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"He Tapu te Whare Tangata"

Support for Young Maori Mothers
During Pregnancy, Birth and Motherhood

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ABSTRACT

The focus of this research is to explore the experiences of six young Maori mothers as they perceive them, in particular looking at their experiences of support or lack of it during pregnancy, birth and motherhood. Research shows that extra social support improves the experience of pregnancy, delivery and early motherhood (Oakley, 1992) but also that there is a lack of support often felt at times in the lives of mothers. Little is known, in a formal sense, of young Maori mothers' experiences of support and this research aims to understand and make sense of these experiences.

The study also uses an holistic Maori perspective which relates the health and wellbeing of Maori society to historical, structural and cultural factors in an attempt to explain or make links with the present experiences of young Maori mothers. Issues that affect support of Maori women including colonisation and the breakdown of whanau, hapu, iwi, are explored. The impact these factors have had on Maori women are discussed and establish a setting from which the lives of the women can be viewed. The research grew from work with young mothers in the community and aims to empower those involved and collectively negotiate theory. For this reason a qualitative approach is used in the form of in-depth, open ended interviews and hui.

The main findings are that the first pregnancy was an extremely difficult time for the women and was often characterised by a lack of emotional support from partners and often family, combined with a lack of material resources and support. The study showed the special need of support for teenage mothers because of their often disadvantaged or impoverished material circumstances. It also showed that extended whanau support was often used especially after the birth of the baby, however judgemental attitudes got in the way of helping. Though informal support was preferred, community support was also helpful, especially for those who did not have a lot of assistance from whanau.

The women's place in their whanau, culture and society showed the impact of a number of macro-social processes such as colonisation, assimilation and urbanisation which had

resulted in the loss of Maori culture and the low socio-economic position of many of the women and their whanu. The study showed the great stress that is often placed on whanau who are often confined to a low socio-economic status and have few resources. The strength and maturity of the women, however, was a positive outcome of the hardship and difficult circumstances they experienced.

The conclusions for policy and practise are that there is a necessity for information, advocacy and many kinds of support for young Maori mothers which needs to be offered in a caring and non-judgemental manner.

Dedication

*To my sister Rebecca Rawinia Tuhi
who applies herself to learning
about the ways of our tipuna
for the benefit of the whanau*

*and who strives to follow in the footsteps of our Dad
who showed love and concern for his Maori people*

*Taku teina, Kia kaha i roto i to mahi,
Whai tonu te matauranga a kui ma, a koro ma,
Pupuri tonu i nga kupu tapu a te Atua
hei oranga mau.*

"We need to actively honour, to celebrate the contributions, and affirm the mana of Maori women: those tipuna wahine who have gone before us; those wahine toa who give strength to our culture and people today; and those kotiro and mokopuna who are being born now, and who will be born in the future, to fulfil our dreams"

Irwin, 1992: 1

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Chapter One

Introduction

“Given the high rate of teenage childbearing among New Zealand women, more New Zealand-based research is needed, particularly in relation to the negative impact a lack of social and economic support has on teenage childbearing.”

(Statistics New Zealand, 1993:45).

Statisticians do not paint a healthy picture for Maori women, and statistics often serve only to reinforce negative stereotypes, yet there is little known about our own perceptions and experiences of life. We do not want to be another negative statistic on indices such as health, education or employment: we want our own voices to be heard. Recent publications, including *Mana Wahine* (1994), *Images of Maori Women* (1994) and *Toi Wahine - The Worlds of Maori Women* (1995) have begun to make Maori women, their lives, worlds, experiences and views visible. However, there is a lack of research on topics pertinent to Maori women that develop theory grounded in the reality of their lives, and that come from Maori perspectives. It is unacceptable to present statistics without attempting to understand the fuller picture.

The focus of this research is to explore the actual experiences of young Maori mothers as they perceive them, in particular looking at their experiences of support or lack of it during pregnancy, birth and motherhood. Of interest to me was the statement by Pool (1991: 168) which noted the risks that are linked with teenage childbearing, in terms of the mother's and baby's health, schooling and employment, and which may lead to “multi-generational patterns of disadvantage.”

In contrast to this idea that teenage fertility is characterised by negative social, economic and health consequences, Maclean (1994) and Hamerton (1992) argue that already existing social and economic disadvantage may result in the negative outcomes experienced by many teenagers and their children, rather than their young age. Maclean

(1994) argues that teenagers with economically disadvantaged backgrounds are disproportionately represented among teenage mothers and suggests that a lack of past academic ambition, achievement, and 'negative' perceptions of future opportunity, are strongly associated with teenage child-bearing.

This thesis will view these arguments in light of the actual experience of teenage Maori women who become mothers.

As a new mother of 24 years of age the topic of support for mothers was intriguing, especially observing others who were younger than myself with a lot more children. While working at Prisoners Aid and Rehabilitation Society a colleague and myself co-ordinated groups and workshops for mothers, of whom a number became personal friends. The majority of these women were Maori, young, and had a number of children. The way they coped with motherhood was impressive.

As a Maori woman myself, I have a special interest in other Maori women and this prompted me to undertake research that would first and foremost benefit Maori women, especially those who took part in this study. I already had contacts with those in our mothers' groups and thus a pool of possible participants. It seemed practical to start with something I was interested in and people I knew, thus this research was born.

Certain types of "people support" or "network support" have been identified in research as being a moderator of stress (Crnic et al, 1983), as having positive effects on attitudes and behaviours of parents (Melson et al, 1993), as an essential part of successful parenting (Powell, 1993) and good physical and mental well-being (Haringa, 1990). Research also supports the notion that lack of this support indicates a certain degree of isolation which can place families at a higher risk of child abuse (Gaudin & Davis, 1985 and Milardo, 1988 in Haringa, 1990). Furthermore, other studies have shown that single mothers are restricted in recreational opportunity which may increase stress (Daniels et al, 1984 and Milardo, 1987 in Haringa 1990).

This study will be significant in that it looks at the views of young Maori mothers themselves, how they see their lives, what particular things are important to them. This research will contribute to the knowledge regarding the support received by a number of young Maori women during pregnancy, birth and motherhood experiences. The age at which one is a “young” mother is a concept which often differs from culture to culture. For the practical purposes of this research the definition of a “young mother” is a woman who had become pregnant at the age of 19 or under.

There has been a lot of overseas research undertaken on the topic of social support. Such literature indicates that social support is a multi-dimensional concept and researchers need to specify the kind of support they are researching. Oakley (1992) calls for future studies to be focused on understanding the pathways by which social support may affect coping strategies and health. In relation to adjustment to parenthood Wandersman et al (1980) conclude that research is needed to clarify the kinds of social support that can facilitate coping in various areas of functioning for different kinds of families. House et al (1988: 293) state that *“there is a need to understand the structures and processes through which social relationships affect human health and well-being,”* and that the appropriate research question now is when, how and why social relationships buffer the effects of stress or cause better health. They state that future studies need to distinguish among three variables and their multiple facets. These variables include social integration or isolation, that is, the existence or quantity of social ties and relationships, social network structure, that is, the structure which characterises a set of relationships, and relational content, that is, the functional nature or quality of social relationships - social support, relational demands/conflicts and social regulation or control.

In the context of Aotearoa/New Zealand, however, little research has been undertaken on social networks and social support and Haringa (1990) states that *any* studies are useful explorations. In particular the possible variability in the type and amount of support given/needed at different stages of families’ life-cycles, and the impact of social

institutions such as schools, child-care centres, kindergartens and hospitals on the development and maintenance of social network links warrant investigation.

Furthermore there has been very little research with Maori women, especially looking at their experiences and views on motherhood and support. The contribution this study will make to the literature will link the two; it will look at young Maori mothers and their experience of support in pregnancy, birth and childrearing. This study will also use an holistic Maori perspective which relates the health and wellbeing of Maori society to structural and cultural factors in an attempt to explain or make links with the present experiences of young Maori women who are mothers. Issues that affect support of Maori women, including colonisation and the breakdown of whanau, hapu, iwi, will be explored. The impact these factors have had on Maori women will be discussed and will establish a setting from which the lives of the young Maori mothers in this study can be viewed.

Specifically, this study aims to find out who provides support to these women, and what types of support are important to them, what stresses and needs they have, and how living circumstances, and their relationship to things Maori, impact upon their lives.

This study will especially focus on how young Maori women view

- the experience of having a child or children at a young age
- their sources of support during pregnancy, birth, and the pre-school years of the children
- the impact of support (or lack of it) on their lives
- their place in their whanau, culture and society and how this relates to support, lack of, or need for in their lives
- the role of the community in their support

The study will reflect back on the general literature on support and the New Zealand/Aotearoa literature in relation to the findings.

A qualitative approach will be used in the form of in-depth, open-ended interviews, and hui, or type of focus-group interview. These methods were chosen because they allow issues to be studied in depth and detail without being constrained by predetermined categories of analysis. A great strength of qualitative research and using open-ended questions is the possibility to understand the world as seen by the respondents. The researcher felt that it was appropriate to use such a method in order to provide more than a glimpse into the lives of young Maori mothers. The hui was chosen because this was a form that would be familiar to participants and seen as more appropriate than a focus-group interview. Such cultural forms as karakia and mihihihi could be used. Secondly, it was hoped that the hui would provide an environment where the sharing of common experiences would raise the awareness of the individuals involved about issues that arose.

Smith (1992: 34) asserts that,

"the challenge for Maori women in the 1990's is to assume control over the interpretation of our struggles and to begin to theorise our experiences in ways which make sense for us and which may come to make sense for other women."

This study will be useful to Maori women, those working with Maori women and their families, the Maori community who are looking for ways to support their young parents, and policymakers. The research is aimed at empowering the informants by the knowledge that is shared by all and therefore it is hoped that the research will be a useful process for participants as well as the researcher. Furthermore, this study will contribute to the growing field of Maori research and theory.

In summary, this thesis explores the views of young mothers who are Maori. In particular, it will look at how supported these women have felt during their pregnancy, birth and the pre-school years of their child(ren). It will also look at where their support has come from and what kind of support they have had or lacked, and how their experiences of Maoritanga relate to this.

The following two chapters review firstly, the general literature on support and support of mothers, and then the literature on Maori perspectives and support that is relevant to this topic. Chapter Three also contains a statistical profile of Maori women which provides a context for this study. These chapters will establish the issues to be explored in the research. Chapter Four details the methodology employed and discusses methodological and ethical issues. The findings of the research are presented in Chapters Five and Six. Chapter Five includes topics on experiences and support in pregnancy, birth and motherhood, lack of support, stress, coping, views on being a young mother, and on jobs and education. Chapter Six includes the topics of community support and its appropriateness, the women's identities as Maori and their isolation or connectedness to aspects of Maori society. These findings will be analysed, interpreted and discussed in Chapter Seven. Final conclusions, recommendations and suggestions for further research will be made in Chapter Eight.

CHAPTER TWO

REVIEW OF THE LITERATURE ON SOCIAL SUPPORT

This chapter presents a summary and critique of a selection of literature on social support from a Eurocentric viewpoint and includes literature from the 1970's through to the 1990's, which looks at the effects of social support and what kinds of support work, particularly in relation to parenting and motherhood. Research on support has shown links between social networks and social support and parenting styles, stress, and the parent-child relationship. The bibliography was selected by computer search on the topics of social support, social networks, and motherhood and includes both overseas and New Zealand works mostly written by non-Maori. Further studies were located through a literature review undertaken by Stephenson and Ranginui-Charlton (1994). This review, however, is not an exhaustive one.

2.1 Conceptual Definitions

It is necessary to explain the concepts of "social networks" and "social support" and how they differ as they appear often in the research literature. Oakley (1992: 29) defines network as "*interconnected social ties.*" While networks can be an important source of support one cannot presume that these relationships are supportive or necessarily include all support provided to a family or individual. Social support is an all-encompassing term used to describe support received by an individual or family.

"Conceptually, social support overlaps with friendship, and both (these concepts) with family, kin and neighbourhood relations"

(Oakley, 1992: 24, brackets mine).

The most often quoted definition is Cobb's who says that social support is,

"information leading the subject to believe that he (sic) is cared for and loved...esteemed and valued..(and) that he belongs to a network of communication and mutual obligation."

(Cobb 1976, cited in Oakley, 1992: 29).

It was in the 1970's that a rise to prominence of the concept of social support occurred. Oakley (1992) states that during the 1970's and 1980's the interest in research on social support was exponential. This, she states, echoed a paradigm shift in the theories about health, namely that people's health is related to social factors, such as friendship and support networks (or vice versa).

Support can be derived from a number of persons in and out of our network, as well as other 'entities' such as organisations, groups or pets. "Social" support is often thought of as formal support from the community such as community practitioners or organisations, but can also include informal support from family, friends and neighbours. The range and definition of 'social support' depends largely on the study it is designed for (Brown, 1986 cited in Oakley, 1992) and the participants for whom it is designed. In this particular study, the definition of support is largely left up to the participants. It is whatever they perceive or feel it to be. In this way, their views and perceptions are made paramount.

In research circles friendship had long been regarded a personal matter and treated as peripheral to modern industrialised societies. Oakley (1992) quotes,

The reasons why these extraordinarily important areas of human life have not been part of scientific study are linked with the gendered nature both of life and of science: love, friendship and connections with others are women's matters, while science must ignore matters of the heart."

(Oakley, 1992: 23).

Similarly Mross (1989: 6) states that,

"women and their experiences of motherhood were not worth much academic consideration in the first half of the 20th century unless placed in the context of family life or child care. Only with the second wave of feminist movement was considerable research stimulated on the experiences of women in their social lives."

Furthermore, research was not only gender-biased but largely monocultural in its nature.

2.2 Clarifications of Types of Support

The literature defined support in a number of useful ways: by sources or types, such as group support, instrumental, marital and network (Wandersman et al, 1980); by dimension, such as instrumental assistance, information provision, emotional empathy, and by ecological levels, such as intimate relationships, friendships, and less formal neighbourhood or community contacts (Crnic et al, 1983). Furthermore, types of tangible support are often distinguished as practical assistance, such as taking care of the children, or material assistance, such as giving loans or gifts of money or goods.

On another level, the literature talks specifically about more formal organisation or agency support such as is given by social workers and medical practitioners (Sietz et al, 1985) and midwives (Oakley, 1992). A commonly researched form of social support directly aimed at assisting parents is the parent support programmes which include a combination of home visiting and/or groups (Stephenson and Ranginui-Charlton, 1994). Although family and friends are important in providing support, the literature also expresses the view that the community needs to take part in supporting families too (Powell, 1993).

2.3 Relationship of Stress to Support

Research has shown that both social relationships and social support reduce stress. The following discussion relies largely on Oakley's (1992) work as she has already completed an up to date review of the literature on this topic.

“Research is quite convincing on the stress-reducing function of social support. People under stress ... can feel considerably less stressed when they are receiving social support from those around them” (Oakley, 1992: 367).

Oakley (1992) states that people's social relationships have been shown to be an important independent influence on their chances of remaining healthy, or becoming ill and that there is little controversy that something about social relationships can be good for health. She

also cites a number of studies from the United States of America which have shown social relationships to be associated with lower risks of distress and depression, both in general and in the presence of life stress. Studies have linked a number of circumstances to the experience of greater stress, especially the lack of adequate income. Research on support networks of divorced people conclude that being a single adult, especially a single mother with children, restricts recreational opportunity (also due to lower income) and may increase stress (Daniels, Mohring & Berger, 1984; Milardo, 1987 in Haringa, 1990). Seitz et al (1985: 377) state that,

“chronic stress is a significant impediment to effective family functioning and... poverty both increases the likelihood of such stress and restricts the resources available to families to cope with it”

(Seitz et al 1985: 377).

Furthermore, some of the literature shows that there are physical and psychological benefits from support for parents and children (Melson et al, 1993; Dawson et al, 1990; Oakley, 1992). Pertinent to my particular research of young Maori mothers and their support, Oakley (1992) states that studies have shown that extra social support seems to improve the experience of pregnancy, delivery and early motherhood.

Theories about how social support can effect the experience of stress have been developed. Henry (1986, in Oakley, 1992: 39) stated that,

“there is good evidence that stress brings about changes in adrenalin, noradrenalin and cortisol production - hormones linked to a wide range of illnesses, including heart disease and cancer”

and that social support, it is assumed, ‘works’ by reducing or blocking these physiological responses to stress. More recent arguments contend that,

“social relationships, particularly those involving physical touch, may act as boosters to the immune system independently of the presence or absence of particular stressors”

(Odent, 1986 in Oakley, 1992: 40).

2.4 Social Support as a Moderator of Stress

Amidst the research in the 1980's was an American study by Crnic et al (1983) who hypothesised that adequate emotional social support would function to moderate the impact of stress on mothers of premature infants and would show positive independent effects on maternal attitudes and behaviour. The researchers adapted a social support measure developed by Henderson which involved a series of questions regarding available support sources at three ecological levels; the presence or absence of intimate relationships and mothers' satisfaction with the relationship, mothers' satisfaction with the availability of friendship, and neighbourhood or community support contacts.

The authors found that stressed mothers have less positive feelings toward their infants and are less likely to respond to infant cues. They concluded that intimate support had the most general positive effects on the attitudes and behaviours of the mothers, although each of the support sources were found to be important and assisted mothers in feeling more positive about their lives and their infants. This in turn had positive effects on infant development. Furthermore, the results of the study supported the importance of both stress and social support to parenting and the parent-child relationship, particularly during early infancy and the transition to parenthood. The study indicated support as a moderator of stress and a predictor of life satisfaction. Mothers with low support and high stress stated low life satisfaction while mothers with high support and high stress stated much higher life satisfaction. Furthermore, although social support was found to have a moderating effect on stress, its role in having independent effects on the attitudes and behaviour of mothers was regarded as more critical. The sample in this study were mostly white middle-class, two-parent families and this has implications for its applicability to research which uses quite different samples, such as the sample in the present thesis. The importance of intimate partner relationships to single parents needs to be researched as sole parents' experiences and feelings about partner support may differ dramatically from married mothers.

The authors of another American study (Seitz et al, 1985) note several reasons why a parent's capacity to nurture may be compromised, including living in a stressful

environment, having limited support available from others, lacking knowledge about what is normal in child development, having babies who are unusually difficult and having received inadequate nurturance themselves. They suggest that programmes that address the problems stated above are likely to result in benefits for children and families and conclude that interventions can be implemented that can greatly enhance parent and child development in families at risk. They state that the cost of failing to do so is high in both financial and human terms.

"Many studies indicate that various kinds of family support can reduce the stress of new parenthood and facilitate the development of secure mother-infant attachments. There is also evidence that a strong mother-child bond has beneficial consequences for children in their preschool years, including better social development"
(Seitz et al, 1985: 388).

To sum up, an American study by House, which reviewed all articles in the Social Science Citation Index with the term "social support" in their titles from 1976 to 1986 found that,

"the pattern of results across the full range of studies strongly suggests that what are variously termed social relationships, social networks and social support have important causal effects on health, exposure to stress, and the relationship between stress and health"

(House 1987: 136 in House, Umberson and Landis, 1988: 296).

The effects of support and stress on the mothers in this study will be addressed, as these have been shown to have effects on health, life satisfaction, and parenting behaviour and attitudes.

2.5 What Kind of Support Works?

Firstly, the very existence of a social relationship does not imply that support is derived from it and, secondly, not all support is perceived as helpful by the receiver. Oakley (1992) states that there is some evidence that support both given and received may be experienced as more of a burden than a benefit. For example, an adult daughter being financially supported by her mother with University fees and living costs because the

daughter is not entitled to a student allowance may be seen as a burden by both parties. Milardo (1987 in Haringa, 1990: 12) also states that "*close associates can forsake, sabotage and/or directly interfere in each other's affairs.*" Having the support is different from actually being satisfied with it.

Leavy (1983, in Oakley, 1992) noted that only one study had collected information on how 'ordinary' people see social support. This study showed that 'emotionally sustaining behaviour' which included listening, showing concern, and conveying intimacy was the most valued single feature of social support. The second most valued were 'problem solving behaviours,' such as material and financial help. The research midwives who provided support to women in Oakley's (1992) study did so by listening, providing a non-judgemental ear, discussing with women their pregnancy needs, giving information when asked to, and carrying out referrals when appropriate. The most important single aspect of the research midwife's help mentioned by the mothers was that the midwife listened. The Aotearoa/New Zealand writer Phillips (1983) agrees that finding someone who will listen is vital, whether it be a friend or community or professional agency. She notes that mother's support groups are one option.

In contrast to the research mentioned above, a study of Ohio mothers showed that practical support seemed very important. Help with housework was more highly associated with birthweight (the measurable outcome) than other dimensions of support (Oakley, 1992).

Evidence in Boulton's (1983) study suggested that there are many different ways support can be given to, and felt by, mothers including financial assistance, practical help, advice, and companionship and that these could significantly alter a woman's experience.

Extended family relationships and frequent contact with kin provide a number of services such as accomodation, child-care, advice and financial assistance (Bell, 1968; Bryson and Thompson, 1972 in Wearing, 1981). Distance between kin does not necessarily mean that interaction diminishes in intensity and often is valued greatly by recipients of support

(Young and Willmott, 1957; Martin, 1967 in Wearing, 1981). A New Zealand survey undertaken with all Birthright societies (a support agency for one-parent families) revealed:

“key emergency problems, in descending order of importance, as depression, loneliness and suicidal tendencies; budgeting and financial crises; housing; medical; behavioural; psychiatric; abuse” (Bryant, 1988: 151).

The same survey found that of material support, help with clothing was paramount, followed by the need for furniture, groceries and firewood. Bryant (1988) notes that with the increasingly complex problems families are facing more counselling is required for emotional, psychological, and personal crises.

The Aotearoa/New Zealand families in Rosemergy and Meade’s (1986: 4) study felt supported and not undermined when,

“the kind and amount of support was under their control, the people giving support were chosen by them, the time, duration and place fitted their family arrangements reasonably well, the reasons for using the person or the service were clear-cut and ideologically acceptable, the person or the service espoused similar ideological values about child-rearing and the people offering support and assistance were sensitive to the ‘ifs’ and ‘but onlys’ which most parents carry in their heads.”

This shows that parents feel more supported when they have a choice about their lives as a parent and an individual.

It can be concluded from the above studies that a number of types of support are important. The next section considers support specifically in relation to parenting.

2.6 Transition to Parenthood

It is common in the literature to see “becoming a parent” as a life-changing event (Mross, 1989; Seitz et al, 1985; Wandersman et al, 1980). The transition to parenthood is recognised by clinicians and researchers as being an important milestone in adult

development with adjustments to firstborns being particularly stressful (Seitz et al, 1985), and as a problematic, or 'shock' experience (Mross, 1989). Mross (1989) found in her Aotearoa/New Zealand study of Waikato women that this transition period was described as an 'enormous change' in the women's lives due to the adaptations taking place in their lives. Such adaptations included physical changes, tiredness of life with a newborn, and financial and mental strain. All the women (and their partners) in this study were in paid employment until their first babies were born and consequently financial changes became a big issue. Changes from a two-wage family to a one-wage family and the additional costs of having a baby were difficult to get used to. Wandersman et al, (1980) agree that having a first child is a time of stress due in part to changing roles, demands, reward structures and expectations. The transition to parenthood for women can also often mean

" increased emotional and economic dependence as well as reliance on others for practical assistance with childcare " (Phoenix, 1991: 145).

Phoenix (1991) states that social support can be particularly important for many mothers because of this increased dependence. Perhaps this is a time in one's life where extra support is needed to ensure the wellbeing of the mother, child and whole family.

2.7 Relationship of Support to Parenting

The fact that social support is beneficial to parents is shown in a number of studies. Social support has been shown to play an integral role in the development of more nurturant parenting styles (Cnric et al 1983). It is the best predictor of secure attachment of mothers and babies and facilitates responsive mothering, particularly under stressful conditions (Crockenberg, 1981).

Furthermore, studies show the benefits to children. Melson et al, (1993) showed that a mother's network size and quality directly predicted the cognitive performance of their pre-schoolers. More supportive networks have been associated with less restrictive, more nurturant parenting which has been associated with child competence. Maternal networks and social support resources have been linked with the informal learning opportunities provided to young children at home independently of family stress and the family's

material circumstances (Pascoe and Earp 1984, in Oakley, 1992: 38) and which may also provide children with cognitive and social stimulation through the opportunity to observe social models and participate in diverse social relations (Cochran and Brassard, 1979, in Melson et al, 1993). The above research did not consider the effects of social support on fathering. One study, however, did look at the effects of support on both parents. Wandersman et al (1980) found that men and women may benefit from different types of support. One particular study found that parenting group support was important for fathers and network support for mothers (Wandersman et al, 1980). The sample in this study however, was composed of white, middle-class couples and therefore cautions must be made about its relevancy for other groups of people.

2.8 Partner Support

Intimate support from partners has been shown to have positive effects on maternal attitudes towards their infants and the mothers' lives (Crnic et al, 1983) and may facilitate the adjustment to parenthood (Wandersman et al, 1980). A number of Aotearoa/New Zealand studies also showed that partner support is particularly valued. Mross (1989) found that the women in her study placed great value on their partner for support because they lived in nuclear situations, and had little support from relatives or friends. Furthermore, a study on family networks found that partner support was extremely important, that "*much hung on the partner's love and support in these families*" and if inadequate support was given in this way, the mental health of the care-giver and child were frail (Meade, 1991). An English study by Brown and Harris (1978, cited in Phillips, 1983) showed that those who had a close, intimate relationship with a partner with whom they were able to confide in were insulated against depression.

2.9 Formal Community Support

The positive effect of formal community support on mother-child relationships and improved family functioning has been demonstrated. The following two programmes

described below show that the personal, nurturing features of the interventions were crucial to the outcomes.

Dawson et al (1990) assessed the effects of a programme which provided support through home visitors and parent groups on mother-infant interaction and found differences favouring home-visited mothers and infants over the control group. These mothers showed more warm encouragement of their infants' learning attempts, greater sensitivity and less authoritarian attitudes. Their infants showed greater reciprocity. The authors contribute three factors to the success of the home visitors; their personality assets, the flexibility of their role which enabled them to address individual needs that seemed important to the mothers, and the natural affinity between the visitors and mothers assisted by their similar age and education.

Seitz et al (1985) evaluated a family support intervention in America which targeted impoverished families. The results of this study suggest that early, intensive family support intervention delivered in a personalised, nurturing way has significant potential for improving long-range family functioning in at least certain kinds of impoverished families. The authors, however did not find parent groups to be as successful and attributed this result to the mothers' lacking the social skills needed to feel comfortable in the groups. Findings showed that parents had changed dramatically in response to the programme and there were lasting consequences for the families' socioeconomic status. Almost all of the intervention families were self supporting at the ten year follow up. The authors hypothesise that the intervention affected the mother's childbearing decisions very early, as the intervention mothers waited longer (a median of 9 years) before having another child (compared to 5 years for the control group), and that this fact was central to the other changes that have been found. Sietz et al (1985: 386) stated that,

"having fewer children to care for and support and not having more than one preschooler at home almost certainly makes it easier for a woman to further her education or to seek employment."

The effects on the children were also significant showing that, in particular, the boys in the intervention group were socially well adjusted in contrast to the boys in the control group, and both boys and girls in the intervention group had good school attendance. These were attributed to the greater parental nurturance brought about by the program.

Furthermore, Oakley's (1992) study of social support and pregnancy outcomes for mothers who had had a previous pre-term baby confirms the findings of existing studies showing that the provision of 'social' care for pregnant women has the capacity to affect a range of pregnancy outcomes, in this case, improved emotional well-being and fewer physical health problems among the intervention mothers and babies.

"Two recent overviews of such studies show that supported mothers are more likely than the control women to feel 'in control' during pregnancy and postpartum, to be satisfied with their medical care, not to feel unhappy after the birth, to have partners who feel involved with the baby, to be breastfeeding, to report physical well-being and to have babies with fewer worrying health problems"

(Oakley, 1992: 239).

As mentioned earlier, it is no longer really questioned that social support of some form does work. Some researchers, such as Powell (1993) go so far as to say that it is essential to parents well-being and their success in carrying out parenting tasks. Parents need,

"a supportive network of friends, relatives, neighbours, and community-based programs for information, advice, a listening ear, a respite from the constant press of caring for children, emotional encouragement, positive role models, feedback on one's parenting competence, and recognition of the importance of the parenthood role"

(Powell, 1993: 12-13).

2.10 Class and Gender Differentials in the Effects of Social Support

The differing effects of support for men and women have been noted in the literature. Women seemed to benefit as much or more than men from relationships with friends and relatives of the same sex. Furthermore, being married has been shown to be more beneficial to health for men than for women, and being widowed more detrimental. (House et al, 1988). Whether married women, as opposed to married men, have more stress due to caring for the family is unknown but may be a reason. Evidence suggests that women are more effective providers of support than are men, however, not without attendant psychological costs to women (House et al, 1988).

Stressful life events and size of network have been shown to be different for different social class groups and impacts on the resources available to families, their health, and need for support. House et al (1988) report that surveys of national and regional populations find that respondents with higher levels of education and income generally have larger networks, more organisational involvements, and more frequent contact with network members. The social support resources available to them are likely to be greater than those with lower incomes. Furthermore, Oakley (1992) reports that studies show that stressful life events and circumstances are unequally distributed among social class groups. Generally, those of lower classes experience more stressful life events and circumstances. A study of 166 mothers of pre-term babies and 299 mothers of term babies (Berkowitz and Kasl, 1983, in Oakley, 1992) linked life events with risk of pre-term delivery of their babies. Poverty, however, is not equivalent to impoverished social ties (Oakley, 1992), minority groups may develop stronger patterns of social networks or supports as a means of adjusting to adversities (House et al, 1988).

These gender and class differences point to the need to view and analyse macrosocial features of society as it affects the individual and the whanau/family. House et al (1988: 311) state that,

“attributes of individuals such as sex, age, race/ethnicity, and socioeconomic status are associated with differential exposure to structural barriers and

opportunities in society which may, in turn, shape social relationships, structures and processes."

They warn that failure to take account of macrosocial determinants of social relationship structure and content can lead to overemphasis on policies that focus on changing individuals - policies which may incorrectly and unfairly blame the victim and ultimately be ineffective.

Powell (1993) takes this wider, ecological view of the influences on parenthood when explaining that parents are victims of a rapid societal change that reduces the responsiveness and resourcefulness of many communities and institutions. He states that we need to recognise the new realities of family life and to empower parents with information and social support. The inability of communities to provide a supportive environment for parents is a major issue today.

2.11 Without Support

What happens if there is little or no support? Research shows that isolation is the flip-side of the coin. There are the arguments that "*the lack of a supportive social network indicates a certain degree of social isolation*" (Mitchell, 1986 in Haringa, 1990: 12), feelings of loneliness or vulnerability, a lack of love and affection, and a lack of a sense of belonging to a family or community. Furthermore, research has stated that inadequate network support can place the family at higher risk of child abuse, crime and delinquency (Gaudin & Davis, 1985; Milardo, 1988 in Haringa, 1990). The Aotearoa/New Zealand study on Family Networks is consistent with this, as isolation increased parental depression and/or a leaning toward child abuse (Meade, 1991). According to the Early Childhood Development Unit isolation is caused by: a lack of facilities and essential services; a lack of early childhood services; a lack of regular and affordable transport in the area; not having friends or relations close by to call on for support or in an emergency; low income and limited employment opportunities (ECDU, 1994 in Stephenson et al, 1994).

Phillips (1983) talks about the isolation and depression many New Zealand women who work at home feel.

“Recent studies indicate somewhere near one-third of mothers of pre-school children who don’t work outside the home suffer from clear-cut signs of depression”
(Abbott in Phillips, 1983: 12).

A comparison of two English studies found that some women were “vulnerable” to depression due to four factors: the lack of an intimate, confiding relationship with a husband or boyfriend; three or more children under 14 at home; the loss of a mother before the age of eleven; and lack of paid employment (Brown and Harris, 1978 in Phillips, 1983). Those with a close intimate relationship or in paid employment could reduce the risk of depression, by up to half.

2.12 Lack of Partner Support

The importance of partner support was shown in a number of studies (Crnic, 1983; Meade, 1991; Mross, 1989; Wandersman, 1980, see 2.9). A lack of this support was shown in an English study of young mothers where it was found that

“most male partners did not provide the mothers of their children with the close, companionate relationship that modern couples desire” (Phoenix, 1991: 143).

Furthermore, it was found that male partners provided very little consistent childcare help, and help with household tasks. Phoenix (1991: 174) states that

“men’s non-involvement in childcare is simply one aspect of their non-participation in ‘women’s work,’”

an experience not particularly different from men who father children with older women.

2.13 The Experience of Teenage Mothers

The lack of partner support seems to be a common experience in teenage mothers lives (Phoenix, 1991). Often there is also a stigma surrounding teenage motherhood which devalues and marginalises young mothers and may make motherhood a more stressful experience for them. Combined with the often impoverished material circumstances of this group of mothers, social support may have a critical influence on their lives (Phoenix,

1991). A study of eight, teenage Aotearoa/New Zealand women who were pregnant revealed that they lacked

“the basic necessities of money, adequate housing, clothing, and the things they needed for baby. This means that those who are choosing to keep their child will embark on motherhood significantly disadvantaged by lack of resources from the very beginning” (Hamerton, 1992: 77).

The possible risk of social isolation for teenage mothers was emphasised in a study by Lohr & Gillmore (1991 in Stephenson et al, 1994). They found that teenage friendships change from the pregnancy to the post natal period and that new friendships develop around the parenting role. If they do not, the parent can become socially isolated.

Phoenix' study (1991) showed that although parents were sometimes unhappy about their daughters becoming pregnant, almost all of them eventually rallied round to support them. In fact, relatives, especially mothers were of prime importance in providing both childcare and material support for many of the women. In this study, friends were not very significant sources of emotional support as few had any close friendships.

2.14 The Traditional Ideology of Motherhood

In a British study of women's experience of motherhood, Boulton (1983) interviewed fifty women with pre-school children. It was found that the women had exclusive responsibility for their children and responsibility for them all the time. Two thirds of these women noted that their children gave them a purpose to which they were deeply committed and in pursuing this purpose they experienced their lives as meaningful and worthwhile, however at the same time, half of the women found childcare a predominantly frustrating and irritating experience. Boulton (1983: 199) states that

“giving the task of childcare entirely to the biological mother and making it, along with domestic duties, her only responsibility - appears as a peculiarity of Western industrial society.”

She explains the ways in which women in almost all non-industrial societies combine child-care with important economic responsibilities and share responsibility for the children with other women, including the place of productive activity being close to the general living area (for example, fields, open courtyards) and that women work alongside other women who can share care of the children. These are important to the quality of the relationship of these women with their children.

Further, Wearing (1984: 200) looked at women's subjective experiences of mothering and their beliefs about motherhood in the context of macro-social structural explanations of gender relationships in an advanced capitalist society. She concluded that the majority of women adhered to a traditional ideology of motherhood, that is,

"the belief that the biological mother is the rightful person to take primary responsibility for such nurture and care and that this prerogative is 'natural' and 'inevitable.'"

This attitude, she states, legitimates *"the subordinate, economically dependent and relatively powerless position of many women in contemporary society"* and perpetuates gender relationships of power which favours males (*Ibid*, 1984: 10). It also limits the women's life-options, autonomy, self-concepts and activities outside the home. Furthermore, she demonstrates how both capital and patriarchy at the macro and micro levels of society are being served by this ideology.

2.15 Aotearoa/New Zealand Research

There has been little research in Aotearoa/New Zealand on the topics of social networks and support (Haringa, 1990). In 1982 the Early Childhood Unit of NZCER began a two year project called the Family Networks Study (Rosemergy and Meade, 1986) which involved 68 families who had at least one preschooler. The interviews showed that support networks were well used, some having more dense networks than others. They highlighted three types; the support systems used when parents are away from their children (child-care), the support caregivers receive to gain 'time out' (leisure), and the support offered and used in times of crisis (support in crisis). Most families used their informal network of

friends, neighbours and relations to screen the services available before selecting child care or crisis support. Informal networks were also used in place of services.

More recently Mross (1989) undertook group interviews with a number of women in the Waikato area looking at their experiences and the meanings they give to motherhood. Many of the women said they were inexperienced with babies and had high expectations. The study of these particular women showed that their mothering role was limited to the nuclear family which included themselves, husbands/partners and the children. The women also talked about the lack of support by kin as well as other people and many relied on and expected their husbands/partners 'to help out.' Some viewed their partners help as a 'necessity for survival.' In this study's case husbands/partners became a most valued 'resource'.

Haringa (1990) undertook an exploratory and qualitative study on ten Waikato families and their social networks. Her research aim was to explore the social support involved in the networks of a number of rural, urban, one-parent, two-parent, Maori and Pakeha Waikato families. The objectives of the study were to understand the nature of these support networks, the kinds of relationships which constituted them, the nature and extent of support provided, the sources and recipients and the extent of reciprocity. In addition to these she wanted to explore the interconnectedness of the networks and develop a typology of network types. The findings of the study, she stated, were consistent with two other New Zealand studies (Denny & Nye 1979; Rosemergy & Meade, 1986) and suggested that the social networks are indeed influenced by the different family characteristics. Haringa (1990: 20) emphasised the importance of informal support by stating that research shows that family and friends

"play an important role in everyday life, and in absence of these forms of support, people may well experience an increase in stress, and a decrease in physical and mental well being."

All informants reported having experienced an insufficient amount of support at one time or another. Haringa's (1990) findings indicated that one-parent families have smaller core

networks but more frequent contact with network members than two-parent families. Also Maori families reported having more family members in their core networks. The findings were consistent with overseas studies showing that women were most responsible for child care and generally were the ones who maintained social networks, especially kin ties. A further important finding was the fact that life transitions such as divorce often affect the size and composition of people's networks.

The subjective view of community support by certain families is interesting and shows that the value placed on social networks may differ according to the different family characteristics. Haringa (1990) noted that the one-parent families reported that the Parentline counsellors were very good friends and played an important part in their core networks, however the two-parent families did not mention the counsellors at all. She states this is possibly due to one-parent families not having the live-in support and company of a partner/spouse.

A qualitative study involving six Pakeha and two Maori teenage women who were pregnant revealed that family responses regarding the pregnancy were mostly negative, although the families of the two Maori women were more accepting (Hamerton, 1992).

None of the women consciously decided to have a child and the study was consistent with others which found that it was not lack of information about contraceptives but beliefs the women held about contraception and sexuality that caused them to use contraceptives improperly or not at all. For example, the belief that "it wouldn't happen to them" or that if they used contraceptives they were "just looking for sex" (Hamerton, 1992: 67).

It was also found that birthfathers were mostly uninvolved with the women during their pregnancy and often unsupportive. Responses of the birthfathers ranged from very negative to unhelpful. The women reported a need for practical assistance, especially by those who lacked family support, adequate housing, clothes, information and financial support. The need for social and family support was one of the most cited needs in this study. Similar to Lohr and Gillmore's finding (1991, cited in Stephenson et al, 1994) many of the women had lost contact with their friends when they became pregnant. None of

the women spoke about needing emotional support although this appeared to be lacking. Their experiences suggested that social attitudes towards teenage pregnancy are still predominantly negative particularly for Pakeha families. This study is particularly relevant to the present thesis as it is undertaken with Aotearoa / New Zealand women who were teenagers when they became pregnant. The scope of the study and the range of experiences is limited however, to the pregnancy period, as the women were interviewed during their pregnancies.

Phillips (1983) noted that isolation from family and old friends is one of the most common difficulties experienced by women at home. She states that the modern suburb provides a high-risk environment for the "home-maker syndrome," which is a term that describes the depression and isolation felt by some of those who stay at home to care for the children and the household. For example, she states, that the suburbs have not been designed for women, although women live in them more than their partners who go to work in the city.

However, Meade (1991) states that during the 1980's a number of programmes for parents were introduced to various parts of Aotearoa/ New Zealand including new mothers support groups (1980), Parent Centres post natal groups, Parentline (early 1980's), Barnardo's Family Support (1983), Anau Ako Pasifika (1988) and Te Kohanga Reo (1982). Meade (1991) states that the extent of such a list says something about the need for such groups. She also says that research has shown the difficulties of building contacts in neighbourhoods especially for those who are: shy, different (for example, are househusbands, single parents and/or ethnically different), have partners who work on shift work, have no access to care, suffer poor health, have children in poor health or with a disability (Meade, 1991: 105). The researchers found that when two or more of these characteristics were combined, isolation of the carer was increased, and there was a self reported increase in parental depression and/or a leaning towards child abuse.

Because of the isolation experienced in urban environments, the need for community support and mothers' groups have been asserted. Janet Campbell, a facilitator of a mother's support group is quoted saying,

"We need support groups for mothers mainly because of the isolation. Women often have no friends and family close by or there is an expectation that they won't ask for help. These groups involve talking to other women and externalising the stress. As long as she feels it is her problem, she can't cope. But when she hears the others saying the same things, she realises that society creates them - she doesn't have to line up to that woman's stereotype "

(Phillips, 1983: 105).

A family support scheme in Palmerston North (Read, 1986) found that the role of the staff as resource brokers was an important one as they often introduced families to other agencies and groups such as kindergartens, play groups, professional counsellors and budgeting advisers. Read (1986: 11) notes that

"within the community there is undoubtedly more need for family support work in the present climate of deinstitutionalization than there are resources to provide."

Nash's (1993) research concluded that family resources of one kind or another were largely responsible for differences in educational attainment. This theory on resources available to families is important for understanding the importance of social networks, as networks are a type of resource. These resources are made up of capital assets (all forms of social wealth), education or knowledge assets (all forms of socially useful skills and information), and social assets (all the social networks of kin, locality and occupation within which a family is embedded). He argues that these resources are largely derived from the structural class position that a family occupies. For example, income differences largely determine what material resources are available to families. It can provide private schooling and educationally and culturally rewarding experiences including local and foreign travel. Nash (1993) notes that single parent families are particularly poor and this may be a reason why they tend to be geographically mobile. Also single parents

without employment living some distance from his/her family and with access only to local networks has a very different level of social resources compared to a professional middle class family with social networks of an influential and wide-ranging character. Social networks are also sources of social reference groups from which a sense of identity and class position may be formed. They exercise a powerful influence on access to education.

2.16 Summary

There seems to be no doubt in the literature that social relationships and support of some sort are good for one's health and well-being. Furthermore, many studies showed the positive effects on parents, children and the parent-child relationship. The arguments now tend toward the issues of what kind of support helps and why it helps. Key questions include the type of informal networks, partner support, or community services which help, and the value people place on each. Both overseas and Aotearoa/New Zealand literature demonstrated the importance and value given to partner support (Mross, 1989; Wandersman et al, 1980) and that those with a close intimate relationship were insulated against depression. Some of the literature advocated that informal family and friendship support and networks play a large part in the functioning of families. Haringa (1990) stated that the literature showed that an absence of support from family and friends may increase stress and affect a person's well-being. In an Aotearoa / New Zealand study Rosemergy and Meade (1986) reported that the informal support networks of family, friends and relations were well used and often used to screen community services.

There are two opposing views that run through the literature regarding certain types of community support. Some of the literature supports the view that community programmes such as various types of family support interventions or parenting groups are beneficial (Seitz et al, 1985, Dawson et al, 1990) however some do not. Wandersman et al (1980) in particular, note the limitations of social support provided through parenting groups, although fathers found these to be useful, stating that we should not expect such groups to affect global measures as general well-being, quality of marital interaction, and parental sense of competence. Seitz et al (1985) found that although community support

in the form of a family support intervention had positive outcomes for the participants and their families, parent groups were not as successful. They attributed this to the mothers' lacking in social skills needed to feel comfortable in the groups. Alternatively, the parent groups may not have been appropriate or user-friendly for the women. Furthermore, having choice and control over the kind, amount and content of support was important to parents (Rosemergy and Meade, 1986).

Oakley's (1992) study showed that the provision of "social" care for pregnant women by midwives has the capacity to improve emotional well-being and results in fewer physical health problems. A number of authors advocate the need for community involvement in family support (Read, 1986; Meade, 1991; Powell, 1993). Community support that was effective for mothers were personal, nurturing and flexible and provided by people similar to the women.

The transition to motherhood was shown to be an enormous change to one's life, and often a stressful one (Mross, 1989; Sietz, 1985) and the experience of motherhood was often seen as a frustrating experience due to the isolation felt and a lack of support from kin and friendship networks (Mross, 1989; Boulton, 1983; Phillips, 1983). Macrosocial reasons given for this experience are the organisation of a Western industrial society which gives sole responsibility of childcare to the mother and makes it her only responsibility (Boulton, 1983), the layout and design of urban suburbs which are inappropriate for women and children (Phillips, 1983), and the reduced responsiveness and resourcefulness of many communities and organisations (Powell, 1993). A possible result of this experience is the "home-makers syndrome," isolation and depression felt by mothers (Phillips, 1983) and a higher risk of child abuse (Meade, 1991). The effects of this on women from a lower socio-economic status seem to be greater as they generally experience more stressful life events (Berkowitz and Kasl, 1983, in Oakley, 1992) and have less resources available to them (House et al, 1988; Nash, 1993). Young and single mothers are placed in a disadvantaged position because of their limited material and social resources (Hamerton, 1992). For example, Nash (1993) concluded that family resources

were largely responsible for the differences in educational attainment. A low socio-economic status may result in low education for children resulting in what Pool (1991) suggested as "multi-generational patterns of disadvantage." This does not set a pleasant picture for young Maori mothers, who often experience low socio-economic status, however this study will endeavour to find out whether their perceptions and experiences of life and support match the above scenario.

Much of the literature that has been looked at was based in America or Britain and is not directly transferable to Aotearoa/New Zealand, and especially not transferable to a Maori situation. Most of the overseas research is also based on quantitative designs, and statistical analyses. Often the research techniques did not allow for the actual views of the participants to be heard except through a pre-determined and categorised answer format. There is a need for research with Maori women which allows their voices, their perspectives and views to be heard.

This study is an exploratory study and will identify aspects of support that young Maori women experience or don't experience and how this affects their lives. For example, in relation to Rosemergy and Meade's (1986) study the questions that need to be asked are, what kind of support systems do these women use in the case of child-care, leisure or crises? Do they, like the people in this study, use informal networks more and in place of community services? With regard to Mross' (1989) study what are these women's experiences of the transition to motherhood and do they lack support from relatives and friends like the participants in her study? What role do their partners play in the support of these young mothers? In respect of Haringa's research, do family and friends play an important role in the support of these woman as suggested. What role do community agencies and practitioners play in the lives of these women? With regard to Phillip's (1983) research do these women primarily work at home and if so how do they experience this? What is the effect of working or not working in paid employment?

Most importantly,

“our work must reflect the reality of Maori womens lives. The real experiences of Maori women and girls, retold and recorded by us, provide a crucial base from which to develop strategies of change for Maori women” (Irwin, 1992: 4).

In sum, this particular study will look at how young Maori women experience motherhood, what aspects of support are important to them and who provides, or doesn't provide them with such support. A further important aspect of this study will be to look at how these women see themselves in Maori society. Before setting out on the study, however, it is necessary to review the literature specifically relating to being a young Maori woman/mother in Aotearoa/New Zealand today. The following chapter will look at Maori perspectives and aspects of Maori society that may affect the support of young Maori mothers or the need for it, and statistical information which gives a general picture of young Maori women today.

CHAPTER THREE

REVIEW OF THE LITERATURE ON MAORI PERSPECTIVES AND SUPPORT FOR YOUNG MAORI MOTHERS

This chapter will use an holistic Maori perspective to understand the relationship between being Maori and the support of young Maori mothers. Within this perspective theories of colonisation, the breakdown of whanau and the impact of this on Maori women of today will be viewed. A statistical profile of Maori women will be presented to provide a context for this research. Initially, Maori concepts of health will be discussed because this sets a framework from which the wellbeing of Maori society, Maori women, men and children can be observed. The positive effects social relationships and support can have on health have been noted in the previous chapter. In Maori society this extends to many other factors. Though a traditional Maori perspective is essential to the framework for my thesis the understanding of the realities for Maori women today is also needed in order that we may see how these women presently experience life and Maori culture. For example, Paraha (cited in Moir, 1994: 9) asserts that Maori women should be seen in "*a manner that validates the way we see ourselves,*" not just how we are usually represented, that is, through the eyes of non-Maori.

An essential part of my research will be to address the meaning of cultural identity to a number of Maori women and the reality they live in in today's urban environment as perceived by them. Their place in Maori and Aotearoa/New Zealand society and their identification with tikanga and te reo Maori will give some basis in which to develop theory about their experiences of support or lack of it.

The following discussion draws extensively on Durie's (1994) work, in particular his recent book on Maori health Whaiora; Maori Health Development. Mason Durie is of Ngati Kauwhata and Rangitane tribes, a professor at Massey University, and a medical practitioner and consultant psychiatrist.

Concepts of health and wellbeing, together with structural factors such as social and economic circumstances, as well as cultural factors set the scene within which an essential Maori approach can be explored. The World Health Organisation define health as a

“state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”

(World Health Organisation, 1947 in Durie, 1994: 69).

Durie (1994: 67) notes that there is a growing body of evidence that links culture and health, that cultural factors are relevant to health and should be recognised as a positive resource. He concludes that for Maori, cultural heritage *“continues to shape ideas, attitudes, and reactions”* (Durie, 1994: 68). A question relevant to this thesis is how much the women in the study are shaped by their Maori cultural heritage and how this relates to their lives and their experiences of support or lack of it. Durie also states that socio-economic status is a significant determinant of good health and that, for Maori, economic and educational marginalisation remain important sources of concern. The effects of colonisation on the Maori population are recognised as intrinsic to any sociological or historical understanding of Maori. These are the theoretical considerations which will inform my study.

3.1 Maori Definitions Of Health

Health in Maori terms includes a wide variety of factors and encompasses many aspects of Maori life. For example, the health of the whanau in particular has a major impact on the health and wellbeing of the individual, the health of Maori society as a whole has an impact on the health of the whanau and the parents and children within it. It is appropriate to begin by looking at Maori perspectives of health before discussing other aspects which affect and are affected by this.

A summary of Maori definitions of health mentioned in Durie (1994) provides an overview of holistic approaches and thinking by Maori. The models Durie examines include the *whare tapa wha* model (a four-sided house) adapted by Durie, Nga Pou Mana

model (four supports to health) described by the Royal Commission on Social Policy (Royal Commission on Social Policy, 1988) and Te Wheke, (eight dimensions of health linked to the whanau unit), a model developed by Pere (Pere, 1988). Some of the features, dimensions and pre-requisites of all three perspectives are very similar and combined they offer a rounded view of a Maori approach to health. To sum up, they include Wairuatanga (Spirituality), Hinengaro (the Mind), Tinana (Physical), Whanaungatanga (family), Mana Ake (personal identity), Mauri (life principle), Ha a koro ma a kui ma (acknowledgement of our ancestors), Whatumanawa (expression of emotion), Taonga Tuku Iho (cultural heritage), Te Ao Turoa (physical environment), Turangawaewae (land base) (Durie, 1994).

According to these models of health, the health and wellbeing of Maori include a great number of factors which envelop their whole life, and which bring an understanding of the impact of the past on the present. For what, in the past, has happened to some of these things, in particular Wairuatanga, Taonga tuku iho, Turangawaewae, Whanaungatanga and so on, which Maori esteem as important to good health, has major bearing on the present position of Maori health and well-being today and the support provided to each other in times of need.

Te Ara Ahu Whakamua: The Maori Health Decade Hui held in March 1994 provide recent views of Maori health by Maori. A sense of identity, self esteem, a voice that is heard, knowledge of te reo and tikanga Maori, economic security and whanau support, among others was agreed to constitute a healthy Maori (Te Puni Kokiri, 1994). Whanau as the basic social unit of Maori society is seen as the structure through which many of these things have been passed on. At the hui a summary of the major themes included a greater commitment to strengthening the whanau.

"Fresh approaches were needed that focused on ordinary Maori households and provided support for the Maori women who very often carried the burden of the whanau alone"

(Te Puni Kokiri, 1994: 7).

It was recognised that Maori women played a *“pivotal role at the centre of the whanau”* (Te Puni Kokiri, 1994: 7) and that their input into the policy making process needed to be addressed. It seems that the Maori community already realises the predicament of many Maori women who *“carry the burden alone.”* Maori sole mothers make up 41 percent of all Maori women in families with dependant children (Statistics New Zealand, 1993). Perhaps there is also a need to focus on the men who lack taking responsibility for their whanau and reason why this is so.

3.2 Breakdown and Isolation of Whanau

Traditionally the basic social unit in Maori society was the whanau, an extended family which included three generations (Walker, 1990, in Middleton et al, 1993). Awatere (1993: 78) noted that Maori parenting

“is based on a kinship system which is the basis for all organisation: the whanau or collection of families with many generations; the hapu made up of several whanau; the iwi or tribe made up of several hapu.”

The Royal Commission on Social Policy (1988, Vol II) stated that whanau, hapu and iwi structures in the past provided an infrastructure of support for child rearing and socialisation in cultural values. Durie (1994) states that family was the prime support system for Maori and provided care and nurturance in physical, cultural and emotional terms. The traditional values of whanau are still adhered to today, albeit in a new context. Ruwhiu (1994: 136) describes aspects of the whanau,

“the support of more than one, the shared responsibility, the pooling of resources, a commitment to others not just yourself,”

and argues that by its very nature has been a proven environment for cultivating the ways and methods to respond effectively to the needs of its members. Having the goal of interdependence rather than independence is seen as a healthy attitude towards life and whanau (Durie, 1994).

There are many ways in which alienation and oppression occurred for Maori since European contact. Among these factors the breakdown of iwi, hapu, whanau structures

played a major role in the position of the Maori population today. The Royal Commission on Social Policy (1988) writes that the cumulative effect of colonisation, assimilationist policies, cultural and institutional racism and urbanisation had almost destroyed the traditional Maori infrastructure of whanau, hapu and iwi. Isolation from the extended whanau, marae and turangawaewae occurred in widespread fashion especially since the 1950's (Bu, 1993). Maori social unity began to crumble, "*an important foundation for health, the family, was weakening at a time when it was most needed*" (Durie 1994: 38).

3.3 Urbanisation

The rapid urbanisation of Maori played a significant part in the breakdown of whanau structures and the loss of traditional culture and values. Bu (1993) noted that during the period 1951 and 1981 the proportion of Maori living in main urban areas increased remarkably. Bu states that at the beginning of the century until the 1920s the majority of Maori were born in rural areas and most probably remained there all their life. Maori cohorts born during 1930-50s would probably have been born and spent their teen years in rural areas but quite a proportion migrated to main urban areas at labour force entrant ages 20-24. The Maori born since 1960's would most probably have been born and brought up in a main urban area. (Most of the women in this study were born in smaller towns but lived most of their lives in the city). Durie (1994) states that many third or fourth generation urban migrants were effectively cut off from any tribal links, some became well integrated into urban environments and participated comfortably in mainstream New Zealand, but others became alienated from tribe and society.

In relation to the realities whanau experience in the cities today, Pere (1988: 9) notes that,

"retaining this close interaction of all members of the extended family during the waking and working hours of the day is extremely difficult and often quite impossible in the urban situation....the role of parenting is left to one person in many instances (usually the mother)."

Awatere in her address to the Early Childhood Development Conference (1993) notes that most Maori families today are partially nuclear family based, and partially whanau

based. A submission to the Royal Commission on Social Policy (1988, Vol IV : 612-13) told of

“Maori taking on nuclear family roles, and the stress and alienation of Maori, coupled and single, trying to raise families shorn of kin support - material, spiritual, emotional and physical.”

The resulting scenario, Durie (1994) states is that contemporary Maori live in several realities and on most socio-economic indices are significantly disadvantaged. Many are also culturally impoverished, being unable to speak Maori or to participate confidently in conservative Maori situations. However, the researcher believes the renaissance of te reo Maori in the 1980's has accomplished much in acknowledging the importance of the language to Maori culture and lifting Maori esteem.

A number of writers state the importance of the marae to Maori society and whanau, hapu, iwi structures. The marae was the integral component of traditional Maori society and the central focus of a whanau (Middleton et al, 1993). The marae is our permanent home, *“a context which affirms us within the whanau,”* (Selby, 1994: 148). Marae is one's turangawaewae where Maori customs and language have priority (Durie, 1994). Durie (1994) goes on to say that the level of access which an individual has to a marae is a measure of Maori identity and an indirect measure of health.

“Since the marae is the epitome of a collective identity and one of the few remaining opportunities for social relationships to be strengthened in a manner which is mutually supportive, it enables Maori to redress some of the imbalance between individual and group pursuits inevitably created by life in suburbia”

(Durie, 1994, p76).

One's cultural heritage, along with te reo, marae, and whanau support are significant to Maori identity, self esteem and health. My thesis will address the meaning of this identity to a number of Maori women and *“their place in the scheme of things”* (Jackson, 1988). Their identification with tikanga and te reo Maori and their experience of whanau support or lack of it will be a significant part of this study. A model developed by Davies,

Elkington and Winslade (1994) attempts to measure cultural identity on two indices; the effect of the dominant Pakeha culture and the influence of traditional Maori culture. This will be used in the research along with self perceived feelings about the connectedness or isolation one has to aspects of Maori society.

3.4 Theory of Colonisation

It is well known that the current health status of Maori is poor in comparison to Pakeha, although it has improved much over the decades (Statistics New Zealand, 1994). Durie (1994) advocates that the state of Maori health cannot be separated from the wider social, cultural and economic environments which have occurred since colonisation. Similarly Jackson (1988) puts forward a theory to explain Maori over-representation in low income groups. He argues that the difficulties and burdens of the Maori poor come from specific historic and cultural forces which have shaped New Zealand society and that this 'racialisation of poverty' has shaped much of the present day position of the Maori community.

"Poverty grew from what happened to our culture, not the other way around"

(Jackson, 1988: 65).

The effect this has had on Maori families has been great. Monocultural policies and western individual-based values, along with urbanisation, have contributed to a breakdown in the Maori family unit.

"The Maori family has been influenced by a unique history which has affected its structure, values, spiritual and economic strengths" *(Jackson, 1988: 80).*

He argues that often Maori families experience stress due to limited material and cultural resources and are unable to provide either the economic security or traditional cultural stability necessary for personal confidence and self esteem. Urban families, in particular, have been cut off from tribal and whanau links because of a move to the cities and their traditional infrastructure has been shattered. Because of this young people are divorced from the support of whanau relationships, isolated from a cultural awareness and must learn to survive in a Pakeha dominated environment which quite often does not give value to things Maori. Monocultural attitudes have been, and still are, transmitted

through social interaction or institutional imposition; for example, through educational institutions. Maori children often fail to succeed within the education system, and fail to achieve reasonable employment and economic status. This affects the generations to come and causes a cycle of social confinement (Jackson, 1988).

In contrast to the above argument about the underachievement of Maori pupils, Nash (1993) concludes that the bulk of the available research indicates that Maori children underachieve when compared with non-Maori children because of significant differences in the familial cultural practices most characteristic of the unskilled working class (including, minimal levels of involvement with a culture of literacy). He notes that there is little concrete evidence that it is caused by the structured incapacity of the educational system to provide them with a culturally appropriate context of learning. Because of this he believes that more than school structures and practices need to change such as is happening with the development of Kura Kaupapa schools but he also states that these schools may prove to be a powerful way to accelerate those other changes.

This point does not take into account an historic perspective which argues that the large percentage of Maori in the “working class” is a result of colonisation and that educational assimilative policies have partly been the cause for the devaluing and loss of Maori language for many children. Furthermore the limited material and cultural resources available to many Maori families impact on the practices of these families today. Jackson’s (1988) theory emphasises the importance of focusing on the wider social and historical pressures which have created a cycle of continuing inequality.

3.5 Treaty of Waitangi

Malcolm et al (1990), although in specific relation to health, writes that it has only recently been acknowledged that these inequalities are caused by economic and political structures and related to the failure of the implementation of the principles of the Treaty of Waitangi.

"Inequalities in health occur as a result of certain social or ethnic groups being exposed to a less healthy environment with regard to work, housing, occupation and education and fewer resources available to adopt healthier life styles or to access health services"

(Malcolm et al, 1990: 10).

The Treaty of Waitangi, recognised as the founding document of New Zealand, promised in Article Three the rights of citizenship and in the Maori version of Article two, tino rangatiratanga, *'full exclusive and undisturbed possession'* of their taonga which incorporated social and cultural guarantees. For example, the Waitangi Tribunal agreed that Maori language was a taonga and admonished the Crown for failing to protect it (Durie, 1994). It is also argued that the poor position of Maori on a number of social and economic indices is a result of the failure of the Crown to keep the Treaty promises. Article Three, promising *'all the Rights and Privileges of British subjects'*

"implied that there would be no serious gaps between Maori and other New Zealanders, and that, if necessary, the Crown would exercise 'royal protection' in order to meet its new obligations. Thus Article Three was as much about equity as citizenship"

(Durie, 1994: 84).

Horsfield and Evans (1988) in a preliminary review of the economic position of Maori women in New Zealand begin with a look at the Treaty of Waitangi, in particular the various debates that have taken place by the Royal Commission on Social Policy, the Waitangi Tribunal, the Treasury, Orange (1987) and others. They stated that recognition of the importance of the Treaty of Waitangi has been evolving in the government and among the non-Maori community. They also state that,

"compensation for land grievances could help to restore the economic base of the tribes and improve the economic position of Maori women and their whanau"

however structural barriers of institutional, cultural and individual racism must also be addressed (Horsfield and Evans, 1988: 15).

3.6 The Impact on Maori Women

The myriad of factors impacting upon the Maori population since European contact has been documented as especially devastating for Maori women.

“Finally the facts speak for themselves. The negative outcomes of social and economic processes since 1840 have been devastating for Maori women”

(Royal Commission on Social Policy, 1988, II: 157).

“Economic factors impacting upon health status include income, unemployment, education and housing. In all these factors Maori women are particularly disadvantaged with respect to access. From the evidence available this can be expected to have an important impact on their health status and general well-being”

(Malcolm, Bowie and Kawachi, 1990: 3).

In particular the impact of urbanisation and subsequent alienation from tribal homelands is mentioned.

“Duties and responsibilities once shared and exchanged by many now fall heavily on individual women” *(Royal Commission on Social Policy, 1988, II: 163).*

Murchie (1991) in her address to the seminar “Toward a Child and Family Policy for New Zealand” also notes how urbanisation has frayed the fabric of the traditional whanau support structure resulting in isolated, urban Maori mothers facing unenviable challenges that they cannot easily overcome. She states that the whanau system must be affirmed so that no Maori parent is isolated from their kin and particularly stresses the importance of support for Maori sole parents and their children.

The loss of confidence and self-esteem that comes from knowing who you are and where you come from is also documented as a serious effect of urbanisation. RapuOra, the Maori Women’s Welfare League study of Maori women’s health explains;

“Until recent times a Maori sense of security related, in large measure, to tribal identity. Understanding social, spiritual and cultural responsibilities and the practice of these responsibilities gave confidence and self-esteem....Tribal

identification we see as important to one's self-esteem and identification"

(Murchie, 1984: 81-82).

In the Rapuora study undertaken in 1982 it was found that four out of ten young Maori mothers did not know their tribal links and half of the young women in the study had no tribal support system immediately available. It was also found that their involvement with cultural activities was minimal. The women in this study faced a number of problems including the following;

- urban, extri-tribal status meant difficulties of access to *marae* or *papakāinga*
- lack of confidence in performance of Maori practices through fragile *whanau* links
- employment that indicates a low economic status and the wages of the partner not being adequate for family needs.
- problems with young family care.

(Murchie, 1984: 38).

The Royal Commission on Social Policy (1988, II: 174) noted that there was little genuine opportunity for Maori women to develop their potential.

"In many cases they do not have access to a sufficient standard of living to enable participation in or sense of belonging to the community. Many do not receive a fair share of the wealth and resources which contribute to well-being."

Furthermore, Horsfield and Evans (1988) note that policies continually produce barriers which have impacted on the achievement and participation levels of Maori women and girls and of the Maori population in general. The Royal Commission on Social Policy advocates that only by significant improvements in the social and economic well-being of the Maori people as a whole can a more just society be achieved. It has been argued that the recognition and strengthening of tribal and other traditional Maori structures, given an adequate transfer of resources and adequate support, will provide a basis for greater Maori self determination (Davey and Mills, 1989). Measures recommended include assistance with housing, culturally appropriate health promotion schemes and of particular importance to my study, *support for parents*.

There seems to be little doubt in the literature that targeting a wide range of factors for Maori will help Maori to gain in self esteem and self determination, and which will improve the health and wellbeing of women and their whanau with whom many take the main responsibility for. These factors include addressing institutional and personal racism, reconnecting with one's cultural identity, improving socio-economic stance, and participation in policy-making and decision-making. Self determination and resources given to tribal groups may also engender needed support by the Maori community for Maori families who are experiencing the effects of isolation.

3.7 Statistical Profile of Maori Women in Aotearoa / New Zealand

It is necessary to present a brief statistical profile of the position of Maori women in Aotearoa / New Zealand today to gain an overall view of the effects of colonisation and urbanisation upon Maori women. This will provide a context for my study which looks more deeply at the personal experiences of young Maori mothers. The following statistics have been chosen because they relate to the topic of this thesis, young Maori women who are mothers. The researcher is aware of the devastating picture it seems to paint and the consequences a one-sided view may have to increase existing stereotypes and does not wish to give primacy to such statistics, but to the women's experiences as portrayed by them, and macro-social, structural explanations. Statistics tell one side of the story, woman's herstories can give us another. A balanced view is needed to understand more fully how Maori women experience their world. Irwin (1992) states that re-making our herstories is vital to taking hold of our own lives and determining our future.

"Throughout our story as a people, Maori women have been successful innovators and leaders. Our work and deeds have had a significant impact on Maori culture and society, breaking new ground, often in radical ways. And yet, our women, and their stories, have been buried deeper and deeper in the annals of time by the processes of oppression that seek to render us invisible and keep us out of the records"

(Irwin, 1992: 1)

This profile should be read with an holistic view that considers the effect history and the environment have had on Maori women, and the great strengths Maori women have displayed. Maori women have been the backbone of major change in the Maori community including the development of health and education initiatives such as the Maori Womens Welfare League and Te Kohanga Reo, and have contributed to the improved position of Maori people in general.

Most statistics are used from the 1991 Census as described in All About Women, Statistics New Zealand, (1993) unless otherwise stated.

3.8 Demographic / Population Profile

Maori women make up 13 percent of all women in New Zealand today. Over half of Maori females were aged less than 25 years in 1991 compared to 38 percent of the total female population.

“This concentration of Maori women in the younger age groups and relative absence from older age groups, has major implications for the provision of social services, such as education, health and social welfare”

(Statistics New Zealand, 1993: 29).

At the 1991 census there were 14,901 Maori people classified as belonging to the Maori Ethnic Group in Hamilton. This includes those of “Maori and other” ethnic groupings including European, Pacific Island and other (1991 Census of Population and Dwellings, Waikato/B.O.P. Regional Report).

3.9 Fertility

In the 1970's Maori experienced one of the most rapid fertility declines in the world. The average number of births for Maori women in 1962 was 6.2 compared with 4.2 for all women. In 1990 the provisional figure for Maori women was 2.28 births per woman compared with 2.18 for all women. Statistics New Zealand (1993) states that this decline was achieved mainly through the adoption of efficient contraception and sterilisation,

particularly by women in the older age groups. It is thought that urbanisation played a significant part in this process.

Fertility patterns have significant implications for the population. Jackson (1995) states that although fertility rates and family sizes for Maori and non-Maori have been converging, their family formation patterns have been diverging. A gap of eight years difference in the peak age for childrearing has occurred. For the cohorts born 1960-64 the peak age-specific fertility rate (ASFR) for Maori was age 20 and for non-Maori age 28, compared to only one years difference in the cohorts born 1940-44, where the peak fertility rate occurred at age 22 for Maori and 23 for non-Maori. Similarly, Statistics New Zealand (1993) states that the peak childbearing age group for Maori women is 20-24 years compared to 25-29 in the total population. This difference suggests Maori women are more likely to have their children early and then end their childbearing years at a younger age. This, in fact, is what has been happening, as shown by Jackson's (1995) study.

The implications of this can be shown in a comparison of the participation of non-Maori and Maori women in the labour force. Since approximately 1970 non-Maori women (as depicted in five year cohorts) have been incrementally delaying their childbearing and have increased their labour force participation over the ages 20-29, markedly more so than Maori. Current labour force participation peaks around age 20-24 and declines until it troughs at approximately age 30-34. Jackson (1995) states that much is gained by non-Maori women over these early years in the way of work experience, skills, qualifications, and seniority and this can be expected to carry into considerably different types of labour force participation at the older ages.

In contrast, Maori women's labour force participation (although much lower than non-Maori) remains highest at 15-19 years, then declines and appears to be reaching a trough at the ages of 30-34. Jackson (1995) states that these differences in labour force participation are associated with differences in the timing of births, and/or vice versa. A

number of causes may include women delaying having children because they have entered or expect to enter the labour force; women deciding to have children at a younger age if they do not, or believe they will not, get into the labour force; and women who already have children at a young age and be unable to consider entering.

Jackson states that such policies as the Employment Contracts Act, increasing costs of tertiary education, and reduction of welfare benefits interact with the socio-economic and demographic characteristics of groups and may lead to advantage or disadvantage. She states that this is very important in the New Zealand situation because the maintenance and/or worsening of ethnic differentials are often seen as having 'cultural' explanations. An example of this is the earlier return of Maori women to the labour force where they have considerable opportunity to increase their work-related and educational qualifications if it were not for the "*closing down of such opportunities for the least skilled and educated, via the emerging political economy*" (Jackson, 1995: 7).

3.10 Maori Teenage Fertility

The Maori teenage fertility rate of 79 per 1000 births in 1990 is still very high, twice that of the total population. One quarter of all Maori births in the period 1981-87 were to women 15-19 years of age. More than 62% of all Maori births were to women under 25 years of age. Maori teenage births are largely ex-nuptial (90%) (Maclean, 1994). Pomare and de Boer (1988: 37) discuss Maori teenage fertility rates. They suggest that young Maori women may get a sense of self worth from motherhood and personal and family relationships may be strengthened because they have assumed a position of considerable importance and responsibility. Alternatively they face "*unemployment, loneliness and discrimination in its many guises.*" Why the young Maori women in this study had children is an important question. Did they choose to have children, did they want to gain self worth from motherhood as is suggested, or is becoming a mother an alternative to poor employment opportunities? Do they experience stigmatisation as a teenage mother?

3.11 Risks or Consequences of Socio-Economic Disadvantage?

Pomare and de Boer (1988) also believe that there are important social and economic costs for Maori teenage mothers, including the health of Maori infants. They describe the difficulties of parenting for women with limited resources.

“Proper parenting is a skilled occupation which will be most difficult for those mothers with few supports, limited financial resources, who have lower than average living standards and less than average education.”

However they also state that in Maori society *“a newborn child will be seen as a precious gift to the family whatever the circumstances of its arrival”*

(Pomare and de Boer, 1988: 37).

Malcolm et al (1990) note an important example of the stresses to which young Maori women are exposed and the impact on infant mortality shown in a study of postneonatal mortality in New Zealand. This study found that the relative risk for preventable causes (accidents, infections) of postneonatal mortality was particularly high for Maori women (4.35 times as compared with non Maori).

“The high relative risks for related factors, such as being unmarried, father not working and young mothers point to the serious stresses imposed upon young Maori women by a deprived economic environment as a major factor contributing to high rates of Maori infant mortality”

(Malcolm et al, 1990: 11).

Some of the health implications for Maori women and their children show in the higher incidence of low birth weight, higher rates of smoking, less access to health services with lower rates of immunisation and much higher rates of cot death (Malcolm et al, 1990). This study points to the significance of a lack of financial and material resources on the health and wellbeing of children.

Statistics New Zealand (1990: 45) write that teenage childbearing is of concern as it has been linked to risks for both mother and baby in terms of poorer health, lower education levels and poor employment opportunities, in particular those from lower socio-economic

groups. However, we need to take care that we don't problematise young mothers as it puts the blame on individuals rather than taking into account the socio-economic environment in which they live, and therefore only serves to oppress them and their families rather than liberating and supporting them. All mothers deserve support regardless of when they become a mother.

In contrast to this idea that teenage fertility is characterised by negative social, economic and health consequences, Maclean (1994) argues that socio-economic disadvantage, not the young age of the mother, results in these negative consequences, and that these so-called "disadvantages" may not be perceived as such by the communities in which the young women come from. She argues that teenagers with economically disadvantaged backgrounds are disproportionately represented among teenage mothers and suggests that a lack of past academic ambition, achievement, and 'negative' perceptions of future opportunity, are strongly associated with teenage child-bearing. She agrees with Pomare and de Boer (1988) in that motherhood can be seen as giving a positive role and identity and elevated status. Furthermore, Phoenix (1991) found in her research that early motherhood was not detrimental to educational or employment prospects. The results of Maclean's (1994) Aotearoa/New Zealand study indicated that the disadvantaged socio-economic status and structural position of teenage mothers is the primary determinant of elevated levels of infant mortality, and notes that the increasing difference between Maori and non-Maori infant mortality rate as infant age increases supports this theory. Are health risks a result of a low socio-economic status rather than age and what are the implications of this for supporting young mothers?

Maclean (1994) promotes programmes aimed at alleviating some of the problems faced by young mothers rather than policy approaches which have tried to limit teenage fertility by withdrawing financial support from mothers under the age of 18 (Shipley 1991 in Maclean, 1994) as she states,

“women who bear children before they reach 20 years of age come from the most socio-economically disadvantaged sections of the population, and therefore are amongst those in most need of support.” (Maclean, 1994:143).

Statistics New Zealand (1993) states that the high rates of births to teenagers and the increasing abortion rate suggest teenage women have poor access to or use of contraception. In 1992 for every two births to women aged under 20 years, there was one abortion. The abortion rate for Maori teenagers for 1990-1992 was 21 per 1000, compared with 15.3 for European/Pakeha teenagers (Statistics New Zealand, 1993: 45). An important question that needs to be addressed in this particular study is the women's use of contraception.

3.12 Maori Families

There are a higher proportion of Maori families with dependent children compared to European/Pakeha families, reflecting the younger age structure of the Maori population. Maori women are more likely than European/Pakeha women to be sole parents with dependent children. In 1991 almost 1 in 5 Maori women (19 percent) were sole mothers, an increase of 4 percentage points since 1986. Maori sole mothers make up 41 percent of all Maori women in families with dependant children, compared to 17 percent European/Pakeha (Statistics New Zealand, 1993: 48).

Maori women also have differing household circumstances to European/Pakeha women. Ten percent of Maori women aged 15 years and over live in households of two or more families compared to 2 percent European/ Pakeha women. More than 2 in 5 sole Maori mothers live in households with others (Statistics New Zealand, 1993: 49). What effect these circumstances have on Maori women and their families is an important question in need of answers.

3.13 Education

Davies and Nicholl (1993) undertook a comprehensive statistical analysis of the education of Maori within the New Zealand education system. They note that there have been substantial gains by Maori secondary students in school participation and attainment over the last decade. Young Maori women have become more likely to have a qualification when they leave school. The proportion of female Maori school leavers with a seventh form qualification increased from 3 percent in 1981 to 15 percent in 1991. In 1991 34 percent of Maori females left school with no qualifications. This is a positive improvement compared to 1981 figures when 61.9 percent of Maori females left school with no qualifications, and 1986 when 51.4 percent left with no qualifications (Statistics, New Zealand, 1993: 72). However outcomes for young Maori still do not equate with their non-Maori peers (10.7 percent of non-Maori females left school with no qualifications.). They continue to face greater risk of exiting the school system early with few or no formal qualifications, and are extremely limited in their access to further education and training. Young Maori women especially tend to narrow their options earlier than non-Maori and therefore limit future education, training and employment options and ultimately their life chances. Do young Maori women have children because they have dropped out of education and find significance and esteem in being a mother, or are they forced to drop out of school because they become pregnant? These are some of the hard questions which others have difficulty answering. Hamerton (1992: 69) states that,

“as in other studies it is not clear whether pregnancy is a choice for young women who perceive that they lack educational and career prospects or whether it is their pregnancy which limits their educational choices.”

Davies and Nicholl (1993) state that the proportion of Maori reaching a level where they are eligible for tertiary education is still too low to promote a strong flow to the tertiary level. They state that there is an urgent need to address the issue of senior school participation. It is the experience of some Maori women to have babies earlier and attend tertiary education later. Maori women in Universities and Polytechnics tend to be

older than their peers, half of Maori women at University are over the age of twenty five (Davies and Nicholl, 1993). Being on a low income and having dependant children lessens the chances of being able to obtain tertiary education. Furthermore, the types of tertiary education that are being undertaken is an issue as Maori students are heavily concentrated in shorter and lower level courses. Participation in a number of key fields critical to Maori economic development is extremely low (Davies and Nicholl, 1993).

There is also a need for programmes for young adults who left school in the 1980's or before, with few qualifications and who have had little opportunity of gaining long-term employment. Davies and Nicholl (1993: 91) state that although programmes such as the former ACCESS, MACCESS and currently TOPS (Training Opportunity Programmes) have targeted these young adults, "*there is a need to ensure that future programmes and policy initiatives alter substantially their educational outcomes and life chances.*"

3.14 Summary

Of particular relevance to this study is the high Maori teenage fertility rate, coupled with the stresses of bringing up children on a low income, usually a benefit of some kind, and possibly alone or in households where there is more than one family. These women tend to have few or no qualifications because they have left school early, and this narrows their options for future education, training and employment.

This is a common experience of Maori women. These stresses are compounded by the lack of traditional whanau or tribal support, especially for women who live in large urban areas, and experience a loss of cultural awareness and stability. The colonisation theory advanced by Jackson (1988) regards these experiences as the result of the imposition of European culture upon Maori society and values occurring since European contact, and the process of urbanisation which was 'aided' by monocultural policies (Jackson, 1988). The health and well-being of Maori society as a whole has been affected by this, its impact on Maori women being the most devastating, mainly drawn from their place on the health and socio-economic indices. Consequences for many Maori teenage mothers

and babies show in terms of poorer health, and lower educational and employment opportunities. A disadvantaged position on the socio-economic index, and lack of material and financial support is argued by some to be the cause for these poorer health consequences rather than the young age of the mother.

These consequences certainly attest to the severe disadvantage Maori women, in general, exist within, however there is a contrasting view to this perspective, as some of the literature reveals. Maori women are recognised particularly by parts of the Maori community as strong, as playing the “pivotal role at the centre of the whanau,” as the carrier of burdens.

Although Maori women are depicted as the core of contemporary whanau, to which whanau revolve around and depend entirely upon, the researcher argues that this was not the case in traditional Maori society. It was the whanau itself, that was the core of Maori society, including all members, both women and men, tipuna and mokopuna. The mutual support that was given by the whanau to the whanau seems now to be replaced with women alone giving support to the whanau, without receiving support themselves. The reasons for this seemingly widespread occurrence in Maoridom, and the resulting costs it has upon the women are points which this study may reveal more about.

It is argued that the loss of cultural knowledge, tribal identity and contact with Maori institutions such as marae has resulted in a loss of confidence and self esteem. The impact of monocultural and Western values upon traditional Maori values also creates conflict. Furthermore, it was largely urbanisation which caused the breakdown in a traditional whanau support structure which has resulted in isolated families. Isolation, however is not experienced solely by Maori women, as the first chapter revealed it is a common experience of many women who live in urban environments. The further alienation of a loss of cultural identity, the disadvantaged socio-economic status and the experience of living as a ‘minority’ in a largely Pakeha environment may have even greater impact upon Maori women. For example, it is argued that the wider social and economic

environment still disadvantageously affects young Maori women who are mothers because of its poor employment opportunities for those who are young and with few qualifications or work experience, the increasing costs of tertiary education, the reduction of welfare benefits (Jackson, 1995) and the costs of childcare to name a few.

In agreement with the Eurocentric literature, support is seen as a pre-requisite to good health. A Maori perspective specifies the type of support that is necessary, that of whanau support. Although there has been a breakdown in the whanau, there is also support in the literature that some traditional values of whanau are still adhered to today (Durie, 1994; Ruwhiu, 1994) and that Maori culture continues to shape ideas, attitudes and reactions of Maori (Durie, 1994). A question relevant to the present study is whether the women interviewed experience and practise Maori values and what this means for them and their identity as Maori women.

The participants in this study are representative of the young teenage mothers who leave school early or are unemployed, have low socio-economic status, and have been sole parents at some stage during their motherhood. This study will offer an insight into the reality experienced behind the statistics and may add to or offer a theory as to why they experience life as they do, and what can be done to improve things, as suggested by them. The next chapter sets out the methods used to collect the information for this study.

CHAPTER FOUR

METHODOLOGY

Little is known, in a formal sense, of young Maori mothers' experiences of support. For this reason, the general approach of inquiry used by the researcher in this particular study was the qualitative approach in the form of in-depth, open-ended interviews and hui or type of group interview. These methods were chosen because they allow issues to be studied in depth and detail without being constrained by predetermined categories of analysis. The qualitative research approach produces a wealth of detailed information about a much smaller number of people and cases which increases understanding of such cases and situations (Patton, 1990). Stake (1978 in Patton 1990) maintains that it is useful to "*obtain a full and thorough knowledge*" of the particulars of a certain sample of people by looking in-depth at their experiences.

A great strength of the qualitative research approach and using open-ended questions is the greater possibility in which the researcher can come to understand the world as seen by the respondents. The researcher felt that it was appropriate to use such a method in order to provide more than a glimpse into the lives of young Maori mothers. The women's points of view, their terms of reference, their perceptions of support were necessary factors in this study. A further advantage of using an open ended form of questioning allows the researcher to probe and draw out responses. The researcher found this necessary with some respondents who felt shy or felt questions hard to answer. Although several of the respondents noted at the end of the interviews that some of the questions were hard, the researcher felt that this was mainly because they were unsure of how to answer questions they had never been asked or had never thought of before. The process of forming opinions, and a way of expressing them understandably takes time. (See section 4.4 on feelings about being interviewed).

The researcher chose the qualitative method because she had a commitment to elevating and not diminishing the words, emotions, thoughts and experiences of the respondents.

She wanted them to be heard. An important part of qualitative research is presenting the participant's thoughts and experiences in their own words. Young Maori women are not often heard, and it was hoped that this study would go some way in redressing that. Furthermore, the use of sharing in groups can be empowering to those involved. This research project grew from work within the community and its aim was to benefit those women involved in it.

A disadvantage of the qualitative approach is the small sample size which reduces generalisability to a larger population, however, all the women in this study match characteristics that are fairly typical of young Maori women. Over 62 % of Maori births are to women under 25 years of age, 25% to teenage Maori women. Forty one percent of all Maori women in families with dependant children are sole mothers (see Statistical Profile in Chapter Three). The participants in this study are representative of the young teenage mothers who leave school early or are unemployed without qualifications, have low socio-economic status, and are sole parents. The women were all beneficiaries, had few qualifications and they had little work experience. Furthermore, their situation of living in non-nuclear households and sometimes as sole parents were very common. Statistics New Zealand (1990) noted that more than two in five sole Maori mothers live in households with others. Patton (1990) talks about purposeful sampling which provides information-rich cases about a particular sub-group. In the case of this study, generalisability can be afforded to a fairly typical group of Maori women who have children at a young age, and who have lived part of their life in the city. The conclusions of this study can be used as a working hypothesis in other settings but taking into account local conditions. What the women have shared about their lives reflects their personal experiences and journeys, this is important in itself.

The life history method was a part of this research. Middleton (1988) writes that the life history method enables researchers to focus on biography, history and social structure. Like many of her contemporaries Middleton views the relationship between the

researcher and the researched as an important interactive and intervention process, for example, being involved in research can stimulate the process of consciousness raising. In the case of this research project the interviews and hui created opportunities to share information and to discuss reasons and theories for 'the way things are.' Generating theory collectively was an aim of the researcher's. In practice, hui and talks at women's homes were extended to ensure that some of this could start to take place. Initially, two hui were planned, in practise, three hui were undertaken, and korero with two other women at one of their homes. The interview structure used a form which limited, topical life histories take. In other words, a chronological format was used and questions left open to explore the actual experiences of pregnancy, birth and motherhood. More specific questions were then asked about the issues of support that surrounded these periods.

4.1 Theoretical Orientations of the Researcher

Because a feminist research methodology 'sits' well with my view of the world and how research should be conducted I have approached my thesis from a general feminist perspective and because I am Maori I have also approached it from a Maori perspective. Feminist research recognises the oppression and exploitation of women and is committed to changing that. I do not align myself with any one particular feminist theoretical tradition and wish not to put a label on myself or this particular piece of research however, I agree with approaching research from a woman's standpoint, and taking a critical view of the society in which we live as patriarchal, and one which oppresses women. Many of the women who will be my informants in this research will not have great understanding of feminist perspectives and imposing one on them will not allow them to create or negotiate theory as I believe they should.

Smith (1992) argues that white forms of feminism may perpetuate 'otherness' at a deeper level because Maori women have been defined in terms of our differences to both Maori men and Pakeha men, and also Pakeha women. She states that,

"the challenge for Maori women in the 1990's is to assume control over the interpretation of our struggles and to begin to theorise our experiences in ways which make sense for us and which may come to make sense for other women"

(Smith, 1992:34).

She adds that although this does not mean rejecting all feminist theories it does mean that,

"we, as Maori women, should begin with an understanding of our own condition and apply analyses which can give added insight into the complexities of our world"

(Smith, 1992:35).

My view of a Maori perspective acknowledges that Maori women experience the world differently from Pakeha women because of the experiences that have occurred for the Maori culture as a whole, particularly how colonisation has affected our people. We cannot assume, however, that the lives of all Maori women have been shaped by the same kinds of forces, but that these differing experiences are part of what it has meant to be Maori (Smith, 1992). McRobbie (1982) agrees that a number of things such as age, class, culture and race have real effects on people. Furthermore, a Maori feminist perspective includes the whole whanau, including men, in its reasoning and formulation of answers (Irwin, 1992).

My intention for this research is to use a Maori perspective which gives credence to emancipatory research where outcomes are a collaborative process (Bishop, 1992) characterised by negotiation, reciprocity and empowerment (Lather, 1986). I agree that research should be a process of conscientisation for both researchers and the participants involved in the research. This process should inspire the women involved in this study to formulate the problems with which they struggle and perhaps answers to those problems. I agree with Mies (1978) that good research should provide a way in which women can collectivise their experiences and understand social causes of individual sufferings.

Hanmer and Leonard (1984, cited in Bell and Roberts, 1984: 33) state that already being involved with people who are trying to improve their situations enables one to construct appropriate research questions. My research will include some of those people I have recently been working with in my position as a co-ordinator / facilitator of parent support groups and workshops. In contrast a traditional positivist approach would argue that in doing so I would lose 'objectivity', a concept that has been given immense value in past research but that is argued by others to be an impossible feat. The more recent post-positivistic view argues that all things are surveyed from a subjective window, and that stating one's assumptions and preconceptions explicitly is a more honest way of dealing with research.

In this study the researcher focuses on the question "How do young Maori women who are mothers experience the phenomenon of 'support.'" This study has a phenomenological approach where the perceptions of the women are paramount. It assumes that the women have some experiences in common and that experiences such as 'support' and 'being a Maori mother' can be compared. It also has an holistic orientation which views a phenomenon or experience as part of a whole, and as interdependent on other parts.

4.2 Specific Research Procedures

The research included two main procedures; the hui or type of focus group interview, and the in-depth interview. The intentions of the hui were twofold. Firstly, the researcher thought that it was an appropriate method to use with Maori women because 'hui' and 'korero' were concepts that they were probably familiar with, although one can never assume this. Secondly, it was hoped that the hui would provide an environment where the sharing of common experiences would raise the awareness of the individuals involved about issues that arose.

"Groups are not just a convenient way to accumulate the individual knowledge of their members. They give rise synergistically to insights and solutions that would not come about without them" (Brown et al, 1989 in Patton, 1990: 17).

The hui was different from a focus group interview in that it firstly comes from a kaupapa Maori approach where forms of Maori tikanga such as karakia and mihi are accepted as the norm. A number of events took place at the hui including explaining the research and getting input from the participants, putting a number of questions to the group, feeding back results of the research, and sharing experiences and information among those who attended including participants, researcher and her associate.

The interviews were tape recorded, although some women were reluctant, and transcripts of their interviews were given back to them to read and change if necessary, and give feedback to the researcher. Little feedback was given, apart from the fact that they were surprised at what they told me, and that it was 'freaky' to see their lives on paper. The breadth of information provided on support was much less than was anticipated but the amount of in-depth information shared on the women's circumstances and life experiences was greater. This enabled the researcher to pull together a number of common themes and view the women's lives in a more holistic manner.

The research began with a hui which was undertaken at a local community house. Four women participants attended along with the researcher and an associate, well known to the participants. Three children also attended. All of the women had attended mothers' groups or workshops initiated by the researcher and her associate; two women had not met before this time. The researcher began with an explanation of the study and the importance of the women taking a part in the outcomes. The researcher then put a number of questions to the group about whether or not they felt supported during their pregnancy, birth and time as a mother, who did/did not give support, how support was shown and what needs the women had during these times. The hui was followed by kai.

In-depth interviews in the form of limited, topical life histories were then undertaken with six women who had agreed to be a part of the study using a general interview guide approach. A limited topical life history aims to throw light on a particular issue or topic (Plummer, 1983), in my case the subjective view of support available to young Maori mothers.

Life history presents the experiences and definitions held by a person, group or organisation as they interpret those experiences (Denzin, 1970). Yet, it is not

"an excursion into the idiosyncrasies of individual behaviours but rather a concerned piece of research which must be informed with a knowledge of the social structure and history and must... contribute to that individual's understanding of their own biography in the context of the society in which they live"

(Sedgwick in Phillips, 1985:58).

Understanding the connections between individual and structural phenomenon is necessary to life history, feminist and Maori perspectives. As Plummer (1983) asserts life history allows one to see an individual in relation to history and how one is influenced by the various religious, social, psychological and economical currents present in their world.

A list of five objectives was shown to the women to give them an overview of the type of information the researcher was asking for. These questions were developed from the researcher's own experiences and the literature review. They included;

- 1) the experience of having a child or children at a young age,
- 2) your sources of support during pregnancy, birth and preschool years of your children, or lack of it,
- 3) the impact of support (or lack of it) on your lives,
- 4) as a Maori woman, your place in your whanau, culture and society

5) what part the community played in your support.

Twelve interviews in all were undertaken, two with each participant, at various settings including their homes and places of study. Two women were attending a Whare Wananga and taking full-time courses in te reo Maori and Bridge to Employment. The first interview covered the experiences of the women during pregnancy, birth and life as a mother after the birth of the first child, their support or lack of it during these times, how support was shown, stressful times, their needs and living circumstances, and finally their views of being a mother at a young age. The second interview covered support given by people in the community, how this support was shown, who the women relied on to look after the children in particular situations, how they viewed their identity as a Maori woman, and how they felt towards aspects of traditional Maori society. This was to facilitate the researchers understanding of the women's feelings towards and use of traditional Maori values and concepts and some idea of where their "*place in the scheme of things*" was. (Jackson (1988) used this phrase to understand why Maori men became criminal offenders.) The appropriateness of community services was also addressed and specific questions asked regarding who the women would go to for help when sick or in a crisis, help with childcare, when needing time-out, or when pursuing other activities such as sport, leisure, work or study. These were similar to the categories Rosemergy and Meade (1986) highlighted in their study of family networks. They found parents used support systems for childcare, time out, and crises. Lastly how they felt about being interviewed was addressed.

Two particular methodological aids were used in the interviewing. Firstly, a list of community people and agencies was used as a prompt in talking about who supported the women as mothers. Friends and neighbours were included on the list and this caused a crossover with the first interview and difficulties in analysis. Some categories were not mutually exclusive, for example, some friends were family, some neighbours were friends. Secondly, the Putangitangi model of cultural identity developed by Davies,

Elkington and Winslade (1994) was used, see Chapter Six. The researcher briefly explained this model and asked the women to place themselves on either line according to their own perceptions of their strength of Maori identity and the effects of the dominant Pakeha culture on their identity. This placed them in one of four possible quadrants which summarised four possible types of identity.

The interviews were tape-recorded and transcribed and then categorised into sets of similar content. Cross-case analysis of the content then took place, common themes and concepts were noted, as well as dissimilar experiences. A second hui was held to get further feedback from the women, to clarify their experiences and fill in gaps and questions in the researchers mind. A temporary list of conclusions and ideas that had come from the interviews were checked out with the four participants at this hui. This was a very successful and necessary process for establishing correct information. However, there was not enough time for the participants to begin developing their own ideas and conclusions. Because of this the researcher undertook a further hui in order to give participants some time to read the chapters on results and give feedback to the group. Only half of the women attended this hui. However, the researcher was also able to discuss theory with another woman and her friend, who was in a similar situation. The women were given opportunity to give their ideas and reasons about why things were experienced the way they were. Possible theoretical interpretations were also offered by the researcher and discussed. In this way, negotiation of theory took place and their comments and ideas at this hui were the impetus for the final results. This process was very successful in both confirming theories the researcher had, adding to theory, and empowering the women by raising their awareness about certain issues, and how history can be linked to their experiences.

4.3 The Research Sample

A purposeful sampling procedure which selects information-rich cases for in-depth study was used.

"Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research" (Patton, 1990:169).

In this particular study a homogeneous sample was chosen in order to describe experiences of a particular sub-group: Maori women who became pregnant with their first child before the age of 20. There were other similarities with the women who participated in this study, including being on a benefit, at times being sole parents, leaving school early. Although the sample was homogeneous in these aspects other factors were not and this will have had some effect on the data. Although all of the women had lived in Hamilton for a number of years some had grown up or lived in smaller towns, and one lived in a rural area close to Hamilton at the time of the interview. Other factors regarding their upbringing were also quite different. Two women were adopted, one by Pakeha parents, one by Maori relatives. Some of the women were brought up by one parent, and some were brought up by two parents. Some of the women had different experiences as a Maori person because of who they were brought up by, or because of their fair appearance. This shows that Maori women have a great variety of experiences even among those who appear to be similar in circumstances. Again, this confirms Smith's (1992) assertion that the lives of Maori women are shaped by the differing forces and experiences, but that these experiences are all part of what it means to be Maori.

A sample size of between 6 and 12 participants was envisaged but the difficulty of obtaining participants and time constraints led to a final sample size of six. To obtain participants for the study, the researcher undertook a number of steps and found obtaining enough participants for the research difficult, especially because of time constraints. The research was designed so that a hui would take place with all the participants before the interviews began. This held back the interviewing process and time constraints became even tighter. As it was, only four of the six participants attended the first hui. Two participants entered into the research after the first hui.

Initially, the researcher asked women whom she knew and who had undertaken parent support groups and workshops which the researcher began as part of a Prisoners Aid and Rehabilitation Society (PARS) initiative. The researcher contacted a local community house, talked to the manager and the committee, as well as a young woman who was there and who became a participant. Notices regarding the research were put on the notice board. Information sheets were also given to a friend who worked at a local Playcentre who gave it out to three women. One woman was interested in taking part and talked to the researcher more about the study but then decided not to take part because her husband was skeptical about research being done 'on Maori'. Information sheets were also given to a local school teacher who taught a number of young mothers but no-one replied even to the teacher.

The researcher realises that a face to face approach should have been taken in order to at least establish some sort of a rapport which may have built trust. The final sample came from the following; four women had undertaken parent support groups or workshops with the researcher; one woman was involved in a youth club in which the researcher was a leader a number of years ago; one woman was contacted at the community house and also knew friends of the researcher. All but one of the six women had known the researcher for an extended time and trusted her enough to undertake what may have been a rather daunting prospect because none of them knew what to expect. The sixth woman was first met at the community house and showed keenness to take part but did not contact the researcher back. She did, however, come in contact with the researcher again and agreed to do the interviews. This graphically depicts the value of "*kanohi ki te kanohi*" in Maoridom, "*a face seen is a face remembered or appreciated.*"

It is not known why the women who were given the information sheets did not undertake the interviews. It may have been that they needed more information and knowledge about the research and the researcher before they felt comfortable to do it, or they felt whakama (shy) to approach someone they did not know.

4.4 Feelings About Being Interviewed

This section shows the impact of the research on the respondents. All of the women were positive about the interview process. It was "good," "not a problem," "choice," "an experience." For most of the women it had made them think about things they hadn't thought about before, and talk about things to someone who was interested. One woman realised how her life had changed so much since she had had her first child. Others enjoyed the opportunity to share their feelings and experiences but several noted that it had been hard to put feelings and thoughts into words.

"It's good because then you get to talk about things that you feel for"

"An experience letting my whole life story to you. I don't mind it, its good to know that somebody's interested in how I managed to have three children, how I've managed with life, whereas nobody else cares"

Some women mentioned that it made them think of things they'd never thought about, like the future, getting jobs and their families.

"Cause those are questions I've never ever been asked before or never really thought about and that gives me something to think about now"

The researcher feels that the women benefited from doing the research, in terms of having someone to listen to the 'ordinary' and not-so-ordinary things in their lives, raising their awareness about issues such as abuse, and inspiring them to use their experiences and skills to help others. The latter point is shown in their eagerness to develop resources for young women in schools, using their own experiences - a collaborative project which came out of the research.

4.5 Ethical Issues

An application was first put to the Human Ethics Committee at Massey University, Palmerston North, detailing the proposed research and any ethical issues. Such ethical issues included using participants who were known to me, gaining informed consent,

confidentiality of interview and hui material, disclosure of information by others especially from hui proceedings, participant's access to their own information and sharing in the process of analysis, use of information, conflicts of interest because of my previous employment position as a PARS worker. This application included information sheets and consent forms. Consent from the Committee was gained after a few changes to the information sheets. Written consent was gained and participants were informed about the project and what it was for through the information sheets and the researcher discussing it with them. Using participants who were known to me was not a problem as my relationship with them as a PARS worker had been one of equality and friendship. In fact, knowing the women benefited my research immensely. They found it easier to talk to me, compared with the woman who didn't know me at all, and I found it easier to interview them. Precautions were taken at the hui to emphasise group guidelines and confidentiality, and to create a caring supportive group. The fact that several of the women knew each other aided the sharing at the hui. All participants were given back their own transcripts marked with the quotes that were going to be used in the report. They were given the opportunity to withdraw this information if they so wished. They were also given opportunity to share in the process of analysis and theorising, which was a necessary part of this research.

An ethical issue surrounding the use of the hui should be noted. It was first envisaged that a larger number of people would attend the hui and participants would not be asked to reveal whether they were doing the interview part of the study or not. However, only a small number of people attended, most of them knew each other, therefore by mere attendance and conversation, confidentiality about undertaking interviews was an impossible goal. This goes for the second hui also, where one woman unknown to the first four, attended. The issue regarding the small number of participants and the possible identification in the written report or the breaking of confidentiality in the hui by other participants was acknowledged in the Consent Form and Information Sheets. This was noted as a risk the participants agreed to undertake. This turned out to be a minor issue in

terms of the benefits that came about because of the gatherings. The women enjoyed meeting new people and discussing their experiences with those who were similar to themselves. This sharing of similar experiences and building of a collective consciousness was a planned part of the research.

4.6 Limitations of the Study

Patton (1990: 11) states that the validity and reliability of qualitative data depends to a real extent on the methodological skill, sensitivity, and integrity of the researcher. For example, in the face to face interview, observation skills are required to read nonverbal messages, to be sensitive to how the interview setting can affect what is said, and the subtleties of the interviewer-interviewee interaction and relationship. The limitations of the researcher may have been a factor in this research. A first attempt at interviewing could never be seen as a perfect one, the types of questions asked, or not asked, and the way they were asked may have played a part in eliciting certain responses from the participants. Although the researcher took care not to affect the women's responses, the researcher's preconceptions and assumptions will have entered the study in some way.

The fact that the researcher knew most of the participants was a definite bonus to the study because a good rapport was already established and the women, although unsure about the research trusted the researcher, and shared deeply their thoughts and experiences. This was extremely noticeable to the researcher when she compared the interviews of those she already knew to those of the woman she did not know. Interviews with the latter were much shorter and gave less information, the researcher found herself prompting more. Furthermore, the researcher had more in depth understanding about the women's lives and interviews because of her involvement with them both before and during the course of the research.

Interpretation became an important issue and was resolved in part by bringing these interpretations and insights back to the women at the second hui and working out with

them what they thought was true for them. Nevertheless, the women gave the researcher a lot of trust, which shows the need for rigorous ethical monitoring.

In summary, the main approach used in this study is the qualitative approach, using a limited topical life history type interview structure and hui. The interviews explored largely at the women's experiences during pregnancy, birth and motherhood, how they experienced having children at a young age, their sources of support during these times, the impact of support or lack of it on their lives, their place in their whanau, culture and society, and community support. What experiences, thoughts and perceptions were common or different, and how they inter-relate are questions of analysis. Patton (1990) states that qualitative findings are more variable in content than quantitative data, responses are neither systematic nor standardized, and analysis can become more difficult.

The next two chapters will present the results under these topics described above and Chapter Seven will analyse and interpret the results and discuss them in relation to the literature reviews in Chapter Two and Three.

CHAPTER FIVE
EXPERIENCES AND SUPPORT IN PREGNANCY, BIRTH AND
MOTHERHOOD

The following two chapters contain an account of the research findings. Interview One contained aspects of experiences of pregnancy, birth, and afterwards and support during this time, as well as thoughts on being a mother, having children at a 'young' age and general living circumstances. Interview Two covered aspects of community support and identity as a Maori woman. These topics overlapped in places.

5.1 Description of the Participants

Participants were aged between 16 and 28 years at the time of the interview. They had their first child between the ages of 15 and 20, being pregnant between the ages of 14 and 19 years. The ages of their first child at the interview time ranged from 10 months to nine years. Participants had between one and five children, three women had three children or more, one is pregnant with her third, one had two children and one had a ten month old baby. Four of the six women had their children to the same partner. Partners were aged between 15 and 27 at the birth of the first child.

5.2 The Experience of Having a Child at a Young Age;

i) Initial Reactions

Five of the six women described their initial reactions to finding out they were pregnant as a real shock and an extremely negative experience. Only the woman who was planning a pregnancy felt good about it.

"I was really hurt. I was like wanting to jump off a bridge"

"I was freaking out, I didn't know what I was going to do. I knew Mum didn't want me to have an abortion but I didn't think that I could cope with him or anything."

"I was praying that I wouldn't have the baby, that if I was really good that maybe God would let me lose the baby"

"At the time I didn't think about anything, I was in shock. I couldn't even think about the future or anything. I couldn't even think of having a baby. That was quite weird that, I was in shock for a while"

The women gave a number of explanations for their negative feelings. Some said they felt they were too young and not ready to have a baby. Others indicated they were afraid of their parents reactions because of the expectations that were placed on them to do well at school, to have a career or because of religious values. One woman was unsure whether she could cope with looking after a baby, another woman had big plans for her future that were now ruined.

ii) Afraid To Tell Parents

Half of the women talked about being afraid to tell parents or in-laws about the pregnancy. Two women, in particular didn't tell their parents for some time.

"So I didn't know I was pregnant until I was about five months and then I thought 'Oh, I must be,' but I didn't tell Mum and Dad. That was it, I just hid it"

"When I first found out I was shocked. I was shocked with all of it. I thought my mother would, you know, disown me...And then one night I ran away, I ran away from her because I couldn't tell her"

"Because they didn't like us together, they were trying to split us up in the beginning. I just didn't get on with them"

iii) Parents' Reactions to the Pregnancy

When the parents finally found out one mother was upset at first but just before the baby was born accepted the situation and was happy about it. The other set of parents were very angry for a long time and this caused great animosity for the woman and feelings of being judged. This caused the woman to feel unsupported by her parents

even though they still helped her out in various ways. Both sets of parents expected “greater things” from their daughters.

“And the other thing that stopped Mum was because I was such a good student and I was supposed to be the one in the family to go places, to do things, and I didn't, I let her down”

“Cause they wanted me to be.., Cause I did alright at school so they wanted me to go to University or go to Tech or whatever and.. all that they wanted me to do went out the window sort of thing”

Most of the women talked about conflict with family, especially parents or in-laws because of the pregnancy, taking the form of arguments, “*fights*”, shows of displeasure and anger, “*didn't want to know me*” or being kicked out of the house.

Two of the women were already disconnected from their parents and families before the pregnancy because they “*didn't get on*” with their parent(s). One of these women did not tell her family until she had had the baby. Their reactions were positive, they wanted to help out. Both of these women felt that having the baby brought them closer to their families.

The final two participants felt only support and acceptance from their family when they became pregnant with their first child, although one of these women had earlier moved into a situation where she looked after her partner's children and her family had not liked the situation, they “*freaked out*” and “*thought she wouldn't last.*”

5.3 Circumstances Surrounding the Pregnancy

Some of the circumstances surrounding the women's lives when they became pregnant were very similar. In particular the researcher noted common financial circumstances, household living arrangements, and a lack of knowledge of pregnancy and contraception. A discussion of these circumstances follows.

i) Financial Circumstances:

In particular the women's financial situations were similar. Before having their first child half of the women were on low incomes in the form of benefits. (See discussion on benefits in section 5.13.1). The other half had no income for some time during their pregnancy. Two were in school and were too young to get a benefit, and one had moved to Australia where she did not get a benefit till after the baby was born. The fathers of the babies were also similar in their financial circumstances. At the time of the pregnancy, two of the fathers were on benefits, two had no income, one was working. One woman has had no association with the father of the baby but had a partner who was working.

During their lives as mothers all of the women have received their income from a variety of benefits including the "Unemployment Benefit for Married or DeFacto Families" commonly called the "DeFacto benefit" by the women, and the "Domestic Purposes Benefit for Sole Parents," commonly called the "DPB." They have changed from one to the other at different times. Only one woman went off the benefit to rely on her partner's income but found that they could not cope and moved out for a while in order to go back on the DPB.

"We were having problems with bills and things like that so I said I'm going to move out so I can be on the DPB"

At the time of pregnancy four of the women did not co-habit with their partners although at times they lived with them. At various times after the birth these four women lived apart from their partners.

All of the women described how they had practically no financial resources at the time they became pregnant. At first they all relied on parents, and other family or friends to 'put them up;' several of them did not have to pay board where they lived. They also relied on family and partners to buy needs for the baby. When they did receive a benefit they described how they spent a lot of the benefit on things for baby.

"I had no money. Me and (boyfriend) were living off air"

"I couldn't get any benefit cause I was too young. I had to live off my boyfriend and my Mum to buy stuff for baby."

(A woman who was pregnant at 14).

ii) Households:

Another similar feature of the women's lives were the types of households they lived in. All of the women had at different times lived with those other than their children and their partners, especially at the beginning of their life as a mother. Often this amounted to two or three years. "Others" included their families, parent(s) with brothers and sisters, extended family members such as aunties, uncles and grandparents, the partners' families including extended family members, partner's children, sister's household, and friends.

Interestingly four of the women now live in more nuclear-type situations, where they have set up their own house, although some still have others living with them at times. These women have between two and five children and live with their partner. One woman, whose first baby is still young, lives with her mother's household.

iii) Knowledge of Pregnancy and Contraception:

A couple of the women in the first interview noted they had little knowledge about pregnancy and contraception. However this subject was addressed again in the second hui and was found to be even more common. At the time of pregnancy all four women at the hui said they had little knowledge of pregnancy, birth, health, and types of abuse and what to do about it. Two out of the four had little knowledge of contraception, and supportive community agencies. Three of the four women had little knowledge of Department of Social Welfare benefits.

"I didn't even know anything about pregnancy or anything about symptoms... I didn't really know much about (contraceptives) and plus I had a bit of a thing

about going on contraceptives because my Mum used to always say: 'If you go on those things you're just asking for trouble'"

"And I didn't even know I was pregnant with (second child)... until I went to the doctors to see if I was pregnant and she goes you're eight months pregnant."

Three women noted they had accessible information from their doctors, friends and family who they asked about things they wanted to know.

iv) Knowledge About Birth and Motherhood:

Some of the women talked about their lack of knowledge about birth and looking after the baby.

"Mum helped me to get everything, cause I didn't know anything about, you know babies and things like that, so I didn't know what to do"

"I was still immature on what to do, cause I didn't know nothing about looking after baby, I didn't know how to feed a baby, I didn't even know how to dress a baby"

This lack of knowledge and experience was a common one for most of the women. Only two women stated they felt prepared in some way for the birth of the baby, because they had been given advice, and only one woman stated she was prepared for bringing up the baby, because she had experience with looking after her partner's children.

Information received by the women before the birth came mainly from their mothers or aunties, friends and doctors. Some referred to information they obtained from the television.

5.4 Being a Young Mother

Looking back on a number of months or years the women talked about how it was being a young mother. The ages at which the women became pregnant with their first child ranged from 14 to 19 years. Two of the six women thought it was a good age to have children - they were 17 and 19 at the time of pregnancy and one pregnancy was planned.

"So I sort of feel proud of myself still being a young mother..I would rather be a young mother than an old mother... so later on when they're at school you're still a young mother, you still can get out and work"

"About age concerns, I thought I was at a pretty reasonable age, I wasn't too young"

Both of these women compared their age to having children at 14 and 15, *"like you can get younger mothers"*.

Another women felt that her age at 19 was *"a bit older"* but still felt shocked about the whole thing, like a *"fish out of water."* She describes her adolescence;

"I think when I was that age I wouldn't have known anything, cause teenagers are just out to have fun, not the serious side of things"

One woman (at 18 years) felt too young to have a baby and found it very hard to accept, however looking back on it she is glad and realises she could have had babies a lot earlier than that.

"It was a real No No, well as far as I'm concerned it was back then.. that was really young but.. Na, I'm glad I had a kid then, now I've finally realised."

Feelings of shame or discrimination about being young and pregnant or getting reactions from others who thought they were too young was common. Four of the women mentioned these experiences.

"I couldn't go out and have a good time, it was like I had everybody looking at me that knew that I was pregnant saying Oh look she's pregnant...I think it was just the thought of being a mother at that young age"

"I felt like..an alien, cause I was the youngest there" (at antenatal class)

"The shame..of everybody looking at me, cause you know, they'd look at me as if to say Oh my God, you're actually breastfeeding that baby and you're young as"

"You're too young to have a baby, you're too young to take on the ... yeah, a lot of that, there was a lot of that. Especially from my Mum and my Dad and people mainly around me like my brothers and sisters"

"Like I walk into a shop with my three kids and they look at me and I don't know whether its because I'm a Maori but they look at me and they're sort of rude to me. I find a lot of people over here are rude because 'she's Maori' or is it because 'she's got three kids and she looks so young,' I don't know. Its hard but I don't give a stuff. Anybody can say whatever they want about me cause I know who I am and I know what I am"

Judgement by peers may have been particularly severe for the women because they felt extremely self conscious at this young age, and because they had become different from their peers. One woman who did not have feelings of shame about being young and pregnant noted that she had several other friends in the same class who got pregnant at the same time.

Feelings of discrimination because one was young and Maori, (they never distinguished between the two, possibly due to the fact that they couldn't separate their experiences from being young and being Maori) were addressed at the second hui and two women agreed that it still goes on. The other two said they did not feel discriminated against, one noted this was because twenty was a good age to have a

child. Discrimination was shown by words others said, and how they lectured you, for example, someone at Social Welfare “lecturing” a woman for having more children, and the looks and feelings that the women got from others. These experiences reflect what Hamerton (1992) found in her study, that there were still negative social attitudes towards teenagers becoming pregnant.

5.5 Sources of Support During Pregnancy, Birth and Motherhood

5.5.1 Support During Pregnancy

Half of the women had little or no family support (see Table 5.1). This was mainly because they were not getting along with their families prior to knowing about the pregnancy, the women were afraid to tell the parents, and/or the parents were angry when they did find out about the situation. Another woman who mentioned support from a sister also mentioned that she felt unsupported by her mother until just before the birth of the baby because of the disappointment displayed by the mother. There was a marked difference between the number of people the women felt supported by during pregnancy. Half of the women named around seven people whereas the other half named only two or three. One of the women says she felt no support during her pregnancy yet later mentions three people who gave her some form of assistance. Because her family remained angry toward her overall, she still felt unsupported. Two other women at the second hui also agreed that they did feel guilt and judgement from their parents.

Counting the number of people mentioned by the women who supported them during their pregnancy, friends were mentioned most, mothers second and sisters third. The partners’ families and people from the church were mentioned twice. Those mentioned only once were: foster parents, a brother, Social Worker, Wahine Toa (Maori Women's Welfare Centre), an old teacher, midwife, doctor, local people in the community. Of particular interest are the partners who were only mentioned by two women. These two men showed support by wanting the baby and buying things for the baby. However, one of these women noted at the second hui that she actually did lack caring support from her partner while she was pregnant and when the baby came.

Two couples actually split up for a while during the pregnancy and got back together later on before the baby was born.

The fact that friends were mentioned more than mothers and sisters during the pregnancy period was addressed at the second hui and confirmed the researcher's thoughts that friends were there for them and didn't place judgements on them like their parents did.

"You have more contact with friends and they don't lecture you so much"

Table 5.1: Sources of Support During Pregnancy, Birth and Afterward.

	Pregnancy			Birth			Afterwards		
	Family	Friends	Partner	Family	Friends	Partner	Family	Friends	Partner
Participant 1	X	X		✓		X	✓		X
Participant 2	✓	✓		✓		✓	✓	✓	✓
Participant 3	X	✓		X		X	✓	✓	X
Participant 4	X	✓	✓	✓		✓	✓		✓
Participant 5	✓	✓	✓	✓		✓	✓	✓	X
Participant 6	✓	✓		✓		✓	✓	✓	✓

NB. An "x" means the women did not feel supported.

A blank means they did not mention these particular people and probably means they did not feel supported.

A '✓' means they did feel supported.

5.5.2 Support During the Birth and Immediately Afterwards

Most women felt they had a lot of support during the birth of their first baby. Only one woman did not feel supported during this time. She was the woman who also did not feel supported during her pregnancy because of family judgments. Her baby, the

hospital social worker and a pastor were the only people she mentioned who supported her because they *"weren't judging me"*. Two women did not feel supported by their partners.

The women who had a lot of support mentioned their extended family, partners and partner's family all turned out to support them. They also mentioned midwives, nurses and the Mothercraft unit. It is interesting to note that these women didn't feel supported during their pregnancy but did so at the birth of the child. This was addressed at the second hui and the women confirmed this experience. Although conflict had been felt in the whanau the baby was accepted when it was born. The four women at this hui agreed emphatically with the statement made by Pomare and deBoer (1988: 37) that in Maori society *"a newborn child will be seen as a precious gift to the family whatever the circumstances of its arrival."* A further important note briefly mentioned earlier was that the birth of the child brought the family closer together. Understandably, the event of having a child provides an avenue for communication and support between parents and their daughters or sons that they may not have experienced before. In particular, two women stated this was so:

"I think what is good about having my son is that he's brought me closer to my family, he's brought me closer to all of my family, especially my Dad"

"I think after (first baby) that's how we (daughter and parents) started getting closer and closer, after I had (baby)"

The researcher noted that although friends were mentioned as very supportive during the pregnancy stage, they were not mentioned at all at the birth. Possibly this is because the birth of a child is first and foremost a "family" occasion.

5.5.3 Support After Birth and in the Pre-School Years.

Support in the years after the birth of the first child came primarily from family including parents, foster parents, sisters, a brother, cousin, grandparents or just "family". All women mentioned two or three of the above. Friends were reported to

support half of the women. Other groups were social workers and midwives mentioned by two of the women, partner's family, a mothers group, Kohanga Reo, Plunket, doctor and God mentioned only once.

The shift in support from friends in pregnancy to family in motherhood is an important finding. This was addressed at the second hui and those women whose family had not been supportive at first agreed that there had been a shift in their family's or parent's attitude towards them over this time. The researcher believes this may be due to the fact that initially the parents or family were very disappointed with the women for getting pregnant. Over time this disappointment may have lessened and the woman's position as a mother accepted. Alternatively, the women who were quite isolated from their family due to conflict in family relationships may have felt this conflict dispelled because after the baby was born relationships with their parents were restored.

5.5.4 Support From Partners

All the fathers of the babies (except for one who does not know about the baby) were said to have shown a lack of support to their partners at different times since the birth of the baby, some more than others. One woman never felt supported by her (former) partner but felt more supported by her second partner. One woman always felt supported by her partner now, however this was not the norm. Support from partners was sporadic and unreliable. Most felt their partner sometimes supported them and sometimes did not, and half felt supported by their partners at the time of the interview, but even this changed during the length of the research.

5.6 Source of Support Most Valued

The issue of which type of support was most important to the women was addressed at the second hui as this was unclear to the researcher at the time. The women agreed that a partner's love and support was most important to them, in comparison to love and support from others, although whanau was also important, and that this needed to be shown in both an emotional and a practical way. However partners showed a lack of support in most cases. This will be discussed later on in the chapter.

5.7 How the Women Felt Supported During Each Stage

5.7.1 Types of Support Given During Pregnancy

i) Emotional

The type of support that was mentioned most often and appeared to mean the most to the women at the time of pregnancy was that of emotional and/or “moral support”.

This was shown by:

"being there"

"stuck by me all through my pregnancy"

"somebody to talk to.. somebody to tell what's happening"

"she kept in contact with me and asked me how I was going"

"if I needed a shoulder to cry on, if my friend wasn't there she was there"

"she wasn't disappointed, she was really happy for me. The only person apart from my friend who was really happy for me"

"They were like the only people I could turn to, who I knew cared"

They felt most supported by people who listened, showed concern, care and interest, offered to help if they were finding it hard, reassured, *"stuck up"* for them.

ii) Material

The second type of support mentioned was material including buying things for baby or self, and being helped out financially. Being provided with cheap board or a place to stay could also be considered in this category. Half of the women were very transient during their pregnancy moving three or more times, staying for a short time at different places. These women mentioned they felt supported by family, friends or agencies who gave them a place to stay, some who were strangers or only acquaintances at first.

iii) Practical

The third most mentioned type of support was practical, looking after or taking care of the children, doing the washing, taking the women places such as the doctors, family planning, or *'just out,'* and helping to find accomodation.

iv) Advice/Counsel

The last type of support mentioned included giving advice or counsel on birth, what to do or buy, and answering any questions they asked.

Emotional and material support seemed to be highly valued, probably because of the loneliness and stressful or depressing times the women experienced during pregnancy coupled with their poor financial position. However all types of support were important as they would not have mentioned them otherwise.

5.7.2 Types of Support During Birth

The most common type of support mentioned was being present at the birth, *"everybody was there"* and visiting or phoning just after the birth, while Mum and the new baby were still in the hospital. Other support was shown by not being judgemental, having someone to talk to and answer questions, giving practical advice and help, for example, with breastfeeding.

5.7.3 Types of Support During Motherhood

The types of support mentioned during this time after the birth of the baby did not seem to form a pecking order where one was mentioned more than the others. The women felt support from those who looked after the child(ren) when they were needing a rest or time out, when working or studying or in hospital. This took place by partners, Mums, sisters, and friends close by.

Women also felt supported by being given practical help and information. Such assistance included networking, advocacy or information-type support like being helped to attend mother's groups which provided something to do and a place to get to know other mothers, help with how to look after baby, and having one's questions

answered, or help with finding a flat. Other practical assistance included staying with people for a break from one's own home, getting gifts of clothes and baby things, and help with cleaning nappies. Those who provided transport to get to the doctor were mentioned by two of the women.

The women also felt supported by having a shoulder to cry on, someone to talk to, pray to or visit them, and being given love, attention and friendship.

5.7.4 A Combined List of Types of Support

The following tables portray the source of support in relation to the type of support given over the three periods, pregnancy, birth and motherhood. Table 5.2 displays a list of the types of support given by family, Table 5.3 shows the types of support given by friends and neighbours. These two tables encompass “informal support” as opposed to Table 5.4 which encompasses more “formal support,” from community organisations and practitioners. The categories used were those mentioned in the literature review, as well as two new categories, “information” and “network” which the researcher believes defines the types of support more succinctly. The numbers represent the number of times the women mentioned that particular type of support. These were categorised by the researcher. These categories are not mutually exclusive, for example, providing a place to stay may provide not only practical support but emotional support because one may feel cared for and wanted. The fact that there appears to be more community support is only because the researcher specifically focused on this aspect in the second interview. The women agreed that whanau and friend’s support was more valued than community support.

The second interview looked specifically at community support. The researcher combined all the women's thoughts from both interviews on how they were supported by formal organisations or professional people in the community such as Plunket, midwives, doctors, and other community groups. The categories used were the same as the above; practical solutions to support numbering 26 accounts, emotional

Table 5.2 How Family Support Was Shown.

Emotional Support	a shoulder to cry on (usually sisters), moral support, was there for me, reassuring, present at birth, visited in hospital and at home.	15
Practical Support	provided a place to stay, did my washing, looks after and takes care of the children	12
Material Support	helped financially, brought things for baby and helped in personal financial crises.	4
Information Support	gave advice on birth and preparations for motherhood and care of the baby	4
Network Support	introduced me to Family Planning	1

Table 5.3 How Friends and Neighbours Showed Support

Emotional Support	someone to talk to, was there for me, stuck by me, showed care/aroha, visited often	9
Practical Support	help if needed or in a crises such as providing transport, somewhere to “hang out”, a place to stay, looks after baby	6
Material Support	bought or gave things for the baby	3
Information Support	taught me things I needed to know	1
Network Support	introduced me to other people and organisations	1

to support numbering 18 accounts, material support numbering 10 accounts, information solutions to support numbering six accounts and network solutions to support numbering five accounts. Table 5.4 below shows a break-down of community support by type of support given.

It is necessary to note that one cannot compare amount of support across the Tables because of the specific focus on community support in the second interview, and it must be remembered that just because a type of support appears the most does not necessarily mean it was valued the most. However, comparisons within each group can be made. For example, informal types of support, that is, support from family, friends and neighbours provided emotional support and practical support most. Community support however, provided more practical support than emotional and

quite a lot of other kinds of support as well including information, network and material assistance. Two further important things to note were that only family, friends or Kohanga were mentioned with regards to looking after the children, and partners were not mentioned in relation to providing most types of support, except that they did look after the children more now.

Table 5.4 How Community Support Was Shown.

(includes support given by practitioners, community groups and organisations)

Practical Support	providing or finding accommodation, transport, providing car seats, a break from the children, good education, an opportunity to get out of the house, professional support by checking on baby's growth and health, counselling help	26
Emotional Support	including showing caring support and aroha, reassurance, thoughtfulness, availability, befriending the women by visiting, being there, being someone to talk to, sticking by them	18
Material Support	providing material assistance for the baby or mother in the way of clothes, baby's needs, gifts of money, financial help with living costs, food and debts including Department of Social Welfare benefits	10
Information Support	providing information through parent programmes, schools, workshops and friends, and answering questions	6
Network Support	providing an opportunity to network; meet new parents, introduced to new organisations and people	5

Both practical solutions to support and emotional types of support were highly valued. The women appreciated knowing that someone cared for them, had time for them, and would listen to them, as well as would assist them with transport, checking up on baby or be able to go somewhere to get out of the house. The issue of what types of support were valued most was addressed at the second hui. The women agreed that both practical and emotional support were important; *"You can't have one without the other."* One woman noted that her partner did not initiate practical work around the house implying that this was a valued type of support that was unfulfilled.

Those who supported the women most were those in close proximity such as members of the family who lived with the women or nearby, and/or friends and neighbours who lived nearby. Geographical proximity seems important in the provision of support to these women, possibly because of the lack of transport available, but also because the

women were more inclined to use those they knew rather than those they did not. Midwives and plunket nurses were also appreciated because they visited in the home.

5.7.5 Support in Specific Situations

In the second interview the women were asked about who they would go to for help or support in the following situations to ascertain to some extent who helps them out in a particular situation. Some of these situations were modelled on Rosemergy and Meade's (1986) research on New Zealand family networks. It is more appropriate to include these results here. The situations were; when a child was sick, when the mother was sick, when they needed help with childcare, when they wanted or needed time out, if or when they pursued a sporting or leisure activity, and when they were at work or study of some kind.

i) In Sickness

It is interesting to find that although all the women would take their children to the doctors or Accident and Emergency when their child was sick, most of them stated that they themselves would not go to the doctors unless they were *"really bad."* Reasons given for this were; it was too expensive, they had no transport, they hated going to the doctor. *"I just cannot feel comfortable with them looking at me."* The children's father and grandparents were also mentioned in helping to look after sick children when the mother was working or studying.

ii) Having Time Out

"Time out" is used to mean time out from the children. It was a common factor among the women that they did not have much time out, or want much time out, although one woman stated that she did take time out when she *"really needed it."* Four women mentioned that they *"can't stay away from the kids too long"* or fretted for and missed the children after a short time.

"I think I'm too attached to him now, I can't have a break from him."

This woman was particularly protective of her baby because it was her first. She said later that she would like to get back into sport and that when her baby was older she may get someone to look after him. Some of the women said their time out consisted of going down the road to see friends, window shopping for five minutes while the children were in the car with their grandfather, staying at home without the children and catching up on sleep. Two mentioned that going to a fulltime course at a Polytechnic was their time out. Family such as partners, the children's father, sisters, brothers, an aunty, and grandparents looked after the children during such times. Kohanga Reo also played a major part in allowing the mothers to pursue educational courses which they considered as time out.

The issue regarding the mother's attachment to the children where they felt unable to leave them even with family for too long was raised again at the second hui. The women who were there agreed that this was true especially with their first but they eventually realised that they have to *"look after yourself, do something for yourself"* as well. (It should be noted that two women who were not at the hui were also very attached to their children and didn't like leaving them for too long). One woman who only had one baby still felt very protective and "attached" to her son and another woman noted the last weekend was the first time she had been without all her three children.

iii) Sport and Leisure

Half of the women had undertaken sporting or leisure activities sometime during their life as a mother including touch, basketball, aqua circuit, biking and walking. A mother of five said she never went out to do a sport or leisure activity, she just stayed home and read or watched television.

"I'm not really a going out person unless I have to go out with the kids. That's the only time, take the kids to the pools or take the kids somewhere."

This woman, however, did enjoy going to a mothers group or a friends place to get out of the house for a while. One woman stated that her previous partner had not let her go out on her own for any reason.

iv) Work or Study

One woman had a temporary fulltime job at the time of the interviews, and two women went to a fulltime course at a local Wananga or Polytech. The children of these women were either at Kohanga Reo or at school. A brother or partner looked after the children in the afternoons. Another woman had to juggle a late-hours part-time job around her partner's work hours so that he was able to look after the children. Although the women were keen to get a job half of them said they would not go to work or undertake fulltime study until most of the children were at school and then they would want family to look after their preschoolers. The women's jobs or educational courses would be worked around their children.

"I'm going to wait till (third child's) a bit older ... then I'm out of here ... I've got big plans for when she turns four I'm starting my career again."

This is an important point and is in accord with what other people have said about the common experience of mothers' putting aside their lives to care for their children. An attitude of necessity was given as an explanation for this.

"because they're mine, if you make them you look after them"

"I just thought it was my job, that I have to, you know, I had them, so that's the price you have to pay...I think it's just something you have to do, especially if you've got kids, you've got to pull yourself together, wake up."

Apart from some of the children being at Kohanga Reo and school, mothers relied almost exclusively for help with childcare on family, including partners, sisters, brothers, grandparents and aunties. Friends were mentioned only once. In contrast to earlier experience in pregnancy partners were now relied on by all but one of the women to look after the children at times. They were also relied on more often than anyone else. This clearly shows that most of the women had more supportive partners now than when they first became mothers. This was due to the partners taking more responsibility for the care of the children and in one case a new partner was more supportive than the previous one. Two partners were not birth fathers of some of the women's children.

Fulltime work and study was undertaken by three of the women, however time out from the children in any other form was a rare thing. Some thought they did not need or want it and although the children stressed them out now and again most of them did not want to leave them with others for too lengthy a time. This to one woman meant a few hours, to another, one night. Two women said they didn't get anyone to look after the children.

"I don't really ask people to look after my kids I usually just take them everywhere I go."

Half of the women spent the majority of their time with their children, taking them wherever they went. None of the women seemed to take much time out for themselves even though they fully appreciated it when they had it. A common factor was that the women organised their leisure activities, work or study around the children and partners or just did not undertake it at all.

5.8 Lack of Support

Overall, looking back on their support four of the women felt they lacked support at some stage during their pregnancy, birth or sometime afterward. The other two

women said that someone was always there for them, usually a friend or family member, although often their partner was not.

At the time of the interview all of the women saw themselves as not lacking in support, as they have the support of family members and friends, however, half of them still sometimes feel a lack of support from their partners. Three women at present have supportive partners. Two of these were due to changes in the partner and having a new partner who is more supportive than the previous one. Two women blamed themselves for the lack of support.

"Now I know there's support there if I want it. Really I think that it's just, it's in your own mind whether or not you feel supported or not...there's always somewhere to go, like all these organisations that they have, I reckon those are good... there's always people there to listen to you but you've got to find it, you can't sort of sit back and think, 'Oh Gees, Poor me.' You know I did that for ages"

"I wasn't satisfied (with the support I got) cause I could have gone out and done something, I could have gone out and got the support but I didn't"

Several reasons the researcher gives to explain this feeling that they “*could have gone out and got the support but didn't,*” include the possibility that the women did not actually know how to go about getting the support, or at the time knew little about the support that was available. Or maybe they felt they wanted to be independent and not rely on others. One woman stated she “*didn't need help*” and this may show why she found her support among friends and family. It may also show that she did not think organisations in the community could help her in any way. One woman noted that she found it hard at first to go for counselling, but tried it and gained a lot because of it.

5.9 Stressful Experiences Surrounding Pregnancy, Birth and Motherhood

For each of the women there were several different causes of stress during the early days of pregnancy and birth and during their life as a mother. Most of the women experienced extremely stressful times in their lives, some over a lengthened period of time, others only at short intervals in their lives.

i) Relationship with Partner

Most noted were situations surrounding the partner, such as having the partner leave, having a possessive partner, a partner involved in criminal activity¹, and being beaten by the partner. What was clear to the researcher was the added stress their partners put on the women because of their lack of support or abusive actions.

"but then she (mother in law) set him up with someone else, so that stuffed me up and then I wanted to kill myself"

"because I was so stressed, and cause I had just gone through putting (partner) in jail and having blimmin God knows who arriving on my doorstep all hours of the morning and threatening me and stuff like that"

One woman was extremely stressed because her parents did not want her to have anything to do with her boyfriend.

"Cause really what I wanted to do was just tell my parents, but they didn't want to listen. And they didn't want me to say that I loved him or anything like that, ..and that I wanted to at least try to see if we could make it. They just said we couldn't and that was it"

ii) Physical Changes in Pregnancy

Another cause of stress was "being pregnant" and accepting this fact and the changes that went along with that, especially physical and life changes.

¹Participants largely came from a support group run by Prisoners Aid and Rehabilitation Society. Criminal partners may not necessarily be the norm in a wider sample, at least two women in the sample had partners who had been in prison.

"I actually can't remember. I just knew that I couldn't handle it for the first probably month or two, just being pregnant, I was just like going out and having a good time until I started getting bigger and bigger"

"the stress of everybody talking about me"

One woman described her pregnancy as more of a depression rather than a stressful experience.

"Cause I felt like I'd lost my friends, I'd lost my life. I mean I could still do things but.. there was a big fat puku in the way"

The 'idealised' pictures of women's bodies portrayed in the media, which are almost always slim and where very few pregnant bodies appear may have affected the women's feelings and attitudes about their own bodies.

iii) The Children

Another important stress revolved around the children. One woman noted trying to discipline the children was stressful especially when the father was not there. Others noted stressful times when their children were sick in hospital or when they were sick in hospital and the worry this caused because they were unable to look after the children. Two women noted that being with the children constantly and not having time for one's self or partner was stressful at times. These two women were with their children the majority of the time and did not let others look after them very often.

"Stressful times now is not having time to myself"

"I think it's a bit stressful really, because then you don't have time for yourself, you've sort of like, constantly got kids asking for this, that and you can't ask anyone else for this, that, you know"

iv) Other Causes of Stress

Other causes of stress mentioned by the women involved the parents or in-laws. Parents or in-laws caused tension because they interfered in the relationship between the woman and her partner and/or because they were around at the woman's house too often. The latter was in respect to the in-laws whom the woman did not like. Another cause of stress concerned the woman's surroundings; having too many in the household and too many people over for noisy parties. Financial pressure was also mentioned as a real stress. A further cause of stress for one woman was trying to find places to stay, especially because she did not have a fixed abode before the time of the birth of her first child. This was partly due to the lifestyle she was living at the time.

5.10 Partner's Involvement with the Child(ren)

What is most common was the fathers' attitudes toward the responsibility of looking after the children. None of the partners (except one who was very supportive) helped to look after the child at first, most of them would go out *'and do their own thing.'*

"At first he didn't want to take the responsibility...he loved me and the child but he didn't know that he had to contribute towards everything else too, not just the loving of the child, he had to help me with baby and things like that, and he couldn't just piss off whenever he wanted to"

"That's what sort of caused the arguments between me and him too, you know like, Oh why don't you look after baby. He was a sort of go out person all the time and I was always at home with the kids"

"he hadn't even grown up yet, he was too busy having fun with his friends"

"I think that's when we were having more and more hassles, it was just getting too much and he was like wanting to be with his mates and I was at home with (baby) all the time"

The researcher noted that the participants did not seem to see their lives or define their lives in “stress-related” terms. They were prompted by the question about stress and therefore answered accordingly. This is interesting to note because of the considerable stress the researcher perceived the women to have been under. An explanation given by the researcher is that the women accepted their lives as they experienced them, perhaps because they knew no other way, and thought about their lives as mothers in a positive way because this is how they survived. Many of the women throughout the hui and interviews, noted that they went through difficult times as a mother particularly because of the lack of love and support from their partner, the immaturity or irresponsibility of their partner and/or the abuse they received from their partner.

5.11 The Impact of a Lack of Support on the Women’s Lives

The women agreed that stressful times and lack of support from partners had made them stronger and more mature as women.

“You have to do everything by your own. If your partner doesn’t care you think no-one cares”

“I think Maori women are strong, strong people cause they put up with a lot of crap...like for me I feel I’m stronger than what I was before.”

“I reckon because of the kids I had to be stronger, you know, I couldn’t go like Oh poor me sort of thing, I had to do it for them”

Other effects that a lack of support had on the women’s lives, such as the impact it had on their emotional and physical health, and on the children’s lives were not followed up in this study. Further research is needed on these important aspects. Following are several outcomes and issues that occurred for the women which largely focus on how their lives as mothers were impacted. It includes the topics of “*getting it together,*” or taking responsibility for their lives and their children, gaining strength and maturity, and learning how they coped. Lastly their needs are discussed.

5.11.1 Positive Outcomes for the Women

i) Getting it Together

Five women described times when they came to accept responsibilities for their lives whether it was the fact that they were having a baby, the responsibilities of parenthood or life in general. "Getting over it" or "getting it together" were commonly used and described a turning point in their attitude to life. The length of time it took for the women to get to this point were different for each one. Such turning points occurred at seven months pregnant, the birth of the baby when the mother felt she really "clicked" with her child, two months after the baby was born, a year after and seven years later.

"And then I just sat down and said to (partner), We're parents, we've got a big responsibility. I mean, we brought it upon ourselves, so we have to work on it ourselves. And then from there on I was on to it."

"It must have been eight years, seven years before I started to think I better get things together"

"Cause I knew I couldn't go backwards, I had to go forward, so from then onwards I just had to change my whole attitude of life, the things that I was doing, the things that I was doing to my baby that was inside me"

Although one woman had feelings of inadequacy at first she described becoming a mother as something that came naturally, not needing a lot of help or advice from others. She also had a lot of support from her family. One woman, who planned and wanted the baby did not describe these feelings of "getting it together." She was already looking after her partners children and therefore had had experience.

ii) Maturity of the Women

The theme of strength and maturity was followed up at the second hui. Three out of four women at this hui noted that they had the main responsibility of looking after the

children and in doing so, matured because of it. All of the women noted that they had matured in many ways since their first pregnancy. Three women noted that before they had their first baby they were always on the streets, roaming around or in some sort of trouble.

“that was my life actually, when my Mum had died, that was my life, was drinking and smoking and being with friends. But when I was pregnant and before I had him I had to change all that”

Three out of four women at the second hui noted that at the time of pregnancy they had an unstable relationship with their partner. They concluded that this was because of the personal immaturity of their partner. All agreed to the statement made by one of the women, *“You have to be the adult for the both of you.”*

“He needed to grow up, when he left I wasn't as stressed” and from the same woman, “I wasn't allowed out, I felt trapped”

“I felt like losing it, sick of it, then I'd snap out of it and try and work at it”

“he hadn't grown up, he was still a kid. Cause when you have a baby, you grow up but it doesn't mean your husband or your man, partner's going to grow up, they just stay the same”

5.11.2 Coping

Most of the women talked about how they were, and still are, able to cope with a great amount of stress in their lives. They mention various ways that they were able to do this. Total involvement with the children was one way they coped. One woman learnt to have fun with her and her partner's children and that helped her cope with them in lieu of a partner's support.

“Doing things with them it makes them happy, it makes me happy and like we'll all have a good laugh. And I suppose that's just how I was with them to sort of not like stress out on them”

One woman found she coped better by getting out of the house.

"I couldn't stay home, I felt caved in being at home...it was just me and baby home all day..so I couldn't stay home I had to get out"

and from the same woman,

"It is hard, but you know, you get into a routine after a while. You just get used to having one child, then you have another one, and then you get used to that and then you got to get used to having three"

Another woman found that church and God helped her cope.

"I think that's why I didn't go stupid, cause of that, because of being brought up in a church..because at least I had God to pray to, and things like that, even though I'd be praying angry prayers sometimes, but I still had, I think that I'm lucky, because I had God"

One woman noted that her changing circumstances had helped her cope.

"I'm coping more probably because I've got a stable roof over my head, and I've got heaps of support out there...and even though I don't use them half the time when I do need them, well, you know, it shows that I'm not just relying on everybody else, I'm relying on me and my partner"

Two of the women mentioned that they just had to "handle it," "hack it" and it was the "price you have to pay."

"Just had to hack it, that's all.. I think if I didn't have kids I'd probably go mad... because of the kids I had to be stronger, you know, I couldn't go like Oh poor me... I had to do it for them"

Interviewer: *"And how did you find that constant being there all the time for the children"*

Woman: *"I just thought it was my job, that I have to, you know, I had them so that's the price you have to pay"*

"I suppose that's what I think, the things that you have to face is that if you're going to have kids you've got to be able to bring them up yourself"

"I chose to take on his kids and now that I've had two kids of my own I just have to handle it. So that's what I've sort've done"

Having to accept that they had total responsibility for bringing up the children practically on their own, or with little support from their partners was a common experience and seen as an inevitable part of their lives. They had few answers or reasons as to why their partners were like this except that unemployment played a part in the men's low self esteem, that there was racism in work circles and that men got it too easy because everything was done for them.

5.12 Needs

When asked only one woman mentioned she did not have any needs. Two women mentioned financial help and security. Other needs mentioned were help with coping, help with birth and antenatal care, parents who would listen, feeling loved and needed, a secure home and time out from the children. Two women mentioned all they needed was their partner and/or their friend. One woman noted that she had nothing and had secretly wanted a baby because she wanted someone to love who would also love her back.

A recurring theme was the balancing of the needs of time out from the children with the need to be with one's child(ren). Although time out from the children was mentioned as a need because it was sometimes stressful the two women who expressed this need also expressed that they didn't like to leave their children with anyone for a great length of time, and their children were with them most of the time.

"that's all I want to do is just be with my kids, just be with my kids for now...I take my kids everywhere with me. I can't leave them at anybody's

places...that's why I need time out cause I want to take them with me so I know they're with me and nothing happens to them"

5.13 Other Circumstances and Issues of Importance

5.13.1 Being on a Benefit

Most of the women mentioned how they struggled to make ends meet, to buy things they needed and wanted for their children, to set up a flat from scratch, to pay the electricity, food and phone bills.

"I was struggling when, cause we were living in a caravan and I was struggling to get...how am I going to afford my furniture and everything" (to move into a house).

"We were on the Defacto and we just couldn't survive"

The women's experiences with the Income Support Service showed a need for knowledge and advocacy regarding entitlements to financial help, especially because they were young and inexperienced in dealing with such an organisation.

"They declined me for something one time, I can't remember what it was and she (an ex- Income Support Worker) goes 'They have no right to do that.' But because I was young, not knowing what the ropes were, I just walked away and let it happen. And then she told me and she rang them up and I got it"
and from the same woman,

"Cause we were young and dumb. Practically, yeah, I think that's what they thought of us".

According to the interviews there seemed to be a lot of differing views about entitlements to benefits and childcare subsidies. The researcher addressed this issue at the second hui and it became clearer that the DPB was "a lot better" than being on a

Defacto or Married Unemployment Benefit. The women stated that this was because there were a lot more advantages on the DPB such as being given extra grants and financial assistance. Two women stated that the Defacto benefit and the Emergency Maintenance Benefit are not enough. The latter stated this because she was assessed as living with her family and therefore received a lot less than if she was living away from her family. Several women agreed that they could survive on the DPB. Benefit fraud was an issue but some of the women agreed that *"it's not worth it"* because if you get caught you are the one who *"goes down"* not your partner. Three women did mention that they felt supported by the Income Support Service, but only in a financial way. One woman, in particular, said that she appreciated receiving the benefit because it enabled her to stay at home with the children.

"I suppose if there wasn't a benefit... I wouldn't be able to work because all I wanted to do was just be there for (baby) all the time"

This woman meant that the benefit enabled her to have a choice about staying home with her children as opposed to having to work.

Although some women appreciated being able to get financial support by way of a benefit it was often seen as a form of dependence which had a negative hold on one's life, something that they did not want to be on for the rest of their lives.

I hate it, I hate being on the DPB. I hate it, I wish I could get a job or something"

The researcher believes these experiences show some of the real difficulties of living on a benefit. The women's discussions also reveal the advantages of being on the DPB as opposed to the Unemployment Benefit. This incentive creates a real dilemma for the women who feel they need more money to survive yet want their men to live with them and support them financially through employment.

A further dilemma is who the actual benefits are paid to and how this money is shared on household and living expenses. Women who don't get the DPB obviously get a lot less money in their bank account as the Married Unemployment benefit is evenly

divided between the parents (which does not necessarily mean equality in paying the household budget). One woman stated that their rental payments came out of her bank account and left her with \$60.00 while her partner had \$100.00. A study by Pahl (1983, in Habgood, 1992) found that women contribute a higher proportion of their income to household expenses and suggested that the best way to increase the living standard of children in poorer families would be to increase the amount of money over which their mothers have control. Misuse and unequal sharing of money by partners may be a possible reason why some of the women in this study prefer the DPB, although this issue was not looked into by the researcher. Other dilemmas are created when part-time jobs become available and give satisfaction and esteem to both the women and their partners. In some circumstances part-time jobs are not worth it financially if you declare your earnings. Several of the women noted how they hated being on the benefit, and wanted to get a job. The difficulties of this for uneducated, inexperienced women and men in today's social climate are enormous.

5.13.2 Jobs/Education

Jobs and educational courses were shown to have a positive effect on the feelings and lives of the women. Feelings of being your own person, getting out of the house and being productive were mentioned.

"It was hard at first, getting used to it, just leaving him with his Uncle's mother but otherwise I felt really good because I was out there doing something"
(mum when working)

"I really enjoy my independance now... and being my own person instead of staying home looking after kids, cooking for (partner) and things like that. Heck yeah, I really like being out of the house"
(working Mum)

Two women currently at home plan to get a job when their children get older, especially because they do not like being on the benefit.

"I just want to know the basics about everything so I can just get a job, get into the workforce, cause I don't want to be on the benefit all my life"

Two women differed in their views on missing out on their education.

"I reckon I've missed out on my education and all that but I don't care... I'd rather stay home and look after my baby than go to school."

"I sort of like wanted to be like my mates...just hang out on the streets and go to town on Friday nights. Those are the times that I enjoyed but wish now that I did get an education"

The first woman shows the positive feelings she gained from being a mother that she probably didn't get from going to school.

5.14 Views of Being a Mother

Four of the six women described being a mother as hard and challenging work but they all thought it was good as well.

"Being a mother's really good now. Bit hard at the beginning, heaps hard at the beginning but, too late now, I've got three of them" (mother of three)

"I think it's good being a Mum...but it's a lot of work" (mother of five)

"Hard, hard work. That's what it is. Continuous hard work. No job can compare to being a mother, no job at all. But then I love it, I enjoy it. It's not what I chose as my career but I accept it, cause I have to" (mother of three)

"Challenging...but it's really good...I prefer to have my kids than my old life, cause the life I used to have was really, really slack. I'd rather pick this life over my past any day. It was my kids, it was my son that changed my life around" (mother of two)

The two other women love being a mother and did not mention that it was hard work.

“I’d rather have more kids than just have one or two... I don’t mind having a lot of kids...I like being a mother” (mother of two and stepmother of two plus)

*“I like it, I want to have another one...I just like being a Mum and caring for your own baby that you’ve made. Yeah, I just like it. I don’t regret having him”
(mother of one)*

5.15 Summary

Table 5.1 summarises the sources of support at each stage from pregnancy to motherhood and shows a lack of family and partner support in the pregnancy stage. It also shows that friends gave the most support here. At the birth, however an attitude change in family support was noted. Many family members came together to show support to the women by being there for them at the birth, and throughout motherhood. The circumstances of the pregnancy may have caused conflict between parents and daughters which were overcome due to the birth of the child. Interestingly, friends were not noted by any women at all as a source of support during birth, but were noted as support during motherhood. Although one partner showed support throughout pregnancy, birth and motherhood, this was not common. Most women felt a lack of support at times from their partners, especially at the pregnancy stage and two never really felt supported. Partners were seen as being irresponsible, and always going out with their mates. They did change a little by looking after the children more, later on in the mother’s life.

Tables 5.2, 5.3, and 5.4 show that the types of support that were valued most were emotional and practical support, but material, information and network support were also valued. Informal sources of support (whanau, friends and neighbours) provided the women largely with emotional and practical support, especially child-care while community organisations and practitioners provided the women with a wider variety of help.

An important finding of this study is the extreme circumstances the women were under at the time of pregnancy and how this affected their lives. A lack of support

from caring partners and conflict with parents, combined with poor financial situations and a lack of knowledge and information about further sources of support, motherhood and abuse resulted in the women experiencing great stress, depression and sometimes suicidal tendencies. Furthermore, the lack of contraceptive knowledge and beliefs about contraception may have been a major cause of unwanted pregnancies. A major impact on the women of a lack of support was the strength and maturity gained by taking the responsibility of bringing up the children largely by themselves.

Further results on community support and the place of Maoritanga in the women's lives will be presented in the following chapter. An analysis and discussion of the total results will then be presented in Chapter Seven.

CHAPTER SIX
FINDINGS ON COMMUNITY SUPPORT
AND CULTURAL IDENTITY

This chapter will report on the results of the second interviews. There are two themes covered in this interview, part one reports on support from community organisations and people, part two, on the place of Maoritanga in the women's lives and their cultural identity as Maori women.

6.1 PART ONE: Community Support

The participants were asked to name any community organisations or people in the community that had played a part in supporting them as a parent and how this support was shown. They were given a list to use as a prompt. They were encouraged to name any organisation or people who were not on the list, however this was rarely done. Some participants had already mentioned names or titles of community people in the first interview but all of them expanded on this in the second interview.

The combined list of all community people/organisations mentioned by the women came to 15 and included: Midwife/Midwives, Doctor/Family Doctor and Plunket who were mentioned most (by five of the six participants); followed by Kohanga Reo, Church groups and Friends noted by four of the six participants, Neighbours, Social Welfare, Mothers Groups, Social workers and Schools were mentioned three times, followed by Maatua Whangai, Nurses, Kindergarten, Wahine Toa - Maori Women's Welfare Centre mentioned once.

The number of organisations or community people mentioned by each participant ranged from four to twelve. (See Table 6.1 for a list of sources of community support). Of the

two women who named only four or five community people, one clearly stated that she had enough support at home and the other clearly stated that most of her support came from family and friends and that *"I don't go looking for support, I just make do with what I've got."* The two women that mentioned 11 or 12 community people/agencies clearly used more support in the community; one had a lot of help from those outside her family, the other woman was the oldest and had older children, thus had a longer time as a mother to be involved in more organisations in the community, such as schools.

Table 6.1: Sources of Support from the Community

Participant 1	✓	✓	X	✓				✓	✓	✓			✓		
Participant 2		✓	✓	✓		✓				✓					
Participant 3	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓			✓
Participant 4	✓	✓	X ✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	
Participant 5	✓		✓		✓		✓		X						
Participant 6	✓	✓	✓		✓	✓					✓		✓		
	Doctor	Midwife	Plunket	Kohanga	Church Groups	Friends	Neighbours	Mothers groups	DSW	Social Workers	Schools	Kindergarten	Maatua Whangai	Wahine Toa	Nurses

Note: an "x" means the woman specifically mentioned they did not feel supported, a blank space means the women did not mention support, an "x" and "✓" means some part of the organisation was supportive, other aspects were not.

6.1.1 How Was Support Shown

Following is a summary of how the women felt supported by people and organisations in the community according to their perceptions and words. All of their thoughts have been included which gives an overall view of the types of support that are valued by the women. At the top of the list are those people in the community that were mentioned most by the women, this however, does not mean that they were valued the most by the women. This issue was not addressed until the second hui when the women were asked whether they valued community support more or support from whanau and friends. All agreed that whanau and friends were valued more.

i) Midwives

Midwives, mentioned by five of the women, showed support by being "*someone to talk to*", checking up on the baby and the mother, visiting whenever needed, being there "*all the time*" (at birth and afterwards often up to a few months later), showing more thoughtfulness towards the mother than other health professionals, providing transport to and from places. It was the personal touch combined with this professional approach that the mothers appreciated most. It also seems that a few of the midwives went out of their way to provide services of a practical nature, and over a longer period than is normally given to their clients which the mothers also appreciated.

"At least she understands, she knows you better so she doesn't treat you just like another patient."

ii) Doctors

Doctors, mentioned also by five of the women, showed support especially by answering lots of questions, being someone to talk to, by showing care - asking if the mother was alright or needed anything, "*taking care of my kids*" health. Those who mentioned

doctors had a good, comfortable relationship with their doctor (one woman however did not like going to the doctor) and this enabled the women to feel supported. Again these women felt supported by kindly professionals who showed they cared.

iii) Plunket

There were mixed views of the helpfulness or supportiveness of Plunket. Although Plunket was mentioned by five of the women as showing support in some way, two of the women expressed that they did not feel supported by Plunket nurses who visited. One woman stated she did not like the nurse who visited because she did not come regularly and therefore was not expected. Those that felt supported by Plunket nurses felt supported in the following ways; by checking baby, helping the mother look after baby, answering questions, having someone to talk to, providing car seats and having a workshop that was attended by one of the mothers. One Plunket nurse who was a friend of the woman's mother was also really helpful by being available at any time, and by giving things such as milk powder and clothes.

iv) Kohanga Reo

Four of the mothers felt supported by Kohanga Reo mainly because they provided a break from the children. They also felt supported because Kohanga Reo was teaching the children and it enabled them to do courses or undertake paid work. The location of the Kohanga Reo at one of the woman's place of study had a lot to do with the woman's peace of mind because it was close by. One other woman described the Kohanga as doing everything for her, they played a large part in her support in her first few months as a mother by showing care and aroha towards the baby and herself, by giving clothes and presents, and being a place where they both could get away from the house.

v) *Church groups and friends*

Four of the women felt supported by people from church groups, because they offered help if one needed it, helped with transport, gave things for the baby, taught things the expectant mother may need to know, took the mother out places, offered to look after baby, encouraged mother to go down to the church with baby, and they asked to christen baby. One woman noted financial support in helping to pay for the children's schooling. All these things in the context of the mothers' experiences showed care towards the mother and her children and thus were mentioned as a support.

vi) *Friends*

Friends were considered by some women to be people in the community who gave them support. Four of the women mentioned friends in the second interview. This was already discussed in the previous chapter.

"She was always coming up and seeing me when I was carrying with (baby). She was one of the first friends that I had out here, that I made friends with, and she sort of introduced me to a lot of other people and to the schools, and to Plunket and that. She was always up here, and it was good having a good laugh."

People from church groups, neighbours and family were also mentioned as friends as their main role was friendship, however in this case they are left to the particular group the women first defined them as. There was perhaps a fault in the list given to the women by including friends and neighbours on the list. The list certainly had a lot to do with how they conceived the roles and definitions of people in the community.

vii) Neighbours

Neighbours mentioned by three of the women provided "*someone to talk to,*" help in an emergency, transport to the doctors, or just help "*if you needed something.*" Some neighbours were whanau and also considered friends.

viii) Mothers Groups

Three of the women mentioned they felt supported by a Mothers group undertaken with Prisoners Aid and Rehabilitation Society (PARS) because it provided a place to go and get out of the house, to meet new mothers and their children, and to learn new things.

ix) Department of Social Welfare

The Department of Social Welfare (mentioned three times also) was noted with a variety of feelings about their support. Three women mentioned that they were supported financially, one expressed that she was definitely not helped by Social Welfare because she was too young to receive any benefit. She felt "*stink*" relying on other people to buy things for baby.

"I was just wondering what I was going to do, 'cause like I had no money to buy nappies and stuff. "

x) Social Workers

Social workers, mentioned by three women, supported by helping to budget and by giving food parcels, by counselling, helping to find accommodation, and by "*coming around to see how I was going.*"

xi) Schools

Schools were mentioned three times also. One particular private school provided support by really caring for the children, supporting the mother so that she was able to keep the children there, and providing the children with a good education.

"That helps me because then I don't have to sort of like go out of my way to try and get them up to a certain standard ... even though I do my little thing but at least I know that they're getting a good education."

Another country school performed a real community role and encouraged people to come down and bring their preschoolers, sent cards to the hospital, and advertised births in their paper. One woman noted that *"when I was at school, that's when I learnt about having kids and things like that."*

xii) Maatua Whangai

Maatua Whangai was mentioned by two women. They provided a parenting programme where Maori parents could meet and get to know each other, and counselling services.

xiii) Other Community People

The following organisations and people were mentioned by one of the women only. A kindergarten provided a place to *"hang out there most of the day"* and gave the kids something to do. Wahine Toa Maori Women's Welfare Centre provided counselling on preparation for birth and motherhood as well as caring support and accommodation. One woman mentioned that nurses helped her look after the baby in the hospital. They showed a pleasant, helpful attitude towards the woman. She also noted however, that some nurses in the hospital were not very helpful and did not have very good attitudes towards the women and their babies.

6.1.2 Use Of Health Practitioners and Ante-Natal Classes in the First Pregnancy

Half of the women went regularly to a doctor or midwife throughout their pregnancy. The other half did not. Two women went when they were seven months pregnant. This was because one had hidden the pregnancy until then, and the other had not been settled in one place, her sister had made her go. One woman never went at all, after first confirming her pregnancy at the Family Planning Clinic, she moved several times during her pregnancy, including going to Australia.

Only one woman attended ante-natal classes more than once. Two attended once, of these two women one wanted to attend but was too late in enrolling and had the baby after her first session, the other woman did not want to go back because she felt discriminated against in the class.

"I felt like...an alien, cause I was the youngest one there, there was one other Maori lady but she was like..thirty.. they were all staring at me and my sister as if to say, You haven't got a partner, you're young, and all this...I cried when I left."

The women came into contact with community practitioners such as midwives, doctors, Plunket nurses, and antenatal courses through their mothers and sisters or other family and friends. One woman noted she met the Plunket nurse while she was in the hospital.

Not making use of health professionals by some of the women at the time of pregnancy is an important issue. The stressful circumstances surrounding their pregnancy, such as hiding the pregnancy or moving about a lot holds them back from using available services. Alternatively there may be an attitude that they do not need this kind of service though this was not mentioned by any of the women. Furthermore, the avoidance of doctors was a common attitude among the women. Although most of them seemed to have a good relationship with their doctor, when it came to seeing them for their own

illness most of them avoided going. This avoidance may have serious impact on the women's health now and in the future. The impact on the baby's health through lack of antenatal care and monitoring may also be serious.

6.1.3 The Appropriateness of Services

The women were also asked about their thoughts on the appropriateness of services in the community for parents. Three women said there were good, appropriate services for parents in Hamilton. One woman noted *"it's just that some people don't want to go out and use them."* Three women noted improvements could be made in the following organisations:

Plunket;

"It would be good if you know, like they had a few main offices... for the likes of mothers who don't have cars." (this was in relation to workshops held at the main office).

Hospitals;

"Better services in the hospitals and some nurses need to do something about themselves 'cause some of them have a bit of an attitude.. before they used to sort of like make sure you're alright and things like that but now..."

This woman implied that some nurses did not show a caring attitude toward the patients.

Two women also said that there was a need for more services such as Maori parenting programmes for both mothers and fathers, help for Maori parents, and groups to talk about their children. Another woman mentioned the costs for childcare at Kohanga Reo was too expensive for people on a Defacto benefit or people with jobs. She suggested that Social Welfare give more assistance to those on a Defacto benefit.

"More Maori help out there ... more Maori should awahi Maori instead of the other way round because its more like the Pakehas' out there doing things and the Maoris' are just like sitting back doing nothing."

"They should have groups and things like that to talk about your children, which you can do at Plunket but its hard to get there"

Only one woman, who was the youngest and also had the youngest child, said she had not seen any services for parents but stated that *"I've got all my support here,"* with her family.

The use of community support was further discussed at the second hui. The women emphatically stated that they got most of their support from whanau or friends as opposed to community organisations or agencies. There was an attitude of not wanting to use community organisations or health practitioners. Some reasons given were financial, for example, it was too expensive to go to the Accident and Emergency at night, and personal, *"I don't like going to the doctor."* There was an attitude of independence which was strong among the women, however in my experience they were not completely closed to certain types of community involvement. Four of the women had attended parenting workshops run by the researcher and a colleague and had thoroughly enjoyed it. They also obviously appreciated the support they did get from some community practitioners and agencies. The researcher believes that the availability and accessibility of support is more of an issue than their feelings of independence; the way in which contact is made with "consumers" of support, what needs the support is offering to meet, and the methods, content and fee of programmes and support offered. These issues are discussed further in Chapter Eight.

6.1.4 The Women's Feelings About the Community in Which They Live

The women were asked about how they felt in their community, whether they felt a part of it or isolated from it. Four of the women felt connected with the community in which they lived. This was due to living there for a length of time, knowing a lot of people in the neighbourhood and the friendliness of those in the community.

"I've been here long enough and I know everybody and everybody knows me. And like with the kids, they can go down the street and its not as if no-one knows them. So everybody knows all these kids around here..it's like all the kids look out for each other, but yeah, its good"

"I feel connected to it (community) because I know quite a few people, like around here's quite friendly and everybody mixes in"

"I feel a part of the community because everybody makes you feel so welcome to wherever you go around here" (lives in country settlement near Hamilton).

One woman described her consolidation with other Maori women as her community. She had several Maori friends in the neighbourhood.

"It's good 'cause there's heaps of Maori women here and young Maori women with children. They're just all over the place, so you know, you're never astray of finding someone to talk to and things like that"

Two women felt isolated where they lived because the community "feeling" wasn't there as it was with the other women. People kept to themselves and they did not know neighbours very well, and crime was prominent.

"There's not that respect for people as there was before, because people get robbed around our area"

"Because there's not enough activities out here to do, there's nothing out here to do actually. Which doesn't bother me because I prefer to stay at home anyway"

"It would be more safer for a lot of people, they'd feel more safe in their own community if they knew what happens there and if they knew the people that lived there"

6.1.5 Summary of Part One on Community Support

The main community supporters for the women were doctors and midwives. Plunket was equally helpful in some ways, but unsupportive in others. Kohanga Reo and church groups were second equal on the support list.

Support was shown by the professional community by befriending the women, and by going out of their way to show a caring attitude. Giving professional advice and care to the mother and baby was also a major form of support. Practical help with transport, being given things for the baby, and having a break from the children were important, as was having somewhere to "hang out" or meet others similar to themselves. An important finding is that needed practical and emotional support was given through the medium of health practitioners, such as midwives, doctors, and Plunket, and involvement in community organisations such as church-related groups or Kohanga Reo. Most women did not go out and look for support, they were introduced to the above support people largely by family and friends, who usually knew these people.

Whanau and friends were valued over community support probably because these sources of support were already known to the women. Community support, however was used a lot by some women and not so much by others. Reasons given by the women for this

include wanting to be independent, the expense of going to the doctors, and lack of knowledge about what support was available. The researcher believes that availability and accessibility of community support is an issue for these women. Furthermore, the lack of appropriate Maori programmes and practitioners, as well as organisations or groups that were in walking distance were mentioned. The lack of knowledge about pregnancy and the hiding of it also greatly inhibited the use of community health practitioners, as did the transient nature of the women's lives.

Most women had good community networks in their area and this enabled them to feel safe, and a part of the community. Networks or friendship with other Maori mothers similar to themselves were important.

6.2 PART TWO: The Place of Maoritanga in the Women's Lives

6.2.1 Cultural Identity

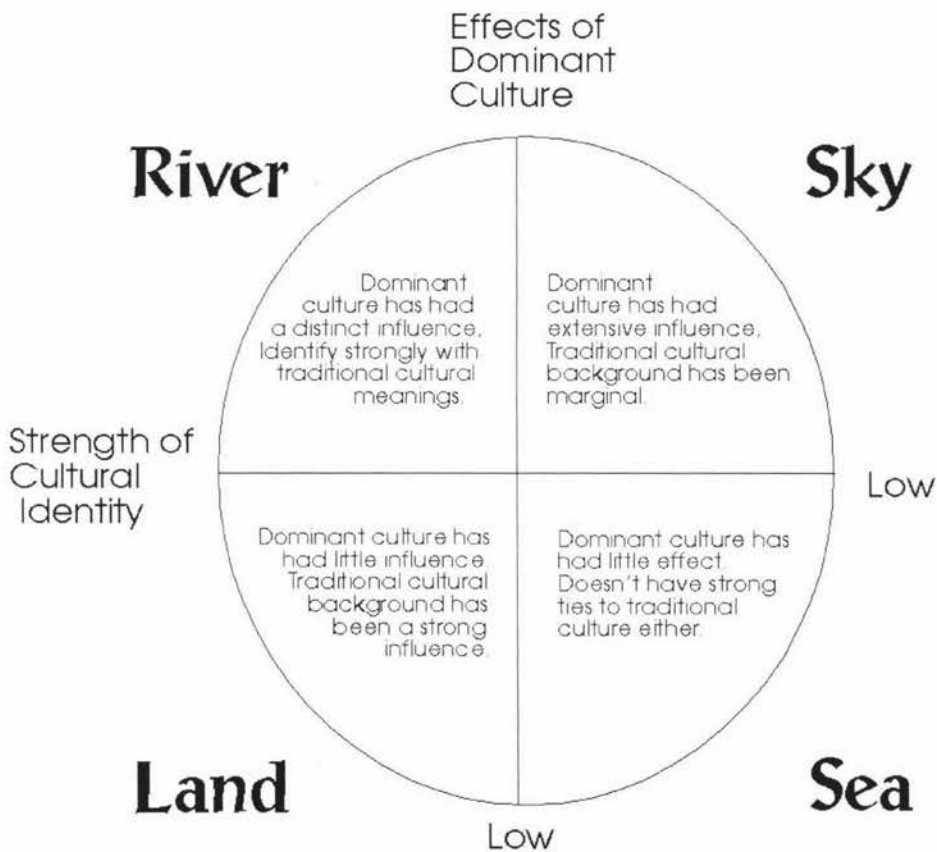
The women were given a brief explanation of the Putangitangi Model of Cultural Identity (Davies, Elkington, Winslade, 1994) and asked to place themselves according to how strongly they identified as Maori and how great the effect of the Pakeha/Western culture had been in forming their identity. See Figure 6.1 below. This placed them in one of four quadrants. Half of the women placed themselves clearly in the River quadrant which stated that *"dominant culture has had a distinct influence, identify strongly with traditional cultural meanings."* One woman placed herself in the Sky quadrant where *"dominant culture has had extensive influence, traditional cultural background has been marginal."* One woman placed herself in the centre of both River and Sky, her cultural identity as a Maori was becoming stronger, although it had been weak in the past. One woman placed herself on the Land where *"the dominant culture has had little influence,*

traditional cultural background has been a strong influence.” (No-one placed themselves in the fourth quadrant which stated that the “dominant culture has had little effect, does not have strong ties to traditional culture either”).

Figure 6.1

Putangitangi

A model of cultural identity



A model developed by Syd Davies, Angus Elkington and John Winslade, in Perspectives on Counselling 1031.330 Reading Guide, Dept of Education Studies, University of Waikato, 1994.

All but one of the women agreed that the dominant Pakeha culture had had an extensive or a distinct influence on their lives. This is not surprising as these women had lived in an urban environment for most of their lives isolated from a traditional Maori way of life. Furthermore, the Pakeha culture has been dominant in this country for close to 150 years in terms of people numbers and institutional power. Most of the women noted that they were influenced by, or identified strongly with, traditional cultural meanings.

Each woman was asked how she identified with particular aspects of Maori society, including whanau, marae, reo, whakapapa and Maori cultural heritage. In order to give the question some context they were asked whether they felt isolated or connected to these aspects. The exact meanings of these concepts of isolation and connectedness were left up to the participants' perceptions. This sometimes meant that they felt connected to some aspect but did not have a lot of knowledge and experience of it. (See Table 6.2).

Table 6.2: Feelings of Connectedness to or Isolation from Aspects of Maori Society

Participant 1	X	✓	✓	X	✓	adopted to Pakeha family; getting to know her roots
Participant 2	✓	X	✓	✓	✓	happy with what she knows of culture and reo
Participant 3	✓	X	✓	✓	✓	very strong in her Maori identity
Participant 4	✓	X	X	X	X	feels she had very little Maori input from family
Participant 5	✓	✓	X	✓	X	doesn't feel connected, but has strong Maori identity
Participant 6	X	✓	X	X	✓	influence of local marae has made her identity stronger
	Whanau	Marae	Te Reo	Whakapapa	Maori Cultural Heritage	<p>an X means "felt isolated from"</p> <p>a ✓ means "felt connected to"</p>

6.2.2 Whanau

Only two women felt isolated from "whanau" and this was because they did not know their family at all. One was adopted by Pakeha parents and did not know her real parents, the other was brought up by her Pakeha father and did not know her Maori mother's family. Another woman who previously felt isolated from her family feels more connected since she had her baby because she has better relationships with her family. Knowing one's Maori family or having good relationships with them seemed to equate with feeling connected to whanau, although recognising the concept of whanau was also important. Whanau in Maori terms means a lot more than just the immediate family, whanau depicts relationships with many people. The women always referred to whanau in an extended way, including brothers, sisters, parents, aunts, uncles, cousins and even "aunties" who were friends of a parent but also distantly related. *"Everybody's aunty, everybody was aunty to us."* Several women mentioned the importance of family and the traditional values of respecting each other.

"But that's what I want to get into, like getting around to meet her (mothers) family 'cause I don't know them and I think that's sort of rude not knowing who your own family is."

"We're right into whanau. We respect our whanau, that's one thing I can say that Mum made sure of... our whanau was everything, our whanau always came first"

Whanaungatanga, a view of relatedness, or how one is related to another is a prevailing concept in Maori culture, and although there has been a breakdown of whanau, resulting in isolated and sometimes dysfunctional families, this concept seems to have remained strong possibly due to the continued adherence to cultural customs such as tangihanga.

6.2.3 Marae

All of the women knew where their marae were, however only half of the women felt connected with it. The others did not feel strongly connected to a marae or had felt connected but now felt disconnected. This was mainly due to the fact that they had not been to their marae in a long time and did not go to it often. Durie (1994) advocates that the measure of access, as of right, an individual has to a marae is a measure of Maori identity. Although all of these women had rights of access to marae, not being there for some time meant the flame had not kept burning. "Ahi ka roa" is a Maori concept which suggests this very thing. I personally felt more connected with my Maoriness when I had spent time on my marae, unfortunately one of these incidents was the tangi of my father.

"I haven't been there for years, since my mother died. And that was ten years ago... I just haven't been there, my grandparents haven't taken me there for many many years. We haven't really been brought up on marae's"

"I feel a real ... something..for my marae but I don't really know enough about it, we don't go back now..when you don't go back enough times you don't feel as 'thing' to it"

"I felt more connected to the marae in Paeroa ... we were there every week ... but I haven't been back there for years ... now no marae's mine 'cause I haven't been to a marae in a long time"

"Like everytime I go gack to Patea I go up there (to the marae) but half and half it feels comfortable, it feels good to be there, but it feels uncomfortable because I never went up there when I was younger"

One woman, however, had become very involved in a local marae in a small country settlement around Hamilton where she had learnt much of the "*Maori ways*." This shows the community feeling which can occur in rural places more so than in the city, because Maori life still revolves around the marae.

"We always take the kids down to whatever's happening down there, 'cause I don't want them growing up like me, like 'Oh what do we do now'"

6.2.4 Whakapapa

Half of the women felt isolated from their whakapapa or parts of it because they did not know it. The women who did know their whakapapa at least on one side felt connected to it. Some of the women stated that they did not know parts of their whakapapa mainly because it was held by someone else in the family and was not passed around flippantly. One woman's grandfather would pass their whakapapa on to her father when he died. Another woman was told by her Aunty that she would have to come to see her to get it. Others noted they did not understand it or did not know one of their parents so therefore did not know that side of the whakapapa. Whakapapa is still considered tapu knowledge and is still often handed down in culturally appropriate ways. This knowledge is usually available to family but usually takes some effort to get. It is worth noting that the women who were legally adopted to a Pakeha family or brought up in a one-parent family by the Pakeha parent had trouble retracing their whakapapa, their roots, as they had difficulty contacting their Maori side, however the woman who was adopted by way of Maori adoption did not have the same problems. She knew more about her real mother and

where she was from. This shows that being adopted or brought up by Pakeha parents can have an impact on the knowledge of, and relationships to one's Maori family and thus one's Maoritanga.

6.2.5 Te Reo Maori

All the women had a basic knowledge of the Maori language, enough to speak some things to the children. One woman learnt at school, one picked up some language at the Kohanga Reo and two others were learning at a Wananga. Three of the women said they felt isolated from the language and all of the women stated they wanted to know more of the language, however the women mentioned several obstructions in doing this. These were finding someone to teach them, finding money and time to attend a language course, and wanting to pursue other educational and career avenues.

"I wanted to get back into it but I want to much rather do a business management course ' cause that will get me somewhere. I know that with the reo it might get me into the Kohanga or something but I don't really want to do that, my mind has been set on other things for a long time"

"Right now I really want to learn a lot about, especially the language. It's just trying to find the people who can give me those resources, who can teach me the language."

"You need financial help to get the language..and I'm really against that, like the Maori language should be taught freely instead of you buying it."

"I want to know it but I've really got no-one to teach me unless I go out and learn it"

The inability to speak te reo Maori was attributed by some women to their parents and grandparents.

"In a way I'm upset with Mum for not letting me know the reo"

"My grandparents, they couldn't teach me... they do know it, they know it today as well, but my grandfather, he's a very shy person, he cannot teach things like that, and my grandmother, because of her religion she's not allowed to know (or practise) the Maori culture"

"We were never taught it even though my parents knew, we were never really taught it"

"I feel a bit whakama you know, in speaking te reo because my parents, if you don't speak it properly well, what's the point of saying it at all. You know, that's what they're like"

All the women wanted to learn te reo Maori and were wanting their children to learn it also. They saw it as an important and essential part of their identity as a Maori woman and did not want it lost.

"I don't want it lost because.. I'm going to, not so much pressure my kids to learn, but I want them to know the reo"

"My kids are learning it now too and being brought up as a Pakeha it was a real ambition for me to learn my reo because I knew I was Maori and I wanted to learn my reo and know everything about my family and marae and everything"

"I think a lot was lost. You see that's the only reason why I wanted to learn te reo ... for me it was something inside that I had to do..if I can learn te reo then everything else I can do, that's how it is for me"

"the older children can't really speak it so that's why I speak it at home so that they'll pick it up and maybe when they get a bit older they can speak, like I'm hoping that by the time they're older they can speak it"

The value given to knowing te reo shows its real importance to Maoritanga and Maori identity. The fact that many parents or grandparents knew the language but did not pass it on is an important issue. This will be discussed in Chapter Seven.

6.2.6 Cultural Heritage

Some of the women had difficulty understanding the term cultural heritage, therefore there were several different views of this aspect. Ultimately cultural heritage or taonga tuku iho is a term which embodies the entire gift of Maoritanga that has been passed down and is a part of us. When asked about how they felt towards their Maori cultural heritage, two of the women indicated that they felt to some degree isolated from it.

"I just haven't been taught a lot that I would like to know"

Four of the women felt connected with their cultural heritage. Feeling connected did not equate with great knowledge or use of te reo me nga tikanga (language and customs),

however it did indicate that they had a positive feeling and desire toward their Maoritanga.

"I like to go back to the past 'cause I think they're strong in the past and they're better models for the future"

"I'd say I understand (Maori traditional ways) more and ..sort of class it stronger (in myself) now than before. I never really understood it before but now since I've been here you get to learn ... I get a real big buzz when I go down to the pa and I'm always learning something different"

6.2.7 Influence of Pakeha Culture

Several women mentioned the influence of a Pakeha, urban culture on their lives. One woman noted how she was disconnected from a *"Maori environment altogether"* now that she lives in the city. However, she does not mind because she feels comfortable with what she knows and who she is. Another woman noted she experienced a high effect of Western/European culture *"because that's the world today, everything is European ways."*

The loss of Maori culture and the influence of a Pakeha culture was recognised by the women to some extent, however it appears that this was accepted as inevitable. Links between the two were not made at the time of the interviews. The attitudes, displayed by the women, of acceptance and inevitability of certain situations is an important finding in this study. These attitudes were indicated in two main areas; the stressful and difficult experiences of the women's lives as mothers and the largely Pakeha influence on New Zealand society. The women had not yet thought critically about their situations as it might relate to wider circumstances such as colonisation as described in Chapter Three or

the male abuse of power as depicted in feminist theories. Helping the women understand what they already experience and know and linking these concepts together, in other words helping to theorise about their experience is what emancipatory research is about. For this reason, a third hui was undertaken to allow for more theorising. The women were given copies of the two chapters of results before the hui so that they could offer their feedback at this hui.

6.2.8 Identity as a Maori Woman

All four of the women who talked about being a Maori woman talked about some sort of tension or conflict surrounding this issue. Of particular notice to the researcher was the identity conflict that occurred for a number of reasons. There was inner conflict due to having Pakeha (adoptive) parents or Maori parents who wanted to live a Pakeha life.

"I'm not really worried about the colour I am now, I used to be like that..."

(woman adopted by Pakeha parents)

"Within our home it was worse because Mum and Dad wanted us to be Pakeha but of course we couldn't be Pakeha but, you know, we tried..it was like they were ashamed of being Maori because they would say 'Oh its lucky you're not as dark as that person over there.' Oh I hated that one"

One woman had identity conflict because she was fair looking and this determined how others identified her. Her feelings about her identity changed with her environment and other circumstances.

"Sometimes you put down you're Maori and then people look at you and say 'You're not a Maori'..."

"Sometimes I didn't like being classed as a Maori at school because they were bad. Maoris were bad, so 'Oh Nah, I'm a Pakeha'"

"Like when we have Maori things happening here like (partner's) fathers unveiling I felt Maori. And like when I go out to places, when I go to Kindy and that, I feel Pakeha again"

"It's good being around a lot of those old Maori ladies, it makes you feel good. But then some of them look at you like, 'You're Pakeha' but a lot of people around here are slowly getting to know who I am"

In contrast one woman who also had a Pakeha parent did not have so much difficulty with her identity as Maori, because she was adopted by Maori parents and lived in a Maori environment. She states;

"I'd rather be a Maori than a Pakeha even though I'm half Pakeha but really class myself as a Maori 'cause, yeah, I like being a Maori. My real father's a Pakeha but, like, my stepfather, he's a Maori and my mother's a Maori so I just say I'm a Maori"

Some inner conflict arose because of the comparisons one woman made between the type of life she saw Maori, in general, led compared to the type of life Pakeha led; a conflict between Western and Maori values, and difficulties of living on a low income.

"Sometimes I wish I wasn't a Maori and sometimes I wish I was, 'cause its like there's heaps of Pakehas out there doing really good things for themselves and you see us Maori women, half of us have all had kids and on benefits and in the pubs and getting beaten up ... just that sometimes I wish I was a Pakeha like, wish

I could just start over again, have no kids and just get out there and make heaps of money and then have kids. But then again I think, Nah, I'd have kids now and then they can look after me when I get older, but yeah, that's how I feel sometimes"

These contradictions were also shown in another woman's life.

"To me, I'm quite proud that I'm Maori..but, you know, I just can't be bothered with all the rubbish, people trying to get you to be a certain way, they want you to have this and that, you know. You'd be working for ever just to try to make yourself look good"

"I reckon I want to live back on the marae..because I reckon there's too much emphasis on what you've got and what you look like, be up with the Jones. I used to be into that but not anymore, that's not important"

Another woman stated her desire for Maori things to be more recognised by everyone in the community as well as her own children.

"I wish it could be a lot stronger and, you know, it was more recognised. I'd like it to be more recognised in the likes of my children. I'd like them to know everything about Maoris and how Maoris lived"

Some tension was felt due to feelings of discrimination and negativity toward Maori like the woman who felt others were rude to her because she was young and Maori (see quote on page 76). Another woman stated,

"You know it's quite contradictory so that's why I think a lot of people don't really feel good being Maori because of the way people make them feel, until you start getting into your reo and things like that"

This same woman described the effects of not associating with other Maori.

"Like for me, it was really hard because we didn't speak Maori and things like that, ... and because of the church we were brought up in, its a real choice place but we didn't get to associate with Maoris much...so you lose that sort of side on you and for a long time I felt really slack being a Maori, I always wanted to be ..something else"

The researcher believes that the Maori renaissance of the 1980's and 1990's especially the rise in number of places people can learn te reo me nga tikanga has played a large part in the women's positive feelings toward things Maori and thus, toward themselves. One's environment seemed to be an important issue in determining how the women felt about being Maori or how they identified themselves. A number of environments described by the women included negative attitudes by Pakeha toward Maori, negative attitudes of parents toward Maori, stereotyped views that Maori schoolchildren were bad, exposure to or involvement with particularly Maori environments such as marae and Kohanga Reo, or Pakeha environments such as the kindergarten or church. This shows that participation in Maori organisations or institutions is also an important measure of Maori identity.

Acknowledgement of the strength that comes from feeling good about being Maori was given by one woman.

"I think Maori women are strong, strong people cause they put up with a lot of crap ... like for me I feel like I'm stronger than what I was before. A lot of Maori

women are strong but a lot of them aren't. A lot of them don't feel good in their Maori, you know, so you can't be strong if you don't feel good about yourself'

6.2.9 Nga Tikanga

The question of what Maori values and tikanga was passed on to the women was addressed at the second hui and the women noted that values of respect for elders, tangihanga, and some reo and waiata were passed on. Most women learnt these at school through bilingual classes or Maori cultural groups, though Te Kohanga Reo, Whare Wananga, and foster parents were also mentioned. Parents were again noted as knowing the reo but not speaking it to their children.

6.2.10 Summary of Part Two

Although most of the women had indicated they strongly identified or were strongly influenced by traditional cultural meanings they showed later that they were also isolated from certain aspects of Maori culture, including whanau, marae, and whakapapa and they did not have a real grasp of te reo or know a lot about nga tikanga Maori. The little that they did know had been passed on to them largely through educational institutions such as bilingual classes or cultural groups at schools, Kohanga Reo, or Wananga. Whanau, in particular parents and grandparents, did not pass on te reo, and it is not known how much tikanga was passed on by them.

The study found that the women felt a loss of Maori tikanga and te reo, but also recognised the importance of traditional Maori culture to the women. The latter was shown by their feelings of connectedness to particular aspects of Maori society and their strong desire to know and learn more about Maoritanga. The study showed that knowing and learning about their culture helped them feel more positive about being Maori.

Identity as Maori was perhaps problematical for some because of an isolation from their roots, that is, their whanau, whakapapa due to having Pakeha parents or parents who wanted to live a Pakeha life, or in one instance, because of her colour. Yet most of the women strongly identified as Maori and did not find it problematical. When involvement with Maori organisations such as marae and Kohanga Reo did occur this helped to increase strength of identity.

The influence of Pakeha culture on the women's lives was seen as distinct but also as inevitable. Links between the loss felt and the influence of a Pakeha culture had not been made by the women at this stage of the research. The researcher believes however that the theory of colonisation portrayed in Chapter Three provides a valid explanation for this loss. This will be discussed in the following chapter which analyses the findings portrayed in chapters five and six, and relates them back to the literature reviewed in chapters two and three.

CHAPTER SEVEN
ANALYSIS AND DISCUSSION

The following chapter summarises and discusses the results of the research based on the objectives and aims of the study and in relation to the literature review. Here, the researcher attempts to interpret, explain, compare and discuss the findings under the topics of sources and types of support, impact of support or lack of it, the experiences of being a mother, and the relationship between the women's identity, their place in Maori culture and support.

7.1 Sources of Support Received

i) During Pregnancy

Half of the women at the time of pregnancy had little or no family support. This was mainly because they were not getting along with their families at this time or the parents were angry about the situation and this caused the women to feel unsupported. Feelings of judgement and guilt due to the expectations of parents and family were common. These judgements caused the women to feel unsupported, and caused barriers between the women and their parents. Although the lack of support from family during the pregnancy stage was noted by half of the women, others also mentioned disappointment and displeasure expressed by parents. Friends seemed to be the most supportive in this time, due to the fact that they were not judgemental like parents could be. The definition of who was a friend was left up to the women and seemed to differ in closeness and reciprocity. They included a best mate, a boarder who became a concerned friend, people from the church who helped out, neighbours and cousins. This difference in definition may account for the contrasting finding of a British study by Phoenix (1991) who found that friends were not a significant source of support as few had any close friendships. Although some of the women did find support in their present friendships such as school friends, others spoke of friendships that had developed after the pregnancy or birth.

The research also shows that it was primarily women who supported the women in this study. During their pregnancy, friends were mentioned most, mothers second and sisters

third. Wearing (1981) cites a number of studies which have found female solidarity common and the mother-daughter tie important. Reliance on female kin for help with pregnancy, child-care, housework, home repairs, financial aid and moral support was expressed by the women in Stiven's study (1978, cited in Wearing, 1981). Of great importance was the lack of caring and practical support from partners during this time and is consistent with both Phoenix' (1991) and Hamerton's study (1992) of young mothers where a lack of partner support was also found.

ii) During Birth

During the birth, whanau including many family members and extended members came to support the women. Although the entire family was usually involved it was mothers, mothers in law, grandmothers, sisters and aunts who were mentioned most. This finding, though not new, agrees with what House et al (1988) assert; that women are more effective providers of support than are men and also that women seem to benefit more from relationships with friends and relatives of the same sex. It also concurs with the finding in Phoenix' (1991) study where mothers were of prime importance in providing child-care and material support to their daughters.

Partners were also mentioned by four of the women as supportive at this time, however friends were not mentioned at all. This change in support from friends may show the personal nature of birth as a family occasion, or perhaps that friendships actually dropped away at this time as one woman mentioned. Lohr and Gillmore (1991 cited in Stephenson et al, 1994) noted the changes in teenage friendships from the pregnancy to the postnatal period where old friendships dropped away. They state that if new friends weren't made mothers could become very isolated.

An important finding was the shift in family attitudes from a lack of support to showing support. This change in support from family may show that having a child provides an avenue for communication and support between parents and their daughters or sons that they may not have experienced before. Initially some parents or family were very

disappointed with the women for getting pregnant but over time this disappointment may have lessened and the woman's position as a mother or mother-to-be becomes accepted. This confirms what Pomare and deBoer (1988) stated, that personal and family relationships are strengthened because they have assumed a position of considerable importance and responsibility. Furthermore, the women who were quite isolated from their family due to conflict in family relationships may have felt this conflict dispelled because of the birth of the baby which enabled relationships between parents and whanau to be re-established. This was especially noted with two women in this study who had been in conflict with family members, especially parents. They stated that the birth of the child brought their family closer together. These changing circumstances and the acceptance of the newborn child is in line with what Pomare and deBoer (1988: 37) state, that in Maori society "*a newborn child will be seen as a precious gift to the family whatever the circumstances of its arrival.*" This of course may not be unique to Maori society.

iii) During Motherhood

Family members showed greater support during motherhood. In fact, support in the years after the birth of the first child came primarily from whanau especially in terms of child-care, material and emotional support. This is in contrast to the lack of family support they had felt earlier.

The majority of the women noted they felt a lack of care and support from their partners, especially at the time of pregnancy and at different times throughout their lives as mothers. Although a supportive and loving partner was said to be what the women wanted and valued most, partners were portrayed as irresponsible, immature, unloving, and/or abusive. This study supported findings in the Aotearoa/New Zealand literature (Mross, 1989; Meade, 1991; Crnic et al, 1983; Hamerton, 1992) regarding the importance, to women, of the intimate support of partners. Mross (1989) noted the importance of partner support to the women because of a lack of support from friends and family largely due to their nuclear living circumstances. Partner support was also

important to the adjustment to parenthood (Wandersman et al, 1980), maternal attitudes towards infants and the mother's own lives (Crnic, et al, 1983) and the mental health of the care-giver (Meade, 1991; Brown and Harris, 1978 in Phillips, 1983). Emotional support, commitment and togetherness (Wandersman et al, 1980) from both partners has indicated positive effects on parents' well-being and a lack of this may indicate a lack of well-being and/or the need for more support from other sources. Although there was a lack of caring support from partners, practical support improved as the child grew. Most partners, at the time of the interviews, showed more responsibility and support in a practical way by looking after the children more often. In fact, they became the most relied upon care-givers apart from the mothers themselves, although the women were still largely dissatisfied with their practical input, especially around the house.

At the time of the interview, all the women felt they did not lack support or had a lot of support. This, in comparison to their feelings of extreme lack of support during pregnancy, is a major change. Reasons the researcher feels are important include the growth in the women's maturity to understand and handle difficult relationships and situations better; the experience and information gained during motherhood resulting in the fact that more support was available; and the fact that many of them had learnt to cope without a great deal of support and had therefore become used to living without support.

iv) Community Support

Whanau and friendship support was valued over community support probably because these people were already known to the women and they felt comfortable with them. Using people they knew was also shown in their use of community support. Many sources of community support were already known to the women, or became known through family and friends. Contacts with Kohanga Reo, churches, midwives, Plunket and doctors, were known or made in this way. This is consistent with what Rosemergy and Meade (1986) found in their study, that most families used their informal network of friends, neighbours and relations to screen the services available in the community. Informal networks in this study played a major part in making contact with community

services. Furthermore, Rosemergy and Meade (1986) state that informal networks were used in place of such services. This is also true for this study. The fact that most women did not go out and look for support but used available whanau, friends and neighbours show that they relied more upon these informal sources. Using people they already knew, even those in the community, has implications for the way in which community services go about offering their support. Making contacts in informal ways, and through whanau and friends will be more effective with these women than advertising in the paper, for instance.

The fact that community support was not used a lot may be due to several reasons including its expense, not knowing what's out there, wanting to be independent, and the lack of accessible and appropriate services and programmes. The latter point was mentioned several times in relation to services not being accessible because of the distance they were from the women's homes, and the lack of Maori practitioners and appropriate Maori programmes run by Maori. Meeting with other Maori or those similar to themselves was important. Involvement with Maori community organisations such as Kohanga Reo and Maatua Whangai played a part in affirming the women's Maoritanga.

Although partner, whanau and friendship support was valued over community sources of support, the study showed that community support could be very helpful, and even necessary in some circumstances. Although community support was usually less time-consuming than that given by whanau and friends, such contacts were important to the women. Professional advice and reassurance, questions answered, and links made with people who were friendly and caring filled a small or not so small gap in the women's lives. Some women, who had little family support used a great deal of community support. This shows the necessity of community support, given in appropriate forms especially for young women at this stage of their lives. Community sources were found to provide for a wide variety of types of support, but particularly gave more practical than emotional support whereas informal support gave more emotional than practical support.

7.2 Types of Support

The study confirms the importance of both emotional and practical support found in the literature (Oakley, 1992; Hamerton, 1992; Leavy, 1983 cited in Oakley, 1992). By looking at the amount of times the women mentioned a type of support, emotional and practical support were shown to be of paramount importance, although material, information and network support were also important but not mentioned as often. The researcher assumes that if a certain type of support was mentioned by the women this was because they appreciated it, as support was left up to each women to define.

Emotional support was most noted during pregnancy and appeared to be valued the most at this stage. This is similar to Leavy's study (1983 cited in Oakley, 1992) which showed that emotionally sustaining behaviour was the most valued feature of social support. Material support was noted second showing the need for such assistance at this time of the women's lives because of their poor financial positions. Some women did not receive any form of benefit because they were too young.

During motherhood the types of support did not seem to be preferred above another. "*Having a break from the children,*" "*getting out of the house*" and "*going places*" was often mentioned and confirms Phillips (1983) often noted experiences of the isolation women may feel when taking on full-time care of the children. Furthermore, the women appreciated linking up with others including health practitioners such as midwives, Plunket nurses, other young Maori women, mothers groups, or just about anybody who was friendly. Practical assistance with transport, help at home and things for baby were equally appreciated.

Emotional support was the highest type of support given by family, friends and neighbours, whereas practical support was the largest type of support given by community sources. This may portray the fact that informal sources are able to provide closer relationships, and greater time and energy than community sources of support.

However, the need for sources of support other than family and friends was shown by the lack of these types of support in some of the women's lives, especially at the pregnancy stage. Some community support was given in "informal" ways and situations, for example, through church acquaintances and friends, Kohanga Reo, mothers groups, and even midwives. How community support can be provided in more informal ways needs to be addressed further by the social work and Maori communities. Furthermore, Rosemergy and Meade's (1986) study suggests that parents prefer to have control over the amount and kinds of support they use.

7.3 Experiences of Being a Mother - the Need for Support

7.3.1 Unplanned Pregnancies

Most of the women's pregnancies were unplanned and their initial reactions to finding out were feelings of shock and negativity. This is in accordance with Mross' (1989) findings among her mothers in the Waikato area, however these groups differed in that the women Mross interviewed had all had jobs before they had their children and leaving these created a major change for them. Only one woman in my study had a job before she became pregnant. The "*shock*" for these women probably occurred because the pregnancies were not planned, (although one woman did plan for it), and because the women felt they were too young, inexperienced or not ready to bring up a baby.

7.3.2 Interrupting Education

The unplanned pregnancies affected the women's lives in terms of obtaining further education or work experience. Some of the parents had expectations of their daughters attending University or Polytech, or "*going places, doing things,*" as did some of the women themselves. Although several of the women had begun undertaking fulltime educational courses, or employment, this was not until several years after their first child. Although these women gained great satisfaction from doing these, the jobs were mundane, and the courses would probably not alter substantially their employment outcomes. This exemplifies what Davies and Nicholl (1993) talked about regarding young Maori women narrowing their options early and limiting future educational,

training and employment options, and about the need for programmes for these women which would help them make substantial gains in their education and life chances.

7.4 Extremely Difficult Circumstances Surrounding Pregnancy

There were a number of common circumstances and experiences among the majority of women in this study which compounded to make life extremely difficult for the women. These circumstances were particularly acute in the pregnancy stage because of the conflict and lack of support experienced at this time. Stress, confusion, depression and sometimes suicidal tendencies were felt.

i) Poor Financial Status

The women's financial circumstances were extremely limiting. All of the women were on a benefit or received no income at the time of their first pregnancy and presently all but one are still on benefits. Their partner's financial backgrounds were also similar, apart from one man who was working. Their families were largely of low socio-economic status also. The women talked about the difficulties of having little or no income, living on a benefit, and relying on family to provide for them. They also talked about wanting to give their children the best.

ii) Lack of Knowledge

A lack of knowledge about contraception, how to use it properly, and beliefs about using it attributed to the unplanned pregnancies. Expectations of parents to make something of their lives caused guilt and a fear to tell, which did not aid in the wellbeing of the women and babies such as ante-natal care and monitoring. A lack of knowledge about pregnancy, health issues, types of abuse and what to do about it, available community support, and benefits was very common among the women at the stage of pregnancy. Furthermore, there was a lack of knowledge and preparation for birth and motherhood. Only two women stated they felt prepared in some way for the birth of the baby, because they had been given advice, and only one woman stated she was prepared for bringing up the baby, because she had experience with looking after her partner's children.

This study also showed a lack of use of ante-natal and health services, such as doctors or midwives and ante-natal classes especially during pregnancy. Mross (1989) research showed that her women were not well prepared for motherhood either, and although these women attended ante-natal classes these did not prepare them for the abrupt and permanent changes that came with having a baby.

One of the results of this lack of knowledge was to look to family or the community for information. Some families did provide the needed information, especially about pregnancy, birth and mothering. Some women relied on community contacts that they had already made, such as support from Kohanga Reo, church friends or doctors, or on available and easily accessible mother support such as through Plunket and midwives. Going out to look for assistance in the community was rare. Much of the time the women relied on themselves. Knowledge about Income Support benefits were gained by experience and sharing information among family, friends and acquaintances. However, some women noted not getting what they were entitled to because of their youth and naivety. The abuse experienced by some women and the lack of knowledge or support with this increased their already stressful lives.

This lack of knowledge poses serious concerns for young women who become pregnant and depicts a degree of isolation from the community and a lack of empowerment. It shows the real importance of providing young women and girls with accessible information of many kinds, and that without it their resources are extremely limited and their lives and that of their children's suffer.

iii) Households

Most of the women lived with other family or in-laws during the first stages of motherhood. At times this was seen as a negative experience because living situations were too crowded, and/or conflicts occurred with parents, in-laws, or other occupants. The fact that it is more common for Maori families to live in households of more than one family, in comparison to European families, does not necessarily mean that these

situations provide more support. The stresses imposed on large households and families with inadequate income and small houses may mean a more problematic lifestyle for some. The effects of these circumstances on health and education can be great.

A combination of the limiting circumstances of these women relates to how their class position and lack of a sufficient standard of living affects access to resources (Nash, 1993) and their participation and sense of belonging in the community (Royal Commission on Social Policy, 1988, II). The researcher believes that a lack of such resources as capital assets or wealth, education and information assets, and social network assets affect many areas of individual and family life, and that the economic and political environment serves to keep people in their lower socio-economic position. The women's sense of belonging in the community seemed to have come from whether they associated with other Maori women and families in the neighbourhood. These networks may reinforce a sense of identity around their class position and culture.

iv) Unstable Relationships and Lack of Partner Support

Unstable relationships with partners may have caused much stress and depression. The lack of stability in the women's relationships with their partners, especially in the first few years of their lives as mothers, were attributed by the women to the partners' immaturity. A common theme was the fact that their men "*needed to grow up.*" Many of the women throughout the hui and interviews, noted that they went through difficult times during pregnancy and as a mother particularly because of the lack of love and support from their partner, the immaturity or irresponsibility of their partner and/or the abuse they received from their partner. The findings in the literature of the importance of partner support has been noted earlier in this chapter.

This lack of support from partners is important to note because the women valued a partner's support most. The emotional effects of this on the women have not been clearly ascertained, except that they felt unloved and sometimes depressed, and that they had to cope on their own. Because of this the women noted attitudes of having to "*handle it,*"

and having to cope with their circumstances and responsibilities in various ways. The researcher notes that this position of having to take responsibility contrasts with the partners' position, who obviously felt they had a choice as to whether they would take on the responsibility of looking after the children or not. Most of them did not. This attitude is consistent with the attitudes of a patriarchal society which gives men power over women. A Maori feminist view advocated by Irwin (1992: 19) asserts a theory regarding Maori men taking on Pakeha patriarchy since European contact, which gives primacy to the role and status of all men whilst excluding Maori women from full participation in society. It appears that European policies and systems from the beginning of European contact placed Maori men in a position of power over Maori women. McArdell (1992: 85) explains that,

"sexism and racism formed the basis upon which the system (of Native Schools) was to be built...Maori men had to request a school... Maori women were not asked by the Pakeha officials to give their opinions or concerns."

This *"artificial inflation of mana tane"* Irwin (1992) argues is not based in kaupapa Maori. A reconstruction of a partnership between *mana tane* and *mana wahine* in which both are equally powerful is needed and is fundamental to whanau development.

"Then the first partnership lost when the Treaty of Waitangi was signed - the partnership between Maori men and women - will be better placed to empower all of Maoridom."

McArdell (1992: 87) agrees that, *"sometimes Maori men are part of the problem too when they practise what Pakeha men have preached."*

The findings in this study support this perspective. It appears that the young Maori men who were involved with the women in this study have taken on or display values of male superiority by assuming that they do not have to take full responsibility for their children, whilst the women are left with little or no choice that they will be responsible. The non-involvement of birthfathers, and negative or unhelpful responses were also common experiences of the women in Hamerton's (1992) study. She states that this experience echoes those of many writers, and may not necessarily be reflective of irresponsible

attitudes as traditionally there has been little expectation that these men will become involved. The researcher believes that this point supports the view of a patriarchal society.

Although the research did not go deeply into the household domestic situations of the families in this study it appears also that from what the women talked about "*domestic life is lived largely 'on his terms'*" (Habgood, 1992: 164). For example, when the men lived with the women the responsibility for housework and childcare still lay with the women, even though most of the men were unemployed. A further example of using power over women is the physical and emotional abuse some of the women were subjected to by their partners. Boulton (1983) and Wearing (1984) explain these experiences in terms of a traditional belief about motherhood which are commonly held in advanced industrial capitalistic societies. These attitudes are an accepted part of such patriarchal societies and

"legitimizes women's responsibility for domestic labour and perpetuates existing gender and class relationships of power which keep women in a subordinate and dependent position" (Wearing, 1984: 32).

Some Maori writers argue that these attitudes are not in line with kaupapa Maori and traditional society where such responsibilities were shared among many. McArdell (1992: 85) states that "*men also were responsible for all aspects of a child's welfare.*" Further research is needed to determine the extent to which relations between Maori partners display unequal power and where these attitudes have been derived from. Such attitudes could have been learnt through the models that they are exposed to in both Maori and Pakeha society.

v) Stress

The researcher perceived the women to be under a considerable amount of stress at times caused by a culmination of the above factors. These stressful life events that occurred for the women during the pregnancy matches what Oakley (1992) states, that generally those from lower classes experience more stressful life events and circumstances, and the suggestion that Seitz et al (1985) make, that poverty increases the likelihood of stress and

restricts the resources available to families to cope with it. They state that chronic stress can be an impediment to effective family functioning. Some stressful events that occurred for the women according to the Social Readjustment Rating Scale by Holmes and Rahe (Phillips, 1983: 39) included separation from partner and reconciliation, jail term of partner, pregnancy, change in financial status, trouble with in-laws, ending school, and change in living conditions and residence. However, Brown and Harris (1978 in Phillips, 1983) believed that how stressful an event is depends on its meaning to the individual. The nature and quality of relationships, a social support variable presented by House et al (1988) clearly helps explain the reason for some of the stress experienced by the women. The relationships with people who were close to the women were often problematic, especially at the time of pregnancy, although relationships with parents and whanau often became closer and warmer at the birth of the baby and afterwards. Furthermore, partner relationships were often conflictual and partners added stress and conflict rather than alleviating it. Bringing up the children largely without the support of partners was very demanding. The women gave out a lot of themselves with little support.

The literature reviewed earlier in this thesis strongly suggests that stress can be moderated by social support, and has many benefits for parents' and children's physical and mental health (Melson et al, 1993; Dawson et al, 1990, Oakley, 1992), maternal attitudes, behaviour and parenting styles (Crnic et al, 1983), and a parent's capacity to nurture (Seitz et al, 1985). Furthermore, the literature reveals that a lack of support indicates social isolation, increased parental depression, and possible child abuse (Meade, 1991). The stress experienced by the women in this study along with a lack of partner support suggest implications for their own and their children's health, and their parenting attitudes and capacities. This study did not however measure these things, thus further research is needed here.

The women did not give primacy to feelings of stress. They only talked about stress when prompted by the question. An explanation given by the researcher is that the women accepted their lives as they experienced them and thought about their lives as mothers in a

positive way, perhaps because they knew no other way or because this is how they survived.

7.5 Impact of a Lack of Support

The type of support that was most important to the women was that of a partner's love and support shown in a practical and emotional way, however this was the type they were least likely to get. Whanau support was also seen as important. When this was lacking, others such as family, friends and neighbours, mostly in close geographical proximity gave support, and in some cases, community practitioners or organisations. The women did note that they did feel a lack of general support at times during their motherhood.

i) Close Attachment with Children

A close attachment to their children was noted by the researcher shown by the women's feelings of protection and not wanting their children to be looked after by others for too long which resulted in most of the women not having much "time out" from the children. The fact that they did not have or did not want much time out may show the practical necessity and responsibility in looking after the children in the absence of others help or the emotional necessity of being close and protective of one's child(ren). In some cases there seemed to be an emotional need to be loved by one's child, and to have someone to love in compensation for the lack of love felt by boyfriends, partners, or family. One woman talked openly about this desire to have a baby because she wanted to be loved and wanted someone to love. Another woman talked about feeling supported by her baby because he wasn't judging her. For most of the women these were feelings of compensation after having the baby. Initially most of the women were shocked about their unplanned pregnancies, and felt they were losing out on education and a life of their own. The women also agreed with the quote by Pomare and de Boer (1988) that they got a sense of self worth and usefulness from motherhood, a statement also argued by

Maclean (1994). This is consistent with what Wearing (1984) found in some of the women in her research sample. These women needed their children in the sense that it gave them a purpose in life and a feeling of being important to someone.

The women also showed a self-sacrificing attitude, putting aside their own needs for the needs of the children. Phillips (1983: 146) explains this selflessness as a traditional role and stereotype of a mother which often results in "*suburban neurosis*" or the home-maker syndrome, a depressive state brought about by isolation.

ii) Coping

The women mentioned a number of coping strategies they used to cope with inadequate support. Some of these things included involving oneself with the children and enjoying their company, getting out of the house, praying, leaving a partner and changing one's environment. The most common way mentioned was to "*hack it*" or "*handle it*" and accept that this was the way it was going to be. Taking the full responsibility for the children in lieu of a helpful partner fostered feelings of inevitability. Reasons such as, "*I had them, that's the price you have to pay,*" and "*I just thought it was my job*" supports Wearing's view that a traditional ideology of motherhood where it is assumed that women should take on the total responsibility for caring for children is still upheld in our society. This belief that young children need their mothers in constant attendance absolves men from paternal responsibility (Wearing, 1984).

The idea that "*a woman's place is in the home*" was taken to the women at the third hui. They acknowledged that this was a common belief and that not only men but some of their Aunties and mothers upheld this idea, a finding also consistent with Wearing's findings (1984). Wearing advocated that informal neighbourhood, kin and friendship groups composed of mothers often reinforces the ideology of motherhood. In

comparison, traditional Maori life was based on working together and interdependency. Children were brought up in such an environment, where responsibilities of caring for them was shared (Durie, 1994; RCSP, 1988, II).

iii) Needs

The need for a caring supportive partner and feeling loved and needed was paramount to the women. In most of their cases, this did not happen or not to the extent that they wished. The need to be with one's child yet have time away from them shows the lack of support for childcaring the women experienced, but also the emotional need for their children which may have filled the gap of feeling unloved. Other needs mentioned such as help with coping, birth and ante-natal care, financial security again show the lack of general support and information, and the difficulties of living on low incomes. Hamerton (1992) noted that teenage mothers were in most need of support because of their disadvantaged circumstances.

7.6 Isolation

A number of authors and researchers mentioned in the literature review talked about the effects of a lack of support. In particular, a lack of support, combined with other factors such as finding it difficult to make contacts in the community for several reasons (Meade, 1991), having three or more children under 14 at home, lack of paid employment or work outside the home, and the lack of an intimate relationship with a partner (Brown and Harris, 1978 in Phillips, 1983; Phoenix, 1991) was shown to increase feelings of isolation and depression, which sometimes result in child abuse. Furthermore, the macro-social features of Aotearoa/New Zealand society which aids in this isolation was noted. These included a lack of facilities and essential services, a lack of early childhood services and regular, affordable transport, low income and limited employment opportunities, the design of urban suburbs which do not cater for care-givers at home (ECDU in Stephenson et al, 1994; Phillips, 1983). This study found that there was a lack of available, accessible and appropriate services for these young Maori women.

According to these determinants the women in this study could be viewed as extremely isolated. Most of the women did not have their own transport and taking a taxi in emergencies was expensive. Low incomes meant that opportunities for parents and children were limited. Half of the women had three or more children, some of them experienced feelings of being different in their community or city, and most of them did not undertake paid employment outside the home. Because of the lack of information and resources available to the women, and the feelings of isolation felt by the women, they could be viewed as not experiencing full participation in the community in which they lived and in New Zealand society.

7.7 Negative Outcomes of Teenage Parenting

Pool (1991) notes the risks that are linked with teenage childbearing and a low socio-economic position which may lead to *“multi-generational patterns of disadvantage”*. Other literature supports the view that teenage parents are particularly at risk (Stephenson et al, 1994; Phoenix, 1991) and especially Maori teenage mothers (Pomare and deBoer, 1988; Malcolm et al, 1990). A second argument has developed which states that it is the existing social and economic disadvantage of many teenage mothers that cause negative outcomes for themselves and their children. The people who advocate this viewpoint disagree with the notion that teenage mothers are at risk of negative outcomes because of their age (Hamerton, 1992; Maclean, 1994). Rather a low socio-economic position and a lack of social and economic support may explain Pool’s (1991) claim of poorer health for children of teenage mothers. Pomare and deBoer (1988: 37) noted that babies of mothers of low socio-economic standards and few supports *“are less likely to receive the sorts of health protection measures they require for optimal health.”* Maclean’s (1994) study demonstrated that negative health outcomes for young children correlated with a low socio-economic position. Working on the premise that teenage mothers are disproportionately represented as those from economically disadvantaged backgrounds, and the evidence that has shown the positive effects of support and the negative outcomes of a lack of support, one can assume that, in general, teenage mothers will have higher

health risks and lower educational and employment opportunities. Furthermore, research has shown that stress and a lack of support may negatively affect parenting and the parent/child relationship. This study, however, did not obtain details regarding parenting techniques or the health of the women and children. The study did however, reveal the close bond the women had with their children, and their limited use and experiences of health services.

Maclean (1994) also suggests that a lack of past academic ambition, achievement, and 'negative' perceptions of future opportunity, are strongly associated with teenage child-bearing and that the so-called "disadvantages" may not be perceived as such by the communities in which the young women come from. Motherhood can be seen as giving a positive role and identity and elevated status (Maclean, 1994; Pomare and de Boer, 1988) and may not be detrimental to educational or employment prospects (Phoenix, 1991). The fact that Maori women's fertility has diverged from European fertility and peaks at 20 years of age shows the different childbearing path Maori women, in general, are taking. One quarter of all Maori births in the period 1981-87 were to women 15-19 years of age. More than 62% of all Maori births were to women under 25 years of age. The whanau seems to support and accept early motherhood more so than European/Pakeha families (Hamerton, 1992). A good question to ask is why has this path been taken by many Maori women and what can be done to provide them with support that will not limit their opportunities?

In the present study all the women were from disadvantaged socio-economic backgrounds and several were further disadvantaged because they were unable to receive financial assistance from Income Support because of their age. The financial difficulties of the women in this study mirror the circumstances of eight Aotearoa/New Zealand women in a study by Hamerton (1992). The fact that Maori women in general are placed in less advantageous economic, education, and employment situations compared with European men and women is reflective of the negative health outcomes they experience. This disadvantage may be a reflection of the lack of resources and information these women

experience due to their class position and that of their families in society. Nash (1993) states that a lack of sufficient standard of living affects access to wealth, education, information and social network resources.

7.8 Positive Outcomes

Despite the unresourced nature of the women's lives and families, and the lack of intimate support, the women in this study showed that they are coping. A major theme of this research is how the impact of a lack of support and isolation made them stronger and more mature because they had to cope. All of the women at the second hui agreed that they had matured in a number of ways and that "*you have to be the adult for the both of you.*" Phillips (1983) talks about the reality of motherhood and "*the truly tough experiences of childbearing and childrearing*" (Phillips, 1983: 149). Perhaps women who have to do this work largely by themselves become even stronger. Perhaps they cope because there is nothing else they can do. The women in this study, unlike the general public perception of them, seem to demonstrate an ability to succeed or survive in their task of parenting as they seem motivated and committed to that task, doing the best they can in often difficult circumstances. However, improving support both financially and socially would lead to improved outcomes for these women and their children.

7.9 Views of Maori Identity and Place in Maori Culture and Society and its Relation to Support.

i) Identification as Maori

How the women identified themselves is a major finding of this research as it shows their own perceptions, contradictions and values important to them. Certain measures of Maori identity have been advocated by Durie (1994) and others and include having access to marae, showing interdependency, tribal identity, a strong cultural background, identification with traditional cultural meanings. Furthermore involvement and association in Maori organisations often reinforce a sense of being Maori. Measuring

such a complex thing was not possible in the scope of this study, rather the main aim was to find out how these women felt about their identity as Maori and what place they perceived they had in Maori society.

All but one woman identified strongly as Maori (one woman was beginning to identify more strongly but had greater identity conflict because she was more Pakeha looking). The Putangitangi model used in the interview showed that all but one woman identified strongly with traditional cultural meanings. (Cultural identity as measured by the Putangitangi model did not, however, equate with knowledge about their culture - it measured feelings toward the culture more, and these were generally shown to be strong. Phrases such as "*strong influence*" or "*identify strongly*" were not defined clearly enough.)

Gaining knowledge and experience in tikanga and te reo Maori was seen to be important to their identity as all of them wanted to know more. One woman in particular noted the strength gained from learning te reo and tikanga and how this enables one to feel positive about being Maori. Knowing who you were, where you were from, your whakapapa and marae was very important to the women. The data suggests that a sense of identity was a process which was established from one's physical appearance, and from the knowledge of other aspects of Maori society, especially te reo. Furthermore, involvement with Maori organisations such as Kohanga Reo, Wananga and cultural groups at school affirmed the women's Maoriness. The researcher believes that the renaissance of te reo Maori has played a large part in the women accepting who they are, due to the available knowledge on Maoritanga and the positive social perceptions portrayed amongst the Maori community, in particular.

In contrast to their strong feelings toward Maoritanga, the women could also be described as somewhat dislocated or isolated from traditional Maori culture. The reasons given for this include their limited access to marae, (many of the women noted that they had not been to their marae for a long time and thus felt disconnected from it) and their lack of

knowledge of whakapapa, te reo and tikanga Maori. Isolation from whanau was fairly common, and the input from family of Maoritanga was minimal. Traditional knowledge such as te reo me nga tikanga had not been taught or passed down by family even though they knew it, although a few values such as respect for elders and customs of tangihanga were passed on. It is not known how much was known by the parents/grandparents although several women mentioned that their parents/grandparents conversed with others in Maori. The little the women did know, such as some Maori values, language and waiata was mainly passed on to them through educational institutions such as bilingual classes or cultural groups at schools, Kohanga Reo and Wananga.

This block in the passing on of traditional cultural concepts and language may be due to several reasons. One reason lies in the attitudes of the parents or grandparents in not fostering the language or culture. This may be due to several reasons including the desire or need to live and succeed in Pakeha life, being unable to speak Maori when young, or not being allowed to practise it because of religion. The pressure of living in contemporary Pakeha-dominated society seems to have been felt by grandparents and parents and extended to their children. For example, a number of women mentioned that their parents were not allowed to speak Maori at school. McArdell (1992: 78) mentions a similar experience stating that

“as my mother was brought up in an era when Maori language and lifestyle were being discouraged, she now has little knowledge about her own tipuna or Maori issues in general which can be passed on to us. My siblings and I were thus very ignorant about such things.”

The book Images of Maori Women (1994) shows this to be a common experience for Maori women.

Another reason may be due to the fact that some of these women were dislocated from their Maori families and were brought up by a Pakeha parent or Pakeha adoptive parents. Two women noted that they were isolated from their “*Maori side*” in this way. This dislocation from Maori culture is common among urban Maori. Several reasons

including a breakdown in the extended whanau and nuclear whanau, separation from their marae because of living in the city, and discrimination practises and pressure to live European ways seems to have caused this dislocation. The findings of this study are consistent with the colonisation theories advocated by Jackson (1988) and Durie (1994).

ii) Contradictions of Being Maori in a Pakeha World

A major finding of this research were the contradictions occurring in the women's lives due in part to two things; the influences of Pakeha culture on the women, not necessarily seen by them as bad, and discrimination felt toward Maori people in general which contradicted a desire to want to know more of their Maori heritage and uphold it as valuable. The Putangitangi model showed that the influence of Pakeha culture on the women's lives was seen as distinct. Furthermore, incidents were often mentioned that viewed Maori in a bad light. For example, feeling "*slack*" about being Maori, or the stereotype that Maori were "*bad,*" "*and you see us Maori women, half of us on the benefits.*"

The effects of this are more clearly shown in the identity conflict many of the women felt as a Maori person. Most of them talked about having contradictions in their lives regarding living in a Pakeha world. Some of these contradictions included being worried about the colour they were, feeling pressure to live as a Pakeha by parents or a consumer-oriented society, or feeling discriminated against because one was Maori.

There are several factors that the study highlights concerning these issues, some of which support the literature reviewed earlier. Firstly, the previous generations were affected by monocultural and assimilative policies, for example many parents/grandparents were told not to speak te reo Maori at school. McArdell (1992: 82) notes similarities from her own experience and offers an explanation for this.

"I knew nothing about tikanga and te reo Maori, hardly surprising considering the years that Maori people have been subjected to the process of assimilation.

This process had taken hold in my family from my grandparents' generation down."

Secondly, the push to achieve in a Pakeha world by pursuing a Pakeha lifestyle at the expense of Maori values and tikanga, and the fact that this attitude was sometimes upheld by the women's parents/grandparents.

"Mum and Dad wanted us to be Pakeha but of course we couldn't be Pakeha"

Thirdly, the expected influences and "ways" of a modern Western world upon the lives of the women's families, seen as inevitable by some of the women. Fourthly, the process of urbanisation and isolation from "a Maori environment." Fifthly, the influence of some religions to not practise or foster Maoritanga. Finally, the fact that monocultural and discriminatory attitudes continue to be upheld by some people and organisations in New Zealand society,

"that's why I think a lot of people don't really feel good being Maori because of the way people make them feel."

The researcher believes that these feelings show the effect of a monocultural undercurrent occurring in society, one that does not affirm Maori culture and ways. What helped the women overcome such contradictions and start feeling good about their culture was learning te reo me nga tikanga, and learning more about where they were from. One woman noted that Maori culture should be more recognised in New Zealand society - implying that a positive attitude to things Maori was lacking.

The loss of Maori culture felt by the women was strong, however they did not link this to the distinct influence of Pakeha culture on their lives. According to a Maori historical perspective discrimination against Maori people and their culture began as part of the monocultural and assimilative policies that have occurred since the colonisation of New Zealand and continues in New Zealand society today. A number of writers who support these perspectives are referred to in Chapter Three (Durie, 1994; Jackson, 1988; RCSP, 1988).

“Assimilation asserts that a particular view of the world, that of the dominant group, is the view of the world which all groups ought to adopt”

(Cameron, 1989 in McArdell, 1992: 85).

Even today, the result of living in a monocultural society where European values and ways are valued above others have far-reaching effects. These monocultural and discriminatory attitudes, however, seem to remain obscure to the majority of the New Zealand population.

7.9.1 The Relationship of Cultural Identity to Support of the Women in this Study.

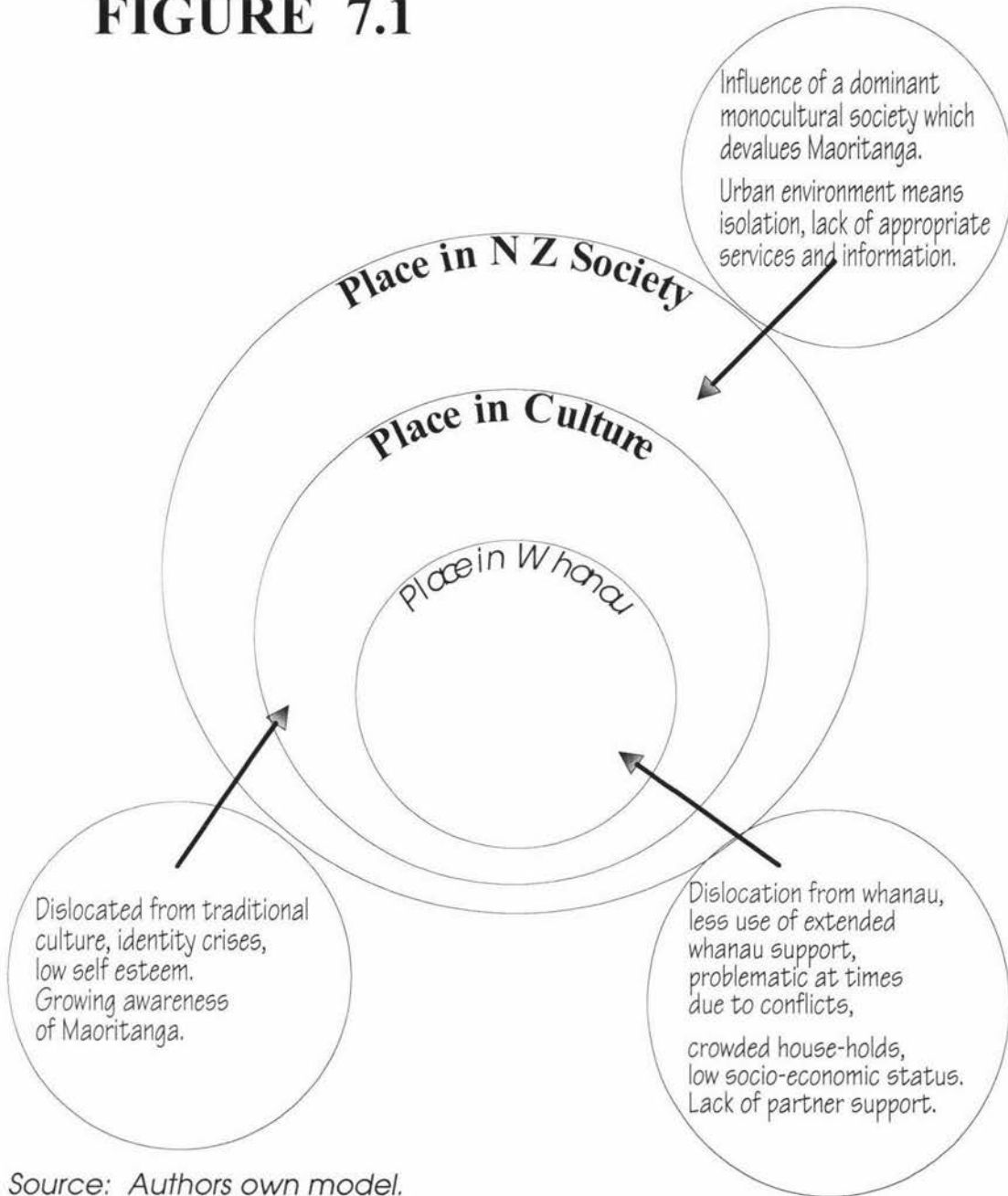
How the women’s experiences of Maoritanga and their identity affect their experiences of support, or lack of it, is a complex issue. The previous discussion has portrayed several contexts within which the young Maori women in this study experience their lives; their place in their whanau, culture and Aotearoa/New Zealand society. Diagram 7.1 below illustrates this. The effects that the wider European-dominated New Zealand society has had on Maori culture and its whanau is shown by the larger circle, impacting on the smaller ones. The study highlights particular aspects within each of these contexts which may affect the support of these women.

i) Place in Whanau

The women’s place in their whanau indicates two things. One, that there was a certain degree of isolation felt by some women, especially during pregnancy which meant that support was not given or felt, thus the need for other support was great; and two, that most of the women made use of extended family networks during their lives as mothers, and were often brought to a closeness with whanau, or a place of reconciliation over relationships that had broken down. This finding supports a view that traditional cultural support networks still exist to a degree, but that the pregnancy period in particular can be problematical for young women and their families (see Figure 7.1). This study is consistent with Haringa’s (1990) study of family networks which found that Maori families had larger extended networks than Pakeha families. In comparison, Mross’

(1989) research showed that the majority of the women in her study, lived in nuclear family situations and relied largely on support from their partners.

FIGURE 7.1



Source: Authors own model.

A common feature of whanau support, particularly occurring in early motherhood, was that support was given by living with family members. However, this was sometimes problematical because of the large size of households and crowded conditions, and because of conflicts that occurred between household members. Eventually, most women set up their own households but sometimes had other family members to stay. The lack of partner support seemed to place a greater toll on the women, not only because some partners added stress, but because the women put great value on having a supportive, intimate relationship. The reality is similar to that of many Pakeha women, where patriarchal attitudes of society expect women to stay home and look after the children, and men are therefore absolved from their responsibility.

ii) Place in Culture

The women in this study were also dislocated or alienated to a certain degree from traditional Maori culture which shows the effect that colonisation and assimilative policies and attitudes have had on the culture (see Figure 7.1). This loss of culture may have led to personal identity crises, but in the wave of "*Maori renaissance*," all the women felt very positive toward things Maori. Gaining knowledge about their culture and te reo gave strength to their identity, and a better self esteem. The researcher did not obtain details about how the women felt about themselves and their Maoritanga when they first became pregnant. Perhaps a loss of identity combined with low educational attainment, and negative perceptions of future opportunity as Maclean (1994) argued, may be reasons why some women look elsewhere for a sense of purpose and love.

iii) Place in New Zealand Society

The women in this study were typical of young Maori women on such indices as low socio-economic status, having low education and being sole parents at times, (that is, some women spent times in de-facto relationships and as sole parents at different times in

their lives). The dominance of Pakeha culture played a large part in conveying negative stereotypes and monocultural attitudes to the women which did not affirm Maoritanga. This led to negative feelings felt by the women from the wider society and sometimes their own whanau which conflicted with their desire to know more about their culture (see Figure 7.1).


An urban environment meant a disconnection with marae and the more traditional ways of life, and pressures of surviving on low incomes where it becomes difficult to keep up supportive networks. The extreme difficulty of keeping up interaction with extended family in the urban situation has been suggested by Pere (1988), which tends to leave parent(s) isolated. Most of the women, did however mention that they interacted with other women in the neighbourhood, who were usually Maori also. The scope of support given in these interactions was different for each but shows the importance of making those links.

When we look at the high statistics for Maori teenage pregnancies which are twice that of the total population of young women in Aotearoa/New Zealand, some possible reasons need to be considered. Pomare and De Boer's (1988) view that young Maori women find a sense of self worth from motherhood has been discussed. This may be true but assumes that the women, in the first instance, whether consciously or subconsciously, plan or want to get pregnant. Most of the women in this study did not want to get pregnant and in fact were put in difficult and extreme situations because of it. A lack of knowledge about contraception, sexuality and relationships may be a better reason in this case. Perhaps, a sense of worth is sought for in relationships, which result in unwanted pregnancies because of a lack of contraceptive information. This does not, however, account for the women continuing to give birth to, or wanting further children. Most of the women in this study had between two and five children. Either the lack of knowledge and proper

use of contraception continues as did in at least two cases in this study, or the women decide they want further children or do not mind having more children, as seen in at least two other women's cases. The issue of the knowledge and use of contraception among young Maori women is an important issue that needs further study.

There are several important consequences of having children young, one is the educational impact of leaving school early and the barriers to attaining higher education later on. Furthermore, there is the impact of the lack of work experience. These have major effects on the women's quality of life. Jackson (1995) states that it does mean Maori women are going back into the workforce earlier than some mothers, but it also means they have had little or no experience which will affect the type of job they will get. Maori women may also get educational qualifications later on in life, but doing this with a number of children may be extremely difficult. The fact that Maori women tend to have children earlier may disadvantage them in the workforce later on in life, especially because their lower education confines them to lower paid jobs, and this continues to keep Maori families confined in low socio-economic positions. More effort needs to be made by policy makers to ensure that cultures and people with different pathways are not negatively affected because they do not "*fit in*" with values of mainstream society.

In summary particular sources of support for the young Maori mothers in this study have been affected in different ways. Although whanau support is sometimes problematical, it is still there to some extent, however the emotional and practical support of most partners were not. In this context Irwin (1992) and Wearing (1983) note the patriarchal nature of society and its influences on Maori men and women. The low socio-economic status of the women, partners and family have largely been a result of the process of colonisation (Jackson, 1988; Durie, 1994) and this affords whanau little resources which serves to confine them to a marginalised area in society. Discriminatory and assimilative practises



combined with the isolation from culture, especially for those living in urban areas, has affected their cultural stability as Jackson (1988) and Durie (1994) argue.

CHAPTER EIGHT
CONCLUSIONS AND RECOMMENDATIONS

This final chapter relates the findings and analysis of this study to the broad aims and initial research questions offered in the introduction which included the following:

- the experience of having a child or children at a young age
- their sources of support during pregnancy, birth, and the pre-school years of the children
- the impact of support (or lack of it) on their lives
- their place in their whanau, culture and society and how this relates to support, lack of, or need for in their lives
- the role of the community in their support
- what types of support were important to them
- and how circumstances including social, economic and cultural affected their lives.

The chapter then looks at how the conclusions fit with the literature and what is already known, limitations of the research, and suggestions for social policy, social work practice and further research.

8.1 Conclusions to Research Questions

i) Experiences of Young Motherhood and Support

The study was beneficial in understanding how a group of Maori women experience having children at a young age. Largely this was seen as a difficult time, especially during pregnancy, and was usually unplanned but something the women came to accept. The pregnancy period especially, was characterised by much conflict and stress and judgemental attitudes of parents and others became a barrier to support. The stigma surrounding teenage pregnancies is a topic which deserves further research. If this stigma was taken away, these women may get the health care and support that would improve outcomes for themselves and their children. A lack of support was experienced by all of the women at times during their motherhood. Of those that gave support friends were

shown to be most supportive during pregnancy, and whanau became more supportive during birth and afterward, to varying degrees. Partners were largely unsupportive throughout pregnancy and motherhood, but most were supportive during birth. Partners' practical support did increase by looking after the children more in later years, but often the women were not satisfied with the amount of support they received from them.

ii) Support Important to the Women

Clearly an intimate, supportive relationship with their partner was valued most by the women, however this was usually not experienced. Whanau and friendship support was also greatly valued. There are several reasons why informal sources of support are important. Firstly, they are known to the women, and are often in close proximity. Secondly, they are in a position to provide more intensive kinds of assistance and the much needed moral and emotional support. Community sources of support were valued especially by those who were without other sources of support. Professional help from midwives and doctors were important to the women who used these people, mostly because it was offered in a friendly, caring manner.

The researcher classed the types of support mentioned into five categories including emotional, practical, material, information, and network. All types of support were important as the women would not have mentioned it otherwise, however emotional, practical and material were clearly the most often mentioned, corresponding with their need for this assistance.

iii) Social and Economic Circumstances

A lack of financial and material resources and a low socio-economic position was experienced by all of the women in this study, a common characteristic of teenage pregnancies according to Maclean (1994). Although further research needs to be undertaken on the effects of such circumstances upon the lives of these women, it is clear that the lack of economic and social support experienced by young mothers further serves

to isolate and oppress these women and their children and further limits their opportunities in life.

iv) Impact of a Lack of Support

The study revealed that as a result of a lack of support the women were often left to cope largely by themselves. Although the majority found it extremely stressful at times they agreed that they developed a strength and maturity which they may not have developed otherwise.

Although this study did not look at the negative consequences of a lack of support, it showed that the need for emotional, practical and material support for young mothers is extremely vital for both the mother and the child.

v) Community Support

Although informal sources of support were valued more, inadequacy of these kinds of support were sometimes compensated by community support. Often informal sources were used to 'tap' into community support. Haringa (1990) suggested studying the impact of social institutions on social networks. In this study it was found that a number of organisations had beneficial effects on the women's lives. These included involvement in schools which increased networks, childcare at Kohanga Reo which enabled women to pursue educational/vocational opportunities and also have a break from the constant care of children, friendly service given by health practitioners which helped break down barriers between home and the outside world, and Maori organisations which showed they were sometimes more appropriate to Maori women because they provided a link with other Maori people in an environment where they felt comfortable. Although some community support was used the findings showed that for the young Maori women in this study, there were often barriers to using it. These barriers included its appropriateness, availability, and affordability. The need for extra support of mothers at this time of their lives, especially new mothers has been documented (Pomare and deBoer, 1988; Powell, 1993; Meade, 1991; Phoenix, 1991), as has the success of

community programmes which are offered in a personalised and nurturing way (Dawson et al, 1990; Seitz et al, 1985). Those with fewer resources and lack of whanau or partner support are most in need.

vi) Cultural Circumstances -Place in Whanau, Culture and New Zealand Society

The women's place in their whanau, culture and society shows the impact of macro-social factors on their lives, including the colonisation process, urbanisation, assimilative and discriminatory policies, and general monocultural nature of Aotearoa/New Zealand society which is not seen to give value to Maoritanga. These factors combined with the contemporary experience and influence of Pakeha culture have meant a loss of Maori culture for these women, and often contradictory feelings about being Maori. Traditional support systems were not in place to the extent they were in pre-European times, however, in comparison to Mross's (1989) study, the extended whanau did provide much support to the mothers at various times.

Although their "*place in the scheme of things*" (Jackson, 1988) was typical of the statistics on young Maori women, the study revealed the women's real strength and maturity, strong feelings towards their cultural heritage and desire to learn more: something the statistics do not tell. In this respect, there is a possibility of sample bias which may have meant that non-coping mothers felt too insecure or shy to be a part of the research.

8.2 Discussion of Conclusions in Relation to the Literature

This study confirms the literature about support; that informal support is well used (Rosemergy and Meade, 1986) and that partner support is extremely important (Crnic et al, 1983; Mross, 1989; Wandersman et al, 1980). It contrasts with the experience of the women in Mross' study in that extended whanau are still used and are important for support in various ways. The findings contradicted Phoenix (1991) in that friends in the present study were often an important source of support during pregnancy. The results of this study agree with what Hamerton (1992) found of the impoverished circumstances of

teenage mothers. It also adds to Maclean's (1994) demographic study by graphically portraying the realities of socio-economic disadvantage for young mothers and goes some way toward describing that the negative outcomes for young Maori women and Maori women in general is a result of this.

The findings are also in line with Wearing's (1984) research which shows that in some circles today the traditional ideology of motherhood continues to legitimate women's sole responsibility for the children and domestic chores, and supports male-female power relationships and male freedom from primary parenting responsibility. It was reasoned collectively that the men in this study display patriarchal attitudes of a European, Western society which assumes men have domination over women, and which upholds the traditional role of women as 'natural.' These attitudes were sometimes maintained by both Maori women, such as Aunties and grandmothers, and men. This occurrence is in contrast to traditional Maori life which operated on interdependency and sharing of childcare and domestic roles. This is consistent with the theory that Irwin (1992) put forward.

The conclusions of this research also fit with the literature on colonisation, cultural alienation and low socio-economic status reviewed largely in Chapter Three, but also in Chapter Two. People of low socio-economic status often experience a great number of stressful life events and have limited resources, which limits educational attainments and life chances. The experiences of the women are consistent with the theories which argue that a loss of culture and breakdown in traditional structures of support have come about because of colonisation and assimilative policies and attitudes. The women experienced a loss of Maori culture and a distinct influence of Pakeha culture. These two experiences were linked together as affecting each other and resulting from the process of colonisation. The consequences of colonisation may also affect the ability to give adequate support to others and may increase problems within both partner and whanau relationships because of the confining effects of a low socio-economic status on many Maori families. The loss of culture and reo, and possibly patriarchal and abusive attitudes

seem to flow down from previous generations. This indicates a cycle of negative behaviour which can be hard to break. However, a theory developed by this research is that hardship and difficult circumstances do develop some positive outcomes, shown in the maturity and strength of the women in this study; something which Maori women are renowned for.

Most of the women accepted their situations and the responsibility of bringing up the children as inevitable. Wearing (1984) found that bringing up children largely on their own reinforced the mother's ties to their children, and thus reinforced the traditional ideology of motherhood. This also seems to be the case for the women in this study, however some had begun to challenge the traditional mother role. Possible reasons for this may be because the research enabled them to think about these issues, or because they undertook non-traditional roles such as studying or working outside the home out of choice or necessity. This is also consistent with Wearing's (1984) study where employment enabled the women in her study to develop more flexible attitudes to sex roles, and some changes in their thinking about the traditional ideology of motherhood.

8.3 Strengths and Limitations of the Research Method/Process

The qualitative life history approach left the definition of experiences up to the individual women and often brought out common aspects that may not have been found if the researcher structured the interview more. This was important for the exploratory nature of this research. However, there are limitations on this approach; in particular, the less control one has on the type of information which will provide further analysis of particular areas. The researcher found that the breadth of information provided on support was much less than was anticipated but the amount of in-depth information shared on the women's circumstances and life experiences was greater. This enabled the researcher to pull together a number of common themes. Information that was not provided was the impact on the women's health and well-being, parenting attitudes, and the effect this has on their children. More structured questions may be needed to answer

these issues. Furthermore there are the limitations of not being able to generalise which a quantitative study would allow.

The use of a list of community support options to prompt the women's memories should not have included friends and neighbours as this is more informal support which is quite different from the formal support of community agencies and people and made analysis more difficult. Relationships with friends and neighbours were often qualitatively different from relationships with community agencies and practitioners as they often spent more time and had more involvement with the women on an informal basis.

The Putangitangi model was extremely useful but when used as a self-identification tool it should be noted that it measures the feelings of cultural identity rather than the actual experience or influence one has had in traditional Maori culture. When measuring cultural identity, or undertaking research with Maori people, more consideration should be made regarding aspects of the whanau including socio-economic status, alienation of culture, cultural knowledge and experience, family stability or breakdown/dysfunction, and the links and relationships with whanau members.

The researcher also found that to give integrity to the research and its emancipatory and collaborative aims, a further hui was needed. The first hui was used to gather information and set the objectives of the study; the second hui clarified information and analyses. After this, findings were given back to the women to read. The third hui provided time for feedback on these findings and negotiation of possible theories.

One of the initial goals of this research was to empower and benefit those participating in the project, by involving the participants in a process of negotiation, reciprocity and empowerment. The research also aimed to be a process of conscientisation for both the researcher and the participants where each could collectivise their experiences and begin to understand social causes of individual suffering. These aims were met to some extent, especially by providing a place (the hui) where experiences and knowledge could be

shared and the women could see that there were others who shared similar experiences. The hui provided a place to check back about the findings and ask further questions to clarify experiences and possible reasons. Several theoretical ideas were put to the women to see if they agreed and identified with them and this is where some of the outcomes of the research came from. A project developed out of the research which some of the women are undertaking, in order to help others like themselves. This shows that they are finding and making answers to their own struggles and the struggles of others.

8.4 Further Research

Further research is needed on why some Maori women do not make use of health practitioners such as doctors, midwives and antenatal classes. Furthermore, as most of the women in this and Hamerton's (1992) study did not want children to begin with, research is needed to determine why young Maori women have children earlier than they want. Some reasons have been offered such as finding a sense of purpose and/or love, having lower school achievement and therefore less employment prospects, and lacking knowledge about the use of contraception.

The actual effects of stress and lack of support on parenting attitudes and behaviour was not determined by this study. Both this, and the effect on the mother's and children's health is an area of importance which needs further study. The effects that the involvement and support of whanau have on the women's parenting attitudes is a further area which could be looked into. The issue of the stigmatisation of young Maori women who become mothers and the lack of material resources and its effect on young families are also important areas for further research.

8.5 What Can We Learn: Application to Social Work Structures and Agency Programmes, Methods and Techniques

The study found that two aspects of the women's lives are of critical importance because of the need shown in these areas; the pregnancy period and the area of relationships. A

number of compounding circumstances were experienced in the pregnancy period, including lack of support, lack of information, conflict, and great stress. The fact that most of the women did not desire to be pregnant and become a mother so early, even though they later adjusted to it, shows the need for prevention of such unwanted pregnancies. Better contraceptive education and accessibility and changing beliefs about it, along with education on relationships is needed. The study also shows that a focus on schoolfriends, mothers and sisters and how they could better support young mothers could be helpful as they are the people who seem to be most available to the women in giving support during this time. The lack of functioning in relationships with partners, parents, and whanau is an area which needs considerable attention. Perhaps more community support is needed here through appropriate, available counselling and whanau education.

A major outcome of this study, although not new, is confirmation of the need for advocacy of young Maori women who are mothers. These women possibly have greater dealings with Government Departments such as the Income Support Service and community practitioners such as doctors, Plunket and midwives, nurses and hospitals than their counterparts who are not mothers. Their young age seems to be equated with forms of discrimination perhaps because of society's expectations that they are too young to be mothers, and they often feel of low status.

A related finding is the need for knowledge, education, counselling, practical and caring help especially before the women get pregnant, or during this time. The lack of help from the women's partners and sometimes family, do show a need for this gap to be filled, possibly by the community, although support from family and friends is definitely preferred to community support. Community support which uses these informal networks will be more effective.

The literature shows that certain types of community support in the way of community-based programmes, intensive family support intervention, and home visiting, is important

and can be effective in supporting parents. Meade (1991) noted a number of Aotearoa/New Zealand community-based support initiatives for parents and children which began during the 1980's. These included parent centres, new mothers support groups, Te Kohanga Reo, Barnardo's Family Support, Parentline, and neighbourhood playgroups to name a few. She notes that a feature of these kinds of support is that they are not imposed, and are often offered by people who are themselves parents or whanaunga. Rosemergy and Meade (1986) found that parents felt more supported when they had a choice about their lives as parents and individuals. Furthermore, the research showed that a sense of belonging in the community seemed to have come from associations with other Maori women and families which may reinforce their sense of identity around their class position and culture. These associations could be further utilised and reinforced in parent initiatives or support. Meade (1991) believes that although the state sector and agency services have a role to play, support given by people in informal networks and community-based services which empower parents are qualitatively different. However, one must be careful not to continue reinforcing existing stereotypes and ideologies which confine mothers roles and life opportunities when beginning such initiatives.

Although it may seem that parent education and support is widely available, the women in this study did not make great use of these services. The study showed that there were a number of barriers which the women experienced in using community support. People's ideas of what community support is and the feelings about asking for help from the community cause a huge barrier to begin with. One woman stated that she did not look for support or need help from the community, yet she had been a part of the mother's group initiated by the researcher and had a lot of support from a Kohanga Reo in her first few months as a mother. Obviously she did not categorise these experiences as 'community' support. The desire to be independent was also given as a reason by some women. Their experiences and statements suggest that people dislike asking for support, perhaps due to the connotations of dependency that it has, but that involvement in such groups or organisations can give assistance that is accepted and appreciated. The findings

of this study show that the women did accept support on two grounds: 1) if the support was offered for a reason that did not imply they had deficiencies in their family such as the specialist support given by midwives, doctors and some Plunket nurses; and 2) if the support was provided with a friendly and caring attitude. This has several implications. Groups and organisations which have the aim of providing support need to have approaches that are appropriate to the women's lives, are caring and friendly, empowering and without judgement or connotations of deficiency or dependency. This is more difficult than it may seem for organisations established and financed (especially by Government) to help people because this help is usually seen as one way, non-reciprocal, and is geared to produce outcomes which may or may not serve the needs of the people, due to the financial climate the organisations now have to survive in. Care needs to be taken to provide groups and organisations at a grass-roots level which can offer friendly, practical and caring support of a reciprocal nature.

This study found that emotional and practical types of support were valued along with material, information and network support. This has implications for providers of support, in particular formal community support. Such assistance, programmes or groups need to be flexible enough to be able to provide for multiple types of support such as health education, practical help, emotional support, and counselling, together with a variety of methods. Often practical assistance is not seen as very important or outside of the boundaries of "help" provided. The same goes for emotional types of support such as listening. I suggest that programmes be developed to cater for these. Certain types of parents groups can be helpful in this way and have been seen to be effective. Community-based multi-functional centres, whanau groups, combined with home visiting by people who are similar to those being visited, are some types of support that Iwi and other agencies could promote.

A good way to provide support is to start a group project which all the members are keen to pursue and in doing this provide education, knowledge, and networks in a reciprocal manner. Some of the women who participated in this study are planning to do this by

putting together a book or display of some of their perspectives taken from the interviews they were involved in. Discussion about topics such as abuse or income support benefits start to raise awareness among the women and give them new perspectives. This process began to occur for some women at the second and third hui held for this research.

Other barriers to receiving community support include the possibility that the women did not actually know how to go about getting information or support, or knew little about the support that was available, especially regarding contraception to prevent pregnancy in the first place. In this case, groups and organisations need to advertise themselves through appropriate means. The researcher suggests from her experience that face to face contact is needed for young Maori women. Perhaps a contact made through practitioners such as midwives who are already perceived as helpful may be a good start. Schools and local community centres are further possibilities.

There is obviously a need for the provision of appropriate and affordable ante-natal services and health care among young Maori women who are mothers. Much work is needed in encouraging and educating these women to take up these services, but also to provide appropriate services, such as Maori women's ante-natal groups or local community health centres. The use of Maori practitioners and community workers is essential. In several circumstances the women spoke of feeling more comfortable around Maori people in groups, or Maori health workers.

The findings of this study confirm that solutions are needed in the whole of Maoridom not just with women. Irwin (1992: 12) advocates that,

“under the kaupapa of whanau development, Maori feminists work with all Maori people, including men, a principle which stands Maori feminism apart from some other expressions of feminism.”

She further adds that whanau development and reconstruction needs to occur with an acceptance that part of the problem lies with the *“inflation of mana tane”* and that both tane and wahine need to come to a place where each are respected and esteemed as equally powerful (Irwin, 1992). Firstly, this means a sharing of responsibilities, and a

working together rather than working apart to overcome adverse effects of a dominant and monocultural society.

In conclusion, this study portrayed the great need for support of many kinds, not only to young Maori women who become mothers, but to all mothers, especially those with less opportune financial circumstances. However, the study was similar to others in showing the special need of support for teenage mothers because of their often disadvantaged or impoverished material circumstances. The young Maori women in this study not only experienced a lack of material and financial resources but extreme emotional stress especially during their first pregnancies. Furthermore, the fact that Maori women tend to have children earlier compared with European/Pakeha women, (the peak age being 20 years) shows the different pattern of childbearing and life-style they are undertaking. The consequences of this in terms of future education, employment and life opportunities are not extremely promising and policy makers need to ensure that Maori women are given opportunity later on in life to take up such opportunities without being disadvantaged.

The literature shows that the benefits of support are great in terms of the mother's health and wellbeing, and that of her child's, yet several Aotearoa/New Zealand studies including this one show that many mothers lack sufficient support at some time from both informal and formal community sources. The women in this study experienced a lack of support at times, especially partner support, which they placed great value upon. Whanau support was also valuable and important to them, and often family members were brought closer together because of the child. The study showed that informal sources of support, such as whanau, friends and neighbours, were preferred over more formal community support, although it was often needed and appreciated when given in a friendly, caring manner. More appropriate, accessible support is needed for young Maori mothers which is given in a non-judgemental, caring and flexible way. Motherhood was shown to be a tough occupation for most of the women in the study, though also rewarding. The women showed strength and maturity as a result of bringing up the children largely on their own.

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