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GLOSSARY

Ahi kaa	to keep 'the home fires burning', refers to those who stay at **papa kāinga** and fulfil tasks and obligations on **marae**
Āhua	to form, make, also refers to a shape, appearance, condition, character, likeness, nature, figure, form
Ako	to learn and teach concurrently
Aroha	affection, sympathy, charity, compassion, love, empathy
Aroha ki te tangata	a respect for people (L. Smith, 2006)
Atawhai	to show kindness to, to raise or adopt temporarily
Atua	supernatural being, literally translated in English as 'Potential being from beyond' (T. Smith, 2009)
Awa	river, stream, creek, canal, gully, gorge, groove, furrow
Awhi	to embrace, cherish (also means to surround sit on eggs, brood)
Haka	vigorous dance with actions and powerful rhythmically sung words
Hāngī	earth oven to cook food with steam and heat from heated stones
Hapū	sub tribe, to be pregnant, conceived in the womb
Hapūtanga	pregnancy
Harakeke	New Zealand flax, *Phormium tenax*
Hau	wind, breeze, air, breath, gas, vital essence, vitality of human life, food used in ritual ceremonies
Hau kainga	the home people of a **marae**
He tamaiti he taonga	a child is a gift.
Hei tiki	necklace, carved figure or image, usually made of greenstone and carved in an abstract form of a human
Heke	flow downwards
Heke iho	flow downwards, from above
Hineahuone	the first human, a woman
Hinengaro	mind, thought, intellect, consciousness, awareness
Hinenuitepo	daughter of **Hineahuone**, also known as **Hinetitama**
Hineteiwaiwa	**atua** of childbirth, who herself had been through a difficult childbirth
Hinetitama	daughter of **Hineahuone**, also known as **Hinenuitepo**
Hoa takatāpui	intimate friend of the same sex
Hui	gathering, meeting, assembly, seminar, conference
Ia	he and she
Iho	umbilical cord (middle portion)
Ira atua	supernatural life
Ira tangata	human genes, however, as **ira tangata** come from **ira atua**, **ira tangata** is considered to have a more spiritual quality than human genes (Moko Mead, 2004)

Iwi	tribe, strength, bone
Kai	food, or to eat
Kaikaranga	caller - the woman (or women) who has the role of making the ceremonial call to visitors onto a **marae**, or equivalent venue, at the start of a **pōwhiri**
Kaitiaki	trustee, minder, guard, custodian, guardian, keeper
Kaitiakitanga	guardianship
Kanohi ki te kanohi	the seen face, present yourself to people face to face (L. Smith, 2006)
Kapa haka	**Māori** performing group
Karakia	incantation, prayer, grace, blessing, church service
Kaua e mahaki	do not flaunt your knowledge (L. Smith, 2006)
Kaua e takahia te mana o te tangata	do not trample over the people's dignity (L. Smith, 2006)
Kaumātua	elder. In this research it refers to chosen experts who have knowledge of **mātauranga** and **tikanga Māori**
Kaupapa	topic, policy, matter for discussion (also means platform, layer and raft)
Kaupapa Māori	an approach that privileges the perspectives and protocols of **Māori**
Kawa	**marae** protocol, ceremony to open a new house
Kete	basket, kit
Kia tupato	be cautious (L. Smith, 2006)
Koha	gift, present, offering, donation, contribution
Koi ora hou	a new life
Kōpū	belly, womb, abdomen
Kōrero	narrative, speech, conversation, discourse
Koroua	elderly man, grandfather, grand uncle, papa
Kuia	elderly woman, grandmother, grand aunt
Kura Kaupapa Māori	primary school operating under **Māori** custom and using **Māori** as the medium of instruction
Mana	a supernatural force in a person, place or object, **mana** goes hand in hand with **tapu**
Mana Wāhine	an approach that privileges the perspectives and protocols of **Māori** women; also refers to the inherent prestige, authority and power of women in the context of Leonie Pihama's (2001) principles for **Mana Wāhine** research
Mana tāne	the inherent prestige, authority and power of men
Manaaki	to support, take care of, give hospitality to, protect, look out for
Manaaki ki te tangata	share and host people, be generous (L. Smith, 2006)
Manaakitanga	hospitality, kindness
Manuhiri	visitor, guest
Māori	indigenous New Zealander, indigenous person of **Aotearoa**/New Zealand

Māoritanga	**Māori** culture, practices and beliefs
Marae	community facility where **hapū** collectives discuss political and social matters, and host important events such as funerals
Marae wānanga	seminar, conference, forum held at a community facility for **hapū** collectives
Matariki	the **Māori** new year
Mātauranga	education, knowledge, wisdom, understanding, skill
Mate mārama	menstrual cycle, menstruation, period
Matua	father, uncle
Mātua	parents
Maunga	mountain, mount, peak
Maui	descendant of **Hinenuitepo**
Mauri	life principle, special nature, a material symbol of a life principle, source of emotions
Mirimiri	to rub, soothe, smooth, stroke, fondle, smear, massage
Moana	sea, ocean, large lake
Moe(a)	to sleep, close (the eyes), dream; to marry, wed, sleep with, have sex; to die or be dead; to beget or be born
Mokōpūna (mokos)	grandchild, descendant - child or grandchild of a son, daughter, nephew, niece, etc
Noa	be free from the extensions of ***tapu***, ordinary, unrestricted
Ora	be alive, well, safe, cured, recovered, healthy, fit
Pā	fortified village, fort, stockade, screen, blockade, city
Pae whakaruru	a horizontal pole strapped to two vertical poles
Pākehā	New Zealander of European descent
Paheke	menstruation, as in '**heke**' to flow downwards
Papa kāinga	original home, home base, village
Papatūānuku	earth mother and wife of **Ranginui**. All living things originate from them
Pātere	song of derision in response to slander - most are compositions inspired by some derogatory reference, abuse or slander, sneering remark, or belittling statement. They are chanted at a fast tempo accompanied by defiant gestures
Pepe	baby
Pepeha	a recitation of **whakapapa** and areas of significance, see the beginning of this section
Pito	end, extremity, naval, section of umbilical cord nearest the baby's body
Pōwhiri	invitation, rituals of encounter, welcome ceremony on a **marae**, welcome
Puku	stomach
Pūmanawa	natural talent, intuitive cleverness
Rākau	tree, stick, timber, wood, spar, mast, plant

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Rangahau whānau	members of my **Māori** research advisory group
Rangatahi	younger generation, youth
Rangatira	rich, well off, noble, esteemed, revered
Rangatiratanga	sovereignty, chieftainship, right to exercise authority, chiefly autonomy, self-determination, self-management, ownership, leadership of a social group, domain of the rangatira, noble birth
Ranginui	sky father and husband of **Papatūānuku**. All living things originate from them
Raho	testicle (men) or labia majora (women)
Rāhui	to put in place a temporary ritual prohibition, closed season, ban, reserve
Raurēkau	manono, kanono, large-leaved coprosma, *Coprosma grandifolia*
Rito	centre shoot, undeveloped leaves of **harakeke**
Rohe	boundary, district, region, territory, area, border (of land)
Rongoā	remedy, medicine, drug, cure, medication, treatment, solution (to a problem), tonic
Taha	side, margin, edge, bank (of a river), beside
Takatāpui	close friend (of the same gender), lesbian, gay, homosexual
Tamariki	children
Tāne	men, males, husbands. Also refers to a son of **Ranginui** and **Papatūānuku**, **atua** of the forests, husband of **Hineahuone**, and their daughter **Hinetitama/Hinenuitepo**
Tāngata	people, persons, human beings
Tangata whenua	local people, hosts, indigenous people of the land - people born of the **whenua** (of the placenta and the land) where the people's ancestors have lived and where their placentas are buried
Tangihanga	weeping, crying, funeral, rites for the dead, obsequies
Taonga	treasure, anything prized - applied to anything considered to be of value
Tapu	the restricted and controlled access to other human beings (Tate, 2010)
Tapuhi	birth attendants
Tarakihi	a silver marine fish with a black band behind the head
Tararā	genealogical descent from the former Yugoslavia, Croatia, Dalmatia.
Taumo	**whānau**, **hapū**, **iwi** discussions about a betrothal initiated between birth and early adulthood, not necessarily involving the couple
Tauiwi	a person with no **Māori** tribal affiliation
Te ika a Maui	the north island of New Zealand. Literally translated as **Maui**'s fish
Te ao Māori	the **Māori** world
Te ao Pākehā	the **Pākehā** world

Te ao mārama	the world of light
Te ao hurihuri	the ever-changing world
Te kore	the potential, the void, the nothingness
Te mamae	sadness and grief
Te pō	the form, the dark, the night
Te reo Māori	**Māori** language
Te reo me ona tikanga	**Māori** language and traditional practices (Pihama, 2001)
Te rito	centre shoot, undeveloped leaves of New Zealand flax, *Phormium tenax*
Te tapu o te tangata	this refers to the intrinsic **tapu** given to every person at conception, and relates to our relationships with the **atua**, **tangata**, and **whenua**
Te Tiriti o Waitangi	the Treaty of Waitangi
Te ūkaipō	mother, origin, source of sustenance, real home
Te whare tangata	the womb, uterus, cervix, vaginal; literally translated in English as 'House of People'
Te whare mate or te whare aitua	the womb, uterus, cervix, vaginal; literally translated as the 'House of Death'
Teina	younger sibling of the same gender. (Tēina – means plural)
Tiaki/tanga	to guard, keep; also to look after, nurse, care, protect, conserve, save (computer)
Tika	correct, appropriate
Tikanga	correct procedure, custom, manner and practice, pertaining to **Māori**
Tiki	an **atua** positioned in the genital region to represent fertility and the **wairua** of unborn children; a symbol of male sexual energy, referred to by Best, as the penis, also the name of the **takatāpui** companion of **Tutānekai**
Tinana	body, trunk (of a tree), the main part of anything
Tino rangatiratanga	self-determination
Tipu	to grow, increase, spring, issue, begin, develop, sprout also refers to a seedling, growth, development, shoot, bud, plant
Tūpuna /Tīpuna	ancestors, grandparents
Titiro, whakarongo… kōrero	look, listen, speak (L. Smith, 2006)
Tohunga	skilled person, chosen expert, priest - a person chosen by the agent of an **atua** and the tribe as a leader in a particular field because of signs indicating talent for a particular vocation
Tomo	**whānau**, **hapū**, **iwi** discussions about the union of a couple around early adulthood, involving the couple, usually at the woman's parent's home
Tuakana	elder sibling of the same gender (**tuākana** is plural)
Tutū	fidget or fiddle, play with something you don't fully understand
Urupā	burial ground, cemetery, graveyard

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

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

INTRODUCTION

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

These bold and confident assertions, problematising **Māori** in regard to a process as special as reproduction and childbearing felt strangely dissociated from my reality and wider experiences in the context of a loving **Māori whānau**.[1] I was saddened by the one-sided oppressive and offensive tone of this 'knowledge base', encountering it when I was in my twenties, starting a long term of postgraduate study after making a decision to postpone childbearing. Encountering this disjuncture between academic and personal knowledge drove me to seek out the everyday reproductive experiences of **Māori**, investigating the joys, challenges, and everyday mundane practice. Accounts of love and care predominated in my research participants' accounts, subsequently confirming the value in seeking a broader perspective:

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

This rich relationality of **whānau** networks and cherished regard for children, characteristic of **whānaungatanga**,[2] was present across my broader data set. Participants spoke with enthusiasm about the joy that children brought into their lives, informing a positive frame of reference for reproductive decisions. Understanding the full remit of their reproductive experiences, I was interested in obtaining a comprehensive yet detailed and nuanced answer to my broad research questions, how do **Māori** make sense of their reproductive lives? What are the known and enacted **tikanga Māori**[3] in this area? To what extent and in what ways do **Māori** draw on **mātauranga**[4] and **tikanga Māori** in their reproductive lives? How are their reproductive decisions and practices constrained, influenced, and affected by dominant western practices? What are the implications for health services and for developing culturally responsive practices?

I write and research from my particular standpoint as a **Māori** woman, drawing upon a **Mana Wāhine**[5] research approach (Pihama, 2001) and qualitative research methods, attending to diversity and socio-cultural

[1] Extended family (also means to be born, to give birth).
[2] Relationship, kinship, sense of family connection.
[3] Correct procedure, custom, manner and practice pertaining to **Māori.**
[4] Education, knowledge, wisdom, understanding, skill.
[5] An approach that privileges the perspectives and protocols of **Māori** women.

intersections of experience, consistent with intersectional theories (e.g. Collins, 2012; hooks, 2000). Individual semi-structured interviews with 15 **tāne**,[6] 16 **wāhine**,[7] and 12 key informant participants (health workers, researchers, and **kaumātua**[8]) were utilised to explore participants' reproductive lives and experiences with reproductive health services. Utilising thematic analysis (Braun & Clarke, 2006) I examine how participants' everyday lives and practices were anchored in **mātauranga** and **tikanga Māori** and western patterns of practice, while viewing participants' talk as live organic material that actively shapes and re-creates social worlds.

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

In addition to this broad goal of examining how **Māori** make sense of their reproductive lives, I also investigate the application of this knowledge in sexuality education, maternity and abortion service delivery. While reproductive health services may operate as a colonising mechanism, blocking practice to **mātauranga** and **tikanga Māori**, I investigate how these services can offer greater cultural responsiveness for **Māori**, and bicultural enrichment. While contemporary models of **Māori** sexuality have been developed and utilised in sexuality education (L. Smith, Pihama, Philip-Barbara, & Aspin, 2002; The Ministry of Health cited in Te Puāwai Tapu, 2004), this is the first empirical work that collates intergenerational **Māori** experiences of informal and formal sexuality education. An investigation into possible innovative approaches to maternity service delivery reverses the approach of prior research that has documented areas of concern and stated a need to improve **whakaruruhau**[9] (Palmer, 2002; Rawiri, 2007; Rimene, Hassan, & Broughton, 1998), potentially yielding further contributions to knowledge. Abortion is a very controversial topic for contemporary **Māori** (Hiroti, 2011; Manihera & Turnbull, 1990; Rimene et al., 1998; Tate, 2010; Turia, 2004, 2007) and the present research will be the first empirical study on **Māori** perspectives, experiences and engagements with health services in this area.

REFLEXIVITY

Objectivity is not desirable in the context of **Kaupapa Māori**[10] research; it is viewed as a form of abstraction that lacks a "taste of reality" (Marsden, 2003, p. 2). One can only interpret culture from the position of one's own experience, and ask whether this experience is held by **Māori** generally (Marsden, 2003). My

[6] Men, males, husbands.
[7] Women, females, ladies, wives.
[8] Elder. In this research it refers to chosen experts who have knowledge of **mātauranga** and **tikanga Māori.**
[9] **Whakaruruhau**/cultural safety is "seen as actions which recognise, respect and nurture the unique cultural identity of **tangata whenua**…and safely meets their needs, expectations and rights" (Ramsden, cited in Jungersen, 2002, p. 6).
[10] An approach that privileges the perspectives and protocols of **Māori.**

subjectivities have informed my connection to this research topic, the theories I have drawn for this thesis, and the ways my data have been analysed. Charting my **whakapapa**[11] and **whānau**[12] influences and the transformative aspects of doing this research in this section, I hope to explicate the life experiences and beliefs that have guided me to this process. In outlining my biases and subjective positioning (Finlay, 2002; L. Smith, 2006) the reader may engage with my involvement in the construction of this knowledge.

WHAKAPAPA AND WHĀNAU

No Motukaraka me Pakanae nga marae.

Hokianga Whakapau Karakia te awa.

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

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

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

Ko oku maunga karangaranga ko Rakautapu me Whiria*.*[13]

Contextualising my **whakapapa**, and understanding the strands that influence my **Kaupapa Māori** approach to research, I am of **Ngāpuhi**[14] and **Te Rarawa**[15] descent, on my mother's side. On my father's side, I am of **Pākehā**[16] descent, and **whakapapa** to Le Grice ancestors who are thought to descend from Norse Vikings who raided Normandy in France,[17] later raiding England with William of Nomandy (The Conqueror), with our branch of the family moving to New Zealand much later in the twentieth century. On both sides of my **whakapapa**, knowledge of familial ancestry has been a tradition borne out by **kaumātua** and family historians, and shared throughout the wider **whānau**. When I think of the two cultures, or four, **Māori**, **Tararā**[18], English, and **Pākehā** (of which English, French, and Scandinavian ancestry complicates a notion of a singular **Pākehā** identity), I think of the commonalities, the humour, the **aroha**[19] that binds and continues to bind the lives of my ancestors.

The stories about my ancestors have formed a narrative landscape that has shaped my political leanings, my philosophies and my view of the world. My great great grandfather Hone Riiwi Toia lead a protest against the government invention of a 'dog tax' that disproportionately impacted on **Māori**, and was jailed for this (New Zealand. Dept. of Internal Affairs., 1994). My great great great grandfather, Christopher Harris was an early **Pākehā** settler who assisted his wife's people of **Ngai Tupoto**[20] to buy back their **whānau** land at **Motukaraka**[21] (Cassidy-Robson & White, 1980). My great great grandmother Rihi Hancy was also an advocate for her **whānau** in the context of colonisation (Cassidy-Robson & White, 1980). My nan, Phyllis Le

---

[11] Genealogy, lineage, descent (also means genealogical table).
[12] Extended family (also means to be born, to give birth).
[13] I belong to the **marae** of **Motukaraka** and **Pakanae**
The harbour of this area is the **Hokianga**, which exhausts incantations.
On my mother's side, I am **Ngai Tupoto** of **Motukaraka**, and **Te Mahurehure**.
On my father's side, I am **Pākehā** from Devonport.
Ngatokimatawhaorua is the **waka** of my ancestors Mate Sarich and Nellie Constance Morgan.
The mountains that call me are **Rakautapu** and **Whiria**.
[14] A tribal group from the southern area surrounding the **Hokianga**, in the Far North of New Zealand.
[15] A tribal group from the northern area surrounding the **Hokianga**, in the Far North of New Zealand.
[16] New Zealander of European descent.
[17] This link has not been proven but is considered probable.
[18] Geneological descent from the former Yugoslavia, Croatia, Dalmatia.
[19] Affection, sympathy, charity, compassion, love, empathy.
[20] **Hapū** based in the northern area surrounding the **Hokianga**, in the Far North of New Zealand.
[21] A small settlement in the northern area surrounding the **Hokianga**, in the Far North of New Zealand.

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

My mother was one of eight children, including two **whāngai**.[22] She grew up during the time of urbanisation and (comparatively) very crude racism and sexism. For instance, she reported being 'smelled' by a **Pākehā** while waiting at a bus stop during a time when racist discourses about **Māori** 'smelling bad' were prolific. Her frustration about this was often oriented to a sense of bewilderment at the irrationality of people's racism. She notes that her mother and father wanted her and her siblings to be raised like **Pākehā**; and she consequently grew up without a fluency in **te reo Māori**[23] as her parents did, yet grew up with rich involvement with wider **whānau**. Despite wanting to go to University, my mother was discouraged after hearing reports from others that the institution was rife with racism; she subsequently worked as a medical receptionist before becoming a mother. My mother was the first feminist I ever met (although does not identify with this label), refusing to participate in hair removal practices, teaching me that physical beauty was culturally defined; and engaging in debates with my father on the possibility that God was a woman. As a mother, she was a volunteer at my brother and I's primary school and assisted Chinese women in the community to speak 'conversational English'.

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

I have been raised with a blend of secular Western, Catholic, and traditional **Māori** epistemologies. I spent much of my childhood and adolescence in **Pākehā** environments, though with spent time 'up north' at **Motukaraka** and **Pakanae**[24] with extended **whānau**, aunties, uncles, grand aunties, grand uncles, and all the cuzzies, at nan and papa's during summer holidays. Watching my uncles feed the pigs, bring in 'the net' for fish, building 'huts' and eating **karahu**,[25] **pipi**[26] and flounder were key highlights; being one of few girl **mokos**,[27] I was treated respectfully by my boy cousins and was deterred from participating in some of the more gory aspects of farm life as my boy cousins did. My nickname, given to me by my grand uncles was 'little **Pākehā**' as I had significantly lighter skin than the rest of the **whānau**; I remember being called that alongside

[22] To raise, adopt, nurture, rear (also to feed).
[23] **Māori** language.
[24] A small settlement in the northern area surrounding the **Hokianga**, in the Far North of New Zealand.
[25] Periwinkles.
[26] Clams.
[27] Grandchildren (descendant - child or grandchild of a son, daughter, nephew, niece, etc).

the feelings of warmth and **aroha**. The experience of **whānaungatanga**, **manaakitanga**[28] and connection with many relatives was a common feature of my upbringing. Perhaps reflecting a compatibility of my parents, my **Pākehā** grandparents were also very sociable people who maintained a connection with the environment; poppa Le Grice hosted legendary Sunday gatherings called 'Church' while nan went to Church; nan Le Grice had amazing flower gardens while pop had amazing vegetable gardens where we could pick and eat raw beans. I remember watching the monarch butterflies emerge from chrysalises that were cellotaped to poppa's workbench, and carefully taking swan plant bulbs to float down the creek.

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

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

I've spent most of my life in education, studying in the process of gaining a PhD. I am the first in my **whānau** to gain a University degree and will be the first in my **hapū**,[29] **Ngai Tupoto**, to gain a doctorate. Throughout my time in tertiary studies I have felt a simultaneous pull to have children, and pull to delay having children to focus on completing my studies. However, I do not believe that doing a thesis and having a baby or raising children are mutually exclusive. I have seen some amazing **wāhine** at university manage both. A synthesis of long term financial instability *with* the stress of work and study has formed a barrier to having children, for me. However, at most stages of my studies, if I were to have become pregnant I would welcome the child into this world, re-arranging my life to accommodate them. I'm now thirty, and still in education, and I am not a home owner. As I've grown up, many of my friends and cousins have been having children, and I've enjoyed my role as Aunty Jade.

He Pounamu Ma[30]

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

[28] Hospitality, kindness.
[29] Subtribe (also means to be pregnant, conceived in the womb).
[30] I refer to myself as a white jade, greenstone; with fair skin but a strong **Māori** core.

undergraduate education. I approached my PhD study with a Bachelor of Arts, double majoring in history and psychology, and an Honours degree in Psychology. I had a broad interest in society, culture, and how current modes of thinking are produced both in the presence of history and key social events and new ideas. I had a revelation when confronted with feminist writing and extracted an underlying common sense understanding of Western *patriarchy* from my views, beliefs and practices, in the same way I have now elucidated practices of *colonisation.* This has been an ongoing process, allowing me to see how social norms create and maintain subordination across the axes of gender, ethnicity, social class and many others. I have subsequently developed enthusiasm for unpicking and unhinging taken for granted ideas, especially how we may contribute to our own disempowerment.

Being **Māori** with a critical social analysis did not feel like enough to proceed with a **Kaupapa Māori** doctoral thesis. Early on in my doctoral study I did not feel like I was a 'good enough **Māori**', I did not speak **te reo Māori**, know the history of my **marae**[31] nor have a confidence about **tikanga** on a **marae**. I did not feel competent enough in ***te reo me ona tikanga Māori***[32] (Pihama, 2001) to do a **Kaupapa Māori** research project. Having light coloured hair and skin, my authenticity as **Māori** was frequently challenged by my colleagues. No longer the 'little **Pākehā**' in the context of **aroha** and **whānaungatanga**, in a competitive individualist environment of University, I was 'too **Pākehā**' to be considered **Māori** and perceived to be acting fraudulently in order to obtain benefits from University equity policies. This had an impact on my confidence across **Māori** and **Pākehā** academic environments. A compounding difficulty was an exposure to research and ideas that continually positioned **Māori** as a 'problem' in relation to research and psychology. From this position, assuming a **Māori** identity either positioned me as an 'active fraud' or a 'passive victim'. Within both spaces I could only see myself as a 'bad **Māori**' by virtue of my inability to be a 'good **Māori**' or being a 'bad person' in the context of deficit-focussed research and negative discourses about **Māori**.

However, my ability to critique the negative discourses about **Māori**, my strong belief that 'I am **Māori**' *and* 'I am a decent person' facilitated a resolve to keep going. Thankfully, the **wairua**,[33] and feeling of **aroha** from **whānaungatanga** has always stayed with me across competitive academic **Pākehā** environments where my identity has been placed under scrutiny, and being 'a **Pākehā**-like **Māori**' has been considered a flaw. While the University is a very individualistic environment, support from Supervisors, members of research groups and setting my research up to have a strong **whānaungatanga** element has brought about support for me and the thesis.

Through the process of the thesis itself, engaging with **kaumātua**, **Māori** academics, creating a supportive **rangahau whānau**, [34] formally engaging with **hapū** and **marae** in the capacity as a researcher, taking on roles such as note-taker for **marae wānanga**[35] on **tikanga**, reading published **Kaupapa Māori** and **Mana Wāhine** literature, and taking **te reo Māori** courses, I developed my knowledge to a position where I now feel comfortable claiming to be a **Kaupapa Māori** researcher (see acknowledgements for further detail on research support). This prompted me to learn my **pepeha** [36] for **whakapapa** through

[31] Community facility where hapū collectives discuss political and social matters, and host important events such as funerals.
[32] **Māori** language and protocols.
[33] Spirituality (also means soul, quintessence - spirit of a person which exists beyond death).
[34] Members of my **Māori** research advisory group.
[35] Seminar, conference, forum held at a community facility for **hapū** collectives.
[36] A recitation of **whakapapa** and areas of significance, see the beginning of this section.

whakawhānaungatanga,[37] and asking various **whānau** for their version of this, refining my **kōrero**[38] to reflect the rich history of my **tūpuna**[39] and the **rohe**[40] they resided in. Being a researcher, and on the lookout for potential participants, meant attending various **whānau** events with my researcher 'hat' on. That meant **whakawhānaungatanga**, recruiting participants, learning about my **whakapapa**, reciprocating assistance in any way I could, in relation to what was going on in the **whānau**, and with the **marae** at various times. I attended numerous **tangi**,[41] weddings, reunions, and sports tournaments in what formed a re-engagement with my **taha Māori**,[42] that which makes me **Māori**. I have included footnotes and a glossary of **te reo Māori** concepts, in order to make this suppressed cultural knowledge accessible to **Māori** and **Pākehā** who may not speak **te reo Māori**.

This process has been at odds with a strict study or research timeline through externally imposed deadlines; rather it has come to growth in an organic process, an *inner timeline*, where I have *come to* moments of realisation; when I have developed a deeper understanding of a particular concept. I progressed from a position of knowing I am **Māori**, and asking what this means, to seeking and receiving support about my heritage, deepening my explicit knowledge about my **whānau**, **hapū**, **iwi**,[43] and **tikanga**, to a point whereby I now hold responsibility for this knowledge, as the face of my ancestors (Penetito, 2011). This learning process may also be considered a form of *decolonisation* (Glover, Dudgeon, & Huygens, 2004; Pihama, 2001), where I was able to deconstruct social norms that position women and **Māori** negatively, and also explicitly acknowledge aspects of **mātauranga**, **tikanga Māori** and **kawa**[44] from my values and practices through developing my knowledge in this area. Being able to understand and communicate in **te reo Māori** (albeit without fluency) has been vital in scaffolding this understanding. For instance, there were aspects of family life that we did in ways that were different to my **Pākehā** peers. While some of this was idiosyncratic to my mother and father, much of this I have come to learn as **tikanga Māori** around concepts such as **whānaungatanga**, **whakapapa** and ***wairua***, what is *ordinary*, if you are **Māori**. As **Maori** Marsden writes:

> *"**Māoritanga**[45] is a thing of the heart rather than the head. For that reason analysis is necessary only to make explicit what the **Māori** understands implicitly in his [sic] daily living, feeling, acting, and deciding" (Marsden, 2003, p. 2).*

My research process has extended beyond an activity of knowledge production, with my experiences, views and perspectives being crafted by the process of **Kaupapa Māori** research. As a producer of **Kaupapa Māori** research the completion of this thesis does not make me an automatic 'expert' in relation to **mātauranga** and **tikanga Māori**, and I am still learning. Much of the **tikanga** concepts I draw upon have been shaped by discussions with **kaumātua** on these topics. I do not claim to present a 'complete' picture of fertility, reproduction and parenting **tikanga**. Rich resources and expertise on this **kaupapa**[46] exists among **iwi**, **hapū** and **whānau kaumātua**, the **kuia**[47] and **koroua**[48] of **Māori** communities. Such expertise exists in the form of

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[37] Making connections with people through sharing **whakapapa**.
[38] Narrative, speech, conversation, discourse
[39] Ancestors, grandparents.
[40] Boundary, district, region, territory, area, border (of land).
[41] Funeral, rites for the dead, obsequies (also means weeping, crying).
[42] **Māori** side.
[43] Tribe (also means strength, bone).
[44] **Marae** protocol, ceremony to open a new house.
[45] **Māori** culture, practices and beliefs.
[46] Topic, policy, matter for discussion (also means platform, layer and raft)
[47] Elderly woman, grandmother, grand aunt.
[48] Elderly man, grandfather, grand uncle, papa.

intergenerational knowledge transfer, lived experience of these **tikanga**, and a comprehensive understanding of the **tikanga** in **te reo Māori**, connecting the **tikanga** within a broader sphere of **mātauranga Māori**.

Furthermore, while the collation of literature on a given topic is expected in academic research, this is complicated in **Kaupapa Māori** research where our perspectives, **mātauranga** and **tikanga Māori** have been interpreted from the context of western knowledge bases and misconstrued. It is with a sense of both privilege and responsibility that I write about, present, and contain written accounts of this knowledge base. As an author and producer of **Kaupapa Māori** knowledge in an area that is culturally significant, I wish to position my expertise in relation to an analysis of what it is to be **Māori** and making reproductive decisions in the presence of **mātauranga** and **tikanga Māori**, with the impact of colonisation, negative discourses about **Māori**, and engaging in a health service context that continually suppresses our potential through the imposition of dominant western discourses. My intent is to examine a knowledge base that is not saturated with negative interpretations of **Māori**, to envision identities and possibilities for positive subjectivities, particularly in relation to gender, sexualities, relationships (with the natural environment, our **atua**,[49] and in intimate relationships), reproductive bodies, and raising children. **Māori** culture is dynamic and adaptive in the face of colonisation and global social change and I am interested in understanding how **Māori** work creatively to negotiate their reproductive lives in these complex new contexts.

THESIS OUTLINE

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

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

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

[49] Supernatural being. Literally translated in English as 'Potential being from beyond' (T. Smith, 2009).

and **tikanga Māori** literature pertaining to reproduction. This includes related narratives and knowledge about reproduction, growth and conception; **whenua**[50] and **wai**;[51] reproduction, **whakapapa**, identity, and the social significance of reproduction. Traditional knowledge about sexuality, **hapūtanga**[52] and abortion including miscarriage, **te whare tangata**,[53] childbirth and ceremonies associated with new life; and **whānaungatanga** is reviewed. I then review impacts of colonisation and racism on **whānaungatanga,** reproduction and sexuality, followed by **Māori** engagement with sexuality education, maternity and abortion services. Lastly, I outline research related to **Māori** and reproductive decision making, noting gaps in the present knowledge base.

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

The fourth chapter, the first empirical chapter, investigates how **Māori** have reworked and reconfigured traditional **mātauranga** and **tikanga Māori** in their reproductive lives. I discuss how regarding children as a **taonga**,[54] wrapping lives around children's needs, and aspiring to have them, facilitated childbearing yet may also position childbearing as an imperative. I describe how relational aspects of **whānaungatanga** including exposure to diversity and rich networks of **whānau**, experience with children, the practice of **aroha**, **manaakitanga** and **wairua**, and **whānau** support was applied in participant lives with positive effect, backgrounding reproductive decisions and facilitating childbearing. I describe how participants' reproductive decisions were facilitated by a motivation to extend and nurture **whakapapa** into the future, or choosing relationships oriented to future **whakapapa**. I also describe how **wairua** often worked as a force that facilitated conception 'out of participants' hands' and informed reproductive decisions.

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

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

[50] Land, country, ground, placenta, afterbirth.
[51] Water.
[52] Pregnancy.
[53] The womb, uterus, cervix, vaginal; literally translated in English as 'House of People'.
[54] A child is a gift.

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List of research project topics and materials

sexuality education across domains of relationships, reproductive responsibility, working with variations in openness about sexuality, and contraception education. I then explore unique **mātauranga** and **tikanga Māori** pertaining to maternal bodies, **whenua ki te whenua**,[55] pregnancy and birthing care that could inform maternity service delivery. Finally, I describe the dominant ways that participants' spoke about abortion, emphasising individual choice, **whānaungatanga**, and the protection of new life, followed by clinicians' approaches to working with **Māori**. There is scope to foreground contemporary **mātauranga** and **tikanga Māori** in reproductive services, producing bicultural enrichment, circumvent perceived problems in current health service delivery and link with wider **Kaupapa Māori** ambitions to achieve **whakaruruhau** in this field.

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

[55] Returning the placenta and afterbirth to the ancestral homelands (Mead, 2003).

CHAPTER 1: **MANA WĀHINE**[1]

INTRODUCTION

A **Mana Wāhine** theoretical approach to research has intrinsically shaped and scaffolded the process of knowledge production and my personal development throughout the thesis, outlined in the introduction. **Mana Wāhine** research is a theoretical framework positioned within the broader context of **Kaupapa Māori**[2] research incorporating a **Kaupapa Māori** research agenda, and a **wāhine Māori**[3] analysis of the phenomenon studied (Pihama, 2001). Implicit in the term **Mana Wāhine** is recognition of the intrinsic spiritual and physical prestige of **wāhine Māori**. There is no singular theory of **Māori** feminism (Irwin, 1992) but iterations of this concept may occur across various disciplines and nuanced in relation to the **whānau**,[4] **hapū**[5] and **iwi**[6] perspectives of the researcher. ***Mana Wāhine*** is a concept that is broader than academic study and feminism. **Mana**[7] can be bestowed and acknowledged in areas other than academic knowledges and the embodiment of ***Mana Wāhine*** can be done in diverse ways. There are numerous examples of **wāhine Māori** who have held status in ***whakapapa***[8] across **whānau**, **hapū** and **iwi** including those who have been active leaders in the struggle for **tino rangatiratanga**[9] at a national level (Pihama, 2001). Academic understandings, workings, knowledge and activism in relation to the intersections of gender, culture and other areas of identity are one aspect of doing/being/enacting ***Mana wāhine***.

In this chapter, I initially review relevant literature on colonisation that contextualises **Mana Wāhine** research followed by a review of the literature outlining the methodological approach to doing **Mana Wāhine** research. In this chapter I seek to clarify what social context has given rise to the need for **Mana Wāhine** research? What specific colonising impacts are relevant to a **Mana Wāhine** research agenda? How can **Mana Wāhine** research be done in the presence of the challenges posed by colonisation? Throughout this chapter I engage with key themes that draw from Leonie Pihama's (2001) description of **Mana Wāhine** as a theoretical framework: ***Mana Wāhine***,[10] ***te reo me ona tikanga Māori***,[11] ***whakapapa***,[12] ***whānau***, *recognising diverse realities,* ***wairua***,[13] ***Te Tiriti o Waitangi***,[14] *decolonisation,* ***mātauranga Māori***[15] and *reclaiming cultural space*. I have integrated these concepts throughout this chapter, italicising my use of them. While these themes were all significant and important considerations in this thesis, I have chosen to orient my discussion of **Mana Wāhine** research to the key themes that were pertinent to the current thesis, conducted in Psychology, drawing upon critical psychological theories. This thesis also broadens a **Mana Wāhine** research approach to

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

include analysis of the positioning of **Māori** masculinities, of pertinence to the present study topic based upon reproduction and **whānaungatanga**.[16]

COLONISATION

Colonisation has had a significantly negative impact on **Māori** with particular gendered implications, of relevance to a **Mana Wāhine** research agenda. In this section I outline some of the broad processes and impacts of colonisation, a rubric that contains a multitude of interventions, experiences and responses. This includes the outright intent of the settlers to usurp **Māori** forms of governance and dispossess **Māori** from ancestral homelands, to mundane forms of assimilative process. It also includes responses that resist and strive to re-configure and confirm past processes, to those that take the best from either worlds, or those that are still searching for a way forward. I then discuss the formalised agreement between **Māori** and **Pākehā** through **Te Tiriti o Waitangi**, and the way that this provides a platform to engage with the rights of **Māori**, as **tangata whenua**[17] of New Zealand.

BROAD IMPACTS ON MĀORI

Through colonisation, **Māori** faced warfare, confiscation and forced sale of lands leading to the dispossession of 96% of previously occupied land (Glover et al., 2004). The dispossession of land isolated **Māori** from surrounding sea, and areas by which to live, cultivate and obtain food and sustenance (Glover et al., 2004). With loss of access to these resources, communities became reliant on income through cheap and unskilled labour, leading to long hours, heavy work, and survival on a subsistent income (Orange, 1994). The psychological aspects of colonisation, and its effect on **Māori mana**,[18] has caused further material and social disadvantage for **Māori** (Herangi-Panapa, 1998). The loss of **papa kāinga**[19] has led to further negative impacts, considering the social, ecological, and spiritual significance of **whenua**[20] to **Māori** (Pere, 1994). A recognition that colonisation has intergenerational psychological effects on indigenous people has recently been recognised in the international literature, through the concept of 'intergenerational trauma' (Czyzewski, 2011).

The end of the 1800s showed a marked decline in the health of **Māori**, marred by introduced diseases and epidemics of illnesses (Orange, 1994). Neglect and apathy on the part of the government was conspicuous, with perceptions by government officials that intervention would amount to a 'special vote', justified by beliefs that **Māori** were a 'dying race' (Orange, 1994) and there would be a need to 'smooth the dying pillow' to facilitate the death of **Māori** (Te Kani and Waiti 2011). Later denial of access to traditional methods of healing and **rongoa**[21] through the **Tohunga**[22] Suppression Act 1907, had an additional impact (Glover et al., 2004). Such interventions were pernicious in their effects, and relate to what academics such as Leonie Pihama (2012), Cherryl Smith (2004), and Marewa Glover and Benedicta Rousseau (2007) refer to as depopulation, eugenics and genocide.

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[16] Relationship, kinship, sense of family connection.
[17] Local people, hosts, indigenous people of the land - people born of the **whenua** (of the placenta and the land) where the people's ancestors have lived and where their placenta are buried.
[18] A supernatural force in a person, place or object. **Mana** goes hand in hand with **tapu**.
[19] Original home, home base, village.
[20] Land, country, ground (also means placenta, afterbirth).
[21] Remedy, medicine, drug, cure, medication, treatment, solution (to a problem), tonic.
[22] Skilled person, chosen expert, priest - a person chosen by the agent of an **atua** and the tribe as a leader in a particular field because of signs indicating talent for a particular vocation.

In New Zealand, domination also occurred through assimilating **Māori** to the system of European culture, enabled by the 'tyranny of the majority' and racist discourse (Jackson, 2007). The New Zealand government belief that the possibilities for **Māori** survival lay in assimilation to western processes, and that **Māori** had a lot to gain through assimilation, justified inequitable practice, and failed to create means for **Māori** development (Orange, 1994). This was also facilitated by surrounding discourse that insinuated **Māori** were inferior to **Pākehā**, and that **Māori** were wealthy through land occupation (Orange, 1994).

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

TE TIRITI O WAITANGI AND MĀORI AS TANGATA WHENUA

The violation of agreements and treaties was another part of colonial domination (Hohepa, 2011). Following contact between **tangata whenua** and new settlers to New Zealand, various agreements were drawn up to formalise this relationship. One such agreement, **Te Tiriti o Waitangi**, signed in 1840, acknowledged the equality of the treaty participants, their culture, and epistemological bases (Hohepa, 2011; HRC, 2008). As **tangata whenua**, **Māori** were promised **tino rangatiratanga**, the right to self govern, and that political, judicial, and legal authority would be granted to **Māori** over their own people; this right was not adhered to (Hohepa, 2011). In the place of **tikanga Māori**[23] that formed the lore, or governance of **Māori** people, was imposed western government structures, the law, informed by British and European epistemologies. This was a key agent in the force and impact of colonisation; forming laws that did not afford scope for **tikanga Māori**, traditional structures and **whānau** or actively legislating against this (Te Runanga o Te Rarawa, 2011).

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

SPECIFIC IMPACTS RELEVANT TO MANA WĀHINE

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

[23] Correct procedure, custom, manner and practice, pertaining to **Māori**.

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

PATRIARCHY

Drawing upon ***te reo me ona tikanga*** for insights into traditional **Māori** understandings of gender, a lack of gender hierarchy is indicated in the gender neutrality of personal pronouns: **ia**, that means both he and she (Mikaere, 2011a; Pihama, 2001). **Wāhine** and **tāne**[24] roles were not configured by hierarchy, but by an interrelationship with one another (Mikaere, 1994), as complementary attributes (Rimene et al., 1998), guided by a general governing concept of **whakarite** that denotes balance between people and the world, in terms of reciprocity and complementary roles (Herangi-Panapa, 1998). There were no separate spheres or differentiation between home and work, rather, everyone in the community worked together and leadership roles were shared between **tāne** and **wāhine** (Mikaere, 1994). As both sexes typically worked together, work was not gendered; rather the task at hand was done by whoever was available (Pere, 1994). **Wāhine** roles included being bearers of knowledge, those who maintained ***whakapapa,*** leaders, nurturers, and spiritual leaders (Herangi-Panapa, 1998). ***Whakapapa*** is the primary structuring social influence rather than gender. This informs the importance placed upon **wāhine**, as **'Te Whare Tāngata**,'[25] the house of procreation; where reproduction and maintaining ***whakapapa*** is part of cultural identity, and having children is viewed as a **Māori** cultural norm (Glover, McKree, & Dyall, 2008). This also informs the importance placed upon men, and the role they had in protecting the ***whakapapa*** and tribal interests through battle, and possible death.

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

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

[24] Men, males, husbands.
[25] The womb, uterus, cervix, vaginal; literally translated in English as 'House of People'.

patriarchal authority (Rountree, 2000). To early settlers observing **wāhine Māori** in the ***whānau***, their autonomy, sexual freedom, nudity and long unbound hair was interpreted as 'immoral', lacking discipline (Mikaere, 1994) and part of a 'savage' nature (Rountree, 2000). The missionary focus was to 'clean, clothe, and control' the **Māori** woman's body to appear more Christian (Rountree, 2000).

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

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

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

Critiquing the ways in which patriarchy has been subtly embedded within our **tikanga** is a pursuit of **Mana Wāhine** research, in peeling back the layers of colonial masculinity (Hutchings, 2002). *Reclaiming cultural space* for **wāhine** in matters of cultural significance is also important (Pihama, 2001). Subtle and more significant differences in **marae**[26] **tikanga** exist within and across various **rohe**,[27] including the cultural practices **pōwhiri**[28] and **tangihanga**.[29] Therefore, the manner of *reclaiming cultural space* for **wāhine** is likely to vary considerably from **rohe** to **rohe**, however maintaining a view that **kaupapa**[30] should be prioritised over **tikanga** unites us (see Pihama, 2001 for a broader discussion on this topic).

MARKET BASED ECONOMY

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

[26] Community facility where **hapū** collectives discuss political and social matters, and host important events such as funerals.
[27] Boundary, district, region, territory, area, border (of land).
[28] Invitation, rituals of encounter, welcome ceremony on a **marae**, welcome.
[29] Weeping, crying, funeral, rites for the dead, obsequies.
[30] Topic, policy, matter for discussion (also means platform, layer and raft).

formed through teachers stereotyped and racist views about **Māori** academic achievement (Barrington, 2005; Herangi-Panapa, 1998; Hokowhitu, 2004; Jones & Taonui, 2010). This prevented **Māori** from entering occupations across the socio-economic spectrum, instead channelling **Māori** into lower skilled and lower paid vocational roles in New Zealand (Jones & Taonui, 2010).

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

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

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

Early missionary influence through the promotion of Christianity

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

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

[31] **Pākehā** men.

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

Such 'paganistic beliefs' in our ***mātauranga*** included the story of **Tutānekai**, who formed an intimate relationship with his **hoa takatāpui**,[32] **Tiki** (Te Awekotuku, 1991) and the celebration of same sex relationships through depictions of this in **Māori taonga**[33] (Aspin, 2005). Today, many **Māori** who experience same sex attraction use the term **Takatāpui**, from the story of **Tutānekai** and **Tiki** (Aspin & Hutchings, 2007). Deconstructing the binaries that reify a perception of 'normal' and 'other' that characterise western approaches to sexuality to appreciate a more fluid and flexible understanding of sexuality where sexual preferences may change over one's lifetime, offers resistance to some Christian social formations in this area (Aspin & Hutchings, 2007).

APPROACHES TO KNOWLEDGE

In researching **Māori** knowledge, western anthropologists imposed their own value system including dominant gendered discourses upon their written accounts of ***mātauranga* Māori** (Mikaere, 2010; Pihama, 2001; L. Smith, 2006). **Tāne Māori** who had multiple partners were seen as 'chiefs' while **wāhine** who did so were ignored (Mikaere, 2011b). Narratives that depicted **wāhine** strength and power were ignored, invisibilising **wāhine** potentialities within **tikanga Māori** (Irwin, 1992) and current positive discursive formations for **wāhine Māori**. The feminine atua, **Papatūānuku**,[34] **Hineahuone**[35] and **Hinenuitepo**[36] became 'passive' figures to the dominant men; the story of a fight between **Kahiri** the female sexual element, and **Tiki,** the male sexual element became one of **Tiki** yielding to **Kahiri,** rendering the female passive. This is juxtaposed against **Māori** accounts where the male sexual element was defeated by the female, paralleling coital sex where the male penis is initially erect, becoming limp after orgasm (T. Smith, 2009).

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

[32] Intimate friend of the same sex.
[33] Art (generically refers to a treasure, anything prized - applied to anything considered to be of value).
[34] Earth mother and wife of **Ranginui**. All living things originate from them.
[35] The first human, a woman.
[36] Daughter or **Hineahuone**, also known as **Hinetitama**.

working within a framework that critically analyses the ways in which power shapes, constrains, and enables particular modes of being that reinforce the interests of dominant social groups.

Intrinsic to our ***mātauranga,*** the concept of ***wairua*** is rarely considered in western research (Pihama, 2001). While laws were passed to prohibit **tohunga** from working with ***wairua*** due to the **Tohunga** Suppression Act of 1907 (Cunningham & Stanley, 2003) this knowledge base was further invalidated across theological, political, and academic spheres. Neoliberal and scientific concepts that privilege a rational subject afford no scope for concepts of ***wairua***. Critical theories and western feminisms have also been critiqued for their lack of provision of ***wairua***, rendering **wāhine Māori** spirituality invisible (Pihama, 2001). From a **Māori** epistemology ***wairua*** cannot be disconnected from physical reality and is integral to our systems of knowledge. Through ***whakapapa*** we have interlinked relationships with the **whenua**, **moana**,[37] **maunga**[38] and the **atua**[39] (Pihama, 2001) to the point where "the relationship many **wāhine Māori** have with ***wairua*** governs everything they do" (Hutchings, 2002, p. 51). A perspective on identity that acknowledges the interconnection of ***wairua*** with ecological features, **whakapapa** and tribal narratives is part of a distinctive **Māori** feminist approach (Evans, 1994). Reinvigorating concepts of ***wairua***, **wāhine Māori** spirituality, and our links to our **wāhine atua** is an important aspect of shifting dominant western research approaches to befit a **Mana Wāhine** research agenda (Pihama, 2001).

MANA WĀHINE

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

> *"I was participating in a graduate seminar in Feminist Theory several years ago when a dispute between a white woman and a black woman froze the casual temper of the group. The white woman claimed that the universal oppression of women by men bound the two of them in a common plight. The black woman disagreed. 'When you wake up and look in the mirror, what do you see?' she asked. 'I see a woman,' replied the white woman. 'That's precisely the problem,' replied the black woman. 'I see a black woman. For me race is visible every day, because it is how I am not privileged in this culture. Race is invisible to you, which is why our alliance will always be strained to me.'*
>
> *I was startled by this exchange. When I, middle-class, white, male, looked in the mirror, I saw a human being, universally generalizable, a generic person – without race, class or gender. What had been so easily concealed had become strikingly visible" (Michael Kimmel in Wetherell & Griffin, 1991, pp. 377-378).*

[37] Sea, ocean, large lake.
[38] Mountain, mount, peak.
[39] Supernatural being. Literally translated in English as 'Potential being from beyond' (T. Smith, 2009).

Research that takes an intersectional approach to the analysis of subjects constituted within different axes of power, can also attenuate to spaces of privilege and non privilege (Davis, 2008). Acknowledging privilege by ethnicity can make western feminism relevant to **wāhine Māori** (Pihama, 2001). Intersectional feminisms are complementary but do not replace the need for a **Māori**-specific feminism given the cultural distinctiveness of **wāhine Māori** (Simmonds, 2011), and how the process of colonisation has eroded the **mana** of **wāhine Māori** (Te Awekotuku, 1991).

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

DECONSTRUCTION FOR DECOLONISATION

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

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

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

LEGITIMATION OF **MĀTAURANGA MĀORI**

While deconstructing negative representation, we also need to craft something positive to substitute this (Simmonds, 2011). This can involve reclaiming past representations of **wāhine Māori** in ***mātauranga***, recognising and reaffirming the **mana** of our **wāhine tūpuna**[40] (Pihama, 2001) and acknowledging the competency and proliferation of **wāhine Māori** leaders; historical and contemporary (Evans, 1994). We need to challenge the suggestion that **Māori** culturally value **tāne** more than **wāhine** (Mikaere, 2011a) and resist

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[40] Women ancestors, grandparents (Western dialect).

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

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

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

THEORISING CULTURE AND IDENTITY IN A POST COLONIAL LANDSCAPE

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

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

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

[41] Song, chant, psalm.
[42] Incantation, prayer, grace, blessing, church service.

Mana Wāhine is a framework that *recognises the diverse realities* of **Māori** and does not treat us as a homogenous group (Irwin, 1992; Pihama, 2001). Under this framework, identity is layered, like ***whakapapa*** (Pihama, 2011a) across numerous differences in relation to **whānau**, **hapū**, **iwi** and the axes of power: gender, socio-economic status, education, age, urban/rural locations, knowledge of traditional **Māori tikanga** and disability (Bishop, 2005; Irwin, 1992; Mikaere, 2010; Pihama, 2001). The suppression of our **tikanga** through colonisation has also produced different and nuanced understandings of this (Simmonds, 2011) and **Māori** consequently have variable knowledge of this. Differences exist in life experiences, indicated in the subjective experience of being a **whaea**[43] or **mātua**,[44] raising children, or **kuia**[45] or **koroua**,[46] having **mokōpūna**.[47] We also may be positioned differently across our life experiences and in relation to others, as mothers, daughters, aunties, nieces, sisters, grandmothers, and granddaughters (Pihama, 2001). Given the breadth of difference in life experiences, an expectation that **Māori** women speak with one voice (Mikaere, 2010) or leave aspects of our identity 'at the gate' in our theorising (Pihama, 2001, p. 278) is not realistic. This framework aligns with intersectional approaches developed by women of color in the United States of America (see Collins, 2012; hooks, 2000) whereby axes of difference such as race, gender, and class are not located within discreet, measurable factors that converge equally to produce a particular experience but are fused in mutual constitution (Davis, 2008).

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

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

STRENGTHS BASED VS. DEFICIT FOCUSED RESEARCH

Given the scope for research to operate as a vehicle for colonisation, ensuring **Māori** have control or **rangatiratanga** over research about **Māori** and that communities tangibly benefit from the research is an important consideration in **Kaupapa Māori** research (G. Smith, 1990) including **Mana Wāhine** approaches. Comparative research between **Māori** and non **Māori** often positions **Māori** culture negatively with non **Māori** modes of assistance advocated (Glover, et al., 2004). Such research that investigates the causes of a pre-

[43] Mother, aunt
[44] Father, uncle.
[45] Elderly woman, grandmother, grand aunt.
[46] Elderly man, grandfather, grand uncle, papa.
[47] Grandchild, descendant - child or grandchild of a son, daughter, nephew, niece, etc.

determined 'problem' in relation to **Māori** issues without engaging with the social and political factors behind this, runs the risk of perpetuating marginality. Rather than disrupting colonising discourses about **Māori**, such *deficit focused research* (Bishop, 2005; Pihama, 2011a; Robson, 2002; L. Smith, 2006) employed in contemporary academic dialogue may stem from, and perpetuate racist discourses (Reid, 2006a), blaming the victim for their victimisation. Without engaging with the notion of positive outcomes for **Pākehā** resting upon a notion of socio-cultural, ethnic, and socio-economic privilege, the understanding of **Māori** issues then rests upon notions of an inherent deficit of **Māori** culture (Reid, 2006a; L. Smith, 2006). Such differences may be perceived as unchangeable, endemic, and 'normal.' Searching to find solutions to a '**Māori** problem' has roots in colonial and imperial discourses, in problematising resistance of **Māori** to colonisation (L. Smith, 2006) where government agencies want to 'know about' us in order to 'deal to' us (Pihama, 2011a).

The utilisation of *strengths-based* research that highlights the resources of indigenous people is advocated by some (Paraschak, 2010) in addressing this bias. Whereas *deficit-focussed* research is seen to promulgate a negative stereotype of **Māori**, *strengths-based* research is seen to cause a shift from viewing oneself and community as marginalised to evening out power relations and allow the researcher to be a better advocate (Paraschak, 2010). Contributing to positive narratives and discourses about **Māori** equip **tamariki**[48] and **rangatahi**[49] with hopeful possibilities to imagine, envision and embody. *Strengths-based* research contains transformative potential through increasing visibility of positive discursive opportunities for **Māori**.

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

WHĀNAUNGATANGA

As noted in my acknowledgements, this thesis is not the sole product of one individual, the writer; I have weaved the final product with flax gifted to me by various contributors. In this section I detail the inter-relationships that have contributed to the production of this knowledge in a process of ***whānaungatanga*.** As the Principal investigator of this study, I have conducted the interviews and analysed the transcripts. My participants are exclusively **Māori**, and my research team has both **Māori** and **Tauiwi**[50] members. My primary and secondary supervisors, Associate Professor Virginia Braun and Professor Margaret Wetherell are both **Tauiwi**. While having **Tauiwi** supervision does not negate the opportunity for a **Māori** student to do **Kaupapa Māori** research (Bishop, 2005; L. Nikora, 2001), this thesis also involves the input of a number of **Māori**

[48] Children.
[49] Younger generation, youth.
[50] A person with no **Māori** tribal affiliation.

academics and practitioners in the research team including **kaumātua**,[51] a cultural advisor, and **rangahau whānau**[52] (see acknowledgements for details on people involved with this research).

While ensuring my research met the ethical requirements of the University of Auckland Human Participants Ethics Committee and obtained ethical approval, I also needed to ensure that the ethical expectations governing the conduct of **Kaupapa Māori** research, which extended beyond the requirements of the University, were met. As outlined in **Te Ara Tika**: Guidelines for **Māori** research ethics (Hudson, 2010 see below), reviewing ethical considerations of a project brings it from a state of **tapu**[53] to a state of being **noa**.[54] Steps taken along the process include a baseline of **kia tūpato**[55] in assessing the value of a project, **āta-whakaaro** and **āta kōrero**[56] on all elements of the project, in order to **kia āta-whiriwhiri**[57] the procedures and pathways for the project to **kia āta haere**.[58] My thesis has proceeded from a state of **tapu** to **noa** through wide and broad ***kanohi ki te kanohi***[59] (L. Smith, 2006) discussions with numerous researchers, advisors and **whānau**. Discussions have steered me towards different research topics and nuanced framings of these research questions.

I see myself as having a **kaitiaki**[60] role over the research and take responsibility to protect my participants and the communities who have contributed to this thesis. In relation to **Kaupapa Māori** research, the data and memories are typically stored with the **hapū**, or governing organisation. However, as this thesis is on a sensitive topic, confidentiality of data is a greater **tikanga**. Contrary to **Kaupapa Māori** ideology around relationships, and a sense that we cannot own humans, the land, or resources (L. Smith, 2006), the ownership of the raw data (recordings and transcripts) rests temporarily within the University of Auckland (up to three years from completion of the research), in accordance with their protocols around confidentiality and anonymity. However, ownership of the research and concepts contained within it, sits within the broader context of the **whānau**, participants and advisors from various communities that have contributed to this thesis. Summary reports of key findings will be written without the use of technical jargon and disseminated to communities that have participated in this knowledge production. **Hui**[61] will be organised to ***manaaki ki te tāngata***[62] and give back findings to **Pakanae** and **Motukaraka marae**,[63] and **Te Atawhai o te Ao** in **Whanganui**. Full copies of the thesis will also be given to these agencies. Further knowledge exchange has also been facilitated through networks at North Shore Hospital and at academic and practitioner conferences such as Family Planning; Women's Studies Association of New Zealand; The International Association for the Study of Sexuality, Culture, and Society; Ethnography Across the Disciplines; and Women in Psychology. With further funding I may write up a literature review and develop **wānanga**[64] based upon the reinvigoration of **tikanga Māori** concepts of reproduction along with a selection of participant narratives.

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[51] Elder. In this research it refers to chosen experts who have knowledge of **mātauranga** and **tikanga Māori.**
[52] Members of my **Māori** research advisory group.
[53] The restricted and controlled access to other human beings (Tate, 2010).
[54] Be free from the extensions of **tapu**, ordinary, unrestricted.
[55] Being careful.
[56] Precise analysis and thorough discussion.
[57] Consciously determine.
[58] Proceed with understanding.
[59] Face to face engagement.
[60] Trustee, minder, guard, custodian, guardian, keeper.
[61] Gathering, meeting, assembly, seminar, conference.
[62] Be hospitable and generous with people.
[63] Community facility where **hapū** collectives discuss political and social matters, and host important events such as funerals.
[64] Seminar, conference, forum.

Throughout this project, I have attempted to embed participant and community views on this thesis into the project design, being flexible with my approach, and allowing the participants' **kōrero**[65] to shape my analytic areas of interest across the project. While some researchers have highlighted a lack of researcher control in **Kaupapa Māori** research as a difficulty (Walker, Eketone, & Gibbs, 2006), my thesis has not been linked to one such community, but has incorporated many perspectives from various communities of which I am part of, some of them offering contradictory views. Given my learning position in relation to ***te reo me ona tikanga*** and **mātauranga Māori**[66] (Pihama, 2001), I was guided heavily by external support from **Māori** communities at the start of my thesis, with less but significant degrees of input towards the end.

[65] Narrative, speech, conversation, discourse.
[66] **Māori** education, knowledge and wisdom.

CHAPTER 2: SEXUALITY, REPRODUCTION AND **WHĀNAUNGATANGA**

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

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

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

engagement with this material involved close discussions with my research **kaumātua** to facilitate my understanding and inform protection of my **wairua**[11] while doing so.

REPRODUCTIVE PATTERNS

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

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

Amongst these general trends, **wāhine Māori**[12] often start their families earlier (Ministry of Health, 2003) in their mid teens and early twenties (Dyall, 2006). The median age of childbirth for **Māori** is 26 years of age (Bascand, 2010) which corresponds to research that suggests **Māori** view the optimal age to have children in a person's 20s (Glover et al., 2008). The highest fertility rate for **wāhine Māori** were the ages 20-24 (156 per 1,000 **wāhine**), very closely followed by 25-29 (148 per 1,000), then 30-34 (110 per 1,000) (Bascand, 2010). Research from 2001 notes birth rates for **rangatahi Māori**[13] at around 2-3 times higher than those of non **Māori**; for those between the ages of 15-19 these were 70 per 1,000 (20 per 1,000 for **Pākehā**) and under 15 years were .6 per 1,000 (.2-.3 per 1,000 for **Pākehā**) (Ministry of Health, 2002a).

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

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

[11] Spirit, soul, quintessence - spirit of a person which exists beyond death.
[12] **Māori** women.
[13] The younger generation of **Māori**, **Māori** youth.

interaction between ethnicity and community is related to the differences in fertility rates between **Māori** and the wider New Zealand population with higher rates emerging when delineated according to sole **Māori** (2.46) than sole European (1.89) or mixed **Māori** and European ethnicity (1.37) (Statistics New Zealand, 2004). Higher rates are also seen when delineated according to those who have both **Māori** ancestry and ethnicity (2.12) and those who have **Māori** ancestry but do not ethnically identify as **Māori** (1.70) (Statistics New Zealand, 2004).

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

TRADITIONAL **MĀTAURANGA** AND **TIKANGA MĀORI**

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

From written accounts of traditional **mātauranga** and **tikanga Māori**, human reproduction is a process that is contextualised with social, spiritual and ecological elements. These elements are not dissociable and relate to broader concepts of equi-systemic-sovereignty (P. Porter, personal communication, 16th December 2010), an interactive relationship with kin, the flora and fauna (Jahnke, 2002), and a dynamic relationship between **Atua**,[14] **tāngata**[15] and **whenua**[16] (Tate, 2010). These understandings inform a traditional **Māori** account of human reproduction, with elements filtering into contemporary understandings.

REPRODUCTION, GROWTH AND CONCEPTION

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

[14] Supernatural being. Literally translated in English as 'Potential being from beyond' (T. Smith, 2009). In Tate's use of **Atua**, this refers to a singular, supreme being (Tate, 2010).
[15] People, persons, human beings.
[16] Land, country, ground, placenta, afterbirth.
[17] Life principle, special nature, a material symbol of a life principle, source of emotions.
[18] The potential, the void, the nothingness.

through to **te po**[19] (Mikaere, 2011a). From the process of conception, the **kakano**[20] cultivates **koi ora hou**.[21] This contains **mauri**, **whakapapa**,[22] **hau**,[23] and **pūmanawa**[24] whilst in **te whare tāngata**.[25] This process conceptually involves transitions of **ira atua**[26] from the realm of **wairua** into **ira tāngata**[27] in the physical world (Manihera & Turnbull, 1990). **Ira atua** is derived from human descent from **atua**; **ira tāngata** is derived from descent from the first human being (T. Smith, 2009).

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

WHENUA AND WAI[29]

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

[19] The form, the dark, the night.
[20] Ovary and sperm.
[21] A new life.
[22] Genealogy, lineage, descent (also means genealogical table).
[23] Breath of life.
[24] Abilities and aptitudes.
[25] The womb, uterus, cervix, vaginal; literally translated in English as 'House of People'.
[26] Supernatural life.
[27] Human genes, however, as **ira tangata** come from **ira atua, ira tangata** is considered to have a more spiritual quality than human genes (Moko Mead, 2004).
[28] The world of light.
[29] Water, juice, liquid.
[30] Land, country, ground, placenta, afterbirth.
[31] Local people, hosts, indigenous people of the land - people born of the **whenua** (of the placenta and the land) where the people's ancestors have lived and where their placentas are buried.
[32] Land, country, ground (also means placenta, afterbirth).
[33] Placenta, afterbirth (also means land, country, ground).
[34] End, extremity, naval, section of umbilical cord nearest the baby's body.
[35] Land, country, ground (also means placenta, afterbirth).
[36] Placenta, afterbirth (also means land, country, ground).
[37] Returning the placenta and afterbirth to the ancestral homelands (Mead, 2003).
[38] Ancestors, grandparents.

special basket to give to the midwife to contain the **whenua**. Often, aunties or grandmothers would take the **whenua** to bury at the **papa kāinga**.[39] **Whānau** living overseas often send **whenua** to New Zealand to be buried by **whānau**, a process that is accommodated by the New Zealand customs service (Mead, 2003).

The narrative of **Ranginui**[40] and **Papatūānuku**[41] illustrates the link between **Māori** and the natural environment, in the cosmological story of creation. The structuring of **Māori** creation stories around the reproductive functions of **tāne**[42] and **wāhine**[43] also gives insight into the gendered assumptions of **Māori**, emphasising a particular reverence for **wāhine** sexual and reproductive capacities and the power of **wāhine** sexual organs in the creation and sustenance of life (Mikaere, 2011a).

Narrative 1: **Ranginui** and **Papatūānuku**

In **Māori** cosmology, the story of **Ranginui** and **Papatūānuku** begins with their creation of the world as we know it (see Herangi-Panapa, 1998 for an alternative account involving **Whaitiri**). After coming into being from **te kore** to **te po**, **Papatūānuku** and **Ranginui** became lovers, holding each other together in a loving embrace with their children close to them. They became separated, pushed apart by one of their sons **Tāne**,[44] who pushed **Papatūānuku** downward to become the earth, and **Ranginui** upward to become the sky (Herangi-Panapa, 1998; Himona, 2001; Rimene et al., 1998). The stages of labour and birth parallel the children's movement from **te kore**, the womb (Mikaere, 2011a) through **te Po**, (Best, 1975), to **te ao marama**, achieving new life, and the attainment of knowledge (Mikaere, 2011a). Their children became **atua** specific to particular natural phenomena (Ka'ai & Higgins, 2004) and **kaitiaki**[45] of these domains (T. Smith, 2009).

Through **Papatūānuku**, **wāhine Māori** and land are spiritually linked through the metaphor of providing nourishment for future generations (Earp, 2000), culturally, spiritually, socially, politically, and economically (Mikaere, 1994). The **whakatauki**:[46] '**he wāhine, he whenua, a ngaro ai te tāngata**'[47] also reads that without nourishment, humanity is lost (Pere, 1994). This nourishment is also symbolised during the time of breastfeeding, where **wāhine Māori** become **te ukaipo**[48] like **Papatūānuku**. Further **atua** link **wāhine Māori** to the land, including **Hineahuone**,[49] who was physically formed from the earth, **Hinetitama**[50] who was the mother of humankind, and **Hinenuitepo**[51] whom we meet when we die and return to the earth (Hutchings, 2002).

In addition to **whenua**,[52] **wai** has a role in fertility, bringing forth new life (T. Smith, 2009). Water functions to move matter and energy to **te ao marama**, and with **karakia**[53] can lift **tapu** (T. Smith, 2009). In the story of **Ranginui** and **Papatūānuku**, the union of male and female waters created new life and their tears flooded the earth, allowing life to flourish.

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[39] Original home, home base, village.
[40] Sky father and husband of **Papatūānuku**. All living things originate from them.
[41] Earth mother and wife of **Ranginui**. All living things originate from them.
[42] Men, males, husbands.
[43] Women, females, ladies, wives.
[44] Son of **Ranginui** and **Papatūānuku**, **atua** of the forests, husband of the first human, **Hineahuone**, and their daughter **Hinetitama**/**Hinenuitepo**.
[45] Trustee, minder, guard, custodian, guardian, keeper.
[46] Proverb, saying, cryptic saying, aphorism.
[47] By women and land men are lost.
[48] Mother, origin, source of sustenance, real home.
[49] The first human, a woman.
[50] Daughter of **Hineahuone**, also known as **Hinenuitepo**.
[51] Daughter or **Hineahuone**, also known as **Hinetitama**.
[52] Land, country, ground (also means placenta, afterbirth).
[53] Incantation, prayer, grace, blessing, church service.

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The concept of **whakapapa** is integral to reproduction and inter-related with the ancestral landscape. The concept of **whakapapa** does not parallel genetic determinism that derives from evolutionary theories (in relation to class, gender and race) and defies explanation by science (C. Smith, 2004). **Whakapapa** was the means for ancestors to stay alive after death (Palmer, 2002). Within **whakapapa**, traits are inherited from ancestors, relating to:

> *"...the transmission of knowledge, of **wairua**, of other elements. It centres around the construction of, and addition to, layers of existence and focuses on what the layers consist of.... Within all **rohe**[54] there is the assumption of a **whakapapa** relationship with non-humans. For example, **tūpuna awa** is a reference to ancestral rivers.... It is relationships with all our relations (C. Smith, 2004, p. 32).*

Traditionally, **Māori** identity was formed through **whenua**, **whānau** and **whakapapa** (Cadogan, 2004; Ka'ai & Higgins, 2004). **Whakapapa** is encoded in the names and past stories about the landscapes and the ancestors who roamed them. For example, **Te Ramaroa** in the **Hokianga** region is a mountain peak named by **Kupe**[55] who noticed a *long enduring light*[56] across this area of the harbour on his arrival to New Zealand, and took this as his cue to enter. Our present narrative today demonstrates the proliferation of many relations after that point.

Narrative 2: **Hokianga ki te Tonga**[57]

"Tradition tells us the genesis of the ancestral landscape of "**Hokianga Ki Te Tonga**" began with the ancestral mountain, **Te Ramaroa** who began the twin peaks **Puketi** and **Paeroa**. They began a daughter **Tamaka**, the peak who stands in the shadow of the grandparent **Te Ramaroa**, and the twin boys, **Paora** and **Mahena**. **Paora** stands at the foot of the parent **Paeroa** but **Mahena** stands in the bay beyond **Koutu**. He was banished to that place because of interfering with his sister **Tamaka**. Then at the foot of the parent **Puketi**, is the small hillock which is **Tangihia**, the stillborn child. From these generations of landforms descend the secondary hills and land features which became the **pā**[58] sites and **papa kāinga** of successive generations of people beginning with the founding ancestor, **Kupe**" (J. Klaricich as told to C. Turner, personal communication, 23rd February, 2012).

For **Māori** a 'place of home' is traditionally connected with the natural environment, **awa**[59] and **maunga**,[60] physically and spiritually (Jahnke, 2002). The process of burying the **whenua**[61] with new life, and interring those who have passed on to the **whenua**, embeds a sense of belonging to a particular place (Hohepa, 2011). Maintaining a relationship to the **whenua** ensures linkage to **atua** and **tūpuna** across generations, enabling **rangatiratanga**[62] (Manihera & Turnbull, 1990; C. Smith, 2007), and responsibility (C. Smith, 2007). **Whakapapa** bestows birthright, validating connection with **whānau**, **hapū**, **iwi**, **papa kāinga** and the cultural space where names of places and language tie us to our ancestors. Personal qualities and attributes are

[54] Boundary, district, region, territory, area, border (of land).
[55] An early visitor to New Zealand who returned to **Hawaiki**.
[56] This is the translation of **Te Ramaroa.**
[57] A coastal region in the North of New Zealand.
[58] Fortified village, fort, stockade, screen, blockade, city.
[59] River, stream, creek, canal, gully, gorge, groove, furrow.
[60] Mountain, mount, peak.
[61] Land, country, ground, placenta, afterbirth.
[62] Sovereignty, chieftainship, right to exercise authority, chiefly autonomy, self-determination, self-management, ownership, leadership of a social group, domain of the **rangatira**, noble birth.

linked to people from their **whakapapa**, and people will be reminded of their ancestors through their **tamariki**,[63] and **mokōpūna**[64] when they embody such attributes (Manihera & Turnbull, 1990).

SOCIAL SIGNIFICANCE OF REPRODUCTION

Traditionally, the protection of **whakapapa** and inter-related networks stemming from this required reproduction to be a socially contextualised experience (Glover & Rousseau, 2007). This saw reproduction considered more broadly than beyond an individualised personal desire for a child, and was extended to a broader focus on continuing the next generation (Glover et al., 2008). The social function of human reproduction is shown in linguistic parallels between the language for reproduction, and descriptions of social structure. In **te reo Māori**[65] the term **whānau**, loosely translated, means 'extended family' and 'to be born and give birth' (Moorfield, 2013). The term **hapū** refers to a kinship group, called a sub tribe, and means to 'be pregnant, conceived in the womb'. The word **iwi** refers to an extended kinship group, or tribe, and 'strength, bone, usually human only'. The dual meaning of **iwi** that refers to both bones and relations, denotes the strength and scaffolding that bones give to human form, and that relatives, **whānau** members give to the wider network of relational membership, the **iwi** (Glover & Rousseau, 2007). **Te Whare Tapu o Ngāpuhi**[66] refers to the arrangement of **maunga** encircling and sheltering the people, providing a metaphor for the nurturance of **iwi**, **hapū** and **whānau** (Hohepa, 2011).

With the importance of **whakapapa** came the importance of choosing an appropriate partner for sexual relations or marriage (Palmer, 2002; Pere, 1994; Rimene et al., 1998). Forming a relationship typically involved a **taumau**[67] (Best, 1975; Biggs, 1960) or a **tomo**[68] (Biggs, 1960), similar to an engagement. This was sometimes based upon parents' friendships or political ties (Biggs, 1960), by senior members of a **whānau** (Pere, 1994), or as outcomes of peace agreements (Biggs, 1960). This involved a intensive discussion about the couple's **whakapapa**, involving "**aata koorerotia i runga i te takapau wharanui**," to ensure no arguments between the couple and provide a mat for the marriage and conception of potential future children (Biggs, 1960, p. 42). Under systems of **taumo** and **tomo** the individuals involved were accountable to the broader **whānau**, for any actions or transgressions to one another such as domestic violence (A. Peita Whare-Tohunga, personal communication, 26th August 2011; Biggs, 1960).

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

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

Narrative 3. The story of **Hinetitama** and **Tāne**

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

The **mana**[69] of a **whānau**, **hapū** and **iwi** was partially determined by the number of members (Yates-Smith, 1998). Reproduction and good fertility, particularly of the members of the **rangatira**, [70] ensured the continuation and survival of the **whānau**, **hapū** and **iwi whakapapa** (Rimene et al., 1998). For some of chiefly lineage,[71] the focus of reproduction was to create a **hapū** or even an **iwi** which meant taking on more than one partner over time, and across the **rohe** (C. & P. Jacobs, personal communication, 11th April 2011). Marriage and reproduction between two people of warring tribes also functioned to bring about peace.

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

Narrative 4. **Tutānekai**, **Tiki** and **Hinemoa**

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

Narrative 5. **Wairaka**

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

SEXUALITY, **HAPŪTANGA,**[74] AND ABORTION

For **Māori**, sexual symbolism was part of mundane and everyday life; featuring in artwork, carving, and mythology, implicit in language for 'wriggling', 'working', and 'sleeping', and names for sea creatures that resembled sexual organs (Biggs, 1960). Sexuality was not seen as shameful, though genitals were seen as a very personal part of the body, to be protected, not exposed (Rimene et al., 1998), particularly the **puke**[75] region for **wāhine**, and the glans area of the penis for **tāne** (under the foreskin) (Biggs, 1960). Exposure was

[69] A supernatural force in a person, place or object. **Mana** goes hand in hand with **tapu**.
[70] Someone who is rich, well off, noble, esteemed, revered.
[71] This includes **Kahungunu**, **Whangaramaitawhiti**, and **Taumatamatea**, **Waimirirangi**, **Reitu**, **Reipai**
[72] People who have an intimate companion of the same sex.
[73] An **atua** positioned in the genital region to represent fertility and the **wairua** of unborn children; a symbol of male sexual energy, referred to by Best, as the penis, also the name of the **takatāpui** companion of **Tutānekai.**
[74] Pregnancy.
[75] The pubic area

seen as indecent, shameful, and would evoke ridicule, though was sometimes done to deliberately incite this in challenge, such as during **haka**.[76]

Narrative 6. **Tāne** and **Hineahuone**

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

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

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

Narrative 7. **Maui** and **Hinenuitepo**

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

TE WHARE TĀNGATA

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

[76] Vigorous dance with actions and powerful rhythmically sung words.
[77] Daughter of **Ranginui** and **Papatūānuku**, atua of the oceans.
[78] The guardian of female sexual energy
[79] Health and soundness.
[80] The penis.
[81] A Tribal region from **Te Urewera** mountain ranges.
[82] The womb, uterus, cervix, vaginal; literally translated as the 'House of Death'.
[83] Descendant of **Hinenuitepo**.
[84] The north island of New Zealand. Literally translated as **Maui**'s fish.

2009). Further descriptors for the womb include **te uma atua**[85] and **te ahurewa**[86] (Porter, 2010). **Te whare tāngata** is viewed as a link to the line of descent for **wāhine** (Salmond, 1985) imbued with **mana tāngata**,[87] **mana toto**,[88] **mana tātai**,[89] **mana tūpuna**,[90] **mana whenua**,[91] and **mana atua**[92] (Porter, 2010).

While interpreted as a place of strength and **mana**, the womb is also viewed as nurturing. The nurturance of the womb is aligned with femininity and the concept of **kei roto**.[93] Masculinity is configured in opposition to this, with the concept of **kei waho**.[94] Drawing on the **marae**[95] context, the inside is related to warmth, darkness and peace (**te po**), and the outside is related to light and potential hostility (**te ao marama**) (T. Smith, 2009). In relation to water, internal waters are viewed as settled and nurturing, and masculine waters are viewed as having the potential for turmoil.

While European authors interpreted **wāhine Māori** reproductive or sexual power as negative or passive (Simmonds, 2009), **Māori** considered this to be active, with the ability and power to create humans (Herangi-Panapa, 1998). Containing an ability to facilitate **whakapapa**, the womb is seen to have a dual ability as **te whare tāngata** and **te whare mate**,[96] taking on a "layering of time and space in another dimension" (Herangi-Panapa, 1998, p. 40). From this understanding, menarche, conception, childbirth, and menopause were rites of passage to womanhood, and a source of **mana wāhine**[97] (Palmer, 2002).

HAPŪTANGA AND CHILDBIRTH

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

Given the importance of **te whare tāngata** it was **tika**[98] for **wāhine** to be supported by their partner and **whānau** during pregnancy, and for this to continue during motherhood (Advisory Committee on Assisted Reproductive Technology, 2007). Pregnancy was recognised through various signs such as dizziness, nausea, feeling especially affectionate towards one's partner, and pickiness with food (Biggs, 1960). Care for pregnant **wāhine** involved providing for their food cravings (Biggs, 1960; Pere, 1994), placing protective spiritual influences on them (Pere, 1994), **rongoa**[99] and **mirimiri**[100] to assist with pain relief (Ministry of

[85] The divine womb
[86] The sanctuary of harmony
[87] Human authority
[88] Authority from blood kin
[89] Authority from genealogy
[90] Ancestral sovereignty
[91] Ecosystemic sovereignty
[92] Divinity
[93] Inside.
[94] Outside.
[95] Community facility where **hapū** collectives discuss political and social matters, and host important events such as funerals.
[96] The womb, **te whare tāngata** literally translated is 'the house of people', **te whare mate** literally translated is 'the house of death'.
[97] **Mana** pertaining to women.
[98] Correct, straight, true, direct, keep on a direct course, upright, right, just, fair, accurate, appropriate, lawful, proper.
[99] Remedy, medicine, drug, cure, medication, treatment, solution (to a problem), tonic
[100] Rub, soothe, smooth, stroke, fondle, smear, massage.

Health, 2002b). During pregnancy, **wāhine** did not cut their hair as this was considered to maintain links to **tūpuna**, and it was thought that the baby would lose **mana** and strength if hair was cut (Rimene et al., 1998).

Childbirth sees the **tapu** of a **wāhine** heighten, with practices designed to observe these rules of **tapu** (Manihera & Turnbull, 1990). The area that a woman gave birth in was considered **tapu**, though birth practices varied by **whānau**, **hapū**, and **iwi**. Given the **tapu** nature of this process, **tohunga**[101] were called upon to assist (Pere, 1994; Yates-Smith, 1998). **Whānau**, **hapū** and **iwi** differences emerge in people who were permitted to attend the birth, though many note the involvement of **tāne** as **whānau** birth attendants (Moewaka Barnes et al., 2013; Reynolds, 2012). The dangers of childbirth required attendants to have keen concentration, alertness, knowledge and experience (Mead, 2003). Successful labour and delivery was linked to the right spiritual and physical environment (Palmer, 2002).

The participation of others in child birthing may have made the experience less daunting, as birthing **wāhine** may have had an enhanced sense of confidence in knowing what to expect and apply coping strategies (Palmer, 2002). **Tapuhi**[102] had a number of strategies for creating a positive environment to assist the birthing mother, such as supportive discussions, stories about other births, songs, laughter; **mirimiri** and warm baths (Palmer, 2002). Childbirth delivery was facilitated by a **tapuhi** who mirrored the mother, positioned kneeling in a semi squat with knees apart, bracing the mother with her knees and holding her by the armpits to gain a physical sense of the contractions (Best, 1975; Mead, 2003; Palmer, 2002; Porter, 2010). Three classes of birth were traditionally recognised, parallel with phases of the moon, and **te po** (see Best, 1975, pp. 57-61 for a detailed discussion).

Ceremonies associated with the new life

A number of ceremonies associated with the birth of a child are described in the literature, with noted **whānau hapū** and **iwi** nuances (Best, 1975; Mead, 2003; Shirres, 1997; Yates-Smith, 1998). Many of these ceremonies were reserved for children of high rank. Initially, a **maioha** (Mead, 2003) or **koroingo** (Yates-Smith, 1998) ceremony was conducted very soon after the birth. Some accounts mention a **whakawaituhitanga** that lifts the **tapu** from the mother through **karakia** and cleansing with water. Later **tohi** and **tūā** ceremonies were conducted to remove the **tapu** from the child (Mead, 2003; Yates-Smith, 1998). After this, but sometimes before, a **pure** ceremony was performed to bestow the **mana** of the gods on a child (Best, 1975). This was to secure the **mana tapu**[103] and **mana atua**,[104] rather than attempting to make the child **noa**[105] (Yates-Smith, 1998). Offering and eating food removed the **tapu** from all of those who were connected with the birth (Shirres, 1997). While not involving particular ceremonies, children who cut their first tooth and received their first haircut were often given **karakia** (Mead, 2003).

Abortion and miscarriage

Abortion and miscarriage were not linguistically distinguished from each other in **te reo Māori** and are referred to in the terms **tahe**, **whakatahe**, **materotanga**, [106] and **taiki**[107] (T. Smith, 2009). In some accounts, the cause

[101] Skilled person, chosen expert, priest - a person chosen by the agent of an **atua** and the tribe as a leader in a particular field because of signs indicating talent for a particular vocation.
[102] Birth attendants.
[103] The restricted and controlled access to other human beings (Tate, 2010).
[104] Supernatural being. Literally translated in English as 'Potential being from beyond' (T. Smith, 2009).
[105] Be free from the extensions of **tapu**, ordinary, unrestricted.
[106] Sickness or health within.
[107] Miscarriage caused by the provocation (accidental or deliberate) of an **atua**, given the sense that pregnant **wāhine** were seen to be under the influence of the **atua**.

of miscarriage or stillbirth was attributed to the baby, who was thought to not be ready for this world (Reynolds, 2012). Some accounts of traditional practice suggest that there were known and accepted methods for causing a loss of conception through deliberate **taiki** of the foetus, or breaking rules of **tapu,** such as actions that exerted pressure to the abdomen (Palmer, 2002; T. Smith, 2009). Drinking tea made from boiling roots of the **harakeke**[108] was a known rongoa practice that could cause a loss of conception (Tangohau, 2003). Infanticide and maternal suicide also occurred in response to unwanted pregnancy (Palmer, 2002).

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

WHĀNAUNGATANGA

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

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

WHĀNAU RELATIONSHIPS

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

[108] New Zealand flax, *Phormium tenax.*
[109] Cloak, or foetal membrane.
[110] Affection, sympathy, charity, compassion, love, empathy.
[111] Elderly woman, grandmother, grand aunt.
[112] Elderly man, grandfather, grand uncle, papa.

mokōpūna, exists a shared experience in the present; the **tūpuna** provides a link to the past, and the **mokōpūna**, a link to the future (Pere, 1994).

In addition to the active role of the grandparents, aunts and uncles also played a significant role in the child's upbringing. Those of their parents' generation were referred to as **whaea**[113] or **matua**[114] (Pere, 1994). The **whakatauki, 'nāu i whatu te kahu, he tāniko tāku**,'[115] illustrates the dynamic whereby parents provided the immediate needs in a child's life while the other members assisted in refining this (Taonui, 2010). Being accepting, embracing, nurturing, and thoughtful of others within your social circles was the normative system; metaphorically and tangibly, the children were in everybody's arms, and loved by everyone (Pere, 1994).

Relationships between siblings were a context significant for learning. It was understood that children would learn from other children (C. & P. Jacobs, personal communication, 11th April 2011). The **tuakana**[116] was responsible for mentoring, guiding, and also protecting the **teina**,[117] while the **teina** was responsible for serving and providing for the elder sibling (S. Edwards et al., 2007). The premise of **ako** applied whereby to learn and teach was considered concurrently (C. & P. Jacobs, personal communication, 11th April, 2011; Tomlins-Jahnke & Durie, 2008). This system was also extended to relationships with cousins (Metge, 2001).

A relatively common practice of raising a child by **whānau** who were not the birth parents of a child was **whāngai**[118] (Mikaere, 1994), also known as **atawhai**[119] (C. Smith, 2010) and **tamaiti whāngai** (McRae & Nikora, 2006). The term **whāngai** translates to 'nourish', 'feed', 'enrich', culturally, emotionally, spiritually, and physically. **Whāngai** children were considered a 'gift of love' (McRae & Nikora, 2006). This process did not parallel adoption, it was not necessarily permanent, there was no stigma, and was not premised on the concept of replicating the experience of raising a child in a nuclear **whānau**, with children considered property. Instead, the child remained part of the wider **whānau**, with the **whāngai** process strengthening bonds between **whānau** and **whakapapa** (C. Smith, 2012), to relieve stressed **whānau**, or to assist **whānau** who were unable to conceive children (C. & P. Jacobs, personal communication, 11th April 2011; Mikaere, 1994; C. Smith, 2012).

PRIMACY OF CHILDREN IN THE WHĀNAU

Whakatauki[120] provide rich metaphors for the primacy and importance of children, generally, and in the context of the **whānau**. Many **Māori** view children as a gift from god and a blessing (Glover et al., 2008). A common metaphor for **whānau** is the **harakeke**, a flax bush that has a number of long blade-like leaves fanning out from a central point (Metge, 2001). New shoots, also known as the **rito**, spring out from between the two centre blades in the fan. While the bush in its entirety is likened to the **whānau**, the blades are likened to the parents who fold around the new shoots, the child. Consistent with this metaphor, children are seen to be the most important person in the **whānau** (C. Jacobs, personal communication, 12th June 2013). The proverb "**he kai poutaka me kinikini atu, he kai poutaka me horehore atu ma te tamaiti te iho**,[121] illustrates the importance placed upon children, and subsequent investment in the future (Taonui, 2010).

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113 Mother, aunt
114 Father, uncle
115 Your parents wove the cloak; I/we provide the fine border
116 Elder sibling of the same gender (**tuākana** is plural).
117 Younger sibling of the same gender (**tēina** – means plural).
118 To raise, adopt, nurture, rear (also means to feed).
119 To raise or adopt temporarily (also means to show kindness to).
120 Proverb, saying, cryptic saying, aphorism.
121 Pinch off a bit of the potted bird, peel off a bit of the potted bird, but leave the substantial part for the child.

From beginning in the womb, babies are seen to contain an intrinsic **tapu**, inheriting **mana** from the spiritual domains (Tate, 2010). They were considered gifts from **atua**, manifestations of **tūpuna** from the past, and unborn children of the future (Jenkins & Harte, 2011). The intellectual, physical, emotional, and psychic influences were considered and nurtured by the adults surrounding them through the process of **waiora** (Pere, 1994). Caring for children was an emotional and spiritual process, involving the transmission of culture, fostering lifestyles, and shaping identity (Durie, 1997). Amongst the collective, the uniqueness of people, their abilities and skills, or **pūmanawa**[122] were recognised, and nurtured (Te Kani and Waiti 2011) while difference and diversity was treated with acceptance (C. & P. Jacobs, personal communication, 11th April, 2011).

Children were seen as **tapu**, and were given the freedom to allow them to be bold, brave and independent (Jenkins & Harte, 2011). The characteristics of **ihi**,[123] **wehi**[124] and **wana**[125] were instilled in children to enable them to be "loving, confident, and successful" people who maintain a zest for life (Jenkins & Harte, 2011, p. 33). Early European observers considered **wāhine Māori** to be good, loving mothers, and Maori children to be indulged. When babies were weaned, shared parenting occurred and fathers would take children with them on their daily routines (Jenkins & Harte, 2011). Keeping children busy was seen as important and when children participated in adult life, they were treated with respect.

COLONISING IMPACTS, CONTEMPORARY DILEMMAS AND INNOVATIVE STRATEGIES IN REPRODUCTION

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

CULTURAL PRACTICE

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

WHĀNAU

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

[122] Natural talent, intuitive cleverness.
[123] Delight of life, psychic choice or personal essence.
[124] Awe, respect and wonder of life.
[125] Thrill, exhilaration, and excitement contained in a love of life.

1998). Consequently, many **whānau** were not left with enough land to sustain them, necessitating movement to urban areas to nuclear configurations of family (Mikaere, 1994; L. W. Nikora et al., 2004). Under English Law, land sales were only tenable to men, denying half the **Māori** population an opportunity to **kaitiaki** the land (C. & P. Jacobs, personal communication, 11th April, 2011).

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

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

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

For **Māori** who moved to urban areas, particularly up to the 1970s, most faced discrimination; **Māori** were excluded from housing, hotels, employment, sport (swimming pools, All Blacks tours to South Africa during apartheid[126]), and recreation (movie theatres, barbers) on the basis of their race (Barrington, 2005). Socio-economic vulnerability was brought about by concentration in poor quality housing, and jobs that were vulnerable to economic change (Belich, 2001). Unemployment, some of which became long term unemployment, which is associated with hopelessness for the individual and **whānau**, came to pose a new challenge for some **whānau** (Durie, 1997; Metge, 2001). Further discrimination is evidenced through deficit theorising in educational underachievement of **Māori**, where a **Māori** upbringing in the context of **whānau** is considered a 'problem' or 'deficiency' in a child's environment (Pihama & Penehira, 2009). Media portrayals often refer to **whānau** as 'dysfunctional', failing to provide **rangatahi** with necessary resources, driving them to lives of failure and crime (S. Edwards et al., 2007).

[126] Apartheid was a legally enforced system of racial segregation in South Africa that heavily restricted the rights and sovereignty of black South African people.

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

While elements of **whānaungatanga** are less immediate or intensive as they were in the past, **whānaungatanga** is still important and relevant, today. Living in a two parent or one parent household did not mean **Māori** were abandoning the practices of **whānaungatanga** altogether (Moeke-Pickering, 1996). **Whānau** is still a unit that has relevance to teaching members learn to care, share and pass on love to children, and where parenting is learnt through hands on experience looking after younger siblings and observing those in the wider **whānau** (Tangohau, 2003). The roles of wider **whānau** members in raising children, especially intergenerational relationships between **tūpuna** and **mokōpūna** are still relevant (Durie, 2001; S. Edwards et al., 2007; C. Smith, 2010). Relationships between brothers, sisters, and cousins are still structured and enacted according to **tuakana** and **teina** patterns, though are often undervalued (Durie, 1997; S. Edwards et al., 2007). **Whāngai** is still practiced in the context of wider **whānau** relationships, with babies given to childless couples to strengthen **whakapapa** and relationships between **whānau** to ensure that key skills and knowledge within the **whānau** were transferred, and to maintain **ahi kaa**[127] (Jahnke, 2002; C. Smith, 2010). The development of pan tribal **marae** facilitated the reformation of **whānaungatanga** networks in urban areas to form communities of 'urban **Māori**' and allow **whānau** the opportunity to engage with **Māori** cultural processes, such as sports, **kapa haka**[128] and speaking **te reo Māori** (Hutchings, 2002; Mead, 2003; Tangohau, 2003). The continuity or reconnection with **mātauranga**, **tikanga** and **te reo Māori**, through the mediums: **waiata**,[129] **tikanga** and **karakia**, suggests there is value in future usage (Mead, 2003) and allows these cultural practices to survive and bring about a unique group identity (Glover et al., 2008).

REPRODUCTION

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

[127] This translates as 'to keep 'the home fires burning'. Refers to those who stay at **papa kāinga** and fulfill tasks and obligations on **marae**.
[128] **Māori** performing group.
[129] Song, chant, psalm.

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

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

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

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

Māori cultural identity is often cited as a 'risk factor' for pathologised early reproduction (Green, 2011; Pihama, 2011b) and conflated with adverse risk factors that are associated with social disadvantage (Pihama, 2011b). **Māori** are measured against western norms to delay childbearing and appear deficient for failing to accept the appropriate western solution of abortion (Cherrington & Breheny, 2005). The problematisation of '**Māori** teen pregnancy', creates a naming, shaming, and blaming of **Māori**, amidst a silent privilege (Reid, 2004). Explanations often rest with a homogenised view of indigenous cultures as 'other', such that indigenous culture *and* the breakdown of culture through assimilation to western norms can 'cause' teenage pregnancy (Macleod, 2011). Some **Māori**, including the organisation, **Te Puni Kokiri**,[130] take a pronatalist position that is situated to counter discourses that problematise **Māori** fertility and minimise negative outcomes associated with early reproduction (Clark, 2002).

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

[130] Ministry of **Māori** development, New Zealand public sector department responsible for **Māori** public policy.

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

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

SEXUALITY

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

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

INSTITUTIONAL PRACTICE

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

SEXUALITY EDUCATION

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

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

Investment in sexuality education, including cross cultural materials that cohere with indigenous values, allow people to feel empowered and connected with their cultural beliefs, leading to delayed sexual activity and greater contraceptive adherence in a Native American context (Stephens, Patil, & Thomas, 2012). Contemporary **mātauranga** and **tikanga Māori** have considerable applicability to sexuality education in New Zealand. Understandings of **wāhine** as keepers of **te whare tāngata**, through an alignment with the moon and the earth, and status as **tapu** (Moewaka Barnes, 2010) may inform sexuality education. Sexuality may also be taught through the broader context of reproduction, an awareness of our social environment (Waetford, 2008), individual life aspirations (Newbold & Willinsky, 2009) and **whānau** aspirations (Hiroti, 2011). In **Kura Kaupapa Māori**,[131] discussions about sexuality education occur alongside acknowledging the impact of colonisation in shaping understandings of sexuality (Levine & Green, 2006). Some authors have drawn up models of sexual and reproductive wellbeing in relation to contemporary **mātauranga** and **tikanga Māori**. Smith, Philip-Barbara and Aspin (2002) discuss the ways that sexuality infuses the four dimensions of **te whare tapa wha**.[132] The relationships we have with our bodies, how they change in relation to the life cycle, and negotiating sharing bodies with others in sexual and non sexual contexts are considerations in relation to **te taha hinengaro**.[133] **Te taha tinana**[134] relates to how we think of ourselves, our bodies, the

[131] Primary school operating under **Māori** custom and using **Māori** as the medium of instruction.
[132] A model of health proposed by Mason Durie, comprising of four walls (Durie, 1995).
[133] In relation to the mind, or thoughts.

shape, colour, height, abilities, how these inform our action and the ways that we think about others. **Te taha whānau**[135] pertains to our sense of belonging across our sexual and cultural identities, while **te taha wairua**[136] relates to the life-giving potential and positive aspects of sexual connection and energy.

ABORTION

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

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

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

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[134] In relation to the body.
[135] In relation to the extended family (also means to be born, to give birth).
[136] In relation to the spiritual.
[137] Extinguishing the life principle.
[138] Hospitality, kindness.
[139] The younger generation of **Pākehā**. In this study it refers to young people under 20 years old.

whāngai, which is often at odds with the perspectives of **rangatahi Māori** who believe their parents would disapprove if they found out they were pregnant (Dyall, 2006).

MATERNITIES

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

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

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

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

As a consequence of social, cultural and economic marginalisation, **Māori** experience a higher proportion of maternal and infant health disparities compared with **Pākehā** (Moewaka Barnes et al., 2013). These include higher proportions of babies born with a birth weight under 2.5kg, preterm birth, still birth (Ministry of Health, 2012b), neonatal death, and maternal death (Perinatal and Maternal Mortality Review Committee, 2012).

From research on maternal death, the authors concluded that 'mental health needs of **Māori** women during pregnancy must be identified and services delivered in culturally appropriate ways' (Perinatal and Maternal Mortality Review Committee, 2012, p. 87). Developing the relevance of maternity services for **Māori** is imperative to ensure **Māori** are engaged with maternal health services, in order to be referred for specialist support and treatment if required, given the higher rates of negative health outcomes.

Recent research that has investigated **Māori** experiences of maternity care has raised concerns about cultural safety. Maternity and birthing services may elicit **whakamā**[140] from patients where attention is not paid to **tikanga Māori**. This includes practices common to the maternity hospital environment such as revealing the body to strangers (Rawiri, 2007), particularly genitalia (Palmer, 2002), being 'growled at' by medical staff, not knowing the purpose of procedures associated with touching in intimate areas, being asked to remove **taonga**[141] during childbirth, being viewed with a racist interpretation, being discussed by others without being addressed (Rimene et al., 1998), or not feeling confident asking about things and agreeing to things without certainty (Rawiri, 2007). Older **wāhine** and grandparents were strong enough to voice when they did not know or were not happy with what was happening to them, whereas younger **wāhine** were not (Rimene et al., 1998). A lack of attention to knowledge of contemporary **tikanga** and **mātauranga Māori**, poor staff communication, and non-adherence to **tikanga** best practice guidelines were reported in the context of neonatal care (Pihama & Lee, 2010).

Many **wāhine Māori** who gave birth in a hospital based maternity service prior to the 1980s, were not able to maintain the practice of **whenua ki te whenua** as they were not offered it (Rimene et al., 1998; Tangohau, 2003). In the 1980s, the **Māori** Women's Welfare League campaigned for the revival of **whenua ki te whenua** in the hospitalised birthing environment (Mead, 2003; Simmonds, 2009), and provision to allow **whānau** to attend the birth (Abbiss & Kunowski, 1999; Mead, 2003). In the context of current maternity care services, people spoke of being too **whakamā** to ask for the **whenua**,[142] particularly with earlier births, and noted regret (Rimene et al., 1998). There were also accounts of **whenua** being 'incinerated' or 'thrown out' rather than returned to the **whenua** (Palmer, 2002; Simmonds, 2009). While **tikanga** best practice guidelines that specify the **tikanga** around **whenua ki te whenua**, and the importance of **whānau** support, have been developed and applied across District Health Boards (Auckland District Health Board, 2003), further research is required to investigate the disjuncture in application (Moewaka Barnes et al., 2013).

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

[140] Be ashamed, shy, bashful, embarrassed.
[141] Treasure, anything prized - applied to anything considered to be of value.
[142] Placenta, afterbirth (also means land, country, ground)

uncomfortable (Tupara & Ihimaera, 2004). Differences in the subjective evaluation of pain may also represent a communication difficulty between **Māori** and western clinicians (Stones, 2004).

A bicultural partnership between **mātauranga** and **tikanga Māori** and **Pākehā** in maternity services is a possibility. This has been proposed by Kenney (2011), including aspects of: **whakapapa**, **whakawhānaungatanga**,[143] **whakarururanga**,[144] **whakaaetanga**,[145] **whakaritenga**,[146] **whakangungu**,[147] **whakawhirinaki**,[148] **whakamana**,[149] **oritetanga**,[150] and **mana motuhake**.[151] This may include further contemporary **mātauranga** and **tikanga Māori** including intuitive understandings, **mirimiri**, watching the coastal tidal patterns for cues about the birth[152] (see Harris & Harris, 2001 for a detailed account). It may involve viewing birth as special and a celebration of **mana wāhine**, teaching **mirimiri**, **karakia**, **te whare tāngata**, **whāngai u**[153] in the context of antenatal services (Rimene et al., 1998). Giving options for **whānau** to have greater agency, maintaining **tikanga** and **wairua** practices and resourcing through **whānau**, appreciating intergenerational knowledge and dynamic support, involving **tāne** (fathers, uncles and grandfathers) in birth could enhance the cultural relevance of maternity services for **Māori** (Moewaka Barnes et al., 2013; Reynolds, 2012). Assuming contemporary **mātauranga** and **tikanga Māori**, allowing **whānau** processes to be carried out according to **tikanga** is appreciated by those who experience antenatal (Abel, Finau, Tipene-Leach, Lennan, & Park, 2003; Ratima, Ratima, Durie, & Potaka, 1994) and maternity care by **Māori** midwives (Rimene et al., 1998).

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

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

MĀORI AND REPRODUCTIVE DECISION MAKING, TODAY

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

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

> *"The **kaupapa**[154] of **manaakitanga**, **whānaungatanga**, **kaitiakitanga**,[155] **mana tūpuna**,[156] and **tikanga** that emanate from them guide our dreams and aspirations. When I sit with our **kuia** and **koroua** at **hui**[157] they don't ask me how much I paid my cleaner, or what's the size of my pay packet? Their interest is in how many **mokōpūna** we have. And similarly, my heart just bursts when I disclose we have 6 children, 24 **mokōpūna**, 5 **mokōpūna tuarua**[158]" (p.3).*

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

In the presence of contemporary **mātauranga** and **tikanga Māori**, having children is considered a cultural norm (Glover et al., 2008), often framed as an assumption (Reynolds, 2012) that could be perceived as a pressure to have children (Glover et al., 2008). Having children gives an opportunity to be a mother, father, and grandparent (Glover et al., 2008; Reynolds & Smith, 2012) with gendered implications for **mana wāhine**[159] and **mana tāne**[160] (Reynolds, 2012). Infertility could bring about negative impacts or be stigmatising (Glover et al., 2008; Reynolds & Smith, 2012), with the prospect of having 'no issue' in **whakapapa** records viewed with sadness (Glover et al., 2008). Dominant western discourses that create imperatives to 'own your

[154] Topic, policy, matter for discussion (also means platform, layer and raft).
[155] Guardianship.
[156] The prestige of the ancestors.
[157] Gathering, meeting, assembly, seminar, conference.
[158] Great grandchild.
[159] The inherent prestige, authority and power of women.
[160] The inherent prestige, authority and power of men.

own home' and 'own your own baby' (Glover et al., 2008) facilitate a sense of entitlement to have children (Hiroti, 2011) and direct solutions away from traditional **whāngai** (Glover et al., 2008), or esteemed roles for those who did not have children (Hiroti, 2011).

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

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

CONCLUSION

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

Outlining the **mātauranga** and **tikanga Māori** that underlie reproductive processes, an integrated and holistic picture of spiritual, social, and ecological life emerges, where dignity and respect is granted across these domains of life, and reproduction maintains the harmony of these fundamental elements. Colonisation has

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unequivocally disrupted these common sense meanings of reproduction for many **Māori**, through generic government policies, urbanisation, economic imperatives, discrimination, and the imposition of western patterns of practice in health services. However, resistance to these colonising processes also occurs through everyday cultural practice and in health service provision. There is now a strong knowledge base that critiques research that characterises **whānaungatanga**, reproduction and sexuality solely as 'deficits,' or locates the constitution of this thinking within historical and contemporary western discourses of eugenics or dominant western discourses of successful reproduction that is bound with socioeconomic and ethnic privilege.

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

CHAPTER 3: METHODOLOGY

INTRODUCTION

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

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

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

DATA COLLECTION

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

[1] Education, knowledge, wisdom, understanding, skill.
[2] Correct procedure, custom, manner and practice pertaining to **Māori.**
[3] An approach that privileges the perspectives and protocols of **Māori** women.
[4] Relationship, kinship, sense of family connection.
[5] Men, males, husbands.
[6] Women, females, ladies, wives.
[7] **Māori** language and traditional practices.
[8] A research approach that privileges the perspectives and protocols of **Māori**.
[9] A respect for people.
[10] The seen face, present yourself to people face to face.
[11] Look, listen, speak.
[12] Share and host people, be generous.
[13] Be cautious.
[14] Do not trample over people's dignity.

point for researchers to consider during initial and ongoing engagement with participants and communities. I have italicised these concepts where I describe my engagement with them in the relevant sections of this chapter.

Guidelines for interviewing **Māori** are not found in textbooks (L. Smith, 2011), this is drawn out of the dynamics of **Kaupapa Māori** where understanding and coming to knowledge is formed in the process. Interviews were done in a participant focused way, and I endeavoured to meet the participants' requirements, being flexible with the arrangement of the interview. **Tikanga** ensuring that the **mana**[16] of participants was maintained took precedence over my research or analytic agenda (Glover et al., 2004). Participants were interviewed 'one-on-one', which is a useful approach for eliciting personal accounts (Arksey & Knight, 1999) in the context of a sensitive topic like reproduction that involves discussions about relationships, sexuality, **te whare tāngata**,[17] and **whānau**.[18] Semi structured interviews offered participants flexibility with answering the question, allowing them to discuss a broader 'story' about their experience and expand on aspects of their experience not directly elicited by questions from the interview schedule.

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

Discussions occurred prior to the interview to ***whakawhānaungatanga***[20] (L. Smith, 2006), obtain informed consent and attend to the ***wairua***[21] of the interview. Using the written consent form (see appendices F, G, H and I) as a guide, I discussed how the participants' information would be used in the project, gave them the opportunity to ask questions and sign the consent form. I recited a **karakia**[22] at the start and finish of the interview if participants were agreeable to this, or asked if there was another they preferred. Throughout this process and the interviews I maintained a view of ***aroha ki te tāngata*** (L. Smith, 2006), ensuring participants were comfortable with the interview arrangement and questions asked.

Participants were given the opportunity to have the interviews at the University (7), my home (5), their home (20), workplace (7) or **marae**[23] during recruitment at **marae wānanga**[24] (4). While the vast majority of interviews were done in a private location, some participants did not wish to be interviewed in a location away from their partner or children. In cases where participants' insisted on this arrangement, I agreed and their

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

whānau were present for the duration of, or parts of the interview. Protocols were also established in order to ensure my safety during the interviews. When doing an interview inside a participant's home, I would attend with someone who had introduced us.

All general participant interviews were conducted ***kanohi ki te kanohi*** (L. Smith, 2006). In one interview (M9) with a participant I had prior history with, I utilised a computer program 'Skype' which allowed us to have an interview 'live chat' with computer video cameras ***kanohi ki te kanohi*** while the participant was overseas. One key informant interview (KI6) was conducted over the telephone due to differences in location, financial constraints associated with meeting ***kanohi ki te kanohi*** (L. Smith, 2006) and an absence of 'Skype' technology. In this instance, measures were taken to ensure the participant was satisfied with the interview content, and I sent her a copy of the transcript to review and inform me of any material she would like omitted from the analysis or any ambiguities about my representation of her; no changes were made.

With consent, the interviews were audio-recorded and later transcribed. Attempts were made to ***manaaki ki te tāngata*** (L. Smith, 2006) and participants were offered a **koha**[25] in the form of a $20 petrol voucher and **kai**[26] during the interviews. Participants were not offered audiotapes of their interviews, or their transcripts (see later section on sending participants transcripts in this chapter); however, a summary of the research findings was made available for participants on completion of the research, if they wanted it. Participants were also informed at the beginning and end of the interview that they could contact me if they would like to withdraw any of their data or information from the study up to one month after the interview.

GENERAL PARTICIPANT RECRUITMENT AND INTERVIEWS

I chose to focus on men's and women's experiences of fertility, reproduction and parenting in this thesis as the majority of research in this area has been conducted solely with women. Research that focuses on **wāhine** and excludes **tāne** in this area has been problematised as it mutually reinforces men's lack of responsibility and involvement (Greene & Biddlecom, 2000). The inclusion of **tāne** in this research is appropriate for **Māori**, as culturally, reproductive decision-making is a **whānau** responsibility (Irwin, 1992; Rimene et al., 1998). It is likely that the absence of men's' narratives from **whānau** discourse stems from the influence of dominant western discourse that views child rearing and domesticity as women's' responsibility; through **tikanga Māori**, children are seen as the responsibility of the wider **whānau**. I aimed to interview people from a range of **iwi**[27] (see Table 1), of different ages, genders, sexualities, occupations, rural/urban geographies, and parents/non parents (summarised in tables 2-3, below).

[25] Gift, present, offering, donation, contribution.
[26] Food (also means to eat).
[27] Tribe (also means strength, bone).

Table 1. Participant demographics: iwi representation

Iwi	Participants' stated iwi
Ngapuhi	27
Te Rarawa	14
Te Aupouri	3
Tuhoe	3
Te Roroa	2
Ngāti Manawa	2
Whakatohea	2
Ngati Kahu	2
Ngati Kahungunu	2
Ngati Awa	1
Ngati Mahuta	1
Ngati Maniapoto	1
Ngati Po	1
Ngati Whatua	1
Tainui	1
Te Arawa	1
Kai Tahu	1
Rangitāne	1
Ngati Maniapoto	1
Ngati Tuwharetoa	1

Sixteen **wāhine** and fifteen **tāne** who identified as **Māori** were interviewed about their views, beliefs and experiences around fertility, reproduction and parenting. General participants for this study were required to culturally identify as **Māori** and have **Māori** ancestry, given the research aims to explore **Māori** cultural perspectives on fertility, reproduction and pregnancy. Participants were required to be over the age of 18 years old, in order to give informed consent. Overall, a wide range of ages, from **rangatahi**[28] to **kuia**[29] and **koroua**[30] were included (see Table 2). I was interested in the views of people both who had and did not have children. The majority (25/31) of general participants were parents themselves – 15/16 Wāhine and 10/15 Tāne, with an overall average of three children each. Of the 12 key informants, 10 had children, with an overall average of four per parent (see Table 1). The majority of participants were heterosexual; one **tāne** general participant identified as gay, and another two participants (one **wāhine** general participant and one key informant **wāhine**) refuted *any* categorisation of their sexuality (see Table2).

[28] Younger generation, youth.
[29] Elderly woman, grandmother, grand aunt.
[30] Elderly man, grandfather, grand uncle, papa.

Table 2: Demographic summary of general and key informant* participants

Demographic category	Specific detail	General participants (31)		Key Informants (12)	
		Wāhine (16)	Tāne (15)	Wāhine (10)	Tāne (2)
Age	20s	4	4	0	0
	30s	1	2	2	0
	40s	2	6	0	0
	50s	6	2	5	0
	60s	0	0	1	0
	70s	2	1	2	2
	80s	1	0	0	0
Gender	Wāhine	16	0	10	0
	Tāne	15	0	0	2
Sexuality	Heterosexual	15	14	9	2
	Gay/Lesbian	0	1	0	0
	Refute categorisation	1	0	1	0
Location	Urban	10	11	8	1
	Rural	6	4	2	1
Children	Have children	15	10	8	2
	Do not have children	1	5	2	0

*Key informants described more fully in next section

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

Table 3. General participant demographics: occupation

General participant occupations	Gender		Total
	Wāhine	Tāne	
Beneficiary	4	2	6
Construction/ transportation	0	5	5
Community health	1	3	4
Pensioner	3	1	4
Lecturer/ research	1	3	4
Stay at home parent	3	0	3
Student	3	0	3
Admin/ teaching	1	1	2

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

[31] A **Māori** research study space in the School of Psychology, The University of Auckland.
[32] A **Māori** research study space at The University of Auckland.

what the research involved, scheduling an interview at a location and time that suited both the participant, and I.

While a diverse range of people were recruited (see tables 1, 2 and 3 for participant demographics), this research cannot, and does not, represent the views of *all* **Māori**. Further, the aim of the research is not to generalise to all **Māori**, given that not only are there **iwi**, **hapū**[33] and **whānau** differences (Mikaere, 2010; Pihama, 2001) but individual differences, and various levels of engagement with dominant western discourse. Therefore, this research aims to access rich detailed descriptions of *some* **Māori** perspectives on fertility, reproduction and parenting, situating them within broader social norms and contexts.

Interviews lasted an average of 68 minutes; ranging from 23 minutes to over two hours. At the start of the interview I explained the format of the questions I intended to ask in order to assist them to know what to expect, upholding their **mana**,[34] in order to ***kaua e takahia te mana o te tāngata*** (L. Smith, 2006). I mentioned that some of the questions may seem strange, or common sense, but that I was interested in explanations and reasons behind these assumptions we hold in common. I also asked questions to ascertain demographic information about the participant, their **iwi**, gender, age, occupation, current locality, number of pregnancies, children, their current ages, and grandchildren. During some of the interviews it emerged that some general participants had experience in relevant health services and an in-depth knowledge of ***te reo me ona tikanga***. In these interviews I allowed the participants to speak about their work experience, and made use of this data during the analysis. In extracts where general participants spoke about pertinent work experience, I have referred to their role such as '**kaumātua**'[35] in parenthesis with other relevant demographic information *[**Kaumātua**, **tāne**, 40s, rural]*.

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

In some cases, participants narrated the story of their life, and experiences relating to fertility, reproduction, and parenting across the generations, or work experiences. When participants chose to respond in this way, I allowed them to continue, noting when they were covering points of experience relating to the interview questions and any possible probing questions. When they finished their **kōrero**[36] I noted areas of my schedule that they had responded to, followed up with probing questions and asked any remaining questions. This manner of responding to questions suited the aims of my research, as questions were deliberately broad, aiming to generate personal stories and experiences and elicit participants' personal beliefs on these issues.

[33] Subtribe (also means to be pregnant, conceived in the womb).
[34] A supernatural force in a person, place or object. **Mana** goes hand in hand with **tapu**.
[35] Elder. In this research it refers to chosen experts who have knowledge of **mātauranga** and **tikanga Māori.**
[36] Narrative, speech, conversation, discourse.

The broad areas for interview questions were refined and developed in relation to the literature and early interviews (and piloted). Interviews with general participants focussed around their personal experiences of starting families and having babies, the importance and role of children in their **whānau**, their age when they had children and level of support (personal networks, government, and health services), the size of their **whānau**, and positive and negative experiences in this process. I asked these participants whether they thought **Māori** have different views to **Pākehā** on these issues, their views of recent media accounts of **Māori** fertility and the ways **Māori** are portrayed.

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

KEY INFORMANT RECRUITMENT AND INTERVIEWS

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

Table 4. Key informant areas of expertise

Key informant areas of expertise	Number of key informants
Kaumātua	5
Researchers	3
Government	1
Clinicians:	9
Sexual health	1
Mental health	4
Maternity	1
Abortion	2
Infant care	1
Church	2

It was difficult to recruit **Māori** key informants as I encountered health services that did not employ *any* **Māori** staff, yet saw **Māori** clients; persistence was needed to identify **Māori** staff members within health care organisations, and specific **Kaupapa Māori** services (see table 4 for key informants' areas of expertise, and tables 1, 2, and 3 for key informants' demographic information). In approaching potential key informant participants, I emailed, phoned, or met with managers of the agencies of interest (such as **Māori** midwifes,

marae, Plunket, Family Planning), explaining my research, and asking if there was likely to be any **Māori** staff within the service who might want to participate. Once Managers were willing to let me disseminate information on my research to staff, I emailed participant information sheets to them, with my details for them to contact me. This method yielded few participants, and it was rare that I received responses. All participants who were interviewed were recruited through ***whakawhānaungatanga*** and networking with colleagues who recommended colleagues or friend of theirs.

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

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

After piloting, I reshaped the interview schedules to be nuanced differently for health professionals and researchers (see appendix L) and **kaumātua** (see appendix M). Both schedules retained the demographic questions but formal questions about key informants' personal experiences were omitted in order to focus on participants' expertise in sexual and reproductive health knowledges. Instead, I asked participants to discuss personal experiences as they became relevant. All key informant participants were asked what they saw as the influences that encourage and discourage **Māori** from having children today, over the last one hundred years; **kaumātua** were additionally asked about the **tikanga** behind this and influence of ***wairua*** and **whakapapa**;[37] health professionals and researchers were asked if they saw **whāngai**[38] practiced today. All key informants were asked for their perspectives on current research statistics that compared **Māori** with non-**Māori** in relation to childbearing ages, total fertility rates, abortion and sexually transmitted infection (STI) rates; participants were also asked whether they thought these were outcomes of a shift in **tikanga**. An implicit motive was also to ascertain key informants' responses to the presentation of statistics, in relation to **Māori** comparison with non-**Māori**, common in *deficit focussed research* (see section on **tino rangatiratanga**[39] in prior chapter). All key informants were then asked questions specific to their particular occupations; what traditional practices they saw retained, how they facilitated and supported this and what they saw the future hold for **Māori** protocols around fertility, reproduction and parenting. Health professionals and researchers were asked about their clients' main challenges and their approach to support them. I also asked how clients came through these difficulties, whether the clients they saw were using contraception and what further support agencies were available to them. I was also interested in current sexual and reproductive health campaigns, asking whether they knew of any that took a **Māori** focus, whether traditional knowledges were incorporated, and how **Māori** were represented.

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

DATA ANALYSIS

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

ONTOLOGY

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

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

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

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chapter). Understanding the embodied experience of ***wairua*** (Pihama, 2001), interconnection with the natural world and our relationships with others, past and present, conscious and unconscious, forms an integral influence on our sense of self, our embodied subjectivity.

EPISTEMOLOGY

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

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

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

TRANSCRIPTION

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

[40] The ever changing world.

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

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

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

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

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

THEMATIC ANALYSIS

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

On a practical level, the analysis followed the six phases outlined in Braun and Clarke's (2012) guidelines for thematic analysis (these six phases are italicised in the proceeding paragraphs). Following data collection, the interviews were transcribed and time was spent on *familiarisation with the data*. This involved either

transcribing audio recordings or listening to the audio recordings while checking the accuracy of the transcripts, multiple readings of the texts, examining each transcript to identify all instances of talk related to the participant's beliefs, personal decisions or experiences around fertility, reproduction and pregnancy. I kept a diary of my initial analytic ideas through this phase, which assisted me to make meaning from the data.

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

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

METHODOLOGICAL AND ETHICAL ISSUES

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

TRANSPARENCY IN THE RESEARCH PROCESS

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

Several factors impeded my ability to mitigate these concerns. First, the visibility of my **Māori** identity is not obviously salient unless people know my **whānau**. I have light skin in winter, or during summers 'in the lab', blonde hair and a French surname. The lack of any **Māori** academic staff in the Psychology department at the University of Auckland at the time of my enrolment in early 2007 meant my supervisors were **Pākehā**. I was

an emerging researcher, and consequently did not have any established publications, or oratory presentations by which people may have judged my capability to do **Māori** centred or **Kaupapa Māori** research. I was also in a learning position with regard to ***te reo Māori me ona tikanga*** (Pihama, 2001).

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

Piloting my research assisted in this process and I could be transparent about my research once I had analysed some data through which to constitute my analytic ideas, based on my participant's **kōrero**. Those who engaged with me in recognising my history, and the **tikanga** and ***wairua*** of this process, enabled me to continue to work safely through the terrain of **Kaupapa Māori** research. Ongoing support from my cultural advisor, Dr. Paul Reynolds; my **rangahau whānau,** Liz Wootton, Pikihuia Pomare, Terryann Clarke, and Alayne Hall; **kaumātua**[41] Pereme Porter, Anaru Peita-Whare Tohunga, Chrissy and Pio Jacobs have assisted me through this. Attending to the ***wairua*** and receiving guidance from my **tūpuna**[42] also provided key affirmation for the work I am doing to benefit **Māori**.

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

Representation

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

[41] Elder. In this research it refers to chosen experts who have knowledge of **mātauranga** and **tikanga Māori.**
[42] Ancestors (also means grandparents; western dialect).

be objective has been criticised for concealing the biases of the researcher, hiding their own agenda behind the façade of their participants' 'voice' (Fine, 2002) and that researchers should acknowledge their influence in this, framing the narratives of participants' lives (Mac Millan, 1996).

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

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

Allowing a spiral discourse to develop during an interview also provides some safeguard in protecting participants from mis-representation. The participant and researcher co-construct knowledge as participants shape and refine ideas in response to verbal and non-verbal cues from the researcher (Bishop, 2005). A continuation of the research relationship, when desired, also maintains a respect, **aroha**[43] and **manaaki**[44] to the participants who have been generous in sharing their stories. Such processes are essential to ensure ***kaua e takahia te mana o te tāngata*** (L. Smith, 2006), respecting the **mana** of the participants in research where representation is a theoretically difficult endeavour.

SENDING PARTICIPANTS TRANSCRIPTS

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

[43] Affection, sympathy, charity, compassion, love, empathy.
[44] To support, take care of, give hospitality to, protect, look out for.
[45] Topic, policy, matter for discussion (also means platform, layer and raft).

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

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

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

While there is considerable potential for the practice of sending participants' transcripts to work in the best interests of participants, in this study, I used my judgement on sharing transcripts on a case-by case basis. Drawing from critical realist ontology with an understanding of participants' accounts as complicated, internally contradictory with variability over time, and constituted by the articulation of various social formations, my default position was to not offer transcripts to participants. Participants were given the opportunity to be interviewed according to a narrative style, and many articulated accounts of trauma when outlining narratives of sexual, relationship, whānau histories, abortion, and engagement with health services, and there was the potential to share transcripts with participants in a manner that was therapeutic. However, as this topic had the potential to raise multiple and complex traumatic and challenging experiences for participants that had not

been discussed with anyone before, the possibilities of re-traumatisation from encountering a transcript, and possible risks to confidentiality, were considered to outweigh potential benefits of sending them their transcripts. Furthermore, the prospect of tidying transcripts to make these more readable appeared too time consuming and beyond the scope of a time pressured doctoral thesis that involved in depth analysis with a (relatively) large number of participants (for a qualitative research project). Transcripts were however, offered to two participants (KI6 and M9) due to restraints associated with meeting one participant ***kanohi ki te kanohi*** (KI6) and interviewing one participant from overseas (M9) (see explanation for this in data collection section). One participant accepted the opportunity to read her transcript (KI6); this was tidied to remove 'Umms' and repetition of information, and the participant did not ask for any changes to be made to her transcript. Furthermore, in the interest of maintaining ***aroha ki te tāngata***, and respecting those who have shared their stories with me, I have provided participants with a summary report of the findings written in accessible language.

SENSITIVE RESEARCH

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

TE REO MĀORI

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

Engaging with participants who spoke in **te reo Māori** was also important. Participants' spoke with varying degrees of **te reo Māori** during informal conversations and during the interview**.** The majority of participants spoke in English, some frequently drew upon **te reo Māori** terms (21), others deepened this engagement

through discussing **whakataukī**[46] and common phrases (5), and one participant spoke with even amounts of **te reo Māori** and English. I was able to understand **te reo Māori** terms and common phrasings that participants used, and participants offered translations as they knew that I was not fluent in **te reo Māori** and needed some assistance.

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

[46] Proverb, saying, cryptic saying, aphorism
[47] A white jade/greenstone.

Bestpfe.com

CHAPTER 4: CONTEMPORARY REPRODUCTIVE LIVES IN THE CONTEXT OF **MĀTAURANGA** AND **TIKANGA MĀORI**

So far, I have outlined my motivations for doing this research, reviewed the relevant topic and methodological literature, and described the design of, and methods applied to, this project. These prior chapters have laid the groundwork for the present analytic chapters, with relevant literature contextualising my analysis of participants' accounts and methodology chapters explaining my process and approach to data collection, analysis and presentation of participants' material. The present chapter is the first analytic chapter of three that analyses participants' accounts of their reproductive lives. These accounts span experiences raising children and reflections on the meaning of children in participants' lives; desires and motivations to have children; personal decisions to conceive or terminate a pregnancy, seek adoption, assisted human reproduction or **whāngai**;[1] reflecting on their upbringing and experiences they wanted their children to have. In this chapter I seek to understand how is the **mātauranga**[2] and **tikanga Māori**,[3] described in chapter two, carried through the contemporary lives of **Māori**? How are these concepts being reworked and reshaped by contemporary **Māori**? How do participants' common sense descriptions of children and child rearing practices characterise reproductive lives? How might the socialisation of children to the practice of **whānaungatanga**[4] create future reproductive expectations or positive circumstances for raising children? How was **whakapapa**[5] relevant to reproductive choices and decisions? How did **wairua**[6] influence reproductive decisions?

In this chapter, participant accounts of their reproductive lives drew upon **mātauranga** and **tikanga Māori** in diverse ways, with variable articulation in **te reo Māori**[7] to anchor these concepts, and overlap with western patterns of practice. In the first section, **he tamaiti he taonga**,[8] a more theoretical and abstract understanding of children was described by participants with less grounding in active processes and practices. Consequently, more interpretive work was required to demonstrate the continuity of reworked **mātauranga** and **tikanga Māori** in this section. By contrast, accounts in the latter sections provide an account of participants' lived experiences of the cultural practices under investigation, with greater persuasiveness for participants' immersion in distinctive **mātauranga** and **tikanga Māori** pertaining to reproduction. Participants in this study did not exclusively describe their reproductive lives in terms of **mātauranga** and **tikanga Māori** (discussed in this chapter) *or* western ideologies and philosophies (discussed in chapter five), and walked between two worlds, often negotiating multiple perspectives. Patterning across the structural divide of these two chapters was observed, however, this will not be explored in these chapters (chapters 4 and 5) but will be analysed in the final thesis conclusion.

HE TAMAITI HE TAONGA

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

[1] To raise, adopt, nurture (also means to feed).
[2] Education, knowledge, wisdom, understanding, skill.
[3] Correct procedure, custom, manner and practice pertaining to **Māori**.
[4] Relationship, kinship, sense of family connection.
[5] Genealogy, lineage, descent (also means genealogical table).
[6] Spirituality, spirit, soul, quintessence - spirit of a person which exists beyond death.
[7] **Māori** language.
[8] A child is a gift or treasure.

List of research project topics and materials

explore how children enrich the lives of the parents and inform an inclination towards wanting children in reproductive decisions. The following participant's account threads these concepts together:

> *Jade: What did it mean to have a family?*
>
> *Participant: It means everything. You've shared something, you're responsible for little humans, which is very important, give them the best you can, education, you know, and health. Give them everything that they deserve, that they need [**Wāhine**, 80s, rural].*

For this participant, a **kuia**[9] in her 80s reflecting on having five children, children were considered to be a central aspect of her life, meaning 'everything' to her. She also describes the meaningfulness of sharing this process in the context of a couple relationship, creating a being and raising them, giving them the 'best', and ensuring that basic and complex needs were met. This account may be read to indicate a continuity of traditional **mātauranga** and **tikanga Māori** that centre children in a privileged position in the **whānau**,[10] like the metaphor for **whānau** with **harakeke**[11] (Metge, 2001). It is also consistent with contemporary **mātauranga** and **tikanga Māori** that position having children as a cultural norm (Glover et al., 2008), often framed as an assumption (Reynolds, 2012) that could be perceived as a pressure to have children (Glover et al., 2008). Like the majority of accounts in this section, this account is not specifically anchored in **te reo Māori** concepts and may also represent a shifting and eliding cultural amalgamation with various western notions of children. There is considerable cultural variability across various western views about children and parenting (Harkness & Super, 2006) with different cultural values placed upon children (Robertson, Rogers, & Pryor, 2006) and discourses of compulsory motherhood influencing reproductive decisions (Ulrich & Weatherall, 2000). While this positive view of children and having children directly informed this participant's motivations to have children, in many further accounts, such views of children backgrounded reproductive decisions.

SPECIAL STATUS OF CHILDREN

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

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

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

[9] Elderly woman, grandmother, grand aunt.
[10] Extended family (also means to be born, to give birth).
[11] New Zealand flax, *Phormium tenax.*

children is considered to bring about an opportunity to give and receive love (Langdridge et al., 2000; Langdridge et al., 2005) and pleasure through watching children develop (Baker, 2006). Protection for children was emphasised in further accounts, including one that drew upon concepts anchored in **te reo Māori** describing the links between children, **atua**[12] and **whenua**.[13]

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

For this participant, who did not have children, but was involved with raising his nieces and nephews, children were considered in relation to the spiritual and ecological elements of human experience. This aligns with concepts of equi-systemic-sovereignty (P. Porter, personal communication, 16th December 2010), an interactive relationship with kin, the flora and fauna (Jahnke, 2002), and a dynamic relationship between **atua**, **tāngata**,[14] and **whenua** (Tate, 2010), that have been described in relation to traditional concepts of reproduction. In the present extract these concepts are also anchored within the process of raising children. Extending a perspective that children are considered to be manifestations of **tūpuna**[15] from the past, and unborn children of the future (Jenkins & Harte, 2011), in this account they are also interconnected with **atua**. Understanding and protecting the relationships between children, **tūpuna**, and **atua** leads to a position that protects these domains and cherishes children. This account also aligns with research suggesting that punitive discipline of children was an affront to **tūpuna**, breaking their **tapu**[16] (Jenkins & Harte, 2011). Across the breadth of these accounts, children in the context of a broader **whānau** collective were a highly valued and enriching aspect of participants' lives, backgrounding a subtle facilitation to have children or be around children.

CHILD FOCUSSED PARENTING

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

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

This participant described the process of becoming a parent as a transformative trajectory, emphasising the consistency across biological and adoptive parenting. This re-orientation and shift in attitude to life was attributed to being 'embroiled with' another being, with positive implications and 'joy' experienced. Being 'embroiled' with a child (or children) matches the metaphor for **whānau** with a **harakeke**, and the way that the broader **whānau** wrap around the child(ren), the **te rito**,[17] centre (Marsden, 1977), potentially relating to early

[12] Supernatural being. Literally translated in English as 'Potential being from beyond' (T. Smith, 2009).
[13] Land, country, ground (also means placenta, afterbirth).
[14] People, persons, human beings.
[15] Ancestors, grandparents.
[16] The restricted and controlled access to other human beings (Tate, 2010).
[17] Centre shoot, undeveloped leaves of New Zealand flax, *Phormium tenax*.

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

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

Making major **whānau** decisions, such as where to live, for the benefit of children was common among participant accounts. While this may not necessarily translate to a value system that positions children as *the* most important aspect of family life, consideration for their children's future education shaped broader **whānau** decisions. For the current participant, this was facilitated by having easy employment transferability contrasted with immersion in a career and notion of a 'high brow job' potentially supplying a different value imperative and less flexibility in workplace location (see chapter 5 for an alternate view and analysis of class pertaining to reproductive decisions). Research has noted that **Māori** shifts from rural **papa kāinga**[18] to urban areas have been motivated by employment and tertiary education ambitions (L. W. Nikora et al., 2004; L. W. Nikora, Rua, Awekotuku, Guerin, & McCaughey, 2008), and in this account was facilitated by parents' considerations for their children's envisioned future and possibilities for education.

Illustrating modes of social organisation for the positioning of children at the centre of the lives of their parents in the context of contemporary **mātauranga** and **tikanga Māori**, another participant, who had two children, spoke about the ways that her **marae**[19] were structurally organised to be focussed around children within the collective.

> *Jade: Um and was there anything else you wanted to add um about your experiences or just (1.0) or anything you can think of that links to [the subject of **Māori** and reproduction] -*
>
> *Participant: I know when we go onto a **marae** there's always lots of kids around (Jade: mm) and things are set up so that - as you know, they're fed first separately. Um which is good, and then they all go out and play (Both laughing) While the adults eat. (Jade: yeah) Yeah. Um (2.0) and they're just kind of integrated into the whole thing on a **marae** you know they just wander in and out and nobody stops them and if someone says they're hungry well they're given food [**Wāhine**, 50s, urban].*

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

[18] Original home, home base, village.
[19] Community facility where **hapū** collectives discuss political and social matters, and host important events such as funerals.

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

ASPIRATIONS TO HAVE CHILDREN

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

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

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

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

For this participant, who wanted to have children but was delaying this, having children was taken for granted and assumed. Questioning whether or not to have a large family was a more pertinent reproductive decision,

with some discrepancy noted between his ideals and those of his partner. For rural **whānau** of earlier generations, bearing many children was typical (Rimene et al., 1998) and prior to urbanisation, having many children functioned to build a **hapū**[20] (C. Jacobs, personal communication, 12th June 2013). While these traditional **mātauranga** and **tikanga Māori** concepts are not explicitly acknowledged in participants' accounts, aspects of this value system may trickle across the generations through many of the beliefs espoused in this chapter, including those that value many children in the context of **whānau**. While urbanisation (Pink, 2001; Pomare, 1995), contraception, and participation in employment (Pomare, 1995) has contributed to many **Māori** having fewer children than was normative for previous generations, many participants in this study prioritised having more children than current western norms. For the next participant, who had many children, prioritising children was linked to discouragement from seeking abortion.

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

Reinforcing the valence of **mātauranga** and **tikanga Māori** in contemporary lives, this participant also described the way that urbanisation opened the doors to different cultural norms and practices that can constitute reproductive decision making for **Māori**. Inferred in this account, **tikanga Māori** that encourages reproductive decisions in favour of having children and consider abortion to be **tapu** are contrasted with the alternative view that frames abortion as a considered possibility. This is consistent with literature that suggests abortion is perceived negatively by **Māori** (Hiroti, 2011; Manihera & Turnbull, 1990; Rimene et al., 1998; Tate, 2010; Turia, 2004, 2007). Alluding to the availability of new feminine configurations that consider abortion a possibility, this participant may be speaking to the differences between discourses of reproductive decision making that prioritise agency of **wāhine**[21] and those that prioritise the agency of **whānau**, where **whāngai** may be a preferred solution to unplanned **hapūtanga**[22] (see chapter 6 for a fuller discussion about abortion).

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

RELATIONAL ASPECTS OF WHĀNAUNGATANGA

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

[20] Sub tribe (also means to be pregnant, conceived in the womb).
[21] Women, females, ladies, wives.
[22] Pregnancy.

Pihama, 2001; Pihama & Penehira, 2009), this remains a relevant concept that is practiced within the lives of contemporary **whānau** (Durie, 2001; S. Edwards et al., 2007; C. Smith, 2010; Tangohau, 2003). Rich networks and intensive levels of support for those who have children cultivate favourable circumstances to raising children, which may further underscore, or explicitly facilitate, reproductive decisions to have children.

DIVERSITY AND RICH NETWORKS

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

> *My brothers – they, they're just to be around. My little brother to be funny and my older brother to be, you know, be a businessman that sort of thing just - just to have examples of of men mm... just to see what people are like, just to observe, just that background information you store away and think 'oh yes she's just like Aunty Ngahuia' you know the, the sort of family oriented... You know it doesn't have to be high morals it can be the, the good things in life, you know... show kids that you can have fun eating... [or] being serious and you know telling you... 'don't touch that guy I wouldn't let him look after my dog'... just being ordinary and kind, and yeah, and considerate and funny and fun [**Wāhine**, 50s, urban].*

In this participant's account, the presence of her brothers and sisters in the lives of her children gave examples of people who modelled a constellation of different possibilities and different ways of being, excelling, and enjoying life. The value in being 'ordinary', yet being able to break the ice through humour is also emphasised among these **whānau** archetypes. Having bonds with **whānaunga**[24] is considered to strengthen **whānau** identity in contemporary lives (S. Edwards et al., 2007; Kingi & Waiti, 2011), and in this account, also shaped individual identity. In this extract, identity is constituted among the myriad of **whānau** relationships, allowing children the opportunity to identify with diverse **whānau**, and build up an information pool, a foundation, providing resources to be a person in the world. These functions, outlined in this account, may also be facilitated by the quality of **whānau** relationships, as they are enduring and enable children to be supported in a pathway to ensure their success and achievement (C. Jacobs, personal communication, 12th June 2013).

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

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

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

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

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

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

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

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

[25] Elder sibling of the same gender.
[26] Younger sibling of the same gender.
[27] Grandchild, descendant - child or grandchild of a son, daughter, nephew, niece, etc.

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

Experience with children

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

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

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

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

For this participant, who went on to have two children, she recalled a childhood experience holding her baby brother that evoked happiness in her. This positive experience that endured in the participant's memory, conveyed a positive and special quality of children, informing the perspective of someone who went on to have children in her adulthood. The influence of **aroha**[28] for babies and children around them was frequently

[28] Affection, sympathy, charity, compassion, love, empathy.

mentioned in participants' accounts of wanting to have children. This corresponds to contemporary literature that suggests that **Māori** view children as a gift (Hiroti, 2011) that enhances a person's **mana**[29] (Glover et al., 2008). It also relates to western research that suggests pleasure in watching children develop is a motivator for having children (Baker, 2006) and extended in this study to include simply being around children and enjoying positive moments in their company.

AROHA, MANAAKITANGA,[30] WAIRUA

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

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

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

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

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

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

[29] A supernatural force in a person, place or object. **Mana** goes hand in hand with **tapu**.
[30] Hospitality, kindness.
[31] To guard, keep (also means to look after, nurse, care, protect, conserve, save [computer]).

*hell or high water she put it in, her time at [work], off she went. Oh yeah those sorts of ah things we have and those sorts of things we fix up ourselves because of the strong ah thing from the **whānau** [**Kaumātua**, **Tāne**, 70s, urban].*

This participant attributed their strong **whānau** bonds to their piqued sensitivity to **wairua** that enabled them to **manaaki**,[32] **tiaki**[33] and support one another. From this account, having an accurate sense of whether something was wrong in the life of a **whānaunga** was enabled through the **wairua**. The approach taken within this participant's **whānau** to nurture and acknowledge the **wairua** of their children is consistent with contemporary literature that positions the development of children's **wairua** as important (Jenkins & Harte, 2011). Reproductive decisions are backgrounded by the **tikanga** of **aroha**, **manaakitanga** and **wairua** that have persisted from traditional through to contemporary accounts of **whānaungatanga**.

WHĀNAU SUPPORT

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

*So I went straight from high school to uni because I thought well what else am I going to do? (laughing)… so I had my son in the first semester and then I came back and... my Mum had him at [**Kaupapa Māori**[34] based work] with her which was you know which was great because he was in a **whānau** orientated environment and I'd feed him, express milk and go off to my class because Nanny would have him and then I'd come back and take him again… At the time it was just like mm didn't think anything of it [**Wāhine**, 20s, urban].*

For this participant, a **rangatahi**[35] parent who went on to have another child, having her mother's support to look after the baby while she attended University lectures meant her plans for education were not disrupted. The location of her mother in a **whānau** oriented environment made this support a possibility. In the current literature, **rangatahi** mothers are frequently excluded from the neoliberal concept of success that is premised on an individual striving for education and career achievements (Wilson & Huntington, 2005) and parenting in the context of a nuclear family. The present account diverges from this neoliberal construct, where the location of this participant's mother in a child friendly environment made this support a possibility. While neoliberal discourses consider unplanned, early reproduction to be the consequence of a 'poor reproductive choice' that constrains **wāhine** participating in education and career (Breheny & Stevens, 2007; Macleod, 2011; Wilson & Huntington, 2005), this participant was supported by her **whānau** in her ambitions to be a mother and a student working towards a career. This investment of **whānau** support offset any negative outcome in educational attainment, for this participant. This aligns with research that suggests an absence of negative outcome for mother and child in communities where **rangatahi** childbearing is supported (Macleod, 2011; Rawiri, 2007; Rimene et al., 1998).

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

[32] To support, take care of, give hospitality to, protect, look out for.
[33] To guard, keep (also to look after, nurse, care, protect, conserve, save [computer]).
[34] An approach that privileges the perspectives and protocols of **Māori**.
[35] Younger generation, youth.
[36] To raise or adopt temporarily (also means to show kindness to).

project topics and materials

Translated, **atawhai** means 'to show kindness to someone' (Moorfield, 2013) and also describes the temporary care of children by relatives (C. Jacobs, personal communication, 12th June 2013). In the present account, the **atawhai** process was led by the grandmother, without the involvement of courts or procedures that remove the child from the care of their parents. The practice of **atawhai** has been traditionally favoured as it provides an enriching environment for the child, who is able to maintain contact with the parents alongside **whānau** who assist them to raise the child (C. Jacobs, personal communication, 12th June 2013). Illustrating an even more intensive level of **whānau** support for **rangatahi Māori**[37] parents is the practice of **whāngai**, which may represent an alternative or contrary position to abortion.

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

For this participant, who had six children, and was anticipating a first **mokōpūna**, tensions between her offer to **whāngai** the child, and her son's girlfriend's decision to seek an abortion were fore grounded in her account (see chapter six for a more detailed discussion on cultural positions around abortion). From **mātauranga** and **tikanga Māori**, **whāngai**, a **Māori** process of adoption where the child is raised by another member of the **whānau**, is a possible solution for people who are not in a position to care for a child (Jahnke, 2002; C. Smith, 2010). Demonstrated in this account, the practice of **whāngai** gives **whānau** the opportunity to take responsibility for the reproduction of its members. This aligns with contemporary literature that suggests that new life is considered in relation to **whakapapa**, and the way the child is embedded within the collective mana of the **whānau**, **hapū** and **iwi**[38] (Turia, 2007).

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

WHAKAPAPA

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

[37] Young **Māori**.
[38] Tribe (also means strength and bone).

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

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

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

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

Drawing on the concept of **whakapapa**, this participant described how his children will allow him to continue living, giving him a sense of completion in his life. While he emphasised the gendered lineage of this concept, which demonstrates the infiltration of western concepts of patrilineal genealogy within **Māori** concepts of **whakapapa** (Mikaere, 1994), this concept was also drawn upon by **wāhine**. In this participant's account, a value system is presented that privileges the enjoyment of children, where 'richness' is considered in terms of 'familial achievement' and a continued legacy through children, and where parenting and the work associated with raising children is strongly valued. While positioning himself as financially 'poor', he contrasted this with the account of his Uncle who was described as less well off despite being financially wealthier, because he had experienced significant loss after the passing of his son, and was therefore without a patrilineal whakapapa line.

Nurturing future generations through parenting was seen as a significant accomplishment in many of the accounts (Taonui, 2010). While this aligns with **Pākehā** views about investing in, and protecting future generations (Gaba, 1999) it is also an important aspect of protecting **whakapapa** for **Māori**. For instance, intergenerational awareness was contained in a participant's translation of **te reo Māori** concepts of parenting. This participant, who had six children spoke about the word **mātua**, which means 'parent', and has a deeper meaning: to "*take whoever is under their, their arms or, or their control, to take them forward" [**Kaumātua**, **tāne**, 40s, rural]*. He also discussed the term **whāngai**, which has been introduced in this chapter and means to 'raise another as your own' also meaning to *"constantly feed… from the old spring to the next spring, feed the next, the new" [**Kaumātua**, **tāne**, 40s, rural].* Across these rich and deep descriptions for parenting, is recognition of **te ao hurihuri**.[39] Given the significant generational changes that **Māori** have undergone since colonisation and urbanisation, this has required greater skill to negotiate in the context of parenting. The significance of intergenerational transfer in the context of **whakapapa** is elaborated further by this participant:

> *What we say back home we say '**nō nga aha koe**?[40]' **Nō** means from where, **nga** many, **aha** what or substance **koe** that you descend from, eh? (Jade: Mm) So what are the many facets or DNA that make you who you are. The reason why we don't say '**ko wai koe**[41]' back home because the **wai** itself is water. It is 'from which waters do you descend from?' How much water is consistent inside us, what 80 something percent water? … And of course that **kōrero**[42] goes back to the word **tūpuna** which is an endless spring, [it] mean[s] all those things, eh? **Mokōpūna** is the trans, transability of, is the transplant and in as in, the substance, you know, the **moko**[43]… And you can see that they are the living embodiment of past, eh? That they are living right now because they have those (1.0) those designs and stuff and the same with my **mokōpūna**. They are the imprints or the blueprints or (1.0) or the embodiment, D, DNA, of all that generations eh… Big huge net or a big huge **rākau**,[44] they say the **whakapapa, nei**? It all goes back to a certain spring or the main spring of course is **Hoki ano ki te atua**.[45] **Te puna ranga, te ranga puna katoa**[46]… as in the **te puna, ko te mauri, ko tihi ko te tapu, ko te mana, toki ki tohi, no reira**,[47] then everything descends from there eh? Mm. All the generations and **mokos** [**Kaumātua**, **tāne**, 40s, rural].*

This participant described the **te reo Māori** phrasing for a common engaging question 'who are you?' He goes on to note that the grammatical origin of this concept alludes to a deeper query about **whakapapa** flowing from a source; that the **mana**, the **mauri**,[48] and the **tapu** descends from the **tūpuna**, right back to the **atua**. Here, **mokōpūna** are seen to be an imprint of their ancestral source; the **tūpuna** provides a link to the past and the **mokōpūna** provides a link to the future (S. Edwards et al., 2007; Pere, 1994; C. Smith, 2007). Holding an understanding of children from these dynamics of **whakapapa**, bringing the past forward and projecting the present into the future, was consistent with a view that acknowledged the beauty and specialness of reproduction. Across the breadth of these accounts, the concept of **whakapapa** was seen as a

[39] The ever changing world.
[40] A common engaging introductory question in **Māori**, 'where are from?'
[41] As above.
[42] Narrative, speech, conversation, discourse.
[43] As above.
[44] Tree, stick, timber, wood, spar, mast, plant.
[45] It goes back to the supernatural world.
[46] Brought forth by the wellspring in its entirety.
[47] The spring contains the life force, the epitome of sacredness, the prestige, the ancestral qualities – accordingly.
[48] Life principle, special nature, a material symbol of a life principle, source of emotions.

source of wellbeing and **mana**, bringing about a richness of **whānau** and an enduring legacy through the generations. In the same way that elements of decadent human experience are engaged with, protected and valued, the rich networks of **whānaungatanga**, past, present, and future, are considered so by **Māori**, with children positioned at the centre of this, valued, cherished, and considered the achievement of the parents.

RELATIONSHIPS ORIENTED TO FUTURE **WHAKAPAPA**

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

> *'**Me moea**,[49] you know is to come together as one eh? '**Mo moea**', as in you know, we talk about the word sleep. '**Moe**'[50] means to not to mate it does but to join eh? '**Mo moea i te rongo o te hononga**',[51] you know? It's to come together in (1.0) in that joining as such eh… my wife's beautiful eh and she was, and she is and you know when you get to a certain stage, you know, because we never used what's it called (1.0) prevention devices. (Jade: Contraception) No we never had contraception. We we we we um '**ka moe maua, ka moe maua, i runga i te mohio**,'[52] you know we we we joined together and know that we are going to make children. (Jade: Mm) We wanted ten children, we only got six [**Kaumātua**, **tāne**, 40s, rural]*

This participant described the concept of '**me moea**', meaning 'sex', 'to sleep' and 'to join'. The integrative meaning of this concept extends physical considerations of sex beyond 'mating' through adjoining concepts of 'sleeping' and 'dreaming', implying psychological, emotional, and potentially spiritual elements; this too, is inferred in the concept of 'joining' in sex. Deepening an understanding of (penile vaginal hetero)sex in this way, while also incorporating an awareness of reproductive potential offers an exception to the dominant western discourse of 'plastic sexuality' where the introduction of contraception has obscured the commonsense association of (hetero)sex and reproduction (Giddens, 1992). However, solely viewing sex in terms of **whakapapa** and reproductive potential may foreclose other meanings of sex in heterosexual, bisexual, lesbian, and **takatāpui**[53] relationships that occur for attachment, bonding and pleasure without reproductive intent. While pertinent for this participant's life, a view of sex oriented to reproduction without the need for contraceptives may not fit with contemporary western sexualities in the context of permissive sexual discourses (Hollway, 1984), risks of sexually transmitted infections and may collide with neoliberal sexual discourses (Adam, 2005) that emphasise 'risk' and individual responsibility. In another account, future **whakapapa** was considered in relation to seeking a partner for an intimate relationship.

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

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

[49] To sleep, close (the eyes), dream; to marry, wed, sleep with, have sex; to die or be dead; to beget or be born.
[50] Ibid.
[51] To sleep with, have sex with another is to sense and feel a connection together.
[52] We slept together, had sex on the basis and understanding.
[53] Close friend (of the same gender), lesbian, gay, homosexual.

participant's strategy aligned with **tikanga** relating to the traditional importance of creating, shaping, and protecting future **whakapapa** through reproduction (Palmer, 2002; Pere, 1994; Rimene et al., 1998), and prioritising the wellbeing of (future) children. An envisioned family structure was also considered in a wider **whānau** context with **whānau** involvement sometimes scaffolding the process of marriage. This ranged from verbal agreement with relations to a formal **tomo**,[54] for many of the older participants, including one participant with five children.

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

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

WAIRUA

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

> *I remember when I first, before I even actually got the pregnancy test confirmed that I was **hapū**[55] I remember thinking there's a little **wairua** growing inside of me [**Wāhine**, 20s, urban].*

This participant, who became pregnant during her teenage years and went on to have two children, described how she could locate the presence of a '**wairua** inside her'. Her account links with knowledge bases that position the conception of a new life facilitating the **whakapapa** and creating the genealogical descent of people (Manihera & Turnbull, 1990) from the **ira atua**[56] and **wairua** to the **ira tāngata**[57] and the physical

[54] **Whānau**, **hapū**, iwi discussions about the union of a couple around early adulthood, involving the couple, usually at the woman's parent's home.
[55] to be pregnant, conceived in the womb (also means sub tribe).
[56] Supernatural life.

world, whilst in **te whare tāngata**[58] (Herangi-Panapa, 1998). As indicated in this account, holding an awareness of the baby's **wairua** allows the mother to form a positive attachment to the baby inside the womb, which aligns with **mātauranga** and **tikanga Māori** that advocate caressing, talking and singing to the baby, and care for the mother and their body, to assist with the baby's development (C. Jacobs, personal communication, 12th June 2013). In another participant account, having children was considered solely in relation to **wairua** and **tinana**.[59]

> *Participant: Oh - It was taken out of my hands. I got pregnant and I didn't mind, I wanted to be a parent… I mean it was common sense, you know, I wanted to have children (Jade: Yep) Mmmm.*
>
> *Jade: How many children did you kind of, ideally want to have?*
>
> *Participant: I never thought of that. I had as many as I needed to have. (Jade: Yep, yep) I had as many as what was in me to have [**Wāhine**, 80s, rural].*

This participant, a **kuia** in her 80s who had five children including one who was **whāngai**, spoke of having children prior to the accessibility of contraceptives, at a time when the timing of **hapūtanga** and number of children was not something one 'planned' (Campbell, 1999). While alluding to a sense of wanting children, with no minimum or maximum number stated, her fertility plans were fluid. Locating the conception of a baby as being 'out of her hands', not within her will, this participant's account evoked the influence of **wairua**, of 'what will be', and the variation and complexities of human fertility. Her account also positioned the healthy delivery of a child as a gift, conveying a sense of gratitude for being able to have children.

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

> *After he found out I was pregnant he just decided to stay back in New Zealand so... he um he didn't sign the [defence forces] contract and he didn't go over[seas]... Lo and behold his friends, his friends were um in an attack and they both passed away and so we were actually like we were all sitting there thinking 'like, man, maybe this was an actual blessing in disguise. Maybe this was all meant to be, like everything's that panned out maybe my daughter actually you know gave my Dad life in a way?' If that makes sense in a kind of spiritual sense, do you get me? [**Wāhine**, 20s, urban]*

For this participant, who had one child and became pregnant in her teenage years, her understanding of reproduction was mediated by **wairua**, serving to facilitate and support her decisions to have children, operating as a gentle enabler. The conception of her child was linked with events that functioned to save the life of her father. **Wairua** was a force that was 'out of her hands', embedded within, and working for the betterment of, the **whānau** collective. In traditional **mātauranga Māori**, spiritual guardians are believed to work through **wahi ngaro**[60] in an unseen manner that may make things happen for our loved ones (C. Jacobs, personal communication, 12th June 2013). **Wairua** may be detected by an individual's perception of sensations, and consistent with this account, this may be enhanced by the child's **wairua** and shared **whakapapa** connection between the child, mother, and grandfather (C. Jacobs, personal communication, 12th June 2013).

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[57] Human genes, however, as **ira tāngata** come from **ira atua**, **ira tāngata** is considered to have a more spiritual quality than human genes (Moko Mead, 2004).
[58] The womb, uterus, cervix, vaginal; literally translated in English as 'House of People'.
[59] Body (also means tree trunk or the main part of anything).
[60] World of gods and spirits, divine intervention, a place out of sight.

Unplanned pregnancies among certain categories of **wāhine** including **rangatahi Māori** mothers, are considered 'irresponsible', a consequence of a 'poor decision' with individuals 'blamed' for positioning themselves in low socioeconomic circumstances, conveying risk to them and their children, from extreme neoliberal discourses (Breheny & Stevens, 2007; Cherrington & Breheny, 2005; Macleod, 2011). However, for participants who spoke about the influence of **wairua** on their reproduction, this situated their decisions antagonistically against discourses that blame and shame them for their circumstances. Across these extracts, the interpretive frame by which participants described and conceptualised **hapūtanga** and parenting in relation to the concepts of **he tamaiti he taonga**, **whānaungatanga**, **wairua**, and **whakapapa** operated as a gentle enabler to having children through affirming decisions to have children.

CONCLUSION

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

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

knowledge of **mātauranga** and **tikanga**, which were not accessible for many **Māori** as a consequence of colonisation. The dynamic **Māori** cultural actor is the agent who weaves the tapestry of their life from the available cultural options leading to diversity and complexity across **Māori** accounts, problematising ideals of traditional 'authenticity'.

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

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

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

[61] Self-determination.

CHAPTER 5: CONTEMPORARY REPRODUCTIVE LIVES IN A COLONISING CONTEXT

The present chapter continues the analysis of the contexts and circumstances of participants' reproductive lives from the prior chapter. The previous chapter demonstrated how **mātauranga**[1] and **tikanga Māori**[2] informed participants' reproductive lives through accounts of **he tamaiti he taonga**,[3] **whānaungatanga**,[4] **whakapapa**[5] and **wairua**.[6] Considering the experience of **Māori** 'walking between two worlds,' in this chapter I now turn to consider how **Māori** reproductive decisions are constrained, influenced, and affected by dominant western practices and colonising influences. Shifting from a singular system of production and consumption to a market based economy (see section on the market based economy in chapter one, **Mana Wāhine**[7]) in the context of colonisation has had a significant impact on **Māori** reproductive lives, practices and decisions (Pihama & Penehira, 2009). A non-collectivist income system, that facilitates the individualism of a capitalist society (Metge, 2001) has also necessitated reproductive considerations from an individual standpoint, with different implications according to socioeconomic positioning. For most contemporary **Māori**, economic considerations, individual maturation, and the strength of a couple relationship have become obvious concerns, alongside the hardship of managing cultural, racial, and gendered marginalisation.

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

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

A-Z Free Research Project Topics and Materials

INDIVIDUALISING PRESSURES

Differing from the concept of relational agency described in the prior chapter, where an individual is supported in their reproductive and personal ambitions by their **whānau**,[8] participants also drew upon, and were embedded within, western individualist ideologies, including individual agency and responsibility. From this position, individuals described how they calculated what was best for them, in order to maximise their self-interests, requiring new balancing acts between educational aspirations, ambitions, and reproduction, subject to notions of 'being ready', at an appropriate age, in a married or long term relationship, in order to replicate the nuclear family.

EDUCATION, CAREER AND HOME OWNERSHIP AMBITIONS

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

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

This **kuia**[9] in her 70s, who went on to have many children and work in a health context, grew up in a **whānau** environment where education was considered very important. Growing up during urbanisation, she moved from a rural area to the city to pursue secondary education on a scholarship. While this participant moved away from **whānau** support networks, it appears that the urban environment of nuns and school offered a **whānau** based support, allowing opportunities for relational individuality in the pursuit of educational goals. Prior to her time at school, between 1900 and the 1950s, there was an emphasis on **Māori** practical vocational training, with direct attempts to repress **Māori** interest in academic studies (Barrington, 2005; Mikaere, 2011a). This participant's focus on academic studies occurred following the government's shift to allow **Māori** to pursue this (Barrington, 2005), representing a very significant opportunity to pursue upward socioeconomic mobility. Opening spaces for full **Māori** participation in education allows **tāne**[10] and **wāhine Māori**[11] to enter occupations across the socio-economic spectrum, although this has yet to be attained (Jones & Taonui, 2010). In this participant's account, the presence of an educational opportunity was not framed overtly as a discouraging reproductive influence, but backgrounded her reproductive decisions by superseding a consideration for having children due to an interest in maximising her individual development. For contemporary **Māori** today, gaining a secondary school education is seen as very important and the impact of

[8] Extended family (also means to be born, to give birth).
[9] Elderly woman, grandmother, grand aunt.
[10] **Māori** men.
[11] **Māori** women.

very early **hapūtanga**[12] on compromising the attainment of this was noted as a serious concern by some key informant participants.

> Jade: *Oh um you spoke a little bit about um how there are sort of (1.0) um factors out there in society um that discourage **Māori** from having children. Um can you tell me a bit more about that?*
>
> *Participant: Um (sigh) I think (2.0) it depends on your formal education. (Jade: Mm) I think education is (1.0) is really primary to um (1.0) to **Māori** who may take on a profession so may wait (1.0) to have pregnancy versus our continuing ah (1.0) epidemic I'll call it of our young women 13, 14 um (2.0) you know and no formal education um and no chance of well, very little chance of having formal education after becoming pregnant [Researcher and midwife, **Wāhine**, 50s, urban].*

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

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

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

[12] Pregnancy.
[13] Younger generation, youth.

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

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

> *What we wanted to was to have our property [in rural area] um mortgage free which we managed we did (Jade: yep) we paid it all off… Um and sort of (1.0) when we moved, it needed work it hadn't Neil did a lot of work on it and it was beautiful (Jade: mm) yeah... Having a baby, people think 'oh you can do that' but it's, a lot of things you can't do once you've had a baby. You know you've got to stay sort of close to a, reasonably close to a hospital and mm (Jade: mm) there's a lot of different stresses put on but yeah. No we wanted to be absolutely secure. (Jade: yep) mm (Jade: yep) and we were [**Wāhine**, 50s, urban].*

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

Maturation and 'readiness' to have children

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

> *I think what's ah stopped me before having kids is um (2.0) is that (1.0) difficulties I had as a child, had um (1.0) caused me to have issues as a young adult um and with that awareness um I'd always felt um (1.0) ah hesitant to ever have kids because I didn't think I would be a good father. So I didn't want to have kids um unless I (1.0) I knew that um (1.0) I (1.0) would have what it takes um (1.0) not just materially but ah psychologically ah emotionally um (1.0) yeah [**Tāne**, 40s, urban].*

Experiencing a challenging childhood led this participant, a student in an urban environment who did not have children, to doubt his ability to "be a good father," discouraging him from having children. However, this was not seen as absolute, as his readiness to be a father could be developed through psychological and emotional growth over time. The importance of this maturation process for him, was oriented to the best interests of the child, and not economic ambition (as demonstrated in the prior section). Located in an urban environment, this perspective is also implicitly framed in relation to individualism, without an assumption that the extended whānau may support through **whāngai**[14] or **atawhai**[15] (as noted in the prior chapter). While literature from the west has noted that the prospect of fathering can cause anxiety for people (Henwood & Procter, 2003), it may also be extended in the context of these contemporary **Māori** narratives to inform and affect reproductive decisions in the context of individualised circumstances.

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

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

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

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

[14] To raise, adopt, nurture (also means to feed).
[15] To raise or adopt temporarily (also means to show kindness to).

*stuff. So for me you know that's probably why it was seen as uncool. Um yeah it's not like the kind of sports car that you dream of when you're younger [**Tāne**, 40s, urban].*

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

Marriage, long term and 'strong' relationships

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

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

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

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

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

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

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

This participant, who met her partner in a rural area, described being in a position of relationship stability and having an emotional, instinctive impetus to have a child. Framing the length of her relationship as an element of her motivation to have children, it may be inferred that a level of satisfaction in her relationship may have been reached in order for her to consider childbearing. Accounting for her position, and emphasising the

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

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

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

CHALLENGING CONTEXTS

In addition to, and intermixed with, the individualising pressures that were evidenced in participants' reproductive lives, there were further contexts that produced challenging circumstances for **Māori** to organise their reproduction. Being marginalised by socioeconomic status, culture, race or gender also rendered the enactment and practice of **mātauranga** and **tikanga Māori** described in chapter four, difficult, or entirely blocked.

REPRODUCTION IN A MARKET BASED ECONOMY

In this section I describe how participants managed their reproduction in the context of a market based economy, and the particular challenges faced by economically disadvantaged **Māori**, in a broader New Zealand social context where **Māori** are disproportionately represented in higher numbers, in low socioeconomic statuses (see relevant section in chapter on **Mana Wāhine** research). Being positioned within this economic context creates stress, potential hardship, necessitates complex calculations about affordability, and disrupts usual **whānau** patterns through individualised working lives. A key informant clinician who worked at an abortion service described how she saw couples to be responsible for ensuring economic self sufficiency through their reproductive decisions.

> *It's a decision that adults have to make at the time of their lives and and where they're actually sitting. You know economically, financially and economically in their own structure, **whānau** structures [Clinician, 50s, urban].*

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

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

This participant, a mature student married to a husband who worked in business, described the importance of having a husband who was able to provide for the family's basic necessities. She emphasised her husband's willingness to work and his ability to earn money, which raises the possibility that some husbands may not, evoking a sense of vulnerability for mothers who rely on their husband's income while they stay at home to care for children. Inferring alternate expectations based upon different positioning within a market based economy, this participant contrasts her sense of control, raising children in the context of a high socioeconomic position, with an alternative sense of struggle to pay bills and raise children in the context of a lower socioeconomic position. These reproductive considerations are likely to be shared with **Pākehā** who have experienced low socioeconomic positioning, as **Māori** accommodated to western gendered patterning of economic 'breadwinning' for **tāne** (Mikaere, 1994), and **wāhine** took sole responsibility for nurturing children (Dyall, 2006; Pere, 1994; Simmonds, 2009) in the context of **whānau** becoming more nuclear (Durie, 1985,

2001; S. Edwards et al., 2007). In relation to general western trends that **Māori** have been part of, **wāhine** have been increasingly participating in paid employment which has positioned both **tāne** and **wāhine** as responsible for financially providing for the family (Edley & Wetherell, 1999; Freeman, 2003). However, this may be nuanced differently for **whānau** who live in low socioeconomic circumstances where earning a living may be of primary importance to working class fathers who face greater challenges seeking employment with high risks of unemployment, poverty and social exclusion (Johansson & Klinth, 2008). For a participant with two children, being able to support children on a low income detracted from the time and care available to the children.

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

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

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

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

In obtaining a mortgage, this participant and her husband were restricted from having children for ten years due to the bank's requirements to ensure they repaid their mortgage. These extremely difficult conditions for reproduction within a market based economy was informed by their low socioeconomic position, as they worked in the community and in hospitality respectively, in an urban environment with high housing costs.

Consistent with western patterns of practice, economic considerations may inform decisions to delay childbearing (Robertson et al., 2006). However in this account, extreme neoliberal discourses that prioritise individual decisions that maximise monetary wealth over reproduction (Wilson & Huntington, 2005) cohere with influence of formal corporate institutions and intersect with western and **Māori** norms around home ownership, producing lifestyles that are unsympathetic to the lives of parents and **whānau**. While this formed a socially mediated and corporate enforced discourager from having children for this participant, an unplanned **hapūtanga** was considered a positive event that freed them from this restriction and lack of control over these circumstances, allowing reproduction to take precedence in their lives, albeit containing financial risk.

CULTURAL AND RACIAL MARGINALISATION

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

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

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

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

> *We actually tried to stay away from like WINZ and all that sort of stuff because ah they can (2.0) they're there to help but they can also muck you around quite a bit too. Like we had baby and it took us, it was three months before they like, they actually helped us... Then I got a job (1.0) I got back into the workforce, WINZ will wouldn't help us (1.0) Housing Housing New Zealand turned their back on us (1.0) I'd been on their waiting list for almost three years and we still haven't got a house through them [****Tāne****, 20s, urban].*

Neither WINZ nor Housing New Zealand would assist this participant's **whānau** in their early stages of parenthood, to the point where he perceived the services to have 'turned their back on' him. As a consequence of government decisions through colonisation, barriers to **Māori** socioeconomic advancement have facilitated circumstances of socioeconomic vulnerability and hardship (Belich, 2001) leaving leaves people vulnerable to struggle, backgrounding reproductive lives with difficulty and the need to navigate a slow moving system to obtain emergency support. While this participant described an experience in an urban area, it may also feature in rural communities where paid employment is scarce. Like early parents of western ethnicities in low socioeconomic circumstances who are blamed for making reproductive decisions that do not facilitate socioeconomic advancement (Macleod, 2011), **Māori** are subject to the same expectations without acknowledging the impact colonisation has had on present socioeconomic circumstances. This might contribute to a lack of prioritisation or discrimination towards **Māori** parents who require government financial assistance, such as this participant. This contributes to the literature that suggests that there are barriers to **Māori** parents' receipt of government income due to a lack of knowledge about what is available, interrogative questioning, transportation issues, and not being able to access childcare (Rawiri, 2007).

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

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

This participant, who worked in construction, spoke of the struggle involved with breaking a cycle of imprisonment, from his own experience through his eldest sons, and successfully keeping his youngest son from jail. While he attempted to teach them about the risks associated with growing up and 'getting into the wrong things', this had little success and the imprisonment of his eldest sons led him to self blame. Urbanisation led many rural **Māori** to encounter wealthier 'city slickers' who had acquired greater material possessions in the context of a market based economy, forming different ideals from their **whānau** and

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weakening their bond and influence (C. Jacobs, personal communication, 12th June 2013). Traditionally, **Māori** boys were looked after by their fathers (Jenkins & Harte, 2011), providing a close supportive parenting approach. For contemporary **Māori**, a supportive **whānau** context could be interrupted by an individualism facilitated by the formal education system. While offering opportunities for improving socioeconomic status and career prospects, formal education also contained risks of socialising children to other less positive influences through peer pressure. In the context of low socioeconomic status, where there are expectations to gain material possessions without the income to acquire them, 'taking these from other people' might be the only way to access these resources, informing different identity positions for **Māori** and **Pākehā** in urban geographies. In this participant's account, assisting his son to gain paid employment away from the influence of his peers was an effective strategy that enabled his son to participate in the market based economy and acquire 'material possessions' while also offering an alternative identity position than was available through positioning in a lower socioeconomic position at school. These challenges brought about by colonisation, urbanisation, and the market based economy background reproductive decisions through informing different spaces to consider envisioned reproductive lives and possible challenges associated with parenting.

PATRIARCHY AND ABUSES OF POWER

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

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

Speaking of his **kuia's** generation, this participant described the impact of colonisation on a rural community that brought about a shift towards individualism in the context of a market based economy with different implications for femininities and masculinities in reproductive lives. This was framed negatively, with imbalances in **tāne** and **wāhine** work and leisure time described, alongside heavy alcohol consumption. This account is consistent with contemporary **Māori** literature noting the impacts of assimilation to domestication, marriage, and nuclear families, leading many to assimilate to mothering in isolation from **whānau** networks with less involved fathering in urban and rural geographies (Dyall, 2006; Mikaere, 1994, 2011a; Pere, 1994; Pihama, 2001; Simmonds, 2009). The current western literature notes that parenting and childrearing associated with feminine attributes is undervalued (Campo, 2009) and women are still required to do the vast majority of it (Morell, 2000; Wager, 2000). This follows a departure from traditional **Māori** norms that did not differentiate between home and work spheres, where raising children was a task of everyone in the **whānau** (Pere, 1994). Shifts in **whānaungatanga** based upon gender create barriers to the flow and practice of contemporary **mātauranga** and **tikanga Māori** that can be a source of strength and resilience, with challenges backgrounding discouragement in contemporary **Māori** reproductive decisions. In one participant's case, experiencing violence in her intimate relationship led her to seek an abortion.

*I remember the counsellor at the, at the [abortion] clinic… She made sure that I was sure about it. So that's when I I like really explained to her, you know, that… this is the last thing that I wanted to happen but that I actually just couldn't I couldn't bear another child any more like, you know? I just talked to her about my relationship with my partner… I had to be blunt and let her know that you know we don't have the best family, well we didn't create the best family environment to have a family in… we had a um (2.0) a mind game kind of relationship where, emotional abusive relationship kind of thing… Like it got really bad it escalated and escalated to a point where like (1.0) fists were flying and Hīria was scared and um (2.0) you know cars were being crashed and shit like that. It just got really, really bad [**Wāhine**, 20s, urban].*

This participant spoke of a decision to proceed with an abortion based upon a belief that she and her partner had not created a positive family environment. She described a reluctance to seek an abortion, which aligns with contemporary **Māori** perspectives that perceive abortion negatively (Hiroti, 2011; Manihera & Turnbull, 1990; Rimene et al., 1998; Tate, 2010; Turia, 2004, 2007). However, she also described a stronger impetus to proceed with an abortion based on a description of her relationship as emotionally abusive, also inflected with physical abuse that had been witnessed by their child. **Whānau** violence is denounced from contemporary western and **tikanga Māori** literature and considered a violation against **tikanga** and **whakapapa** (Te Puni Kōkiri, 2010) pertaining to **he tapu o te tāngata**[16] (Tate, 2010). Circumstances of **whānau** violence make reproductive decisions in any socioeconomic position extremely difficult, discouraging childbearing and encouraging abortion in circumstances of unplanned **hapūtanga**. While wider **whānau** support may provide a safeguard from violence in a couple relationship, in individualised and urbanised circumstances, contemporary **mātauranga** and **tikanga Māori** that facilitate childbearing may be superseded by considerations for the future of the child, especially if their future may be compromised by constitution in a context of **whānau** violence.

Also denounced from contemporary western and **tikanga Māori**, sexual abuse or rape of **wāhine** imposes on their opportunity to consent to sex and make a reproductive choice. General participants did not report having children in the context of these experiences. However, four key informant participants[17] spoke about encountering very young pregnant **rangatahi wāhine** (aged 11, 12, 13, 14, and 15) in the context of their work, and suspected this was a consequence of sexual abuse.

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

Jade: What did you make of that situation?

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

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

[16] This refers to the intrinsic **tapu** given to every person at conception, and relates to our relationships with the **Atua**, **tāngata**, and **whenua**.
[17] This included a researcher, midwife, **kaumātua**, and a clinician in abortion services.

violence, incest and sexual abuse is considered a form of **whānau** violence from **tikanga Māori** (Tate, 2010; Te Puni Kōkiri, 2010) and was not tolerated (J. Klaricich as told to C. Turner, personal communication, 23rd February, 2012). Sexual abuse runs counter to the notion of cherishing children in the context of **whānau** support and **tiakitanga**[18] (see prior chapter). While early reproduction is generally not problematised in indigenous communities, protecting **rangatahi** from sexual abuse, ensuring social support (Pihama, 2011b) and positive futures through access to good quality sexuality education are considered important in the contemporary **Māori** literature (Arabena, 2006). Having access to appropriate services such as psychological, medical, sexual health and abortion services that are not occluded by psychological barriers formed by religious or sociocultural discourse, or economic disadvantage are critical in supporting those who have experienced sexual abuse or rape (Bryant-Davis, Tillman, & Counts, 2012). This approach may be situated alongside contemporary **mātauranga** and **tikanga Māori** that facilitate childbearing and support those who choose early parenthood as well as those that advocate delayed childbearing in the context of individualising pressures and a market based economy.

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

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

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

STANDPOINTS AND STRATEGIES

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

[18] To guard, keep (also means to look after, nurse, care, protect, conserve, save [computer]).

ranged from embracing, endorsing and fully living with western individualising and market based economy pressures, to merely accommodating, suffering in the absence of alternatives, or completely resisting and trying to carve out ways of living that reject western practices.

ACCOMMODATING VOICES

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

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

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

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

> *There's not really encouragement these days to have children. It's more (1.0) um discouragement... you are forced to have to go to work to pay rent. To pay all of those, you know, commodities that ah you must (1.0) um (2.0) upkeep otherwise you have, you walk the (1.0) you walk the streets. So um*

> *(3.0) well I personally don't believe it's been encouraged too much because of those factors. You know from that comes the stress of having children, of keeping a job down, of ah (2.0) ah being able to cope [**Kaumātua**, **wāhine**, 70s, urban].*

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

Resistant voices

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

Beyond an 'appropriate age'

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

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

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

[19] Elder. In this research it refers to chosen experts who have knowledge of **mātauranga** and **tikanga Māori.**
[20] Original home, home base, village.

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

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

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

BEYOND CONSUMERISM AND MATERIAL 'WEALTH'

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

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

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

> *I used to take them fishing and hunting and I remember the first day Huatare [nephew] and Maaka [another nephew] were allowed out in the boat by themselves to fish... they had seven **tarakihi**[21] and they were over the moon... We'd go up and get wood. We'd build up in the bush... And then we go catching eels. I remember Huatare came with us once to catch eels and we got a bloody swag of eels and we give them out round the village... We did a few **hāngī**s[22] me and the boys... We go and get our wood and dig the hole and do it and make a little basket and we'll have it for the four of us [**Tāne**, 50s, rural].*

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

[21] A silver marine fish with a black band behind the head.
[22] Earth oven to cook food with steam and heat from heated stones.

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

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

Shifting voices

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

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

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

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

[23] Grandchild, descendant - child or grandchild of a son, daughter, nephew, niece, etc.

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

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

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

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

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

[24] Relative, relation, kin, blood relation.

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

> *Often you hear of parents who have had kids and they look back and said 'oh if I hadn't have had my children I would have done this'. Often it's talking about some (1.0) some plan that they had, you know, some career thing or study or whatever and they haven't been able to have it [Counsellor,* ***wāhine****, 30s, urban].*

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

CONCLUSION

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

Through colonisation, **Māori** have been required to accommodate to individualism through government processes, nuclear family formations (Durie, 1997), and configurations of femininity aligned with child care, while masculinity is aligned with economic breadwinning (Dyall, 2006; Mikaere, 1994, 2011a; Pere, 1994; Pihama, 2001; Simmonds, 2009). In this way of life, individuals are required to plan for reproduction from a vantage point of safeguarding or maximising individual needs in the context of a market based economy.

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Accommodating to this, individualised configurations of couple relationships (rather than **whānau** formations) were described by participants in marriage and de facto relationships, necessitating relationship strength in circumstances of reproductive intent, with abortion considered a solution in the absence of this. Intersections between individualised nuclear families and patriarchal gender formations conveyed risk of intimate partner violence and sexual abuse, without protection and support from the wider **whānau**, negatively impacting on reproductive decisions and forming motivation for abortion.

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

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

[25] Or in the context of this research, the dynamic **Māori** cultural actor.

whānaungatanga, **whakapapa**, and **wairua** outlined in the previous chapter provide a buffer and resilience for **Māori** having children, our current colonised reality and the suppression of this knowledge, renders this inaccessible for many **Māori**.

Given the increasing expectations on **Māori** to adhere to individualising pressures to maximise opportunities to achieve education, career and home ownership, carefully planning reproduction in this context, it is important to ensure that these pathways are clear, and provide the necessary foundations and steps towards achievement. It is highly likely that historical racist discourses regarding **Māori** academic abilities (Barrington, 2005) still linger, informing the approach of educators, of **whānau**, and of our **rangatahi** and their peers, occluding opportunities to succeed in, or even aspire to, career and education ambitions. Although movement towards gender equity ideals have sought to level this out, delayed reproduction is now framed as an imperative while the social and practical restraints on **wāhine** remain. Consequently, it cannot simply be a case of advocating for people to seek career instead of reproduction in their lives (or vice versa). We need to examine the structural determinants that produce challenging circumstances for people across their lives, as a consequence of colonisation, that block us from positive engagement with western patterns of practice or **mātauranga** and **tikanga Māori**, while assimilating us to disadvantage by positioning in low socioeconomic, individualised and isolated positioning in the context of nuclear families characterised by patriarchal gendered formations and exposure to racism. Considering many communities are sustained on very little work, production, economic base or means of achieving one, accentuating government dependence (Evans, 1994), this is very important to our **tino rangatiratanga**,[26] as **Māori**.

[26] Self-determination.

CHAPTER 6: CULTURALLY RELEVANT SEXUALITY EDUCATION, MATERNITY AND ABORTION SERVICE

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

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

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

SEXUALITY EDUCATION

[1] Education, knowledge, wisdom, understanding, skill.
[2] Correct procedure, custom, manner and practice, pertaining to **Māori**.
[3] **Whakaruruhau**/cultural safety is "seen as actions which recognise, respect and nurture the unique cultural identity of **tangata whenua**…and safely meets their needs, expectations and rights" (Ramsden, cited in Jungersen, 2002, p. 6).
[4] Parents.
[5] Extended family (also means to be born, to give birth).
[6] The Treaty of Waitangi.
[7] Local people, hosts, indigenous people of the land - people born of the **whenua** (of the placenta and the land) where the people's ancestors have lived and where their placenta are buried.
[8] An approach that privileges the perspectives and protocols of **Māori.**

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

RELATIONSHIPS

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

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

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

[9] Younger generation, youth.
[10] Women, females, ladies, wives.
[11] Men, males, husbands.

The coming together of sacredness to another and that may not necessarily be a sexual act, or intimate act that may be the friendship that you and I are sharing as we talk about it, you know? ***Tapu***[12] *to* ***tapu****. Sacredness to sacredness. That may be in the friendship that will develop with my children, with my uncles, aunties, grandparents, brothers and sisters as we come together sacredly in a friendship... You can even take that further towards your relationship you have with your* ***maunga***[13]*... It's been really opened towards the development of relationships and... the dynamics um that that involves [T****āne****, 40s, rural].*

This participant described a nuanced approach to considering sexuality in relation to the **mātauranga** and **tikanga Māori** concept of **tapu**. While he directly translated this to the term 'sacredness', a deeper meaning of **tapu** conveys the restricted and controlled access to other human beings, their interconnection with the **atua**[14] and **whenua**,[15] and constitution in relationships that enhance, sustain, restore and empower those in the relationship (Tate, 2010). Western and contemporary **Māori** literature that advocate teaching ethical and respectful relationships in sexuality education (Carmody, 2004; Glover et al., 2008; Ollis et al., 2013; The Ministry of Health cited in Te Puāwai Tapu, 2004) aligns with this approach. This participant's strategy also extends this further, emphasising the prior knowledge and skills that **rangatahi** have in their everyday respectful relationships. Teaching about intimate relationships through emphasising this established knowledge offers a scaffold by which to process and interpret new knowledge and experience. The notion of relationships is extended further to consider relationships with the landscape and environment. This is consistent with contemporary **Māori** literature that considers human, spiritual and ecological elements to be integrated in **mātauranga** and **tikanga Māori** (Jahnke, 2002; P. Porter, personal communication, 16th December 2010; Tate, 2010). Extending the social aspect of relationships further, may be the acknowledgement of sexual feelings towards those of the same sex. The breadth of this concept was illustrated by a key informant researcher participant who deconstructed one of my untested assumptions about relationships in the demographic questionnaire.

Jade: And what is your sexuality?

Participant: Well that's a very difficult question. (laughing) Because I think that I mean I see sexuality on a continuum and I think that the idea that you need to categorise like heterosexual, homosexual or bisexual is actually kind of western concept that um my ***raho***[16] *sexuality is sexuality. And that people would be attracted to different people at different times in their lives. Some people might be more attracted to women and more attracted to men but that sexuality was expressed in diverse forms [Researcher, 50s, urban].*

In this account, the participant disputed the use of 'sexuality' as a linguistic category to define sexual desire, in relation to terms such as heterosexual, gay, lesbian, bisexual, transgender, queer and **takatāpui.**[17] Instead she positioned the concept of sexual desire as less bounded and restrictive than a categorical approach would allow, and located this with the concept of **raho**, that contains more diverse opportunities for desire and attraction. This is consistent with the contemporary **Māori** literature that has critiqued colonising discourses about sexuality for the way they draw upon binaries that reify a perception of 'normal' and 'other', instead,

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

advocating for an approach that allows for more inclusive fluid and flexible identity positions over a lifetime (Aspin & Hutchings, 2007). By not differentiating between 'normal' and 'other,' all people have access to the concept of belonging, which is noted as an integral function of **whānaungatanga** in contemporary **Māori** models of sexuality (L. Smith et al., 2002; The Ministry of Health cited in Te Puāwai Tapu, 2004). Acknowledging sexual feelings irrespective of gender and not occluding this by heterosexist influence and prejudice offers a culturally congruent way of working with **Māori**. Working outside a categorical framing that privileges heterosexuality also counters dominant western heterosexism, where heterosexuality is presumed as the default position, also problematised in the western literature (Brickell, 2001; Peel, 2001). Sexuality education initiatives that prepare **rangatahi** to be adults with **mana**,[18] informed, confident and respectful in relationships, offer congruence with contemporary **mātauranga** and **tikanga Māori**.

Reproductive responsibility

Understanding potential reproductive consequences from (penile vaginal penetrative) sex without contraception was seen as an important element of sexuality education. For one key informant **kaumātua**[19] participant, reproductive responsibility was oriented to the view of sexuality as a **taonga**.[20]

> *I always say that um (1.0) you know their generation (1.0)... they've got to use protection now... It's a **taonga** in itself. It's in it's own right. You know **ki te moe wāhine**[21]... I don't want you to **tutū i ai ia**,[22] as in **kei hapū nei**,[23] might get pregnant as such, eh? And what their **hapūtanga ko te wāhine**,[24] has to be done through (1.0) through... **He aha he tika**.[25] Because you have to have both sides agreeing on what might happen. And it's not just the two, it's the parents and their families as such... There's a bigger picture out there, eh? [**Kaumātua**, **tāne**, 40s, rural].*

In this account, the participant describes instructing a **rangatahi** (heterosexual) **tāne** to not '**tutū**', meaning to not 'touch', or 'play with' something that is not fully understood. These unknown implications are directly related to the consequences of sleeping with a woman and conceiving a child, and the broader ramifications this has on the couple and wider **whānau** to protect the **whakapapa**[26] (see chapter four for a broader discussion). Western literature has noted that dominant discourses of 'plastic sexuality' obscure and invisibilise reproductive consequences through the innovation and popularity of the oral contraceptive pill (Giddens, 1992). In this current social context, teaching potential reproductive consequences in relation to (hetero penile vaginal) sex is important, especially as reproductive consequences from sex may not be obviously evident. Deeper reproductive consequences that pertain to the implications of parenting or abortion, as they relate to contemporary **mātauranga** and **tikanga Māori** may also be considered (see chapter four for general domains to consider). A key informant sexual health educator participant, Taane Thomas, described a workshop he ran to facilitate reproductive responsibility in this vein.

> *I give them um a **kete**[27]... If they were to ever have a child, each of them have to draw a life journey of that child... [after] two days it takes, um they all stand up and intimately share with the group um no*

[18] A supernatural force in a person, place or object. **Mana** goes hand in hand with **tapu**.
[19] Elder. In this research it refers to chosen experts who have knowledge of **mātauranga** and **tikanga Māori.**
[20] Treasure, anything prized - applied to anything considered to be of value.
[21] To sleep with, or have sex with, a woman.
[22] Fidget or fiddle with her.
[23] She might become pregnant.
[24] Pregnancy and childbirth for women.
[25] Has to be done correctly.
[26] Genealogy, lineage, descent (also means genealogical table).
[27] Basket, kit.

*outsiders are listening... coming to the end of my workshop and um I say 'well these **kete** are... yours to take home and um um I want you to hang them on your wall so you can see, you can see it every day... if you're going to go to an area where there's going to be alcohol or if you think your defences may be just dropping a little bit or if this is going to be the night that you've chosen to be with um you're your partner um when are you ready to bring that story to life that you shared with us and when are you ready to put the placenta of your first child in that **kete**, because these **kete** are used to hold your placenta for your first child so you can continue to do this ceremony of your ancestors'.*

Taane described his approach to teaching **rangatahi** reproductive responsibility through an exercise that asked participants to consider and present a narrative for a potential future child, gifting them with a **kete** that is utilised in the **tikanga Māori** practice of **whenua ki te whenua**.[28] Noting that **whenua ki te whenua** is a traditional practice of the participants' ancestors, alludes to the significance and meaning of reproduction in the context of traditional **mātauranga** and **tikanga Māori**, encouraging participants to take this seriously. An effective mechanism of this intervention involved pairing the **rangatahi** ideals for their children with their present circumstances and asking them to consider this in the choices they make in their contemporary lives, reinforcing the link between sexuality and reproduction. This approach to sexuality education may be useful to all, offering particular congruence for contemporary **Māori** as it offers potential to incorporate an awareness of how reproduction and parenting can be an impetus to responsibility and require a shift towards more responsible and 'boring' identities (see chapter five, section on individualising pressures, maturation and readiness to have children), as well as the implications of parenting in the context of **mātauranga** and **tikanga Māori** (see chapter four, sections on **he tamaiti he taonga**[29] and considerations for future **whakapapa**). For **Māori**, this is particularly important given the cultural significance of reproduction. This also aligns with the contemporary literature that suggests the process of having children links us with **whakapapa**, connecting us to our ancestors, heritage and stories (Turia, 2004) and that for many **Māori**, rich **whānau** networks (also see chapter two on **whānaungatanga** for further discussion) are a life aspiration (Hiroti, 2011).

Working with variations in openness about sexuality

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

*I think we [**Māori**] (2.0) um acknowledge that sexuality is part of who we are and something that's fun and enjoyable... If you look at a lot of our **haka**[30] which are very sexual and our carvings which are very sexually explicit... I remember sitting at the **marae**[31] with Nannies who'd be sitting there peeling their potatoes and... they'd be going (1.0) oh 'I'd better go home and visit my husband'. And you'd go 'why Nanny?' And they'd go 'oh he'll be missing me, he'll be hungry' and you know damned well she's not talking about his **puku**[32] and you know, there was all this kind of banter and joking-ness and kind of playfulness around sex [Researcher and Clinician, **wāhine**, 30s, urban].*

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

[28] Returning the placenta and afterbirth to the ancestral homelands (Mead, 2003).
[29] A child is a gift
[30] Vigorous dance with actions and powerful rhythmically sung words.
[31] Community facility where **hapū** collectives discuss political and social matters, and host important events such as funerals.
[32] Stomach.

genitals, or sexual explicitness of **haka** would seem ordinary and non-sexual in the absence of adult sexual understanding, with illumination and sexual knowledge this takes on another layer of understanding. This contemporary account of sexuality aligns with contemporary research that has suggested sexuality is discussed openly and with humour in **te reo Māori**[33] (Penehira, 2012) and traditional literature that suggests that sexual symbolism was a mundane part of everyday life (Biggs, 1960), representing highly prized future descendants (Rimene et al., 1998). The openness about **wāhine** sexual desire in this account also aligns with western New Zealand research that advocates an inclusion and acknowledgement of **wāhine** sexual desire in sexuality education, equipping all **rangatahi** with a sense of 'positive sexual agency' (L. Allen, 2005). However, openness about sexuality was not observed in all accounts, suggesting diversity in contemporary **Māori** understandings about sexuality. This included a key informant **kaumātua** participant, who described discussions about sexuality as **tapu.**

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

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

CONTRACEPTIVE EDUCATION

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

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

[33] **Māori** language.

Rather than advocate for condom use due to a concern about sexual risk, this participant (a researcher and clinician) advocated condom use from a broader context of care, respect, and protection of a sexual partner. This message about condom use is pitched at a meaningful emotional tone for **rangatahi** to understand, process and resource. It also coalesces with another sexuality education agenda, to teach **rangatahi** about ethical sexual relationships, consistent with the western literature (Carmody, 2004; Ollis et al., 2013), contemporary **Māori** literature (Glover et al., 2008) and accounts described in this chapter. This participant account also contains a further strategy, pairing the use of contraceptives with the qualities of a good lover, bringing about implications for positive identity and good sexual technique through contraceptive use. This offers an engagement with a 'discourse of erotics' or sense of 'positive sexual agency' that is noted to be absent from current sexuality education in the western literature (L. Allen, 2005) and disrupts an approach to sexuality education that positions **rangatahi** as prone to 'risky' behaviour, also problematised in the western literature (Macleod, 2011). This approach aligns with contemporary **Māori** research that emphasises the need to incorporate **te taha tinana**[34] in sexuality education, and an awareness of how we relate to our bodies and those of others in sexual relationships (L. Smith et al., 2002).

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

> *Um my own **mokos**[35] I (1.0) and my daughters and my sons yeah I talk to them openly (1.0) it was a subject that wasn't **tapu**... Um (1.0) my daughter came in and she said 'oh Mum, the boys are sleeping with the girls up at their friends houses'. I said 'oh okay'. So when he come home and I said to him 'oh you been sleeping with her?' He said 'Mum haven't you heard of contraception?' I said 'yeah I have actually' and he said 'okay'. About (1.0) two months later he come and he said 'oh Mum ah my girlfriend's pregnant'. I said 'oh haven't you heard of contraception?' (laughing) But no I took - those are the babies I took... Mm (1.0) I must say my children have educated me (laughing) in a lot of ways [**Kaumātua**, **wāhine**,70s, rural] .*

For this participant, a key informant **kaumātua**, informal discussions about sexuality with her children were enabled through maintaining open channels of communication. However, her ability to advise them was complicated by generational shifts towards contraceptive availability as younger generations were better equipped with this knowledge. This was detailed in a humorous exchange between the participant and her son, where both suggested the other had 'not heard about contraception,' destabilising each other's 'expert' or knowledgeable position on contraception and methods of safeguarding against unplanned **hapūtanga**[36] and STIs. Navigating the circumstances surrounding her son's disclosure of an unplanned **hapūtanga**, the participant's use of humour lightened the potentially difficult atmosphere and she was able to **awhi**[37] and support her son, later taking responsibility for her **mokōpūna**[38] and raising them. This is consistent with accounts from chapter four of this study that show wide ranging forms of **whānau** support including **atawhai**[39] and **whāngai**,[40] especially for **rangatahi** parents. Across the breadth of this account, many **Māori** cultural

[34] In relation to the body.
[35] Grandchild, descendant - child or grandchild of a son, daughter, nephew, niece, etc.
[36] Pregnancy.
[37] To embrace, cherish (also means to surround sit on eggs, brood).
[38] Grandchild, descendant - child or grandchild of a son, daughter, nephew, niece, etc.
[39] To raise or adopt temporarily (also means to show kindness to).
[40] To raise, adopt, nurture (also means to feed).

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concepts converge: **aroha**,[41] humour, **awhi**, support for **rangatahi** and the protection of **whakapapa** by the **whānau** through **whāngai.** Educating **rangatahi** about contraceptive advice needs to take into account generational differences in technologies and how this may impact the provision of informal parental (or grandparental) sexuality education, and also consider the ways that parents may be able to support **rangatahi** when they encounter circumstances of unplanned **hapūtanga**.

Offering contraceptive advice in institutional settings also requires clinicians to examine their preconceptions about **Māori** and fertility, as this can be a barrier to delivering good service.

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

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

MATERNITY

Reproduction and the process of creating new life is an area steeped with significance in the context of traditional (see chapter two) and contemporary **mātauranga** and **tikanga Māori** (see chapter four). The cultural concepts pertaining to maternities extend these cultural concepts and back ground reproductive decisions. Key elements of contemporary **mātauranga** and **tikanga Māori** that were articulated by participants include understanding bodies of **wāhine** as **te whare tangata**[42] and the responsibility of the **whānau** to support the mother and **pepe**,[43] understanding the practice of **whenua ki te whenua** and the intergenerational barriers to this practice, correlations between the natural environment and birthing, and **manaakitanga**[44] of hospitals and clinicians. There is clear potential to integrate aspects of this knowledge into

[41] Affection, sympathy, charity, compassion, love, empathy.
[42] The womb, uterus, cervix, vaginal; literally translated in English as 'House of People'.
[43] Baby.
[44] Hospitality, kindness.

sexuality education, antenatal and maternity services in order to improve service delivery for all, and offer greater cultural congruence for **Māori**, meeting expectations for **whakaruruhau**.

MEANINGS OF MATERNAL BODIES

A reverence for **te whare tāngata** and the bodies of **wāhine hapū**[45] was expressed across participant accounts. This included a key informant **kaumātua** participant, who described the parallel between the bodies of **wāhine** with **whare hui**[46] and process of conception with **pōwhiri.**[47]

> *They kept that word **iwi**[48] there because the women are the vessel that makes the bones of the next generation of the next generation, of the next generation, of the next generation... When we're talking about carving and stuff... for the **whare hui** and what we've got to take into consideration is that the **whare hui** re - resembles a lot of things to the woman... The **kai karanga**[49] go outside there... that's the woman's voice and then you have the man the man **whakautu**,[50] the male um (2.0) ah returns the call. **Pehea te wāhine rāua**,[51] you look at the **whare**[52] now, see the **wāhine** is open... and the male responds '**Haere mai ana**,[53] I'm coming', **nei**? As in, 'you are ready, I am coming, and a new generation will come out of this experience'... The **wāhine** opened up... the entrance way as such...the **tāne** comes in, **ka moea**[54] the baby comes, you know, they become one, **ka moea**... they come inside the **whare** and the **whare** grows and that's the **kōpū**[55] [**Kaumātua**, **tāne**, 40s, rural].*

This participant described the significance of **wāhine** alongside the social formation **iwi**, noting the ability of **wāhine** to perpetuate **iwi**, in its meaning as a social formation as well as its meaning as bones, of the next generation. He also describes how **wāhine** are depicted in **whare hui** and the way this informs decisions about where to place carvings, and considerations for social engagement in the process of **pōwhiri**. Describing the **pōwhiri** process in detail, this is considered to mirror sexual and reproductive consent, with the voices of the **kai karanga**, who are **wāhine**, enabling the first aspect of engagement, and with a response, allows the process to begin. Like the process of sex, conception and gestation, these social proceedings allow the **manuhiri**[56] to proceed into the **whare hui**, and become one with the **tangata whenua** of the **marae**, with shared conversation and ideas contributing to growth within the collective. This application of a **pōwhiri** process to conception aligns with contemporary **mātauranga** and **tikanga Māori** that consider the integration of social, spiritual and ecological elements in everyday life (Jahnke, 2002; P. Porter, personal communication, 16th December 2010; Tate, 2010) including reproduction. It also aligns with contemporary **Māori** research that considers the role of **wāhine** in reproduction to be culturally significant (August, 2005; Herangi-Panapa, 1998). This participant's understanding of this **mātauranga Māori** is culturally appropriate and consistent with the view that **tāne** are **kaitiaki**[57] of **te whare tāngata** (Rimene et al., 1998). While birthing and after care services

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[45] Pregnant women.
[46] Main meeting area of a **marae**.
[47] Invitation, rituals of encounter, welcome ceremony on a **marae**, welcome.
[48] Tribe, strength, bone.
[49] Caller - the woman (or women) who has the role of making the ceremonial call to visitors onto a **marae**, or equivalent venue, at the start of a **pōwhiri**.
[50] To answer, reply, respond.
[51] There may be two women.
[52] House, in this case, the main **marae** building.
[53] I'm coming in.
[54] To marry, wed, sleep with, have sex, also to sleep, close (the eyes), dream.
[55] Belly, womb, abdomen.
[56] Visitors, guests
[57] Trustee, minder, guard, custodian, guardian, keeper.

have been critiqued for not respecting observances of **tapu** or eliciting **whakamā**[58] in **wāhine** during childbirth (Palmer, 2002; Rawiri, 2007; Rimene et al., 1998), contemporary **mātauranga** and **tikanga Māori** convey the significance of **te whare tangata** and a reverence for **wāhine** during **hapūtanga** and birth that may facilitate the enactment of **mana wāhine**[59] during childbirth, also consistent with western feminist perspectives that advocate for women's agency in childbirth (Bowes & Domokos, 2003; Marshall & Woollett, 2000; Purkis, 2003; Rúdólfsdóttir, 2000).

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

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

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

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

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[58] Be ashamed, shy, bashful, embarrassed.
[59] The inherent prestige, authority and power of women.
[60] Rub, soothe, smooth, stroke, fondle, smear, massage.
[61] Remedy, medicine, drug, cure, medication, treatment, solution (to a problem), tonic.
[62] When you are pregnant, speak to your baby.
[63] Hello, you, brought through the spirit from the gods.
[64] Spirit, soul, quintessence - spirit of a person which exists beyond death.
[65] The world of light.

*sisters, they wanted me to cut my hair and I didn't want to. My grandfather described this as bad luck, cutting links with **tūpuna**[66] [Manager of health service, **wāhine**, 50s, urban].* For this participant, cutting her hair was seen to cut links to **tūpuna**, which is consistent with contemporary **Māori** accounts that consider this to risk diminishing the **mana** of the baby (Rimene et al., 1998), reifying the heightened **wairua** and **tapu** nature of **wāhine** while they are **hapū**. Current western health services are premised on the individual (Jansen & Smith, 2006) which are not culturally congruent with these contemporary **mātauranga** and **tikanga Māori** pertaining to care for **wāhine** and **pepe** that emphasise the responsibility of **whānau** and acknowledgement of **wairua**. There is clear potential for these practices to be incorporated into antenatal services to allow good care for all, and better culturally congruent care for **Māori**.

WHENUA KI TE WHENUA[67]

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

> *The same things that was taught by my grandparents and my mother and myself going through having my children, the **pito**[68] or the placenta they all, they're all part of our cultural and our heritage… I never had any miscarriages. Um I hadn't lost any of my children, yep. And ah, so I went through normal normal birth… [Speaking about teaching her granddaughter] I wouldn't want her to go tell her to go and burn it. You know, yep of course. That's your body, and like I say all your body is **tapu.** Yeah, you know, and we started from the earth, we go back to the earth, you know. So any part of us it's like when we have an operation [**Kaumātua**, **wāhine**, 50s, rural].*

For this participant, a key informant **kaumātua**, the intergenerational practice of **whenua ki te whenua** was attributed to producing healthy birth circumstances. In her account, **whenua**[69] is treated as part of the body, and like the body is considered **tapu**, to be treated respectfully and returned to the **whenua**.[70] The practice of **whenua ki te whenua** is consistent with contemporary **mātauranga** and **tikanga Māori** that acknowledge the influence and integration of social, spiritual and ecological aspects of everyday life (Jahnke, 2002; P. Porter, personal communication, 16th December 2010; Tate, 2010). This contemporary practice inscribes identities with links and connection to **papa kāinga**[71] (Hohepa, 2011) if these areas are accessible, and also reinforces a broader **Māori** identity as **tāngata whenua**, people who belong to the **whenua**[72] (Cadogan, 2004). While many participants emphasised the importance of this practice, some were not taught about this practice by their **whānau** or maternity care provider, nor offered the **whenua**[73] (Rimene et al., 1998).

> *Jade: Do you remember if the hospital, ah staff offered you the placentas of your children?*
>
> *Participant: No. No they didn't and yeah and I always regret that, I regret yeah.*
>
> *Jade: Even though they didn't offer you the choice or the opportunity?*
>
> *Participant: Yeah*
>
> *Jade: Or the possibility?*

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[66] Ancestors, grandparents (Western dialect).
[67] Returning the placenta and afterbirth to the ancestral homelands (Mead, 2003).
[68] End, extremity, naval, section of umbilical cord nearest the baby's body.
[69] Placenta, afterbirth (also means land, country, ground).
[70] Land, country, ground (also means placenta, afterbirth).
[71] Original home, home base, village.
[72] Land, country, ground (also means placenta, afterbirth).
[73] Placenta, afterbirth (also means land, country, ground).

*Participant: Yeah, yep because I'd be hot on that now, yeah and I likewise if if I ever get a **mokōpūna** from my daughter or from my son yeah I would absolutely be vigilant on that. [**Wāhine**, 50s, rural].*

This participant's account of not being offered the **whenua**[74] after childbirth is consistent with the accounts of many more **wāhine Māori** who gave birth in a hospital based maternity service prior to the 1980s (Rimene et al., 1998; Tangohau, 2003) when The **Māori** Women's Welfare League reinvigorated this process (Mead, 2003; Simmonds, 2009) producing shifts in the cultural responsiveness of hospitals. For this participant, not being given the relevant knowledge about **whenua ki te whenua** or the option of keeping the **whenua**, created a barrier to the practice of this **tikanga**. In this regard, maternity services operated as a vehicle of colonisation, by not facilitating the practice of **tikanga Māori**. Learning the meaning and practice of **whenua ki te whenua** after she had given birth to her children lead this participant to emphatically state that she would ensure this practice would continue through future generations. Learning this **tikanga** later in life, when she already had children, lead her to experience guilt and self blame for not adhering to it, when she was not aware of it. This is not likely to be an uncommon occurrence, as it has been noted in the literature that many **wāhine rangatahi Māori** do not know the significance of **whenua ki te whenua** (Rimene et al., 1998). Maternity services have the opportunity to back ground **mātauranga** and **tikanga Māori** into their processes, to facilitate learning opportunities for **wāhine** who may not have had access to this. This may avoid the cultural conditions for **Māori** mothers to experience guilt, caused by contradictions between colonising influences that have historically denied **wāhine Māori** the opportunities to access and practice **tikanga Māori** associated with infant care while also framing the practice of **tikanga Māori** as an imperative, rather than allowing a continuous flow of different cultural options for contemporary **Māori** to determine the pathways that suit their lives.

ADDITIONAL **HAPŪTANGA,** BIRTHING KNOWLEDGES AND CARE

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

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

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

[74] Placenta, afterbirth (also means land, country, ground).
[75] Birth attendant, midwife.
[76] Belly, womb, abdomen.
[77] Relative, relation, kin, blood relation.

participants' account are consistent with the contemporary **Māori** literature, including the description of a correlation between the tides and birthing (Harris & Harris, 2001; Kenney, 2011) and men's involvement in birthing (Moewaka Barnes et al., 2013; Reynolds, 2012; Tangohau, 2003).

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

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

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

ABORTION

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

the range and depth of accounts as they may inform focussed service recommendations. This data will be utilised to develop further publications.

INDIVIDUAL CHOICE

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

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

This participant initially emphasised the gravity of considering abortion in a reproductive decision, also mentioning that the availability of abortion was important in enabling **wāhine** to decide what happens to their own bodies. The politics around women's 'choice' and having the opportunity to have an abortion occurs against a backdrop of women's rights activists fighting for abortion to be legalised in the west, that is ongoing in many countries (Abbiss & Kunowski, 1999). Advocating for **wāhine** to have a choice to have an abortion does not necessarily correspond with a willingness to have one, and participants may prefer not to have one in circumstances of unplanned **hapūtanga** depending on their circumstances. For a participant who had an abortion, and later became a mother to two children, her direct engagement with people who held a 'pro-life'[78] or anti-abortion perspective raised the importance of matter to her.

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

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

> *Participant: It was pretty bad at the time um because I didn't get a say in it… I'll never do that kind of stuff again. It was um yeah it was something stupid and um yeah I'll always regret it. Um yeah.*
>
> *Jade: And was that something that, um, how did you come to that decision? …*
>
> *Participant: Oh I didn't come to the decision; the girlfriend had already decided that that's what's going to happen [**Tāne**, 30s, urban].*

[78] Christian right wing groups have historically opposed abortion, considering it to be a murder of an unborn child and a sin. A 'pro-life' position aligns with this approach, and advocate for the rights of the foetus. This is countered by a 'pro choice' position taken by women's rights activists (Macleod, 2011).

This participant described how his girlfriend's decision to have an abortion was at odds with his wishes to keep the baby. Assuming responsibility for an action that his girlfriend requested, and he had no input, this participant described this as something that he could have potentially stopped, emphatically expressing regret. In the western literature, **tāne** assume varying levels of responsibility when a co-conceived **hapūtanga** is terminated, from exclusion (demonstrated in the present account), mutuality, to responsibility in persuading **wāhine** to seek abortion (Reich & Brindis, 2006). As **Māori** refashion strategies in the presence of various cultural influences including **mātauranga** and **tikanga Māori**, it is possible that **tāne Māori** responses to abortion also fit along this spectrum. It has also been noted in the contemporary **Māori** literature that **tāne** are often excluded from reproductive and parenting matters (Reynolds, 2012) aligned with western trends, albeit with some current momentum towards increased men's involvement (Barker & Das, 2004). In this participant's case, being excluded from a reproductive decision where his partner sought an abortion may be informed by western trends towards reproduction and abortion as a woman's choice and responsibility. In contrast, his positioning may be situated within contemporary **mātauranga** and **tikanga Māori** that considers new life as highly significant, with his partner's decision and enactment of abortion clashing with the provision of **whānau** support and investment in collective responsibility for the new life (see further accounts and detailed explanations of this **tikanga** in chapter four).

WHĀNAUNGATANGA

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

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

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

> *I would be devastated if she, if I didn't know that my daughter um ah was pregnant you know and had aborted her baby. I would have been devastated… I feel for my daughter to be so so alone to have to make a decision like that… I find that um there's a strong need I don't know what it is and I don't*

*know, for a **kaumātua** element within that, ah an elders support group who were there for children, who were there for these young kids [**Tāne**, 40s, rural].*

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

PROTECTION OF NEW LIFE

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

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

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

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

In this extract, the key informant participant and mother of four noted her personal view that she would not want to have an abortion, and that none of her children sought one. However, without condemning the practice of abortion, she noted the availability of different personal views, and the function of individual 'choice' in construing this. This perspective encompasses a view that advocates the protection of new life, while also acknowledging the validity of decisions to 'choose' abortion, aligned with accounts described in the earlier section on individual choice (of **wāhine**). The myriad of different and conflicting perspectives on abortion

practice corresponds to the equally diverse ways that reproductive decisions are constituted differently in relation to contemporary **mātauranga** and **tikanga Māori** and western ideologies and patterns of practice (see chapters four and five) and perspectives that advocate for proceeding with an unplanned **hapūtanga**, facilitated by **whānau** support and **whāngai**, or to seek abortion.

ABORTION SERVICE DELIVERY

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

> *A lot of women can actually become ambivalent… That's why you ask them about where they sit on a scale… You know if they sit anywhere under six, you know, for me that's ambivalent they cannot actually be clear about their decision and so what we do, we offer them pre um pre op counselling... We're talking about three options adoption, termination and um continuing. And so we work around those areas and around um their feelings, their emotions, mentally... But I always say to women, you know, at the end of the day it's what's best for you, your wellbeing and your whānau, but you have to make that decision... One is um individual where the woman actually comes by herself and makes that whole decision by herself and has and no whānau members are actually involved and then there's the other one, the other where um she's actually informed her whānau and her whānau are supporting whatever decision she makes whether it's an abortion or continuing with the pregnancy... But even a woman's um wellbeing or* ***ahua***[79] *is quite different to a woman who actually makes an individual um choice by herself [Clinician, 50s, urban].*

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

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[79] A shape, appearance, condition, character, likeness, nature, figure, form (also means to form, make).

*I think one of the biggest practice and traditions is about **Māori** women taking the **whenua**[80] home and I think that's a huge thing… Um you know abortion's still a very secretive um issue, you know? Some **whānau**... you know, 'I haven't told my mother yet' you know but... 'I'll be taking it home because my mother will be burying it'. So... the parents may not agree with um, you know, the actual abortion but there's still some of that traditional ... [practice of] **whenua** to **whenua**[81] [Clinician, 50s, urban].*

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

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

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

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

[80] Placenta, afterbirth (also means land, country, ground).
[81] Returning the placenta and afterbirth to the ancestral homelands (Mead, 2003). In the context of abortion, this also refers to the product of conception.
[82] In the context of abortion this refers to the product of conception (also means placenta, afterbirth or land, country, ground).
[83] Land, country, ground (also means placenta, afterbirth or product of conception).
[84] Land, country, ground (also means placenta, afterbirth).

hapūtanga and the need to seek abortion. This approach offered a way for patients to reconcile the often difficult and contradictory space associated with making a decision to have an abortion.

CONCLUSION

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

SEXUALITY EDUCATION

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

Sexuality education is also required to respond to the "diversity of values and beliefs in the schools' community" (The Ministry of Education, 1999, p. 39). Cultural expertise is required of educators who draw upon **mātauranga** and **tikanga Māori** in their programmes, while young **Māori** involvement in designing and delivering these programmes, the incorporation of cultural identity, and the involvement of **whānau**, **hapū**[85] and **iwi**[86] are considered to contribute to the success of programmes for **Māori** (The Ministry of Education, 1999). In an evaluation of the sexuality education of 100 (18% of secondary and 12% of intermediate) schools in New Zealand, meeting the needs of diverse groups of students (including **Māori**) was highlighted as a particular concern and a 'one size fits all' approach to sexuality education was seen across many schools (Education Review Office, 2007). Only 20% of these schools were inclusive of **Māori** students, 25% were inclusive of Pacific students, and 20% were inclusive of international students. Utilising **Māori** staff, appropriate **Māori** external providers, or adapting mainstream programmes to incorporate relevant **Māori** cultural content was advised.

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

[85] Sub tribe, to be pregnant, conceived in the womb
[86] Tribe, strength, bone

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

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

MATERNITY SERVICES

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

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

[87] Charitable trust that provides **Māori** sexual and reproductive health services.

whānau, who are considered **noa** (disempowered and beyond their own physical or spiritual power) when they are involved with the healthcare service. Ideally **karakia**[88] is to be offered to the **wāhine** and their **whānau**, collective **whānau** decision making is assumed, flexibility with visiting timing and numbers is granted, and shared meals between **whānau** and the **wāhine** is encouraged. Food is to be kept separate from bodily fluids or the body, and **taonga** are only to be removed if they pose a risk to the **wāhine**. The removal, retention, return or disposal of body parts, including **whenua**,[89] are also protected by protocols to ensure that staff consult with the **wāhine** and **whānau**, provide enough information for them to make an informed choice, return them in an appropriate container; if the **wāhine** and **whānau** do not request this to be returned, an explanation of the disposal/burial of the **whenua** will be provided and will follow **tikanga** processes.

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

In the context of the present empirical research (the current chapter), literature on traditional childbirth practices, and contemporary studies (reviewed in two different sections in chapter two), there is significant potential for innovation in maternity services based upon the application of **mātauranga** and **tikanga Māori**, and a number of recommendations can be drawn from this body of scholarship. I recommend teaching **mātauranga** and **tikanga Māori** in antenatal care and facilitating this in birthing services, including the acknowledgement of subjective experience and embodiment in birthing. This may include intuitive aspects of birthing, **mirimiri** to assist with pain relief (see Harris & Harris, 2001 for a detailed account), **wairua** (Moewaka Barnes et al., 2013) that denotes **wāhine** with a status as highly **tapu** and permits engagement and attachment with the baby in the womb (Manihera & Turnbull, 1990). It may also include practices utilised by **tapuhi**[90] to create a positive and supportive environment including songs, laughter, stories about prior births, and birthing in a manner that enabled the **tapuhi** to gain a felt sense of the contractions (see Palmer, 2002). I recommend that antenatal, birthing and aftercare services consider and treat **hapūtanga** as a celebration of **mana wāhine**, **te whare tāngata**, **whāngai u**[91] (Rimene et al., 1998), that **whānau** are given greater agency to allow **whānau** resourcing, intergenerational knowledge transfer, and **mana tāne**[92] (involvement and investment of fathers, uncles and grandfathers) (Moewaka Barnes et al., 2013; Reynolds, 2012; Tangohau, 2003). I also recommend that birthing and aftercare services allow **wāhine** and **whānau** the opportunity to stay for as long as they need to in order to learn necessary skills. Enabling **wāhine** and their **whānau** greater agency in maternity services, consistent with a humanising approach to childbirth (see Machizawa & Hayashi, 2012), would also create a broader space for **whānau** specific engagement with **mātauranga** and **tikanga Māor**i in these contexts. Furthermore, I recommend the publication of accessible resources (print or web

[88] Incantation, prayer, grace, blessing, church service.
[89] Placenta, afterbirth (also means land, country, ground).
[90] Birth attendants.
[91] Breastfeeding.
[92] The inherent prestige, authority and power of men.

based) for **whānau** to utilise to explore and learn about traditional and contemporary understandings of **hapūtanga**.

The **tikanga** of **whenua ki te whenua** has been occluded by the failure of birthing and after care facilities to offer the **whenua**[93] to mothers of new born babies, until the 1980s (Rimene et al., 1998; Tangohau, 2003) and consequently, many **wāhine rangatahi** do not know the significance of **whenua ki te whenua** (Rimene et al., 1998). I recommend providing opportunities for **whānau** to learn these **tikanga** in sexuality education, antenatal, birthing and aftercare facilities. This may avoid circumstances for **Māori** 'mother guilt' where **wāhine** come to learn about these **tikanga** later in life and regret applying **mātauranga** that they were denied access to through colonisation.

ABORTION

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

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

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

[93] Placenta, afterbirth (also means land, country, ground).

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

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

CONCLUSION: TORQUE OF LIFE

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

My initial interest in pursuing this thesis topic was piqued by the disjuncture between deficit focussed research presenting **Māori** reproduction negatively and my positive personal experiences in the context of **whānau**.[1] Asking how do **Māori** make sense of their reproductive lives? Led me to review traditional **mātauranga**,[2] **tikanga Māori**,[3] and western patterns of practice, and discuss the implications for relevant reproductive health services. From initial naive curiosity, my thesis has taken a complex and multi layered trajectory, informing a process of personal growth as a **Kaupapa Māori**[4] researcher, and a simultaneous pursuit of knowledge. Learning **te reo Māori**,[5] engaging more intensively with my **whānau** and **hapū**[6] at various **marae**[7] in the capacity of researcher, and reflecting on my experiences in the context of **whānau** has provided lived practical experience to anchor my reading of academic literature pertaining to traditional **mātauranga** and **tikanga Māori**, and my analysis of participant experiences.

Reviewing the knowledge produced through the thesis, in chapter one, I explored the historical and social contexts that have produced the need for research that centres the analysis of **wāhine Māori**,[8] and specific research techniques and strategies. Broad and more specific impacts of colonisation were examined, including patriarchy, the market based economy, early missionary influence through the promotion of Christianity, and approaches to knowledge. These concepts provided insight into potential areas of interest in data analysis, while latter sections reviewing and developing key techniques of **mana wāhine** research informed the approach to data analysis. More specific literature pertaining to sexuality, reproduction and **whānaungatanga**[9] was reviewed in chapter two, the first literature review investigating traditional pre-colonial **mātauranga** and **tikanga Māori** understandings of reproduction, colonising impacts, the contribution of health services as a colonising interface, and how reproductive decisions are considered, today. This review illuminated the current research topic as considerably relevant, as **Māori** agency in reproductive decision making, abortion or delayed childbearing is less acknowledged in contemporary empirical research.

Participants' reproductive lives and key informant contributions were analysed in chapters four, five and six. The knowledge gleaned from chapter two enabled the exploration of how reproductive **mātauranga** and **tikanga Māori** were carried through and reconfigured in contemporary practice in chapter four, enabling the exploration of cultural common sense pertaining to children, childrearing, **whānaungatanga**, **whakapapa**[10]

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[1] Extended family (also means to be born, to give birth).
[2] Education, knowledge, wisdom, understanding, skill.
[3] Correct procedure, custom, manner and practice, pertaining to **Māori**.
[4] An approach that privileges the perspectives and protocols of **Māori.**
[5] **Māori** language.
[6] Sub tribe, to be pregnant, conceived in the womb.
[7] Community facility where **hapū** collectives discuss political and social matters, and host important events such as funerals.
[8] **Māori** women.
[9] Relationship, kinship, sense of family connection.
[10] Genealogy, lineage, descent (also means genealogical table).

and **wairua**.[11] These cultural values provided a support and facilitation for having children and parenting, were a source of strength in people's lives, resilient to colonising influences. Chapter five investigated the complexity of colonising influences, new considerations for reproductive lives, and various standpoints and strategies that participants' took in relation to them. In this regard, participants managed individualising pressures, the market based economy and areas where they were disadvantaged by class, culture, race, and gender. While many participants' accommodated to these new considerations, access to monetary resources enabled easier accommodation while access to environmental, **whānau** or **mātauranga** and **tikanga** knowledge facilitated resistance. The sixth chapter examined the implications of these findings for relevant reproductive health service delivery, and what innovations **mātauranga** and **tikanga Māori** could yield for culturally congruent sexuality education and maternity services for **Māori**, how participants' made sense of abortion in the context of various competing standpoints, and how abortion service delivery could be more responsive to **mātauranga** and **tikanga Māori**. Current guidelines in these areas were analysed with recommendations made for relevant service delivery.

PATTERNS OF CULTURAL PRACTICE

In these conclusions I want to reflect further on the patterning across the emergent cultural practice of western and **Māori** influences, and describe how this research could be developed further. Participants in this study have described reproductive experiences that have necessitated walking between two worlds, negotiating multiple perspectives and areas where there may be conflict. This may also be termed 'managing the contradictions of a colonised reality', living a 'bicultural reality' or 'being **Māori**'. Pulling this thread together I now describe the ways that participants' lives operate across **mātauranga** and **tikanga Māori** (chapter four), and western patterns of practice (chapter five). While I have described how participants negotiate dominant themes: **he tamaiti he taonga**,[12] **whānaungatanga**, **whakapapa**, **wairua**, individualising pressures, the market based economy and other challenging contexts, I now consider whether there were participants who exclusively drew from one cultural modality, explore the ways this patterning intertwined or formed pinch points and dilemmas for majority who worked the combinations, and consider the implications of these patterns of practice for broader political strategies.

Of the total participants in this study (43), all described some aspect of **tikanga Māori** (including **whānaungatanga**, **whakapapa** or **wairua**) in their reproductive lives (43), while a clear majority described some aspect of western practice (individualising pressure, engagement with the market based economy) (39). Of those who did not describe any engagement with western practice, all were **tāne**,[13] who had grown up in rural areas, were in low socioeconomic positions, but were of a range of ages (20s to 70s), and included fathers (3) and one child free **tāne**. There may be a number of reasons for this. During recruitment, many prospective **tāne** participants suggested I speak to their wives or partners, as many believed that **wāhine** had more expertise in the area of reproduction than themselves. For those who agreed to participate, this may also feature into their expectations about the study, influencing how they responded to my questions, emphasising aspects of **tikanga Māori**. It is also possible that for these participants, who grew up rurally in close geographical proximity to **whānau**, **tikanga Māori** may have been readily accessible, informing a deep engagement with these practices in the context of their future reproductive lives, and rendering western

[11] Spirituality, spirit, soul, quintessence - spirit of a person which exists beyond death.
[12] A child is a gift.
[13] **Māori** men.

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

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

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

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

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

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

[14] To be pregnant, conceived in the womb (also means sub tribe).

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

This participant described disclosing his gay sexuality to his mother, and her response to this that implied a parallel with her own reproductive decisions and life choices. This participants' account of his mothers' reproductive decision-making conveyed that parenthood was an explicit choice, against the western (Ulrich & Weatherall, 2000) or **Māori** social norm that conveyed pressure to have children (Glover & Rousseau, 2007; Reynolds & Smith, 2012). However, being part of a supportive **whānau** enabled this participants' mother to have children, and focus on her ambitions for career. The mutual contribution of her wider **whānau** in raising her children enabled her to maximise her potential in the context of an individualised, market based economy, contributing to a broader ethic of relational individuality. While earlier narratives (see chapter four and section on **whānau** support) evidenced similar aspects of **whānau** support, this participant's mother's ambitions in career and education were fore grounded while the **whānau** were available to support her ambitions and the future of her children. While diverging from the narrative of early reproduction (explored across chapters four and five), where intensive **whānau** support through **atawhai**[15] or **whāngai**[16] was commonplace, this broadens the narrative of **whānau** support to include **wāhine** of all ages in their ambitions, to allow a positive mutually influencing relationship between **Māori** and western patterns of practice.

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

And each generation that um grows up without like (1.0) well we have to learn to walk in two worlds don't we as ***Māori****. And some of us we (1.0) we only grew up in the* ***Pākehā*** *world. I mean but we always had that connection to our* ***whānau*** *and ah but um we're, being in the city can be a bit isolating too in when you're not brought up in your homelands and you don't have much contact with your* ***marae****.. Yes so at least my parents grew up at [rural area] in home but yeah we're the product of the city generation. Um so it's good to come back and to sort of like re-learn things, get back in touch with the* ***Māori*** *world... Well when I came back to live and decided to live [in rural areas] I slowly became um (2.0) um you know (1.0) put in touch with, with the concepts and things that I had that we hadn't really grown up with... We'd always grown up knowing that we were* ***Māori*** *and, you know, that we had the wider* ***whānau*** *and that but um (2.0) sort of learnt more about it as you came back to live back back at [rural* ***papa kāinga****].*[17] *Mm. And learn things. Learning* ***te reo***[18] *was top of my list. (Jade: Mm.*

[15] To raise or adopt temporarily (also means to show kindness to).
[16] To raise, adopt, nurture (also means to feed).
[17] Original home, home base, village.
[18] **Māori** language.

*[laughing]) (laughing). New to **tikanga** but yeah I've picked up bits as I've gone along [**Wāhine**, 50s, rural].*

For this participant, who described growing up in **te ao Pākehā**[19] with a predominance of western patterns of practice, the **mātauranga** and **tikanga Māori** practice of **whānaungatanga** was simultaneously maintained. While **whānaungatanga** underwent significant transformation during urbanisation and wider colonisation with many **Māori** moving to more nuclear configurations of **whānau** (Durie, 1985, 2001; S. Edwards et al., 2007), for this participant, elements of **whānaungatanga** were described as a resilient cultural practice. However, a sense of loss is evoked when compared to the experience of her parent's generation, who grew up at their rural **papa kāinga**, with **whānau** geographically accessible, close to their **marae**. This was considered to be interlinked with knowledge and practice of other aspects of **te ao Māori** including **te reo me ona tikanga Māori**,[20] motivating her to move to her rural **papa kāinga** to learn more. Demonstrating the complexity of colonisation and its effects, this participant reworked her generational script associated with predominantly western patterns of practice, to carve out new possibilities by seeking to understand the script that her parents grew up with, associated with **mātauranga** and **tikanga Māori** patterns of practice. This was enabled by the retention of **whānaungatanga** connections and **papa kāinga**, resources that are not accessible to all **Māori**, as a consequence of colonisation.

As indicated in these three accounts, the dynamic **Māori** cultural actor skilfully weaves together the pattern of their own reproductive life across different sets of cultural resources pragmatically and flexibly. As demonstrated in chapters four and five, some cultural concepts may background reproductive lives and decisions, shaping them without explicit engagement while other cultural concepts may be foregrounded and explicitly engaged with, overtly shaping reproductive lives. Some options may be resisted, through reliance on existing (dominant or marginalised) **Māori** or western cultural concepts, or a blend between the two. Extending upon these earlier conclusions by considering the intertwining of **mātauranga** and **tikanga Māori**, managing different cultural expectations sometimes involved contradiction and dilemma, or harmonious positions, depending on the context. Positions where **mātauranga** and **tikanga Māori** synthesised allowed a greater richness, potential expansiveness and diversity of options for participants' reproductive lives.

Māori are adept at negotiating western patterns of influence and practice and are not simply 'connected' or 'disconnected' from **mātauranga** and **tikanga Māori**. Different intersecting identities associated with being **Māori** of a particular socioeconomic position, gender and urban and rural location may foreground different options or challenges when considering reproductive, educational, or career ambitions, across **Māori** and western patterns of practice. Sometimes **mātauranga** and **tikanga** might go in and out of focus as other stresses or considerations are fore grounded. As noted in the prior extracts, new cultural forms and reproductive practices also emerged as **Māori** worked within contemporary contexts and renewed an engagement with **mātauranga** and **tikanga Māori**. The survival of **mātauranga** and **tikanga Māori** in the context of reproductive lives reinforce their value, potential and continued relevance for the lives of contemporary **Māori**.

The bicultural reproductive dilemmas and experiences facing the dynamic **Māori** cultural actor in the context of reproductive lives are intrinsically tied to broader politics and goal of **tino rangatiratanga**.[21] The cultural

[19] The **Pākehā** world.
[20] **Māori** language and traditional practices (Pihama, 2001).
[21] Self-determination.

patterns and dilemmas experienced in the realm of reproduction apply to broader politics in the current context of colonisation, and wider agendas to ensure the next generation of **Māori** has access to education and economic opportunity (Herangi-Panapa, 1998), that **Māori** philosophy and values are incorporated into mainstream agendas through wider power sharing (Herangi-Panapa, 1998), and we are able to live free of one-sided, negative, racist or 'other'-ing discourses. Reclaiming **tino rangatiratanga** through resistance, insisting on our rights and ability to live as **tangata whenua**[22] (interview with Annette Sykes in Bargh, 2007), according to our **tikanga** is also pertinent to reproductive and broader political ambitions. Exercising our individual rights and educating others about them, and supporting politicians that have a reproductive justice agenda and support non-profit organisations in this sector are key approaches to achieving reproductive rights (Chrisler, 2012a). As dynamic **Māori** cultural actors, we have the agency to determine not only the scope of our own reproductive lives, but broaden possibilities and scope for the lives of **Māori** collectively, as a unique people.

While the strategy of binarising[23] ourselves within a particular pattern of practice is outdated, we also need to mobilise from as many perspectives as possible, organising ourselves in such a way as to retain a distinct and autonomous indigenous harmony (interview with Teanau Tuiono, in Bargh, 2007). Facilitating a "two-way process" of exchange and continuing to acculturate **Pākehā** to **Māori** understandings is also a possibility for change; a revolution in the "hearts and minds of our youth" may form a catalyst for such an enterprise (interview with Annette Sykes, in Bargh, 2007, p. 123), potentially utilising space creatively, transforming it, and drawing upon the media for our aims (interview with Teanau Tuiono, in Bargh, 2007). Furthermore, commonalities in marginality experienced by women internationally, and by **wāhine Māori** as a consequence of colonisation provide a platform to engage with, and contribute to broader conversations about reproductive justice (Chrisler, 2012b). By dismantling and challenging exclusion and marginalisation by socioeconomic status, gender, race, sexuality, we as researchers, activists, health service professionals, and **Māori** living everyday lives, can clear the pathways for our **tamariki**,[24] **mokōpūna**[25] (and beyond) to live out their dreams.

THE NEXT TWIST

While this project has been broad in scope, enabling holistic interconnections to be drawn across various fields, this has come at the expense of pursuing interesting strands of analytic enquiry, and there is considerable potential to expand this research further. While I have outlined detailed recommendations for service delivery in the conclusion of chapter six, I wish to build upon that, and reinforce the point that sexual and reproductive education and health services need to improve cultural responsiveness for **Māori**. Based upon the present research it has been ascertained that **mātauranga** and **tikanga Māori** are being practiced in the reproductive lives of **Māori** today, alongside, and in combination with, western patterns of practice. There are clear illustrative examples of culturally congruent approaches to sexuality education, maternity services and abortion in this thesis that could be utilised in practice tomorrow, or to inform the development of **tikanga** policy guidelines, teaching and educative resources, and training for educators and clinicians in this area. There are also clear linkages in the need to prepare **rangatahi Māori**[26] for reproductive responsibility, to consider circumstances of unplanned pregnancy, and possibilities of parenting, **whāngai**, adoption or

[22] Local people, hosts, indigenous people of the land - people born of the **whenua** (of the placenta and the land) where the people's ancestors have lived and where their placentas are buried.
[23] Positioning within two mutually exclusive positions.
[24] Children.
[25] Grandchild, descendant - child or grandchild of a son, daughter, nephew, niece, etc.
[26] Young **Māori**.

abortion. We need to move beyond a deficit focus in this area, and focus on how to best support our **rangatahi Māori**, our **tamariki**, who are our future. The responsibility for this is shared among sexuality education, sexual health, abortion, antenatal and birthing services to co-ordinate a response that involves, acknowledges and encourages the support of **whānau** while enabling and mobilising possibilities for **Māori** aspiration and ambition in education, career, travel, participation in the market based economy, in the context of the reproductive aspirations and decisions of **rangatahi Māori**.

In addition to these possibilities to extend the research to consider practical applications, there is considerable scope for further research in the area of **Māori** and reproduction. While further rich accounts of participants' experiences of abortion, birthing, engagement with sexual and reproductive health services, with particular implications for femininities and masculinities were collated as part of this thesis, I am only able to provide a 'snapshot' of the range and depth of accounts as they may inform focused service recommendations. The broader data collected from this thesis will be utilised to develop further publications. There is considerable potential for further research that investigates how to develop user-friendly resources, guidelines or methods of training educators, clinicians, and health service staff working in the specific areas of sexuality education, sexual health, maternity services and abortion. For instance, further research into **Māori** experiences and beliefs on abortion could draw upon interview data from clinicians, abortion service users, and **kaumātua**[27] in order to investigate the best ways of working with **Māori** who seek abortion, and develop resources for service users, clinicians, and formal agency guidelines.

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

Given the interviews were conducted by me, a **wāhine Māori**, it is very likely that my difference in gender from **tāne** participants elicited a different response to my interview questions (Schwalbe & Wolkomir, 2003) than if the interviewer was **tāne Māori**. Given the complexities of intersectional influence on participants' reproductive lives through gender, class and positioning across **Māori** and western patterns of practice, a study on **Māori** masculinity and reproduction, conducted by a **tāne Māori** researcher is likely to yield interesting findings. Focus groups would allow **tāne** to build upon the responses of others in **hui**[28] on **marae**, allowing a collective **wairua** to build up, enabling discussion about possibilities for enhancing **mana tāne**[29] in reproduction as it is configured in the broader context of the lives of **tāne**. These **hui** could be held at various

[27] Elder. In this research it refers to chosen experts who have knowledge of **mātauranga** and **tikanga Māori.**
[28] Gathering, meeting, assembly, seminar, conference.
[29] The inherent prestige, authority and power of men.

marae to enable **hapū**[30] specific strategies for enhancing **mana tāne** in reproduction, in a colonising context, that contains individualising pressures, cultural, class and racial marginalisation.

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

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

[30] To be pregnant, conceived in the womb (also means sub tribe).
[31] An approach that privileges the perspectives and protocols of **Māori** women.
[32] Menstruation.

APPENDICES

APPENDIX A: LIST OF SUPPORT SERVICES

List of Support Services

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

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

Auckland DHB

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

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

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

MOKO
Phone: (09) 838 9960

Adult Community Mental Health Team
Phone: 822 8501

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

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

Adult Community Mental Health Team
Phone: 487 1400

Counties Manukau DHB

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

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

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

The Cottage Community Mental Health Centre
24 Station Road
Otahuhu
Phone: 270 9090

APPENDIX B: GENERAL PARTICIPANT INFORMATION SHEET

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

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

To …….

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

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

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

You are assured that all specific identifiable information provided by you, such as your name and address, will not be seen by anyone, for any reason, other than myself, and only I will know the identity of participants. Extracts from the information you provide may be quoted in the report and in possible publications, however this will be written in a way that preserves your anonynimity, and it will not be possible to identify you. Your interviews and consent forms will be stored securely, and separately, and destroyed 3 years from completion of the research (electronic files will be deleted, any paper transcripts will be shredded). There is a possibility that I might continue to do related, and possibly more in-depth, research after this project, on the same, or similar, topics. With your permission, I would like to be able to use your interview for other related projects in the future.

Should you wish to express concerns about any aspect of this project, but do not wish to approach me, you may contact my supervisor Dr Virginia Braun, or Professor Fred Seymour, Head of the Psychology Department, or the Chair of the Ethics Committee, at the addresses supplied below.

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

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

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

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

For any queries regarding ethical concerns please contact:

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

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE on 5.12.2007 from 5.12.2007 TO 5.12.2010. EXTENSION GRANTED ON THE 20.10.2010 from 20.10.2010 TO 6.07.2012. Reference 2007/439

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APPENDIX C: GENERAL PARTICIPANT INFORMATION SHEET – TE REO MĀORI

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND

DEPARTMENT OF PSYCHOLOGY
Faculty of Science

Human Sciences Building
Floor 6, 10 Symonds Street,
Telephone 64 9 373 7599 ext. 82287
Facsimile 64 9 373 7450
The University of Auckland
Private Bag 92019
Auckland, New Zealand

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

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

Kairangahau: JADE LE GRICE

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

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

Ngā kōrero whakamārama:

_____

Ingoa:
(Kia āta te tuhi)

Te Rā: / /

Waitohu

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APPENDIX D: KEY INFORMANT PARTICIPANT INFORMATION SHEET

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND
DEPARTMENT OF PSYCHOLOGY
Faculty of Science
Human Sciences Building
Floor 6, 10 Symonds Street,
Telephone 64 9 373 7599 ext. 82287
Facsimile 64 9 373 7450
The University of Auckland
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MĀORI PERSPECTIVES ON FERTILITY, REPRODUCTION AND PREGNANCY.
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Ko oku maunga karangaranga ko Motukaraka me Whiria.

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

You are assured that all specific identifiable information provided by you, such as your name and address, will not be seen by anyone, for any reason, other than myself, and only I will know the identity of participants. Extracts from the information you provide may be quoted in the report and in possible publications, however this will be written in a way that preserves your anonynimity, and it will not be possible to identify you. Your interviews and consent forms will be stored securely, and separately, and destroyed 3 years from completion of the research (electronic files will be deleted, any paper transcripts will be shredded). There is a possibility that I might continue to do related, and possibly more in-depth, research after this project, on the same, or similar, topics. With your permission, I would like to be able to use your interview for other related projects in the future.

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Should you wish to express concerns about any aspect of this project, but do not wish to approach me, you may contact my supervisor Dr Virginia Braun, or Professor Fred Seymour, Head of the Psychology Department, or the Chair of the Ethics Committee, at the addresses supplied below.

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

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

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

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

For any queries regarding ethical concerns please contact:

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

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

HE PEPA WHAKAMĀRAMA KŌRERO HEI ARATAKI I A KOUTOU.

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

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

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

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

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

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

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

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

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

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

I te mutunga o tēnei rangahau, tērā pea ka hohonu ake taku titiro ki ēnei kaupapa, hei rangahau hou mōku. Ina whaia tonu ko ngā kōwai ōrite ki ēnei e rangahaua ana i tēnei wā, kia whakaāe mai koe, ka pai kia whakamahi i ōu rauemi hei arataki i ahau?

Ina he raruraru āu e hāngai ana ki ngā āhuatanga o tēnei rangahau, ā, kāre pea koe e pirangi kōrero mai ki ahau, ka taea e koe te kōrero ki taku kaiwhakahaere, a Tākuta Virginia Braun, te tumuaki rānei o te Tari Whai Mātai Hinengaro, a Douglas Elliffe. Kei raro, e whai ake nei o rāua whakamārama.

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

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

Mā te Atua koe e manaaki, e arataki, e tiaki i ngā wā katoa, i nga wāhi katoa.

Tono mai, wāea mai ki a :

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

Taku kaiwhakahaere ko:

Dr Virginia Braun.
Department of Psychology,
The University of Auckland
Private Bag 92109, Auckland.
Telephone 373-7599 ext 87561

Te tumuaki o Te Tari Whai Mātai Hinengaro ko:

Dr. Doug Elliffe
Department of Psychology,
University of Auckland
Private Bag 92019, Auckland
Telephone 373-7599 ext 85262

Mehemea he pātai, he raruraru hoki āu e pā ana ki ngā tikanga matatika, wāea atu ki a:

The Chair,
The University of Auckland Human Subjects Ethics Committee,
University of Auckland
Private Bag 92019, Auckland.
Telephone (09) 373-7599 ext. 87830

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APPENDIX F: GENERAL PARTICIPANT CONSENT FORM

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

CONSENT TO PARTICIPATE IN RESEARCH

THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF SIX YEARS.

Title of Project: Māori perspectives on fertility, reproduction, and pregnancy.

Researcher: Jade Le Grice.

I have been given, and have understood, the explanation of this research project. I have had an opportunity to ask any questions, and have had them answered. I know that my participation in this project is entirely voluntary. I am also aware that I will be offered koha to the value of $20 in the form of a grocery, petrol, or book voucher for participating in this study. I understand that I may withdraw myself from the interview, and that I am under no obligation to answer any particular questions. I am aware that extracts from the information I provide may quoted in the report and in possible publications, and that this will be anonymised to protect my identity. I understand that any professional transcriber working on my interviews will be required to sign a confidentiality agreement. I also understand that I may withdraw any or all of the information I provide at any time up to [INSERT DATE ONE MONTH AFTER TIME OF INTERVIEW], without giving a reason.

☐ I agree to take part in this research
☐ I agree to the interview being audiotaped and transcribed
☐ I agree that Jade Le Grice may keep the data for up to 3 years from the time the research is completed for use in future related research projects
☐ I will require a summary of the findings (if yes, please provide contact details)

Contact details: _____

Name:
(please print clearly)

Date:

Signed:

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE on 5.12.2007 from 5.12.2007 TO 5.12.2010. EXTENSION GRANTED ON THE 20.10.2010 from 20.10.2010 TO 6.07.2012. Reference 2007/439

APPENDIX G: GENERAL PARTICIPANT CONSENT FORM – TE REO MĀORI

THE UNIVERSITY OF AUCKLAND
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Facsimile 64 9 373 7450
The University of Auckland
Private Bag 92019
Auckland, New Zealand

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

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

Kairangahau: JADE LE GRICE

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

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

Ngā kōrero whakamārama:

_____

Ingoa:
(Kia āta te tuhi)

Te Rā: / /

Waitohu:

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APPENDIX H: KEY INFORMANT CONSENT FORM

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

CONSENT TO PARTICIPATE IN RESEARCH – KEY INFORMANT

THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF SIX YEARS.

Title of Project: Māori perspectives on fertility, reproduction, and pregnancy.

Researcher: Jade Le Grice.

I have been given, and have understood, the explanation of this research project. I have had an opportunity to ask any questions, and have had them answered. I know that my participation in this project is entirely voluntary. I am also aware that I will be offered koha to the value of $20 in the form of a grocery, petrol, or book voucher for participating in this study. I understand that I may withdraw myself from the interview, and that I am under no obligation to answer any particular questions. I am aware that extracts from the information I provide may quoted in the report and in possible publications, and that this will be anonymised to protect my identity. I understand that any professional transcriber working on my interviews will be required to sign a confidentiality agreement. I also understand that I may withdraw any or all of the information I provide at any time up to [INSERT DATE ONE MONTH AFTER TIME OF INTERVIEW], without giving a reason.

☐ I agree to take part in this research
☐ I agree to the interview being audiotaped and transcribed
☐ I agree that Jade Le Grice may keep the data for up to 3 years from the time the research is completed for use in future related research projects
☐ I will be identified in any quotes by general descriptors
☐ I will require a summary of the findings (if yes, please provide contact details)

Contact details: _____

Name:
(please print clearly)

Date:

Signed:

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE on 5.12.2007 from 5.12.2007 TO 5.12.2010. EXTENSION GRANTED ON THE 20.10.2010 from 20.10.2010 TO 6.07.2012. Reference 2007/439

APPENDIX I: KEY INFORMANT CONSENT FORM – TE REO MĀORI

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

HE PEPA WHAKAĀETANGA HEI KAIWHĀKI MATUA MŌ TE RANGAHAU

KA MAU TĒNEI PEPA WHAKAĀETANGA MO NGĀ TAU E ONO

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

Kairangahau: JADE LE GRICE

Kua homai ki au, ā, e mārama pai ana au ki te take o tēnei rangahau. I whai wā au ki te tuku pātai, ā, kia whai whakautu hoki. Kei te mōhio au, he mahi kore-utu tēnei, ā, ka whiwhi koha hoki au hei pūtea kai, pūtea penehīni, pūtea pukapuka rānei ki te wāriu o te $20 mo ōku mahi. E mārama ana au, ina whakakore au i te uiui kōrero, kāre au i te whakautu i ngā pātai. Kei te mōhio au, tērā pea ka whakamau ētahi wāhanga o aku kōrero ki roto i te rīpoata, ki rō pānuitanga rānei, ā, ka huna hoki tōku tuakiritanga. E mārama ana au, me waitohu ngā kaituhi o aku kōrero i tētahi pepa whakaāe, ā, e mārama hoki ana au he pai kia tango au i aku kōrero mai i te rangahau nei i mua i te 31 Hurae, 2011 kāhore he raru.

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

Ngā kōrero whakamārama:

_____

Ingoa:
(Kia āta te tuhi)
Te Rā: / /

Waitohu:

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APPENDIX J: REVISED INTERVIEW SCHEDULE FOR GENERAL PARTICIPANTS WITH CHILDREN

He pepi he taonga: What are the influences that encourage/discourage Māori to have children?

INTERVIEW SCHEDULE FOR GENERAL PARTICIPANTS – WITH CHILDREN

Personal information
Nō hea koe? Ko wai tō iwi? Note gender. How old are you now? What is your sexuality? Are you working at the moment? What do you do?

Interview questions

Whanau influences
Who's in your whanau? (Genogram) how many pregnancies, adoptions, whangai, names, ages.
Where were you brought up?
Tell me about some of your happiest memories growing up.
What were some of the good things about coming from a small/large family/family with x amount of siblings?
Tell me about a time when you knew that you wanted to have a child/children. (Triggers, events)
What experiences did you have, as a child, that you wanted your children to experience?
Where were you in your life when you had your child/children?
Where were you living when you had your child/children?
Who were you living with when you had your child/children?
Can you tell me about what it was like for you bringing a child into this world?
What supports did you have in place when you had your first child?
Tell me about the key support people you had around you when you or your partner got pregnant, and what they were able to do for you?
Was your partner supportive during your pregnancy?
If so, tell me about what sorts of things they did?
What qualities would the ideal partner have to support you in pregnancy?
Tell me about some helpful and supportive things your whanau have done for you during your pregnancy? (Grandparents, aunties, uncles, cousins)
What supports did you have in place when you had your second/third/… child?
Tell me about the key support people you had around you when you or your partner got pregnant, and what they were able to do for you?
Was your partner supportive during your pregnancy?
If so, tell me about what sorts of things they did?
Tell me about some helpful and supportive things your whanau have done for you during your pregnancy? (Grandparents, aunties, uncles, cousins)
Tell me about some helpful and supportive things your whanau have done for you while raising your children? (Grandparents, aunties, uncles, cousins)

Experiences with support services
How were your experiences with support services? (Government, well child, plunket, birth support, GP, midwife, obstetrician)
What experiences have you had with sexual health services, generally?
Have you ever had an abortion?
Would there be a time that you would ever consider an abortion?
Have you ever used contraception, like the pill, the morning after pill, or condoms?
What do you think of the contraceptives you have tried? (the pill, morning after pill, condoms)

Societal influences
Were there any times you felt stigmatised for having children? If so, tell me about these experiences.
Were there any times you felt honoured, and valued for having children? If so, tell me about these experiences.

The future
Do you have any thoughts about being a grandparent or great grandparent in the future?
Is there anything else to add?

APPENDIX K: REVISED INTERVIEW SCHEDULE FOR GENERAL PARTICIPANTS WITHOUT CHILDREN

He pepi he taonga: What are the influences that encourage/discourage Māori to have children?

INTERVIEW SCHEDULE FOR GENERAL PARTICIPANTS - WITHOUT CHILDREN

Personal information
Nō hea koe? Ko wai tō iwi? Note gender. How old are you now? What is your sexuality? Are you working at the moment? What do you do?

Interview questions

Whanau influences
Who's in your whanau? (Genogram) how many pregnancies, adoptions, whangai, names, ages.
Where were you brought up?
Tell me about some of your happiest memories growing up.
What were some of the good things about coming from a small/large family/family with x amount of siblings?
Tell me about some helpful and supportive things your whanau have done for you while growing up? (Grandparents, aunties, uncles, cousins)
Have you experienced times when you felt you wanted to have children?
Tell me about a time when you knew that you wanted to have a child/children. (Triggers, events)
What experiences did you have, as a child, that you wanted your children to experience?

Hypothetical questions
Where do you see yourself being in your life when you have your child/children?
Where do you see yourself living when you have your child/children?
Who would you be living with when you have your child/children?
What supports did you want to have in place when you have your first child?
Tell me about the key support people you would have around you when you or your partner gets pregnant, and what would they do for you?
What qualities would the ideal partner have to support you in pregnancy?

Experiences with support services
What experiences have you had with sexual health services, generally?
Have you ever had an abortion?
Would there be a time that you would ever consider an abortion?
Have you ever used contraception, like the pill, the morning after pill, or condoms?
What do you think of the contraceptives you have tried? (the pill, morning after pill, condoms)

Societal influences
Were there any times you felt stigmatised for not having children? If so, tell me about these experiences.
Were there any times you felt honoured, and valued for not having children? If so, tell me about these experiences.

The future
Do you have any thoughts about being a grandparent or great grandparent in the future?
Is there anything else to add?

APPENDIX L: REVISED INTERVIEW SCHEDULE FOR KEY INFORMANTS - HEALTH PROFESSIONALS AND RESEARCHERS

He pepi he taonga: What are the influences that encourage/discourage Māori to have children?

INTERVIEW SCHEDULE FOR KEY INFORMANTS: HEALTH PROFESSIONALS

Personal information
Nō hea koe? Ko wai tō iwi? Note gender. How old are you now? What is your sexuality? Are you working at the moment? What do you do?

Interview questions
At any point, if a personal experience becomes relevant to the question, please feel free to korero about this.

Broad general questions
What are the influences that encourage/discourage **Māori** to have children, today?
How has this changed over the last 100 years?
How is whangai practised today?

Question about research and statistics
Research has indicated that **Māori** are more likely than non-**Māori** to have children when they are younger.
What are your thoughts on this?
Do you know if this has changed from previous times?
Research has also indicated that **Māori**, on average, have more children than non-**Māori**.
What are your thoughts on this?
Do you know if this has changed from previous times?
Research has indicated that **Māori** women are more likely to have an abortion than European women.
What are your thoughts on this?
Do you know if this has changed from previous times?
Research has indicated that young **Māori** are more likely to have sexually transmitted diseases, particularly chlamydia and gonorrhoea, which carries a risk of infertility.
What are your thoughts on this?
Do you know if this has changed from previous times?

Specific occupational questioning
What traditional beliefs and practices that relate to fertility and reproduction do you see maintained by the clients that you see?
How do you facilitate and support these beliefs in the clients that you see?
What do you see as the main challenges faced by the clients that you see? (Losing a child, infertility, abortion)
If you work for an organisation, what does your service offer to people in these situations?
How do you support clients in these situations?
How do clients come through these difficulties?
Do you know if the clients you see are using contraception regularly?
Is there much support available to **Māori** who have children?
What agencies do you make referrals to?
Do you know of any health campaigns that target **Māori** in areas of fertility, pregnancy, reproduction or sexual health?
How are traditional knowledges and practices incorporated in these campaigns?
How are **Māori** represented in these campaigns?
What does the future hold for **Māori** protocols around fertility, reproduction, and pregnancy?

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APPENDIX M: REVISED INTERVIEW SCHEDULE FOR KEY INFORMANTS - **KAUMATUA**

He pepi he taonga: What are the influences that encourage/discourage Māori to have children?

INTERVIEW SCHEDULE FOR KEY INFORMANTS: KAUMAUTA

Personal information
Nō hea koe? Ko wai tō iwi? Note gender. How old are you now? What is your sexuality? Are you working at the moment? What do you do?

Interview questions

Broad general questions
What are the influences that encourage/discourage **Māori** to have children, today?
How has this changed over the last 100 years?
What was the tikanga behind it?
How does wairua come into play when someone brings a child into the world?
How does whakapapa come into play when someone brings a child into the world?

Question about research and statistics
Research has indicated that **Māori** are more likely than non-**Māori** to have children when they are younger.
What are your thoughts on this?
Do you know if this has changed from previous times?
Research has also indicated that **Māori**, on average, have more children than non-**Māori**.
What are your thoughts on this?
Do you know if this has changed from previous times?
Research has indicated that **Māori** women are more likely to have an abortion than European women.
What are your thoughts on this?
Do you know if this has changed from previous times?
Research has indicated that young **Māori** are more likely to have sexually transmitted diseases, particularly Chlamydia and gonorrhoea, which carries a risk of infertility.
What are your thoughts on this?
Do you know if this has changed from previous times?

Specific occupational questioning
What traditional beliefs and practices that relate to fertility and reproduction do you see maintained by the clients that you see?
How do you facilitate and support these beliefs in the clients that you see?
What does the future hold for **Māori** protocols around fertility, reproduction, and pregnancy?

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