Rawiri ratou ko Leaf Wikaira ko Rawiri ōku whānau

Ko Piripi tōku koroua whāngai

Ko Molly Wikaira tōku kuia whāngai

Ko Gordon Leaf tōku koroua tūturu

Ko Lucy Wikaira tōku kuia tūturu

Ko Philip tōku Pāpā

Ko tenei tōku pepeha me tōku whakapapa i te taha o tōku Māmā

Ko Taranaki tōku maunga

Ko Waitara tōku awa

Ko Owae tōku marae

Ko Ngāti Rahiri tōku hapū

Ko Te Atiawa tōku iwi

Ko Tokomaru tōku waka

Ko Te Tai o Rehua tōku moana

Ko Heatherley ratou ko Hartley ko Adlam ko Rona ōku whānau

Ko Alwyn Hartley tōku kuia

Ko Marion tōku Māmā

Ko Charlotte Rose tāku mataamua he aitua kahukahu

Ko Dylan rāua ko Ethan āku tama

Ko Natasha Rawiri tōku ingoa

Abstract

Much research has focussed on the disproportionate numbers of hapū māmā who smoke compared to Pākehā. The risks that hapū māmā take when they continue to smoke, and the barriers that lead to failed attempts to living smoke-free lives are highlighted in many studies. Some of these studies portray hapū māmā in a negative light.

Further research is needed to identify approaches that instil inspiration and hope into hapū māmā in their ability to lead smoke-free lives. This strengths-based study investigated key factors that motivated hapū māmā through the Ūkaipō wānanga; a Kaupapa Māori initiative, designed to specifically support hapū māmā to realise their inherent potential as they begin their journey towards starting and sustaining smoke-free lives for themselves, their pēpi and their whānau.

The utilisation of the Kaupapa Māori Pū-Rā-Ka-Ū analysis methodology in this study ensured that the entire research approach was culturally accepted and methodologically sound to Māori. It is a study that was undertaken by Māori, with Māori, and to support Māori in achieving better health outcomes. The ability to undertake this study on marae across Tauranga Moana meant that the hapū māmā were provided with a safe space to share their pūrākau, gain mātauranga, reflect on their past and present selves, explore their potential, develop hopes and dreams, and to initiate change in relation to their smoking behaviour.

The findings indicate that the hapū māmā gained motivation, inspiration, and hope through their attendance at the Ūkaipō wānanga, to achieve their dreams of becoming smoke-free and to becoming the māmā that they want to be. They were immersed in aroha, to reflect on who and where they came from and were able to reconnect with their Māoritanga, uncover their inherent potential and strength, to break-free from the negative influences that they have encountered, and develop their hopes and dreams for successful futures. There are many other Kaupapa Māori initiatives that allow for hapū māmā to take up opportunities to further develop these same connections and motivation. The Ūkaipō wānanga support these other initiatives and provides hapū māmā with further inspiration to gain mātauranga and further connection during their hapūtanga by experiencing them.

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Attestation of Authorship

I hereby declare that this submission is of 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 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.

Signed:

Date:

07 December 2020

Ethics Approval

Ethics approval was approved by the Auckland University of Technology Ethics Committee on 14th December 2018 for 18/409 The pūrākau of hapū māmā who smoke – Gaining motivation from the Ūkaipō Stop Smoking wānanga to enhance the potential to be smokefree.

Please refer to Appendix one for the Ethics Approval letter.

Acknowledgements

Ehara taku toa, he takitahi, he toa takitini
My success should not be bestowed onto me alone,
as it was not individual success but success of a collective

Firstly I would like to acknowledge the hapū māmā who were brave, honest, and yet humble enough to share their pūrākau with me. Your experiences of, insights gained from, and aroha toward the Ūkaipō wānanga are invaluable and will be treasured. Your determination, drive, and strength is obvious in the pages of this thesis and I wish you all the very best as you continue on your journeys as māmā, as wāhine, and as Māori.

To all of the people who continue to dedicate their time and energy to the aspirations of Māori. Ngā mihi nui ki a koutou, your successes inspire and motivate people like myself to continue to dream, continue to navigate uncharted spaces, to strive for better health outcomes, and tino rangatiratanga for hapū māmā, their pēpi and their whānau.

I would like to thank my supervisors Dr. Alayne Mikahere-Hall and Dr Heather Came-Friar. Ngā mihi nui ki a kōrua. Your honest and humble feedback provided me with the motivation and drive to continue my journey and to complete this thesis. At times it was a frustrating and difficult journey, but your aroha, kind words, and commitment to seeing me achieve transformed my frustration back to determination.

To Tiana Bennett and Tania Cotter. Ngā mihi nui ki a kōrua for your contributions to this thesis. For all of the mātauranga that you shared with me and for the aroha, kaha, māia, and manawanui that you bestowed upon me, I will treasure it all for eternity. Ngā mihi nui ki Western Bay of Plenty Primary Health Organisation, without your dedication and funding towards the Ūkaipō wānanga, none of this would be possible. Ngā mihi nui Roger Taylor (former CEO of Western Bay of Plenty Primary Health Organisation) for believing in me, and allowing me to work alongside Tiana Bennett to ensure that the Ūkaipō programme was successful.

Ngā mihi nui ki te Ngai te Rangi and Ngāti Ranginui iwi rūnanga. Your support towards my research for your people gave me the strength and determination to achieve my hopes and dreams for the hapū māmā of Tauranga Moana. It was a great honour to be

able to be welcomed onto and have access to the numerous marae that the Ūkaipō wānanga was held at. This allowed the hapū māmā of Tauranga Moana to receive such valuable mātauranga, to tell their pūrākau, and to feel safe in doing so. Ngā mihi nui ki ngā whānau me ngā hapū o Maungatapu rātou Wairoa ko Hungahungatoroa ko Hangarau ko Hairini ko Waikari ko Whareroa ko Huria ko Tamapahore me Te Paamu marae mō tō manaakitanga me aroha.

Ngā mihi nui ki ōku wāhine toa o Ngā Māia ki Tauranga Moana. Being a Māori midwife is a blessing that we all share. We have shared our own pūrākau of our journeys as Māori midwives, we kōrero about the successes, the challenges, and the tragedies that we all encounter, which inevitably make us stronger and provide us with the kaha and manawanui to keep doing what we all do best. I know I am not alone on this journey, you all have my back, just as I have yours. We are a collective force, we have the strength and determination within us to achieve great things for our people.

To the Director of Nursing Bay of Plenty District Health Board, Julie Robinson, ngā mihi nui. You were the one to first inspire me to start this journey. I recall your words about my concerns regarding the right time to pursue this challenge; “There is never going to be a right time, just do it now”. Well this may or may not have been the right time, but I managed to make the time to achieve what I set out to do and I will hold your words of encouragement close to my heart and remember them when other opportunities come my way. To my past and present managers at the Bay of Plenty District Health Board, Kirsty Rance and Margret Norris, Ngā mihi nui ki a kōrua, for your leadership and understanding of the enormity of my journey. Thank you also for granting me the study leave in order for me to attend classes, complete assignments and to write my thesis.

To my amazing midwifery colleagues; Melanie Gundersen and Sally Brann and the entire Clinical Midwife/Nurse Coordination team, you have supported me on my journey and have inspired me to achieve my hopes and dreams. You have covered my position in my absence and kept the Maternity Unit functioning. You have continued to support our team of midwives and nurses in their ability to provide excellence of care to the hapū māmā and their whānau who enter our doors. To the midwifery leadership team, Imogen Davis, Judith Madsen and Christina Graham, you have all

been pillars of strength and have provided sound ears for me to vent my frustrations. You have celebrated my successes and given me the much needed support both within my work and in my study. To all of my team at Tauranga Maternity Unit, you have all been challenged due to my absence but I know that every one of you support me to achieve great success within my role as Midwife Manager. I appreciate each and every single one of you. I hope that you find aspiration to seek further mātauranga, I will not say that it will be easy, but it is so very rewarding and I will support you on your journey. Ngā mihi nui ki a kōutou.

I would like to acknowledge the New Zealand College of Midwives and Health Workforce New Zealand for the scholarship that I received. Thank you for the financial support for my course fees and for the travel and accomodation. The ability to receive funding ensured that I would continue to be financially secure throughout my journey into continued academia.

Ngā mihi nui ki ōku tūpuna, those of you who walk beside me in spirit. I feel your presence and your aroha with my daily. I have photos of you that I look at daily and reminisce of times gone by. I acknowledge your strengths and determinations, I would not be who I am or be where I am today if it were not for you.

Ngā mihi nui ki tōku pāpā, Philip Rawiri. Dad you have raised a strong and determined wāhine, much too determined and a little bit fiesty at times. You have shown me the value of whānau connection and we have grown stronger through this recognition. We have loved and lost many whānau members over the years, but I feel their presence every day. Like them, you give me the strength and determination to continue to seek new horizons, to navigate uncharted waters, and to achieve all of my hopes and dreams. You have always been just a phone call away when I needed you the most. I know that you would drop everything to be with me if I asked. Your unconditional love is what holds me up and inspires me to keep achieving. I honour the work ethic that you have instilled in me. I wouldn't be the person I am today if it were not for your influence. I love you Dad x

Ngā mihi nui ki tōku māmā, Marion Rawiri. You too have raised a strong and determined wāhine, perhaps a bit of a drama queen at times. Your ongoing unconditional love of me has enabled me to achieve so much in this lifetime. You have

never been far away away when I needed help, to vent my frustration and anxiety, to cry, to laugh, or to just have a chat when I took a much needed break from writing. I have learnt from you how to work hard towards what I want most in this world. Your contributions to midwifery have paved the way for my successes and the successes of the entire Tauranga midwifery workforce. You are highly respected within the midwifery, obstetric, and neonatal fields and I wish you all the very best in your retirement. I will be forever grateful to to for your aroha, manaakitanga, and tautoko. I am who I am because of you. I love you Mum x

Ngā mihi nui ki taku Tungāne, Justin me taku Taokete, Chanel. You both have given me the inspiration and motivation to start and continue my journey in academia. I have shared tears of joy with you both and also tears of fear and anxiety. You not only provided a bed and kai for me whilst I was studying away from home, but you also provided me with the fortitude to complete this thesis. Ngā mihi nui ki āku iramutu, Charlotte and Georgia. You are both so precious to me and I look forward to watching you both grow up and become just as determined as your parents.

Ngā mihi nui ki tōku whaea kēkē, Florence Jacqueline Rawiri. Sadly, you gained your angel wings just four short weeks out from me completing this thesis. You believed in me right from the very start. I am going to miss our phone conversations, whether it was to kōrero about everything or nothing at all. I continue to feel your aroha, awhi, and tautoko. I will miss the tears I shared with you in happy times and in sad times. I will miss the laughter that we shared. Most of all I will miss hearing you tell me that you love me to the moon and stars and back again. I love you my Aunty, may you forever rest in eternal peace in the arms of our beloved xx.

Ngā mihi nui ki āku tama, Dylan and Ethan. You are the ones who have sacrificed so much for me. You have experienced the very best of me and the very worst of me. Thank you for being so patient with me over the past five years. It is the support you continue to give me that allows us to succeed, and to achieve all of our hopes and dreams. This thesis is for you my boys. To inspire you to continue on your journey towards higher leaning, to dream big, and to reach beyond what you never thought possible. I love you both xx. To my angel baby, my only tuahine, Charlotte Rose. You are my inspiration to do what I do. You may not be here to celebrate my successes but

I know that you are watching over me and guiding me on my journey. I love you my baby girl xx.

Ngā mihi nui ki te pāpā o āku tamariki, Nigel Kenny. It has been a hard road to travel these past five years, you provided me with the inspiration and support for the first two. You have at times had to take over the role of both pāpā and māmā along this journey and for that I will be forever grateful.

Lastly, but by no means any less significant... Nga mihi nui ki tōku hoa rangatira, Matthew Kingi. Thank you for your aroha, awhi, tautoko, and rangimārie. This was a journey that I embarked on before we met. Throughout our time together you have witnessed in me much excitement and sometimes pure frustration as I have struggled to meet the needs of this thesis, full-time work, my whānau and tamariki, and of course our precious time together. I feel so grateful that I have shared this intense journey with you. You have supported and walked alongside me every step of the way. You provide me with endless inspiration and happiness, and for that I am so very appreciative of you and for the life we are creating together. I love you my baby x

Glossary

Ahi (Fire)

Ahi kōmau (Sacred Fire)

Aotearoa (The land of the long white cloud, New Zealand)

Aroha (love)

Atua (God)

Aukati Kai Paipa (Māori smoking cessation programme funded by The New Zealand Ministry of Health, 1999-2016)

Haere ki reira (go and do that)

Hapainga (Regional stop smoking service for Bay of Plenty, New Zealand)

Hāpai te hauora (National service contract holder for gambling harm minimisation, tobacco control advocacy and SUDI prevention)

Hapū (a group of families who share a common ancestor, sub-tribe, pregnant)

Hapū māmā (pregnant woman)

Hapūtanga (Pregnancy)

Harakeke (native flax)

Haututū (nuisance)

Hauora (Holistic health and wellness)

He kākano (A seed)

Hei Tiki Pumau (Kaupapa Māori antenatal/parenting classes in Tauranga Moana)

He pikorua (two autonomous pikopiko fern shoots)

Hinengaro (Mind/psychological wellbeing)

Hoa (Friend)

Hoa rangatira (Esteemed friend/partner/husband)

Hui (meeting)

Hui katoa (Group meeting)

Iramutu (Niece/Nephew)

Iratangata (the human gene)

Iwi (a tribe made up of hapū)

ka (used to name a state of existence; past, present, and future)

Kaha (Strength)

Kai (food)

Kai paipa (eating pipe)

Kairaranga (weaver)

Kaitiakitanga (guardianship)

Kaiwhakaruruhau (adviser)

Kanohi-ki-te-kanohi (face to face)

Karakia (prayer)

Kaumātua (elder)

Kaupapa Māori (Māori philosophy)

Kaupapa whānau (group of people connected by a common interest)

Kawa (protocols and customs)

Kei te pai (It's all good)

Kete (basket)

Koha (gift)

Kohanga reo (language nest, pre-school)

Kōrero (narrative)

Kōtiro (girl)

Kōpū (womb)

Kupu (word)

Kui (elderly oman or grandmother)

Kura (school)

Māra kai (vegetable garden)

Mahi (work, job)

Māia (bravery)

Māmā (mother)

Mamae (pain, distress)

Mana (prestige)

Manaakitanga (hospitality and kindness)

Mana motuhake (management of their affairs autonomously)

Manawa (heart)

Manawanui (dedication and persistence/strength, capability)

Manawa ora (Hope, potential)

Mana wāhine (prestigious woman)

Māoritanga (Māori culture)

Marae (meeting place)

Māramatanga (enlightenment)

Mātauranga (knowledge)

Mātauranga Māori (Māori knowledge)

Maungatapu (Community of Tauranga Moana)

Mauri (power of life, breath of life)

Mirimiri (massage)

Moana (ocean)

Moemoeā (dreams)

Mokopuna (grandchild)

Momi paipa (sucking pipe)

Ngā kete o te wānanga (The three baskets of knowledge)

Ngā rangahau pātai (research questions)

Ngai te Rangi (lwi of Tauranga Moana)

Ngaro (perish)

Ngāti Pukenga (lwi of Tauranga Moana)

Ngāti Ranginui (Iwi of Tauranga Moana)

Noa (free from restriction)

Noho marae (overnight stay on marae)

Ōritetanga (equity)

Oriori (lullaby)

Pākehā (Non-Māori living in Aotearoa, New Zealand)

Pāpā (Father)

Papatūānuku (Earth Mother)

Pēpi (baby)

Porokaraka (traditional woven Māori vessel used to sleep babies in)

Pounamu (greenstone)

Pōwhiri (welcoming ceremony)

Pū (base, source, root, core)

Pūrākau (Māori oral narrative used to pass knowledge from generation to generation)

Pure (spiritual permanence, ritual to remove restriction)

Pūtea (money)

Rā (light, day, sun)

Rākau (tree)

Rangatahi (youth)

Rangatira (chief)

Ranginui (Sky Father)

Raranga (weaving)

Reo (language)

Rongoā (traditional medicinal plant)

Tairāwhiti (Gisbourne region, New Zealand)

Tama (son)

Tamariki (children)

Tamariki Ora (Kaupapa Māori Well Child Provider service)

Tangata (people)

Tangata whaiora (person seeking psychological wellness)

Tangata whenua (people of the land)

Tāne (man)

Taokete (Sister-in-law)

Taonga (treasure)

Tapu (restricted)

Tauranga Moana (Region within Bay of Plenty, New Zealand)

Tautoko (support)

Te ao hurihuri (the changing world)

Te ao mārama (the world of light)

Te ao Māori (the Māori world)

Teina (younger brother of male, younger sister of female)

Te kete aronui (the natural knowledge informed by the physical senses of sight, sound, smell, taste, and touch)

Te kete tuatea (the spiritual knowledge that is constituted from a shared sense of oneness)

Te kete tuauri (knowledge that encompasses the theoretical knowledge, comprehends, discloses, and explains the reality behind what is experienced by the physical senses)

Te kore (the age of nothingness)

Te pō (the night)

Te pū o te rangatiratanga (The origins of leadership)

Te taha hinengaro (the emotional dimension of health)

Te taha tinana (the physical dimension of health)

Te taha wairua (the spiritual dimension of health)

Te taha whānau (the family dimension of health)

Te tahi tangata (One people united)

Te Tiriti o Waitangi (The Māori version of The Treaty of Waitangi)

Te Waipounamu (South Island)

Te whakamāramatanga (the process of enlightenment)

Te whare tangata (the house of the people)

Te whare tapa whā (Māori model of health representing the four dimensions of health)

Tihei mauri ora (tihei; the sneeze, mauri; the life force, the invisible rope that holds your wairua to your body, and ora; to be alive, to be well)

Tika (authentic, correct)

Tikanga (customs and protocols)

Tinana (physical body)

Tino rangatiratanga (absolute sovereignty, self determination)

Toa (warrior)

Tohi (dedication)

Tohu (emblem)

Tuahine (Daughter)

Tuakana (older brother of male, older sister of female)

Tūāpapa (foundation)

Tungāne (Brother of a sister)

Tūpuna (ancestor)

Tūrangawaewae (place of home)

Ū (breast, from within, to be firm)

Ūkaipō (mother, source of sustenance, origin)

Wahakura (flax sleeping space)

Wāhine (Woman)

Waiata (song)

Wairua (Spirituality)

Wānanga (space of learning)

Whaea kēkē (Aunty)

Whakaaetanga (consent)

Whakaaro (thoughts, opinions)

Whakahoa (partnership)

Whakamana (the process of gaining mana or personal validation)

Whakamūtau (philosophies)

Whakamātautau (examination)

Whakangungu (protection)

Whakapapa (genealogy)

Whakapapa whānau (extended family generally comprising of several generations)

Whakaritenga (mutual negotiation)

Whakarurutanga (ensuring safety)

Whakatāne (Town located in Bay of Plenty, New Zealand)

Whakatauākī (proverb)

Whakataunga (findings, implications and conclusions)

Whakawhānaungatanga (relationship building)

Whakawhirinaki (building trust)

Whānau (family, give birth)

Whānaungatanga (relationships)

Whenua (land/placenta)

Chapter One: Introduction

Johnston and Pihama (1995) maintain the voices of hapū māmā need to be reclaimed. Hapū māmā must be provided with the space to tell their stories and be supported to flourish. This strengths-based, Kaupapa Māori, qualitative research will explore key factors that motivate and inspire hapū māmā of Tauranga Moana to start and sustain their journey to be smoke-free.

There is an urgent need for midwives to eliminate their critical and insensitive opinions of hapū māmā smoking, and to gain useful insights into what motivates hapū mothers to successfully quit. This research evaluated whether the Ūkaipō Stop Smoking programme, held at marae across Tauranga Moana contributed to the motivation for hapū māmā to start and sustain their journey to be smoke-free. This research utilises the Kaupapa Māori research methodology and pūrākau analysis methods. It is envisaged that the sharing of pūrākau will support and empower hapū māmā, as participants, to speak about their experiences of smoking and about the stigma that society places upon them when they smoke during their hapūtanga.

Smoking has always and continues to cost Māori our most precious taonga; our people. This cost not only has an emotional impact on the individual, but also their whānau, their hapū, their iwi, and the country as a whole (Reid & Pouwhare, 1991). The most significant effects of smoking are on our most vulnerable, our unborn pēpi. There is clear evidence that smoking during pregnancy significantly increases the risk of complications for both mother and foetus, and often hapū māmā who continue to smoke are labelled at risk (Andrews et al, 2014). McIntosh and Mulholland (2011), identify that maternal smoking during pregnancy could be perceived as an act of abuse and negligence upon the unborn child. They go on further to discuss the intergenerational impact of parental smoking and the connection to children taking up smoking themselves, particularly at an early age. McIntosh and Mulholland (2011) suggest that Māori parents who smoke may be hesitant to encroach on what they believe to be their childrens right to choose, autonomy and tino rangatiratanga. There is an overwhelming inequity with smoking prevalence for hapū māmā compared to Pākehā (Andrews et al, 2014).

It is envisaged that this strengths-based study will empower hapū māmā to recognise and build on their intrinsic motivation to achieve their aspirations and enhance their mana. It is anticipated that this research will reveal to midwives what smoking means to hapū māmā and the realities that they face when they embark on their journey to be smoke-free. It is envisaged that the findings from this research will be used to inform midwifery practice and enhance their efficacy when working with hapū māmā who smoke.

This chapter outlines the research question and its objectives. It examines what a midwife is and what role they play in the health system. It then goes on to discuss the Ūkaipō wānanga and its connection to Tauranga Moana.

1.1 Research Question and objectives

The research question that I endeavoured to answer was:

How does the participation in the Ūkaipō programme contribute to the motivation to start and sustain the journey of hapū māmā to become smokefree?

The objectives of this study were to

1. Undertake Kaupapa Māori research, with Māori, and disseminate the findings in order to benefit Māori
2. Provide a safe space for hapū māmā participants to share their pūrākau
3. Capture the pūrākau in a way that supports and motivates hapū māmā to share their experiences of smoking without provoking any feelings of shame or judgement
4. Analyse the hapū māmā pūrākau to identify key themes that would enable other hapū māmā to uncover their inherent potential to start and sustain their journey to be smoke-free.
5. Disseminate the findings to midwives and other maternal and infant health providers to better support them in their work with hapū māmā who smoke

1.2 Ko wai au? Who am I? Positioning of the researcher

My personal and professional experiences have influenced this research. I am a Māori registered nurse and registered midwife who has worked alongside and supported hapū māmā and their whānau in the Western Bay of Plenty for over 20 years. I have worked

predominantly with Māori women and their whānau in my roles as a hospital midwife, Lead Maternity Carer, and as the Midwife Coordinator – Safe Sleep and Smoke Cessation within the Bay of Plenty District Health Board region. I am committed to eliminating health disparities for Māori communities. I promote and support smokefree pregnancies, whānau, hapu and iwi, as well as the prevention of sudden unexpected death in infancy (S.U.D.I.); yet another area where Māori are disproportionately represented.

Since embarking on my academic journey, I have taken on the position of Midwife Manager at Tauranga Hospital, managing not only the day to day running of a sometimes extremely busy Maternity Unit, but also the staff who commit their lives to careers in midwifery, maternity and neonatal nursing. This change in direction enables me to support and motivate other health professionals who care for hapū māmā, their pēpi, and whānau to provide care that is culturally appropriate, supportive, and empowering.

I hold many roles as a registered midwife. Many of which relate directly to this research are the following:

- Bay of Plenty District Health Board Maternity Quality and Safety Programme
- Bay of Plenty District Health Board Maternity Clinical Governance group
- Bay of Plenty District Health Board Neonatal Clinical Governance group
- Bay of Plenty District Health Board Adverse Events Committee
- Tauranga Hospital Maternity Care, Wellbeing & Child Protection Multi-Agency group
- Bay of Plenty District Health Board Family Violence Intervention Programme governance group
- Ngā Māia ki Tauranga Moana
- New Zealand College of Midwives

I am a mother to two talented sons and one angel daughter. The loss of my first and only daughter at 23 weeks gestation, and through the trauma and grief that I experienced, gave me the strength and determination to work towards preventing perinatal death in Māori from within the space of midwifery. I discovered early on that I needed to work collaboratively with other maternal and infant health professionals in order to achieve my

ambition. This collaboration with other health professionals allowed me to gain the experience and mātauranga that I needed to develop new and exciting initiatives to support the kaupapa of reducing perinatal death in Māori whānau.

1.3 What is a Midwife?

The kupu midwife translates as being ‘with woman’ (NZCOM, 2015). It is a reflection of a midwives role in accompanying women and their whānau on their journey through hapūtanga, childbirth and into parenthood. The role of the midwife is to respect the woman and her whānau values and beliefs and not to impose any of her own personal values and beliefs onto them. The midwife acknowledges and respects a woman’s autonomy, her lived realities, and respects the decisions she and her whānau make for their childbearing experience (NZCOM, 2015).

Midwifery in New Zealand allows midwives to practice autonomously. It has its own Standards of Practice and Competencies, Scope of Practice, and Code of Ethics to enable midwives to provide complete primary maternity care and the midwife remains responsible and accountable for the care she provides. (NZCOM, 2015). The Lead Maternity Care (LMC) model of maternity care is the foundation of the New Zealand maternity service. All other services, such as obstetric or paediatric services, fit in and around this model so that the expectant woman experiences a seamless maternity service to meet her and her whānau needs.

New Zealand College of Midwives (NZCOM) (2015), points out that midwives work in partnership with women and their whānau, to provide the necessary support, advice and care throughout pregnancy, labour and into the postpartum period for up to six weeks, to facilitate births and to provide care for the newborn. The partnership is centred on a relationship of shared decision making, negotiation, trust, and shared understandings. Midwives value, promote and facilitate the physiological processes of haputanga and childbirth.

Partnership is a significant concept within the midwifery profession, whatever setting they choose to work in (NZCOM, 2015). Midwives have the ability to work with other health professionals when additional support, medical, or emergency assistance is required, to

meet any additional health or social needs of women, their whānau, and their pepi and continue to provide midwifery care in collaboration with other health professionals.

The 2020 Midwifery Workforce Survey (New Zealand Midwifery Council, 2020) reported that the number of midwives who held a current midwifery annual practising certificate in May 2020 was 3,274. The midwifery workforce is predominantly female, with only 6 male midwives currently practicing midwifery in Aotearoa. Of the total 3,274 midwives, only 220 are Māori, equating to only 10% of the current midwifery workforce.

Ngā Māia Maori Midwives Aotearoa was established in 1993 by Māori midwives, tutors of midwifery and Māori midwifery students to address the discrepancies and inequities in maternity services for wāhine Māori and their whānau. Ngā Māia is now acknowledged in maternity services as the 'voice' not only for Māori midwives but also for hapū māmā and their whānau (Te Huia, J. 2018).

Te Huia (2018), outlines the purpose and objectives of Ngā Māia is to support the recruitment and retention of Māori midwives, to protect and promote the tikanga surrounding traditional Māori birthing practices and parenting knowledge, and to ensure that Māori whānau achieve equitable, clinically and culturally safe midwifery care and child-rearing experiences.

Hapū māmā and their pēpi encounter considerable disparities compared to other New Zealand mothers and babies as Moewaka Barnes et al (2013), indicate, including the incessant discrepancies in preterm birth, low birthweight, stillbirth and neonatal death. They go on to point out that this higher prevalence of maternal risk compared to other women, denotes that hapū māmā have significantly critical health needs during their hapūtanga. Moewaka Barnes et al (2013), highlight that hapū māmā experience inequalities when accessing maternity care and convey lower levels of satisfaction during their maternity journey than other pregnant women. There may be additional issues for hapū māmā living in isolated communities, therefore midwives working in geographically isolated areas need to be aware of this and provide additional care and support when risk or inequity is identified (Moewaka Barnes et al, 2013).

Moewaka Barnes et al (2013) reviewed midwifery care for hapū māmā and identified significant inequalities in knowledge about Kaupapa Māori best practice in service delivery for hapū māmā and their whānau, particularly in relation to the provision of mātauranga Māori. They suggest that a combination of the quality of care hapū māmā receive and their experiences of care affected birth outcomes. Some health services may work well for Māori whānau but others may not. It is important to understand and accept that Māori practitioners, their knowledge and practices are seen to considerably contribute to better health outcomes for hapū māmā, their pēpi, and their whānau, not just during the hapūtanga but for many years afterwards. (Moewaka Barnes et al, 2013).

Whilst wāhine Māori may have a higher prevalence of risk factors during hapūtanga due to the complexities of their lived realities compared to other women, it signifies that more individualised and culturally acceptable care is required to ensure healthy outcomes for both māmā and pēpi. In 2007, Ngā Māia Aotearoa established a cultural framework to guide midwifery practice. The Turanga Kaupapa Cultural Training was recognised by the New Zealand College of Midwives and was rendered as a compulsory midwifery competency, supported through the Midwifery Standards Review process (NZCOM, 2008).

A midwife plays a crucial part in health promotion and education for the woman, her family and her community. Hapūtanga for hapū māmā, as Moewaka Barnes et al, (2013) highlight, is a crucial stage in her life during which health and support services, such as midwives, can provide culturally appropriate care, health protection information, and resources to enable the optimal environment for the growing and developing pēpi.

A midwife may take up additional or alternative roles in health promotion, such as working in collaboration with other primary health or Kaupapa Māori providers to meet the needs of Māori whānau within the community. The ability to promote specific health protection initiatives such as smoke cessation and within the space of preventing sudden unexpected death in infancy (S.U.D.I.), ensures that hapū māmā and their whānau receive care and support by culturally responsive health professionals. Midwives have the ability to deliver this by partaking in additional professional development and gaining the expertise that enables them to work more closely with women and their whānau.

1.4 Background – Ūkaipō Programme Overview

Ūkaipō is an incentive-based, interactive, and informal marae based programme. It provides hapū māmā and their whānau within Tauranga Moana, with information and skills to start their journey to be smoke-free. The aim of the programme is to increase the numbers of wāhine Māori in the rohe to stop smoking during pregnancy through a four day wānanga, based on individual and group activities. Consecutive regular contacts by certificated Stop Smoking Practitioners deliver follow-up support, nicotine replacement therapy (NRT), and biomedical carbon monoxide testing. Durie (2001) found that marae based programmes enhanced customary practices such as karakia, whakawhānaungatanga, rongoa, and the observance of tikanga, positively reinforcing health messages.

The programme objectives to be achieved at the conclusion of the programme for the hapū māmā who attend are to be smoke-free or maintaining a lower biomedical level of carbon monoxide. Both of which reduce smoke related harms to themselves, their unborn pēpi, and their whānau. They would also have obtained the necessary skills and knowledge to enable this to happen.

It is hoped that the māmā are able to transform their decisions towards smoking while hapū, to have strengthened their whakapapa, to become smoke-free role models within their whānau, hapū and iwi settings, and to gain the confidence to become the best māmā they strive to be. Reid & Pouwhare (1991) agree that hapū māmā must prepare themselves and have confidence in their own abilities when stopping smoking. Self-determination and having a sense of tino rangatiratanga o te hauora allows for the capacity for a wāhine to enhance her ability to stop smoking (Fernandez & Wilson, 2008).

1.5 Tauranga Moana Demographics

Tauranga Moana is made up of three iwi affiliated to Te Arawa, Takitimu and Mataatua waka. They are Ngai te Rangi, Ngāti Ranginui and Ngāti Pukenga. The total population of Tauranga City is 136,713 (Statistics, 2020). Māori descendents make up 21% of this total population (Statistics NZ, 2020).

Bay of Plenty District Health Board (BOPDHB) (2019) report the number of births occurring in the Tauranga Moana area vary from 1700-2000 per year, with approximately 85% of

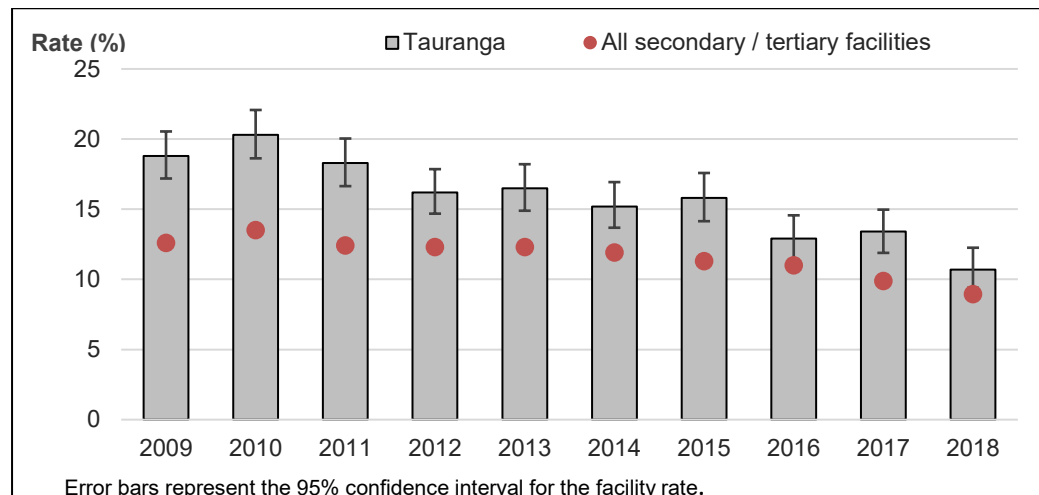
these births occurring in Tauranga Hospital. 38% of all women giving birth identified as Māori. 9.8% of all births were to teenage mothers, with Māori comprising 70% of these. This depicts the Bay of Plenty as having a significantly higher number of wāhine Māori under the age of 20 years becoming hapū and bringing babies into the world. This represents the need for interventions to reduce the health disparities that these wāhine encounter; such as increased perinatal mortality rate, low birth weight, and premature births as outlined in Chen, et al (2008), and in the Health Quality and Safety Commission (2019). Reid and Pouwhare (1991) describe these outcomes as devastatingly untraditional in Te Ao Māori, contribute to the constant oppression of Māori aspirations, and yet, are entirely preventable. Such devastation is due to the effects of carbon monoxide and the deprivation of oxygen for the pēpi in-utero. Low birthweight and prematurity subsequently lead to hypoglycaemia, temperature instability, and difficulties with feeding as they transition into their new world (McIntosh & Mulholland, 2011). All of these complications limit a the pēpi development and inherent potential. Other significant health disparities experienced by young hapū māmā include higher rates of anxiety and depression, and compromised antenatal health. Young wāhine Māori may also adversely experience lower educational achievements, resulting in long-term financial dependency and poverty (Hallam, 2008).

More than 15% of all births were to wāhine living in the most socio-economically deprived areas, of this figure, high proportions were Māori. The challenge here in lies, there is an urgent need for the BOPDHB to reduce these disparities by gaining a better understanding of these wāhine Māori lived realities, the challenges they face, their aspirations, and what support they require (Lawton, et al. 2013).

The median age of the population is 23.2 years for Māori compared to 41 years for the total population of Tauranga (Statistic NZ, 2018). This suggests that a large proportion of the population is of child-bearing age, potentially putting greater demand on maternity services over time. Only 5% of the Māori population are aged 65 years or older, compared to 19.3% of the total population (Statistics NZ, 2018), suggesting that there is possibly less tikanga Māori knowledge and skill being passed down through the generations due to low numbers of kuia and kaumātua residing in the community.

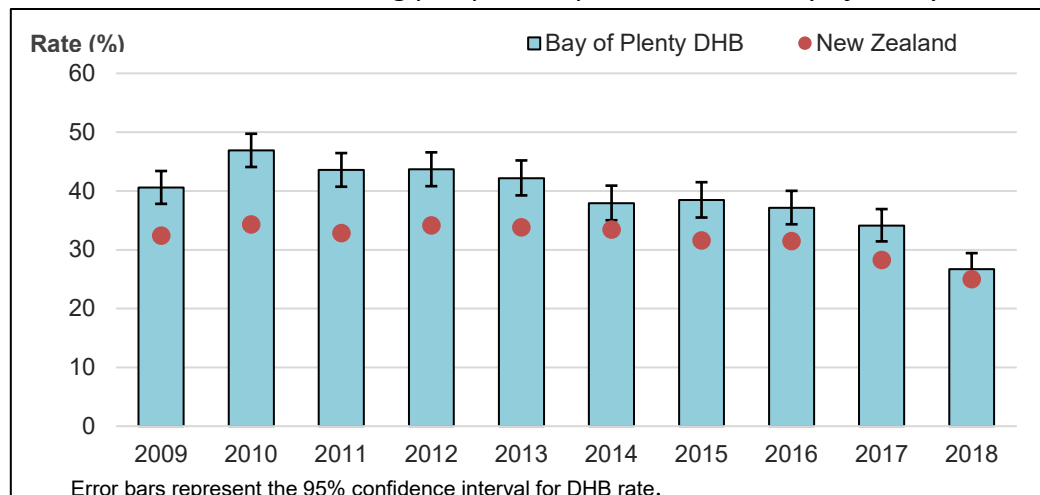
Ministry of Health (2020), Maternity Clinical Indicators report 10.7% of wāhine in Tauranga were identified as currently smoking at two weeks postpartum, compared to the NZ average of 8.9%. Astonishingly, the highest rate (26.3%) of wāhine identified as smoking at two weeks postpartum is those birthing in Whakatane, the other secondary care hospital of the Bay of Plenty District Health Board.

Table 1: Maternal tobacco use during postpartum period - Tauranga



Source: New Zealand Maternity Clinical Indicators 2018 (2020). Retrieved from <https://www.health.govt.nz/publication/new-zealand-maternity-clinical-indicators-2018> on 28 November 2020

Table 2: Maternal tobacco use during postpartum period – Māori Bay of Plenty.



Source: New Zealand Maternity Clinical Indicators 2018 (2020). Retrieved from <https://www.health.govt.nz/publication/new-zealand-maternity-clinical-indicators-2018> on 28 November 2020

Child-bearing years for wāhine Māori correspond with other psychosocial issues such as increased experiences of whānau violence, poor housing, economic determinants, anxiety, and depression. The Bay of Plenty District Health Board (2015) identified many disparities in the maternal health status of Māori including: pregnancy and/or birth complications, poor psychological health, smoking in pregnancy, immunisation, and timely registration and engagement with Lead Maternity Carers (LMCs) and Well Child/Tamariki Ora Providers (WCTO). These have been identified as priority areas within BOPDHB Toi Ora Strategy of Te Rūnanga Hauora Māori o Te Moana a Toi; *Te Toi Ahorangi* (Te Rūnanga Hauora Māori o Te Moana a Toi, 2019).

1.6 Thesis organisation

The next chapter; the literature review, explores the historical perspectives of tobacco in Aotearoa, the context of hapū māmā, smoking, and midwifery, cessation interventions for Māori, and an outline of the early beginnings of the Ūkaipō wānanga. Chapter three looks at the methodology, Kaupapa Māori epistemology, Mana Wāhine, and the midwifery inspired research framework of Te Whakamāramatanga and its concepts relating to undertaking research with Māori. Chapter four outlines the research methods and ethical considerations of this study. Recruitment of hapū māmā as research participants is also

discussed. This chapter also explores the Pū-Rā-Kā-Ū narrative enquiry data collection, transcription process and data analysis method.

Chapter five outlines the findings of this study and the key themes that were identified throughout the analysis of the raw data. Chapter six is the discussion of the research findings in relation to the whakapapa of the creation story, implications of this study for the midwifery profession, strengths and limitations, contributions to research, and the direction for further research. Chapter seven concludes this study.

Both Māori and English vocabulary are used in this thesis. I am on my own journey in learning Te Reo in order to appreciate the language that my tūpuna fought so hard to protect. The use of Te Reo within this thesis is to celebrate and signify the utmost taonga of the hapū māmā courageous contributions to me in my pursuit to tell their stories. Please refer to the glossary for further meaning and understanding of the kupu used within the pages of this thesis.

Chapter 2: Literature Review: Understanding the Context

2.1 Introduction

This chapter uncovers the historical perspectives of the introduction of tobacco into Aotearoa and the portrayals of smoking on Māori and in particular hapū māmā and their pēpi. It uncovers the historical difficulties with reporting health data, poor health messaging, conceivable harms, changing medical views, and the ways in which tobacco companies advertised their products. This chapter also discusses the impact of war and the significant increase in demand for tobacco products during such an uncertain period in the lives of Māori. It takes a look at the significant impact that midwives play when caring for hapū māmā and the detrimental harms caused by tobacco smoking during hapūtanga. This chapter outlines the decline of mātauranga Māori and the impact that it has had on tradition Māori birthing and infant rearing practices. Barriers such as unconscious bias, racism and perceived barriers to accessing healthcare play an important role in Māori achieving their health aspirations.

This chapter goes on to outline the Ūkaipō Stop Smoking Wānanga and provides a close look at the provision of incentives to encourage hapū māmā to attend the wānanga and providing them with the access to weave a wahakura for their pēpi. Lastly, this chapter takes a historical look at smoke cessation initiatives and the importance of prioritising appropriate smoking cessation support to Māori.

2.2 The taonga of Wāhine Māori

For Māori, as Reid & Pouwhare (1991) indicate that wāhine are treasured and regarded as Te Manawa o tō Whānau, hapū, and iwi. A Whakataukāki signifies this undoubtedly: *He wāhine, he whenua, ka ngaro te tangata – By wāhine and land, do man perish*. This associates wāhine Māori with the whenua and expresses the extraordinary degree to which the mana of both wāhine and the whenua are protected, and portrays the depths that tāne were prepared to go to in order to protect them (Reid & Pouwhare, 1991). Tania Cotter (personal communication, 31 October 2018) pointed out that

the whole tapu nature of being a wāhine, the sacredness of a wāhine when she is hapū... she is in the most tapu state a wāhine can get into because she is carrying the next generation... bringing the next generation into the world... for some this may mean wāhine have more power, but that is not so... like our roles on the marae... its complementary... we can't get pregnant without a man... that is the basis for the complementary roles within our culture... we all have a place, we all have a role to play, that's of the same value... we're no less or better than the other.

Wāhine Māori play an important role not just within the domains of whānau, hapū, and iwi, but also in many health initiatives (Simmonds, 2011). They are the “*movers and shakers*” (Reid & Pouwhare, 1991). Yet they are also the victims of the cycle of poor health outcomes, in part due to colonisation, traumatic historical events, their own past and current life circumstances, and the significant impact that smoking has had on their lives throughout the generations. It is time for hapū māmā to commence their journey towards decolonisation of the traumas of the past. To regain power and control over themselves and their mātauranga, to explore areas for transformation and growth, and to strengthen their whānau and whakapapa.

The introduction of tobacco into Aotearoa signalled the start of a cascading series of events that is now considered an ‘*unethical transaction*’ (Turia, 2013), depriving Māori of their tino rangatiratanga over health outcomes (Tane, 2011), and consequently one of the most deadliest relationships Māori ever entered into (McIntosh & Mulholland, 2011).

2.3 A historical perspective of tobacco use in Aotearoa

Māori have been interacting with Pākehā in Aotearoa since Captain James Cooks’ arrival in 1769. Missionaries, traders, and whalers arrived shortly after, and Māori soon became the minority population in their own country (Tane, 2011). Tangata whenua were initially curious to learn of their visitors different ways of living. A practice presented to Māori was the smoking of tobacco (Broughton & Lawrence, 1993). There was no recognition of or tikanga surrounding the use of tobacco or smoking during pre-European Māori life (Reid & Pouwhare, 1991; Durie, 2001; Tane, 2011).

Many rangatira strongly opposed smoking amongst their people due to its relatively unknown properties (McIntosh & Mulholland, 2011). One such rangatira, Rua Kenana from Maungapōhatu, deemed smoking as “injurious”, and forbid its use amongst his people (Cook, 2013). Conversely, tobacco was quickly becoming an orthodox item of trade alongside alcohol, muskets, and gunpowder by the early 1800’s (McIntosh & Mulholland, 2011). These items were often used by Pākehā to exploit Māori for their supplies and services (Cook, 2013). Nicotine; the addictive compound within tobacco, ensured Māori would continue to crave this new habit. The unpleasant effect of nicotine withdrawal was something that Māori had never experienced before and in an effort to avoid it, Tane (2011)

describes Māori embracing trade relationships with Pākehā and offering whatever they possessed to end their nicotine withdrawal. Wolfe (2005), referred to settlers being encouraged into co-habitation with young Māori women as a means of protection from acts of violence that would undoubtedly be inflicted upon them by members of the hapū and iwi. In one radical trade agreement, a Māori father accommodated this by offering his daughter in return for muskets, blankets, and tobacco (Wolfe, 2005). This is an example of the influence of nicotine addiction. Subsequent nicotine withdrawal led to acts of violence and corruption toward wāhine Māori, and a shift away from the traditional respectful connections of mana wāhine and mana tāne.

Rangatira who signed *Te Tiriti o Waitangi* were provided with blankets and tobacco as a recompense for what they had signed up for (Orange, 1989. Cook, 2013). Tobacco became widespread as Māori took up smoking and growing tobacco with enthusiasm (Reid & Pouwhare, 1991 and Rice, 2019). Māori began replacing their food crops to cultivate tobacco in their gardens and prepared it for both local trade and personal use (Reid & Pouwhare, 1991 and Cook, 2013).

Figure 1: *Maggy Wassilieff, 'Gardens - Māori gardens'*



Note: Children sitting in a Māori garden on the Whanganui River in the early 1900's. Tobacco plants can be seen sharing the same crop space as gourds.

Source: Te Ara - the Encyclopedia of New Zealand. Retrieved from

<https://teara.govt.nz/en/photograph/18859/growing-tobacco-and-gourds>

Permission sought to use figure requested on 3 November 2020. Acknowledgements to Museum of New Zealand, Te Papa Tongarewa and to the whānau of those pictured

Tobacco was predominantly smoked in clay pipes. Māori terms for smoking included kai paipa (eating pipe) and momi paipa (sucking pipe). Only the most affluent smoked cigars

and cigarettes; the reason being that they were very costly (Cook, 2013). From the 1840s, narratives of hui taking place on marae often referred to the smoke-filled space (Phillips, 2013; Cook, 2013). Tobacco smoke radiated a very distinctive haze and aroma. This would consequently infiltrate the very heart of Māori society through much of the twentieth century. Smoking was becoming prevalent, socially acceptable and ‘common-place’ within Māori communities across the country (Johnston, 2009). It was not limited by gender or age; Māori women and youth were taking up smoking at a similar rate to Māori men. Cook (2013) discussed a newspaper article from *Te Puke ki Hikurangi* in 1899 that the consumption of tobacco for Māori was remarkably distinct from the Pākehā. Pākehā men took up smoking only when they had reached an appropriate age and Pākehā women did not smoke at all.

Figure 2: Jock Phillips, 'Smoking - The age of the pipe: the 19th century',



Note: Women smoking outside a wharenuī in the King Country in 1885.

Source: Te Ara - the Encyclopedia of New Zealand. Retrieved from

<https://teara.govt.nz/en/photograph/38968/Māori-women-smoking-pipes> (Accessed on 2 October 2019). Permission sought to use figure requested on 3 November 2020.

Acknowledgement to Museum of New Zealand, Te Papa Tongarewa

In 1903, the only pre-first world war tobacco control legislation was the passing of the Juvenile Suppression Act which outlawed the sale of tobacco products and smoking to young people aged less than 16 years amidst concerns of the potential for juvenile delinquency (Thomson & Wilson, 1997 and Johnston, 2009). It is unknown whether this legislation was enforced at the time as Councils appeared to be poorly resourced and considered this legislation a low priority (Cook, 2013).

2.4 Portrayals of smoking Wāhine Māori and tamariki

Posed portraiture by admired artists, such as Lindauer, Goldie, and Cummings would send their images overseas. These images depicted older wāhine Māori with deliberately placed tobacco pipes in their mouths during an era when smoking was considered unacceptable for Pākehā women (Johnston, 2009 and Rice, 2019). These images negatively commemorated wāhine Māori as smokers and portraying smoking as an assertion of their unique and prestigious identity (Reid & Pouwhare, 1991; Johnston, 2009).

Figure 3: *A portrait by Gottfried Lindauer photographed by Samuel Carnell*



Note: Horiana Tiakitai, Lindauer, Gottfried, 1839-1926. Ref: 1/1-019379-G. Alexander Turnbull Library, Wellington, New Zealand. [/records/22340191](https://natlib.govt.nz/records/22340191). Retrieved from <https://natlib.govt.nz/records/22340191> Permission sought to use figure requested on 3 November 2020. Acknowledgement to the Alexander Turnbull Library and whānau of Horiana Tiakitai.

Other images depicted children, once again, with strategically placed pipes, and Māori māmā carrying their pēpi in pikau whilst a deliberately placed pipe hung from her mouth (Tane, 2011). For many Māori today, these images may perhaps be amongst the very few valuable memoirs that connect them to their tūpuna. Sadly, these images are associated with the disadvantageous illness and loss of life that Māori have suffered over the years since colonisation and the introduction of tobacco into Aotearoa (Reid & Pouwhare).

Figure 4: *Ina te Papatahi, a Ngāpuhi Chieftainess (Te Ngahengahe, Ngāpuhi)*



Note: Charles Frederick Goldie.

Retrieved from <https://christchurchartgallery.org.nz/collection/69-78/charles-frederick-goldie/ina-te-papatahi-a-ngapuhi-chieftainess>

Permission sought to use figure requested on 3 November 2020. Acknowledgement to Christchurch Art Gallery and whānau of Ina te Papatahi

Visual images, similar to the portraiture of Māori women smoking, provide some the earliest references into the history of tobacco use in Aotearoa (Johnston, 2009). Resources such as billboards, magazine and cinema advertisements and postcards were used to expose the social and cultural behaviours of smoking (Johnston, 2009). Advertising promoted messages that were the fundamental drivers for the initiation and continuation of smoking through the years for men, women, and youth (Johnston, 2009).

2.5 Historical difficulties with health data and health messaging

The rise in tobacco use and its substantial harms to the health of Māori since its introduction in the late 1700's had been difficult to quantify as it has not been well recorded (Rice, 2019). Many doctors during this period were smokers themselves and relatively unaware of the harmful effects that smoking had on wellbeing. Smoking, in addition to garlic, onions, camphor, and whisky or brandy, was endorsed by the medical profession as a means of personal protection from contracting influenza during the 1918 epidemic. There was the belief that smoking provided a "simple fumigation system" (Johnston, 2009), that would kill off influenza. Many women took up smoking during this period and continued to smoke even when the epidemic subsided (Johnston, 2009; Rice, 2019). The death rate for Māori throughout the epidemic was substantial, when compared to Pākehā. Māori were seven times more likely to die from influenza (Rice, 2019). Smoking was advocated by

doctors for other ailments such as anxiety and depression. Given the beneficial effects of smoking on one's psychological health, a clause was written into the Juvenile Suppression Act allowing for children and youth to continue smoking if they had obtained a medical certificate from their doctor (Johnston, 2009).

Figure 5: Margaret McClure, 'Auckland places - Kaipara Harbour and kauri towns'



Note: This card was used to advertise the tobacco. The text includes the lines: 'The only toasted tobacco on the New Zealand market, no cough, no bite; does not injure heart, lungs, or throat. Medical authorities recommend it.'

Source: Te Ara - the Encyclopedia of New Zealand. Retrieved from

<https://teara.govt.nz/en/ephemera/16109/riverhead-tobacco>

Permission sought to use figure requested on 3 November 2020. Acknowledgement to the Alexander Turnbull Library

The New Zealand Government, for many decades ascertained no health-related purpose for gathering smoking prevalence rates. The only data collected was published annually in the New Zealand Official Yearbook, which presented the overall sale of tobacco rather than that of smoking behaviours amongst the populations (Johnston, 2009). It wasn't until 1976, that the government included a smoking related question into the Census (Johnston, 2009), this was the first time any such question relating to smoking prevalence was posed in a census worldwide (Thomson & Wilson, 1997). Despite this revolutionary effort, no detailed analysis or discussion of the findings were undertaken, therefore the opportunity was lost for making sense of smoking trends during that time (Thomson & Wilson, 1997). Another failure on the part of the New Zealand Government was the failure to collect any ethnic

data pertaining to smoking prevalence. This signaled their lack of ability to track compliance pertaining to article 3 of *Te Tiriti o Waitangi*; the recognition of harm, equality and the failure to protect Tangata Whenua of Aotearoa.

There was very little recognition of smoking ever being considered a health concern during the period between the 1920's and 1950's. In the 1930's, a healthier way of smoking was marketed through the use of filter tips. These provided protection to the user by filtering out the harmful substances that health advocates believed were in tobacco smoke (Johnston, 2009). Women preferred cigarettes with filter tips as they tasted milder and provided a more feminine appearance (Johnston, 2009). Wāhine Māori, as Glover, et al (2010) highlight, were trapped in an abusive relationship with tobacco manufacturers and retailers. Tobacco companies would prey on those with the least amount of resource and who were perceived to be the most susceptible to their suggestive marketing. Similar to domestic violence, the malicious cycle of manipulation and coercion was therefore passed down through generations.

Figure 6: Cinema advertisement for cigarettes - Shown in cinemas in the 1930s before the film began



Note: This slide was shown in cinemas in the 1930s before the film began. It shows that although medical concerns about smoking had temporarily diminished by the interwar years, the National Tobacco Company, makers of Rothmans, still felt the need to reassure smokers about the safety of their product. They also promoted the distinctive, smooth brand of 'Virginia' tobacco. S20-143a Rothmans Consulate Filter-tipped Virginia, 1950s. 2005-010-001, Hocken Collections, Uare Taoka o Hākena, University of Otago. Retrieved from: <https://teara.govt.nz/en/object/38973/cinema-advertisement-for-cigarettes> Permission sought to use image requested on 3 November 2020. Acknowledgement to Hocken Collections, Uare Taoka o Hākena, University of Otago

Any link between poor health and smoking was inconsistent and not supported by research. Negative health outcomes were not being detected due to the considerable lag in the emergence of disease (Johnston, 2009). It took two decades from the pervasive rise in tobacco consumption for the recognition of detrimental harm. Prior to this, the medical profession was preoccupied with other health concerns (Johnston, 2009), all of which took priority over the recognition of an increasing occurrence of lung cancer. The government was investing money, resources and more responsibility into the primary health system and on the identification and control of infectious diseases (Johnston, 2009). The control of communicable diseases through the development of antibiotics and vaccinations was hailed as a significant success for medical researchers. The health of New Zealanders was greatly improved from their achievements (Johnston, 2009).

Moderation of smoking was a common theme during the period leading up to the 1950's, however no clear guidelines existed of what moderate smoking actually was (Johnston, 2009). New and safer ways to smoke were alternative themes evident during this time. Tobacco companies created innovative concepts to entice more people to take up smoking. One such claim was that New Zealand tobacco was processed differently and therefore contained very little if any nicotine, therefore promoted as harmless (Johnston, 2009).

Further health action against smoking did not occur until well into the 1950s. The medical opinion on smoking related harms was varied and mixed messages were common. Johnston (2009) noted the early opposition to smoking from organisations such as the Salvation Army which included arguments concerning the habitual nature of smoking, the capacity for smoking to take power and control over ones' body and mind, consequently preventing one from living a good life.

2.6 Women, war and tobacco advertising

Women became targets of tobacco advertising at varying times throughout history. In 1893, women in Aotearoa won the right to vote, providing them with freedom and independence, in what was a very male dominated society (Reid & Pouwhare, 1991 and Johnston, 2009). Women enjoyed greater participation in the workforce and were receiving expendable income for the first time, enabling them to be more financially independent. Tobacco companies leapt at the opportunity to promote smoking as a powerful marker of autonomy

for young, respectable working women. Smoking was promoted as a refreshing and relaxing reward after a hard day's work (Johnston, 2009). Advances in the marketing of tobacco into sport and recreation settings highlighted the importance of sociability, and the enhanced sophistication and charm that could be gained from sharing a smoke (Johnston, 2009).

The years surrounding the first and second world wars saw a significant escalation in tobacco consumption in Aotearoa. This provided a unique opportunity for tobacco companies to really make their presence felt. Many young men became the target market for the initiation of smoking (Diehl, 1969 in Thomson & Wilson, 1997; Johnston, 2009). Smoking became a coping mechanism and comforting pleasure for soldiers with frayed nerves during the war periods. Tobacco and cigarettes were provided as part of the government funded rations in care packages sent from loved ones back home. Tax-free tobacco was available to purchase through Army and Navy canteens for both personal use and to send home along with supplies of chocolate, all at discounted postage rates (Reid & Pouwhare, 1991; Johnston, 2009).

Women were taking up smoking in high numbers during this period also. The intensely heightened period of uncertainty in Aotearoa during the war years contributed to this increase. Smoking was reinforced as an acceptable way for women to cope with the increased physical and psychological demands on the home front. Women were adjusting to a new life whilst their loved ones were away at war. Smoking assisted with a perception of normality during this period (Johnston, 2009).

More women were entering the paid workforce during the war time years. They were employed to fill the gaps in vacancies left by the men who had gone to war. The placement of women into these positions was considered a temporary solution by the government until the men were able to return from their postings. However, these employment prospects worked as a facilitator for women to exercise more power and control over what they could spend their hard-earned money on. Wāhine Māori were not only forced to live life without their tāne and raise tamariki on their own, they had to maintain their financial stability through employment in order to maintain the household and provide food for the table until their tāne returned from war. This added pressure to earn money led to many

wāhine Māori taking up smoking as a form of relief (Johnston, 2009), and to combat anxiety, depression, conflicting demands, and frustration (Reid & Pouwhare, 1991).

During the early 1930s, Aotearoa and the world experienced an economic depression. High levels of unemployment and substantial wage reductions led to a decrease in consumption of basic food items such as meat and potatoes. Expenditure on luxury items such as tobacco, alcohol, and ice-cream had remarkably reduced during this time (Johnston, 2009). This was the first time since its introduction into Aotearoa that a dip in the total consumption of tobacco was noticed (Johnston, 2009).

The next noticeable drop in tobacco consumption was during and after world war two, this time the decline was much greater (Johnston, 2009). The cause not related to economic factors, but to the global shortage of tobacco. The war led to reduced availability of many consumer items, labour shortages, and changes to shipping regulations resulting in trade restrictions (Johnston, 2009). The New Zealand government-imposed rationing of many essential commodities. As tobacco was not considered an essential commodity, it was not rationed in the same manner. Tobacco became a valued form of currency during the widespread shortages. Johnston (2009) elucidates on the establishment of black-market tobacco trading predominantly amongst returning and visiting servicemen who had continuous access to duty-free tobacco offshore, and members of the tobacco industry.

Women, and in particular housewives were once again being enticed into paid employment, this time in larger numbers. They were recruited onto the tobacco fields and into tobacco processing factories in order to increase productivity and satisfy consumer demand. Despite this immense effort, production continued to fall behind demand. Men were relieved of their military duties to return home and work in the fields and factories alongside women (Johnston, 2009). By the end of the war, the number of women smoking was considerable, and as Johnston (2009), points out, smoking was so commonplace for women during this time that it was no longer considered an exclusively male oriented pastime.

By the mid-late 1930s, there was very little objection to women smoking and they were lighting up in their homes, workplaces, restaurants, and at social events. The biggest concern related to smoking during this time came from fire officials voicing their apprehension of the risk of fires breaking out in the old wooden buildings (Johnston, 2009).

Greater numbers of young women were entering University (Johnson, 2009) to gain higher education and potentially higher paid employment at the completion of their studies. University was a time in a young woman's life where autonomy could develop and be nurtured. The initiation of smoking contributed to the powerful representation of a woman becoming an adult (Johnson, 2009). There was considerable opposition by some University boards, suggesting that the sight of respectable, young women smoking was improper and undignified. Johnston (2009) summarised that the proposed ban on women smoking on campus was over-ruled when the young women themselves affirmed smoking as a personal choice and very much a pleasurable activity to be enjoyed concluding a long day attending tiresome lectures.

2.7 Changing medical views, conceivable harms, and Māori concerns

It wasn't until the late 1950's and early 1960's that New Zealand medical professionals started to recognise the conceivable harms of tobacco smoking, despite research conducted much earlier in The United States of America and Britain evidencing such detrimental effects (Johnston, 2009). The initial steps taken by health professionals and the Department of Health at this time was more focused on educating children and young people to prevent the uptake of smoking, rather than making an attempt to convince those already smoking to stop (Johnston, 2009).

In 1962, the London based Royal College of Physicians (RCP), released their report outlining the conclusive evidence of the harms caused by smoking, including lung cancer, chronic obstructive pulmonary disease and heart disease (RCP, 2000). The New Zealand medical profession and the Department of Health agreed that more action was essential in addressing the serious matter of smoking (Johnston, 2009). Despite the condemning evidence, health professionals experienced difficulty when trying to get the public to comprehend the report's findings due to extensive societal acceptance and normality of smoking that they had become accustomed to (Johnston, 2009). Tane (2011) referred to an ironic situation during a 1963 Māori Leadership Conference where a presenter addressed the audience holding a cigarette and being bordered by an abundance of boxes of cigarettes to hand out to others in attendance.

Figure 7: “Tobacco bales” Bales of tobacco await processing at the W. D. & H. O. Wills factory in Wellington



Note: Bales of tobacco await processing at the W. D. & H. O. Wills factory in Wellington. Local cigarette manufacturing began in 1919 when a joint venture of British and New Zealand interests set up the factory. By the early 1930s, 90% of New Zealand’s tobacco crop was grown in the Nelson region. Bales were shipped to Wellington.

AANR 6329 13 9/27 D8610 (R22537220) Archives New Zealand Te Tari Taiwhenua

Retrieved from: <https://teara.govt.nz/en/photograph/17036/tobacco-bales>

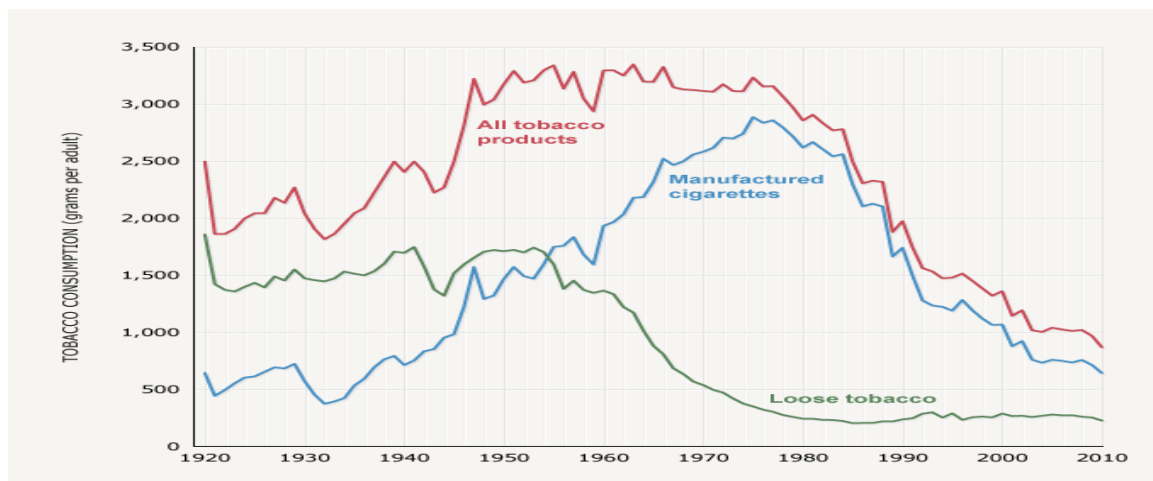
Permission sought to use figure requested on 3 November 2020. Acknowledgement to Archives New Zealand Te Tari Taiwhenua

World renowned protests led by prominent wāhine Māori, such as Dame Whina Cooper and Eva Rickard (Durie, 1998b), saw Māori assert their power in reclaiming their identity, integrity and tino rangatiratanga (Tane, 2011). Throughout these significant historical moments, protesters and supporters continued to smoke, continued to experience unnecessary illness, and continued to bear witness to the deaths of loved ones from smoking-related causes. This led to Māori leaders heeding the warning of Rua Kenana, and eventually identifying tobacco use as a significant barrier to achieving good health and wellbeing and in fulfilling one’s own full potential (Tane, 2011). Durie (1998a) further identified smoking as jeopardising toward Māori advancement, subsequently placing future generations at risk.

Since the release of the RCP report, health promotion programmes have attempted to reduce the initiation and continuation of smoking with the aim of harm reduction. With

significant legislative changes to tobacco advertising and sales, and the introduction of smoking restrictions and bans, rates of smoking have reduced momentarily since the smoking epidemic of the mid-20th century.

Table 3: The total consumption of tobacco products per person 1920-2010



Source: Statistics New Zealand. Retrieved from Te Ara - The Encyclopedia of New Zealand. <https://teara.govt.nz/en/graph/38983/tobacco-consumption-per-new-zealand-adult-1920-2010>.

However, despite measures to reduce harm, there has been and continues to be consistent inequity in smoking prevalence for Māori. Māori women between the child-bearing ages of 25-34 have the highest smoking prevalence in Aotearoa (MOH, 2016). This data represents the conceivable risk to unborn babies and to the children and young people experiencing the effects of their mothers smoking. The cost to communities is immense and intergenerational. (Reid & Pouwhare, 1991; McIntosh & Mulholland, 2011). Eddy et al (2015) found that many hapū māmā who continue to smoke live within spaces where other people smoke. Despite the midwives provision of advice and offer of referral to cessation providers extended to others, there was very little modification to smoking statistics. This finding exposes the profound reality that many hapū māmā live within environments that are unsupportive of their decisions and motivation to stop smoking.

For Māori, continued smoking will continue to take our people. Our whānau will experience excessive distress and heartache from illness and the premature death of loved ones. Our hapū and iwi will fight to contend with the impact that smoking takes on their kaumātua;

their leaders and possessors of customary skills and knowledge (Reid & Pouwhare, 1991). Their presence and guidance is needed, more so now than ever before.

2.8 Health Harms from Smoking

Cigarette smoking is one of the leading causes of preventable death and disease in Aotearoa with around 5000 people die each year due to smoking or second-hand smoke exposure (Ministry of Health, 2017). Cigarette smoke harms every organ and system in the body. Smoking is the cause of over 80 percent of lung cancer in Aotearoa (Ministry of Health, 2017). Many of the health problems linked to smoking can lower a person's quality of life.

There are approximately 4000 chemicals in tobacco smoke, and more than 70 of those have been found to cause cancer (World Health Organization, 2014). Tobacco contains nicotine, an addictive drug that goes almost directly to the brain when smoked. Tobacco gives off carbon monoxide when smoked. Carbon monoxide depletes the muscles, brain and body of oxygen (Ministry of Health, 2017).

Lung cancer is the leading cause of cancer death in both men and women. Smoking also increases the risk for cancers of the mouth, larynx (voice box), pharynx (throat), esophagus, kidney, cervix, liver, bladder, pancreas, stomach, colon, and rectum (Ministry of Health, 2017).

Smoking damages the airways and alveoli in the lungs. Smoke damage in the lungs can lead to serious long-term lung diseases such as chronic obstructive pulmonary disease (COPD), chronic bronchitis, and emphysema. Smoking also increases the risk of lung infections such as pneumonia and tuberculosis, it also worsens many pre-existing lung diseases like asthma (Ministry of Health, 2017).

Smoking damages the cardiovascular system, it is the major cause of coronary heart disease (CHD) and heart attacks. Smoking causes tachycardia and hypertension; the number one modifiable risk factor for cerebral haemorrhage and cerebral vascular accident (NZIER, 2020). Smoking lowers metabolism, and increases the risk of developing metabolic disease and type two diabetes (Gentles, et al, 2007).

Tobacco smoke increases the risk of tooth loss and gum disease, lowers the immune system, causes premature aging of the skin, decreases the senses of smell and taste, and leads to bad breath and stained teeth (Millar & Locker, 2007). Smoking increases the risk of developing cataracts and can lead to macular degeneration and blindness (Wilson, et al, 2001). Because smoking affects blood flow, it lowers the body's ability to heal from wounds or cuts (Silverstein, 1992).

2.8.1 Health harms for women

Smoking can damage a woman's reproductive health including infertility, menstrual problems and reduced contraceptive options. Smoking can lead to early menopause, lowers bone density increasing the risk of bone breakage and increases the risk of post-menopausal rheumatoid arthritis (Seltzer, 2000). Women who have an increased association with anxiety, depression, substance abuse, suicidality, and suffer from post traumatic stress disorder smoke (Jessup, et al, 2012),

2.8.2 Health harms for men

Men who smoke have a higher risk of developing reproductive hormone system dysfunction, leading to erectile dysfunction, reduced sperm count and quality, and impaired spermatogenesis all of which lead to decreased fertility and increased risk of adverse birth outcomes and birth defects in their children (Dai, et al, 2015).

2.8.3 How smoking affects children and teens

Cigarette smoking causes major health problems in children and teens. These can lead to the serious health problems as discussed above, but occurring at a younger age. The most serious issue is nicotine addiction at a young age leading to long-term tobacco use as they get older (Paul, et al, 2008). Children and teens who smoke regularly or are exposed to second-hand smoke tend to suffer more serious health problems than children who don't. These include chronic cough, shortness of breath, wheezing, croup, headaches, more frequent respiratory infections, glue ear and middle ear infections, reduced fitness, poor lung development and function increasing the risk of developing COPD in their adult life (Royal College of Physicians, 2010; Woodward & Laugesen, 2001).

Children who are exposed to tobacco smoke have an increased association with behavioural problems and attention deficit hyperactive disorder (Gaysina, et al, 2013; Langley, et al,

2005). Teens who smoke are more likely to turn to alcohol, marijuana and other illicit drug use (Torabi, et al, 1993).

2.9 Hapū māmā, smoking, and midwives

There are numerous literatures exposing the overwhelming inequity of smoking prevalence for hapū māmā compared to Pākehā and the reasons why are well documented (Broughton & Lawrence, 1993; McLeod, et al, 2003; Glover, 2005; Glover and Kira, 2011; Andrews et al, 2014). Smoking prevalence for hapū māmā is much greater in contrast to Pākehā as highlighted in Andrews et al, (2014), with almost 43% of hapū māmā registered with a midwife Lead Maternity Carer (LMC) recorded as current smokers, compared to 13.1% for Pākehā. The Perinatal and Maternal Mortality Review Committee (2019), the National Maternity Monitoring Group (2019), the Health Select Committee (2013), and the National Institute for Health and Clinical Excellence (2008) all recommend that hapū māmā should register with an LMC and start receiving maternity care within the first trimester. 99% of hapū māmā in the Bay of Plenty registered with a midwife LMC in 2017-2018 (BOPDHB, 2019), meaning that most hapū māmā were receiving the crucial antenatal care that they were entitled to. Despite this, midwives need to be better supported to not only provide maternity care, but to have a positive impact on reducing health inequities and inequalities for hapū māmā.

Hapū māmā have varying levels of awareness concerning the risks associated with smoking (Glover and Kira, 2011). A lack of awareness of the risks of continued smoking limits a hapū māmā in making informed choices and potentially challenging her on her journey to becoming smoke-free. Glover (2005) reported on common reasons for smoking being habitual, such as having a cigarette after a meal or once the tamariki have gone off to bed for the night, a means of stress relief, dependence and addiction, and not being subjected to experiences or feelings of illness. However, in a more recent study, she found that a lack of whānau support, a partner who also smoked, and the acceptance and ease of continued smoking in social circles were undeniable attributes when re-examining why wāhine Māori continue to smoke throughout their hapūtanga (Glover & Kira, 2011). These findings support the notion that hapū māmā maintained a common conviction that stopping

smoking was inane due to the continuation of smoking by others around them, in turn exposing the unborn baby to additional effects of second-hand smoke exposure.

There is very clear evidence that smoking during pregnancy significantly increases the risk of complications for both mother and foetus, and often hapū māmā who continue to smoke are labelled at risk for poor outcomes (Andrews et al, 2014; Gamble et al, 2015). There are many influencing factors that must to be acknowledged prior to labelling hapū māmā who smoke as “high-risk”. Houkamau et al, (2016) report on many of the historical, psychological, social, and economic factors that influence hapū māmā to smoke. These need to be recognised by health professionals, especially midwives, before placing the “high-risk” label onto them. Such labelling depicts the further marginalisation by health professionals, triggering the hapū māmā to blame herself, become anxious when seeking and attending maternity care and subsequently impacting on her trust in her midwife (Houkamau et al, 2016). Midwives believe this as a “failure to engage” in care subsequently denying the hapū māmā maternity care.

This constant labelling portrays the hapū māmā and her unborn pēpi as “vulnerable” and reinforces cultural racism (McCreanor and Nairn, 2002). Health professionals negative judgements and labelling may further compound the hapū māmā lived realities and mistrust of other health services. McCreanor and Nairn (2002) further indicate that the “deficit-orientated language commonly used by health professionals contributes to negative stereotypes of Māori”, they reiterate that “the use of the terms ‘hard to reach’ or ‘non-compliant’ are not constructive and ultimately diminishes Māori”. They identify with the need for the health sector and health professionals to reorientate their language used to prevent further failings in health outcomes for Māori. A midwife, is in a unique position to be able to develop trust in her abilities to care for hapū māmā who smoke and engage with her and her whānau to provide them with the support and care that they are entitled to. The focus for health professionals should be to decommission the negative images of hapū māmā and to look beyond their disparities. They must provide care and support that revolves around the positive aspects of a hapū māmā lived realities, provide them with a safe space to reflect on their negative experiences, and to motivate them to develop their own aspirations, hopes and dreams for their future and the future of their pēpi and whānau.

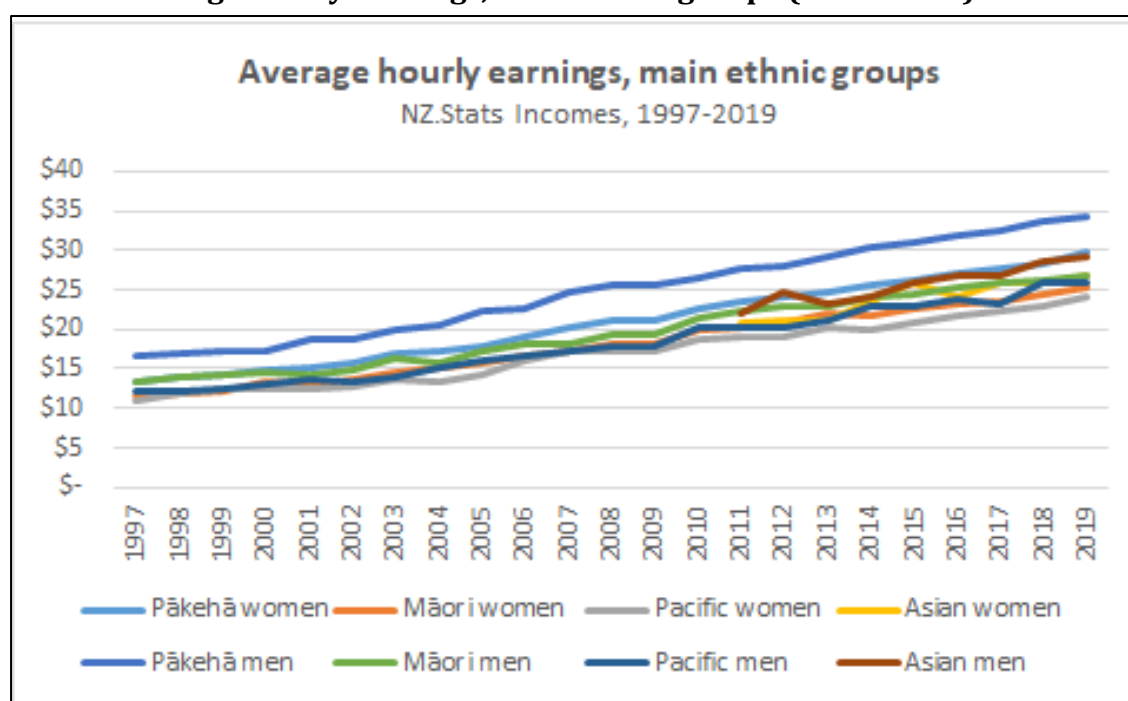
Some studies looked into some of the issues that discourage women to smoke. Concern about babies health was a significant finding that hapū māmā worry about when they continue to smoke (Glover & Kira, 2011; McLeod et al, 2003). The issue of the increasing financial cost of cigarettes was highlighted by 43% of women in the study, as more of a motivator to stop smoking than the health of their other children (19%) in the research conducted by Glover and Kira (2011). This finding may negatively portray hapū māmā as being less concerned about the wellbeing of their other children and more so on the financial cost of smoking. Their research highlight other less common reasons for wanting to quit smoking temporarily due to the physical side effects of pregnancy, such as nausea or morning sickness, the increased sense of smell, and breastfeeding.

There is also the added pressure being received from others to stop, making the woman feel whakamā due to the shame that they are putting their hapūtanga at risk (McLeod, et al 2003; Glover & Kira, 2011). All of these sensations felt during pregnancy would in due course diminish, leading to a potential relapse in smoking. Glover and Kira (2011), suggest further research is called for to explore cessation interventions that influence the entire whānau to stop smoking. Additional research is required to identify reasons for relapse in the postpartum period and further develop strategies to reduce this incidence (Andrews et al, 2014).

McIntosh & Mulholland (2011), imply that the social determinants of health impact on the choices that a wāhine makes that subsequently affect her health outcomes. McLeod, Pullon, & Cookson (2003) described that one of the contributing barriers to stopping smoking is the considerable socioeconomical deprivation that wāhine Māori experience, therefore many wāhine acknowledge that quitting smoking is not a priority and are often not responsive to cessation support. Aside from the socioeconomic deprivation, experiences of nicotine addiction, habit, and subtle forms of resistance against the expectations of the Crown, some wāhine Māori would prefer to continue to smoke, despite the effect that it has on their financial stability.

The following graph illustrates the persistent pay gaps between Pākehā, Maori, Pacific and Asian women and men.

Table 4: Average hourly earnings, main ethnic groups (1997-2019).



Retrieved from: <http://cevepnz.org.nz/Gender%20pay%20gap/gender-ethnicity.htm> on 28 November 2020.

These findings acknowledge that smoking is deeply entwined into social and whānau functioning. Hoek, et al (2014), noted smoking to be so entrenched in some communities that health professionals, both Māori and Pākehā, fail to effectively support pregnant wāhine with smoke cessation. Glover, et al (2010), suggest that by addressing the social determinants of health, more people would be successful in their stop smoking attempts. Lawton et al (2013), further highlight that it is no longer acceptable to simply present disparities, the need for the health system to develop effective initiatives is crucial and is the only way to improve health outcomes for Māori.

2.10 Unconscious bias, racism, barriers, and Māori health aspirations

Unconscious bias and racism is evident in health care, as Houkamau and Clarke (2016) point out, where Māori are less likely to receive crucial health messages (The Waitangi Tribunal, 2019). Health professionals may automatically categorise or judge a patient based on their appearance or ethnicity and subsequently make decisions around what health care and/or education they will provide based solely on their stereotypes. This often leads to Māori receiving inadequate care and treatment (Houkamau & Clarke, 2016). Abrahamsson et al (2005) suggested that an assumption may be applied by midwives if hapū māmā continue to

smoke when pregnant thus leading to her fostering feelings of shame or irresponsibility or a perception that she is failing to protect her unborn baby. Every parent wants to provide a good future for their children but smoking may be so embedded in their lives that the hazards created for their children subsequently fail to be recognised (Reid & Pouwhare, 1991). There is evidence of institutional racism across the health care system. Research shows Māori receive lower quality and quantity of care, yet they have the highest needs of any other ethnicity in Aotearoa (The Waitangi Tribunal, 2019).

Hapū māmā who smoke need to be supported to stop, ideally before, but definitely during pregnancy to enhance the potential of future generations. Tobacco dependence remains a barrier to wāhine fulfilling their potential to lead healthy lives and may influence their ability to be self-determining when it comes to their health and the health of their children (Tane, 2011). Barriers need to be broken down. The health system needs to develop tailored health initiatives and messages that are accessible and appropriate for hapū māmā. Reid and Pouwhare (1991) have argued that the ability to progress and grow depends on a person's ability to identify what it is that is holding them back. If nothing is done, it will continue to restrict Māori development and colonise their future potential. Broughton & Lawrence (1993) point out, wāhine Māori are the utmost oppressed people in Aotearoa. Wāhine Māori will continue to find it difficult to break away from the constant inequities until they can start to regain some power and control over issues affecting their own health and that of their whānau.

Humphrey, Bullen, Rossen, & Walker (2016) highlighted that the impact of high smoking rates influences Māori health related outcomes across one's entire life course, from newborn into adulthood. McIntosh & Mulholland (2011), reported that from conception, children depend on their parents for protection and nurturing. Many Māori babies have had to grow, albeit, at a compromised and slower pace whilst their mother smoked during the pregnancy. Once born, they continue to grow; challenged by frequent illness, their learning impaired, and their overall potential affected by being trapped in their parents' addiction to nicotine (McIntosh and Mulholland, 2011). Smoking is a significant barrier for Māori in meeting their educational, economic, social and cultural aspirations, smoking needs to be de-normalised in communities, so that tamariki grow up without seeing smoking as a part of their lives (McIntosh & Mulholland, 2011). Broughton & Lawrence

(1993) emphasize that Māori are oppressed; socially, economically and culturally, by the representation of persistent poor health outcomes. They stress that Māori need to overcome smoking for themselves as a people, and fight to gain back their status and entitlements as tangata whenua. The New Zealand health system needs to uphold their obligations to Māori pertaining to *Te Tiriti o Waitangi* (The Waitangi Tribunal, 2019). This will allow Māori the opportunity to actively determine, influence, and control what is best for our people. Only then can health related inequities be tackled. It must be the entire iwi who make the decisions and take back the control. Not only the iwi, the hapū, the whānau, the individual, but Māori entirely.

Previous mono-cultural, Pākehā centric and biomedical practice approaches to cessation interventions have been ineffective and more emphasis needs to be placed on finding new strategies to reduce smoking during pregnancy (Humphrey et al, 2016). Services need to be developed to focus on strengths-based thinking and initiatives. Fernandez & Wilson (2008) summed this up by pointing out that interventions are less effective when there is a constant focus on the negatives. Bombarding a hapū māmā with non-tailored cessation approaches is less than beneficial and the constant badgering may lead to a diminishing of self-esteem (Reid & Pouwhare, 1991). It has been recommended by Houkamau, et al (2016) that further research is needed, where Māori are able to develop and own their own holistic health interventions, that remove the perception that smoking is a normal part of their lives, and challenge the deficit view that health professionals hold against them.

2.11 Cessation Interventions for Māori

Smoking cessation programmes have been considered highly effective in reducing the smoking rates in New Zealand for Pākehā. In 1998, the telephone based smoke cessation programme Quitline launched their six month pilot study in the regions of Waikato and the Bay of Plenty (HPA, 2016). The programmes objective was to initiate more stop smoking attempts through conversation and subsidised nicotine replacement therapy (The Quit Group, 2009). The Quitline programme rolled out nationally in 1999 with the launch of their first campaign “Every Cigarette is Doing you Damage”. However, smoking rates for Māori seem to be resistant to many of these generic programmes; such as Quitline (Tane, 2011). A weakness of these interventions are shown in the widening gap of inequity in prevalence as they are not associated to increasing numbers of Māori smoking, but in higher numbers of

Pākehā successfully giving up smoking (Laugesen & Clements, 1998) by engaging in interventions tailored by Pākehā, for Pākehā.

In 1992, the intensive noho marae based smoke cessation programme; Kati Te Kai Toru, was developed by Māori women who wanted to stop smoking in Taranaki (Glover, 2000).

Attendees committed to a 5-7 day stay on a marae and were provided with holistic support to stop smoking within the confines of the marae, emphasising the strength gained when connecting with their culture and identity (Glover, 2000). This initiative identified a greater need to deliver cessation interventions to whānau, rather than focusing solely on individuals and promote quitting together to strengthen whānau connections and their whakapapa.

A two year pilot programme, Aukati Kai Paipa was launched by Te Hotu Manawa Māori in 1999. This free community based programme was aimed at instigating positive behaviour changes in relation to smoking. The ultimate outcome of Aukati Kai Paipa was the reduction in the prevalence of smoking amongst Māori through the provision of nicotine replacement therapy and the support of specially trained quit Māori “quit coaches” (Glover, et al, 2010). The programme was extended throughout the country and facilitated by numerous Māori health providers. However, In 2016, The Ministry of Health realigned tobacco control services in an attempt to improve on the reduction of smoking prevalence; subsequently funding for the Aukati Kai Paipa service was ceased due to a lack of monitoring around the accountability of funds utilised (Hāpai te Hauora, 2018).

A report released in 2010 (Māori Affairs Select Committee, 2010), which Blakely, et al (2010) describe as ‘bold and visionary’, included stories of whānau, their addiction struggles and their losses sustained from smoking. This report was a catalyst in the fight towards eliminating tobacco in Aotearoa (Tane, 2011). The report contained multiple recommendations to support Aotearoa becoming a smoke-free country by the year 2025. Recommendations included placing the accountability for the harms experienced onto tobacco companies. Numerous amendments to legislation and policy were introduced. An increase in funding, not only to further develop Kaupapa Māori initiatives to prevent the uptake of smoking in tamariki and rangatahi, but also to support more Māori to stop smoking was recommended (Māori Affairs Select Committee, 2010).

Research undertaken by Glover and Kira (2012), investigated what hapū māmā thought of the various products and services available to help them to stop smoking and what improvements could be made. The research identified that many wanted more support and encouragement from whānau and health professionals to stop smoking. Only a small number of participants reported being influenced by the stop smoking advice given to them by their midwives. The reality that one hapū māmā faced was that she was expected to just read the information provided and quit on her own.

The ability for “Aunties” to provide smoke cessation support to hapū māmā was reported as successful by Glover, et al (2016) and van Esdonk, et al (2014). The “Aunties” were well known and respected members of the community, they had the ability to connect with and relate to the māmā and to her realities of life. Many of the māmā had previously been label as “hard to reach” by midwives. The “Aunties” would awhi the māmā to make positive changes and provide support in the “Māori way” incorporating concepts of whakapapa, whānaungatanga, aroha, and tino rangatiratanga into their conversations. This was embraced by the māmā and their whānau.

The limitations of this research were that some of the “Aunties” failed to recruit any hapū māmā at all and that some māmā reported a lack of follow-up from the “Aunties” leading to feelings of being unsupported. The availability of “Aunties” was limited due to the work that they were expected to do without any financial remuneration. Some of the hapū māmā reported a need for ongoing motivation when it came to staying smoke-free, and that a support group or programme that talked about alternatives to smoking would be beneficial. It was recognised by the “Aunties” that there were other additonal and more serious social issues being experienced by some of the hapū māmā, including domestic abuse and living in isolation within a gang environment (Glover, et al, 2016), unfortunately, stopping smoking was not perceived as a priority for these māmā. The overwhelming situations that the “Aunties” were confronted with when entering some homes, meant that personal safety took precedence over providing ongoing support, subsequently limiting their committment or ability to help some hapū māmā and the people they were living with.

Glover, et al (2015), reported on the provision of incentives in the form of vouchers or products to persuade women to stop smoking. They found that although incentivisation

increased the rate of quitting smoking amongst the participants, they struggled with recruitment. They received 74 referrals, but only 24 consented to be involved. Only nine of those 24 women who consented actually completed the eight week intervention, indicating that there was a significant issue with retention.

Since the restructuring of tobacco control services in 2015, there are numerous cessation programmes being supported by an increase in Ministry of Health funding for Māori led and focussed initiatives. Hāpai te Hauora were successful in their bid to coordinate services across the country (Hāpai te Hauora, 2018). The Bay of Plenty District Health Board distributes the Ministry of Health funding allocation across the region and provides leadership to ensure health targets are being met. The priority for the Bay of Plenty area are to see a reduction in smoking for Māori and Pacific Island people, hapū māmā, rangatahi, and tangata whaiora (Bay of Plenty District Health Board, 2014).

There appears to be minimal consultation being carried out with hapū māmā when it comes to planning services that are specific to them. This could be assumed for a variety of interventions aimed toward improving Māori health overall, and that very little consultation takes place with those who are most affected – Māori people. It is now time to start looking at what is going to motivate pregnant Māori women to stop smoking, what is going to inspire the whānau and circle of friends to join the pregnant woman and support her to stop smoking for the wellbeing of not only the baby but also herself and her whānau.

2.12 Mātauranga Māori, hapūtanga and birth practices

“I te kore, ki te pō, ki te ao mārama – From darkness, through the night, into the world of light” (Kenney, 2009). This Whakatauākī holds significant meaning to me as a Māori midwife when supporting hapū māmā through their hapūtanga. Throughout hapūtanga, wāhine Māori are considered to be in a state of tapu; for in their Te whare tangata lay the next generation. “It comes from the power we have to carry, nurture, and produce the next generation” (personal communication with Tania Cotter, 31 October 2018). The nature of tapu denoted the ability for wāhine Māori to connect both spiritual and physical worlds together. They were provided with protection not only physically, but also spiritually during their hapūtanga (Mikaere, 2003).

Inside the mothers kōpu lays the pēpi. Ngā Atua imbue pēpi with mauri; the power of life, and determine his or her unique qualities and life purpose. This power and influence imbued upon the pēpi is considered inherently tapu because it upholds the protective power of Ngā Atua whilst in the kōpu (Barlow, 1991). This tapu was removed from the pēpi only after certain rituals such as karakia, the tohi or dedication to a particular Atua, the pure, confirming the child's mana and spiritual powers. These rituals were undertaken to permit both māmā and pēpi to become noa and to impart good health and wellbeing onto the pēpi (Gemmell, 2013).

The Whakatauākī, I te kore, ki te pō, ki te ao mārama, is considered a representation of the cycle of conception, growth, and birth (Mikaere, 2003). It is believed that te kore is symbolic of the darkness within the kōpū where conception will occur and the pēpi will grow and be nurtured. The pēpi is not yet born, but is already “endowed with great potential from its māmā, pāpā, tūpuna, and ngā Atua... this distinct potential may be impeded if māmā is subjected to trauma, or exposed to illness or harmful substances.” (personal communication with Tania Cotter, 31 October 2018).

Te pō is likened to hapūtanga and the beginnings of labour and birth, when pēpi leaves the security of te whare tangata and navigates the birth canal on its journey to Te ao mārama. Tania Cotter (personal communication, 31 October 2018) explains her understanding of te pō being:

the night, the dark night, the long night... the pepi is in darkness in the womb, in te whare tangata... but within that darkness is potential... the potential of that pepi and once born, it (the pepi) is born with a huge amount of potential... growing that potential and nurturing it is what our mahi is as māmā, as whare tangata of our people

Cotter (personal communication, 31 October 2018) goes on to explain that this is a time when the pēpi may encounter struggles if the hapūtanga has been exposed to trauma, illness, or exposure to harmful substances such as tobacco. The potential of the pēpi to cope during the active phases of labour and birth may be restricted. In effect, “pēpi may potentially not survive hapūtanga, and will forever remain in te kore and never experience Te ao mārama; the world of light” (personal communication with Tania Cotter, 31 October 2018).

although it's creating potential through that dark night... (the) potential is being enriched by the style of lifestyle that the māmā... or the whānau are living in... it can be enhanced or impacted on... depending on how the māmā lives or what lifestyle the māmā is living in... we don't all have that perfect pregnancy and we're not all perfect mums conceiving in perfect circumstances.

Simmonds (2009), believes that in the realm of te pō, the pēpi makes a choice; to stay or to progress through to te ao mārama. By remaining in te pō the baby dies, but will forever retain the protection of Ngā Atua. Mikaere (2003) extends on this kōrero informing us about the cycle of life and death, signifying the pēpi entering the physical realm of te ao mārama at birth and returning to the spiritual realm of te pō at the time of our death

Te ao mārama represents the moment of birth, the time when pēpi exits the darkness and enters the light, the realm of being, and takes its first breaths. Te ao mārama is where pēpi can use the endowed potential to grow strong and healthy and achieve great things. It is from our journey through te kore to te ao mārama where our potential begins (Mikaere, 2003).

2.13 Ūkaipō – Early beginnings

Ūkaipō was created in 2016 out of the need for more tailored smoking cessation support for Māori pregnant wāhine; who were considered a priority population by the Ministry of Health and the Bay of Plenty District Health Board. The creators of the programme (Western Bay of Plenty Primary Health Organisation (WBOPPHO) reviewed the successes of and gaps in other cessation programmes across the country. They sought input from key stakeholders, including Māori midwives, iwi and hauora workers, kaumātua, and māmā themselves. This was to determine what a local smoke cessation programme for hapū māmā should look like and how it should be facilitated. Several hui were held and the excitement about the creation of such a programme was starting to build. Consultation with iwi and key Māori stakeholders was imperative. Fernandez & Wilson (2008), agree that this process ensures that Māori beliefs and values are protected and allows for the community to provide their perceptions, opinions, beliefs, and attitudes towards the proposed service which ultimately ensures that the identified health priorities are met.

Primary health organisations, such as WBOPPHO, are obligated under the New Zealand Public Health and Disability Act 2000 (Ministry of Health, 2000), to take a population-based

approach that consolidates services around distinct populations. Primary health organisations are required to acknowledge, understand, and anticipate the diversities and lived realities of Māori and such deliver services that meet and sustain their needs, including:

- The initiation of services and programmes that promote health, prevent and/or manage disease. These initiatives must empower Māori to make individual and collective decisions to improve their own health and the health of their whānau, hapū and iwi
- Developing strategies that serve Māori communities who previously were not being reached by existing services ; and
- Consulting with and working alongside of whānau, hapū, and iwi members to create services that reflect the needs and priorities of their people, this is achieved by:
 - Delivering services in a culturally acceptable manner;
 - Providing services in suitable settings such as marae, kohanga reo, kura, or homes
 - establishing specific services and programmes for Māori that enhance connection, trust, and respect and empowering them in meeting their health needs and aspirations. (Ministry of Health, 2000),

Primary Health Organisations and their services are fundamental to improving the health and wellbeing of Māori, and are essential in manifesting a sense of tino rangatiratanga. Therefore, the challenge to develop a Kaupapa Māori smoke cessation initiative for hapū māmā of Tauranga Moana was presented.

2.14 Developing the Ūkaipō Stop Smoking Programme

The programme needed to be different from anything else that was already being offered. For the programme to be acceptable for Māori, it needed to incorporate all things Māori, from the location, to the foundation and purpose, right through to the content that was being offered. One of the key suggestions from the key stakeholders was to hold the programme on a marae. A marae is considered the ideal space to allow for the flow of manaakitanga and sharing of mātauranga. A marae was considered to be a space that

would be comfortable enough for the māmā to attend and to gain the mātauranga that they desired to start their difficult journeys to becoming smokefree.

Once the programme was created on paper, the creators took their idea to a hui with the Ministry of Health in the hope that they would be given the green light to go ahead. Indeed the green light was given as the Ministry representatives recognised the potential in the programme. The name of the programme at that stage was 'Wāhine Māori, strengthening whānau', it was at this point that the creators decided to source a name for the programme and put it out to the community of Tauranga Moana to find a name.

A competition was held through the local Iwi radio station Moana Radio. The winner of the competition was a young kōtiro who suggested the name 'Ūkaipō'. Her understanding of the word Ūkaipō was that it is the sustenance that a mother provides for her baby. The opportunity given to the community, enhanced the community-up process (Lawton, et al, 2013) that the creators wanted to achieve. The creators then decided to create a tohu that represented the programme. A local artist created the Ūkaipō tohu which is of an image of a hapū māmā surrounded by the concept of whānau, wairua, and hinengaro (figure 8). The programme was starting to come together, and many of the contributions were from tangata whenua which added to the significance of the programme. The first Ūkaipō wānanga was held at Maungatapu Marae in November 2016.

Figure 8: Ūkaipō tohu



The kupu Ūkaipō holds significant meaning. Tania Cotter, an Ūkaipō programme kaiwhakaruruhau, breaks down the kupu to allow for a deeper understanding and recognise its significance to the programme. Tania (personal communication, 31 October 2018) believes that the kupu Ūkaipō is an “amazing name as it captures everything about being hapū, and being (te) whare tangata, and being a māmā, a hapū māmā”. She suggests “the first kupu ‘Ū’ means breast, it is breastmilk” which of course sustains the pēpi. However Tania also believes the kupu ‘Ū’ is linked to the term:

Ū ki te Kaupapa’...being staunch and steadfast, to hold on tight and to build up the resilience, for our māmā to be staunch and carry on their journey to become smoke-free.

Tania explains further (personal communication, 31 October 2018) by pointing out:

the second kupu of Ūkaipō is ‘kai’ and it is an amazing word too and encapsulates so much... of course we need kai to sustain us, we can’t live without kai... while the baby is in the kōpū (womb) that’s what the māmā provides for them, not only kai for their tinana physically, but for their wairua..., their hinengaro... everything that the māmā is absorbing is being fed to the baby.

Lastly, the kupu ‘po’ is explained by Tania (personal communication, 31 October 2018).

Pō is the darkness... the pēpi is in darkness in the safety of te whare tangata... they are totally reliant and dependent on their māmā.

Whānau members or other support people are encouraged to attend the wānanga to tautoko and awhi the hapū māmā and participate in activities. This was important as numerous studies looked at the effect of other whānau members smoking around the hapū māmā, and that their support and encouragement was crucial (Glover & Kira, 2012; Boucher & Konkle, 2016; Eddy et al, 2015; Glover et al, 2013; Ingall & Cropley, 2010; Fernandez & Wilson, 2008).

Hapū māmā were invited to evaluate the programme by providing feedback which would then be used to evolve the programme and ensure it was meeting the needs of those who attended. Glover & Kira (2012), report that hapū māmā needed to be consulted with, to find out what was going to be necessary to help them to stop smoking. The overall focus is on providing what each hapū māmā is needing. Some may require more support than others and this was achievable through follow-up consultations.

Stories of the beginning of Te ao māori including Ranginui and Papatuanuku were shared by local kaumātua during the first day to enable participants to have a better understanding of

the Māori world and strengthen connections to their own culture. Glover et al (2016) promote involving kaumātua in smoke-free kōrero as they hold valuable knowledge of the community. They are well known, trusted and respected by those within it. Kōrero about the history of smoking in Aotearoa was also shared, this allowed the māmā to gain an insight into the detrimental effects that the introduction of tobacco has had on Māori since colonisation.

2.15 Introducing incentives and promoting the use of wahakura

The incentives that the hapū māmā were gifted include pamper packs, mirimiri, and grocery hampers. The most valued incentive that the māmā were offered was the opportunity to sit with a skilled kairaranga to weave their own wahakura for their pēpi. The wahakura was first introduced in 2006 (Tipene-Leach & Abel, 2010) by Māori kairaranga in Tairāwhiti as an indigenous bassinet-like sleeping space woven from harakeke. The wahakura is modelled off the pre-colonisation Māori vessel called the 'porokaraka' (Best, 1907). The waha (to carry) kura (precious little object) was developed in response to the increasing rate of sudden unexpected death in infancy (S.U.D.I.) for Māori, associated with the combined risk factors of maternal smoking in pregnancy and the culturally cherished act of infant-parent bed-sharing (Abel, et al, 2001). The wahakura creates a separate sleeping surface in the shared sleeping space for pēpi and allows for the act of bed-sharing to be carried out safely (Tipene-Leach & Abel, 2010).

The weaving took place on day two and three. The concept of including the wahakura weaving into the programme was to raise awareness of the link to smoking during pregnancy and the increased risk of SUDI. The wahakura itself, as Tiana Bennett, creator and lead facilitator of Ūkaipō explains in (personal communication, 1 June 2019), is

a special taonga that the māmā get to make for their pēpi... they are very proud that they've been able to do this and appreciative that they've been given that opportunity.

Tiana believes that the wahakura itself is a vessel that the māmā not only weave, but a vessel that the māmā can weave all of the emotions that they experience, and all of the support that they receive during their time at the wānanga. These are then transferred to pēpi when he or she eventually gets to sleep in it. Tiana (personal communication, 1 June 2019), describes the wahakura as a way to present other health knowledge as

a big motivator for them to come (to Ūkaipō), but once they come in and they receive all this other taonga and the gift of knowledge, of skills, of everything else, it all just comes together and they put it all into their wahakura or their kete, and take it away, it all serves a purpose, and it actually empowers them to have confidence around the kōrero that they've been involved in.

Abel & Rātapu (2008) reveal significant findings in exploring the introduction of wahakura to Tairāwhiti in 2006. Firstly, the wahakura was found to be a highly acceptable initiative to Māori whānau. Secondly, the Māori midwives distributing the wahakura were successfully engaging wāhine and their whānau in a much wider range of pregnancy, parenting, and infant discussions and health promotion and protection messages (Abel & Rātapu, 2008).

The Māori health model of Te Whare Tapa Wha was suggested as being an ideal way to share the relevant health messages. This is due to the models' holistic approach and the awareness that smoking not only affects the tinana, but it also affects the whānau, the hinengaro, and the wairua of a person. Wellbeing is dependent on the balance of all of these dimensions. The concept of Te Whare Tapa Wha (Durie, 1998) and each of its dimensions are interwoven throughout the programme. Glover (2005) and Glover & Kira (2011), identified that by examining smoking from a tikanga Māori perspective and incorporating each of the dimensions of Te Whare Tapa Wha into the hapū māmā wellbeing, a better recognition and understanding is achieved. Therefore, improvements can be planned for and prioritised accordingly. Northland District Health Board (2009) also claim that a holistic focus on healthy lifestyles, engagement by health services, and whānau participation is beneficial in helping hapū māmā to stop smoking.

Te taha tinana is represented in kōrero around the capacity for physical growth and development for both māmā and pēpi, the effects of smoking on the body and pēpi, and the benefits of quitting. Kōrero takes place on the concept of addiction and how our tinana becomes dependent on nicotine. Additional kōrero includes healthy kai, the importance of sleeping patterns, mirimiri, and gentle exercise. Kōrero around breastfeeding also takes place, McLeod et al (2003) reports that this is another area of Māori health where inequalities are evident.

Te taha wairua is the concept of health that is related to the unseen and unspoken energies. The connections to our tūpuna determines who and what we are, where we come from and

where we are going. Tania explains in (personal communication, 31 October 2018) that there is an

alignment... everything comes together when a māmā becomes hapū... Atua, tāne, wāhine, and pēpi... and at the time of conception... boom... that's when the potential starts... the gifting of potential by the Atua... the creation of iratangata and when the pēpi needs the māmā to breathe for them, to feed them to nurture them.

The concept of whakapapa and healing are also discussed in this section of the programme.

Te taha whānau includes the capacity to belong, to care, and to share. Whānau provides us with the strength to be who we are and to embrace relationships and connections that make us whole (Durie, 1998). Understanding the importance of whakapapa and whānau and the role the māmā plays in producing strong healthy whānau. The kōrero relating to Te whare tangata and the role of the tāne as a source of protection and security, especially when the māmā is hapū and in a state of tapu, enhances this component of the programme. Māmā were invited to share their own kōrero about themselves or their whānau and how they have been deeply affected by smoking and why they are wanting to make a change.

Tania points in (personal communication, 31 October 2018) that for some māmā:

it's a beginning of a journey for some of them... they are here for the kaupapa, to stop smoking while they're hapū, but then they receive all the other stuff... all new and exciting stuff... they're learning about themselves and connecting or reconnecting if they've been disconnected, they connect back to the marae... when you're on the marae, you got to think about and connect with whānau.

Te taha hinengaro represents the transition in becoming a parent and what can be a potentially frightening one for many hapū māmā, particularly if she has little whānau support around her. Māmā were supported and encouraged to allow these feelings and emotions to be released in a safe and nurturing environment. Thoughts, feelings, and emotions are integral to a person's wellbeing (Durie, 1998). The capacity to communicate, to think, and to feel. Relaxation techniques when encountering stressful moments were explored including breathing exercises and mirimiri.

On the fourth and final day of the wānanga, community health and social service providers were invited onto the marae to kōrero about their mahi and what they could offer the hapū māmā and her whānau. It has to be acknowledged that some whānau endure many health and social disparities on a day to day basis and may be unaware of what is available to them within the community. The whānau ora concept of linking other services and sectors with

whānau is valuable (Northland DHB, 2009). Māori providers in particular, would be beneficial, as interventions by Māori for Māori have been proven to be successful. Fernandez & Wilson (2008) agree with this in pointing out the many health professionals are unfamiliar with Māori culture and may not provide for the holistic needs of their Māori patients.

2.16 Prioritising appropriate smoking cessation support programmes

McIntosh and Mulholland (2011) suggest that failures within the education system has contributed to the large numbers of tamariki and rangatahi taking up smoking and continuing to smoke into their adulthood. Poor literacy, and specifically poor health literacy has impacted on how Māori seek out health care. Health professionals must be aware of how poor health literacy impacts upon Māori and adjust their care and practice to better engage with Māori in the environments that are supportive to them (McIntosh and Mulholland, 2011). Basic social and behavioural skills are what schools are failing to teach to our tamariki and rangatahi. The importance of teaching and instilling resilience into our tamariki and rangatahi could prevent many of them from being manipulated by tobacco company marketing and succumbing to peer pressures and encouraging smoking (McIntosh and Mulholland, 2011).

Houkamau & Clarke, (2016) report that with Māori providers making up the minority in many areas of health and social services, hapū māmā will continue to have interactions with Pākehā providers. This pertains particularly to midwives and Well child/Tamariki Ora providers. Hapū māmā may feel categorised, discriminated against, undermined, frowned upon, or spoken down to (Harris, Stanley & Cormack, 2018). This discrimination contributes to poor outcomes, as they become discouraged from accessing any future health services. These negative experiences may lead to apprehensive about interacting with other services. Having the ability to invite in trusted, well-known and respected providers to the programme will help alleviate these feelings and enhance confidence in re-engagement. Interventions that remove the perception of smoking being a normal part of their lives, and that challenge the mono-cultural deficit views that health professionals hold against them (Houkamau et al, 2016).

The programme incorporated the biomedical testing of carbon monoxide in validating a smoke-free status amongst the hapū māmā. This was an essential component stipulated by the Ministry of Health agreement, and is related to the provision of incentives. Glover et al (2015), report that the offering of incentives along with culturally appropriate cessation support are greatly beneficial to Māori communities where smoking is prevalent. Follow-up cessation support with a qualified stop smoking practitioner from the regional stop smoking service Hapainga was encouraged to enable the māmā and her whānau to receive ongoing stop smoking support following on from the intensive learnings gained from the wānanga.

Ongoing tautoko from a whānau member, who could subsequently act as a 'champion' within the community, to encourage other whānau members and peers to stop smoking, is the ultimate aspiration. Fernandez & Wilson (2008) suggest initiating a whānau of smoke-free wāhine to provide this support. This combined with the 'wrap-around' support from community health and social service providers, resembles the whānau ora concept of strengthening whānau capability and well-being; through Māori development, Māori participation, effective service delivery, and sectors working together.

2.17 Conclusion

From this literature review I believe that the Ūkaipō smoke cessation programme addresses many of the inconsistencies and gaps in supporting smoke cessation for hapū māmā that have been identified. Ūkaipō is an incentives based and Kaupapa Māori driven initiative that has been created for hapū māmā in Tauranga Moana. What is not known at present is what factors motivate hapū māmā to attend Ūkaipō in the first place, and what factors motivate them to continue through the programme to start their journey to be smoke-free.

Further research is needed where hapū māmā are supported to develop their own holistic health interventions. How does the participation in the Ūkaipō Stop Smoking Wānanga contribute to the motivation to start and sustain the journey of hapū māmā to become smokefree? This is the question being asked in this research. The voices of hapū māmā need to be heard. Health professionals need to stop aiding and abetting the corrupt system of racism that inevitably strips wāhine Māori of their wairua and orange. Hapū māmā require the inspiration to create a better today, for the wellbeing of the generations of tomorrow.

Chapter 3: Methodology

3.1 Introduction

This chapter outlines the theoretical underpinnings of this qualitative research and how it was conducted. Firstly, it introduces my understandings of Kaupapa Māori theory and Mana Wāhine epistemology and how they have been used in this research. It then outlines the midwifery inspired research framework and concepts of Te Whakamāramatanga (the process of enlightenment) which are incorporated throughout this research. It then discusses Pū-Rā-Ka-Ū as the data collection method and how the stories of the hapū māmā were shared which then leads to how these were analysed using the Pū-Rā-Ka-Ū analysis method.

3.2 Qualitative Research

Qualitative research techniques examine a subject holistically and comprehensively, to explore its complexities, and to comprehend it in its own unique perspective (L. T. Smith, 2019). Essentially, she explains the notion of holistic ‘meaning-making’ to captivate the mind, body, heart, and spirit, and the recognition of connection of these realms to oneself, to whānau, to the environment, and to humanity. The qualitative design utilised in this study places the importance on safeguarding the participants’ own diverse realities, stories, and interpretations, rather than creating an impartial vision and far-reaching negative generalisations (Hutchings, 2002; Mikahere-Hall, 2017).

Qualitative research is particularly significant to this study as it analyses and interprets the voices of the hapū māmā in the fullest sense. The experiences, perceptions, and voices of the hapū māmā lived realities are treasured and honoured. A Māori researcher has many opportunities to share research with others, to maintain the ahi in their hinengaro, tinana, manawa, and wairua. This encourages future generations to seek opportunities to learn and live Kaupapa Māori story-work (L. T. Smith, 2012).

3.3 Kaupapa Māori theory

Kaupapa Māori as an Indigenous research framework provides the right, the space, and the voice for Māori to centre, validate, and legitimise themselves (G. H. Smith, 1997; L. T. Smith,

2012). It acknowledges mātauranga Māori, whakaaro, whakamātau, and tikanga within the sphere of research. Kaupapa Māori theory provides a framework for explaining to Pākehā how Māori have always lived their lives (Cram, 2001). Kaupapa Māori research, as Lee (2005) describes, provides a structure to reinvent the social circumstances, predicaments, and experiences of 'being Māori'.

Māori researchers connect with and work alongside Māori communities experiencing complex and diverse lived realities. Lee (2005) articulates how Kaupapa Māori research enables researchers to research in ways that express Māori lived realities. To convey messages, exemplify experiences, and ensure cultural philosophies remain intact. Research findings highlight the significant and transformative changes that Māori have made and empower them to access their rights to tino rangatiratanga, social justice, and decolonisation (G. H. Smith, 1997).

In a Kaupapa Māori paradigm, research is undertaken by Māori, for Māori, and with Māori. A crucial aspect of Kaupapa Māori research is that it represents Māori, as Māori. It addresses socio-economic disadvantage and the undesirable stresses that individuals and whānau encounter. It acknowledges that despite these difficulties, Māori intervention practices and values are able to intervene successfully for the well-being of the entire whānau (G. H. Smith, 1997). Kaupapa Māori research and initiatives are bound by collective visions and the desire to create equitable outcomes for Māori (Pihama, 2001). To evade the colonisation of earlier researchers and research practices. Research needs to respond to the requests of Māori communities and not the perceived ideas or opinions of the researcher or others. This ensures knowledge gained from the research will benefit from, add value to, and empower the community involved (Te Awēkotuku, 1991).

3.4 Mana wāhine epistemology

By recognising the power and potential of Māori women is a means by which we can seek change. Reconnecting ourselves with a belief in who we are and a knowledge of where we are from is part of bringing forward knowledge that can be healing for whānau, hapū and iwi
Pihama, 2001.

Mana wāhine, as highlighted by Simmonds (2011) is an extension of Kaupapa Māori and sits at the complex intersection of being Māori and a wāhine. It enables wāhine Māori stories to

be heard and their meanings celebrated. Māori women's thoughts and voices have often been silenced since colonisation, thus silencing their theories and world views. This silencing subsequently influences their health and wellbeing (Paul, 2014; Jenkins & Pihama, 2001). Pihama (2001), talks of the marginalisation of wāhine Māori who constantly try to position themselves within dominant mono-cultural spaces. Mana wāhine provides the freedom for ancestral knowledge to be rediscovered, reconstructed, and reclaimed, to uncover what has been destroyed or misinterpreted, and to generate new knowledge from existing traditions and practices, or to recreate new ones (Hutchings, 2002; Simmonds, 2014). Mana wāhine returns to wāhine what they had been forced to relinquish or previously been denied (Paul, 2014; Te Awekotuku, 1992). Mana wāhine reclaims visibility for wāhine Māori and provides the space to tell their stories (Simmonds, 2014). Essentially, Mana wāhine allows for Māori women to be recognised and valued within the different roles and positions they hold within their whānau and society throughout their lives (Pihama, 2001).

Wairua is a critical component of Mana wāhine, it confirms the alignment of whakapapa, te whenua, and ngā Atua that protect wāhine and whānau (Pihama, 2001). The relationship wāhine have with wairua presides over their decisions, experiences, and essentially their relationships with others. Wairua sustains Mana wāhine and denotes that the spiritual reality of wāhine Māori cannot be separated from the physical reality (Evans, 1994). Tania Cotter (personal communication, 31 October 2018) speaks of te kore when:

the seed is ignited and the Atua mahi is most important... the atua provide us with the gift of potential and align us to our whakapapa... everything comes together; ngā Atua, tane, wāhine, and pēpi... that's when spiritual things occur and the potential develops

Tania's impression epitomises the wairua between ngā Atua and pēpi. It highlights the representation of conception, hapūtanga, and birth and the connection to spiritual understandings (Simmonds, 2009).

I have conducted this qualitative research by utilising Kaupapa Māori and mana wāhine theory to allow the marginalised voices of hapū māmā who smoke to be heard and their lived realities acknowledged (Ruwhiu, 2009; Pihama et al, 2002; Simmonds, 2011). A mana wāhine methodology is suitable in providing hapū māmā the space to speak freely about

their history and experiences with smoking and to assist in uncovering their motivation to stop.

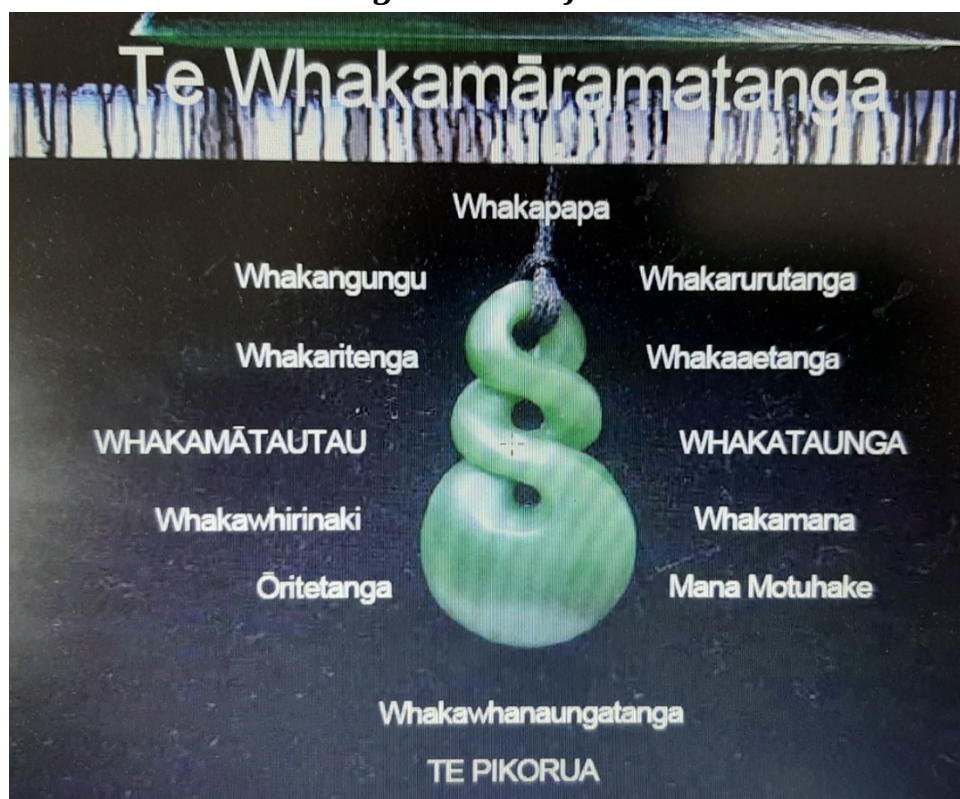
Kenney (2009) within her work with midwives and wāhine Māori, interweaves numerous epistemologies, theoretical notions, and indigenous world views together with women's narratives to construct and execute a unique qualitative research methodology 'Te Whakamāramatanga'. Kenneys' work is woven throughout this study to assist in the co-creation, analysis, and evaluation of the hapū māmā knowledge and experiences, which I discuss next.

3.5 Te Whakamāramatanga

This study applies Kenneys' (2009) research framework Te Whakamāramatanga. Her framework provides a culturally relevant and safe process for participants to reveal their stories and create new narratives of knowledge. As a midwife, I work within the concept of whakahoa (New Zealand College of Midwives (NZCOM), 2005) with hapū māmā and their whānau. Whakahoa is grounded on the values of mutual trust, understanding, respect, shared responsibility, and shared decision making (NZCOM, 2005).

The research framework of Te Whakamāramatanga is a depiction of he pikorua pounamu (figure 9). It is a representation of the intertwining of, infinite partnership (Kenney, 2009), and the interpersonal communications between myself as researcher and the hapū māmā as participants. He pikorua pounamu signifies the opportunity that enabled the research partnership to develop in addition to the sharing of kōrero that permeates throughout this thesis. He pikorua also represents the potential unforeseen challenges or difficulties that may be encountered within the research partnership, the process of reconciliation, and the capacity to return to a safe and trusting space to continue the shared kōrero (Kenney, 2009).

Figure 9: *Te Whakamāramatanga research framework*



Acknowledgement to Christine Kenney, 2009

Pounamu is considered a taonga, a life force, and is believed to enact protection and creative influences on individuals during journeys or spiritual transformations (Kenney, 2009). Not unlike the qualities of pounamu, so too are the relationships that were developed during the research period between myself and the hapū māmā, who so passionately shared their stories of their journeys with smoking.

Ngā kete o te wānanga are incorporated into Te Whakamāramatanga framework and represent the knowledge that guided the research process. The hapū māmā pūrākau about physical experiences of past events can be positioned within te kete aronui. Te kete aronui, as Kenney (2009) explains, is the natural knowledge informed by the physical senses of sight, sound, smell, taste, and touch and is created from the hapū māmā embodied experiences, relational experiences of whānau and the physical expertise of their midwifery care (Kenney, 2011). As Marsden (2003), defines, it is the knowledge that is 'before our senses' which was safely stored by our tūpuna and then passed down from generation to generation (Marsden, 2003).

Midwives and wāhine are intuitive, this is sometimes considered as the spiritual ‘art of knowing’ (Pelvin, 1996). They have the ability to sense when things are not right, and pūrākau told of these encounters fit within te kete tuauri. Kenney (2009), dictates that the knowledge that resides within te kete tuauri encompasses the theoretical knowledge, comprehends, discloses, and explains the reality behind what is experienced by the physical senses. It is also thought to be the knowledge that sits ‘beyond the world of darkness’, or the ‘real world’ that lies beyond the world of sense perception and the natural world (Marsden, 2003).

The research partnership allowed for unity over time, the sharing of spiritual knowledge and the wairua created by whānaungatanga assisted in building mutual respect and trust, this fits into te kete tuatea (Kenney, 2009). It was acquired gradually throughout the research process. This kete pertains to the spiritual knowledge that is constituted from a shared sense of oneness (Kenney, 2009), or the ‘world beyond space and time’ and is infinite and eternal (Marsden, 2003). The reciprocity of sharing pūrākau creates knowledge that is beyond time and space and is deeply spiritual in nature (Kenney, 2009).

Te Whakamāramatanga has two theoretical processes. Firstly whakamātautau, involved looking at the knowledge gained and the way in which it was analysed to ensure its value and trustworthiness. Secondly, whakataunga, represented the sharing of the research findings and the implications that it may have. It concerns the decisions about who owns and what happens to the research material (Kenney, 2009).

3.6 Research concepts of Te Whakamāramatanga

As a Māori midwife who supports wāhine Māori through their hapūtanga, there are several other values worth considering. They are woven through Te Whakamāramatanga that Kenney (2011) outlines as fundamental to achieving optimal outcomes for Māori. There are ten theoretical concepts that provide a circumstantially relevant and safe space for midwives, hapū māmā, and whānau to successfully work together (Kenney, 2011) and these are intertwined throughout this research.

3.6.1 Whakapapa

Whakapapa is considered the genealogical origin of all living things from the spiritual world of Ngā Atua to the physical world (Gemmell, 2013), and is the foundation for the composition of knowledge in respect to the creation and advancement of all things (Barlow, 1996). Whakapapa signifies the creation, development, connection, and continuity of the research partnership and the evolution of the hapū māmā pūrākau. Kenney (2011) emphasises that whakapapa provides the foundation for the “creation and transmission of life and knowledge”. Allowing the time and the space for the hapū māmā and I to share and acknowledge our whakapapa was fundamental in creating a connection within the research partnership; I envisaged that this enhanced the facilitation of knowledge sharing through the building of mutual trust and respect.

3.6.2 Whakawhānaungatanga

Through the sharing and acknowledgement of whakapapa, whakawhānaungatanga was embraced (Mead, 2003). The concept of whakawhānaungatanga provides a structure for viewing all relationships. Relationships not only outline the rights and obligations between individuals, but also between past, present, and future generations (Jones, 2019). The focus on upholding the research partnership emphasised my rights and obligations as a researcher and provided access to support if and when needed. The research partnership was strengthened through kanohi-ki-te-kanohi hui.

Whakawhānaungatanga is a key research strategy and strengths-based relationship building Kaupapa Māori method. Bishop (1998) describes whakawhānaungatanga not only as a means to establishing and maintaining relationships, but as a means to address any power relations encountered. Researchers utilise whakawhānaungatanga by assuring that relationships are developed in a safe and respectful manner to avoid further oppression and marginalisation (L. T. Smith, 1999).

Whakawhānaungatanga enables researcher and participant to share knowledge and to acquire a unified vision for the research partnership (L. T. Smith, 1999), this is achieved through reciprocity, listening, and respect. L. T. Smith (1999) summarises that “through respect the place of everyone and everything in the universe is kept in balance and

harmony” (pp 125). I envisaged that I would become witness to some very real and raw emotion from the hapū māmā, which would reinforce the true meanings behind the pūrākau that the hapū māmā offered.

3.6.3 Whakarurutanga

The maintenance of ethically sound processes and my responsibilities as a researcher were encompassed within the concept of whakarurutanga. Whakarurutanga signifies the reassurance that a safe space would be provided to allow for the hapū māmā to explore, disclose, and reflect upon their experiences, learnings, and inspirations from the Ūkaipō wānanga. Whakarurutanga also signified the assurance that the pūrākau that the hapū māmā shares was valued and protected, and that the ownership of these pūrākau ultimately remained with the hapū māmā who shared them.

When research involves vulnerable people, reassurance must be guaranteed that they will not be exploited, manipulated, or adversely affected in any way (Harvey and Land, 2017). Vulnerable participants may suffer psychological or physical health concerns, may have learning difficulties, or may be suffering from the loss of someone close to them (Harvey and Land, 2017). Hapū māmā may suffer from any of these circumstances, therefore it was important that I considered this when undertaking research with them. People who smoke may feel vulnerable due to the stigma that society holds against smoking. Hapū māmā who smoke experience greater humiliation, alienation, and marginalisation from society and health professionals due to the known health risks to the unborn baby, unconscious bias, or the perceived lack of motivation to stop due to their social environments and personal circumstances (Muriwai et al, 2018; McLeod et al, 2004; Houkamau & Clarke, 2016; Houkamau et al, 2016; McManus et al, 2010). Other socioeconomic issues may be present, therefore complex vulnerability may lead to the hapū māmā and her family being viewed as marginalised. It was imperative that I offered equal opportunities for the hapū māmā to participate in this research; their insights and lived realities deserve the same acknowledgement and respect as other participants.

3.6.4 Whakaaetanga

Whakaaetanga incorporates the mutual acceptance of the intentions and aims of my research, full and ongoing informed consent, and a collaborative and reciprocal partnership between me and the hapū māmā (Kenney, 2009). I acknowledged that each hapū māmā shared her own unique pūrākau of her experiences and lived realities, which at times may have varied significantly from my own. Whakaaetanga gave me the space to reflect on my own values and beliefs and to uphold the commitments, ethical perspectives and professional responsibilities within my position as a researcher and as a midwife (Kenney, 2011). This process allowed me to maintain my own personal and professional standards and to prevent any manipulation or exploitation of the pūrākau of hapū māmā.

3.6.5 Whakaritenga

The value of the research partnership is enhanced through whakaritenga and is required for the research to be completed (Kenney, 2011). Timeframes, locations for hui, analysis of pūrākau collected, and ownership of knowledge gained were the crucial factors negotiated in order to develop and maintain a trusting and transparent ongoing partnership. Initial consent and approval of my research was gained with each hapū māmā prior to the research process. Hapū māmā were granted the right to withdraw their contributions if they chose to at any stage throughout the research partnership. This process acknowledges that the taonga of knowledge remains under the hapū māmā ownership at all times.

3.6.6 Whakangungu

Whakangungu encompasses the moral obligations to protect, defend and shield those who may be considered by others as, or consider themselves to be vulnerable at any time (Kenney, 2011). It was paramount that whakangungu was upheld throughout the research process to safeguard the research partnership, the hapū māmā, and their pūrākau. I envisaged becoming aware of some of the vulnerabilities and challenges faced by the hapū māmā that subsequently led to changes in their actions, emotions, and kōrero. Through their pūrākau, hapū māmā were awakened and were reminiscent of certain times, spaces, or moments in their lives.

3.6.7 Whakawhirinaki

The concept of whakawhirinaki embraces the entrusting of bodies, selves, whānau, values, beliefs, desires, and any shared pūrākau throughout the research partnership (Kenney, 2011). It was imperative that I was seen as kanohi kitea; the familiar face behind the research, someone that the hapū māmā could confide in and trust at any stage during the research process. For this research to be successful, I had to gain the acknowledgement and respect from the community. This was achieved through kanohi kitea and being the familiar face, through honest and open communication, by being a Māori midwife in Tauranga Moana for two decades, and through the consultation process with key Māori stakeholders prior to the research beginning.

3.6.8 Whakamana

Whakamana is the process of gaining mana or personal validation. Mana is generative, multi-dimensional, and received from the spiritual realm, it cannot be acquired by oneself, nor can it be retained by oneself. Mana is generated by and bestowed upon by others (Henare, 1998; Pere, 1997).

In justification for my privileged access to the hapū māmā, their knowledge, experiences, values, beliefs, and decisions, I acknowledge and honour the hapū māmā pūrākau in their entirety to ensure that their voices will be heard. I envisaged this to be empowering for the hapū māmā who may never have been involved in research or been given the space to tell their stories before.

3.6.9 Ōritetanga

Midwives are professionally obligated to uphold Māori as Tangata Whenua, as a priority population, and to actively honour the principles of partnership, protection, participation, and equity (New Zealand College of Midwives, 2012), as an affirmation to Māori as equal partners in Te Tiriti o Waitangi (Kenney, 2011; Health Research Council of New Zealand, 2010). By upholding these principles, midwives have the capacity to provide assurance to wāhine Māori of their rights to Mana motuhake, tino rangatiratanga, sovereignty, and kaitiakitanga over their whenua, resources, and taonga, and to ōritetanga (Kenney, 2011).

All health professionals ultimately, must provide care that reduces the inequitable health disparities that Māori present with (Durie, 2001a).

Māori endure the most impoverished health status in New Zealand (The Waitangi Tribunal 2019) . Overwhelming evidence demonstrates, that in spite of new developments and modifications to services, inequities in the health of Māori have continued in the 20 years since the Act was passed.

In honouring *Te Tiriti o Waitangi*, the principles of partnership, participation, and protection have been incorporated into the health sector due to health legislation and Crown policy documents, and as an enabler for engagement with Māori. While the 'three P's' have been widely promoted as part of the health discourse, they have also served to distract from the core issues of disparity, inequity, and inequality. However, the Crown has always tried to define and determine what that looks like, leading to further disparity between Māori and Pākehā health status and outcomes (The Waitangi Tribunal, 2019).

Te Tiriti o Waitangi principles of partnership, participation, and protection pertaining to health are archaic and need to be amended (The Waitangi Tribunal, 2019). Te Tiriti principles signify a misconceiving interpretation of the Treaty according to Durie, 2001). The Waitangi Tribunal (2019) acknowledge and approve of the following adaptations from the Hauora WAI 2575 report to drive the recovery of the New Zealand health system and to improve health outcomes for Māori (Kidd, et al. 2019).

The guarantee of Tino Rangatiratanga supports Māori in self-determination and mana motuhake (management of their affairs autonomously) in the creation, distribution, and evaluation of health services.

The principle of equity demonstrated by the Crown's duty and commitment to attaining improved health outcomes and disparities for Māori.

The principle of active protection requiring the Crown to act without further delay, in order for Māori to achieve equitable health outcomes. There is also the need for the Crown to respect the diversity and mana of Māori.

The principle of options entails that the Crown provide for and deliver resource to Kaupapa Māori health services. The Crown is furthermore, obligated to guarantee that all healthcare services are delivered in a culturally acceptable manner to acknowledge and uphold the notions of Māori models of care that support hauora.

The principle of partnership necessitates that the Crown and Māori work alongside each other in partnership when it pertains to the authority, development, approach, and evaluation of services aimed at improving Māori health. This will be achieved by the establishment of mutual allegiance and respect in order for Māori to express Tino Rangatiratanga and Mana Motuhake.

The concept of ōritetanga as presented in Te Whakamāramatanga incorporates the ability for all research partners to equitable participation and for the distinct Mana of all to be maintained and respected during all stages of the research process (Kenney, 2011).

Ōritetanga allowed for the hapū māmā who may have felt vulnerable, negatively affected by physical or psychological issues, or discouraged in any way to tell their pūrākau within a respectful and supportive space.

3.6.10 Mana Motuhake

Mana motuhake encompasses self-determination and autonomy of both researcher and hapū māmā to ensure the individual Mana of each is reciprocally respected, acknowledged and valued (Kenney, 2009). This was achieved by acknowledging the hapū māmā as the owners of their pūrākau, their research contributions, and by respecting their decisions should they choose to withdraw from the research. The aim of this research was to generate autonomy and motivation within the hapū māmā that empowered them to make informed decisions regarding herself, her pēpi, and her whānau and to live happy, healthy lives free from the effects of tobacco exposure.

Research involving Māori knowledge and people is recognised as a taonga and should be treated with absolute care and respect. The ethical considerations within the Te Whakamāramatanga framework include the concepts of negotiation, equality, empowerment, trust, respect, informed consent and mutual responsibility (Kenney, 2009), all of which guarantee the hapū māmā had complete control of the research at all times.

3.7 Pūrākau

Pūrākau for some have previously been imagined as merely myths and legends, stories of mythical and ancient times (Wirihana, 2012). However Ihimaera & Hereaka (2019) suggest these stories are not imaginary and certainly not for Māori. Pūrākau signify ‘I ngā wā o mua – from the times in front of us’ suggesting that these stories cannot be separated from the stories of our origins. They comment further on the history, fluidity, holistic nature, and inclusiveness that these pūrākau represent;

They may be told backwards, which is why, to orient ourselves, we always place our origin stories in front... the stories are actually the beginning of a whakapapa, a genealogy... and what they establish is the beginning of a distinctive world view (Ihimaera & Hereaka, 2019,p.94.)

This portrays, and I am in agreement, just how fundamental these stories are to Māori, they can be mythical and yet so simply grounded in the everyday. Wirihana (2012) speaks of pūrākau traditionally being used to interpret and share mātauranga, to pass on ones’ legacy from one generation to the next, and to add strength and meaning to each generation in which to ensure their whakapapa continues into the future (Ihimaera & Hereaka, 2019).

Pūrākau serve to protect, preserve, perpetuate and pass on knowledge, understanding, experiences, and teachings from generation to generation; they are fundamental for ones’ identity and connection to whakapapa (Lee, 2009; L. T. Smith, 2019). Pūrākau contain logical insight, epistemological concepts, cultural codes, and world views that are essential to the identity of being Māori (Lee, 2009). Pūrākau are utilised by many whānau in an attempt to recover, rejuvenate, and preserve te reo and to instil cultural values, beliefs, and worldviews throughout the generations (Lee, 2005). For Māori to connect, nurture, sustain and flourish, the sharing of pūrākau was considered essential and embedded within the Māori language (Lee, 2005). The art of passing on mātauranga Māori and tikanga through the generations is done by he kōrero kanohi ki te kanohi (Kenney, 2009). Lee (2005) describes the sharing of pūrākau in today’s world as a way to preserve ancestral knowledge in a more contemporary, creative, engaging, and diverse way.

Māori kupu can be interpreted in different ways, can be used to define different things, and can be broken into smaller kupu to broaden the original connotations (Wirihana, 2012). The word pūrākau can be broken down into pū (base) and rākau (tree). Cotter (personal communication, 31 October, 2018) understands this translation used “in the old days... the rākau was a talking stick that used to be passed around for you to give you the opportunity to tell your story”. She believes that this concept is still used today when participating in whakawhānaungatanga, “we start at one end and just go around... the ‘pū’ goes from one to another” (Cotter, personal communication, 31 October 2018).

The kupu ‘pūrākau’ can alternatively be broken down to ‘pū-rā-ka-ū’, capturing another meaning that Wirihana (2012) and Davis (2020) outline in their research findings. The kupu ‘pū’ meaning source, ‘rā’ meaning light, ‘ka’ meaning past, present, and future, and ‘ū’ meaning from within. I believe that this translation of the kupu extends on the original representation of the word denoting mythical stories, to something more meaningful when analysing and interpreting the voices of the hapū māmā.

I chose to utilise the Pū-Rā-Ka-Ū analysis method (Wirihana, 2012), with the recommendation and guidance from my academic supervisors. During the development of my research proposal, I was outlining what I wanted to achieve when planning the data collection methods and analysis, one of my supervisors suggested utilising the PūRāKaŪ method, and provided me with some academic writing to assist me in comprehending what it entailed and how to incorporate it into my research (Mikahere-Hall, personal communication, 22 March, 2018). As I read more about the analysis method, it became obvious to me that this method would best portray the findings that I was hoping to capture.

Lee (2005) describes the utilisation of pūrākau as a practice that awakens the imagination, enlightens and inspires, cautions and persuades, and as a means of maintaining relationships, protocols, rituals, and rules. Pūrākau appeal not only to the audiences’ intellectual, aural and visual senses, but more meaningfully to their hinengaro and wairua opposed to the mere act of just listening to or talking of one’s own life experiences (Lee, 2005). Pūrākau provide directives for one’s intentions and guide us in our present circumstances and beyond to instil a vision of hope for our futures (Seed-Pihama, 2019)

For researchers, the PūrāKaŪ research method provides a means to portray participants' stories, concepts, and language in creative and innovative ways as well as to transfer knowledge that generates interest, arouses inquiry, relates to, and engages listeners (Lee, 2005). However, the pūrākau research method represents that the story only belongs to the story-teller. This emphasises the right of the researcher to protect, develop and build on carefully so as not to reproduce the pūrākau ultimately affecting the story-tellers ways of understanding, knowing, teaching, and learning (Lee, 2005).

I envisaged that utilising a PūrāKaŪ method of data collection and analysis would challenge the perceived negative connotations that hapū māmā experience, and motivate them to reclaim their aspirations, identity, and mana (Lee, 2005). Pūrākau can empower hapū māmā to speak about the way they view themselves in the world (Mikahere-Hall, 2017), and add dimension and meaning to their experiences (Lee, 2009). History teaches us that everything we need to know is encoded in the structure, content, and context of the stories we tell. The creation of these stories necessitates living our lives in ways that support and uphold the fundamental ideals and cultural epistemologies that our Tūpuna gifted upon us (Pihama et al, 2019). Research undertaken by Ryan & Deci (2000), highlight that this process would be beneficial in assisting hapū māmā to identify and enhance their own intrinsic motivators to stopping smoking.

3.8 Conclusion

This chapter looked at the significance of utilising a Kaupapa Māori methodology and Mana wāhine epistemology to ensure that the pūrākau of hapū māmā are heard and honoured. Pūrākau upholds the Mana of the one sharing it; therefore, it was paramount that as a researcher, the data collection and analysis methods utilised were grounded in Kaupapa Māori and Mana wāhine values and that the utilisation of the PūrāKaŪ method empowered me to accomplish it.

The significance of the values of Te Whakamāramatanga framework to me outlines my responsibilities not only as a midwife, but as a wāhine Māori researcher. This framework enabled me to carry out research to ensure that the intended outcomes were achieved for not only the hapū māmā involved and their whānau, but for the generations that will follow on from them.

Chapter 4: Research Methods

4.1 Introduction

There were three sets of ethical considerations that I needed to adhere to; firstly, the Auckland University of Technology Ethics Committee (AUTEC) and gaining their approval to undertake this research. Secondly as a midwife, I was obligated to meet the requirements of ethical research to maintain my professional competency and practice (NZCOM, 2005). Lastly Kaupapa Māori research ethics and its cultural values that guide Kaupapa Māori health research (Hudson et.al, 2010).

4.2 Auckland University of Technology Ethics Committee (AUTEC)

Ethics approval from AUTEC was sought prior to commencing my research. AUT ethical approval took into consideration the research project information, theoretical methodologies, data collection, and analysis methods utilised, goals, and potential benefits to the participants, the researcher, and the wider community of carrying out the research. Information regarding the location of the intended research, the expected duration of the research project, to who the intended participants would be and how they would be recruited was also required when applying for ethics approval.

Evidence of ensuring full, informed, and ongoing consent and the respect and maintenance of privacy and confidentiality were required. The avoidance of any possible conflicts of interest which may affect the research outcomes and credibility was also necessary. All data, consent forms, and voice recordings will be stored in a password protected and secure hard-drive by the primary academic supervisor on the Auckland University of Technology campus for a period of six years. All hard copy documents will be stored in a sealed envelope inside a locked cupboard in the office of the primary academic supervisor on the Auckland University of Technology campus for a period of 10 years. I was the only person able to access this information and this was reiterated to the hapū māmā during the kanohi-ki-te-kanohi hui and hui katoa.

The ethics application 18/409 for this study was granted by AUTEC on 14 December 2018. The application was approved for three years up until 14 December 2021.

4.3 Managing Potential Conflicts of Interest

I considered myself an insider whilst I conduct my research. I was the co-developer and co-facilitator of the Ūkaipō programme and my role was to work with and support the hapū māmā who participated. As Smith (2004) outlines, the term 'insider researcher' is somewhat a contradiction in some settings. As a researcher living in the community that I was researching I was obligated to, within an ethical relationship to adhere to my professional conduct, to establish and maintain a role as a researcher. I consider myself an outsider also as I do not whakapapa to the Tauranga Moana region. However, I do whakapapa to Te iwi Māori.

4.4 Reflexivity

As I identified myself as an 'Insider' and being a wāhine Māori conducting research with wāhine Māori there was potential for bias or lack of objectivity when conducting this research. Research reflexivity, as Cram et al (2006) indicate, is the process of reflecting upon one's self as a researcher and to provide more effectual and unbiased analysis. This involves exploring and consciously recognising that any assumptions and preconceptions that I may bring into the research may shape the final outcome. Centering the voices and pūrākau of hapū mama was essential for ensuring that research reflexivity was achieved, ensuring that common themes were not influenced by my own lived realities and that their pūrākau were not intentionally or unintentionally lost or re-created through my own personal assumptions, perceptions or experiences.

4.5 Establishing Research Rigour

One of the concerns discussed during the early stages of developing this research was my employment as the co-facilitator of the Ūkaipō programme and the potential for a conflict of interest with prospective participants. I reassured the hapū māmā participants who consented to be involved in this study that I was conducting this study as a clinical researcher whilst maintaining my professional code of conduct as a midwife (NZCOM, 2008). A process for addressing any associated and potential consequences, issues, or dilemmas would be managed in a professional and ethical manner by my academic supervisors and the Auckland University of Technology.

Maintaining a professional code of conduct and upholding ethical commitments as a midwife was fundamental. I was critically aware of my position within the research study and conscientiously aware of the potential for a perceived power imbalance between myself and the hapū māmā. I ensured that I remained receptive to the hapū māmā differing lived realities and worldviews by respectfully engaging in kanohi-ki-te-kanohi hui or hui katoa from a position of whakaiti (humbleness) and not one of authority or expertise. This enabled trustworthy, honest, and respectful engagement with the hapū māmā and enhanced the quality of pūrākau shared. This helped to foster a mana-enhancing process where the mana of hapū mama was actively upheld.

4.6 Midwifery Ethical Considerations

Midwives, like all other health professionals in Aotearoa, are obligated to encompass the ethical requirements that stipulate the basis for professional competency and practice (New Zealand College of Midwives, 2005). Midwifery ethical requirements consist of concepts of equality, negotiation, empowerment, shared responsibility, informed choice and consent, trust, and respect. I endeavoured that this research would provide a protected space and safe process for hapū māmā to share their pūrākau and to contribute to the creation of new pūrākau that would enrich other midwives practice and nurture the potential to facilitate a transformation in health outcomes for wāhine Māori and their whānau.

The four key principles of research ethics for midwives are the same as for any other researcher who has contact with people. These are the respect for autonomy, beneficence, non-maleficence, and justice (Rogers, 2008). These ethical principles therefore challenged me as a health professional and researcher when taking into consideration the potential of harm that may be experienced by the hapū māmā involved in this study. I endeavoured to do all in my power to reduce that risk.

I ensured the hapū māmā maintained their right to full disclosure, ensuring that they received all information surrounding the purpose of the study, including any potential risks and benefits. In supporting the hapū māmā maintain their autonomy and tino rangatiratanga, they felt supported in making informed choices and held the power to choose to participate and the right to withdraw from the study at any time.

I ensured that the hapū māmā confidentiality was maintained throughout by assigning a participant codes instead of using their names or any other indicator that may potentially identify them.

4.7 Kaupapa Māori research ethics

Research rigour is of utmost importance in research to ensure the trustworthiness of the study. Rigour was achieved by using a Kaupapa Māori framework from Te Ara Tika (Hudson et al., 2010). This ensured the research process was guided by Kaupapa Māori values and beliefs. Kaupapa Māori research ethical considerations are addressed using principles that derive from tikanga Māori and mātauranga Māori philosophies. They enhance the understandings of indigenous values and *Te Tiriti o Waitangi*.

The principles of whakapapa, tika, manaakitanga, and mana outline the ethical behaviours, rights, roles, and responsibilities of researchers that are required for research to be considered ethically rigorous (Hudson, M. et al, 2010). I will outline how each of the principles relates to the research being undertaken.

4.7.1 Whakapapa – Relationships

Whakapapa is embedded within pūrākau. It is an important ethical consideration involving initial and ongoing consultation to ensure the research process remains within a safe space. I will suggest to the hapū māmā, to think of the concept of whakapapa when reflecting on their own individual journey with smoking and the impacts that it has had on their lives and the lives of their whānau. It is through whakapapa that relationships are cemented and how Mana is inherited (Barlow, 1996).

Consultation and engagement occurred as early as possible to allow the hapū and iwi to consider my worth as a researcher. Consultation and engagement assisted in refining the research process, and ensured that the research outcomes met the needs and supported a reduction in health disparities for hapū māmā, their whānau, hapū and iwi. I encouraged and empowered the hapū māmā to take on the role of kaitiaki within the research process to ensure noticeable outcomes were achieved, and that honesty, transparency, sincerity, and equality was upheld (Hudson, M. et al, 2010).

4.7.2 Tika – Research Design

A transparent research relationship ensured the hapū māmā rights were protected throughout. Hapū māmā were encouraged to participate in all stages of the research process and to take an active role in the data collection and analysis. Partnership, participation, and ownership ensured that the projected research outcomes would be successful and that the research principles and methodologies of Kaupapa Māori were reinforced (Hudson, M. et al, 2010). Research rigour was attained by ensuring every phase of the research conducted by wāhine Māori, with wāhine Māori, and benefits wāhine Māori and their whānau (Hudson et al., 2010).

4.7.3 Manaakitanga – Cultural and Social Responsibility

Cram (1997) outlines that research is not conducted to build up a researchers own status; but that they conduct it to add to what previous researchers have already achieved. Kaupapa Māori Research is conducted to continue to fight for and strive to improve the wellbeing and mana of all Māori. I ensured that the Mana and spiritual integrity of the hapū māmā and her whānau, hapū and iwi were upheld throughout the research by protecting their dignity, their privacy, and their confidentiality through the transparent and trusting partnership that is formed (Hudson, M. et al, 2010).

Hapū māmā shared pūrākau and experiences to help others going through a similar situation. Manaakitanga is the cultural value that expresses social responsibilities where both the researcher and the research participants have obligations to whānau, hapū, and iwi.

4.7.4 Mana – Justice and Equity

In gaining full informed and ongoing consent, the hapū māmā were made aware of any possible risks involved during the research process, that their pūrākau would not be manipulated or exploited in any way, and that as a researcher I would protect them and their contributions. With collective consent, both power and authority is shared individually and collectively (Hudson, M. et al, 2010). I acknowledged my responsibilities as the kaitiaki of their pūrākaū, and ensured that full ownership of the taonga gained remained solely with the hapū māmā.

4.8 Recruitment of hapū māmā research participants

Participants were purposively recruited as this research was undertaken with hapū māmā or new māmā who had attended or who were attending the Ūkaipō programme during the past two years. Hapū māmā who attended Ūkaipō following the recommendation from their LMC or self-referral were provided information about the research and the opportunity to consider participating in the study. I intended to recruit 6-8 hapū māmā into my research by presenting my research aims and objectives and asking them to participate.

A Participant Information Sheet detailing the research aims and objectives was provided. It also included the researcher and the academic supervisor contact details to assist during the recruitment of potential participants and to ask any further questions or raise any concerns they may have had regarding the study. The research designed sought to recruit 6-8 hapū māmā with a total of 7 participants recruited from the Ūkaipō programme. All seven hapū māmā identified as Māori, each having several iwi affiliations. All hapū māmā were currently smoking or had recently given up smoking. Five of the hapū māmā were pregnant with their first pēpi and two were carrying their third pēpi.

Written informed consent was requested and obtained through the research consent form attached to the Participant Information Sheet (appendix two, three and four). Consent was sought for their involvement in both hui katoa interviews and kanohi-ki-te-kanohi interviews for data collection purposes.

The research design encouraged the hapū māmā to speak freely about their experiences of smoking and of their learnings of attending Ūkaipō. The hapū māmā had the right to have their identity protected and privacy maintained. The reassurance of confidentiality was discussed and detailed in the participant information sheets during the recruitment stage of research, particularly as the research would potentially involve discussions that may have been sensitive or challenging (Harvey and Land, 2017).

4.9 Data collection method

I chose to collect hapū māmā pūrākau through kanohi-ki-te-kanohi (face to face) and hui katoa (group) semi-structured interviews (Mikahere-Hall, 2017). Hapū māmā were invited to share their pūrākau kanohi-ki-te-kanohi which allowed for more personal kōrero to emerge. Hapū māmā were also invited to gather together at hui katoa (group) interviews which I envisaged would build on and enhance the pūrākau collected during the kanohi-ki-te-kanohi interviews (Mikahere-Hall, 2017). I developed ngā rangahau pātai (research questions) that ensured that I collected the data that I required without going off track during the interviews. Open ended questions were developed to encourage the hapū māmā to kōrero freely.

I held a hui katoa initially and audio recorded what the hapū māmā offered me and my research. The hui katoa was 50 minutes in duration. I then contacted each of the hapū māmā to arrange the individual kanohi-ki-te-kanohi hui at a time and place that suited them. This process took a total of seven weeks to complete. Each of the kanohi-ki-te-kanohi hui were audio recorded. The hui were between 41 minutes and 1 hour 19 minutes in duration. These recordings were downloaded onto a secure file.

I took simple notes during the interviews to record interesting pūrākau or common themes. I sought consent from hapū māmā to audio record the interviews to ensure accurate and effective data collection. The ability to record the interviews allows for a more relaxed environment, without having to be writing information down constantly or asking the hapū māmā to repeat themselves. If a hapū māmā failed to consent to being audio recorded, then I would have been required to take as many notes as possible during interviews. The venue for the kanohi-ki-te-kanohi interviews was negotiated with each of the hapū māmā as to where they felt most comfortable. Manaakitanga was provided through the provision of kai. Each of the participants were gifted a koha, to thank them for their time and valuable contributions to this research.

4.10 Transcribing the data

I spoke to my supervisors and enquired how to undergo transcribing my data and was provided with two options. The first was to engage in the services of a transcriptionist, the

second was to undertake the transcribing work myself. Undertaking the transcribing provides an opportunity to listen to the interviews undistracted enabling greater familiarity with the data collected from the hapū māmā. The process of transcribing helped to deepen my understanding of the data before analysing.

The recoded hui-katoa and the individual kanohi-ki-te-kanohi interviews provided the main source of data for the study. Recordings of electronically and securely stored interviews were personally transcribed. The transcripts were then checked against recordings for accuracy and all identifiable information removed. Identifying information included the removal of personal names, names of places and locations. Once the process of transcribing, checking transcripts against recordings and removal identifiable information was completed the transcribed data was ready for analysis. The process undertaken increased my familiarity with the Pūrākau preparing me for the analysis. Once I had my transcripts completed and listened through the recordings to check for accuracy, I started to familiarise myself with the Pūrākau method for analysing research data.

4.11 Ūkaipō Pū-Rā-Kā-Ū data Analysis method

Wirihana's (2012) model of analysis (see Table 5) to be useful in identifying key themes and experiences in her research with wāhine Māori and leadership. I used the Pū-Rā-Kā-Ū method as an interpretive and thematic analysis approach.

Table 5: *Pū-rā-ka-ū Analyses Overview*

Pū (Source) Te pū o te rangatiratanga (The origins of leadership)	Ūkaipō: early childhood nourishment and protection Whakapapa: connecting with whakapapa Whānau: being guided by whānau expectation
Rā (Enlightenment) Mai i te wheako whaiaro ko te māramatanga (From experiences comes enlightenment)	Tohu wairua: spiritual symbols Ngā moemoeā: the aspirations of our people Mātauranga: education
Ka (Past, present and future) Ka hoki mahara kē haere ki mua (reflecting back so we can move forward)	Te ao hurihuri: environmental, social and historical context Ngā wāhine o te ao hurihuri: The changing nature of the roles of Māori women
Ū (from within) Kia ū tonu mai ki tō Mana (Hold firm to your Mana)	Kaha: strength Māia: bravery and capability Manawanui: dedication and persistence

Wirihana, 2012

In the context of this study, pū was used to analyse the hapū māmā contributions by exploring the source of and early experiences of smoking. Secondly, rā was utilised based on its meaning of light, which explored the hapū māmā moments of enlightenment gained through attending the Ūkaipō wānanga. Thirdly, kā represented as past, present, and future, assisted in the interpretation and analysis of the hapū māmā past and present experiences that generated future aspirations for themselves, their pēpi, whānau, hapū, and iwi. Finally the kupu ū, held great significance for me when interpreting and analysing the hapū māmā pūrākau. Wirihana (2012) interprets the common meaning of the kupu 'ū' as pertaining to women's breasts and a source of nourishment for pēpi. This vital role of wāhine enables the pēpi to develop and maintain good health and wellbeing during its' early years. The kupu 'ū' embraces the kupu 'ūkaipō' (mother, source of sustenance, real home), which is significant to this study.

The intrinsic qualities hapū māmā possess within themselves to provide the sustenance they desire to achieve their aspirations was analysed using the "Ū" concept. The research adapted Wirihana's (2012) *Pū-rā-ka-ū* (Table 5) method to contextualise the analysis used in this study. The concepts of Ūkaipō and key components drawn from Te Whakamaramātanga (Kenny, 2009) are illustrated in Figure 6 Ūkaipō Pū-Rā-Kā-Ū Analysis. The Whakamaramātanga involves the intertwining of whakapapa, whānau aspirations, mātauranga to include relational and spiritual experiences and achieving optimal outcomes for Māori. Ūkaipō Pū-Rā-Kā-Ū Analysis aligns core concepts of *Pū-rā-ka-ū* with key components of Te Whakamaramātanga.

I combined my notes and audio recordings onto transcripts. Transcripts were returned to the hapū māmā to ensure accuracy, before obtaining them back to start the analysis. The data collected was entered into Excel spreadsheets and Word documents, and was then shared with the pregnant woman, her whānau and her community to enable them to comment on any aspect or remove any contributions prior to the findings being published.

The Ūkaipō Pū-Rā-Kā-Ū Analysis approach identifies Wirihana's (2012) concepts and components of Te Whakamaramātanga. Whānau and hapū māmā are intricably linked providing the social context that can influence smoking. Durie's seven whānau types illustrates the diversity of Māori in contemporary times. An explanation is provided along

with each of the components to expand upon the significance of whānau and to detail related ideas that set the context from which the analysis unfolds.

4.11.1 Whānau as an influence to smoking

Durie (2001) speaks of the diverse nature of whānau which has transformed alongside many other values in Māori society. He emphasises the significant range of whānau, identifying seven types in which Māori connect.

- whānau as kin: who descend from a common ancestor
- whānau as shareholders-in-common: who are shareholders in land;
- whānau as friends: who share a common purpose
- whānau as a model of interaction: for example in a school environment
- whānau as neighbours: with shared location of residence
- whānau as households: urban dwellers
- the virtual whānau: that meets in cyberspace due to geographical separation.

Within the context of my research, I have focussed on whakapapa whānau and kaupapa whānau as key themes to the source of initiation and continuance of smoking for the hapū māmā who shared their pūrākau.

4.11.2 Pū - Whakapapa Whānau

Henare (1988), highlights that whānau is commonly thought of as ‘extended family’, generally comprising of several generations, with the fundamental social components being guided by the kaumātua. Whakapapa whānau provides the structure through which cultural and social values are strengthened, ensures accountability and responsibility of its members are upheld, and is the foundation of generational knowledge, strength and encouragement (Pihama, et al, 2015). Defined as both family and birth, the kupu whānau embraces both creation and support. Pihama, et al (2015) describes whakapapa whānau as the fundamental element of Māori culture in which an individual is born into and socialised. Whakapapa whānau members maintain close personal and familial relationships and provides the time and space for dynamic discussion and decision making. Whānau is the essential cultural structure in Māori communities. (Pihama, et al, 2015).

Whakapapa whānau, as Lawson-Te Aho (2010) points out, provides the basic stages of discovery and learning for a tamariki. Historically, it was the kaumātua that imparted the first introductions to a variety of knowledge and skills that would enhance their development and sense of identity. Tamariki were raised, nurtured, and educated collectively amongst other whakapapa whānau members, this ensured access to other adults and siblings who would offer knowledge, values, and beliefs that would enhance the strength of whānau and whakapapa lines (Pere, 1988). Whakapapa whānau are sustained by the values of manaakitanga, aroha, and tautoko. Intergenerational relationships are manifested in similar inherent features, names, mannerisms, and duties (Taskforce on Whānau-Centred Initiatives, 2010).

In a negative light, many wāhine Māori, tamariki, and whānau have been, and continue to be portrayed within deficit and deprivation representations of health and social wellbeing, in which whānau may be perceived as the primary institution for disadvantageous behaviours such as smoking, violence, excessive alcohol use, and drug abuse (McIntosh & Mulholland, 2011; Pihama, 2001; McCreanor & Nairn, 2002). However, the strength and generational connections of whakapapa whānau bestow on an individual a sense of belonging and this does not diminish even when isolation, unforeseen hostilities, undesirable actions, or alienation transpires (Pihama, et al, 2015). Whakapapa whānau preserves the core values of manaakitanga, aroha, and tautoko. It provides the individual with ongoing strength and potential by offering a time and space for re-connection if required.

4.11.3 Pū - Kaupapa Whānau

In the traditional sense, the kupu 'whānau' is the construct of a group of people connected through whakapapa. In more modern times the kupu 'whānau' may be considered to be a group of people connected by a common interest, or kaupapa (Metge 1995). Kaupapa whānau is based on the unity of a purpose rather than whakapapa and it is maintained by a mutual vision or goal (Hohepa, 1999). They are created and sustained through a common set of circumstances and therefore each individual has a set of reciprocal roles and responsibilities to uphold, on behalf of, or for the purpose of the group and its members

(Cram & Pitama, 1998; Smith, 1997). It is through this connection, that whānau continues to be considered as the key source of support.

4.11.4 Pū - Hinengaro

Taha hinengaro, as Durie (2001) outlines, is concerned with knowledge, comprehension, and having control over ones own actions and conduct. Durie (2001) suggests that an imbalanced, traumatised, or clouded cultural identity may significantly inhibit an individuals taha hinengaro. However, he does point out that not all Māori who have an imbalance to their taha hinengaro have an insecure cultural identity or sense of self. For instance, alcohol or other forms of abuse are known to occur in individuals who have strong cultural links and easy access to the values and inspirations of Te Ao Māori. Their relationships with whānau and other groups of society however, may be hindered, or they may simply be ignoring their physical health or the effects of their own behaviours, attitudes, and their psychological or emotional reactions (Durie, 2001).

In relation to smoking, Glover (2005) utilised the domains of Duries' (1994) Te Whare Tapa Wha model to explore a Māori perspective on smoking behaviour. She revealed that one of the key reasons for continued smoking was habitual, automatic, and routine in nature. Smoking may also be perceived as a coping mechanism or a way to deal with negative emotions such as stress, anxiety, anger, depression, grief, boredom, loneliness, and as a means to be able to calm down and relax. (Glover, 2005; Glover, et al, 2010).

4.11.5 Rā - Mātauranga

Mātauranga for the Māori can mean any of the following: to know something, to learn and acquire skills, to be acquainted with, to have some understanding or be certain of...

mātauranga is not seen as something that is static or isolated.

Mātauranga as a concept is open-ended with no definite boundaries. When used in it's broadest sense mātauranga, in terms of an individual, refers to everything one experiences or is exposed to in one's lifetime.

Pere, 1994, pp73

Mātauranga, as Royal (2017) suggests is an always-evolving, fundamental body of knowledge that influences one's practices and perception. Mātauranga Māori may be considered as antiquated, confined in history, and hardly significant to modern society. Whilst many principles sustaining the knowledge base may have originated from historical

learnings; the knowledge does not change (Royal, 2017). Traditionally, mātauranga was a necessity, a system of knowledge ensuring Māori lived well in their ever changing environment to enable their survival.

Durie (2012) highlights that mātauranga Māori is a fundamental source of knowledge that has the capacity to guide and individuals or whānau rituals and perceptions. He goes on to further point out that, this is achieved through Kaupapa Māori approaches, suggesting that the link between Kaupapa Māori and mātauranga Māori is inseparable.

Royal (2017) believes that greater emphasis needs to be placed on mātauranga Māori. One that provides for and understands an individuals or whānau lived realities, to support their day-to-day living, and to make space for them to legitimately live their lives, on their own terms, and in their own ways. Understanding can be gained from learning, but sustains more depth when it is experienced. It is understood that Mātauranga Māori is a way of understanding things through experiencing them (Royal, 2017).

Mātauranga does not provide for us what we could do with newly gained knowledge, rather it structures the knowledge in specific ways. Many use the phrase mātauranga to connect to something essential within the Māori world, something unique and of value.

Nevertheless, the term itself does not advocate taking a particular form of action (Royal, 2017). Action-taking in a tradition Māori sense is conveyed in ways that lead to the evolution of wisdom.

Marsden (2003) suggests that knowledge and wisdom are interconnected, but different in reality. Knowledge involves the head, and a collection of facts. Wisdom engages the heart. It possesses its own philosophical processes. It is from within the heart that wisdom is created; the heart is at the core of one's being. All things, no matter how unique must connect to a the heart. The heart comprises our core values and beliefs – our ideas that go beyond the world of reality. The heart is where one must construct a methodical system of philosophies about oneself, in relation to society. In achieving this, an individual is able to regulate the direction of one's life (Marsden, 2003).

A well educated individual is not one who has some knowledge about everything nor knows everything about something. Marsden (2003) refers to the well educated individual as the

one who is genuinely in tune with their own heart. This person will be in tune with their values and beliefs, have a rich understanding of the meaning and purpose of life, and they will expose a certainty of understanding that originates from their own innermost clarity. This is considered authentic wisdom (Marsden, 2003).

Royal (2017, pp115) advocates that mātauranga can provide the answers to the three biggest questions in life;

- *Who am I?*
- *What is this world that I exist in?*
- *What am I to do?*

Firstly, mātauranga assists individuals in their understandings of their whakapapa connections. Secondly, we have a fascination with exploring how newly gained knowledge can guide us to understand the world in which we live. Thirdly, mātauranga leads the individual in a range of directions to uncover, and seek guidance for, their real life purpose (Royal, 2017). He goes on to suggest that Mātauranga Māori is not purely related to indigenous respect and cultural regeneration. And that we can advance the ways in which people live through strategies that support rekindling relationships between people and the environments in which they live.

Through reflection within the heart, comes a process of enlightenment, where all of the chaotic collection of thoughts and ideas instantly materialise to form a cohesive system where anxieties and inconsistencies are able to be managed. This enables the transformation from knowledge to become wisdom. In effect, this is a spiritual experience (Marsden, 2003).

Wānanga, as Royal (2017) summarises, can be associated with ones ability to generate of new knowledge and to take action. Wānanga can advance mātauranga Māori in various ways. For the purpose of this study, mātauranga was a key theme when analysing moments of enlightenment for the hapū māmā when speaking of their experiences at the Ūkaipō wānanga.

4.11.6 Rā - Māramatanga

He pai te tirohanga ki ngā mahara mō ngā rā pahemo,

engari ka puta te māramatanga i runga i te titiro whakamua
It's fine to have recollections of the past, but wisdom comes from being able to prepare
opportunities for the future

Māramatanga, as Wirihana (2012) outlines, is used to recognise periods in which the māmā obtained moments of greater discovery or heightened understandings in relation to their life experiences. Māramatanga can occur as a result of an experience with wairua (Wirihana, 2012). This spiritual experience has the potential to lead to a process of illumination and powerful transformation, empowering a wāhine to develop or sustain her role as a mother and protector. Wairua is eternally present in the perspective of māramatanga (Wirihana, 2012). Marsden (2003) builds on this by describing wairua as essential to the Māori worldview and is interconnected with one's ultimate reality.

4.11.7 Kā – Whakapapa

Ehara taku toa I te toa takitahi - engari he toa takitini ke
My strength/being is not that of one person – but of thousands

Whakapapa is the ancestral descent of all things living, from the Gods to the present time. Barlow (1996) defines the meaning of whakapapa as the layering of one thing upon another. Whakapapa is at the heart of organising knowledge in regards to the creation and growth of all things. Whakapapa is one of the most cherished forms of knowledge and this must be preserved through time. It is an expectation that Māori have knowledge of who their ancestors are, and to pass that knowledge on to the next generation, so that they feel empowered and develop self-esteem, dignity, and a sense of belonging (Barlow (1996).

Every child born into the world inherits a certain degree of mana. Mead (2003) asserts that a child's inherited mana depends on the successes of the parents. Parents who are deemed to possess a high level of mana will in turn pass onto their children a similarly heightened degree of mana. Seed-Pihama (2019) reminds us that the learning of whakapapa builds on one's identity and helps one figure out where they fit in the world; this begins in utero. Our tūpuna believed in the capacity of pēpi to learn whilst in Te Whare Tangata, this is expressed by way of oriori, waiata, and pūrākau (Seed-Pihama 2019).

There is potential to grow mana above the inheritances of whakapapa (Mead, 2003). While a degree of mana is received at birth, there is potential to further develop it through one's

personal accomplishments, or through the aptitude of lifting the mana of others. This can be portrayed as a self-motivated force that inspires one to achieve more. Success guides further success.

4.11.8 Kā – Moemoeā

Me ka moemoeā ko au anake
Me ka moemoeā tatou ka taea e tatou
If I were to dream alone, only I would benefit
If we were to dream together we could achieve anything
Princess Te Puea Herangi

For any mother, her success depends on her achievements and what legacy she can pass onto her tamariki and mokopuna. These come in the context of moemoeā and visions. As Irwin (1992) highlights, mothers need to be honoured, to commemorate their successes, and sustain their mana. Our tūpuna wāhine who have long departed us; the wāhine toa who give so much to our Māoritanga today; and the kōtiro and mokopuna who are being born into our world now and in the future, they need to be honoured and protected in order to fulfill their dreams of tomorrow. Wiritana (2012) exemplifies this by pointing out that in traditional times, Māori women's roles were highly respected, first and foremost in their roles as whaea, kuia, and tohunga. Māori women worked together in harmony raising younger generations and were honoured as the bearers of generations to come. In all of their traditional roles they were considered essential to the progression of Māori whānau, hapū and iwi.

Wāhine Māori stories, as Smith (2019) suggests, articulate their worlds, their knowledge, their experiences, what guides their relationships, and in identifying themselves. These stories provide an opportunity for wāhine Māori to work with their existing knowledge, add to it, and share the newly gained knowledge and wisdom with others to enhance their insight and enlightenment (Cavino, 2019). Story-telling can enhance the survival of Māori people, their culture, and their language. This is ultimately centred on the struggle they endure to become self-determining, the desire to regain control of their own futures, and to retain their power to help others flourish (Smith, 2019). Wāhine Māori stories safeguard, uphold, and preserve cultural knowledge and wisdom. They provide meanings for our actions, guide us in our present environment, paves the way to resolve the pasts ever-

present existence, and seeks out solutions for what we can do to enhance the future for the next generations (Cavino, 2019; Seed-Pihama, 2019). Wāhine Māori lives consist of many stories, some have the ability to delineate us in which we may never progress from (Seed-Pihama, 2019).

Wāhine Māori speak from their hearts, trusting that their accomplishments of today represent the eternal narratives of the generations that follow (Smith, 2019). In doing this, they are able to speak uninhibited, to their tamariki and mokopuna, enriching them with the phenomenon of who they are and where they come from (Mita, 2000). It is a mothers dream to reveal their childrens passion for who they are, encourage them to cherish her stories, and to grasp hold of her dreams of courage and hope for them (Jackson, 1998), for this is where the legacy of our tūpuna live on: in the enchantment of our stories and dreams (Seed-Pihama, 2019).

4.11.9 Ū – Manawa Ora

The future of our people cannot be stereotyped by our current versions of Māoriness... None of us is today what our ancestors were, and our descendants will not be like us. With aroha, knowledge, strength, and committment, our descendants will be Māori, their own way... Our work as today's version of Māori is the same as that of our tūpuna: to continue our story, to strengthen it according to our times and to add to the next chapter

Ramsden, 1993

Manawa, as Best (1901) exerts, means breath, but can also be considered as the heart. The manawa is the source of all knowledge, wisdom, intelligence, it is the source of psychological and physical strength, it imparts strength to the manawa to respond to one's thoughts, experiences, and emotions. The whakatāuki "E waru nga pū manawa" translates to mean "The eight pū manawa are the eight talents representing the innate talents that are distinct to an individual (Best, 1901).

Manawa ora, as Barlow (1996) explains, is the inherent power and potential for growth, to enable one to flourish; it is the fundamental strength that empowers a person to progress throughout their lifetime. The mauri is the divine gift of power from the Gods, that unites the wairua and tinana to activate one's life; the manawa ora imparts the strength and the potential for growth (Barlow, 1996). Mauri is an intrinsic quality that enables one to fulfil their hopes, dreams, and deepest aspirations. The manawa ora is a portion of the ahi

kōmau, this sacred fire represents one's inspiration, spirit, and passion (Barlow, 1996). Aroha is the sacred energy that arises from the heart, it is through the act of love that quality and purpose of life emerge.

4.11.10 Ū – Manawanui

Manawanui relates to as Wirihana (2012) points out, is determined by how a person has the capability and capacity to step up and withstand the pressures that they encounter.

Manawanui is one characteristic that was held in high regard within traditional Māori communities (Wirihana, 2012), this trait is still regarded as significant in today's world where Māori are subjected to negative stereotypes, unconscious bias, discrimination, and racism in their daily lives (Houkamau & Clarke, 2016). In order for one to overcome these negative encounters, a course of transformation is required, Davis (2020), indicates that for transformation to occur, a certain degree of uneasiness must be experienced. One is able to overcome the uneasiness that they experience, by realising their inherent qualities of kaha, māia, and manawanui.

4.12 Conclusion

This chapter has outlined and discussed the methods used in this research. The Auckland University of Technology, midwifery, and Kaupapa Māori ethical considerations have been summarised. The recruitment of hapū māmā as research participants, data collection and transcription of data have been discussed. The data analysis method has been outlined through the utilisation of the Ūkaipō Pū-Rā-Kā-Ū analysis approach.

This chapter also outlined how crucial it was to use Kaupapa Māori theory as the underlying theoretical framework. It allowed for the hapū māmā to place the perspective on how midwives and other primary health providers can offer support during their journey to become smoke free. By allowing the hapū māmā voice to be heard, the methods had to be aligned with Māori values. The use of pūrākāu upholds the significance of storytelling. It was crucial that the analysis of the pūrākāu came from a Māori point of view, hence why the Pū-Rā-Ka-Ū analysis method was chosen specifically for this research with hapū māmā.

Whānau was identified as a key theme in analysing the hapū māmā pūrākau. The Ūkaipō Pū-Rā-Kā-Ū themes have also been discussed in order to understand the following chapter outlining the findings of this research.

Chapter 5: Findings of the research

5.1 Introduction

The objective of this chapter is to provide the findings from the hui katoa and kanohi-ki-te-kanohi interviews collected from the hapū māmā pūrākau. In honouring the voices of the participants, I have presented the words and direct quotes from the hapū māmā. This ensured that the taonga received within their pūrākau remain within the text (Lee, 2005).

5.2 Analysing the pūrākau of hapū māmā

Through discussion with Tania Cotter (personal communication, 31 October 2018), and through my own knowledge gained as an experienced Māori midwife I have adapted Wirihana's (2012) pūrākau analysis framework. This adaptation fits the purpose of why and how the research was conducted, and for the learnings from the hapū māmā that were involved in it. It transforms the way analysis is carried out and to ensure that the analysis method is done in the right way and fits with Kaupapa Māori research. The Ūkaipō Pū-Rā-Kā-Ū analysis framework enabled me to demonstrate the key themes, concepts and contexts that guided and supported me in the interpretation and analysis of the hapū māmā pūrākau. The themes are summarised in Table 7 below.

Table 6: Ūkaipō Pū-Rā-Kā-Ū Analysis Themes

Concept	Whakapapa Whānau	Kaupapa Whānau	Hinengaro
	<i>Themes</i>	<i>Themes</i>	<i>Themes</i>
Pū (source) The source of early	Parental influence Extended whānau as influence	School peers as influence	Identity and smoking

experiences with smoking		Other substances influencing smoking	Anxiety, depression and trauma as an influence
Concept	Mātauranga	Māramatanga	
Rā (light) Enlightenment gained through attending the Ūkaipō wānanga	Colonisation and historical trauma Health messaging, familial child-rearing practices and harm prevention	Not feeling judged A reconnection to Te Ao Mārama Tāonga, rāranga and wahakura	
Concept	Whakapapa	Moemoeā	
Ka (past, present, future) Past and present experiences that generate future aspirations	Seeking ongoing motivation	Awakening and enhancement of their Māoritanga Aspirations and goal setting	
Concept	Manawa Ora	Manawanui	
Ū (from within) What qualities are within to enable aspirations to flourish	Transfer of knowledge to the next generation Empowering the ability to achieve	Being proactive Strengthened whakapapa	

5.3 Pū: The source of and early experiences with smoking

There were three themes that arose from analysing the pūrākau of hapū māmā from the perspective of pū: the source of and early experiences with smoking. These themes are presented according to Pū and discussed alongside the corresponding component.

- Whakapapa whānau, which includes whānau directly related through genealogy
- Kaupapa whānau, which includes whānau connected through a shared interest or purpose
- Hinengaro, representing psychological and emotional wellbeing

5.3.1 Whakapapa whānau

The most common theme that appeared during the analysis of hapū māmā early smoking experiences was whakapapa whānau. Whakapapa whānau was identified as the principle source of influence for smoking by all of the hapū māmā who were interviewed.

5.3.1.1 Parental influence

Many of the hapū māmā spoke of their initial contact with smoking through either one or both of their parents.

Dad was a heavy smoker from when I was born... I don't think my Dad will ever stop smoking... Mum was a part-time smoker up until I was about 12 or 13. Hapū Māmā Tahī

This pūrākau is a past representation for this māmā. A recollection of her parents when she was younger and her ambivalence concerning her father's continued smoking. A positive point highlighted here is that her mum found strength or inspiration to give up smoking. This is a clear highlight for this māmā where past memories of her mother may provide her the motivation to support a wāhine toa approach to stopping smoking.

My parents smoked... they'd just go out the back and have a smoke... they've tried to quit many times, but yeah they both still smoke. Hapū Māmā Rua

This pūrākau indicate that even though her parents are still smoking, there have been attempts to stop smoking over the years which she clearly has very vivid memories of, this again may be due to her parents possessing inconsistent theories around smoking. Again, this recollection may help to support this māmā to keep trying to stop her smoking.

The Pū or source of motivation for this māmā are her parents' constant desire to quit smoking and the relentless struggle they must overcome in order to achieve this. Accomplishing this is made difficult by the addictive nature of nicotine and the effect that dopamine has on influencing the brain's messaging, portraying the struggle between the motivational desire to quit and addiction. In acknowledging this constant struggle, the influence that nicotine and dopamine have on one's hinengaro, tinana, wairua, and whānau, and the negative messaging received regarding one's smoking behaviour. This hapū māmā has the capacity to transform her own and her parents' perceptions; further manifesting her and her parents' desire and motivation to sustain smoke-free lives.

Mum and Dad smoke, they still do... they've been smoking now way over 40 years.
Hapū Māmā Toru

Smoking has had detrimental consequences on many generations of Māori whānau. This pūrākau points out the length of time that this māmā remembers her parents smoking. It is conceivable that their smoking behaviours are potentially being passed down to the next generation. This recollection however, may assist this māmā to realise how smoking has affected so many of her own whānau members over the years. Whānau members may have sadly fallen ill or lost their lives over these long years due to smoking related illnesses.

My Mum still smokes, she is the only person that was around us all the time I guess... I'm not trying to blame it all on her at all, I love my Mum. Hapū Māmā Whā

This pūrākau highlights the significant influence that this māmā mum has had on her whānau and the environment in which she was raised in. This māmā clearly recalls the only person smoking around her was her mum, but is not blaming her. It provides this māmā with the potential strength to empathise with her mum's choices, to love her dearly, but yet make changes to her own lifestyle to be a more positive influence for her own children and whānau.

Not all of the hapū māmā were influenced by their parents to initiate smoking. One hapū māmā commented:

my whole family is smokefree... only my brother tried when he was in college but Dad sat him down and gave him the full packet and made him smoke it all and next minute he's getting sick and that was it, he never touched them again. I'm sure that should have happened to me too, but it didn't. Hapū Māmā Rima

This pūrākau depicts the measures that this Father went to when discouraging this māmā and her siblings from smoking. Despite this extreme measure this māmā still started smoking, perhaps as a sign of resistance or rebellion towards her parents. However, in her reminiscing of this particular time in her childhood, she is now able to reflect on the fact that she was never punished in the same way as her brother and possibly if she had been punished, she may never have continued to smoke also. This māmā potentially has the power and motivation to utilise this memory to help prevent her own tamariki from starting smoking when they become teenagers.

Whakapapa whānau also provided a time and space for nurturing and protection for some of the hapū māmā when it came to memories of their early exposure to smoking.

Dad smelt it on my school uniform... he'd quit by that point... but he was always going back to it ... he had a cheeky one here and there... he didn't want me getting into the same habit... he reacted quite strongly... he says 'its disgusting, how can you do that?, you used to cry in my arms when you were a baby, don't you remember?', like pulling the guilt trip as well... I didn't ever like him finding out. Hapū Māmā Ono

This pūrākau is symbolic of a fathers strength in trying to prevent his daughter from taking up smoking and becoming trapped into smoking addiction like himself. In an attempt to do this, he used a guilt tactic which may not have worked to his advantage at the time. As this māmā recalls, after many years she appears to carry some of the shame brought about by her father's disapproving comments. Parents hold the power to influence a change in life course for their children, the de-normalisation of risk-taking behaviours such as smoking within the whānau is vital in eliminating the uptake and continuation of smoking by rangatahi.

I didn't want to tell cause I thought I'd get into trouble... my Mum and Dad were just disappointed... they didn't like the image of me smoking... I'm aware of what they've said... I hold the utmost respect for what my parents said. Hapū Māmā Whitu

This māmā pūrākau is indicative of the realisation that what her parents were trying to say to her when she was younger was correct. The fears that she held of her parents finding out caused her to rebel and continue to smoke, further adding to the negative image that her parents had of her. This māmā potentially carries some shame and embarrassment towards the late admission of her realisation. However, the respect that she holds for her parents can provide her with the strength and motivation to support her smoke-free journey.

my sister actually like came out and told Dad, she told Dad on me... He was like 'you're not doing it... this isn't going to be you'. Hapū Māmā Rima

This pūrākau indicates that this father was trying to instil some kind of image into his daughter. The statement of 'this isn't going to be you' clearly highlights his hopes and dreams for his daughter with a clear instruction that he did not want her to smoke. A fathers aroha and regard may not be realised until sometime later, remaining as an inspirational message for change. For this hapū māmā, her fathers words are powerful as she contemplates the responsibilities of becoming a parent and the hopes and dreams she now holds for her unborn child.

they both tried to make sure that we were always keeping them informed about what's going on and being honest, trying to teach us to be honest. Hapū Māmā Whā

The value of honesty is portrayed in this pūrākau. The value of this māmā parents always providing the information to allow their daughter to make her own decisions is indicative of trying to instil some independence as she enters into adulthood. Whether or not she chose what her parents wanted or not, this māmā clearly remembers the honesty that her parents imparted onto her.

5.3.1.2 Extended whānau as influence

Other whakapapa whānau members were identified as initial contacts of smoking. Many of the hapū māmā had older or younger siblings, grandparents, uncles, aunties, or cousins who they initially learnt about smoking from.

My younger sister smokes... when I smoked in front of my parents I was frowned upon, like I was a bad person, but when my sister smoked, it was kind of like all kei te pai. Hapū Māmā Rua

This māmā recalls her sister smoking but was never questioned or thought less of by their parents. Their parents mixed messaging and contradictions has potentially led this māmā and her sister to harbour feelings of shame or disgrace due to the emotionally charged response to smoking.

Both my sisters were smokers... I've always been around smokers... My younger brother started smoking when he was 17 or 18, just with his mates... now he's become a heavy smoker. Hapū Māmā Tahī

This pūrākau emphasises the environment she grew up in where the normalisation of smoking within the whānau was accepted, highlighting that there may have been little deterrent to her starting smoking. This māmā spoke earlier about her Mum who found the determination to stop. There is hope for this māmā and her siblings. Acknowledging their mothers strength to stop smoking unlocks the potential to initiate their own journey to becoming smokefree also.

My brother started smoking first... when he was 16... he told my mum that he started smoking, so it kind of like eased it for me to tell my Mum and Dad, or get snapped.

Hapū Māmā Whitu

This pūrākau represents the hierarchy within the whānau for this māmā. She speaks of her older brother starting smoking first and receiving no penalty for doing so, therefore the uptake of and admission to smoking appears to have been made easier for her. This is a representation of their parent's passive enabling of the uptake of and continuation of smoking within the whānau.

My grandparents on my fathers side smoked... on my Mums side, no... my sister smoked and when she fell pregnant, it was all sweet... I thought my sister would have quit when she had her baby, but she hasn't. Hapū Māmā Rua

This pūrākau represents smoking amongst the generations and the impact that it has on the acceptance of younger generations smoking, especially during critical moments such as pregnancy. This māmā made the realisation that her sister continued to smoke throughout her pregnancy with the acceptance of her parents. I take note that this māmā paternal grandparents smoke but her maternal grandparents don't, this perhaps is a portrayal of a fathers possible dominance and the competing beliefs about smoking not being harmful within the whānau home. By allowing his children to continue to smoke, it indicates that smoking was perceived to be a normal and acceptable behaviour for him growing up. This pūrākau also indicates to me something that this māmā could gain inspiration for. It appears that this māmā mother did not exercise her right as a woman to voice her concerns about her childrens smoking, especially during the critical time of pregnancy. This māmā now has the power, through reflection, to exercise her right to use her voice and modify smoking behaviour within her own whānau and potentially prevent her own tamariki from starting.

I've got a couple of Aunties and Uncles who smoke... I can remember being at Matakana (Island) in our home with one of my Aunties... whether or not she thought it would be funny... because I was probably still primary school age... just to see if I would do it (have a puff) or not... and I did, and I got into trouble. Hapū Māmā Whā

This pūrākau is an illustration of an older relative attempting to coerce her younger niece to try something daring, despite the harmful effects of smoking and the punishing consequences from other whānau if they were to find out. The fact that this māmā did try a smoke shows that she possibly looked up to this aunty and saw her as a positive role model. This act also highlights the initiation of risk-taking behaviours, spurred on by her Aunty's persuasive talents and encouragement. This māmā may now, on reflection, use this memory to take a more positive approach as a role model or advocate towards her own younger whānau members and tamariki to not start smoking. There is also potential for this māmā to assist in undoing the mixed messages about the dangers of smoking other to whānau members who already smoke, in an attempt to encourage them to start their smoke-free journey.

My sister was a full-time smoker for years... My parents used to talk about her smoking, like she's so stupid for doing that... especially since my Dad quit, it wasn't a good thing. Hapū Māmā Ono

This māmā has reflected on her parents efforts to convince their child to stop smoking, even taking the punitive measure of inflicting negative comments on her. This is suggestive of taking a 'guilt trip' approach to persuade her to stop smoking. 'Guilt-trip' measures run the risk of reinforcing negative beliefs instead of motivation positive change, further encouraging one to rebel or protest against what may seem like the right thing to do, especially during the adolescent years when one is trying to find their identity and place within the world.

Nan found out... instead of being discredited or degraded or anything negative towards me, she actually just asked me how did it feel... I told her the truth, it felt horrible. Hapū Māmā Toru

This pūrākau shows similar reference to a nan wanting her moko to be honest and to learn from her decisions that she makes. The aroha that this nan showed to this māmā is a reminder to her that despite making some wrong decisions, the love she receives from her

nan is unconditional. This has the potential to inspire this māmā to realise just how much she is treasured, and to make changes before her own baby is born.

This representations of whakapapa whānau being a source of protection are positive findings in the analysis of this study. It depicts that despite whakapapa whānau being considered as a primary source of the uptake of smoking for rangatahi (youth), it is also a source of inspiration and strength to consider the potential damage that smoking does, not only to the physical realm but within the whānau realm also.

However, these pūrākau also indicate that the intergenerational impacts, the normalisation and acceptance of smoking within the whānau, mixed messaging, and the addictive nature of tobacco, all undermined their whānau best efforts to motivate a change in life course for these māmā.

5.3.2 Kaupapa Whānau

In the context of this study, Kaupapa whānau are defined as being school friends, social peers, flat-mates, 'girl mates', boyfriends/partners, and work mates. Many of the hapū māmā commented on the role that Kaupapa whānau whānau members have during their early experiences with smoking.

5.3.2.1 School peers as influence

I was at high school... it was the cool thing to do because everyone smokes... it was just seeing others and I felt like I had to fit in... so I'd smoke too... just being the same as the others. Hapū Māmā Rua

I was probably like 10... my friends were going to the bush to try their parents cigarettes... I had a puff and spluttered everywhere... I didn't even know what the heck I was doing... that was like my first time trying it. Hapū Māmā Ono

"I was maybe 5th form, you know, getting into drinking or having a taste of it anyway, and hanging out with my friends a lot... it was more of a sociable thing. Hapū Māmā Whā

Back in third form my friend used to look after me cause I used to get bullied a lot and I happened to think that that's probably how I became a smoker... back in those days, it was the toilets as people will know, back in school we used to smoke in the toilets... or find a corner on the field. Hapū Māmā Rima

This māmā pūrākau highlights that smoking with friends became a safe place for her.

My family were smokefree... so it was just me and my buddy at morning tea time, she'd be like 'come on, lets go' and that would be us... thats pretty much when I started smoking. Hapū Māmā Rima

I started smoking at the age of 18... Just being with friends and socialising at the time... it started when I was drinking and then I became full-time when I was about 19 or 20. Hapū Māmā Tahi

I started smoking at course, I started drinking and smoking... it was peer pressure, all of us doing the same things. Hapū Māmā Whitu

I changed high schools... I didn't really know how to engage with people and make friends in that scenario... the smokers were going up to the field... by the end of the first term I was going up to the field... I just wanted to talk to someone; I wanted to make a friend... I'd do it at school and then if I went to a party on the weekend I'd have a couple... after that I left school and I was still smoking. Hapū Māmā Ono

I guess I'm a very haututū person... somebody who likes to try things and then make my own decision... at the time I enjoyed it, I enjoyed drinking, partying with my friends... so I did carry on... I liked the taste of it then... it sounds a bit silly but it was a hand and hand thing when I was drinking, that was what you did in those days. Hapū Māmā Whā

The pūrākau that these māmā shared show a clear link between starting smoking during their schooling years and early adulthood. The peer pressure, the desire to fit in or to belong, to have a sense of connection and identity, and to be accepted led them to initiate smoking.

5.3.2.2 Other substances influencing smoking

The recollections are very clear for these māmā highlighting experimentation with cigarettes and in some instances alcohol. There is also the perception that some of the māmā were acting in defiance to their own parents' wishes for them not to smoke. The power of peer pressure indicates the impressionability of rangatahi when it comes to exploring who they are and where they fit in society. These pūrākau are expressions of Kaupapa whānau being a source of protection against bullying, and the compliance to the normality of smoking within the safe group. Smoking is perceived as a socialisation milestone towards adulthood and the idealisation of smoking being a symbol of sophistication and maturity.

I never thought of myself as a smoker until I left school and then I was definitely a smoker when I was working... I'd have them in breaks and I'd have more breaks because I was a smoker... I'd have more smokes for more breaks... working in retail and hospitality, everyone smokes. Hapū Māmā Ono

I think the worst was my job... they all smoked around me. Hapū Māmā Toru

These two māmā experienced work environments where it was acceptable to smoke and where many of their work colleagues also smoked. The rewards received from smoking at work were identified as having more breaks and a social connection to and acceptance from those colleagues who also smoked, further encouraging their smoking behaviour.

Dad was working at kōhanga and a lot of the māmā smoked... so I used to go and work down there... I used to know that they (the māmā) would go out the back for a smoke and they'd be like 'come sit out here, you'll be right'... they (the māmā) knew that my Mum and Dad were against that (smoking)... so they kind of felt sorry for me because I was like the black sheep or you know, the mischief one... so they were like 'come over her haututū one' and nurture the mischief in me. Hapū Māmā Rima

This pūrākau again shows how impressionable other people are on younger adults, especially towards this māmā, who others knew of her parents disapproval of smoking still managed to persuade her to smoke. It is a portrayal of others taking advantage of her desire to get into mischief, by encouraging her to join in on a somewhat undesirable situation.

I was the very sporty one in our family... revealing that I smoked put shame on my background of sporting and then putting shame onto them... them saying 'you shouldn't be smoking, we always thought that you'd be the one that would never smoke because of your sports'... thats why I hid it more. Hapū Māmā Whitu

This māmā recalls her parents pride when it came to her sporting achievements. However when they found out about her smoking, they were surprised that she could even contemplate putting her passion for sports into jeopardy. Despite her parents' disapproval and the shame that she held, she continued to smoke but managed to conceal it from her parents as a way to prevent further disapproval of her choices.

In analysing these pūrākāū, there appears to be a connection with smoking and maintaining the hinengaro of the māmā. Each of the māmā expressed a fear or anxiety of being accepted by their peers, which ultimately led them to smoking and earn a sense of belonging.

5.3.3 Hinengaro

The theme of Hinengaro (psychological health) appeared in many of the māmā pūrākau. The effect on the hinengaro of some of the māmā through their lived realities and experiences led them to initiate smoking.

5.3.3.1 Anxiety, depression and trauma as an influence

The perception that smoking helped to calm them or decrease anxiety and depression was a theme that was identified throughout the analysis of their pūrākau. However two of the hapū māmā spoke of their experiences with smoking and how they used smoking as a means to support their hinengaro.

It's been really hard with living with anxiety and trying to get things sorted with the environment where I live. Hapū Māmā Toru

I was 14 turning 15, my family had just split up... at the time I had friends that smoked... one day I just looked at them and said 'give me that cigarette, I want it'... it started from there, out of depression really... I didn't know how to process it... my older brother ended up leaving and I had to stay at home with my younger brother and look after him... my Dad would go and work over 12 hour shifts and then drink all night... my Nan, my Dads biological mother was there and me and her didn't get along... everything that was happening at the time... I went back to school and saw my friends smoking... It just started there. Hapū Māmā Toru

Nan was the first one that found out about my smoking, I admitted it to her first before I told my parents... at the same time with me smoking cigarettes I was drinking alcohol to help cope, stupid decision, but to help get rid of the anxiety. She (Nan) asked what does it do?, and I said it just relieves/numbs my pain for that time being or while it's in my system... it doesn't get rid of my problem... I had tried other substances and I told her about those too... they were just one offs... the smoking is the one that stayed around the most... the hardest one to get rid of actually. Hapū Māmā Toru

This māmā showed courage and strength when telling her pūrāka about her ongoing struggles with anxiety and depression. She has endured some really difficult situations and experiences in which she admits to using smoking, alcohol and drugs to try and overcome. Her honesty in revealing that these substances only made the situation numb, and didn't actually solve any of it is a portrayal of her identifying that substance abuse is not indicative of a happy and healthy life. She identified strength in the support that she receives from her Nan and her non-judgemental approach to the decisions that she makes. This māmā has clearly made significant modifications to her lifestyle, but still acknowledges her

struggles with smoking and the strength of the addiction that she has to it. This māmā showed strength in sharing her pūrākau, she has acknowledged how far she has come, but also how far she has yet to go to overcome her anxiety and depression. By opening up about her hinengaro, she may now find the strength and inspiration to allow her to achieve her desires.

5.3.3.2 Identity and smoking

Some of the māmā commented on their smoking during the hui katoa. They saw it as their identity and all that they have for themselves. They believe smoking is who they are, who they were before they got hapū, and that they weren't ready to give their identity up. This is a representation that for some māmā, that may have very little in their lives that they can call theirs, smoking is considered a symbol of who they are and their connection to their whānau and friends. Smoking provided them with an opportunity for solidarity during shared communal smoking, and solitary time when time-out from stress and the need for rest and relaxation was needed.

This section provided some various insights into where, when, who, and why hapū māmā experienced their first exposure to smoking. In the next section I explore the Rā or enlightenment that the hapū māmā gained in attending the Ūkaipō wānanga.

5.4 Rā: Enlightenment gained through attending the Ūkaipō wānanga

There were two themes that arose from analysing the pūrākau of hapū māmā from the perspective of Rā: the enlightenment gained through attending an Ūkaipō wānanga. These were:

- Mātauranga including knowledge, learnings, and wisdom
- Māramatanga including giving meaning to, guiding, connection, focus, healing

5.4.1 Mātauranga

When receiving mātauranga (knowledge) through the Ūkaipō wānanga, regarding the historical context of tobacco and smoking in Aotearoa, the hapū māmā reacted with surprise and anger. Tobacco and smoking was never part of Māori lifestyles in the years

surrounding colonisation. Some of the māmā commented on the emotions that they encountered

5.4.1.1 Colonisation and historical trauma

I guess I kind of didn't think about how people used to live... everyone thought it was good for them, they didn't know... like everyone was quite misinformed at that stage... I was angry because it was introduced like that... it wouldn't ever have been around really would it... cause we (Māori) were never smoking anything. Hapū Māmā Ono

The portraits of the Māori people... a lot of our tūpuna portrayed smoking like it was a part of our culture, when it wasn't... I have a choice (to smoke or not)... so even if they had the choice, would they have still done it? Hapū Māmā Ono

These māmā express their angry thoughts and feelings in their pūrākau regarding the way in which smoking was introduced to Māori, and the addictive nature that ensured they kept smoking. The pūrākau convey hapū māmā perceptions of history highlighting if things had been different, then Māori would be living stronger and more healthy lives. These emotions represent a potential change in the way that they perceive smoking and how Māori were taken advantage of and deceived through years of colonisation and deception. The desire to make a change in a positive direction is obvious for some of the hapū māmā. The mātauranga that the hapū māmā received through attending the Ūkaipō wānanga about the history of the introduction of tobacco and smoking to Māori is portrayed as being beneficial in providing motivation for change. Their connection or re-connection to Te Ao Māori will potentially provide the strength and motivation that they need to achieve this.

There were similar conversations that occurred during the hui katoa regarding the rations that war soldiers received, including tobacco and cigarettes. The common conversation took place around the fact that soldiers were not provided with a choice, it was the perception that they either took their rations or go without.

5.4.1.2 Health messaging, familial child-rearing practices and harm prevention

There were other moments that the hapū māmā shared during their kanohi-ki-te-kanohi hui that fell into the mātauranga theme, including the effects of smoking on pēpi, the knowledge gained around safe sleeping for pēpi and how to reduce the risk of sudden unexpected death in infancy (SUDI).

Other māmā spoke of learning more about carbon monoxide and its effect on oxygen levels, whilst others talked about learning more about second and third hand smoke exposure, along with discovering ways to approach this with friends and whānau to eliminate smoke exposure to their pēpi and tamariki.

Many were enlightened by the knowledge that they gained through weaving their wahakura for their pēpi, the medicinal properties of the harakeke (flax) and the therapeutic process of raranga (weaving). One māmā spoke of the medicinal purposes of harakeke and the weaving of her wahakura, explaining that the wahakura alone was not going to protect her pēpi from the smoking that has already affected him, but that he can be protected in other ways by cleaning the air around him.

Even when I talked to my Nan and Aunty... they used to smoke when they were breastfeeding, when they were feeding the kids, and when they were in the house... a lot of people didn't know better back then... at least I know now so there's no excuse really. Hapū Māmā Ono

I must say, the one thing that freaked me out the most was, and which was most knowledgeable was about 'natures pillow'... we've always put new-borns on a pillow... to know that that's dangerous is like wooowww!... I've been doing that all my life, so I thought it was normal just cause I've seen family do it all the time... and they let them sleep like that... that is dangerous... the biggest one was actually learning it and finding out that what I have been taught all my life is actually a risk for SUDI and it can happen at any time... even if you just go away for a minute, it only takes a minute for pēpi to lose air. Hapū Māmā Toru

These māmā pūrākau expose the intergenerational infant rearing knowledge and practices that they received. It is important to remember that advances in research into the findings of causes of deaths of infants has led to changes in infant rearing practices over the years. It highlights the importance of health care professionals, especially midwives, involving the entire whānau in health promotion discussions that serve to protect babies. These pūrākau are indicative of the hapū māmā where the strengths and insights gained through the Ūkaipō wānanga to enable them to keep their pēpi safe.

The taonga of the wahakura, because it's a Māori thing, which I very much appreciate and hold dear, the Māori culture, the Māori language and the taonga... they have contributed to everything that has followed since, with son and his reo and his Te Ao Māori for him... Coming into the world and being placed into his wahakura, that's his world at that time... it was beautiful... it was harder than I thought, on my hands... having an appreciation for people to pass that knowledge on. Hapū Māmā Whā

This hapū māmā pūrākau is reminiscent of making her pēpi a wahakura, the sense of achievement and pride she had when placing her pēpi in his wahakura, and the connection to Te Ao Māori that her pēpi now has because of it. The wahakura has enabled her to immerse her pēpi into a safe environment which will allow him to increase and strengthen his identity. The māmā also speaks of the importance of the need for others to pass on the generational knowledge of raranga (weaving) to ensure that the next generations maintain their sense of connection to who they are and to where they have come from.

When they were talking about the oxygen in your blood actually being replaced by the carbon monoxide... oxygen is what you need for everything in your body so if thats not there because its changed into a poisonous substance... just how big an impact that would have. Hapū Māmā Ono

All of the calculations of the effects of smoking... you know we think in the broad sense that smoking is bad for your baby, but actually how bad... and how thats affecting my child... finding out how much (carbon monoxide) is in one smoke and that going to your baby and suppressing their oxygen... that was a big eye-opener for me, that woke me up. Hapū Māmā Rima

These pūrākau indicate the mātauranga received by these māmā in order to protect their pēpi from a lack of oxygen due to carbon monoxide exposure from smoking. The physical effects of smoking cannot be fabricated, there are too many Māori pēpi dying in utero or in their first year of life from the effects of maternal smoking. With advances in technology, the use of carbon monoxide testing has become a huge success in allowing a hapū māmā to see the physical effect that her smoking has on her body and on her growing and developing baby. This knowledge is powerful and the ability for these māmā to make a difference for their own pēpi by stopping smoking is significant.

Knowledge in isolation of understanding does not support a change in behaviour. Merely knowing the risks of S.U.D.I is insufficient to protect babies from S.U.D.I. Likewise, the transformation of this knowledge into action does not guarantee protection either. The transfer of knowledge into action is dependent on the acceptance of a recommended action. Knowledge needed to be presented in a practical yet appealing way, to engage the hapū māmā and her whānau into discussions and actions that fit with and empower their lives. These pūrākau highlight the success of the Ūkapiō wānanga, the wahakura, and the S.U.D.I. prevention knowledge that they gained. This transfer of knowledge manifested into an increased desire and power for the hapū māmā to protect their pēpi.

What motivates action or inaction is multifaceted. Hapū māmā were provided with the time and space during the kanohi-ki-te-kanohi hui to reflect on their newly gained knowledge for its meaning and relevance. Knowledge needed to make an impact, be easily to remember, and correspond to the hapū māmā social and cultural values to initiate the motivation to change their behaviour. How that knowledge is presented to and accepted by the hapū māmā and her whānau may act as a barrier. The pūrākau that the hapū māmā shared is indicative of the success that the Ūkaipō wānanga has had in eliminating potential barriers and the transfer of knowledge into action.

Hearing about the impact of the newly found knowledge gained by the hapū māmā, along with sources of enlightenment by attending the Ūkaipō wānanga was uplifting for me as a Māori midwife. Interviewing them, and subsequently when listening to the audio recordings during the transcribing stage, instilled a sense of pride in me and felt privileged to have this rich information for my research. It seemed that these sources of enlightenment certainly were spiritually awakening experiences for some of the māmā.

5.5.2 Māramatanga

In the context of this study, māramatanga was achieved by the māmā through their experiences of attending the Ūkaipō wānanga in various ways.

5.5.2.1 Not feeling judged

It didn't feel judgy in a way... no one felt like they had to give up smoking... it wasn't like you have to stop because it's not right for your baby, or you shouldn't be doing that... those weren't the sort of vibes that we were getting... we felt really comfortable there... it's something that can only be made by our own decisions, our own choices... you can't force someone, you can't frighten them that way... it's up to me to make those changes. Hapū Māmā Tahi

Mana wāhine... that's how Ūkaipō made me feel... there's all those social pressures out there or pressures of strengthening yourself but being able to just put all of that (knowledge) away and focus on you and pēpi. Hapū Māmā Rima

These māmā pūrākau have indicated that their attendance at the Ūkaipō Wānanga could nurture their motivation to become smokefree. They comment that it is facilitated under the right kaupapa, they never felt judged or pressured to make immediate changes, but to take away the valuable resources that they were provided with to start or continue their

smoke-free journey. As previous research has proven, the use of stop smoking messages that induce a sense of threat or guilt does not work.

5.5.2.2 A reconnection to Te Ao Mārama

Some of the māmā spoke about a connection during the hui katoa.

It's been therapeutic coming here... I'm from Tamaki and Rotorua... I've just moved here because I'm hapū... I have no connections with anyone here, so coming here and meeting all these wāhine and creating relationships and having time and putting energy into something for baby in this new space... this is more wairua healing for me.

It helps to strengthen our identity, in knowing who we are and where we come from... it is the forefront of who we are... you can depict how this whare was built and each part of the marae identifies our tinana, our wairua, our hinengaro... it's an open space... good for sharing... it's a learning space to gain education alongside women I don't even know but feel comfortable with

These pūrākau outline the huge commitment that the hapū māmā made, they are on a journey, a process of transformation, not only within the physical realm by being hapū, but also in creating their aspirations that they have for their whānau. The māmā felt comfortable on the marae for the three days, it's tikanga right from the beginning, even if they've been disconnected or they haven't had a lot to do with being on the marae, something in them connects them to that tikanga. Through their learnings, they have gained more of an understanding of who they are, where they have come from, and where they want to go.

Several of the māmā spoke of connection or re-connection during their kanohi-ki-te-kanohi hui and the comfort they felt being on the marae.

This isn't my marae, it's someone elses, but still the respect needs to be there... to cherish it... I felt really welcome because they welcomed me onto their marae... it's like a taonga... I always find going onto any marae, it's really special, like you've got the privilege to be there. Hapū Māmā Rua

It was a boost to the wairua... the environment... the people... the kaupapa... the connection to your heritage, your culture. Hapū Māmā Ono

I think how it's done on marae is a really good place, for me the marae is the place where you go and learn, or connect back to or do beautiful things at... even the smallest thing, starting with a pōwhiri and then all (going) in for a kai... just that feeling that the marae gives to the people. Hapū Māmā Rima

It's just a beautiful whakaaro... it's all about whakawhānaungatanga... it's about manaakitanga... all of the values that we admire the most... it's like connecting to our whakapapa. Hapū Māmā Tahī

You can see that in the future how much this is going to help other hapū māmā and especially Māori and developing us... We (Māori) are definately due for some good stuff. Hapū Māmā Whitu

Ūkaipō is a mixed thing where all sorts of women can come to, but it's a cultural thing... it welcomes anyone and everyone... it's family orientated... a marae for a lot of people is a place where family can come together, it's always the marae... it's always home... the environment that I've been living in lately, the way I see it, a marae is better than anything... Yes, it's scary with the faces looking at you when you sleep at night... it doesn't seem logical to have it anywhere else, it's a family environment... in New Zealand family always come together at a marae... for sad times, for celebrations, for challenges, for learning... regardless of the situation or regardless of the teachings... we always have the whānau welcoming vibe. Hapū Māmā Toru

The following pūrākau focuses on the fact that it is based on a marae and that this māmā re-connected to her Māoritanga instantly.

I can't imagine it happening anywhere else... even though it's not my marae, it's sort of mutual ground cause it's still my culture and my heritage... I was actually searching for a connection here... so to find something here that I can affiliate with... go to and have some experiences... I thought it was quite special... like being hapū and walking onto the marae, it represents all of what your body is and what's inside of you and what you're actually doing... all of your tūpuna are inside the marae... the roof is like the ribs... like you're inside your ancestors... and you've got your pēpi inside of you... it represents that whole journey really... you're weaving, doing a traditional technique... making something for your baby... it just seems like it would be silly to be anywhere else than on a marae... it made it easier to just chill out... there were mattresses on the floor... everyone was talking... and the food... it was like being looked after by your Aunties... it was brilliant... I think making the space welcoming for everyone to just chill out and not worry, even though it's a serious kaupapa... it's still got a real relaxed feel to it. Hapū Māmā Ono

For some of the māmā this was all new and all exciting stuff, they were learning about themselves. The māmā were there for one kaupapa; to stop smoking while they're hapū, but then they were also given the opportunity to connect or re-connect if they had been disconnected. The following pūrākāu demonstrate the emotions that some of the māmā experienced during the wānanga.

I had an experience while we were at the marae... my back got warm, my head got warm... I spoke to Mum and Dad about it and they asked which marae I was at... that is Dads marae... we put two and two together... my ancestors were there, warming my back up... I've been doing something good for baby and my tūpuna were watching...

I've never had that feeling here before... it's kind of like a re-connection through baby.
Hapū Māmā Whitu

I had an amazing experience and I didn't expect it to be so emotional and the journey that it was... it was so great, it exceeded all expectations... it's for baby, it's local, it's Māori. Hapū Māmā Ono

This māmā pūrākau depicts her journey that she is on and the emotions and experiences that she has to encounter along the way.. The identification of this signifies her acceptance that she will encounter difficulties along the way but now has the strength and power to overcome them.

It's a welcoming vibe... even a blind man could feel it... the way I see it for me in particular, I love my Māori side more than anything... even though I'm religious, I've been let down from my religion in the past and the only thing that has kept me sane and content is my Māori side... it's never let me down... I've never had false information or lies or anything negative. Hapū Māmā Toru

My partner loved it, he said that he could see that I was more energetic or happy or something when I came home from the wānanga... he said that I should do another one... he liked my mood when I came back home. Hapū Māmā Ono

5.5.2.3 Taonga, raranga and wahakura

Many of the hapū māmā spoke of their māramatanga occurring during the process of weaving their wahakura.

I was weaving my emotions, how I was feeling that day, knowing that my kids are going to touch this, feel this... I just really connected... to know that it's harakeke, it's not just a plant... you just get a connection I think... it's a taonga for us. Hapū Māmā Rua

To be able to weave my wahakura on the marae has been awesome... when I was weaving I felt a connection to my culture, my baby, my whakapapa... my first two were born in Aussie, I missed my connection to home... It's awesome to make connections with all the māmā. Hapū Māmā Rua

I was putting energy into it... it did feel like you were putting in love and time and energy into building something that is going to keep baby safe . I'm having a baby and it's going to be my responsibility, it's my family, this is what I'm weaving into this... intentions. It did make it hard when I made a mistake... I wanted it to be good... I think I almost cried at one point cause I was thinking I wasn't going to get it finished and I'd be so disappointed if I couldn't finish it for my baby. It was more interesting than I thought, it wasn't just sitting down doing a task... everyone else was sitting on the floor and we were all together doing the same thing for our babies... we were all very zoned in and focussed on our own but then everything is happening around you so it's quite good for the wairua. Hapū Māmā Ono

Just doing the raranga... spending all that time with our fingers rather than picking up a cigarette... I found that when I was weaving my wahakura, for hours I could just easily sit there and carry on and keep doing the strands and keep doing the plaiting... that's where my mind was at. I think for a smoker it would be really easy to go without a smoke for four hours during one session and that's awesome... it's an awesome strategy that you can do something else with your hands and occupy your mind. Hapū Māmā Tahī

I did take on board getting tired... not to put that into baby's wahakura... just stop and rest... that stuck with me because that's the energy that I would be putting in and baby has to sleep there... I don't want that kind of energy around baby... that's Te Taha Wairua in our Te Ao Māori world view. Hapū Māmā Whitu

In terms of the wahakura, it was amazing... it was hard to be able to do it and focus at the same time... and trying to keep calm... sometimes the harakeke just didn't go the way you wanted it to go... that was the hardest thing... I was trying to keep my cool at the same time... I love it now that it's finished. Hapū Māmā Toru

One māmā shared her pūrākau of attending Ūkaipō with her tāne and the māramatanga that both of them collected whilst making their wahakura. Her pūrākau shows the aroha felt between them whilst weaving and then passing their aroha onto their pēpi through the wahakura itself.

It's beautiful... the whole wānanga had a good feeling the whole time... to do all those beautiful things together with the māmā, with whānau, with the Nannies, that was the biggest thing for me because it was the feel of it... I'm always a 'feeler' so I know when it's a beautiful thing and Ūkaipō was definately a beautiful thing... not just for me but for my partner too... I know he gained alot from being there and even for him to feel comfortable, cause with all his raru (troubles) that he's got going on with his whānau... it was nice to be somewhere where you feel so loved and welcome and to know that your baby is going to feel that same way when they come. Hapū Māmā Rima

it was a very happy time... I think we were proud of each other because he (partner) knew how long I'd smoked for and just for being or becoming parents... it was a really happy, joyous time... it was good to be surrounded by Mum and to be at the marae... that was the beautiful thing about it. Hapū Māmā Rima

It gave us the foundation to start a healthy, happy life... we wove our baby's moenga (bed) together... I remember laying on the mattresses and watching him (partner) doing it... it was just beautiful... just the whole atmosphere of Ūkaipō was just beautiful... and to be able to feel that, that is something that I will always remember. Hapū Māmā Rima

You know the wahakura made from all that love... when baby is in his restful state in his wahakura, he will gain all that love... that's the most beautiful thing about all the mahi that went on in the wānanga. Hapū Māmā Rima

There were many sources of māramatanga and mātauranga that the hapū māmā spoke about that I have analysed within the perspective of Rā. In the next section I explore the Kā or the past and present experiences that generate future aspirations for the māmā, their pēpi, whānau, hapū, and iwi.

5.5 Kā: Past and present experiences that generate future aspirations

There were two themes that arose from analysing the pūrākau of hapū māmā from the perspective of Kā: the past and present experiences that generate future aspirations for self, pēpi, whānau, hapū, and iwi. These were:

- Whakapapa representing Who am I? Where am I from? Who will support and guide me? Where and how can I gain further knowledge or incentive? Where am I going?
- Moemoeā representing dreams, visions for self pēpi, whānau, hapū, iwi, and Māori

5.5.1 Whakapapa

During the individual kanohi-ki-ta-kanohi hui with the hapū māmā, they spoke of obtaining further support and guidance to enhance the knowledge that they received in attending the wānanga. Some spoke of the re-connection to their whānau now that they were hapū and bringing the next generation into the world as uplifting. This re-connection enabled them to identify where their source of support and guidance was going to come from.

5.5.1.1 Seeking ongoing motivation

Looking back now, I totally understand where they were coming from... back in those days I thought Mum and Dad were mean, bully, hating me... but looking back now, it's like a total change cause being a Mum myself now... now I see what they were doing, they were looking after us... I do feel sorry for that, especially with Mum, because I always know she always wanted to give me everything. Hapū Māmā Rima

My grandmother is really pleased and I have a few Aunties that are really encouraging... My grandmother... she's my motivation, she comes around a lot and she's going to help me birth baby. Hapū Māmā Toru

My younger brother... as soon as he found out that I had stopped smoking he said 'oh cool so now you can get Mum and Dad to stop drinking and smoking and doing everything else', he's happy that I'm not smoking, it's made him more protective knowing that I'm not smoking and baby is due anytime soon. Hapū Māmā Toru

For me, it was a good way for me to reconnect with my Kui... she was so good at weaving. Hapū Māmā Tahī

It's definitely like a boost, like in your wairua or in your womanly strength... for me to make the connections with people... I came out of it really sort of keen to do some more, I'm on my te reo and rongoā journey, lots of cultural and whakapapa journey, everything I want to learn about my culture and where I come from... it's all intertwined... it's sort of reinforced those sorts of ideas that I want to do... Since my aspirations are quite Māori based at the moment, I think it's given me a lot of a boost and also connections... we'll have our babies soon and then that will be another journey to go through together and like motivate each other... that's pretty cool... everything is empowering... like it's already planted but it's kind of like solidified it a little bit more. Hapū Māmā Ono

The following pūrākau that one māmā shared demonstrates that stopping smoking now allows her to spend more time with her loved ones. She realised her smoking had taken away from her the ability to spend genuine time with her whānau and friends, to relax and enjoy their company.

Like even just having that time with family... one of my mates that gave up, she's like 'you know what I miss now, that I'm not trying to dodge my family, like I'll actually go out to dinner and sit there for the whole time and enjoy dinner instead of trying to hurry up and eat so I can hurry up and go outside and smoke', so for her, she gained alot of family time... cause as a smoker it's like you go through life always trying to cue smoke times, trying to find time to have a smoke... so when you don't smoke you can just stay sitting, have another cup of tea and a biscuit... it's good to not have that impulsive, trying to find time for a smoke... now I can properly enjoy time and take my time too. Hapū Māmā Rima

I'm not smoking anymore, I can easily go out and spend time with friends, they will light up... it's funny cause my nose has changed from liking it when I was a smoker, and now just being like 'yuck' and just turning away or going back inside and having a cup of tea and sitting down with Mum... I'm really glad that I can just be like, 'yep, that's not me... it's too ugly out there and we all need to come together and love each other and be there for our moko. Hapū Māmā Rima

Some of the māmā spoke of other avenues or sources to receive support and further knowledge. There was a mention of their midwives, of the local Kaupapa antenatal classes; 'Hei Tiki Pumau', and to the regional stop smoking service; 'Hnga'.

I knew I had a midwife but at the same time I knew that I had to go and find some antenatal classes and after my first appointment with my midwife, she was like go to this, go to that, go make pēpi a wahakura, go and do it... it was really really easy and the fact that I didn't have to do my own research either, it was just like 'haere ki te reira' (go and do that)... it was really helpful... she was the one who gave me all the information about all the wānanga that I could access and get the support... I knew

that's what I wanted... as soon as I found out I was hapū I knew I wanted as much support as I could around Kaupapa Māori initiative. Hapū Māmā Tahī

This pūrākau demonstrates that this māmā had an extremely knowledgeable midwife who knew of the services that were available in the community for Māori māmā. Her midwife took all the necessary steps to ensure that this māmā was fully supported during not only her hapūtanga but also with staying on her smoke-free journey.

The difference is that Ūkaipō is a wānanga whereas Hei Tiki Pumau was only three hours out of the day... for me and my partner, we enjoyed going, cause all the things that we were doing together was good cause it was boosting our hauora (health) I suppose, our hauora for our baby... I enjoyed Ūkaipō more because there was a lot more different things that were shared with the māmā than just the process of everything antenatal and to do with the baby... it was like you took care of the whole whānau aspect better and that was a beautiful thing. Hapū Māmā Rima

I heard about it first from my LMC (Lead Maternity Carer), but I kind of kept avoiding it... I went to Hei Tiki Pumau and told (the facilitator) that I wanted to go (to Ūkaipō) after her antenatal class... she had a wahakura in there and she told me I could make one at Ūkaipō... I got her to explain to me what Ūkaipō is, cause when my midwife told me I was scared of going because it was a smokefree thing and I wasn't ready then... she told me that it was about many things and it's about making a lovely environment for pēpi, and to learn how to make a nice whānau orientated environment for pēpi when she is born. Hapū Māmā Toru

Despite this māmā midwife referring her to Ūkaipō to gain more support with her smoke-free journey, it wasn't until after she had attended her antenatal classes that she felt more encouraged to attend. This is possibly due to the approach that the facilitator of Hei Tiki Pumau took in explaining what Ūkaipō involved, allowing the māmā to feel less anxious about attending.

One of the māmā spoke about the take-home resources that she received from Ūkaipō and their significance for her continuing on her journey. These will provide her with the strength she desires as a māmā.

All the paperwork that I got from Ūkaipō, I'm going to put some of those things onto a canvas to hang on my walls, I'll get all of those things up on the wall... (my partner) he does a karakia, so I have three different karakia that have been given to me to start our day, and for kai... songs... my brother recently asked me to sing Māori songs for baby... I knew none that were really unique... so Ūkaipō has given me the motivation, and my brother has given me the extra motivation... Ūkaipō really brought out that flare to get back into it. Hapū Māmā Toru

The value of having the ongoing support from Stop Smoking service Hnga is demonstrated in these māmā pūrākau. Due to smoking being such an addictive substance, the specialised knowledge and support is vital for long term success.

Hnga, I went to go and get the patches and the gum... they did work, I knew they worked, but after a while I just kind of made the decision to not need them, or not want to use them and just to work on myself, doing that for myself... it was good, I used to ring her (Stop Smoking Practitioner) and have a kōrero with her, but after a while I was 'kei te pai' to go on my own. Hapū Māmā Rima

I've connected with (Hnga)... that asking for help has been a huge change for me cause at times I have tried to quit on my own and go 'cold turkey', but I've learnt that that isn't sustainable, it doesn't last long... this time I have reached out for help... that is the biggest thing to accept... that I have an addiction to smoking, and then being willing to open up to someone, and be keen, and to develop a personalised quit smoking journey for me... it's not like a counselling session or anything... she is really straight up, the reality is this is what it's like, and it's based around your whakaaro (thoughts), around why you want to stop smoking, and meeting with her week to week is a helpful thing, that consistency... I know there are going to be highs and lows on this journey of mine... the resources have been good too, and the patches and gum and lozenges... I've got all my resources laid out on my drawer so it's a good visual tactic for me. Hapū Māmā Whitu

Hearing about the reflection of whakapapa from the hapū māmā was heartening. Many of the māmā spoke of reflecting on their experience of attending the Ūkaipō wānanga as a motivator for further growth and development of their Māoritanga. There were discussions around the support networks that they had formed to help them on their journey to become smoke-free.

Other māmā spoke about the encouragement that they gained from Ūkaipō to look at more options that would enhance their Māoritanga and the connection that they need to sustain their journeys to be smoke-free, to be a māmā, and to pass on that knowledge to their pēpi.

I love our culture, I love being Māori and being Pacific Islander at the same time.... just having a culture like ours... there's a lot of cultures out there that are beautiful, but for me... I have my own and go by that... that is the amazing part of Ūkaipō... it gave me the motivation to get back into my cultural side and lead that cultural life for my child... I kind of lost it, I just felt like I didn't have the motivation to do it and now that I've done Ūkaipō it's like I want to do it, but I don't want to do it without (my partner). Hapū Māmā Toru

With Hei Tiki Pumau and Ūkaipō, it's really made me realise there's other stuff around... there's lots of teachings all around that can get me to where I want to be... I just need to tap in and not just sit on the sidelines and wait... Learning stories and songs is the main thing I wanted for baby... I told (my partner) I won't be able to speak

it as soon as I want to, as long as I can say 'good morning' and 'good night' and I've got songs to sing her... that's all I want. Hapū Māmā Toru

5.5.2 Moemoeā

During the individual kanohi-ki-ta-kanohi hui with the hapū māmā, they spoke of their dreams and visions for themselves, their pēpi, whānau, hapū, and iwi. These were emotional moments for both myself and the māmā as they exposed their deepest aspirations for their future.

5.5.2.1 Awakening and enhancement of their Māoritanga

It's really given me an insight and a wider awakening into what I should be... into how I can live my life without having habits and addictions involved... the fact that even though a lot of Ūkaipō was about baby, it wasn't just about baby, it was about family, it was about the māmā... it made me feel very uplifted knowing that. Hapū Māmā Toru

Attending the wānanga gave me the push to just raise a strong whānau... I want to have strong, confident tamariki who know their reo and know their tikanga... I just want them to be healthy, strong, proud Māori kids... that's all I want for my kids. Hapū Māmā Tahi

Ūkaipō helped set the foundations particularly with the reo... it was (my partner) that actually wanted to learn because of our son... previous to that, I had brought my oldest daughter up in a Māori language speaking world... you can say it was part of our whānau already to be a Māori speaking whānau... but Ūkaipō definitely just supported what we were doing... there's a lot of things that we put ourselves in to strengthen what we are doing as a whānau... my girls came and they were welcomed in, and made a part of it, and participated in certain things... they were proud as well of what was happening and why it was happening... I enjoyed that aspect of being a role model... it made me accountable... to be able to say to my kids and friends and whoever else that 'yip, I'm proud to be that'... It has strengthened the pathway for what we've been do in our family, to build on that foundation for our son... for our baby... our Ūkaipō baby. Hapū Māmā Whā

At the moment we hold our reo quite highly in this house, in our whānau. Baby responds mainly to Māori, I have had comments from whānau that are concerned about his understanding to english and how he could struggle in this world, but I feel they're at a loss cause he is surrounded by so many people that can converse with him and this world is becoming a lot more supportive of the language and you could go through your whole career just doing Māori, there's too many awesome things about it to not have it... that's what we aspire to keep up, to keep moving into the Māori world, because english is always going to be there and I'm quite lucky that one of my daughters can do both, one of the two can definately stand strong in the Māori realm more than the Pākeha, and then the other one is more Pākeha than Māori only because she hasn't had as much time immersed in it. I mainly want them to be proud to be Māori and to be positive and caring people. Positivity, I keep going on about it

because even (my partner) and I have had recent times when we've been suffering from depression and anxiety... positivity comes into it, just to know that you have family around you, to know that you're a good person, like self esteem and all of that comes from positivity and caring for people. We find a lot of things have come down from others being mean to us or purposely trying to hurt us... So we want them to be kind to others, you know, be good role models, and they have been... baby has a bit of a grumpy side to him, but other than that he's good, and the girls are quite good girls... I'm proud that my big girl is a teenager but yes she still hasn't been involved with boys and drinking and alcohol, she's probably way better than I was at her age to be honest... Those are the main aspirations for us in the Māori world and positivity and kindness, and everything else will fall into that... whatever mahi (work) they do, whoever they meet, whatever they become, as long as those things are a part of them... their tūāpapa (foundation). Hapū Māmā Whā

5.5.2.2 Aspirations and goal setting

The next pūrākau highlights the newly gained strength that this māmā has gained and the aspirations that she has for her pēpi.

I want my babies to be staunch in their own tūrangawaewae, and to know that it's (smoking) is bad. I think I'm doing alright, which is good. I thought when I would be a Mum that I was going to lose myself totally, but I think it's good because I'm still there and there's the extra big part of me which is the babies, so it's like a beautiful extension of myself and in the most tūturu (traditional) way, so if I was smoking, I wouldn't be able to say that, you know, so it's good cause I'm living my full, beautiful life. It's a beautiful thing, a beautiful journey. Hapū Māmā Rima

The following pūrākau from one of the māmā outlines her aspirations for herself, for her pēpi, and whānau. She identifies with the struggles that she has encountered since starting her smoke-free journey, but since attending Ūkaipō she is now able to look toward the future and start to become the wāhine toa that she aspires to be.

A lot of the short term goals I have been covering off, and I keep track of them with a journal, short term baby journal, work short term goals, whānau, marae, relationships, finance, house, those are all the things that I'm doing short term, but in the long term it's for stability... stability like owning our own home in the next five years, a home for my whānau, my small family... my extended family are there too, but I'm kind of honing in on creating my own little family... I've spoken to my family about that... they respect that. Hapū Māmā Whitu

Working on my relationship with my partner, being role models for our kids first and his daughter, and our extended family... being role models, living healthy lifestyles, eating nutritious meals... I don't want to get too deep into the environment just yet, like making maara kai and that... they will definitely come up in the 10 years to be sustainable. Hapū Māmā Whitu

For my marae, there's a lot of activities, like marae facilities, tikanga and kawa wānanga, reo revitalisation... just taking it or changing that state of the position that we are in at the moment to a position where the hapū is thriving. Hapū Māmā Whitu

I believe you gotta start off with yourself first, your own family, in your own back yard, before you can help those others... I look at others and I'm like yep, I can do me after... I do that because I think that my family has to rely on me... hence the brothers living here... helping out my Mum, helping out my Dad... my partner has seen that and he's like 'Wow!, you do a lot for your family'... that gives me strength though, it definitely does. Hapū Māmā Whitu

One of the māmā during the hui katoa spoke about the importance of her pēpi knowing who he is and where he comes from:

My whānau are in Christchurch, but I'd much rather be here than there, I feel connected to the Moana (ocean) and I feel closer to home... I think it is important for myself and my pēpi to know his whakapapa, although there's a big physical distance from here to Te Waipounamu (South Island), I don't feel like I am missing out or feel like I am disconnected by that physical distance, cause I feel a connection here.

There were many sources of whakapapa and moemoeā that the hapū māmā spoke about that I have analysed within the perspective of Kā. In the next section I explore the final component of Pū-Rā-Kā-U. 'U' represents what is within oneself to enable their aspirations to flourish, this can be a representation of the inherent qualities that one has to stand staunch and be steadfast to the kaupapa.

5.6 Ū: What qualities are within to enable aspirations to flourish

There were two themes that arose from analysing the pūrākau of hapū māmā from the perspective of Ū: the qualities that are within them to enable their aspirations to flourish. These were:

- Manawa Ora a source of Hope
- Manawa nui a source of persistence

5.6.1 Manawa Ora

Throughout the individual kanohi-ki-te-kanohi hui, the hapū māmā discovered what they held within themselves to enable their aspirations for themselves and their whānau to flourish and how to remain steadfast to the kaupapa of being smoke-free.

5.6.1.1 Transfer of knowledge to the next generation

It's given me the tools to be able to sort out a daily routine for the boys, to get my head in the right frame of mind and to know how to do things properly... having those things like bringing my first son home and becoming a mother, it really did help, it was a huge help. Hapū Māmā Rima

This māmā experience of attending Ūkaipō as a newly gained strength that will enable her to become the mother that she hopes to be for her tamariki.

It's a very mystical course I must say, cause you do feel the wairua and enchantment where it makes you want to hone in more, like for me I like being curious... Yeah, it's got a mystical thing about it, especially when you do it at the marae, and just the feelings that I got... It's one of the stories that I will tell my baby... it was a once in a lifetime experience for me and I will never forget it, I will tell my daughter all about it when she grows up, about the taonga that I made her... My family were telling me I was radiated off a really good vibe. Hapū Māmā Toru

The mystical nature of Ūkaipō was something that stood out for this māmā and the emotions that she felt that enhanced her sense of spirituality. This portrays the depth of the effect of Ūkaipō meeting the needs of her taha wairua (spiritual realm). I believe that this was able to be achieved by her re-connection to her Māoritanga.

The next pūrākau identifies with the addiction that this māmā had to smoking and the struggles that she encountered in her attempt to start her smoke-free journey. She talks about the negative feelings that she received from other people and the excuses she made to cover up her addiction. However, in attending Ūkaipō, she is now able to identify with the positive transformation that she has made for herself and for her tamariki. She acknowledges the difficulty in breaking an addictive cycle, but emphasises her strength and commitment that is enabling her to overcome it.

5.6.1.2 Empowering the ability to achieve

I was judging myself for the most part and then I would see people and I'd think to myself, oh they're probably judging me too... you do it for so long, you think it's just natural, a natural way of life, when really it doesn't have to be anything like that, you can take it out of your life and still be happy too... It's that feeling of thinking you need the smokes when you don't and that's probably the hardest thing... it's like waking your head up to know that you don't need it, it's not a need, you only want it... and you're telling yourself you need it cause you want it so bad you know, it's addiction... it's always making up excuses, that's the hard part of the addiction... that's how heavy that addiction to smoking is, when you're in it... I am glad I'm on the other side now, it

really is good, it really is a weight off when you stop smoking... it makes you feel healthy, like healthy in the mind, healthy in the body, and healthy in other areas. Hapū Māmā Rima

I thought about all the hard work that goes into giving up, like some people can do it, there's a lot of people out there that can do it, but it is hard, it is really hard, but it can be done, that's the main thing, it can be done. Hapū Māmā Rima

Some of the hapū māmā during the hui katoa spoke about their inner qualities that will enable their confidence and aspirations to flourish. One pūrākau is a demonstration of the importance of looking back to what our tūpuna achieved and to carry those qualities forward into the next generations.

I have more confidence in my decision making and to seek out more options. I feel more confident to be able to stand up and say 'no, that's not right'.

It's nice to know that we can carry on from what our tūpuna did, it's good to carry those things on.

Some of the māmā spoke during the hui katoa of the importance of whānau and providing support to them to enable them to become empowered through the journey that they themselves are on.

I'm more informed about my choices for me and my baby, I'm encouraging my partner to be involved and to help make decisions for our baby.

I feel more empowered in my ability to help my Mum and give her support to quit smoking... I used to just let her do her thing, but now I'm like 'no'... I have noticed that she is no longer smoking around me... I feel like 'that's the one Mum, you've got this'.

It's so special, for me it was like weaving my family together with each strand that I wove... my family are so proud of me... it weaves the links of our family together which is important with pēpi coming.

Hearing about the inner qualities that the hapū māmā possessed within them to support them in achieving their hopes and dreams was beautiful. I conceived it to be the realisation of their inherent potential to succeed in what they wanted most for themselves, their pēpi, and whānau.

5.6.2 Manawa nui

Throughout the kanohi-ki-ta-kanohi hui with each of the hapū māmā they spoke of resilience, the belief that they had within themselves, and the persistence that they either

have or that is developing to enable them to continue on their journey towards being smoke-free.

5.6.2.1 Being proactive

I'm writing my goals... and being able to read those... I haven't thought of where I'm going to put them at the moment, but I know that I need to keep them on hand and be able to read them every now and again...I'm trying to be proactive about it instead of being reactive to it. Hapū Māmā Whitu

This māmā pūrākau signifies her ongoing desire to continue on a positive journey. By making goals and writing them down strengthens her determination to achieve them. She describes a desire to be proactive as opposed to reactive when it comes to the challenges that she will inevitably have to overcome in order to succeed.

There's a lot of things in life just in general to be thankful for... just being glad you got through that day or all those things... stressful moments, that's when the smoking pops up really... it was like, 'ok, I got through that without having a smoke, awesome, good on me'. Hapū Māmā Toru

Equally as significant is this māmā pūrākau, looking at the challenges from a positive perspective and her ability to celebrate the small successes that she has. By having a sense of positivity allows for her to continue to focus on success instead of potential failure.

5.6.2.2 Strengthened whakapapa

My parents were staunch and te tahi tangata and the movement and being against colonisation... like we come from the chiefs, the earth, the moana, like the natural world around us... it's natural within us... I look at the generational curses... it's sort of like a family tree of it's own, like you have people in your tree and then you have all of the leaves, they are the things that they do by association, they filter down to you as a person and then onto our babies. Hapū Māmā Rima

This pūrākau depicts this māmā whānau connection to Te Ao Māori and the knowledge that has been passed down to her from her tūpuna. This knowledge and connection is what she will pass down to her tamariki and generations to follow, using her newly acquired strength and persistence stemmed from attending the Ūkaipō wānanga.

There were many discussions that related to the concepts of manawa ora and manawa nui that the hapū māmā spoke about that I have situated within the Ū dimension of the analysis.

Table 8 outlines the key findings of the study in relation to the Ūkaipō Pū-Rā-Kā-Ū framework that I used to analyse the data that I collected.

Table 7: Ūkaipō Pū-Rā-Kā-Ū Key findings

Concept	Key findings
<p>Pū (Source)</p> <p>Whakapapa whānau, tuakana/teina</p> <p>Kaupapa whānau relationships, social influences</p> <p>Hinengaro emotions, feelings, experiences, trauma</p>	<p>Love and connection to whānau, parental influence, personal image both positive and negative, informed consent</p> <p>School years, being the same as others, in combination with drinking, socialising, partying, mischief behaviour</p> <p>Shame, anxiety, parental separation, depression, relieving the pain, coping mechanism, addiction, identity</p>
<p>Rā (light)</p> <p>Mātauranga: Learnings, knowledge and wisdom.</p> <p>Māramatanga: Giving meaning, guiding, connection, focus and healing.</p>	<p>Historical trauma, colonisation, tūpuna taken advantage of, changes in health promotion messages, familial child rearing practices, risk of S.U.D.I, carbon monoxide and hypoxia</p> <p>Not feeling judged, Mana Wāhine, strengthening one's self, therapeutic, whakawhānaungatanga and creating relationships, strengthening identity, reconnection to the marae, tikanga, spiritual connection, raranga, wahakura, foundation to start a healthy, happy life</p>
<p>Ka (past, present, future)</p> <p>Whakapapa who am I? Where am I from? Who will support and guide me? Where and how can I gain further knowledge? What is my incentive? Where am I going?</p> <p>Moemoeā dreams and visions for self, pēpi, whānau, hapū, iwi, Māori</p>	<p>Looking back on history, encouragement and motivation from whānau reconnection, a boost to the wairua, more quality time to spend with whānau, reconnection to Te Ao Māori.</p> <p>Insight and wider awakening, not just about the baby, it's about whānau, uplifting, the ability to raise a strong whānau, set the foundation for me learning Te Reo, proud to be Māori, wanting children to be staunch in their turangawaewae, short and long term goal setting, strengthening relationships, being a role model</p>
<p>Ū (from within)</p> <p>Manawa Ora: Hope and potential</p> <p>Manawanui: Strength, capability and persistence.</p>	<p>Head in the right frame of mind, passing on the knowledge to future generations, healthy mind, body and wairua, it's hard but it can be done, confident to stand up and say 'No', empowered in my ability, weaving whānanu together</p> <p>Proactive and not reactive, reaching my goals, staunch tupuna standing against colonisation, strengthened whakapapa.</p>

5.7 Conclusion

The Pū-Rā-Ka-Ū analysis model that I adapted for this study supported the pūrākau that the seven hapū māmā contributed. They gave first hand accounts of the struggles the māmā encountered on their journey to becoming mothers and smoke-free at the same time. The analysis highlights the key themes of whakapa whānau, kaupapa whānau and hinengaro. The concepts of mātauranga, māramatanga, whakapapa, moemoeā and manawanui that culminated in support, motivation, and the manifestation of hope and inspiration that the hapū māmā gained from attending the Ūkaipō wānanga. Their pūrākau demonstrates that all of what they have received has inevitably led to their success on their journey to become smoke-free and to becoming the mothers that they so desire to be to their unborn babies.

This chapter reveals to us what Tapiata (2018) highlights, where there is no triumph without adversity, no existence without demise, and no evolution without regression. No matter how dark, confusing, fearful, or chaotic the hapū māmā lives may be or get, their strength and mātauranga are ever present, it is inherent in us through our whakapapa, just waiting to be re-discovered.

Chapter 6: Discussion

6.1 Introduction

The purpose of this chapter is to discuss the pūrākau of seven hapū māmā who smoke. The pūrākau tell of the journeys that the hapū māmā took during their attendance at the Ūkaipō stop smoking wānanga and the mātauranga that was gained to provide them with the motivation to start and sustain smoke-free lives. Through their pūrākau, taonga were revealed. This helped to define the important mātauranga providing them with the motivation to improve various aspects of their lives. The hapū māmā were about to embark on to bringing their pēpi ; the next thread in their whakapapa, into Te Ao Mārama – The world of light. This chapter identifies the whakapapa or process that the hapū māmā followed on their journey to becoming smoke-free. Table 9 illustrates the process and steps used to analyse the hapū māmā pūrākau to arrive at the findings.

6.2 Whakapapa Whānau

Parental influence and extended whānau has a critical influence on hapū māmā where love and connection to whānau were associated with personal image both positive and negative, and where smoking consent was gained.

Whakapapa is in our DNA, it is inherent in all of us, it is represented in the transition from our tūpuna, to us, and onto our tamariki and mokopuna (Tapiata, 2018). Whakapapa represents the progression that the hapū māmā experienced from one space to another, from one way of thinking and doing, to a more refined and way of thinking and doing. The hapū māmā, through their mātauranga gained in attending the Ūkaipō wānanga, were able to unravel and reflect on who they once were, who they are now, and who they have the potential to be.

Throughout the hapū māmā journeys of receiving their maramātanga, they created their own unique processes towards achieving their goals, dreams and aspirations. In attending the Ūkaipō wānanga, each of the hapū māmā were guided on a path of reflection and were able to reach the realisation that they needed to act. They reflected on what they needed to eliminate and what they needed to improve on in some way, shape, or form. This process exposed to them their own strengths, resilience, wisdom, and sense of purpose in order make positive changes to their behaviours for the betterment of their lives. They realised that in their commitment to completing the Ūkaipō wānanga, they had taken the first step towards creating the life and future that they dreamed of for their pēpi and whānau.

The Whakatauākī *“Kia whakatōmuri te haere whakamua: ‘I walk backwards into the future with my eyes fixed on my past’*”, represents the perspectives of time. It is where the past, the present, and the future are intertwined (Tse et al., 2005). The past is situated at the core, and forms both present and future identity. This perspective reveals that the hapū māmā needed to carry their past with them into their futures. The ability to carry their past into their future, provided the hapū māmā with the knowledge and reassurance that their tūpuna will always be with them. Their tūpuna exist within the spiritual and physical realms, alongside the living, and within the living (Tapiata, 2018), providing the hapū māmā with the support, strength and determination they need to sustain their journeys.

Whakapapa is not only about personal identity, it is about relationships and the hapū māmā connection to their whānau, hapū and iwi. This connection authenticates the hapū māmā uniqueness, mana, and sense of belonging within her relationships toward her whānau, hapū and iwi. Whakapapa provides the foundation for their inherent connectedness and affiliation to all things (Ware et al, 2008; Berryman, 2008; Cheung, 2008). Whitt et al. (2003) portray whakapapa as a process of thinking, learning, storing knowledge, and of questioning or developing such knowledge. Whakapapa is therefore fundamental to every aspect of Te Ao Māori.

Knowledge and understanding of the creation story and whakapapa can instil hapū māmā with a sense of purpose and confidence in their abilities. To pursue healthy, smoke-free pregnancies and lives for their pēpi and whānau, as well as provide them with a the ability to cope with other challenges that they may encounter on their journey as mothers (Kenney, 2009; Mikaere, 2003). Whakapapa is the essence of understanding who, what and where the hapū māmā derive from, it serves as a construct to explore their experiences, actions, and behaviours that free them from the influences that keep them from realising and reaching their full potential.

Mikaere (2011), describes whakapapa as an expression of an all-embracing theoretical construct. A construct that through attending Ūkaipō wānanga enabled the hapū māmā to make sense of their world. Whakapapa acknowledges who, what, and where we have come from, and to aspire to who we want to become, what we want to do, and where we want to go. It provided the hapū māmā with the guidance required to discover how they should behave towards others and helped them to understand how they fit into the world around them. Whakapapa therefore shaped the way the hapū māmā thought about themselves, and about the negative experiences and challenges that they have encountered and inevitably will confront as they continue on their journeys as mothers. The following pūrākau from one hapū māmā represents her reflection of her whakapapa of smoking

I don't really care what other people think with my smoking... it's more the ones that are in my heart, the ones that are dear to me... that's where I think the negative impact comes from, because they're telling me the hard cold facts and the truth... but they still love me even though I do smoke, but if I carry on smoking I think I'll be a disappointment... it's that negative insult... I need to do something about that. Hapū Māmā Whitu

This hapū māmā speaks of the utmost love and respect that she holds for those close her. Through receiving the honest opinions of her loved ones', this māmā carries a degree of shame about disappointing her loved ones' and their actions towards helping her to stop smoking. There is however, a realisation and acceptance that this hapū māmā needs to modify her lifestyle, especially now that she is about to become a māmā.

The newly gained knowledge of whakapapa enabled the hapū māmā to form and embrace their own values and ideals as they journey into motherhood, breathing life not only into their own journey but also the pēpi. Their pēpi will enter into Te Ao Mārama where they take their first breath of life - tihei mauri ora! (Kahukiwa & Grace, 1984).

6.3 Te Kore

Barlow (1996) suggests that Te Kore means chaos – a state that contains '*unlimited potential for being*'. Marsden (2003), shares a similar belief where Te Kore is '*the realm between non-being and being... the realm of potential being*'. The realm of Te Kore is the space where the unborn pēpi, within the darkness, receives his or her potential from the atua and their tūpuna. It is also within the darkness of this space that holds the potential for the hapū māmā to achieve their goals, dreams, and aspirations. It is within the darkness and realm of Te Kore where their tūpuna had laid out their own hopes and dreams for the hapū māmā and the coming generations to pursue (Tapiata, 2018). This space was able to be discovered by the hapū māmā as they spoke of attending the Ūkaipō wānanga.

There is beauty in darkness and space. In the whakapapa of creation, there is Te Kore, technically meaning the nothingness, but there is never nothing in life (Tapiata, 2018). Te Kore is the space of thought, the realm of possibilities, and infinite potential. This is demonstrated in the hapū māmā coming up with the idea to attend the Ūkaipō stop smoking wānanga. Their idea, initially unformed, yet full of potential; the potential to be smoke-free. The hapū māmā began to understand and appreciate their past, and the dark, empty spaces that they had lived through. It was within this process that they were then able to realise and activate their own potential. This process enabled them to focus on creating new ideas to support them and their purpose.

The hapū māmā undertook a process of transformation, they reflected on their own whakapapa, they traced them back to their origins, to recognise the recurring barriers and challenges. They were confronted with what needed to be eliminated from their lives, what improvements were needed, and what capacity they had within themselves in order to replicate their past successes and achievements they wanted more of in their lives. This led them on a journey to seek out and pursue further opportunities for growth and learning. This is portrayed in this hapū māmā pūrākau

I've accepted my habits... of where they come from... I know now that it was with respect to my parents... it just comes with my lifestyle before I got hapū... I don't want to go back to that lifestyle... it's all about new beginnings, a fresh start... being the māmā that I want to be and showing my baby that... that will be something following on from this... not smoking when baby's born... that's a big part of it... hopefully that can create a network of whānau members no smoking. Hapū Māmā Whitu

The following pūrākau from two of the hapū māmā demonstrate their experience of being with the realm of Te Kore whilst attending the Ūkaipō wānanga. The pūrākau highlight the dark spaces that they went through and the realisation of the potential that they have within them.

I got in a real dark place... I wasn't leaving this house... I wasn't going to do more, lucky I've got good family... I think that is what a lot of people are unfortunately missing in their lives... is family, or just good friends... it's been a year since one of my best friends passed away from suicide... yeah, it's a current thing... if everybody was just loving to each other... another thing that is important is spirituality... whatever that looks like... we definitely believe in the 'feels', whatever you can feel, you don't have to see it, but whatever you can feel. Hapū Māmā Whā

With my parents not really supporting me with any of my positive outlets that I wanted to do, it made it very hard... I kind of isolated myself and kept smoking... that would keep me calm and not make me freak out. Hapū Māmā Toru

The component of hinengaro highlighted a significant finding in analysing the data. The hapū māmā experiences and lived realities of trauma and the effects of anxiety and depression emphasise an area which may not be being addressed in smoke cessation interventions. There is a need to refer these hapū māmā onto specialised counselling services or maternal mental health services so that this underlying mamae (distress) can be managed in a supportive and culturally responsive manner.

Through the process of attending Ūkaipō and reflecting on their darkest moments, these hapū māmā realised their potential within themselves to be the mothers that they want to be

Being in that loving environment inspired me and made me realise that I can carry on being smokefree... I know I can definately do it... its really given me more of an insight and a wider awakening into what I should be. Hapū Māmā Toru

The following pūrākau depicts the transition for one hapū māmā and her realisation of her inherent potential that she in the process of activating.

I have just transitioned from Te Pō, and going into Te Ao Mārama... that's where I am at the moment... this is a whakapapa... connecting to and raising my awareness of lifestyles and journeys... somehow it's all connected back to our whakapapa or right from the beginning. Hapū Māmā Whitu

Tapiata (2018), explains that how we act and conduct ourselves can be linked back to our own distinctive set of morals and beliefs that we have come accustomed to over the years. They are the opinions that we hold about ourselves and the pūrākau that we share about the world we live in. The hapū māmā pūrākau shape their perspectives and influence their values and principles that impact on how they foster their own uniqueness, sense of identity, and purpose. This physically manifests into the hapū māmā behaviours and in the way they act. It is their whakapapa of how a single idea evolves into their reality.

6.4 Te Pō

Tapiata (2018), shares her understanding of Te Pō being the darkness, a space where creation originates. It is within the realm of Te Pō that things fall apart and get placed back together, “where the strands unravel and the formless takes shape”. She reiterates further pointing out that within such darkness we are forced to “reflect, re-view, re-evaluate, re-assess, re-design, re-imagine”.

It is within the realm of Te Pō that the pēpi is in Te Whare Tangata, the hapū māmā providing the necessary nurturing and nourishment that is required for the pēpi to grow and develop. Te Pō also resembles the space where the hapū māmā positioned themselves during the Ūkaipō wānanga and their capacity to receive and comprehend the mātauranga that they gathered within their kete, to motivate them to make changes to their lifestyle. The kete symbolises a vessel in which to store knowledge and wisdom, which the hapū

māmā have infinite access to on their journeys (Kirkwood, 2017). Tapiata (2018), emphasises on this analogy, that the hapū māmā must carry their kete, to fill them with the required mātauranga in order to provide for their own whānau.

The pūrākau, describe some of the mātauranga that the hapū māmā collected from the Ūkaipō wānanga and their depiction of being within the realm of Te Pō.

I felt angry seeing the pictures of our people who were just told to put a cigarette or pipe in their mouths for the sake of the picture taking... the fact that it was enforced onto them... they didn't have a choice... I didn't know a lot, but I added a lot of knowledge to my kete... we didn't start off like this, we didn't choose to have it, we were forced to have it and after that it went from force to a want and that's how we've stuck with it. Hapū Māmā Toru

My moral compass was saying yes, it is bad to smoke, but those pictures were showing you it's bad to smoke... it made me really proud that I was doing the right thing... like I say, it was confronting... it was all positive, somebody was telling me, yep, this is where you need to be and what you need to be doing. Hapū Māmā Whā

These pūrākau indicate the connection to the newly gained mātauranga and the hapū māmā realising that a change was necessary within their lives. In looking back to the times of their tūpuna, they were able to identify the barriers and negativity that they had to overcome. They can imagine the process of their tūpuna lives falling apart following the period of colonisation, and realising that they actually hold within them the mātauranga and potential to lead more positive lives for themselves, and for the next generations that will come.

Some of the situations that the hapū māmā discovered about their tūpuna were unfair, unjust, and not their fault. Likewise, some of the māmā may have or will experience situations in their own lives, similar to their tūpuna that are equally unjust, unfair, or not of their own doing. These experiences within the negative spaces depends on how the hapū māmā react towards them. The mātauranga that the hapū māmā put in their kete enables them to take responsibility for themselves, their tūpuna, and their whānau, and to make a mindful decisions as they continue on their journeys. Instead of playing the victim to negative circumstances, the hapū māmā are now motivated to act positively because of them (Bond et al (2012).

There's a lot of things that happened because of colonisation but at the end of the day each person is in charge of and responsible for what they do, regardless of what's happening around them... others are more fortunate than some and I feel like I've

been given a lot of fortune in my life and it pretty much is up to me, like I can't use that as an excuse to want to be smoking... I can't go well if the Pākehā never come then we would never be smoking... it's informative but then a lot of people should realise that anyway... You know, I would have known that's where it's come from but it doesn't really affect what I'm doing and why... It's good to know history to make your decisions and to move forward from there. Hapū Māmā Whā

This māmā pūrākau demonstrates her acknowledgement of the effects of colonisation but portrays her belief that despite what has happened to Māori in the past, people should not continue to blame colonisation for the decisions that they make, there is a sense of self-responsibility within her pūrākau. It is her belief that everyone has the right to make an informed choice when it comes to ensuring their health and wellbeing. Reflection on pre and post colonisation provides the ability to support decision making. It is a means of righting the wrong that Māori have encountered through colonisation, and living a life that is positive and productive; a life that would make our tūpuna proud.

I look at it like a seed that's been planted, literally I've got a seed planted in me... at the same time 'he kākano, he ruia mai e rangiatea', I still see myself as a seed still growing at the same time, alongside of bubba... it's helping me change the cycle... intergenerational change, yeah. Hapū Māmā Whitu

This māmā pūrākau signifies the depiction of herself and her knowledge that she has gained from attending the Ūkaipō wānanga as he kākano (a seed) that has been planted alongside of te kākano (the seed) of her pēpi that she is carrying. She signifies the shared growth and development of them both simultaneously. This demonstrates her strength and courage to make the necessary changes to her lifestyle to achieve intergenerational change within her whānau.

While awareness may signify the beginning stage of initiating change, Tapiata (2018) identifies, that there is a distinction between the hapū māmā having an awareness of their need to change to actually achieving their goals, for the hapū māmā to become who they want to be and to in reality acting on it. She reiterates that it is all ka pai that the hapū māmā can identify their weaknesses, where things went wrong for them, and why self-sabotage is so easy for them to do. This is only the start of the process. A process that is both emancipating, and yet scary at the same time. The hapū māmā will experience discomfort, uneasiness, and at times isolation when entering new and foreign spaces on their journeys.

However this discomfort is a part of us, the creation story depicts our atua, they had a choice to remain within their comfort zone or to manifest their potential in an uncomfortable and new space. This pūrākau signifies to us that within the hapū māmā process of manifesting their own potential, they will at times be forced out of our comfort zones. By preferring not to or being afraid to discover new spaces and remain within their comfort zones, they would be going against all of the hopes and dreams that have been laid out for them by their tūpuna.

6.5 Te Ao Mārama

It is within us, it is inherent to our whakapapa, our tūpuna navigated uncharted oceans, to explore where no one has gone before, to overcome obstacles, and to accomplish what everyone thought impossible (Reid & Pouwhare, 1991). Tapiata (2018) exaggerates that, it is predetermined that we must broaden our horizons; outwards and inwards and to make certain that whatever we explore makes a positive impact on others. The hapū māmā recognise that they are the result of their past, the numerous eons of their whakapapa. They are the culmination of their tūpuna ideas, determinations and knowledge. They hold the potential to follow in the footsteps of their tūpuna, it is in their genetic makeup. It is presented to them in various ways, and has the potential to break out from whatever forces they may be confined to and to go into the realm of the undiscovered and to create new worlds for themselves and their whānau.

I think it's the way I try to do things, it's being committed, you know, giving it my all, doing it properly... that's kind of happening now with my healthy living, more exercise, better eating... you just got to put your mind to it and set it up... having a hobby and doing other things that you're passionate about helps too. Hapū Māmā Whā

When you get a piece of information, what do you do with it?... you're either going to use it in a good way or a bad way... for me being a positive person, it helps trying to be a positive person in general, I'm a move forward person, let's get things done... it's about taking the positive things that you did and not dwelling on the negative too much. Hapū Māmā Whā

Positivity is also the theme within this māmā pūrākau. The ability to make subtle changes in one's daily routine to achieve better health and wellbeing shows strength and commitment and is revealed in this māmā determination to move forward, to explore new horizons, and to not dwell on negativity or failure.

The hapū māmā made new explorations in attending the Ūkaipō wānanga, they were enthusiastic about their newly gained knowledge, they had new understandings, they uncovered new ways of reflecting, acting, and existing. The Ūkaipō wānanga inspired them to take action, to take something back to their whānau, use their strength in their decision making, and develop a clearer sense of purpose. The following pūrākau illustrate this clearly.

It was a sign... I knew I needed the awhi as a new mum and to be smokefree... that was the biggest pull for me because I knew I needed a lot of help to get through that... It's Māori too, like Kaupapa Māori, that was my biggest reason for doing Ūkaipō... it was good cause I could feel the benefits. Hapū Māmā Rima

I'm feeling motivated, for the long term, that if I give up smoking, I know it will definitely be good for my health. The strength comes and goes... having influences saying how well of a job I am doing is good... I've just learnt how to reward myself for my successes... when I have baby, all of my focus will go on baby and I won't be rewarding myself... I don't want to forget to reward myself every now and again. Hapū Māmā Whitu

Like our creation story, there is light and life after the darkness as Tapiata (2018) expresses, enlightenment comes after phases of the unknown. At first, there is an experience, in this study the hapū māmā experience was portrayed in their learnings whilst attending the Ūkaipō wānanga. They uncovered something within themselves that compelled them to reflect on their past and present beliefs and behaviours. This reflection challenged their ideas about what they believed was real. They found within themselves something that motivated a transformation. In doing so, they experienced the discomfort and fear, they knew that they were heading into uncharted spaces, and they knew that they would be challenged further on their journeys. But they also discovered that these challenges would lead them to a space where they could flourish, live healthier lives, and reach new realms of existence.

These findings offer new insights and a more refined understanding of how hapū māmā navigate their smoke free journey and in the context of midwifery care.

6.6 Implications of this study for Midwifery care

Hapū māmā are often deprived of the essential support from midwives to stop smoking as Glover and Kira (2012) discuss. Midwives may reluctantly offer cessation advice to hapū

māmā whose partner or whānau also smoked, as it was perceived that modifying smoking behaviour for this particular group of women was impossible (McLeod et al, 2004). Midwives occupy a critical space and have the potential to offer knowledge and support. They have the capacity to initiate a less judgmental approach when having the imperative conversations about smoke cessation with hapū māmā and their whānau (Glover and Kira, 2012).

Hapū māmā analyse their place in society based on their own experiences, they need to be offered the space to present their own realities, and as Johnson & Pihama (1995) indicate; this is a space where their own unique differences can be acknowledged and accepted by society. Many hapū māmā therefore have a preference for a Māori midwife, one who could acknowledge her realities and provide support within a Te Ao Māori view, as Glover et al, (2016) highlight.

Table 8.: Ūkaipō Pū-Rā-Kā-Ū Research Themes and Findings

Concept	Whakapapa Whānau	Kaupapa Whānau	Hinengaro
	<i>Themes</i>	<i>Themes</i>	<i>Themes</i>
Pū (source) The source of early experiences with smoking	Parental influence Extended whānau as influence	School peers as influence Other substances influencing smoking	Identity and smoking Anxiety, depression and trauma as an influence.
Key Findings:	Love and connection to whānau, parental influence, personal image both positive and negative, informed consent	School years, being the same as others, in combination with drinking, socialising, partying, mischief behaviour	Shame, anxiety, parental separation, depression, relieving the pain, coping mechanism, addiction, identity
Concept	Mātauranga	Māramatanga	
Rā (light) Enlightenment gained through attending the Ūkaipō wānanga	Colonisation and historical trauma Health messaging, familial child-rearing practices and harm prevention	Not feeling judged A reconnection to Te Ao Mārama Tāonga, rāanga and wahakura	
Key Findings:	Historical trauma, colonisation, tūpuna taken advantage of, changes in health promotion messages, familial child rearing practices, risk of S.U.D.I, carbon monoxide and hypoxia	Not feeling judged, Mana Wāhine, strengthening ones self, therapeutic, whakawhānaungatanga, creating relationships, strengthening identity, reconnection to the marae, tikanga, spiritual connection, raranga, wahakura, foundation to start a happy healthy life.	
Concept	Whakapapa	Moemoeā	

Ka (past, present, future) Past and present experiences that generate future aspirations	Seeking ongoing motivation	Awakening and enhancement of their Māoritanga Aspirations and goal setting	
Key Findings	Looking back on history, encouragement and motivation from whānau reconnection, a boost to the wairua, more quality time to spend with whānau, reconnection to Te Ao Māori.	Insight and wider awakening, not just about the baby, it's about whānau, uplifting, the ability to raise a strong whānau, set the foundation for me learning Te Reo, proud to be Māori, wanting children to be staunch in their turangawaewae, short and long term goal setting, strengthening relationships, being a role model	
Concept	Manawa Ora	Manawanui	
Ū (from within) What qualities are within to enable aspirations to flourish	Transfer of knowledge to the next generation Empowering the ability to achieve	Being proactive Strengthened whakapapa	
Key Findings	Head in the right frame of mind, passing on the knowledge to future generations, healthy mind, body and wairua, it's hard but it can be done, confident to stand up and say 'No', empowered in my ability, weaving whānau together.	Proactive and not reactive, reaching my goals, staunch tupuna standing against colonisation, strengthened whakapapa.	

Hapū māmā strive to overcome the negative stereotypes that they encounter within the healthcare system. They are faced with a constant struggle to find ways to reposition themselves within the world. If the hapū māmā can look back and gain strength from their ancestors, they may in turn rediscover and reclaim traditional Mātauranga Māori and values to enhance their unique identity within society (Johnston and Pihama, 1995). A Māori midwife or a midwife who has the knowledge of Te Ao Māori would be able to motivate a hapū māmā to do this. More education for midwives is necessary, education that provides them with the knowledge and ability to connect with, and inspire hapū māmā on their journeys. There is a need for midwives to work to address the inequities in health outcomes that hapū māmā their pēpi, and their whānau continue to endure.

Midwives need to acknowledge that every hapū māmā and whānau have a unique set of aspirations that offer a valuable source of strength, support, security and identity. They

need to work alongside them to support them in achieving these aspirations. For Māori, the Ministry of Health (2002) strategy suggested that it is vital that midwives support wāhine and whānau to achieve maximum health and wellbeing. The focus is for Māori to be self-managing, living healthy lifestyles, actively participating in Te Ao Māori, and in society. What has smoking done for Māori? The destruction of our people in its entirety, that's what Broughton & Lawrence (1993) believe. Smoking infiltrates every aspect of a hapū māmā life. It damages their wairua, hinengaro, tinana and their whānau. Smoking is a poison that dominates people, their lives, and their potential.

Midwifery has individually and collectively been described as an honourable calling, an intergenerational legacy, a spiritually connecting occupation, and a certain kind of magic (Mikaere 2003). Such characteristics suggest that traditionally midwifery was been seen to be a dynamic identity. Hapū māmā and midwives share oral philosophies that value pūrākau. Pūrākau facilitate in the acknowledgement of ones' unique identity, the sharing of knowledge, and the development of mutually trusting relationships. Midwives are uniquely positioned to utilise evidence-based knowledge that can be incorporated into their practice. Knowledge that will enhance the holistic wellbeing of hapū māmā, their pēpi and their whānau.

The findings of this study can contribute to supporting improvements to midwifery care practice. With the high numbers of hapū māmā smoking throughout their pregnancies and the devastating health effects that tobacco smoke has not only on the growing and developing pēpi but on the tamariki in the early years. Midwives need to recognise the utmost importance of their roles and provide holistic care to all women and their whānau who smoke. They need to invest in understanding why they find it such a challenge to quit.

With only 10% of the midwifery workforce being Māori striving to meet the needs of the 25% of Māori women having babies across Aotearoa (Ministry of Health, 2020), there is a shortage of Māori midwifery workforce. This study may contribute to more Māori taking up midwifery as a career by acting as a strength to joining the profession in supporting their own to birth their babies healthy and well.

This study also opens up the space for Māori midwives to branch into other areas of health, such as health promotion for hapū māmā, or to collaborate with other health providers to

develop new initiatives or facilitate programmes such as Ūkaipō. This provides the opportunity for Māori midwives to connect with hapū māmā, strengthen their engagement with maternity and other health providers, and to share their mātauranga, with the aim of reducing the inequitable outcomes that hapū māmā and pēpi experience.

6.7 Strengths and limitations of the study

This study gave seven hapū māmā the opportunity to share their pūrākau of their experiences with smoking. I was able to conduct this in a culturally acceptable space and manner which is something that Māori researchers do best. Due to the openness and honesty of the hapū māmā in sharing their pūrākau about how smoking has impacted on their lives, several other key themes impacting on their lived realities were identified that could allow midwives and other health professionals to support and motivate hapū māmā in bettering themselves and the health and wellbeing of their pēpi and whānau. This is the strength of this research, it gave an opportunity for the hapū māmā and their voices to be in the spotlight, and to be the epitome of this study. This study was conducted utilising a Kaupapa Māori approach to research, highlighting that it was conducted by a wāhine Māori, with wāhine Māori, and that the outcomes would be positive for wāhine Māori and their whānau.

Furthermore, a subsequent strength of this study is that it allows the reader to identify the real issues affecting hapū māmā, in addition to their smoking. This reinforced the validation of hapū māmā and their pūrākau, directing their messages and their moemoea at those who hold unique positions in the provision of maternity care. This enables midwives to get a glimpse of not only the lived realities of some hapū māmā, but that they hold within them the inherent potential to navigate undiscovered spaces to address the negative connotations that midwives and other health professionals label them with.

Another strength was the utilisation of a Kaupapa Māori research methodology, developed by Wirihana (2012). This meant that the hapū māmā pūrākau were analysed in a way that supported a Māori perspective and understanding. This ensured that the hapū māmā pūrākau were regarded as a taonga and were treasured with the utmost respect that they deserved. The hapū māmā voices will be preserved within the pages of this research, to motivate midwives and other health professionals to navigate uncharted spaces to seek

the knowledge that they desire to provide care in a way that protects hapū māmā as Te Whare Tangata – the sacred home and kaitiaki of past, present, and future generations.

The decision to undertake and present strengths based research when there is so much negativity about hapū māmā who smoke and the poor outcomes that they experience, highlights a significant strength of this study. With the right mātauranga and ongoing support and motivation from midwives and other health professionals, hapū māmā will feel empowered to act, to develop hopes and dreams, and to protect the lives of the future generations by realising their potential, making the necessary modifications to their lifestyles, and look forward to living healthier lives.

A limitation identified was that there was only a small number of hapū māmā interviewed, due to the limited time frames available to conduct the interviews, transcribe and analyse for a master's level thesis. All the same, key themes and some unanticipated themes transpired. If there had been additional time to allow for more hapū māmā to share their pūrākau, then more themes may have been uncovered adding to the authenticity and validity of this study.

6.8 Contributions to research

This research offered an important contribution to the care and support that hapū māmā who smoke receive. Research directed at providers of maternity care for hapū māmā is limited. This research continues on the work that has been undertaken by many in the fields of midwifery care, stop smoking initiatives aimed at hapū māmā, and removing barriers, unconscious biases, and negative connotations toward hapū māmā. It also contributes to research that has been undertaken to reduce the inequality of care that hapū māmā receive, as well as reducing the inequities of health outcomes of hapū māmā in comparison to Pākehā.

This research again suggests that there is an urgent need for workforce development, the training of more Māori midwives, and more professional development for Pākehā midwives and other maternal and child care providers to gain the understanding of and to acknowledge the lived realities of hapū māmā who smoke, and their view of Te Ao Māori.

Some of the recommendations could be transferred to other service areas of health and social services, workforce development or study.

6.9 Direction for further research

To distribute Kaupapa Māori research and gain the respect that it justifies, it needs to be undertaken in a way that is not only accessible to Māori but also the providers of midwifery care to hapū māmā, pēpi and their whānau. This means not only presenting to key stakeholders at conferences locally, nationally, and internationally or in journal publications, but to also be presented to colleagues and other health providers by means of professional forum, social media, and newsletters that are whānau, hapū, iwi and Māori centred.

This research could be extended by including more pūrākau of hapū māmā. As discussed earlier, this could provide the opportunity to identify additional themes or to strengthen the themes that have already been identified. Further research could be undertaken at a doctorate level of research, utilising the Pū-Rā-Ka-Ū analysis method by re-interviewing the same hapū māmā in a few years time, and allow them to share their pūrākau of the challenges, successes or failures that they encountered on their journeys to becoming smoke-free.

A further area of research could be to explore the attitudes, beliefs, and experiences of midwives; both Māori and Pākehā, who provide care to and support hapū māmā who smoke through. This would enable an understanding and enlightenment into their perspectives and to understand what motivations and/or barriers exist for them in providing mātauranga to hapū māmā and their whānau.

6.10 Conclusion

This research was conducted to support midwives and other maternity care providers with the mātauranga to better support hapū māmā to start their journey to sustaining smoke-free lives. It is hoped that the findings of this study reveal the lived realities that hapū māmā encounter as they initiate a process of reflecting on their whakapapa, nurture their present selves, and navigate uncharted spaces in order to provide healthier futures for themselves, their pēpi, tamariki, whānau, hapū, and iwi.

This research is not only aimed at midwives, but to all maternal and child health providers, health promoters, programme facilitators, analysts, and funders; to integrate the pūrākau of the seven hapū māmā into their daily work, into new strategies and practices, funding, and aspirations aimed toward improving health outcomes for Māori.

Chapter 7: Conclusion

We are the ancestors
H. Tapiata, 2018

This research thesis has explored the mātauranga within seven hapū māmā pūrākau articulating a Kaupapa Māori perspective pertaining to hapū māmā who smoke. The study has identified key themes from Te Ao Māori that are relevant and applicable to hapū māmā and their whānau within a present-day context. The pūrākau of seven hapū māmā exemplify the significance of sharing stories to enhance tino rangatiratanga. There is a sense of hope and meaning in all of the pūrākau that were shared by māmā during the course of the data collection phase of this research. The use of pūrākau connects us to Te Ao Māori and has the potential to lead to an increased state of health and wellbeing, not only in the now, but also into the future.

Beginning with the pūrākau of creation “*Mai i te kore, ki te pō, ki te Ao Mārama*”. The whakapapa of our creation story indicates that periods of darkness will always come before the light (Tapiata, 2018). From the realm of nothingness and potential, into the realm of the dark night, confusion and unknown, pursuing the realm of light, enlightenment and physical manifestation; the creation story of how the world came to be. The whakapapa and pūrākau of creation is outlined in the many phases of transformation that the hapū māmā went through by attending the Ūkaipō wānanga. In pursuit of better health and wellbeing for themselves and their pēpi, their journeys began with potential, the space of darkness, of unknown, chaos, fear, and confusion. Through experiencing such darkness, the hapū māmā set in motion a process of understanding themselves. They began to identify the changes that they needed to make to allow them to transition into Te Ao Mārama; the world of light and enlightenment. This process enabled them to develop better lives for themselves, their pēpi, and their whānau.

Hapū māmā, as Te Whare Tangata, have a commitment to the generations coming after them to decide what hopes and dreams they are going to lay out for them, just as their tūpuna did for them. The hapū māmā are weaving the whakapapa for their tamariki and mokopuna whakapapa. Their ideas, experiences, knowledge, and the gifts of the tūpuna that they originate from, have all evolved within them. The hapū māmā hold the power to be in control of what they are weaving into it their whakapapa for the generations that follow.

In conclusion, the undertaking of this study has highlighted the ever-increasing demand for Māori informed knowledge, concepts, and practice to be acknowledged and supported, particularly in the area of maternal and infant health in Aotearoa. This study provides a strength-based solution to discovering the underlying potential that exists in hapū māmā when supporting and motivating them on their journeys to being smoke-free and becoming the best māmā that they hope to be. Understanding the application of pūrākau to maternal and infant health is to recognise the implications and impacts that pūrākau can make in advancing hapū māmā, their pēpi, tamariki, whānau, hapū, and iwi health and wellbeing.

“He aha te mea nui o te Ao?
It is not people – It is whakapapa.
It is connection, it is understanding, it is aroha, it is life.
It runs deeper than any physical connection or being.
It demands that we uphold our obligation to protect and nurture those
Who allowed us to be her today – Our tūpuna
Hana Tapiata, 2018

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Appendix one: Ethics Approval

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TE WĀNANGA ARONUI
O TĀMAKI MAKĀU RAU

Auckland University of Technology Ethics Committee (AUTEC)

Auckland University of Technology
D-88, Private Bag 92006, Auckland 1142, NZ
T: +64 9 921 9999 ext. 8316
E: ethics@aut.ac.nz
www.aut.ac.nz/researchethics

22 May 2020

Alayne Mikahere-Hall
Faculty of Health and Environmental Sciences

Dear Alayne

Ethics Application: **18/409 The pūrākau of hapū māmā who smoke – Gaining motivation from the Ūkaipō Stop Smoking Wānanga to enhance the potential to be smokefree.**

At their meeting of 11 May 2020, the Auckland University of Technology Ethics Committee (AUTEC) received the report on your ethics application. AUTEC noted your report and asked us to thank you.

On behalf of AUTEC, we congratulate the researchers on the project and look forward to reading more about it in future reports.

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 or by telephone on 921 9999 at extension 6038.

(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat

Auckland University of Technology Ethics Committee

Cc: natasha.rawiri@bopdhb.govt.nz; Heather Came-Friar

Appendix two: Participant Information Sheet

The logo for AUT (Auckland University of Technology) is displayed in white text on a black background.

TE WĀNANGA ARONUI
O TĀMAKI MAKAU RAU

Participant Information Sheet

Date Information Sheet Produced: 22 October 2018

Research title: Hapū māmā as mana wāhine, embracing motivation, and nurturing the potential to be Smokefree

Researcher: Natasha Rawiri

Research supervisors: Alayne Mikahere-Hall and Heather Came-Friar

Tēnā koe, tēnēi te mihinui ki a koe

Ko Te Ramaroa tōku maunga

Ko Hokianga nui a Kupe tōku moana

Ko Matawhaorua tōku waka

Ko Whirinaki tōku awa

Ko Matai Aranui tōku marae

Ko Te Hikutu tōku hapū

Ko Nga Puhi tōku iwi

Ko Natasha Rawiri āhau

An Invitation

Tēna koe, my name is Natasha Rawiri and I am undertaking a research project to explore and understand:

- How the participation in the Ūkaipō programme contributes to the motivation to start and sustain the journey of hapū māmā to become smokefree?

As you have completed the Ūkaipō wānanga in the past two (2) years, you are invited to participate in this research. It is important that you know that:

Your participation is voluntary. There is a two-week window for you to consider your participation, and advise the researcher of your decision by providing her with a signed copy of the consent form

You may withdraw at any time prior to the completion of data collection

There are no foreseeable conflicts of interest. However, if at any time during the kanohi-ki-te-kanohi hui (face to face interviews) or hui katoa (focus group interviews) you feel uncomfortable or have concerns, please feel free to notify the researcher. Please note, that whether you choose to participate or not will neither advantage nor disadvantage you

This research will be contributing to the completion of a Masters in Health Science by the researcher.

What is the purpose of this research?

Through participation in the research, you are invited to share your experiences of smoking, reflect on your identity and mana as a wāhine Māori, and discover your aspirations for yourself, your children, your whānau, hapū, and iwi. The collective sharing of your and the other participants experiences is anticipated to help facilitate sustainable healthy lifestyle changes for other hapū māmā.

The information collected will provide a platform to strengthen Māori women's voices when examining the motivational factors that strengthen stopping smoking during pregnancy. This research will contribute to the researchers' successful completion of her Masters of Health Science Degree.

The research aligns to Māori aspirations in relation to Māori health and indigenous research priorities. Evidence generated from this study will be used to inform a wider body of collaborative work. The research has the potential to strengthen smoke cessation programme development and service delivery to wāhine Māori. The research findings will be circulated through a health journal publication. The combined findings from this research are expected to contribute to overall health equity for Māori.

How was I identified and why am I being invited to participate in this research?

You have been identified through the researchers existing contacts as having recently completed the Ūkaipō stop smoking wānanga. You are being contacted to seek your participation in a research study. You will receive an initial telephone call or email from the researcher to introduce the research and confirm your interest. Following the initial call this information sheet and consent form will be provided by email. It is planned to recruit approximately six (6) to eight (8) participants, with no further recruitment occurring once the estimated number of participants has been reached.

How do I agree to participate in this research?

This Participant Information Sheet and a Consent Form will be provided to you to read. Consent is confirmed by you signing and returning the consent form. You will be given two weeks to consider the invitation. Should you not respond within two weeks of initial contact, a follow-up invitation will be made.

Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You are able to withdraw from the study at any time. If you choose to withdraw from the research, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it

to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

What will happen in this research?

You have been invited to participate in a kanohi-ki-te-kanohi hui (face to face interview) which is anticipated to last up to one (1) hour, and a hui katoa (focus group interview) which may take up to two (2) - three (3) hours. The researcher will conduct the hui by asking some questions that you will be invited to answer or kōrero about. Following on from both hui, you will have one week to let us know if you would like to withdraw from this research. However, due to the collective nature of the hui katoa, removing your feedback from the notes will not be possible.

What are the discomforts and risks?

It is not anticipated that this research will cause you any discomfort. It is acknowledged that with the collective hui katoa process, the identity of other participants and their discussions is confidential to the group, and agreement is sort to keep this information confidential.

In the unlikely event that a participant experiences discomfort or feels at risk, they are encouraged to contact any member of the research team on the contact details provided at the end of this information sheet.

What are the benefits?

Evidence generated from this research will be used to strengthen Māori and maternity health theory and practice. This research will also be contributing to the completion by the researcher of a Masters in Health Science.

How will my privacy be protected?

Your privacy will be protected by ensuring any identifiable information such as your contact details are collated on an excel spreadsheet and kept separate and secure from the data collected during each hui. Identifiable data will only be accessed by the research team and will only be used for project management purposes such as confirming consent, confirming attendance at hui. Unless you agree to being identified in any research publications, all data will be collated without any identifiable information. As hui katoa is one of the methods of data collection, summary notes will be provided to the other hui katoa participants to review.

Participation in an individual kanohi-ki-te-kanohi hui will be confidential and a pseudonym will be used when preparing the notes from the hui. Those participating in a collective hui katoa will not be individually identified in any reporting and it will be encouraged that the group maintain confidentiality, but confidentiality cannot be guaranteed because the researcher cannot control what others share.

All participants involved in the hui katoa will be required to give consent to be audio recorded because it is not possible to eliminate someone from a recording. All data collected at part of the research will be saved on password protected devices, be securely stored for ten years, after which time it will be securely destroyed.

In general, no individuals will be identified in any reporting (verbal or written). Anonymised quotes from the hui may be used verbatim in reporting. However, it is possible that given the relatively small number of participants, a situation may arise where you may be identifiable. If this situation does occur, the researcher will ask your permission for each time you may be identified before circulating any reports.

What are the costs of participating in this research?

The estimated cost of participating in this research is a total maximum of four (4) hours of your time. Your time will also be required to review the initial research transcripts that will be sent out to you for your feedback and approval. Some additional time may also be required to assist in the analysis or sense making process, which is expected to take no longer than one (1) to two (2) hours.

What opportunity do I have to consider this invitation?

There is a two-week window for you to consider your participation and advise the researcher of your decision by providing them with a signed copy of the consent form, or declining to participate via phone or email. Should any potential participants not respond within two weeks of initial contact, a follow-up invitation will be made.

Will I receive feedback on the results of this research?

A research report will be made available to participants and disseminated based on participants preferred method of contact. The findings will be presented locally for participants, their whānau, hapu and iwi. Research findings may also be presented at New Zealand based health conferences and submitting as an article in specific health related journals.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Research Supervisor: Alayne Mikahere-Hall, email: alayne.hall@aut.ac.nz or telephone: 09 921 9999 ext 7115 or 021 288 7718

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEK, Kate O'Connor, ethics@aut.ac.nz , 09 921 9999 ext 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Natasha Rawiri
Natasha.Rawiri@bopdhb.govt.nz
021 417 116

Research Supervisor Contact Details:

Alayne Mikahere-Hall
Alayne.hall@aut.ac.nz
09 921 9999 ext 7115
021 288 7718

Appendix three: Consent form for Kanohi-ki-te-kanohi hui

AUT

TE WĀNANGA ARONUI
O TĀMAKI MAKAU RAU

Consent Form for Kanohi-ki-te-Kanohi (face to face) hui

Research title: Hapū māmā as mana wāhine, embracing motivation, and nurturing the potential to be Smokefree

Researcher: Natasha Rawiri

Research Supervisors: Alayne Mikahere-Hall and Heather Came-Friar

- ☐ I have read and understood the *Participant Information Sheet* on ____ (day) of ____ (month) ____ (year) and the project has been explained to me. My questions have been answered to my satisfaction. I understand that I can ask further questions at any time.
- ☐ I understand that notes will be taken during the kanohi-ki-te-kanohi hui and that the hui will also be audio-taped and transcribed. Any information I provide will be kept confidential to the researcher and the project supervisor.
- ☐ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ☐ I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- ☐ I understand that the results will be used for a Masters of Health Science thesis. The results may be included in academic publications and/or presented to conferences.
- ☐ I agree to take part in this research. I wish to receive a summary of the research findings (please tick one): Yes ☐ No ☐

Participants' signature:

Participants' name:

Participants' contact details (if appropriate):

.....

.....

.....

Date: ____ / ____ / ____

Appendix four: Consent form for hui katoa

AUT

TE WĀNANGA ARONUI
O TĀMAKI MAKĀU RAU

Consent Form for Hui Katoa (Focus Group Interview)

Research title: Hapū māmā as mana wāhine, embracing motivation, and nurturing the potential to be Smokefree

Researcher: Natasha Rawiri

Research Supervisors: Alayne Mikahere-Hall and Heather Came-Friar

- ☐ I have read and understood the *Participant Information Sheet* on _____ (day) of _____ (month) _____ (year) and the project has been explained to me. My questions have been answered to my satisfaction. I understand that I can ask further questions at any time.
- ☐ I understand that the identity of my fellow participants and our discussions in the hui katoa is confidential to the group and I agree to keep this information confidential.
- ☐ I understand that notes will be taken during the hui katoa and that it will also be audio-taped and transcribed. Any information I provide will be kept confidential to the researcher and the project supervisor.
- ☐ I understand that I may refuse to answer any questions and that I am free to leave the hui katoa without having to give a reason. However, because of the nature of the group situation, the recording device cannot be turned off during the discussion and, if I withdraw from the research, information that I have contributed up to that point cannot be withdrawn because of other hui katoa participants information being on the same recording.
- ☐ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ☐ I understand that the results will be used for a Masters of Health Science thesis. The results may be included in academic publications and/or presented to conferences.
- ☐ I agree to take part in this research. I wish to receive a summary of the research findings (please tick one): Yes ☐ No ☐

Participants' signature:

Participants' name:

Participants' contact details (if appropriate):

.....
.....
.....

Date: ____ / ____ / ____

Appendix five: Researcher safety protocol

AUT

TE WĀNANGA ARONUI
O TĀMAKI MAKAU RAU

Researcher Safety Protocol

Research title: Hapū māmā as mana wāhine, embracing motivation, and nurturing the potential to be smokefree

Researcher: Natasha Rawiri

Project Supervisors: Dr Alayne Mikahere-Hall and Heather Came-Friar

- ☐ I understand that I will carry a cellular telephone with me to make emergency telephone calls if this becomes necessary when attending research participant interviews.
- ☐ I understand that I will inform my research supervisor about my travel plans and interviewing timetable prior to meeting with a research participant/s at the predetermined venue.
- ☐ I understand that I will make a telephone call to the research participant/s prior to the interview time to ascertain the suitability of my visit on the day of the scheduled appointment. I will also enquire about dogs around the property that may need to be secured to ensure safe entry onto the properties.
- ☐ I understand that I will advise my research supervisor when I plan to undertake research interviews, reporting dates and times.
- ☐ I will arrange to have my research supervisor ring me should the interview exceed the expected timeframe or in the event that I have not made telephone contact with her upon completion of the specified interview time.
- ☐ I understand that I will not park in driveways or create obstruction to exit and entry access points for myself or others when visiting research participants at residential addresses. I will choose to utilise off street parking options.
- ☐ When visiting the research participant/s, I will behave appropriately being mindful of research tikanga principles and to uphold the principles of manaakitanga, kaitiakitanga, tika, pono and aroha, as detailed in the participant information sheet.

Research member's signature:

Research member's name:

Contact details:

Telephone Number/s:

Email Address:

Date:

Appendix six: Letter of Support - WBOPPHO



10 May 2018

TO WHOM IT MAY CONCERN

I am writing in support of the research that Natasha Rawiri has proposed to undertake from May 2018 through to April 2020 as part of her Masters Degree at Auckland University of Technology.

I understand that Natasha is wanting to recruit participants who have attended our smoke-free programme for hapū māmā; Ōkaipō. Natasha has been a part of the development and has co-facilitated the programme over the past 18 months with Tiana Bennett who is our Ōkaipō programme lead. I am more than happy for Natasha to liaise or consult with Tiana in any way that is required in support of her research journey.

The WBOPPHO finds the Ōkaipō programme and has always appreciated the assistance and guidance that we have received and continues to receive from Natasha within her role as the BOPDHB Midwife Coordinator of Safe infant sleep and Smoke cessation. I have every confidence that Natasha will conduct her research with integrity and uphold the mana of the hapū māmā and their whānau who participate in the research.

Roger Taylor
Chief Executive Officer

Appendix seven: Letter of Support – Ngai Te Rangi Iwi Trust

To whom it may concern:

Tena koe,

On Wednesday 30th May 2018, I was fortunate to attend a hui with Natasha Rawiri Midwife Co-ordinator Safe Sleep & Smoking Cessation with the BOPDHB. Natasha came to Ngai Te Rangi Iwi offices to present her research study on hapū Māori māmā that smoke.

The purpose behind the hui was to discuss her impending research study and thesis around the kaupapa of hapū māmā who smoke. Her study included an evaluation of the Ūkaipō programme and what it is that motivates the hapū māmā to attend and start their journey to be smokefree.

Natasha wanted to advise the Iwi of the research, as she will be interviewing Ngai Te Rangi māmā who have attended the Ūkaipō programme. She wanted to ensure that her processes, methodology etc had the approval of Iwi.

I would like to acknowledge Natasha for her Tino Rangatiratanga (absolute integrity) for her acknowledgement to Ngai Te Rangi Iwi Trust, her Whakakoha Rangatiratanga (respectful relationships) respectfulness to inform Te Iwi of her research study, purposes and outcomes. Kaitiakitanga (responsible guardianship) maintaining the mana of the participants, tau kumekume (tension & negative tension) the passion and sustainability to complete her research study. To what it is that motivates wahine to start a smokefree journey, Tihel Mauri Ora (breath of life).

Nga Mihi

Moerangi Potiki
Social Worker
Ngai Te Rangi Iwi Trust