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Purposeful Conception:
Customary traditions and contemporary applications of Te
Whare Tangata in the creation of wellbeing

A thesis

Presented in partial fulfilment of the requirements for a

Master of Philosophy

In

Rehabilitation Studies

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New Zealand.

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ABSTRACT

Māori continue to feature significantly in New Zealand statistics for mental health. *Customary traditions and contemporary applications of te whare tangata in creating wellbeing* discusses the ways in which te whare tangata traditions were engaged to protect and nurture Māori women in their role as the architects of future generations and further ensure positive wellbeing. Framed inside qualitative research methods and guided by kaupapa Māori research theories provided a tikanga framework, thereby maintaining cultural responsiveness to the research using Mana wāhine theories and providing a safe space to discuss the historic struggle Māori women have endured as a result of colonisation. Six Māori women of kuia status from Te Taitokerau participated in semi-structured interviews, discussing their observations, experience and active roles of te whare tangata across their life span. Kuia narratives are organised into the three stages of creation - Te Kore, Te Pō and Te Ao Mārama - with each stage representing a significant developmental period in te whare tangata. The customary traditions of te whare tangata have their origins in Māori cosmology which provided Māori with the blueprint to survive in volatile environments, none more volatile than the migration of western cultures and colonisation, which took Māori to the brink of extinction. However, Kuia Participants share stories of resistance and resilience in their own journeys through life and of how the customary traditions of te whare tangata have been transformed and remain relevant. Kuia narratives consistently reflect upon relationship building and maintenance being at the core of Māori wellbeing. They spoke about relationships not only being across human cultures, but the ability to develop relationships with all that surround us.

GLOSSARY

ariki	chief or high ranking community leader
atua	deities
awhi	embrace, support
hākari	feast, usually following ritual to return from sacred state
hapū	pregnant, sub-tribe/collective of whānau
haputanga	pregnancy, and associated rituals and practices
Haumia-tiketike	God/Atua of Uncultivated Foods & Medicinal Plants
hine	girl/s
Hineteiwaiwa	God/Atua of Childbirth and Associated Knowledge
Iho	umbilical cord
ira tangata	human principle
iwi	tribe
karakia	prayer
kete	baskets, woven containers
kohanga reo	language nest, immersion school for preschool children
kuia	female elders
kura kaupapa	Māori language immersion school for primary children

mākutu	spiritual curse from another
mana	prestige, authority, spiritual power
manaaki	support, care for
mātauranga	knowledge, esp. Māori knowledge
maunga	mountain
mauri	life force
mirimiri	massage
mokopuna	grandchild/ren
noa	ordinary, free from restriction
oriori	lullaby
pā	fortified village
papakāinga	whānau lands
Papatuanuku	Earth Mother
pēpē/pēpe	baby
pito	navel
poutama	pattern of stairs, stairway to knowledge
pōwhiri	ritual welcome, processes of engagement
puku	stomach

pūrākau	stories, narratives
rangatira	chief, chiefly status
Ranginui	Sky Father
Rongo mā tāne	God/Atua of Cultivated Foods & Humility
rongoa	medicine, usually from plants and including karakia
Ruaumoko	God/Atua of Earth Movements
taitamariki	youth
Tangaroa	God/Atua of Oceans and Waters
tangata whenua	people of the land, indigenous people of Aotearoa.
taonga	treasure, precious
tapu	sacred, restrictions
taumau	betrothal, arranged marriages
taurekareka	slave/s
te reo Māori	Māori language
tikanga	protocols
tino rangatiratanga	self-determination
tohunga	ritual expert
tua rite	ritual cutting of the umbilical cord

Tumatauenga	God/Atua of War and Humanity
tupuna	ancestor/s
tutua	commoners
urupa	cemetery
utu	balance, payment
wahine	woman
wāhine	women
whaikōrero	ritual speechmaking
whakapapa	genealogy, history
whakaaro	thought, idea
whānau	extended family up to three or more generations
whanaunga	extended family still connected by whakapapa but not as closely as immediate family such as parents or children
whāngai	adopted, non-biological child
whare	house
whare kohanga	birthing house
whare ngaro	lost or extinct house – infertility

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Inspired by Waikura Edwards and Dayton Nolan

Dedicated to Cyrus Nicholas Tyrone Nolan-Gideon.

Ko Te Ahu Ahu te maunga

Ko Otemaiwa te maunga

Ko Hokianga te moana

Ko Whakanekeneke te awa

Ko Ngātoki mata whaorua te waka

Ko Mataatua te waka

Ko Ngāpuhi te iwi

Ko Ngāpuhi te iwi

Ko Te Uri Taniwha te hapū

Ko Ngati Hao te hapū

Ko Parawhenua te marae.

Ko Piki te aroha te marae.

Ko Raewyn Smith taku ingoa

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and motivation you will achieve anything that your heart desires; you have remarkable inner strength. Jayde your confidence shines, your diligence and attention to detail will continue to serve you well in your life; and Jordan, you're a beautiful bundle of joy with a determined attitude and a passion to enjoy life to the fullest. You have all provided me with my most joyful memories and have been my most inspirational teachers.

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Kuia Participants:

MH – Matilda Harris

MC – Mihiterina Cribb

RH – Ripeka Hita

GA – Glenda Anderson

MU – Moko Ututaonga

PE – Pearl Erstich

PREFACE – A JOURNEY INSPIRED

Te whare tangata - Beginnings:

This research was inspired by several experiences in my personal and professional life. Personally, two of my daughters became pregnant. I was overwhelmed with this news as both of my mokopuna (grandchild/ren) would be born a matter of months apart. I shared my news with many and mostly this was received in a congratulatory manner; however, some people also shared their concern that in some way my daughters' lives would be limited by their choice to have a baby in their early twenties. I wondered, if our Māori women are choosing to have children at what society perceives as a young age, then how are these messages influencing future parenting practices and choice to becoming a parent made by these women? And would this impact on their wellbeing and the concept of their role as te whare tangata (the creative potential of women).

I then began to think about my work in mental health and the implications that mental trauma or the experience of subtly negative comments may have on the wellbeing of te whare tangata. Are our pregnant mothers carrying a sense of shame or embarrassment about the choice to be a parent? I also wondered about the kinds of contemporary support and guidance many expectant mothers and fathers have, and how supports influence the wellbeing of te whare tangata in contemporary society. This idea further evolved into the wellbeing of whānau, the concepts of parenting, and the many lifestyle challenges that Māori face.

I learned about our history in that many Māori ancestors were master navigators, historians, environmentalists and trading in many parts of the world prior to European contact. I therefore considered the possibility that the answers to healing our people today would be found in the customary traditions and philosophies of Māori culture, although mindful of a statement shared by Durie (2001) - “for most Māori [are] caught up in the world as it exists and more often than not [are] unable to negotiate any return to the old ways” (p. 27). I realised that there would be no return to traditional times; however there are possibilities of learning and applying traditional knowledge and practises to assist in attaining wellbeing today.

My journey was to start with karakia (prayer) and my spiritual request for guidance. I then visited my whānau (family) urupa (cemetery) *Kura te Ra*, and there I shared my thoughts and ideas with my wāhine tupuna (female ancestors) in my quest for spiritual guidance. At this time I was planning to research te whare tangata but had little idea of what exactly I wanted to do. After this I spoke with my mother (Elizabeth Henry) and kaumātua (male elder) Te Rauna Williams; they both shared their knowledge and life stories about their childhood with me, and with the blessing from both, I felt ready to begin this journey.

Internally I needed to overcome my anxieties around failing; what helped was a maunga (mountain) in Whangarei called Parahaki. This is a maunga of many stairs, and climbing this maunga presented me with many mental and physical challenges. Although this was an extremely difficult challenge for me, with commitment and determination I was able to conquer it many times. I applied the same determination

and commitment in my research; I reminded myself in tough times “just one more step, keep going and push through it”. These reminders served me very well.

I was further inspired by the birth of my first two moko, Waikura Edwards and Dayton Nolan, who were born around three months apart to my two oldest daughters. The birth of these babies highlighted for me as a new grandmother the importance I now placed on whakapapa (genealogy) and my own bloodline; these babies are my future.

Pebble - Our spiritual gift:

A year later, around halfway through completing this thesis, myself and my whānau were told that my unborn mokopuna, “Pebble”, had a rare heart condition called Hypoplastic Left Heart Syndrome (HLHS), in which the left ventricle of the heart is very under-developed. This congenital condition was very serious in that there was a risk that “Pebble” would not survive long after birth, and if he were to survive he would have to overcome several medical challenges and be a very sickly boy. Initially my daughter, I and our whānau were in shock when told this at the radiology centre. I couldn’t understand why this was happening as we had planned to have a family photo with our baby “Pebble” at the radiology centre; today was supposed to be a celebration of our next little baby.

After receiving this news no one felt much like having a photo taken, and all I could think about was how could I make this better or try and improve this situation. My first reaction was to have karakia and ask for help, guidance, support and understanding. The next day our worst fears were realised in that the diagnosis of HLHS was confirmed

by a specialist at the local hospital. I felt hope leaving me and the tears were unstoppable, even though I was supposed to be the strong one for my daughter and her family. I asked the specialist about how we could change or improve things for baby. The specialist said that there was nothing we could do to change this situation, and that this was not because of anything baby “Pebble’s” parents had or hadn’t done.

I thought about this further and decided that in Te Ao Māori (the Māori world) there was plenty that we could do. I reflected on the stories of the Kuia Participants I had shared and the many readings I had completed, and realised that our pēpē (baby) was already alive and very much a part of our whānau, and therefore we would develop a loving and supportive relationship with him now.

This next journey would begin with karakia to request the help of atua (gods), and explicit ask for one to reveal itself as the guide for baby “Pebble”. I was hoping for Tumatauenga (God of War and Humanity) as he would represent fight and strength; however it was Haumia-tiketike (God of Uncultivated Foods & Medicinal Plants) that revealed himself. I was somewhat puzzled about this and a little disappointed, until the reason for his presence came to me in the following:

*Haumia-tiketike: the hidden one who remains in the embrace of his mother,
sustains life.*

*Purpose for this mokopuna: to provide shelter and warmth to your whānau. To
provide guidance in times when survival is necessary.*

We decided as a whānau that we would establish a beautiful bonded relationship with “Pebble” now; we would kōrero (talk), waiata (sing) and love him so that he knows he is, and always will be, very much a part of our whānau.

Cyrus Nicholas Tyrone Nolan-Gideon:

A beautiful baby born, you arrived on the beautiful morning sunrise. A warrior and a smile that brought so much love and light into our lives. I saw your potential, a glimmer of hope, and sent a prayer to Hineteiwaiwa (Goddess of Childbirth) - guide and give strength to our baby, our son, our mokopuna. Guide us in your strength and wisdom.

A beautiful life and a strong wee boy. Our love for you bursting from our hearts. A prayer to give you my heart, my wee boy. I remember to share our iwi histories, so I brush my hand against your cheek and share with you our whakapapa and ask all those that were before us to be strong with you. I sing an oriori (lullaby) for you as I hold you in my arms; it's the same one I sang yesterday and the same I will sing tomorrow.

I remember the last night I spent with you. The darkness and the howling wind; it's raining now, like the tears in my heart. I knew you were leaving. You had been so strong but now you tire; you wouldn't sleep and Poppa couldn't let you go. You were kind to us dear Cyrus; you waited until we slept and you drifted away on another beautiful sunrise.



*Figure 1: Cyrus Sunrise - taken 16th May 2014, from National Women's Hospital,
Auckland.*

"Always and forever - he mokopuna, he taonga"

16/05/2014 – 25/05/2014.

TABLE OF CONTENTS

ABSTRACT	iii
GLOSSARY	iv
ACKNOWLEDGEMENTS.....	viii
PREFACE – A JOURNEY INSPIRED.....	xi
Te whare tangata - Beginnings:.....	xi
Pebble - Our spiritual gift:	xiii
Cyrus Nicholas Tyrone Nolan-Gideon:	xv
TABLE OF CONTENTS	xvii
CHAPTER ONE – INTRODUCTION	1
1.1 Introduction:	1
1.2 Rationale:	4
1.3 Aims of research:.....	6
1.4 Key definitions:.....	7
1.4.1 Te whare tangata:	7
1.4.2 Hapū ora:.....	8
1.4.3 Purposeful Conception:.....	8
1.4.4 Māori:.....	9
1.5 Generational Background:	9
1.5.1 Te Kore (1940- 1960):.....	10
1.5.2 Te Pō (1960 – 2000):	10
1.5.3 Te Ao Mārama (2000 - Present day):	11
1.6 Summary of Chapters:.....	11
1.6.1 Chapter One – Introduction:	11
1.6.2 Chapter Two - Literature Review:	11
1.6.3 Chapter 3 – Methodology:	12
1.6.4 Chapter Four – Results:	13
1.6.5 Chapter Five – Discussion:.....	13
1.6.6 Chapter Six- Conclusion.....	14
1.7 Conclusion:	14
CHAPTER TWO – LITERATURE REVIEW.....	15
2.1 Introduction:	15
2.2 Traditional Cosmology & Settlement in Aotearoa:	17

2.3 Social Structure:	23
2.4 Knowledge Transmission:.....	25
2.5 Women and Traditional Roles:.....	27
2.6 Traditional pregnancy and birthing practices:	28
2.6.1 Whare Kohanga (Birthing House):.....	29
2.6.2 Whakawhānau (Birthing, Labour):	30
2.6.3 Karakia - Spiritual Relationships with Hineteiwaiwa:.....	31
2.6.4 Whenua:	32
2.6.5 Ceremonies:	33
2.7 Challenges and Changes:.....	34
2.7.1 Religion and Spirituality:	35
2.7.2 Changes to Whānau Forms and Functions:.....	36
2.7.3 Changes to Transmission of Traditional Knowledge:	39
2.7.4 Changing Roles of Māori Women:	41
2.8 Changes in Maternity and Birthing Traditions:	44
2.8.1 Whānau Participation in Whakawhānau:	45
2.9 Ethnic Health Discourse:	48
2.9.1 Te Ao Māori in Health and Wellbeing:	50
2.10 Conclusion:	52
CHAPTER THREE – METHODOLOGY	54
3.1 Introduction:	54
3.2 Theoretical Underpinnings:.....	54
3.2.1 Māori Historical Experience with Research:	54
3.2.2 Kaupapa Māori Research:	57
3.2.3 Mana Wahine Theory:.....	58
3.2.4 Qualitative Research Approach:.....	62
3.3 Research design.....	65
3.3.1 Participants:	65
3.3.2 Insider Research:	68
3.3.3 Data Collection:	70
3.3.4 Thematic Analysis:.....	72
3.4 Ethical considerations:	75
3.4.1 Anonymity:	75
3.4.2 Rights of Withdrawal:.....	75

3.4.3 Koha:	76
3.4.4 Dissemination Hui:	77
3.5 Conclusion:	77
CHAPTER FOUR – RESULTS	79
4.1 Introduction:	79
4.2 Te Kore: The Time of Potential – Memories of Purposeful Beginnings of Te Whare Tangata from Childhood:	80
4.2.1 Purposeful Relationships:	80
4.2.2 Taumau - Arranged Marriage:	85
4.2.4 Purposeful Unions:	88
4.2.5 Hapū Ora - Pregnancy:	89
4.2.6 Whakawhānau - Birthing:	91
4.2.7 Hospital Birth - Whakawhānau from Community to Hospital:	95
4.2.8 Transmission of Wāhine Knowledge:	97
4.2.9 Whakawhānau Knowledge:	98
4.2.10 Karakia and Whenua - Traditional Practices of Whakawhānau:	99
4.2.11 Summary:	101
4.3 Te Pō: Te Whare Tangata 1960s - 2000. A Time of Activeness:	102
4.3.1 Purposeful Relationships:	103
4.3.2 Taumau - Arranged Marriage:	105
4.3.3 Community Relationships:	106
4.3.4 Purposeful Conception:	107
4.3.5 Hapū Ora - Maternal Wellbeing:	109
4.3.6 Whakawhānau - Birthing Experiences:	111
4.3.7 Clinical Supports:	114
4.3.8 Postnatal Supports:	116
4.3.9 Traditional Birthing Practices:	118
4.3.9 Child Rearing:	120
4.3.10 Transfer of Knowledge:	121
4.3.11 Summary:	124
4.4 Te Ao Mārama - Te Whare Tangata Rests in Wisdom and Calmness:	124
4.4.1 Purposeful Relationships:	125
4.4.2 Purposeful Conception:	127
4.4.3 Te Whare Ngaro:	129

4.4.4 Hapū Ora - Maternity:	130
4.4.5 Whakawhānau - Birthing:.....	131
4.4.6 Financial Support:.....	134
4.4.7 Parenting:	136
4.4.8 The Transfer of Knowledge:	138
4.4.9 Traditional Practices:.....	140
4.4.10 Hope:	142
4.5 Conclusion:	143
CHAPTER FIVE – DISCUSSION	145
5.1 Introduction:	145
5.2 Revisiting Research Aims:.....	145
5.2.1 Aim 1 - To investigate the traditional roles and customs of Māori women as te whare tangata and how these traditions have evolved over time:	145
5.2.2 Aim 2 - To investigate the relevance te whare tangata practices in contemporary society:	148
5.2.3 Aim 3 - To explore the use of te whare tangata as a model of mental health and wellbeing for Māori:.....	149
5.3 Purposeful Lives:	151
5.4 Evolving Traditional Practices:	153
5.4.1 Whenua:	153
5.4.2 Karakia:.....	155
5.5 Conclusion:	156
CHAPTER SIX – CONCLUSION.....	158
6.1 Introduction:	158
6.2 Te Whare Tangata Today:	159
6.3 Limitations:.....	160
6.4 Recommendations for Future Research:	161
6.6 Conclusion:	162
REFERENCES.....	164
APPENDICES.....	172
Appendix One – Ethics approval:	172
Appendix Two – Information Sheet:	173
Appendix Three – Consent Form:.....	175
Appendix Four – Interview Schedule:	176

CHAPTER ONE – INTRODUCTION

1.1 Introduction:

Here in the southernmost corner of the Pacific, our ancestors developed a unique philosophy that enabled them to survive and prosper in Aotearoa. While it had been subjected to over two centuries of foreign influence it is suggested that its core is still able to be discerned. As relevant today as it ever was, it remains within the grasp of anyone for whom our cultural survival is a priority.

(Mikaere, 2011, p. 322)

Whānau and whakapapa held significant value in traditional Māori society and it continues to be so for many Māori families today. So valuable were these to Māori that creating whānau relationships, connections and children were often a carefully considered process. In the rangatira classes, this was a process in which the hapū (sub-tribe) would meet and discuss the arrangement of marriage (Makareti, 1986).

Customary and traditional practices were created to ensure the protection and wellbeing of the whānau and children. Women in their capacity as te whare tangata played a significant role in their whānau and had direct influence on the unborn generations' wellbeing and survival. Te Momo (2012) agrees the role of Māori women was considerable, and their contributions could change future generations.

Before European contact, Māori flourished in Aotearoa through the development of specific practices that supported survival. However, Māori were not prepared for their encounter with Western European nations. The eighteenth century would bring with it the migration of people from European nations who would be named by Māori as 'Pākehā', and these migrants were eager to make Aotearoa their home. They brought with them many things that Māori had not seen before, including garments, tools, and muskets. They also came armed with their own philosophies, societal laws, education and religion.

Although all of these would play their part in the transformation of Māori culture which often led to negative consequences for Māori, it was the impact of sickness and disease that struck at the heart of Māori communities, causing many deaths and suppressing fertility. By the mid-1800s Māori were being described as a dying race and it was assumed that Māori would become extinct¹. A dramatic decrease in Māori population occurred throughout the 1800s to near genocide (Durie, 1994). Belich (1996) reports disease afflicted many Māori from around 1790, and the missionaries and other observers noted a massive increase in Māori death rates and plummeting birth rates. However Belich (1996) further suggests that while some figures may have been exaggerated, the perception of Māori being a dying race persisted until the 1930s.

The signing of Te Tiriti o Waitangi (Treaty of Waitangi) in 1840 was thought by some Māori leaders to be a way to gain protection and help from the Crown for their people, not realising that the protection from the Crown would be extremely limited and

¹ Sir Peter Buck (1924) recorded that in 1856 physician and politician, Dr Isaac Featherston, said it was the duty of Europeans to 'smooth down ... [the] dying pillow' of the Māori race' (p. 362).

would ultimately favour the Pākehā (Durie, 1994). Some Māori became unsettled and there were many events where Māori showed their distrust and anger toward the Crown. Walker (1990) discussed the dissatisfaction of Hone Heke, who soon after signing Te Tiriti O Waitangi, recognised the true intent of the Crown and showed his discontent by cutting down the British flag pole in Russell. After the signing of Te Tiriti O Waitangi, Māori people would suffer politically, socially and in the areas of whānau and individual health and wellbeing. Durie (1994) wrote that within 50 years of contact with Pākehā, Māori customs and lifestyles had been altered to the point that some Māori leaders were concerned that they were unable to contemplate a return for Māori to traditional worldviews.

From the early 20th century Māori began to make a strong recovery however, with the population increasing and Māori fertility rates in some periods being twice that of non-Māori (Durie, 1994). The sustainability of whakapapa and future generations was recovering, however many customary traditions along with valued Māori knowledge had been lost. Foreign influence had also changed the way Māori women would be viewed. The knowledge of te whare tangata along with the roles that women held and the hine (girls) heritage became increasingly ignored, hidden and lost. Over time Māori women became disempowered within their own communities and were schooled into the domestic roles deemed acceptable within European society (Mikaere, 2003).

The consequences of changes imposed on Māori by Pākehā led to the loss of Māori knowledge and attrition of Māori traditional worldviews and social structures. Durie (1994) writes “for Māori, what followed was a forced change from a tribal lifestyle inextricably bound to the natural environment to a new reality dictated by the social

and political inconsistencies of Victorian Britain". (p. 29) In contemporary times Māori continue to be challenged in a volatile environment produced through politically motivated decisions that have left many Māori living impoverished lives in poor health and with limited access to cultural resources and social wellbeing. Many Māori have come to depend on western ideas, political structures and political agencies to manage their survival. However, Māori have also challenged political structures at all levels; for example, Māori are questioning and challenging the media to be more responsible in their reporting of Māori stories (Moewaka Barnes, Borell, Taiapa, Rankine, Nairn, & McCreanor, 2012).

Māori are also reclaiming their sacred space and rightful place in today's society (Tuhiwai-Smith, 1999). More and more Māori are embracing with confidence their Māori identity, rediscovering and re-engaging Māori traditional practices. The investigation of customary traditions and contemporary applications of te whare tangata in creating mental wellness provides a platform for discussion and the possibility to ignite confidence, inspiration and trust that answers to Māori wellbeing can be found in Māori traditional practices.

1.2 Rationale:

Overall mental illness for Māori in Aotearoa continues to be one of the leading health care concerns for Māori people (Durie, 2001). In seeking mental health care, many Māori find themselves at the door of mainstream, publicly funded, health care services. Despite the introduction of iwi health care providers, mainstream services are the main providers of mental health care in Aotearoa.

Hospital admissions since the 1970's consistently show increasing numbers of Māori people accessing mental health services, along with an increase in Māori readmissions into hospital with mental health concerns (Durie, 2001). Durie (2001) further suggests there are several reasons for this increase, from the failings of community agencies to detect and provide adequate care for the Māori population, along with Māori utilising the mainstream services more readily than they had previously. Mainstream mental health services offer several therapies that have often been developed and tested in western countries, with some being tested in New Zealand.

Mainstream therapies and practices for mental health have not been very successful for many Māori, however. Mainstream therapies offered in many health services have to meet the conditions that therapies be research-based or supported. To meet these conditions Māori health researchers have focused on the development of Māori knowledge-based therapies, adapting some western therapies and/or revisiting Māori traditional narratives of creating and maintaining wellbeing. For example, two recent publications offer insights from traditional narratives relating to pregnancy and infancy: *Hapū Ora: Wellbeing in the early stages of life*, (Moewaka-Barnes, et. al., 2013); and *Tu Mai te Orii, Nau mai te hauora: A kaupapa Māori approach to infant mental health - Adapting Mellow Parenting for Māori mothers in Aotearoa, New Zealand* (Penehira & Doherty, 2013). *Hapū ora and tu mai te oriori, nau mai te hauora* highlights the complexities of providing meaningful maternal and infant wellbeing services for Māori.

In similar ways, I was searching for a new way of addressing mental health and wellbeing in Māori societies; I considered how Māori people survived in traditional

times and wondered how Māori whānau, hapū and iwi managed the wellbeing of the people. Durie (1994) explains Māori placed much importance on healthy communities and public health which reflected communal wellbeing which intertwined with the natural environment. Durie (1994) further highlights health not being viewed by Māori from an infectious or disease perspective. In my experience the contemporary mainstream health system is fragmented and a myriad of complexities, with mental health separated from other health areas including physical, environmental and spiritual health. This concept is vastly different from the Māori traditional concepts of health. I decided to explore customary traditions of te whare tangata and how these customary ideas encourage the continued growth and security of future generations, and whether the traditional practices of te whare tangata can be re-engaged in today's society and lead to improved mental wellbeing for Māori.

1.3 Aims of research:

1. To investigate the traditional roles and customs of Māori women as te whare tangata and how these traditions have evolved over time;
2. To investigate the relevance of te whare tangata practices in contemporary society;
3. To explore the use of te whare tangata as a model of mental health and wellbeing for Māori.

1.4 Key definitions:

In this research certain terms are used that required further clarification so that the reader has a shared understanding with the writer. In addition a glossary will be provided for Māori words.

1.4.1 Te whare tangata:

‘Te whare tangata’ literally translates as ‘the house of humanity’ (Marsden (in Royal, 2003), 2003; Mikaere, 2003; Murphy, 2011). Women possessed the ability to create life - “ira tangata”, the life principle - and therefore the ability to connect past, present and future in their role as te whare tangata. The role of te whare tangata as expressed in this thesis encompasses the entire life of women as they pass from childhood, through adulthood and during their life as kuia. The vital role of women in their ability to create future generations was a respected one in Māori society. Although the roles of Māori women in old time societies were many, her ability to create life was of great importance to the sustainability of whakapapa and future generations (Mikaere, 2003).

This term encapsulates the many significant roles of women as creators, repositories of knowledge and leaders. Women held a place of equality with their men. Mikaere (2003) writes about the importance of balance in traditional Māori society to ensure social, political, spiritual and economic viability of their communities. Discussion of te whare tangata in this research explores the many roles that hine (girl), wahine (woman) and kuia (elder women) engage with and how changing times have influenced our view of te whare tangata. Te whare tangata was the biological and

functional space where the future of mankind grew, therefore having spiritual significance for Māori, and much preparation happened prior to a baby being born.

1.4.2 Hapū ora:

I use this term in this research to describe the optimal state of wellbeing for women and babies during the period of pregnancy. Hapū ora was also the heading of a health report by Moewaka Barnes et. al, (2013) where Māori life course research priorities with a specific focus on wellbeing at the early stage of life covering foetal, gestational and neonatal periods, were identified.

1.4.3 Purposeful Conception:

Purposeful conception is the term used in this research to describe and highlight the period before pregnancy and birth, and denotes the purposeful ways in which whakapapa was built. This period includes the discussions, strategy and planning of unions between men and women, preparation for pregnancy, and the perception of being hapū (pregnant). The term emerged from the narratives shared by kuia and kaumātua in this research, to illustrate potential, planning, strategy, challenge, change and re-growth of the role of te whare tangata.

This research investigates the customary roles and traditions of Māori women as te whare tangata with a specific focus on haputanga (maternity), whakawhānau (birthing), post maternity practices and child rearing. Through these discussions the relationship of Māori with their environment, atua and each other is highlighted. The

customary traditions of te whare tangata are discussed in light of their relevance of whānau mental wellbeing in contemporary Māori society.

1.4.4 Māori:

The term 'Māori' in this research is used to identify and discuss as a collective, the indigenous people of New Zealand. However I would like to acknowledge that prior to Pākehā contact Māori would identify connections through whakapapa, their individual tribal affiliations. "Māori" meant 'normal' or 'ordinary'. Māori are also known as 'tangata whenua', people of the land. Today many Māori prefer to be known through their tribal affiliations first, and as Māori second.

By contrast, Walker (1990) describes first the word "Pākehā" as being one that the indigenous people of New Zealand used to describe strangers to the land who were not Māori, i.e. whalers, traders and sealers and other visitors and immigrants. This term is still in use today (and therefore is still relevant) to denote those who are not Māori and not Polynesian, and of European descent. The term 'tauīwi' is also used for people from countries other than Europe.

1.5 Generational Background:

Te whare tangata in this research is discussed across the life span of kuia participants. I have separated narratives into three generational periods – early childhood; years of fertility and child-bearing; and late adulthood when child-bearing has past and there is time for reflection and the passing on of knowledge to the next generations. These

periods have been merged into those of Māori developmental stages – Te Kore, Te Pō and Te Ao Mārama. Te Kore was the beginning, the Void, the place of great nothingness that therefore carried the possibility of great potential. From this potential emerged Papatuanuku (Earth Mother) and Ranginui (Sky Father), which moved development into Te Pō, the long night, where Ranginui and Papatuanuku procreated, making Papatuanuku the original te whare tangata. Their offspring sought further knowledge and moved development into Te Ao Mārama, the world of light and knowledge. This also became the world from which humanity emerged.

1.5.1 Te Kore (1940- 1960):

The time of potential, where te whare tangata awaits, acquiring knowledge and understanding, with potential looming. Participants reflect on their childhood memories and observations of the role of te whare tangata as they looked to their mothers, aunties and other women in their communities to guide them safely through this period. They discuss their understanding of the practices and concepts in relation to developing whānau, hapū and iwi.

1.5.2 Te Pō (1960 – 2000):

I refer to this as being the time of activeness for te whare tangata. Participants now reflect on their own lives in a time where child-bearing and child-rearing is prominent. Participants share their personal narratives and journey from establishing relationships to haputanga, whakawhānau and child rearing.

1.5.3 Te Ao Mārama (2000 - Present day):

I refer to this as a time of completeness and wisdom for te whare tangata with reflection, the sharing of te whare tangata knowledge, and transitioning of roles. Here participants talk about the many changes they have witnessed in their lives, the versatility and resilience of Māori society and Māori women. The challenges of living in contemporary society are identified, and ideas for Māori communities to move forward into the future are shared.

1.6 Summary of Chapters:

1.6.1 Chapter One – Introduction:

Chapter one provides an overview of this thesis and begins with a brief historical account of Māori in their existence in Aotearoa New Zealand. The concepts and customary traditions of te whare tangata are introduced along with the way in which Māori have engaged with mental health both as receivers and providers in the mental health services. Specific concepts and terms utilised in this thesis are highlighted in this chapter. I have also demonstrated a three stage format in which te whare tangata is discussed with Kuia Participants.

1.6.2 Chapter Two - Literature Review:

Traditional concepts and customary practices of te whare tangata with a special focus on haputanga and whakawhānau are discussed using literature published by many Māori and non-Māori authors. This chapter begins with the traditional narratives of cosmology and the significant roles of Māori atua. The formation of Māori tikanga

(protocols) is described and illustrates how tikanga was applied and meaningful in traditional times. From the time Pākehā nations arrived in Aotearoa a cultural transformation began. The assimilation and colonisation of Māori would have a negative impact of all Māori traditional concepts along with the role of wāhine and the significance of te whare tangata. Literature provides a written account of the devastation that this had on Māori along with the determined resistance, struggle and revival of traditions hidden, forgotten and ignored. The troubled pathway back to tino rangatiratanga (self-determination) for Māori is realised through the passionate narratives provided by both Māori and non-Māori authors.

1.6.3 Chapter 3 – Methodology:

This research is situated within the framework of qualitative research methods. It investigates the traditional practices and roles of te whare tangata with specific focus on the creation of whānau, and how whānau maintained wellbeing through conception of partnerships and conception of children, whakawhānau and child rearing. This research was designed to provide a counterpoint to negative western research on Māori. Historically most Pākehā researchers failed to recognise the existence of cultural differences, and assumed that the Pākehā way of doing things is a universal norm (Cram, 2001; Jones, Crengle & McCreanor, 2006; Metge, 1986).

This research was guided by kaupapa Māori research theories which provided a tikanga (Māori protocols) framework by which this research could be conducted, thereby maintaining cultural responsiveness to the research and ensuring participants are treated respectfully throughout the research project. Mana wāhine theories

highlight the past and current roles of Māori women which have through colonial history been ignored. In many instances Māori wāhine histories were lost.

1.6.4 Chapter Four – Results:

Kuia Participants share their own personal stories along with their observations, knowledge and experience of their lives as wāhine. Their observations of the roles that wāhine held in their childhood to their current status, kuia show the influence that colonisation has had on Māori-based theories and philosophies associated with forming relationships and building whānau. They talk about their experience as the bearers of te whare tangata, haputanga and whakawhānau. They also share stories of the maintenance and change in Māori traditional practices and tikanga that have impacted negatively for Māori. Kuia bear witness to social, political and cultural change during their lives and they share their stories with the intention to awhi (embrace, support) and manaaki (support, care for) future generations.

1.6.5 Chapter Five – Discussion:

This chapter reviews the passage of this thesis and the discovery of everyday Māori resistance to further assimilation in modern Māori communities. The traditions and roles of te whare tangata through the last three generations are highlighted as they have transformed over time. Wellbeing is discussed through the lens of purposeful relationships and engaging of respectful and equal relationships to further enrich te whare tangata and Māori communities. The answers to Māori wellbeing are embedded in Māori traditions and the narratives shared by our own whānau.

1.6.6 Chapter Six- Conclusion

In this chapter I revisit the discussions conveyed in the literature review and interviews that I had shared with Kuia Participants. These discussions are intertwined with possibilities, opportunities and ideas to moving forward. Limitations are discussed along with ideas for future research. I highlight the resilience of Māori people in their continued engagement with Māori traditions in contemporary society and the formulation of purposeful relationships.

1.7 Conclusion:

The Māori world view locates te whare tangata in a position of prominence within Māori society. Māori cosmology dictates the ongoing evolution of life and it is women who hold the fundamental capabilities to nurture and birth new generations. This powerful role placed Māori women in a space of equality with their men and these positions are discussed in narratives shared by Kuia who have given their perspective of te whare tangata through three stages of their own lives. These important narratives are explored and discussed within the research paradigm of qualitative research and Kaupapa Māori theories.

CHAPTER TWO – LITERATURE REVIEW

2.1 Introduction:

Pregnancy and childbearing were important functions in traditional Māori society. When gardening, much planning was required prior to sowing the seeds to ensure that the garden will flourish. Similarly in terms of Māori survival, for their people to flourish much planning was undertaken to ensure this happened. Taumau (betrothal) - the union of a man and woman - was not accidental; these unions were made with overt purposes, such as strengthening ties to land. After marriage, couples maintained their independence while remaining members of their own whānau; they also retained their own distinct land rights (Mikaere, 2003). Walker (1990) identifies “marriages arranged for political means and fighting prowess”; he further states that “a combination of these factors strengthens the hapū identity as a land holding political entity” (p. 64). There was also an expectation that soon after the union of a couple, a child would be conceived. From the announcement of pregnancy, several interventions would be sanctioned through tikanga to protect the wellbeing of mother and child.

The philosophies and traditions of te whare tangata were to change significantly from the time that Pākehā colonisers arrived in Aotearoa (New Zealand). Almost immediately the effects of these pioneers were experienced by Māori. The most significant cluster of changes was to be named colonisation. Colonisation included assimilating Māori to all aspects of Pākehā life, through religious instruction, education and the creation of social acceptability (Walker, 1990). Māori began to doubt their

own traditions, and to survive in the new era of civilisation in New Zealand Māori began to adapt, mimic and adopt a new way of living that appeared more acceptable to their Pākehā partners.

Changes were noted in all aspects of Māori life and included a change in how Māori women would be identified and treated along with changes in their role te whare tangata which included hapū ora (maternity), whakawhānau and parenting. Moewaka-Barnes et. al. (2013) discusses the influence of western colonial beliefs on Māori. This process was a planned hegemonic process by the coloniser which actively undermined Māori values and reinterpreted the roles of both Māori men and women. Bedgood ([1980] as cited in Pihama, 2001) argues “throughout the colonisation of Aotearoa a conscious attempt was made to create a ‘little England’ through the transplanting of key elements of British society; economics, politics and ideologies” (p. 145). By the time colonisers had arrived in Aotearoa they were well versed in colonisation and well-practiced in imposing this on Māori.

In contemporary society, Māori battle with health disparities, unemployment, and poverty, which are constantly highlighted through a negative lens in health literature and mainstream media. Many mainstream interventions are offered to assist Māori in health care, welfare and education; however many Māori continue to struggle to survive and live a meaningful life in Aotearoa. In the past few decades, Māori have worked to rethink the future and redefine our identity and place in society. Māori scholars (e.g. Durie, 2001; Mikaere, 2003; Tuhiwai-Smith, 1999; Walker, 1990) consider the answers will be found in Māori culture and belief, both pre- and post-colonisation. Māori believe that past, present and future are all connected, and that the answers to

the survival of Māori be found in Māori history and traditions. Such investigations are ongoing, and have already resulted in the incorporation of Māori models of health and wellbeing within all sectors of Māori society. This includes investigation into how we can re-engage with our customary traditions to support survival in today's society.

2.2 Traditional Cosmology & Settlement in Aotearoa:

Māori believe that they are descendants of atua, which is reflected in Māori traditional narratives of creation. Traditional pūrākau (stories) have been shared across generations and portrayed the close relationships between atua and humanity; this provided Māori with the foundations of whakapapa, linking Māori with atua. Jenkins and Mountain (2011) emphasize that “pūrākau “are treasured because they link the spiritual and the physical”, explaining the interwoven energies of te kahu o te ao, (the fabric of the universe)” (p. 1). While detailing the beginning of existence, these stories can be used in a variety of ways and contexts. Mikaere (2011) argues that:

The story of creation is not fixed in the past but is re-enacted daily in a myriad of ways: the birth of a child, the conducting of a pōwhiri [ritual welcome], the seeking of enlightenment and understanding. The messages conveyed by the symbolic transition from Te Kore through to Te Pō to Te Ao Mārama remain as relevant now and for the future as they have always been. (p. 320)

The creation story begins with the three states of evolution, the first being Te Kore, the void, energy and potential. Walker (1990) explains that “Te Kore signified space; it contained in its vastness the seeds of the universe and was therefore a state of

potential” (p. 11). Marsden (in Royal, 2003), describes “Te Korekore is the realm between non-being and being that is the realm of potential being, it is the womb from which all things proceed” (p. 20). The second state is Te Pō, the dark, the night. Marsden (in Royal, 2003), discussed Te Pō as “the realm of becoming”(p. 21), and some say Te Pō was born out of Te Kore and likened Te Pō to the womb (Mikaere, 2003). It is in this state that Papatuanuku (Earth Mother) and Ranginui (Sky Father) were conceived. Male and female elements intertwined, along with the genesis of life principles, which then moved existence into the third state of Te Ao Mārama. The separation of Papatuanuku and Ranginui occurred in this stage, the emergence, the light and the dwelling place of humanity. Marsden (in Royal, 2003), agrees that Te Ao Mārama is the place of being and provides the following analogy: “Conception, the first signs of swelling, the distended womb, the distended vagina, contraction, membrane ruptured, first stage of delivery and final stage” (p. 21).

The primeval parents, Papatuanuku and Ranginui, were created from the potential of Te Kore by a series of forces both male and female, and embraced each other in aeons of time within Te Po (Pere, 1982, as cited in Mikaere, 2003, p. 14). Papatuanuku and Ranginui are the first parents, their union being one of love and care for each other (Jenkins & Mountain Harte, 2011). They existed in an eternal embrace in which their many children were conceived and lived in darkness. The number of children belonging to Papatuanuku and Ranginui are inconsistently reported, from six to 70 to 120 (Jenkins & Mountain Harte, 2011).

In the story of the separation of Papatuanuku and Ranginui, there are seven atua that are commonly referred to. These atua are Tāne Mahuta (Atua of the Forest and father

of humanity), Tangaroa (Atua of Oceans and Waters), Tumatauenga (Atua of War and Humanity), Tawhirimatea (Atua of Wind and Weather), Rongo mā tāne (Atua of Cultivated Foods, Peacefulness and Humility), Haumia-tiketike (Atua of Medicinal Plants and Uncultivated Foods), and Ruaumoko (Atua of Earth Movements)².

The following narrative of the separation of Papatuanuku and Ranginui is given by Marsden (in Royal, 2003):

the union of Papatuanuku and Rangiawatea (Ranginui) sprang their children, Tāne (first born) and the other gods after him, Tangaroa, Rongo, Tu-matu-engā, Haumiatiketike, Ru-ai-moko and Tawhiri-ma-tea. But Rangi continued to cling to Papatuanuku and gave up his task of completing the heavens. By this act he doomed his offspring to dwell in perpetual darkness, lo the omniscient stirred his activity and sent the spirit of rebellion to stir the children to revolt. After consultation among the brothers, they decided with the exception of Tawhiri-ma-tea to separate their parents and allow light into the world. (p. 17)

The act of separation although difficult for those involved is at times necessary. This process is similar to the process of birth as it reoccurs throughout time for all living things.

The origins of te whare tangata are also shared in the life narratives of Hineahuone (Atua, first woman). Hineahuone was created with the wisdom of both Papatuanuku and Tāne Mahuta. It was decided once Papatuanuku was clothed in fern and fauna and the many species that dwelt upon her new lands in Te Ao Mārama, that this should

² It is also important to note that pūrākau narratives may differ in different tribal regions. King (1981) in his collection of essays by Māori authors emphasizes that authors in their written work are “expressing views that are true for them as individuals from different tribal backgrounds and climates of learning” (p. 17).

also be shared with entities that are created in the likeness of atua, this being the conception of humanity. There are several versions of why humanity was created, and narratives of similar events often differed in each tribal area; however, the fundamental components of the story were much the same (Murphy, 2011). For example, one version says Tāne Mahuta, although happy with his achievements, felt lonely and wanted a companion; therefore he created Hineahuone (Kameta, 2009). Another version reports this as Tāne's quest for ira tangata (human life principle) led to the creation of Hineahuone (Walker, 1990).

Hineahuone was fashioned through the gathering of clay called Kurawaka (fertile soils) in the pubic region of Papatuanuku. She was created and given life by Tāne Mahuta who gave her first breath. Hineahuone sneezed, and this sneeze came to be known in Māori as "Tihei Mauriora". Hineahuone would possess "ira tangata" and she along with Tāne would become the parents of Hinetitama (Dawn Maiden) (Walker, 1990). Tāne would also have children with Hinetitama, however as she lived in the human world while he lived in the celestial plane, Hinetitama had not met her father. Upon her discovery that she had produced children with her father, Tāne, Hinetitama fled to the underworld and became known as Hine nui te Pō (Atua, Guardian of the Spiritual World). Before her retreat back to her grandmother Papatuanuku, Hinetitama asked Tāne to look after their children on earth (Jenkins & Mountain Harte, 2011).

These narratives illustrate the Māori worldview of the creation of humanity and highlight the connections that Māori have with atua and nature. Marsden (in Royal, 2003), writes "Man did not evolve from Primates, but was created from the seed of Tāne, impregnated into Hineahuone" (p. 63). Tāne remained in Te Ao Mārama to care

for their children and this reminds us of the important and sometimes forgotten role of Tāne in being a parent, caregiver and provider for his children. There are many traditional stories that discuss the role men have in raising children.

Hineahuone was therefore the first woman to give birth to human life and the beginning of women's most important role as the architects of future generations. Ruwhiu (2009) asserts women's roles within cosmology were often to ensure that the creation of whakapapa was formed and maintained. This was a very strong belief held by Māori and this supported the principles of care, protection and value of women and children in old time Māori societies. Should this care and protection be breached, these breaches would be dealt with swiftly. In traditional times an assault on a woman could result in death of the perpetrator or being alienated by the community (Pere, 1987, as cited in Mikaere, 2011). Mikaere, (2011) adds "the very survival of the collective is dependent on everyone who makes it up and therefore each and every person within the group has his or her own intrinsic value" (p. 186).

Atua narratives provide sound learning and knowledge that aided their descendants in survival for many generations, although through colonisation much Māori knowledge was rewritten to become myths and legends, thereby relegating them to be merely 'stories' (Walker, 1990). For Māori the narratives of creation were not fairy tales of mythical characters; they were in fact knowledge of the processes through which Māori societies were built, and they confirmed the place within the world for Māori people and cultural survival (Marsden, in Royal, 2003). According to Jenkins and Mountain Harte (2011), "the whānau (extended family) believed in their atua and tupuna stories as directions for behaviour" (p. xi).

It is widely written that Māori originated from a place called Hawaiki. Durie (2003) writes it is widely agreed the decision to migrate from Hawaiki to Aotearoa was deliberate in that Hawaiki had become intensely populated. Recent research has found through DNA testing that a pool of at least 50 women were involved in the migration, which would make the new colony viable (Durie, 2003).

There are a variety of theories regarding when Māori ancestors arrived in Aotearoa, from 1250 AD (Belich, (1996), 800AD (Orbell 1991; Walker, 1990), or 1200-1300AD (Byrnes, 2009). The survival of the people who arrived from Hawaiki was dependant on how they would adapt in the new lands. Durie (2003) refers to four strategies of survival, with the first strategy as leaving Hawaiki. The second was completed over 200-300 years in that the tribes would learn to adapt to the new environment. The third strategy was the use of tapu (restrictions) and noa (ordinary) to support social order and limit unnecessary risks. The fourth was surviving within the growing population amongst tribal skirmishes.

By the 1700s the Māori population of around 500,000 was such that survival was assured in Aotearoa. Traditions had been established and social balance had been achieved. Orbell (1991) describes a flexible system of social organisation with independent chiefs and heavily fortified pā (villages). The new tribes established in Aotearoa adapted traditions into new customs to suit the new environment and it was through this process that new cultures flourished. The flourishing tribes' foundations were based on relationships and whānau.

2.3 Social Structure:

The foundation of Māori society was based on relationships and connections that bound people with each other and with their physical and spiritual milieu. Several authors have documented that Māori women and men existed together in equal but specific roles in their whānau, hapū and iwi (Belich, 1996; Mikaere, 2003; Tuhiwai Smith, 1999). Furthermore, respect love and care were expressed by men toward women and children, as Samuel Marsden wrote of his experience in Northland: “They (men) were kind to their women and children, I never observed a mark of violence on any of them (as cited in Belich, 1996, p. 100).

Relationships and connections were framed inside the concept of whakapapa and whakapapa was extremely important in traditional Māori society. Along with this ability of women through te whare tangata to bind the past, present and future generations together was a well-respected role that they carried.

Sustainability of future generations in Māori traditional society meant that Māori communities, similar to Papatuānuku and Ranginui, were responsible for the safe and nurturing development of all children. Whānau was the basis of any community, and once marriage took place it was not long before children were expected (Makereti, 1986). On the announcement of children, great celebrations would break out within the hapū, especially if the expectant parents were of rangatira status (high ranking family within the hapū) (Makareti, 1986).

As Makareti (1986) describes in traditional society, “the family starts with a man and a woman and their children, and when their children marry and have children they would be called a whānau” (p. 34). When whānau grew to around 150 members they

often broke off from the existing hapū (collective of whānau) to become a hapū in their own right. This was how Māori networks and communities were established and at times alliances were created; whakapapa was the way in which the connections between networks and communities were organised and remembered. Walker (1990) discussed alliances in that whānau would do all required to ensure their survival, including maintaining alliances with other hapū and tribes for the purpose of defending their territories.

Papakura³ (as cited in Lawson Te-Aho, 2010) noted that “it was common place for individuals to belong to a number of different whānau and be able to connect with other whānau, hapū and iwi through the process of reciting whakapapa and as a result of inter-marriage” (p. 25). The process of reciting whakapapa continues to be enacted in today’s society during the process of pōwhiri (welcoming of guests on to the marae), a process in which both parties can identify specific connections. Māori communities were collective by nature, and being part of whānau acculturated individuals into these collectives. This also encouraged collective roles and collective responsibilities to and for each other (Moeke-Pickering, as cited in Lawson-Te Aho, 2010).

Māori society maintained reasonable social balance through social rank, the lore of tapu (restriction, sanctity) and noa (ordinary, free from restriction), spiritual beliefs and the principal of utu (balance). The structure of social rank was “stratified into three classes, rangatira (chiefs), tutua (commoners) and taurekareka (slaves)” (Walker, 1990, p. 65). Warfare amongst Māori occurred with one of the recognised entitlements to land being whenua raupatu, land taken by conquest. Walker (1990)

³ Makareti was also known as Maggie Papakura.

states that peace was often sought, usually by the defeated party requesting peace. One method of securing peace was through the exchange of weapons between parties, however, a more enduring peace was when women were exchanged and marriages secured this peace (Walker, 1990).

2.4 Knowledge Transmission:

Walker (1990) states that:

In the pursuit of knowledge, Tāne-nui-a-rangi (also known as Tāne Mahuta) ascended to the uppermost heaven where he obtained the three kete (baskets) of knowledge to be disseminated on earth. These kete were Te Kete Tuauri (spiritual knowledge), Te Kete Tuatea (celestial knowledge), and Te Kete Aronui (knowledge to live on earth). (p. 344)

Māori cosmological narratives were expressed in learning and living in ways that provided Māori with guidance and tikanga that would assist survival. Tuhiwai-Smith (1999) supports this in her following statement:

Indigenous peoples have philosophies which connect humans to the environment and to each other and which generate principles for living a life that is sustainable, respectful and possible. (p. 105)

Old time Māori society had their origins based on the lore and principles that were passed down through generations. This knowledge was transferred using pūrākau (historical narratives), waiata oriori (lullaby) and artistic mediums. These forms of

oratory and artistic mediums used to pass on traditions and knowledge continues today and was the responsibility of both men and women.

Whakapapa and iwi histories were shared with babies while they grew in the womb (Jenkins & Mountain Harte, 2011). Special waiata oriori were composed for the child that spoke of their whakapapa, their talents and traits or what path they were to lead (Jenkins & Mountain Harte, 2011). According to some writers, women were responsible for the maintenance and transmission of iwi histories to their babies. This knowledge was given in a range of ways; one in particular being waiata oriori as Māori women were known as wonderful composers of waiata (Mikaere, 2003; Murphy, 2011). The knowledge of health and wellbeing were also a role for women. Wilson (2004) writes the following:

Ko te mana o wāhine Māori
Ko rātou te whare tangata
Te kairaranga oranga
Ko te kaitiaki o whānau ora.
The integrity of Māori women
Who are the bearers of life
The weavers of health and wellbeing
The guardians of whānau health and wellbeing. (p. iii)

The transmission of knowledge in traditional times was the responsibility of the kaumātua and kuia, with women and men each playing a significant role to instilling the hapū and iwi histories, along with valuable life teachings to their babies, children and young people. From the gestation period of life, the transmission of knowledge started with waiata oriori by their mothers and continued when the baby is born. The importance of spending time with elders is portrayed in the early childhood story of

Māui-pōtiki (a folk hero in Māori, who performed a number of amazing feats) in which knowledge from his grandmother was key to Maui's exploits. The knowledge gained from elders continues to grow as the life journey carries on, and important life survival skills are learned. Walker (1990) identifies kaumātua and kuia as being the storehouses of knowledge; they were the teachers for their mokopuna (grandchildren) and mokopuna were more influenced by their elders in their early childhood years.

2.5 Women and Traditional Roles:

The balance of male and female roles was evident in every facet of Māori traditional life prior to the arrival of western cultures. In Māori cosmology, Hineahuone was fashioned and given life by Tāne. This showed the great role of atua tāne, our male entity. In support of his quest was Papatuanuku, who told Tāne where to find her most fertile soils and how to complete his task, showing the equally great role of the female elements of atua (Mikaere, 2011). The equal roles and collaboration of male and female are further highlighted in the stories of Maui. Walker (1990) describes Maui as "an important culture hero in Māori mythology" (p. 15). The stories of Maui including his pursuit of knowledge from his grandmothers for mankind and his ventures that included slowing the sun for more daylight hours and fishing up the land known as Te Ika a Maui, again through knowledge gained from his grandmother Murirangawhenua (Walker, 1990). Walker (1990) highlights the feat of Maui not only as being collaboration between male and female, but also being one of the young and old and the passing on of knowledge across generations.

Women held many significant roles and were treated equally within whānau, hapū and iwi before the influence of the western culture. Traditionally many women occupied leadership roles in military, political and spiritual domains (Mikaere, 2011). Women worked in harmony with male partners and this relied on balance and harmony with all whānau members (Mikaere, as cited in Ruwhiu, 2009). Māori women living in traditional times were encouraged and available to develop strengths and roles in many areas of life as there was no expectation that they would solely work domestically and be sole carer of children. It was reported by the earliest European observers that children were nurtured by the whole whānau, including both immediate and extended family members (Jenkins & Mountain Harte, 2011). This enabled the establishment of secure attachment to several whānau members, not just the baby's biological parents (Jenkins & Mountain Harte, 2011). Responsibility for the child's wellbeing was the collective role of the whānau.

2.6 Traditional pregnancy and birthing practices:

The traditional customs of haputanga and whakawhānau in Māori society were practiced to protect and keep safe mother and child. They, along with the process of birthing, were highly tapu (Clarke, 2012). Customary birthing practices are described here along with the significant role of whānau in this deeply tapu process.

2.6.1 Whare Kohanga (Birthing House):

In the early stages of haputanga, women were usually able to continue on with their normal duties, with careful monitoring and nurturing by whānau. This might include whānau travelling great distances to get the expectant mother specific foods, as described by Makareti (1986). As the time of whakawhānau approached, it is written that the expectant mother was taken to a purpose-built whare (house) called the whare kohanga (Makareti, 1986). She would remain at the whare kohanga for between seven or eight days after the birth of her child. Both Makareti (1986) and Mikaere (2003) agree that most hapū (pregnant) women living in traditional times moved to whare kohanga because they were regarded as being highly tapu⁴ during the time of birthing. Although there is much documented about the function of whare kohanga, there are also stories of women giving birth in the open environment in the forest or on the beach. Narratives advise after the first birth some women were capable to birth their children alone. A story recited in Clarke (2012) describes the following:

In some Māori tribes, as soon as the woman finds her labour has commenced, she takes her rug and goes into the open air, into a quiet, retired place. If it is her first child a woman attends her; after the first child she goes alone, no one interfering unless assistance is solicited. (p. 22)

Mikaere (2003) states that “Female attendants were designated to care for the mother during her time at the whare kohanga and during birthing the mother was assisted by her attendants, parents, other female relatives and her husband” (p. 35). Makareti (1986) wrote that the expectant mothers had many people to aid her birth including

⁴ Tapu as described by Makareti adds another dimension in that women in such situations were ‘unclean’ whereas Mikaere defines tapu as ‘sacred’. The difference is possibly an indication of changing understandings over time, and the influence of Christian belief.

immediate and extended whānau, along with her attendants and the father of the child. It is also suggested by Clarke (2012) that fathers were often the first choice to assist woman in her birth. Historically midwifery was provided by whānau and this continued well into the early 1900s. Rimene, et. al, (1998) states “my mother’s midwife was my older brother, and if anyone in the whānau were having babies they would come and get him” (p. 57).

It is possible that across the many tribes of Aotearoa the experiences, observations and the practices of te whare tangata and whakawhānau are different; these differences may also be evident in the reports across time. Makareti’s accounts of *Old time Māori* were completed as a thesis for Oxford University in 1930 and published eight years later, and then again in 1986 with a foreword by Ngahuia Te Awekotuku. Mikaere’s (2003) exploration of traditional understandings and practices entitled *The balance destroyed* was completed in 1995 as a Master of Jurisprudence and published in 2003. The explanations of te whare tangata by these two authors share many similarities, along with differences. These differences may reflect the time period of the society of their time, with tribal differences another possibility to consider in their understandings of their cultural heritage – Makareti is of the Te Arawa and Tuhourangi tribes, whereas Mikaere’s tribes are Ngāti Raukawa and Ngāti Porou.

2.6.2 Whakawhānau (Birthing, Labour):

During their labour, women were often accompanied or attended to by their whānau and the father of the baby. Women gave birth while standing or kneeling, using gravity and gentle pressure applied by her attendant to bring forth the baby (Clarke, 2012).

She would be encouraged to be strong - “kia kaha e whae” (Makareti, 1986, p. 114). In some births, a tree or rock would be used as a support (Clarke, 2012). In traditional times Māori women gave birth without too much concern, and in later times were quite astounded at all the fuss of her Pākehā counterparts. Makareti (1986) wrote that “Māori women would not worry over giving birth and they did not suffer like the wāhine Pākehā” (p. 113). Clarke (2012) writes an account of a man who ridiculed the fuss made by European women having children and further stated that “Māori women had more spirit in not uttering a single groan” (p. 23).

When there were complications during the birth of a child, a tohunga (ritual expert) would be called for and the tohunga would mediate between the people and atua. If birthing were difficult the tohunga may recite the baby’s whakapapa, calling for baby to come forth. If the baby still did not come, there was sometimes suspicion about the chastity of the mother (Clarke, 2012). Social processes set up immense support for women who became hapū, and in ideal situations this support remained with mother and child through the entirety of their life. Living in traditional times was however not without its challenges.

2.6.3 Karakia - Spiritual Relationships with Hineteiwaiwa:

Birthing of a baby was certainly physically demanding on both the mother and baby. Their spiritual and emotional wellbeing required support and protection through this highly tapu process. Traditionally Māori people were spiritually connected during whakawhānau through the act of karakia. This was a central part of the birthing process. Mikaere (2003) writes that a karakia to Hineteiwaiwa would take place to

ease the birth; the karakia would differ depending on whether the labour was going well or if there were difficulties. Makareti (1986) gave a similar account; in *Old Time Māori* she identifies Hineteiwaiwa and Hine Korako (Ktūa who personified the moon) as the atua that cared for childbirth and everything connected to it. Yates-Smith (2003) describes Hineteiwaiwa as one of the wahine atua associated with childbirth, but that much knowledge about her had not survived colonisation; however through research, passion and the desire of Māori to re-engage with Māori traditions, these narratives are being rediscovered. Yates-Smith (2003) suggests that the achievement of Māori women, once empowered with the knowledge of the “Hine” heritage, would be greatly enhanced.

2.6.4 Whenua:

It is no accident that ‘whenua’ means land as well as ‘placenta’. To reinforce the baby’s connection to Papatuanuku, Māori would bury their baby’s whenua (placenta) within Papatuanuku (Mother Earth) – ‘whenua ki te whenua’. This process is thought to establish the bond and relationship between the baby and Papatuanuku (Marsden, in Royal, 2003). The ceremonial burial of the whenua in a sacred or significant location was of extreme importance in traditional times and this location was often chosen before the birth of the baby. Soon after the birth, the whenua was taken away by the mother, aunt or other close relative to be buried (Makareti, 1986). This also occurred when the navel came away from baby a few days after birth, and this would also be buried in a sacred place by the family (Mikaere, 2003). Tuhiwai Smith (1999) writes that:

Most indigenous people regard the whenua (placenta) and blood as still active and highly tapu. This is one customary tradition that through western interference was stopped and it is only in recent times that this process has been revived, as up until recently the hospitals use to refuse the request of Māori to take the afterbirth away. (p. 100)

2.6.5 Ceremonies:

Jenkins and Mountain Harte (2011) share four ceremonies carried out after the whakawhānau. The first is the tua rite, cutting of the umbilical cord at the time of birth. Makareti (1986) describes this the time when the pito or the babies' umbilical cord has dried and fallen away, and the tapu from mother and child is lifted. Jenkins and Mountain Harte (2011) refer to this as the koroingo or maioha ceremony around eight days after birth. Biggs (1960) called this ceremony 'tuuaa', however.

The next is the tohi rite, the dedication to atua. Makareti (1986) writes that this ceremony, although similar to a christening, it was not the same; the tohi ceremony was the child being dedicated to atua. She also identifies the tapu laid on the male child was different to one laid on the female child. The fourth ritual is the pure rite confirming that child's mana (prestige, authority, spiritual power) and to make mana permanent (Jenkins & Mountain Harte, 2011; Makareti, 1986). Biggs (1960) reports the child is made ritually cleansed using water, and t then named and dedicated toward their appropriate future roles.

2.7 Challenges and Changes:

Maintaining social balance with the advent of Pākehā colonisation from the late 18th century, and the massive social, political and economic changes this introduced, would be one of the biggest and most important challenges Māori were to face in Aotearoa. Mikaere, (2011) states “colonisation has thrown us into a state of perilous imbalance in our relationships with our environment, with our atua and with each other” (p.200). The early period of colonisation was to be one of the most culturally devastating periods in Māori history impacting all levels of Māori culture and existence. The process of colonisation meant that Māori were to be assimilated by the Pākehā colonisers. For the success of this process meant that the very fabric of Māori culture would be shattered in the processes of oppression and marginalisation (Mikaere, 2003).

Major transformation in Aotearoa has taken place over the last two hundred years or so, and involved several influences after contact with western cultures that arrived in Aotearoa during the 1700 – 1800’s. Durie (2003) reports “at first it was a novelty. Whānau vied with each other to have a Pākehā retainer and to marvel at the new technologies, but his novelty soon wore off” (p. 19). Along with these new cultures came the introduction of foreign religious beliefs, predominantly Christianity, introduction of new laws and the unbalancing of political climates. The introduction of mandatory western education, the process of urbanisation and assimilation was to break down Māori cultural worldviews, beliefs and cultural systems. These changes continue to cause devastating effects for Māori in today’s society. However Durie (2003) highlights “the measuring of Māori progress by using Pākehā New Zealand as

the benchmark indicate the gaps between Māori and other New Zealanders, however it doesn't capture the dynamic state of Māori society and the significant gains made this century" (p. 21). This research intends to highlight the dynamic ways that Māori continue to have belief in Māori traditional practices that at times are reported to be at odds with the contemporary viewpoint.

2.7.1 Religion and Spirituality:

Prior to contact with western missionaries, Māori women lived lives of equal status in the several roles that they held. Men and women lived in balance with each other and in their roles. Māori had specific practices and social responsibilities guided by the principles of tapu and noa. With the arrival of missionaries came the western notion of Christianity and almost immediately the role of women was devalued. Women's role as te whare tangata became secondary to a supreme male being - "god" or "Io" (Mikaere, 2011). By 1913 many Māori had integrated Christianity into their spiritual life, Mikaere (2011) further highlights the churches part in domesticating young Māori women in their schools.

Mikaere (2011) reports that during the integration of Christianity, several atua histories were lost or misplaced. Female atua were marginalised and atua narratives took on similar characteristics as their Christian counterparts. With the assistance of the Māori Land Act 1909, Māori customary marriages were deemed to be symbolic only, requiring Māori to have legal marriages, and in time Māori were forced comply with Pākehā marriage processes. This would again displace Māori values and whānau forms, and encourage the nuclear family arrangement. Christianity, the Victorian

ethos, and the European education system collectively impacted on traditional Māori society (Yates-Smith, 2003). Marsden (in Royal, 2003), writes of the early concerns of the northern Māori chiefs that Māori customs and tikanga were at risk of being replaced by Christianity and these practices would be lost. Te Wananga o Te Tai Tokerau was started for the specific purpose of preserving for prosperity, their history, tikanga and traditions.

2.7.2 Changes to Whānau Forms and Functions:

Colonisation has several detrimental aspects for Māori whānau. One of these aspects is urbanisation which caused deterioration to the foundations of the Māori whānau and other social structures. Māori society existed on the foundations of whānau, hapū and iwi, and as previously discussed; whānau were intertwined through whakapapa to their environment, including the mountains, rivers, bush land and through spiritual connection to Papatuanuku. The move for Māori away from their papakainga (whānau lands) would disengage many Māori from their traditions, culture and identity (Durie, 2001). Urbanisation of Māori is identified as one of the primary reasons for Māori living in poverty (Mikaere, 2003). The destabilisation of whānau structures, and disempowerment of Māori men, women and children along with the disengagement of Māori from their own resources, knowledge and spiritual expressions, left Māori communities in a state of disarray (Mikaere, 2003).

In the decade prior to the Second World War, Walker (1990) states 90% of Māori lived in rural areas, but by 1996 around 80% of Māori were living in urban areas (Nikora, Guerin & Rua, cited in Ruwhiu, 2009). Walker (1990) identifies three reasons for the

migration of Māori to the cities being employment, money, and pleasure. The Second World War was the catalyst for Māori to abandon rural poverty and seek employment in urban areas. Walker (1990) points to the Man Power Act, 1944, which required Māori not eligible to go into the military to be directed to work in essential industries, and Māori women were put to work in factories. Walker (1990) states further:

In 1960 the Department of Māori Affairs assisted the process further with the urban relocation program; 884 Māori families relocated to the cities either with encouragement of the Department of Māori affairs or of their own accord.
(p. 197)

The impact of colonisation has resulted in some long term consequences. For example, continued over-representation of Māori in negative indices for welfare, crime, education and health is evident in the 1998 report called *Closing the Gaps* (Mikaere, 2011). Urbanisation has fragmented whānau structures, leaving whānau isolated from their wider whānau supports and the notion of communal living. Children are often raised by their parents alone or raised in a sole parent arrangement. Today we are also seeing many mokopuna being raised by their grandparents, which reflects the traditional role of grandparent and mokopuna connections in Māori traditional society, however, grandparents today often do not have the support described in traditional times, many relying on their pension to provide for themselves and mokopuna (Te Momo, 2012). Parents in these families are required to work, either through government policy or as a matter of survival. This has contributed to the devaluation of the traditional role of whānau and further diminished the role of te whare tangata. Walker (as cited in Lawson-Te Aho, 2010) wrote that:

Whakapapa whānau have gone through massive upheaval and change through the impact of colonisation and urbanisation, the net effect of which has been to break down Māori cultural value and knowledge system and denigrate Māori cultural practices including those of whānau. (p. 30)

The structure of whānau in today's society have transformed from traditional times. What is most obvious is the change in support structures available to parents and caregivers raising children today. Whānau have shifted from being interdependent within their whānau and hapū to being government-dependant and raising children alone.

By the same token, however, whānau have re-created new concepts of whānau in the urban areas in which they live. Māori reintegrated an adapted form of whānau in forming new purposeful relationships. In recent times the concept of whānau has grown to include 'kaupapa whānau', which is a collective of people connected by a common interest, for example kapa haka, sports teams and other interest groups (Lawson-Te Aho, 2010). Kaupapa whānau groups have provided a space and focus for Māori cultural revival. Te Momo (2012) extends these concepts of whānau to include "orthodox churches, protest religions e.g.; Ringatū and Ratana, tribal organisations, Māori wardens, Māori councils, Māori Women's Welfare League" (p. 16).

Te Momo (2012) highlights the changing concept of whānau and how it has evolved over the last two centuries from kinship ties and genealogy to a hybrid of social, political and economic developments that sustains its ability to survive. Although the concept of whānau has evolved, there continues to be limited understanding of the role of te whare tangata and how this role can exist in contemporary times. Mikaere

(2011) advocates “Māori women in our struggle to be restored to our rightful position in our communities and in Aotearoa generally; should turn first to the principles laid down in Māori lore” (p. 199).

2.7.3 Changes to Transmission of Traditional Knowledge:

Women in their capacity as te whare tangata were the repositories of specific knowledge that was passed on to future generations. Mikaere (2011) writes “it is logical that women who carry responsibility for the physical survival and continuance of the iwi should also play a significant role in the survival of its history and therefore its identity” (p. 191). This particular role held by women through their status as te whare tangata was interrupted by colonisation (Mikaere, 2003). The passing on of knowledge from mother to child was weakened, and for some whānau this custom of sharing and bonding was lost.

Māori children were sent to Pākehā schools where English history was taught and Māori history was devalued and ignored. Māori cosmology was thought of as no more than fairy tales, and wāhine atua were redefined into passive roles or forgotten altogether (Yates-Smith, 2003). Tāne and wāhine atua would be replaced by one supreme god (Mikaere, 2011). The houses of knowledge would now be the English educational institutions, rather than traditional whare wānanga.

Colonisation, assimilation and urbanisation all played their part in the dismantling of Māori knowledge. For Māori to reclaim and re-discover iwi knowledge would require a revolution that would raise awareness to the social injustices of colonisation and courage to challenge government and government agencies for the racial policies that

left Māori almost lifeless. Māori leaders and scholars from all disciplines lead the fight for tino rangatiratanga and right for Māori to self-determination. This included the movements of modern Māori activist movements namely Te Hōkioi, Māori Organisation on Human Rights and Ngā Tamatoa who were very active in the 1970s and 1980s (Walker, 1990).

The revival of Māori people and culture began with reigniting te reo Māori (Māori language). Through colonisation and urbanisation Māori attachment to culture was eroded. Following on from the early protest movements, Māori have established many projects to re-engage Māori culture and Māori identity. For example, the establishment of the first kohanga reo (language immersion school for preschool children) in 1982 and kura kaupapa (language immersion school for primary age children) in 1985, and the Māori language Act 1987 accepting te reo Māori as an official language in New Zealand. The Māori renaissance encouraged new Māori initiatives in education, health and other social sectors, thereby impacting on society in general (Yates-Smith, 2003).

Access to knowledge in today's society includes education institutes along with contemporary mediums of film, television and internet (Ruwhiu, 2009). The access and sharing of knowledge has never been more accessible than it is in today's society. This has given Māori access to their iwi histories and culture where ever they may be in world. More recently Māori have adapted to sharing their narratives through film and internet media. The global access through the internet, television and film has also exposed Māori to global lifestyles and identities that differ from customary Māori beliefs. Royal (2007) writes:

New Zealand is a much more diverse and multi-dimensional place today with increased ethnic diversity and despite New Zealand's isolated geographical location it is much easier for Māori to participate in global activities as it is for others to participate in events in New Zealand (p.7).

2.7.4 Changing Roles of Māori Women:

In traditional Māori cosmology both male and female atua held important and equal roles. However this balance would shift through the process of colonisation to find Māori women not only being oppressed by ethnicity, but further oppressed by gender (Mikaere, 2003). The oppression of women is illustrated at the time of the signing of the Treaty. Mikaere (2012) writes: "the concept of women as leaders and spokespersons of their whānau, hapū and iwi would have been beyond the comprehension of the English treaty negotiators. Only 11 signatures were identified as being those of women" (p. 195), and the traditional role for Māori women continued to be devalued through many societal and systematic changes. Furthermore, the understanding of the role of Māori women in contemporary society has eroded. Many Māori women in today's society know very little about their Māori ancestresses and spiritual leaders. Mikaere (2003) suggests that through colonisation the balance of male and female roles have been thrown into turmoil.

Research by Moewaka-Barnes and colleagues (2013), report concerns about the contemporary role of men and women, and knowledge about Māori birth processes. It is further stated that colonial western beliefs which have influenced Māori roles have actively undermined Māori belief systems. Yates-Smith (2003) has found colonisation

to be responsible for the direct impact on the availability and misrepresentations of Māori female atua. She reports her search of literature that covered a 200 year period found the pūrākau with regard to female deities were fragmented and skimpy.

Recently the roles and histories of female atua have been rediscovered. Māori are moving to reengage with their Māori knowledge and traditions through several narrative and art mediums. The value of waiata oriori in relation to bonding with the unborn child is discussed by Jenkins and Mountain Harte (2011) in their study of traditional parenting; they describe waiata oriori as the lullabies used as socialising tools that link a child to the gods and their spiritual helpers. These also provided cultural messages and were often composed by the child's parents and grandparents. An example of the poetic style of knowledge being shared is provided in the following contemporary oriori, called *A careful turmoil*:

*It was my mother who dreamed you first as you lay on the hot earth.
The sun flew in and out of your eyes and you shaded yourself against it.
My father was further off; away from this land as I know it. His symbol, the
feather, beat against me. My mother said it was just my father asserting
himself: Think of it as a reminder' she said, 'an acknowledgement of change;
I found myself thinking of the careful turmoil of my 70 tupuna; chrysalis-like in
their filament of blood and fine hair. My ancestors were so fierce so female, so
male and so themselves as to be other. I think of them as living vessels. We are
together.*

*We spring from the space between our parents' unknown longing and the frailty
and urgent strength of conception, a physical idea resulting in a small joining of
two movements.*

Later we rise

A spirit lifts the first veil and we begin

To enter the vigorous mainstream of aquatic life,

An earthy watery measure.

Hineteiwaiwa guide me now, protect our living whakapapa,

A new puna. (Potiki & Kahukiwa, 1999, p. 14)

This poem highlights the relationships between cosmology and whakapapa, our spirit and life. It tells us we are more than an organism; our very creation is a part of atua and all that lives around us, and it reiterates the great respect that Māori have for future generations and culture. It talks about the sanctity (tapu) of the processes of conception, birth and life, in that we ask for protection from Hineteiwaiwa, the wāhine atua of childbirth and everything associated with it.

Knowledge of their wāhine atua and embracing their Māori identity can help Māori women today become empowered (Yates-Smith, 2003). Women such as Robyn Kahukiwa, Jolene Douglas and June Northcroft Grant are reclaiming their space as women artists and repositories of knowledge in their pursuit to restore women to their rightful place (Yates-Smith, 2003) – beside, rather than behind, men.

2.8 Changes in Maternity and Birthing Traditions:

The role and traditional practices of te whare tangata has experienced a transformation that continues to impact negatively on Māori culture and whānau today (Mikaere, 2003). Mikaere shows colonisation as the systematic destructive force that has entrenched a negative view of the role of Māori women and belittled the value of te whare tangata. Colonisation isolated women from their whānau during their haputanga and whakawhānau. Yates–Smith (2003) argues that much of the role of te whare tangata was not appropriately recognised.

Laws imposed by the English colonisers also played a pivotal role in changes to traditional birthing and child rearing. The introduction of the Midwives Registration Act, 1904, and the Tohunga suppression Act, 1907, prevented Māori from using traditional practices in the maternity and birthing processes, and further isolated whānau from this awesome period of a young life (Wepa & Te Huia, cited in Ruwhiu, 2009). The Midwives Registration Act 1904, required women to be registered midwives and outlawed delivery by anyone not registered to deliver babies. This would also impact on the traditional practice of whānau and male partners participating in the birth. The Act assumed that only women would be midwives, therefore registered midwives were mostly European females (Clarke, 2012).

The effects of colonisation would in time impact on the traditional practices of whakawhānau and leave Māori women in unfamiliar surroundings and exposed to unfamiliar birthing practices (Mikaere, 2003). This practice left women vulnerable and in lonely environments in the hospital. The traditional practices of haputanga

(maternity) and whakawhānau would diminish and this beautiful traditional knowledge would be lost for at least two generations.

The loss of these traditions would further impact on the structure of whānau and increasingly children would be raised in one parent families. Irwin (as cited in Mikaere, 2003) observes in contemporary times many Māori women are left alone to raise their children, isolated from the support of whānau both physically and culturally, and they are particularly vulnerable to negative health consequences and domestic violence.

Māori values and beliefs are continually ignored in the area of health. Developments in western medicine have shown that the blood from the umbilical cord and afterbirth is useful in treating certain diseases. There have been requests from some medical professionals in New Zealand to farm the cord and afterbirth of aborted fetuses (Tuhiwai Smith, 1999). The farming of umbilical cord and afterbirth destabilises Māori belief that Māori tissue is sacred and should be returned to Papatuanuku.

2.8.1 Whānau Participation in Whakawhānau:

This tradition of whānau participation in whakawhānau has been transformed by colonisation. Rimene, et. al, (1998) gives the following account of changes:

- 1920 - Birthing is a sterile event – no whānau or visitors as it was through they may introduce infections at the birth.
- 1960's – no fathers or whānau allowed in the birthing unit.
- 1970s – Fathers could request to be at the birth, they would have to meet with the matron prior to going into birthing unit.

After several decades of whānau being prevented from involvement in whakawhānau, since around the 1980's mainstream maternity health have had a complete turnaround. These changes include whānau being present at the birth; however the overall birthing process continues to be managed by their lead maternity carer, often a midwife. In recent times the Nurses Amendment Act 1990 acknowledged that medical professionals had the monopoly over child births and encouraged mothers to have more choice around child birth. One motivating factor for this politically driven policy was to reduce costs to overall maternity care. However this did not immediately increase homebirths and costs of maternity care "sky rocketed" (Ellis, 1998, p. 5). Tupara and Ihimaera (2004) found between 1999 and 2002 around 90% of babies in Aotearoa were born in hospital, showing this policy having limited impact on peoples choices to giving birth in hospitals.

Whānau have been allowed to practice karakia, karanga and waiata during the birthing process. The whenua ceremony was not used widely for several generations, since birth was moved to clinical settings, but today the tradition of whenua (returning the placenta to Papatuanuku) has returned. Clinical and hospital staff have supported this process by asking women if they wish to take their whenua for cultural purposes. Rationale for the re-introduction of some of these cultural practices in clinical settings could be because New Zealand health legislation requires midwives to affirm Māori as tangata whenua (indigenous people of New Zealand) and actively honour the Te Tiriti o Waitangi, New Zealand's founding document (Kenney, 2011). In the health sector there has also been change in the client/practitioner relationship, where clients participate more in the development of their treatment, which differs from the dictatorship role health professionals once had.

Legislation in Aotearoa requires midwives to affirm Māori as tangata whenua and acknowledge the principles of the Treaty of Waitangi. Durie (as cited in Tupara & Ihimaera, 2004) identified that Māori are underrepresented in the field of midwifery similar to other health service professions. Tupara and Ihimaera (2004) further suggest when health service provision meets the needs and cultural understandings of Māori, positive outcomes for Māori are increased. Therefore effective health provision requires dual competency for practitioners in being able to provide evidence based clinical interventions as well as being culturally responsive in the delivery of interventions.

The most damaging change to maternity care for Māori women I would suggest is in the place of support for mothers during haputanga and whakawhānau. Not only has the role of women been damaged, but also the role of her partner (Māori males). Goodwin (1996) in her thesis *He tapu te whare tangata*, explores the support for the young mothers during haputanga, birth and motherhood. In her interviews with young mothers, her main findings were that the first haputanga was an extremely difficult time for women, where they found themselves with limited emotional support from partners and often family, combined with a lack of material resources and support. The impact of cultural alienation for Māori from maintaining traditional knowledge and practices of haputanga and whakawhānau were aided by the consistent ethnic health discourse by western medical professionals; unfortunately pregnant women found themselves alone and desperate having little option but to rely social and government agency support.

2.9 Ethnic Health Discourse:

Durie (2001) writes that:

Māori identity is one of the core principles to wellbeing; and cultural identity depends not only on access to culture and heritage but also on opportunity for cultural expression and cultural endorsement within societies institutions.
(p. 54)

In health literature, Māori ethnicity continues to be viewed as a negative health factor. Indeed, there are many health inequities between Māori and other ethnic groups in New Zealand, much of which can be attributed to ongoing impacts of colonisation (Durie, 1994; Mikaere, 2003). Māori are more likely to have higher rates of disease, are more likely to die of cancer, and die younger (Durie, 1994; 2003; Mikaere, 2003; Wilson, 2004). In the past, Māori participation in health services was through mainstream definitions of what health was, and mainstream models, frameworks, and understandings of health were used *on* Māori, rather than Māori worldviews having any influence on our health systems.

Inequities still occur. Breheny and Stephens (2010) write about how through an 'Ethnicity discourse', "ethnicity is used as a negative health statistic as it coincides with categories such as conduct disorder, poverty and family adversity" (p. 314). Nairn, et al (2006) agree the discourses of race beginning from the time Pākehā entered Aotearoa, carry the embedded belief that Māori were inferior to Pākehā and incapable of being educated, resulting in Māori not having the same access to education or healthcare where workers were discouraged from engaging with Māori.

Furthermore Māori teenage pregnancy rates are stated as five times that of Pākehā New Zealanders, with the latter group being seen as the standard against which Māori should be measured. Breheny and Stephens (2010) state that “This comparison of early pregnancy rates is deployed to construct Māori as deficient” (p. 314). In some of the literature Breheny and Stephens surveyed, increasing access to abortions was considered part of the solution to dealing with this deficiency, and the lack of abortions by Māori teens is seen as “an indicator of cultural resistance” (p. 314). As Breheny and Stephens (2010) also point out however, such literature does not take into consideration differing cultural meanings with regard to sexuality and pregnancy, but only uses ethnicity to “explain poor health status and suggest alternative, mainstream solutions to disadvantage” (p. 314). This then contributes to kind of reverse ‘Eugenics discourse’ where teenage motherhood “is viewed as a selective process that identifies not the most able but the least desirable” (p. 316), that is, Māori teenage girls. Māori teenage girls are discouraged from having children and encouraged to have access to abortion services. They are not required to discuss this with their parents or whānau, leaving young Māori teenage girls vulnerable in a mainstream system that is again at odds with Māori tikanga.

Despite colonisation and the ongoing negative health discourse toward Māori, Gabel (2013) argues that “Māori women have sustained, resisted and, where needed, reclaimed our own mothering practices and philosophies” (p. 184). Gabel’s doctoral research investigated Māori traditional philosophies of motherhood drawn from traditional chants, songs and stories. Gabel (2013) argues for Māori maternities as a continued “site of resistance and empowerment for Māori whānau” and is “a significant space of resistance and tino rangatiratanga for Māori today” (p. iv). Part of

this resistance includes higher rates of birth, with motherhood beginning at a younger age than other groups in New Zealand. Gabel (2013) concludes that:

In light of the emergence of international maternal theory and especially indigenous maternal theories, it is important to ensure that we create space within our society to “tell our own story of motherhood”. This is to further assert that we are not to be defined or discussed by the experiences of non-Māori, and that we are also not be constructed on the margins of their theories, but rather that we affirm our own kaupapa Māori grounded spaces from which to philosophise about our own experiences. (p. 200)

2.9.1 Te Ao Māori in Health and Wellbeing:

It wasn't until the renaissance of Māori culture in the 1970s and onwards that Māori ideas on health and wellbeing began to be accepted and incorporated into health systems. One of the earliest was Te Whare Tapa Whā – the four sided house – developed by Mason Durie in 1984. This model shows that health is about more than physical dimension (Te Taha Tinana). Health also includes Te Taha Hinengaro (dimension of thoughts, feelings and emotion), Te Taha Whānau (dimension of family and social networks) and Te Taha Wairua (dimension of spirituality). According to Durie (2001):

Māori health cannot be separated from Māori lives. Nor for that matter can Māori lives be separated from the diversity of experience that constitutes modern living and which has the potential to reinforce good health or under diverse circumstances, to undermine health and wellbeing. (p. 279)

The experience of health and wellbeing is directly engaged with and related to the surrounding environment. During positive times Māori and New Zealand communities will thrive, however in more diverse or challenging environments for example in times of the depression or in more recent times the “economic down turn” Māori similar to other indigenous cultures have struggled to reach optimal health and wellbeing. Durie (1994) writes “Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity” (p. 69).

Another prominent Māori model in use today is the Poutama Model, developed using Māori processes of engagement (pōwhiri) and Māori philosophy of learning and change that “is a framework for the task of scaffolding across a developmental phase, a learning, or therapy” (Drury, 2007, p. 13). The Poutama model is framed as the stairs (poutama) to health, each step representing a new phase of enlightenment and opportunity of developing new goals. This model was developed by Paraire Huata to encourage appropriate engagement of health services and therapy with Māori. Duncan and Miller (as cited in Drury, 2007) suggest clinicians would do better to match their clinical orientation to the clients worldview and psychology of problem resolution. This model provides a framework that supports the partnership of health clinician and client, participation of client in the development of their goals, protection of the client’s integrity and mana. This also, according to Drury (2007), is a way in which non-Māori therapists are able to fulfil treaty responsibilities.

The Whānau Ora model changed the fragmented ways in which both health and social services treat whānau. The Whānau Ora Taskforce (Durie, Cooper, Grennell, Snively & Tuaine, 2010) have identified that often whānau receive services from several

providers. These services are often not well co-ordinated and can often leave whānau confused. MP Tariana Turia (Minister for the Community and Voluntary Sector) advocated a change in the way social and health service agencies would engage with whānau. She initiated the model of Whānau Ora into parliament. This model of care places the whānau at the centre of care and acknowledges that it is the whānau that know their strengths and areas where they require support. Whānau are the navigators of their own care with Whānau Ora agencies tasked with providing meaningful support that caters for the entire whānau. Whānau ora is a return to the concepts of communal care of families and recognises that the wellbeing of individuals impact on the wellbeing of whānau. Whānau ora also recognise wellbeing includes physical, spiritual, environmental and cognitive wellbeing.

2.10 Conclusion:

Traditional practices and customary roles of te whare tangata were secure in Māori values, beliefs and principles which originated from our traditional and cosmological narratives. These continue to be shared in contemporary society, despite the processes of colonisation that devastated Māori traditional practices. Similar to the revival of te reo Māori, other traditional practices are being rediscovered and reintegrated into Māori contemporary society. In today's society, western medical and clinical settings are trying to re-engage families into the birthing process and there are discussions and changes in how maternity services engage with Māori. To achieve this engagement, Durie (2001) advocates a return to traditional values and beliefs and a greater emphasis on the nature of relationships located at the core of Māori survival. It

is time to rebuild whānau and recognise haputanga as a great gift from atua who have granted women the ability to create future generations.

CHAPTER THREE – METHODOLOGY

3.1 Introduction:

Exploring the experience of the customary and contemporary roles of te whare tangata with Kuia Participants has been the basis of this research project. Carefully considered qualitative methods were chosen for this research project to discuss te whare tangata from within a Māori world view using the narratives and personal experiences of Māori kuia. The concepts of kaupapa Māori theory provided valuable research methods that allowed participants and myself to inhabit a culturally safe and valued space to share knowledge and learning. Mana wahine theories provided a basis with which I could investigate the traditional roles of Māori women and challenge historical and contemporary discourses of women and women's roles within a New Zealand context. Phenomenological methods allowed me to focus on describing the lived experiences of Kuia participants in relation to te whare tangata.

3.2 Theoretical Underpinnings:

3.2.1 Māori Historical Experience with Research:

Research in Māori communities and on Māori has provided very little benefit for Māori in the past, and has often resulted in benefits only for the researcher (Tuhiwai Smith, 1999). Salmond (1991) identified from the first encounters of Māori and Pākehā; Pākehā had arrived with the notion that Māori were inferior and it was this belief that informed the view of early Pākehā writers. Māori have challenged some of the

historical recordings by early ethnographers; Elsdon Best and Percy S. Smith, for example, wrote several articles on Māori customary traditions and were viewed as experts in the field of Māori traditions in the eyes of the Europeans (Mikaere, 2003). In time, they also came to be viewed as experts by Māori, many of whom came to accept the writings they left, although they were interpretations of Māori life by those who came from different societies and therefore interpreted what they saw in this way.

Percy Smith used a manuscript written by H.T Whatahoro in which the writings were based on the teachings of a Ngāti Kahungunu tohunga, Te Mātorohanga. His reinterpretation of his manuscript gave new insight into Māori cosmology which had striking similarities to the biblical stories of Christians and the introduction of the supreme being, IO. The role of Hineahuone in the creation of the first human life form had also been diminished and other wāhine atua and hine stories had been excluded. Mikaere (2003) states “While it is the female element that has been marginalised in the redefinition of Māori cosmology at the hands of ethnocentric experts, all Māori have suffered as a result” (p. 85). Tuhiwai Smith (1999) describes the way in which Western white men discussed indigenous women in the early 20th century, she highlights their terms as being dehumanising and likened to animals.

In recent times there has been much concern amongst Māori in regard to the integrity of research and accountability of researchers involved in Māori communities (Henry & Pene, 2001). For example, the ‘warrior gene hypothesis’ (Lea & Chambers, 2007) claimed that Māori males were prone to having a specific gene that is associated with aggressive behaviour. This claim has since been discredited by several authors. Merriman and Cameron (as cited in Raumati Hook, 2009) argue that “forming

generalised statements based on a sample of 17 individuals is not representative of a population and the lack of investigative journalism have combined to do both science and Māori a disservice” (p. 3). The implications of this research could impact negatively on Māori for several generations. Raumati Hook (2009) writes “implications of this research includes further perpetuation of false claims that Māori are a violent nation and that should this become a fact in the general public minds are horrendous” (p. 5). This is further illustrated by (Breheny & Stephens, 2010) regarding ethnic discourse in literature for health professionals, they found that often Māori and Pacific ethnicity was associated or categorised along with other negative health statistics.

Furthermore Henry and Pene (2001) have raised concerns in regards to how research information is controlled in the public arena. The negative impact of western research has led some Māori agencies to reject any research involvement, and many Māori continue to feel suspicious, which leads Māori to reject all research and all researchers (Tuhiwai Smith, 1999). Tuhiwai Smith (1999) further suggests that Māori need to take control of the questions they want to have addressed and invest in Māori people to operate confidently as researchers in their field of expertise.

In the 1980s Māori research methodologies were developed to provide Māori with the research space and voice to report Māori developments and issues from a Māori perspective, ‘by Māori, with Māori, for Māori’ (Tuhiwai-Smith, 1999). Through the many research projects completed using the principles of Māori research methodologies, many Māori traditions, literature and narratives have been rediscovered for current and future generations of Māori. The return of traditional knowledge is making a quiet journey home.

3.2.2 Kaupapa Māori Research:

Since the 1980s Māori have moved to challenge past and current research on Māori communities, along with playing an active role in developing research paradigms that are inclusive of communities being researched (George, 2010). Kaupapa Māori research provides positive spaces for Māori researchers to scientifically investigate questions that have value for Māori communities (Tuhiwai Smith, 1999). I have used Henry and Pene's (2001) description of Kaupapa Māori which accords with my understanding of this research: "it literally means the Māori way or agenda, a term used to describe traditional Māori ways of doing, being and thinking, encapsulated in a Māori world view or cosmology" (p. 235). Māori became a part of the movement in 'decolonising research methodologies', signalled by Tuhiwai Smith's (1999) seminal book of that name. Nagata, Kohn-Wood and Suzuki (2012) state:

Decolonising methodologies seeks to understand the multi dimensionally negative ways in which colonialism has harmed and continues to harm indigenous people and seek to address these negative effects by actively helping groups to recover, individually and collectively. (p. 95)

Jahnke and Taiapa (2003) report the Māori need to develop research frameworks appropriate for Māori hapū and iwi communities. Māori have found this space in the development of kaupapa Māori research methodologies. In its contemporary context, kaupapa Māori research seeks to meet the challenge presented by one of the Māori world's most prominent elders, Mira Szazy. She called upon young Māori to build a vision for the future founded on "a new humanism based on ancient values but versed in contemporary idiom" (Szazy, as cited in Henry & Pene, 2001).

As this research investigates the highly tapu topic of te whare tangata, the use of kaupapa Māori methodologies is appropriate. Kaupapa Māori research is used to investigate a topic under the proviso of a Māori agenda and in a Māori way (Henry and Pene, 2001). Kaupapa Māori processes ensure the research project in its entirety is completed in a respectful and dignified way using tikanga Māori. According to Glover (cited in Henry & Pene, 2001), Kaupapa Māori research is “a desire to recover and reinstate mātauranga Māori, the indigenous system that was in place before colonisation” (p. 236).

Research ‘by Māori with Māori for Māori’ was a concept widely supported when Māori research methodologies were being developed (Tuhiwai Smith, 1999). This concept is built on previous work such as that by Durie (1992, cited in Jahnke, et al, 2003). Durie argued that research by Māori is more likely to be conducted with an in-depth understanding of Māori attitudes, values and morals necessary for a successful outcome. In attempting to understand the concepts, philosophies and principles of te whare tangata and the significant roles that te whare tangata encompasses, requires the researcher to have an in-depth understanding of kaupapa Māori and ability to implement Māori tikanga that would provide the tapu (sacred) spaces that are required to discuss this important and tapu subject. The theories of Mana wahine offers a sacred space for the discussions of te whare tangata to occur and be validated.

3.2.3 Mana Wahine Theory:

To understand the principles of te whare tangata requires an acknowledgement of the key role of Māori women in Māori society. Many initial recorded observations of

indigenous women were written from the foreign perspective of Pākehā men who held western views and values regarding women being the property of men (Awatere, 1995; Tuhiwai Smith, 1999). To address this limiting perspective, Mana wahine theory has been developed. Mana wahine theory acknowledges and values the sacred life force of Māori women and the considerable contribution Māori women make to the wellbeing of their collective people (Madden, 1997; Mikaere, 2003; Pihama, 2001; Simmonds, 2011; Tuhiwai Smith, 1999).

The movement of indigenous women reclaiming a place of equality was influenced by feminist theory which focuses on gender inequality and social justice for women; however, one way in which Mana wahine differs is in the acknowledgement that Māori women do not exist alone. Mana wahine theory recognises Māori women's connection to Māori men (Mana tāne), families (Mana Whānau), land (Mana whenua) and deities (Mana Atua) (Pihama, 2001). There is evidence that Māori women and Māori men occupied spaces of equality prior to colonisation (Mikaere, 2003; Simmonds, 2011; Tuhiwai Smith, 1999). In this way, Mana wahine is compatible with kaupapa Māori theory being a contemporary theory and draws on traditional knowledge:

Mana wahine, as an extension of kaupapa Māori is located in the wider indigenous struggle that has emerged because 'we' were unwilling to continue to try and 'find' ourselves in the words, text and images of others. (Simmonds, 2011, p. 13)

Marsden (in Royal, 2003) describes mana as being authority bestowed upon a person by atua to carry out specific duties. Durie (2001) agrees, however he extends this definition to include how mana is also maintained by the person's collective (hapū), if

the contribution to the collective has brought about or maintained wellness for the collective. If the person who possesses mana has been disrespectful or used their mana for mischievous means that have not benefited the people, then their mana may be withdrawn and diminished by the collective.

Wahine in its simplest term is often taken to mean 'woman', however Pihama (as cited in Simmonds, 2011) argues that "to assume that wahine carries that same meaning as women in English terms is problematic" (p. 12). In Māori traditional societies there is evidence that Māori language was gender-neutral including personal pronouns (ia) and the possessive personal pronouns like tōna and tāna (Mikaere, 2003), language that is still used today. The terms 'woman' and 'wahine' have a history of meaning within their cultural origins and these meanings have formed social understandings by the communities in which they exist.

Words are powerful in this sense and movement in reference from 'wahine' to 'woman' allowed a change in the way wahine were viewed. This enabled acceptance of discourses of 'woman' and transferred beliefs held from the point of view of many European settlers that women were subservient to men. When this concept was applied in Māori societies, it contributed to a negative shift in how wahine were viewed and treated not only by European men, but by their own people (Pihama, 2001). Furthermore the discourse of Māori woman continues to be permeated with these understandings. Pihama (2001) cites the work of Pākehā woman Berys Heuer, who studied Māori women between 1769 and 1840. According to Pihama (2001), Heuer's work describes "Māori women as subordinate; defiling and unclean" but her descriptions are "based on her own cultural understanding of how Māori society

operates” (p. 190). The traditional view of Māori women along with her equal and specialised role within Māori society was negatively transformed through the influence of Western cultures. The view of Māori women in colonial terms located them as subordinate not only to Pākehā and Māori men, but also in many cases further subjugated by Pākehā women (Pihama, 2001).

A conscious decision made by Pākehā women to publicly reclaim their rightful and equal place in New Zealand society began in the late nineteenth century. In New Zealand pioneering women in the 1880s and 1890s, the ‘suffragettes’ argued that women should enjoy full national political rights. The Electoral Act 1893 was passed giving both Pākehā and Māori women the right to vote (Byrnes, 2009). This was a significant step in the movement toward equal rights of women in New Zealand and globally. However, Sprague (2009) writes women around the world continue to fight on many fronts for gender equality. Pihama (2001) identifies Black indigenous women’s fight to be included with this group as unsuccessful; furthermore Pihama (2001) notes “Western feminism have tended to serve the interests of white women” (p. 37).

Māori women in contemporary times have inherited mana wahine from ancient times in the sacredness of te whare tangata and continued roles as creators of life traditionally carried out by Papatuanuku and Hineahuone (Yates-Smith, 2003). Similar to occurrences in Western societies during the period of World War Two, Māori women took up jobs that were previously filled by men. This contributed to further nurturing of Māori women’s leadership (George, 2010). Following the war, this leadership continued with, for example, the development of Māori Women’s Welfare

League in 1951, led by Rumataki Wright. The Māori women's Welfare League sought to and achieved the creation of a nationally co-ordinated Māori welfare organisation. The Māori Women's Welfare League supported newly urbanised Māori in their new surroundings and advocated for the wellbeing needs of the Māori communities (George, 2010). Today the League continues to provide forums for nurturing leadership amongst our young women.

Māori women through the generations have continued to show leadership in the struggle of equality for Māori education, Māori health and wellbeing. Awatere (1995) argues Māori women developed the Māori language program and education houses of kohanga reo, Māori language centres of learning for preschool Māori children. This led to kura kaupapa (Māori language primary schools). Awatere (1995) further asserts Māori women are the real 'power house' behind the achievements that help to nurture future generations, along with many other spheres including land rights. Mana wahine theory has emerged because Māori women are unwilling to be defined through the distorted mirror of others (Simmonds, 2011). This research lends itself to the philosophies and beliefs of Mana wahine theory and joins the struggle with other Mana wahine projects to reclaim Māori women's equal place in society beside Māori men.

3.2.4 Qualitative Research Approach:

Wendt and Gone (as cited in Nagata, Kohn-Wood & Suzuki, 2012) argue that qualitative methods have assisted in decolonising research methodologies. They suggest the following four qualitative aspects as being instrumental in this process:

1) focusing on context; 2) focusing on culture; 3) providing thick descriptions; and 4) giving voice to the marginalised. Focusing on context allows the event or phenomena to be explored within its natural time and place. This focus does not only highlight the phenomena, but illustrates the surrounding circumstances or background:

Qualitative research differs from other methods that may decontextualise cultural phenomena, rather it facilitates methods that understand phenomena in its full cultural frame. (Nagata, Suzuki & Kohn-Wood, 2012)

My insider status gave me an automatic entry into the cultural world of chosen participants and I was familiar with the cultural understandings of te whare tangata. The traditions and practices of te whare tangata from hapū ora to parenting were explored with kuia through three stages of their lives. Kuia explain te whare tangata customary traditions and transformations across three generations through their observations and experiences.

Secondly Nagata, Suzuki and Kohn- Wood (2012) suggest “an in-depth focus on culture, which enables the phenomena to be seen within the cultural context in which it exists”. Some traditional research methods explained phenomena using a racial lens which often glosses over cultural understanding and ignore the deeper surrounding cultural explanations for a particular phenomenon (Nairn, et al, 2006). Qualitative inquiry allows the researcher to engage in the cultural experience (Nagata, Suzuki & Kohn-Wood, 2012). My status as an insider researcher meant that I had been immersed in this culture throughout my life and the concepts of te whare tangata are discussed from a Māori worldview and within the context of Māori society.

The third aspect Nagata, Suzuki and Kohn-Wood (2012) suggests is providing ‘thick descriptions’, which is the exploration, and systematic description of the meaning, location and associated behaviours with an activity or phenomena, and how this phenomenon is understood within the culture being investigated. Since the migration of Pākehā, the traditional practices of te whare tangata have been transformed. Kuia have articulated some of these changes across the three stages of their lives. Nagata, Suzuki and Kohn-Wood (2012) write “thick descriptions enable researchers to demonstrate how various behaviours are embedded in cultural frames of reference that inextricably link these behaviours to a history of colonialism” (p. 169).

Lastly qualitative research gives voice to marginalised groups, who for several centuries have struggled to have their voices heard. Ngata, Suzuki and Kohn-Wood (2012) identify marginalised populations as historically being excluded, misrepresented or deceived by researchers. Honouring the narratives, wisdom and reflections shared by the people who have lived and experienced their world helps to ensure their voices are heard. Qualitative research accords personal narratives of human histories with a rightful place in the world of scientific research, enabling the stories shared by participants to be reported and the participants’ words to be heard (O’Leary, 2010).

The qualitative research goal is “to gain an intimate understanding of people, places, cultures and situations through rich engagement and even immersion into the reality being studied” (O’Leary, 2010, p. 114). This provides a solid framework for this research in that qualitative research provides a space in the scientific genre that allows personal narratives of the everyday person to be honoured and shared. Marginalisation of the Māori population in research has been well documented

previously, however, I would further highlight the stories of everyday people in small communities are also not always widely reported on. This research shares that narratives of kuia living in small rural and provincial communities and honours their personal narratives and lived experiences of te whare tangata within their own cultural stance.

3.3 Research design

3.3.1 Participants:

a) Kuia Participants:

Participants in this research project were specifically chosen for their life experiences, leadership and vast knowledge of mātauranga (knowledge) Māori and te whare tangata. Kuia were identified through whānau and extended whānau networks, and are acknowledged in their own whānau, hapū and communities as respected women leaders. Kuia lived in the area of Te Tai Tokerau, Northland, Aotearoa (New Zealand), and held connections with the various hapū of the Taiamai, Oromahoe and Ngawha areas of the Mid-north region. I share connections with the same whānau, hapū and iwi of these kuia and am a part of their whānau. Kuia were aged between 65 – 80 years old, and were all mothers and grandmothers.

Six kuia were interviewed for this research, and they gave knowledge selflessly, expressing their desire to nurture and grow the knowledge gardens of te whare tangata for future generations. They discussed the importance for new generations of tamariki (children) and tai tamariki (youth) having access to Māori knowledge, firmly believing that this knowledge will aid them to be strong in their lives. My decision to

base this research within my hapū region in Te Taitokerau was because of my commitment to participate in the journey of tino rangatiratanga for the people of Te Tai Tokerau (that would also be of use to Māori from other regions). It is also my intention to share stories that empower my whānau, hapū and iwi through the personal narratives and knowledge of te whare tangata shared by kuia located in our community. I am also dedicated to the positive progression of Māori in Aotearoa, and am hopeful that this research will make a contribution to the positive wellbeing of Māori people.

b) Kuia Manaaki

My kaumātua and kuia provided mentorship throughout this research project, giving guidance and their invaluable knowledge of te whare tangata. Irwin (as cited in Tuhiwai Smith, 1999) writes “Kaupapa Māori as research that is culturally safe... involves the mentorship of elders” (p. 184). For me personally, having my kaumātua and kuia supporting the project helped me feel secure when dealing with such a tapu topic.

From this point I will refer to my whānau support kuia as ‘Kuia Manaaki’ to differentiate between participant kuia and my support kuia. The Kuia Manaaki is a well-respected community leader with many whānau and community roles in her work as an addiction counsellor in her local area and as the church deacon for the Anglican Church, a mother, grandmother and great grandmother. She is also my mother. I specifically asked my mother to be a part of this research because I trusted her and knew that she would be open and honest in her opinion of my work and give me

nurturing and sound advice. Because of her knowledge of mātauranga Māori, she would ensure the true tikanga of Ngāpuhitanga (Ngāpuhi-specific protocols and practices) would be up held and respected.

My Kuia Manaaki provided mentorship and active support throughout this research, from sharing her own narratives of childhood and maternity, to assisting in participant selection and attending to whanaungatanga processes at participant hui. Any hui that I had with participants were opened with karakia. The Kuia Manaaki who travelled with me is a respected community leader and a Deacon for the Anglican Church, so in all but one hui she was invited by the Kuia Participant to open the hui with karakia. At that one hui, the Kuia Participant of the home opened with karakia herself. I felt it was important that my Kuia Manaaki also attended these meetings to ensure sacred protection for myself, the participant, and the kaupapa of this research.

c) Kaumātua:

My kaumātua, Te Rauna Williams, is a well-recognised leader amongst the people of Te Taitokerau and the Ngāpuhi iwi along with being very knowledgeable in regards to tikanga and kaupapa specific to the mid-north hapū of Te Taitokerau. He not only provided mentorship throughout this process but also shared his knowledge of te whare tangata. Although a male perspective, his knowledge added credibility and insight to the overall concept and ideas that I had prior to developing interview questions. It is because of this that I have elected to incorporate the narratives he shared into this research project.

3.3.2 Insider Research:

As previously mentioned, this research reflects the personal narratives shared by women specifically identifying and belonging to hapū from the mid north areas in Te Tai Tokerau, Aotearoa. The participants were identified through my own whānau and hapū networks. I share many commonalities with the participants in that I am a Māori woman who shares the desire of self-determination for Māori communities and Māori women. I am also related to these women through whakapapa connections and am involved with them through close social, whānau and marae networks. I specifically chose to base my research in Te Tai Tokerau and with hapū based in the Mid North area because these are the people to whom I belong. I wanted to acknowledge the vast knowledge that my people have to share and contribute to the wellbeing of Māori. Mahuika (2011) argues the only iwi history that Māori can write about is their own iwi history; he is reluctant to speak on the behalf of other iwi. He further states that this allows us to tell our iwi and hapū stories, placing them at the centre of historical and contemporary scholarship.

My involvement and relationship with participants needed to be considered when designing this research project. My insider position assisted in that I had grown up under the same kaupapa and had access to tikanga specific to the particular hapū to which these women belonged. My relationship with these women allowed me to access insider knowledge, including specific whakapapa knowledge that was not always shared freely. My parents' legacy as trustworthy people who are well respected in this community fostered participants' trust that I (like my parents) would treat their information with respect and dignity.

There is a possibility however, that because of my insider relationships with each participant and their knowledge of my relationships with other parts of the whānau, hapū and iwi may alter access to some information. When relationships are so close, there are times when taken-for-granted information can be obscured or ignored, but which nevertheless have significant bearing on the project at hand. At each of the interviews I made observations which I noted in my diary. In common across all the interviews, was the women's confidence and strength. I had also noted that the women didn't appear to be in conflict or confused about their lives in that they all spoke at length about three stages of their lives, childhood, adulthood and contemporary times.

My research positioning recognises that I am a part of this network of people. I am a Māori woman with a desire of wellbeing for Māori people. My interpretation of the world around me is one that has some understanding of Māori tangata and Ngapuhitanga along with my upbringing in an urban provincial city with a colonised education, both at school and in my home life. This research project is a combination of old and new knowledge for me. I am both inside and outside with a responsibility to question the dominant voice of my own reality. As noted by Marsden (in Royal, 2003), (2003):

The route to Māoritanga through abstract interpretation is a dead end. The way can only lie through a passionate subjective approach....Māoritanga is a thing of the heart rather than the head. (p. 2)

I understood because I knew, and I knew because I lived within the world of Māori. The narratives shared stirred inside me because I knew. I knew my responsibility to share the knowledge that had been shared with me.

3.3.3 Data Collection:

a) Interviews:

Semi-structured interviews were my chosen data collection method. Questions were designed to initiate conversations rather than using a direct questioning process. I found that once we had discussed the research project, narratives flowed easily and took natural form. Kuia often led the conversation and moved naturally in the conversations about te whare tangata and childrearing, across their life stages.

Each participant was approached kanohi kitea (face to face) to discuss the purpose of this research. Hui (meeting) took place at participant's homes and the kaupapa was led by kuia participants, as I was a guest in their space. I was there to invite them to participate and share in the research space with me. I was also accompanied by my mother who acted as my Kuia Manaaki. As she already had relationships with each participant, the initial whakawhanaungatanga process where connections were established proceeded in an easier fashion.

Jones, Crengle and McCreanor (2006) identify whakawhanaungatanga as being a critical part of the research process in allowing the time and space for relationships to be established and trust to be centred. I felt very comfortable in this process not only because tikanga Māori within Ngāpuhitanga was a familiar process for me, or that I shared whakapapa with the participant and my Kuia Manaaki, but I felt safe in my

practice as a Māori woman and researcher. I felt the nurturing of the kuia and Kuia Manaaki in their relationship and connection shared with me, allowed me to let go of any pre-interview anxieties or worries. Through this I realised this process was one of reciprocal learning between the kuia and myself, following another Māori philosophy of “ako” - meaning learning and teaching being a reciprocal process (Bishop, 2008).

Each Kuia Participant was given an information sheet and some time was provided for them to read it, discuss and ask any questions about research. I noted on three occasions that kuia participants spent little time reading the information sheet and preferred that I talk them through it. On all occasions the information sheet was left with participants so they could refer to it in their own time.

Questions asked by Kuia Participants were centred on how this research would be beneficial to our taitamariki, and what my plans were once this research was completed. On two occasions I was encouraged to continue my work within the field of mental wellbeing, and to be mindful that I am working in that particular field because that is where my tupuna want me to be. Manaakitanga and the reciprocal idea of looking after each other throughout this process felt natural. The hospitality of kuia aided in the natural sharing of information which enabled narratives to flow and stories to take natural form. Hui were completed with hākari, the sharing of food signalling a return from a state of tapu to a state of noa.

b) Interview Transcripts:

I chose to transcribe my own interviews as I believed that doing this would give me an opportunity to review the interviews and reflect on content that was shared by

participants. Using this process I identified areas that I had initially overlooked. Braun and Clarke (2006) report transcribing your own data informs the early stages of data analysis and a greater understanding of data will be gained. Once I had completed transcribing the interviews I returned them to the participants. I did this so that they could check them to ensure that the script was correct and written as they had intended. I reiterated that they could elect to withdraw parts or all of their information at any time prior to research being handed in to Massey University. One participant wrote two more pages of information that she gave back to me with the original transcript. All others viewed their transcripts and all participants signed the release transcript forms.

3.3.4 Thematic Analysis:

Thematic analysis as an independent qualitative descriptive approach is mainly “a method for identifying, analysing and reporting patterns (themes) within data” (Braun & Clarke, 2006, p. 79). Thematic analyses was chosen for this research as I was interested in the commonalities and differences in the personal narratives of the kuia participants, given that they all shared common ancestors and were all located in a small area of Northland, New Zealand. I wondered if the roles, customs and practices were universal across hapū in the Ngāpuhi iwi or if there were identifiable differences. I also used thematic analysis to draw out any unique customs related to te whare tangata that belonged specifically to the northern and mid-north area.

In coding transcripts I identified common themes across the six interviews. I then coded for common themes across the six interviews that occurred within each of the participants' life stages. Patterns and trends in the interviews and across the life span of participants were established. I examined narratives identifying the observations, experiences and reflections that kuia participants shared regarding maternity, whakawhānau and childrearing practices. This led naturally to discussions regarding relationships, marriage and material resources. Kuia Participants spoke to these themes across their life span. Te whare tangata was naturally embedded in all parts of the conversations, as this encompasses the many roles kuia are responsible for in their lives.

I took a phenomenological method approach to theme development in that I wanted to highlight the realities, meanings and experiences of phenomenon that kuia shared in relation to the roles of te whare tangata. O'Leary (2010) writes that the goal for phenomenological methods is to provide such a descriptive account of an experience that it allows the reader to share in how the particular phenomenon is experienced. Phenomenology also includes the importance of the social and historical context. This research project explores the role of te whare tangata historically and in contemporary times in pregnancy and child rearing. I interviewed kuia who openly shared their personal experiences and memories in regards to relationships, pregnancy and child rearing and it is their narratives that are central to this research.

Guest, Macqueen and Namey (2012) write "it is the participants' perceptions, feelings and lived experiences that are paramount and that are the object of the study" (p. 13). Phenomenological methods provide a scientific space for indigenous peoples to share

stories and have their narratives heard from the original source. Phenomenological methods in this research project are located within kaupapa Māori theory and Mana wahine theory providing an analytical method to providing scientific space and credibility of participants' narratives.

I also wanted to investigate their experience of change that has taken place in society in regards to te whare tangata during the life time of these kuia. Kaupapa Māori theory and Mana wahine theory provided the basis to challenge societal discourses that have been created through colonisation and the spaces where conscious re engagement of Māori traditions can occur. The account of traditional views which I refer to is the time and space where Māori had no or limited contact with Europeans and the Māori world view was based on Māori ideologies and philosophies. For this part of te whare tangata history, I have relied largely on written ethnographic accounts.

The narratives shared by Kuia Participants span three stages in their lives and I have defined these stages into three periods of te whare tangata: 1) Te Kore (1940- 1960) - The time of potential, te whare tangata awaits, acquiring knowledge and understanding, with potential looming; 2) Te Pō (1960 – 2000) - I refer to this as being the time of activeness for te whare tangata, the time of fertility and blossoming of potential; and Te Ao Mārama (2000- Present day) - this is a time of completeness and wisdom for te whare tangata, a time of reflection, with the sharing of te whare tangata knowledge and transitioning of roles.

3.4 Ethical considerations:

3.4.1 Anonymity:

Anonymity was discussed with each of the participants as part of the research consultation process. Kuia participants each held significant roles within their communities and on their marae, so it was important anonymity was offered, although it couldn't be guaranteed given their prominence. However, all kuia participants (including the Kuia Manaaki) were happy to be named in the research. Kuia identified being proud of who they are and that they strongly believed in standing by their statements.

3.4.2 Rights of Withdrawal:

As with any kaupapa Māori research project, participants have the right to withdraw from this research. My dilemma was in deciding if I should place a timeframe on the ability for my participants to withdraw. After careful consideration and after discussions with my supervisors, I decided that I would allow my participants to withdraw any or all of their information anytime up until the research thesis is handed into Massey University.

The following is provided in the Massey University Code of Ethical Conduct for Research, Teaching and Evaluations with Human Participants (2013), under the section minimisation of risk of harm:

For Māori, minimisation of harm includes these categories as well as minimising harm to Whānau (family and community), Hinengaro (emotional well-being and

state of mind), Wairua (spirit), and Tinana (the body or physical self). Harm may include such things as pain, stress, fatigue, emotional distress, embarrassment, cultural dissonance and exploitation. (p. 7)

My consideration of the above statement meant I believe the only reason kuia participants would withdraw their consent from this research would be if their participation in this research or the research itself was going to be harmful to themselves or to their whānau. If this were the case I would absolutely allow withdrawal and reconsider if I wanted to hand in remaining work. I also believe that although I risk losing part of or all of my research work, that writing about this experience should it arise would also provide valued learning for others.

3.4.3 Koha:

Koha has been an integral practice within Māori society for many generations. Durie (2001) states “The primary purpose of koha as with many Marae encounters strengthen ties and create mutual obligations” (p. 78). Durie (2001) also identifies koha as being “a process of reciprocity and an integral part of Māori custom and philosophy and continues to guide thinking and interaction in contemporary times” (p. 78). Koha has been an integral practice within Māori society for many generations. Koha is now an accepted part of kaupapa Māori research practices within many institutions. In its Code of Ethical Practice, Massey University acknowledges the traditional usage of koha, and therefore its legitimacy as a research practice for Māori and/or working with Māori people and communities (Massey University, 2014).

The gift of knowledge from the place of wisdom is something that is priceless and as manuhiri in the homes of kuia participants I offered my koha. This was graciously accepted and we were able to complete the process of re-balancing relationships and respectful acknowledgement of the time and space shared between two parties for this research project. In the spirit of reciprocity, I am committed to presenting this research with the mana and dignity that Kuia Participants, kaumātua and Kuia Manaaki have given to me and this research. It is my intention that this project is beneficial through providing hapū historic accounts of te whare tangata and ideas of how traditional practices of te whare tangata may assist in developing wellbeing for whānau.

3.4.4 Dissemination Hui:

Kuia Participants, their whānau and hapū are the owners of the information provided in this research project. A dissemination hui will be arranged to report back findings from this research project and to provide kuia participants with a copy of the research thesis. I am also committed, with the consent of kuia, to providing a presentation of thesis on their marae and appropriate health services within mainstream and Māori health providers.

3.5 Conclusion:

Qualitative research methods have provided an overarching framework from which I was able to engage with kaupapa Māori research methods and theory. Because this

project involved the investigation and discussion of the roles of Māori women and the concepts of te whare tangata, kaupapa Māori theory enables the occurrence of investigation to happen from within a Māori world view. Mana wahine theory is also relevant in that it reflects the transformation of the traditional roles of wahine to contemporary times, and engages women in the struggle and achievements in the journey of self-determination. Tikanga within kaupapa Māori theories were adhered to protect the sacredness of narratives along with the safety of kuia, kaumātua and myself.

CHAPTER FOUR – RESULTS

"Telling about what life is like for us, in our diversity, makes our stories visible. It allows us to 'stand in the sunshine' in our own right, not in the shadows of others nor as reflections of anyone else's image. It allows us to be whole, real and visible, as ourselves. Our destiny is there to be reclaimed once more. Weaving, weaving, weaving...." (Irwin, in Irwin & Ramsden, 1995, pp. 11 & 10)

4.1 Introduction:

Human and cultural survival is largely based on the ability a nation has to obtain, test and transmit knowledge. Lee (2009) points to storytelling as being one of the key ways knowledge was sustained and protected within indigenous communities. Māori have many strong orators in both traditional and contemporary society. Māori shared stories of cosmological and human greatness in their historic narratives and it is in this great tradition of oratory that I acknowledge the sharing of stories, personal observations, experiences, memories and knowledge given by the kuia and kaumātua who participated in this research project.

Kuia narratives reflected on the traditions of te whare tangata with a specific focus on haputanga; as these unfold you hear the echoes of past traditions, traditions in transformation and traditions hidden, lost and rediscovered. The personal narratives of Kuia Participants are shared across three stages of their lives.

4.2 Te Kore: The Time of Potential – Memories of Purposeful Beginnings of Te Whare Tangata from Childhood:

The Kuia Participants were all born during the decade from 1940 to 1950, and lived in central areas of Te Taitokerau (Northland), not far from the Waitangi settlement where the Treaty of Waitangi was signed in 1840. The narratives shared had many similarities, but also significant differences which reflect their individual family circumstances and environments in which they lived.

4.2.1 Purposeful Relationships:

For Māori the genesis of all relationships began with atua, Ranginui and Papatuanuku, and from their relationship came the establishment of whakapapa. Their descending lines intertwined atua, nature, heavens and humanity (Jenkins & Harte, 2011), and it is at this point that I highlight the beginning of purposeful relationships. Māori cosmology holds many stories based around forming and maintaining relationships, including that of Ranginui and Papatuanuku as the originators of life. Walker (1990) identifies “Papatuanuku and Ranginui being the first primeval pair during the time of Te Kore” (p. 12). From this relationship came the birth of their children and the beginning of a new generation. These children became guardians over specific environmental, physical and spiritual elements. The stories and history of Māori cosmology and spiritual relationships within Māori communities were maintained by ariki (chief or high ranking community leader) and tohunga.

Te Momo (2012) writes ariki and tohunga maintained the beliefs and instilled these important values in each whānau member. Instilling traditional values of relationships

were achieved in many ways, including communal living. It has been established that child-rearing was a shared experience within the whānau and hapū communities, including both men and women, and different generations. Kuia Participant accounts reflected living a communal lifestyle during their childhood. Two kuia framed their experience of this through participation in growing and harvesting the family gardens. Their kōrero highlights not only being in securely bonded relationships, but also how they all work together to contribute to the wellbeing of their whānau. Marsden, (in Royal, 2003) talks about his childhood as follows:

I was raised in a community where from our earliest memories we knew that we were all related. As a people we did a lot of gardening and fishing together.
(p. xxii)

All Kuia Participants spent their childhood living in communities where they felt connected and bonded to other members, and with people that they shared whakapapa or a common ancestor with. Three Kuia Participants spoke about spending their childhood with many family members, and most commonly centred on a community activity like gardening:

“When we were children we were kept busy because we had big gardens and we all worked in them. Our big whānau garden kept us all together; we were close to each other.”(RH)

“We worked in the gardens and still do that today, but it’s not like work, it was never like work. When we were little it was like we were playing; our whole family was in the garden growing good food.” (MH)

The gathering and growing of food provides sustenance for all whānau and community members. Participating in this activity generates a sense of responsibility to the reciprocal wellbeing of all members and further maintains a sense of self-worth and self-purpose within the whānau. Social learning and relationships were further maintained.

Rangihau (1975) discussed his experience as a child growing up in a Māori community:

My education as a Māori was a matter of observation, while I grew up in this Māori community. From the time we were children we had to learn what it meant to be a part of an extended family. (p. 165)

MU reflects this in her kōrero:

“My mother bought up [raised] about eight boys and I call them all my brothers. They were local boys and my extended whānau and we all stuck together. We are all still close today and I still consider them my brothers.”(MU)

The development of relationships was very important to kuia, and they continued to form new relationships and more importantly, maintain relationships, within their communities throughout their lives. Communal living would serve to provide these women with the basis to go on to working collaboratively on many community projects later in life.

Furthermore, forming purposeful and protective relationships were extended on to the children within these communities. Kuia Participants talked affectionately about their own childhood being one where they felt secure and protected. MH highlights the care her parents took:

“Granny and our parents took good care of all of their children and moko. They loved having their moko, and when a baby was born they would say “nah there’s another moko.”” (MH)

MU talks about having a similar sense of security:

“We were cared for in our little community and if there were any worries then our family would have meetings; everyone was close and they would sort things out together as one people.” (MU)

RH reflects in her kōrero, protection from bad influences:

“As children all growing up on the marae, our parents and whānau protected us from ‘bad influences’ like alcohol and smoking; we didn’t know anything about those things.” (RH)

The communities that Kuia Participants lived in during these times took responsibility for their members, and as highlighted by MU, used a community approach to solving any ‘worries’ that the community may be facing.

The values embedded in cosmological narratives provided direction for behaviour and caring toward each other. The protection of children has its origins in the cosmological narratives of Papatuanuku. For example, she protected her children Haumia-tiketike and Rongomatane from the vengeful winds and storms of Tawhirimatea. There were many reports by early settlers that women, men and children were treated with much kindness and respect in Māori communities (Belich, 1996). PE stated:

“When we were bought up [raised] we were bought up Māori, with a Māori sense, and we were taught to be humble and caring to each other.” (PE)

According to Durie (1994), “Māori society was communal. Families lived and worked together and looked to their natural environment for food, shelter, clothing and identity” (p. 8). Māori also had developed and incorporated many strategies to ensure their whānau and hapū remained safe, protected and strong.

Māori families continued to hold on to specific values in regards to the parenting and raising children. Communal living continued to be normal in many Māori communities, along with social learning through whānau participation and protection from bad influences. Marsden (1932, as cited in Poananga, 2011) “describes how Māori chiefs and fathers would take children with them to public gatherings, where the children could listen and have their questions answered” (p. 20). Children were active participants in their whānau and communities as illustrated in narratives shared by these kuia. Problems that arose in these communities were often solved through community consultation and often with the guidance of an elder or elders in the community.

Communal living allowed families to nurture safe and bonded relationships with each other, and these communities utilised tikanga from ancestral heritages to keep all whānau members safe. The communal parenting of children enabled mothers and fathers to share in the responsibilities of raising their children; it also enabled the full community to keep adults accountable for their behaviour and treatment of others including the treatment of children.

4.2.2 Taumau - Arranged Marriage:

Mikaere (2003) highlights the importance for Māori of the establishment of strong relationships in the following:

so pivotal was the whānau to Māori life that the notion of individual choice was generally considered to be of secondary importance, even on such matters as a selection of a husband or wife. (p. 46)

Forming purposeful relationships and marriages was a strategy used to unite whānau, hapū and iwi, and often forming alliances with other hapū and iwi would add to the economic base, prestige or power of a tribe (Biggs, 1960; Walker, 1990). Taumau (betrothal, arranging marriage) was known as one way this could be achieved in that the choosing of a husband or wife was discussed and agreed upon by elder family members. Kuia Participants were aware of this strategy and spoke openly about the rationale behind certain relationships and benefits gained from the birth of children:

“On our marae there were many discussions about marriage and babies as a way of building a stronger future for our hapū.” (RH)

“I heard the stories of how ‘hapū’ (community) grow, sometimes so big that they have to move to a new location and form another hapū. Then after some time has passed a person from that hapū may be taumau back into the original hapū. This was done to make the blood lines strong, and then by having a child, this would make the link stronger.” (MC)

Kuia Participants have a good understanding of the traditions of taumau and the reasons behind this process with the continued communal theme of communal decision making for the wellbeing of the whānau and hapū. This continues to be valued in this time and within this generation of people. Biggs (1960) wrote:

Young people did not always submit calmly to the arrangements made by their elders. Te Pehi's daughter refused to marry the person assigned to her and was confined for a period of two years in a small elevated paataka type hut, before finally giving in to her father and accepting the husband chosen for her. (p. 35)

An example of this was shown in the following:

This [taumau] happened to my grandmother's sister; she was to marry (taumau) into a certain hapū and this was to make the family lines stronger. She didn't do it, she actually ran away and it was actually left to the next sister to fulfil this kaupapa. You see - the families go out but then they always return to their original hapū." (MC)

The strategies of developing families were many as PE discusses in the next extract her grandfather's planning of arranged marriage and the purposes in which this was done:

"My grandfather had eight wives and many children and this is why we are related to everyone up here in the North. I think he did this deliberately, so our whānau is big across the north. Parts of our whānau got so big that they moved further north or changed their name. You see my grandfather was very clever; when he needed help for working or for battle he had all these people he could

call on. For some people in the family, they were 'taumau' into other families to continue or form new alliances. You see it didn't matter if you already had a boyfriend, you would have to get married and often move to that area to populate that area and then we are all connected." (PE)

Biggs (1960) described chiefs of high importance possessing more than one wife. He writes "the function of polygamy was of economic and political benefit in that having several wives gave a chief the comparative wealth that was essential to the maintenance of his position" (p. 59). However it is possible that his decisions were based on benefits to his whānau and hapū survival, as illustrated by Buck below. Buck ([1949] 1970) describes "exogamous marriages in traditional times where the primary intentions were to keep up the standard rank and to form blood alliances between two leading families of two tribes"; he further states exogamous marriages as "aiding families with military assistance against other tribes and averting hostilities between tribes" (p. 367).

From accounts shared by Kuia Participants, the practice of taumau was prevalent in previous generations. They had a good understanding of the rationale for taumau in the instances that it occurred. They discussed the importance of whakapapa in strengthening family ties and material resources; the deliberate decisions made by the elders and whānau. Individuals, as discussed by PE, also made deliberate choices to expand their own whānau across vast areas and new alliances with other whānau continued.

In many cases relationships were formed with purpose in mind, whether this is to form alliances, material and economic benefits as well as the power of human resource that

could be used during times of tribal warfare. Children born of purpose in these relationships were to secure the alliance through whakapapa and these alliances are often talked about by future whānau for several generations. Communal decisions continue to be a significant feature in this period of time.

4.2.4 Purposeful Unions:

Children weren't always born from monogamous unions or relationships framed inside of western Christian beliefs, however each union had purpose along with the children created from these unions. My kaumātua gives the following account of relationships and unions:

“not all pregnancies or births were in marriage, however the conception of the baby were always purposeful. The union between male and female for the purpose of building whakapapa outside of marriage was not uncommon in old times. Babies were born to unite whānau, unite hapū and unite iwi.” (Pers. Comm., Te Rauna Williams, 10/06/2013, Moerewa)

Buck ([1949] 1970) gives the following narrative of high ranking children born out of marriage:

In Māori and Polynesian myths and legends, there are stories of the gods coming down to the daughter of a high chief. These divine visits occurred in secret at night while she was asleep and the god left before the dawn. Further visits occurred until she became pregnant and the signs of the divine visitation became obvious to her parents. The prospective mother's explanation was

accepted and then promulgated by the parents, thus what would otherwise have been an illegitimate birth was elevated into the realm of the supernatural and became a historical event from which subsequent generations claimed divine descent. (p. 366)

This action enables the child to grow and be accepted without the stigma of illegitimacy and enabled a secure and purposeful existence.

Of unplanned sexual unions which occurred between male and female, Buck ([1949] 1970) writes “Parents were somewhat indulgent about the love affairs of their grown children. The sexual experience was regarded as normal and the theory of wrong doing or sin was not present until after European contact” (p. 365). Some relationships were formed and maintained in marriage through this process. It was not long after the acceptance of a union or the marriage of a couple that children were expected (Makareti, 1986).

4.2.5 Hapū Ora - Pregnancy:

Kuia Participants shared their memories of the maternity period of their mothers and other women they remember from childhood. All kuia spoke of the strength of women back in these times, along with the joys and challenges of maternity:

“Women took very good care of themselves when they were pregnant. They didn’t drink alcohol or smoke tobacco and they ate good healthy meals.” (RH)

This first passage shared by RH illustrates the care women would take ensuring baby is nurtured through pregnancy. Gabel (2013) agrees in that a woman’s diet was

important and that she would receive all that is necessary to ensure the wellbeing of her pregnancy, and they would not allow themselves to be exposed to anything that may jeopardise the pregnancy. However in cases that couples belonged to different cultures (ethnic) during the early 20th century provided some controversy and explicit experience of racism:

“My parents were very happy when my mother fell pregnant, however her maternity was complicated by the fact that she was a Pākehā woman and my father was a Māori fella. They had a lot of racist remarks directed toward them and my grandparents didn’t really support them. My father was of great support to my mother throughout her pregnancy and after birth.” (GA)

Racism is a strong theme in this passage and society’s non-acceptance of mixed relationships. It seems couples in this predicament could find themselves without much support. Makareti (1986) said it was very rare for Māori men to marry a Pākehā woman. This type of racism had affected GA’s mother deeply, as in later conversation GA said “I think after the birth of her younger brother, her mother didn’t have any further children because of the racist remarks”.

In most times pregnant women would continue on with their daily lives without fuss and at times the pregnancy went unnoticed as the extract below explains:

“Often you would not realise someone was pregnant, as women just got on with their lives. We didn’t notice until we saw the nappies on the line.” (MC)

Pregnancy and childbirth was such a natural part of their lives back then, that little fuss was made. Additionally, without the advantage of modern appliances many tasks were

done manually, and therefore took much of the day to get through. Kuia Participants discussed their memories of pregnant women from their childhood, and although these pregnancies took place between the periods of the 1940 - 1950 each story highlights a unique experience. There is no doubt that Kuia Participants had much admiration for their mothers and other women they remembered from their childhood. Kuia often remarked on the amazing strength and resilience of women living in these times.

4.2.6 Whakawhānau - Birthing:

When Kuia Participants spoke about their mothers or other significant women from their childhood, they spoke with much admiration and respect. Their reflections expressed the vast knowledge of women and the many challenges women faced holding on to the remnants of te whare tangata knowledge and traditions during this period of time.

Kenney (2011) contends that not only did the Tohunga Suppression Act 1907 criminalise tohunga for practicing in their field of expertise, as a further consequence for Māori, childbirth and other te whare tangata practices became caught up in the net of criminalised traditional practices. Kenney (2011) further states that “with the exception of a few isolated communities the active involvement of tohunga in childbirth was curtailed” (p. 127). This resulted in a significant loss of knowledge associated with childbirth, however, in the memories of the kuia in this study, Māori being in control of midwifery within their communities continued to be evident. Gabel (2012) concurs, stating that:

Despite the ongoing attack on our maternal traditions, Māori maternities have survived, and have found new spaces of expression and empowerment within te ao hurihuri nei. The resistance to the ongoing intrusions of Western maternal ideologies has been a continual process that has stemmed from the earliest moment Pākehā arrived on our shores. Māori mothers have been engaged in actions of resistance, reclamation and reassertion for centuries. (p. 193)

Kuia referred to female midwives that existed within their immediate and extended whānau:

“The strong people in my whānau were my great grandmother Haara and my grandmother Ani. Both women were midwives and delivered their daughters’ babies at home.” (MH)

“There used to be a lot of midwives around in our community and they use to travel into the bush to help people have their babies. The midwives were whanaunga [extended whānau] of mine, and these women were respected members of our community.” (MC)

“I remember my aunty talking about having her babies; they were all delivered by granny at her home and my aunty said she never use to have any labour pain. Granny would mirimiri [massage] her and there was no pain.” (MH)

Midwifery by these kuia accounts continued to be a whānau and community practice.

Midwives were committed and respected community members and for these two kuia,

the midwives were whānau or extended whānau. The gentle mirimiri by the grandmother of the expectant mother's puku (stomach) physically helped in the preparation of whakawhānau as well as having a calming effect on emotions and spirit. However this also illustrates the gentle encouragement whānau midwives gave to bonding with baby through language and touch. Through this, the relationship of mother, child and grandmother had already begun.

Despite the losses engendered by cultural erosion and the Tohunga Suppression Act, Māori retained some control over birthing practices until the 1930s, albeit with some modifications. For example, it was typical for a room in the house to be cleared of furniture other than that required for birthing, this room taking the place of what was termed traditionally as the whare kohanga (Mikaere, 2003). For some wāhine, birth remained a natural process that they felt comfortable performing on their own:

"My aunty had her own babies; she did it herself. She had all her babies this way where she would go to her room and give birth; in these times you had to be pretty strong."(MC)

"I remember my aunty having her baby - she went in the room and next minute we could hear a baby crying. I don't remember anyone going to hospital to have their babies back then."(RH)

The women referred to by Kuia Participants had enough birthing knowledge to confidently birth their children safely with little input from others. Makareti (1986) agrees that attendants may support women in their first pregnancy and once women know what to do they were capable to deliver their own babies.

Difficult births have been a natural occurrence of all societies throughout history, accounting for many deaths. Makareti (1986) discussed difficult births and the practices that ensued. She highlights the presence of tohunga who would recite appropriate karakia and chants, often to atua Hineteiwaiwa, to advocate safety for the child and mother. In reference to children being born feet first, she notes the belief that these children would grow to be mischievous and full of tricks. As previously stated by Clarke (2012), a tohunga may also recite the baby's whakapapa, calling for the baby to come forth, often used at times there were difficulties in the whakawhānau process.

Managing difficult births was discussed by one Kuia Participant, however, who was privy to knowledge given by her whānau midwife about these experiences:

“Granny said the only difficult ones were babies that were breach and the ones that got stuck at the shoulder. Granny explained that they had to do a lot of mirimiri and rolling to try and get baby in the right position, but sometimes the baby was born in breach position and we were told that if they came breach they would be very lucky children.” (MH)

MC noted the option of hospital assistance that arose in later times:

“I think when births weren't going well that people had to try making it work or go to the hospital like my mother did.” (MC)

4.2.7 Hospital Birth - Whakawhānau from Community to Hospital:

Hospital births were available to women from the early twentieth century, and kuia talked about their births by their mothers being in the hospital. From their discussion it appears that at the time of their own birth, hospital birthing in their local area was becoming socially expected and common:

“My mother had a seizure when she went into labour with my oldest brother, so then she had to have all her babies in the hospital.” (MC)

“My mother gave birth to me at the Kawakawa hospital as that was the closest hospital to us. I’m not sure why she had a hospital birth with me; I guess that was just what people did back then (MU)”.

“I was born in Kawakawa hospital and this experience for my mother was very traumatic. You see my mother was a white woman with a Māori fella, and this in the 1930s was not acceptable. She got teased by the nurses and I suspect because of this after myself and my brother being born, she had no other children.” (GA)

The narratives shared by Kuia Participants from their childhood view are a mixture of recollections of home birthing and hospitals birthing stories. Homebirths discussed are based on the stories shared with them by their kuia or whānau midwives. Kuia who participated in this research advised that they had not observed or participated in any birthing practices when they were children, therefore it is possible that the home birthing narratives shared occurred prior to their own birth. This is identified by one kuia who states:

“Granny delivered all the babies in our family right up until my older sister, but for me I was born in the hospital.” (MH)

The period after 1930s was mainly when the transition from home births to hospital births took place; MH (above) highlights a generation of women who in some cases had their first birthing experiences at home and later children being born in the hospital. Mikaere (2003) writes:

how alienating the hospital births must have been for these women, the control of the birthing process in the hands of medical strangers and being not only isolated from their husbands and whānau, but that these significant people were being forbidden by law. (p. 92)

The rationale for this change, which was staunchly supported by government, is shared by Ellis (1998) who suggested the shift from home to hospital births was the high maternal mortality rates in Aotearoa at the time, these being some of the highest in the world. Ellis (1998) further suggested that only Pākehā mortality rates were included however, and had Māori birth mortality rates been included, it would have been the highest. Inevitably the transformation from home birthing to hospital birthing meant that loss of te whare tangata knowledge would be effected through non-use of traditional practices and the taking over of maternity and birthing care by the hospitals.

4.2.8 Transmission of Wāhine Knowledge:

The transfer of wāhine knowledge was illustrated in the memories of Kuia Participants for some knowledge was passed easily; however for some wāhine, knowledge were lost through negative experiences of colonisation:

“The midwife traditions were passed down from my great granny Haara to granny Ani and I assume some of this knowledge was passed on to my mother Catherine. However she had been affected by colonisation in that she had been strapped at school for knowing Māori [speaking te reo Māori], [so] she discouraged us from learning anything Māori because she didn’t want us to be in trouble at school.” (MH)

A significant tool for colonisation was the introduction of state schooling and a shift from how Māori children received knowledge and the type of knowledge that was shared. Tuhiwai Smith (1999) writes “the organisation of school knowledge, the hidden curriculum and the representation of difference in texts and school practices all contain discourses which have had serious implications for indigenous students” (p. 11). As one kuia described, although they were raised with Māori values, they went to school and got ‘Europeanised’ (PE).

Having access and being granted Māori knowledge for some people took persistence and courage in asking for this knowledge from key people in the whānau:

“I continued to ask for our traditional knowledge from my grandmother. She shared the knowledge of karanga, pōwhiri and manaaki tangata with me. My father encouraged me to have this knowledge. My parents and grandparents

had many values and respect for people, and these important values were passed on to me.” (MH)

MH continued to request this special knowledge from her grandmother in which she was given specific knowledge pertaining to the role of wahine and te whare tangata and was supported by her father:

“one of the many things my grandmother would say to us wāhine - you come from a long line of strong women - haere mai mātou kaha o ngā mahi ana mahi [we work strong together to get the work done].” (MH)

Mikaere (2003) highlights “the importance of the tupuna–mokopuna relationship and the fact that education of the young was left in large part to the elders of the community” (p. 55). Some knowledge was passed on as rules to live by or impressions of a whānau legacy.

4.2.9 Whakawhānau Knowledge:

Kuia Participants recall not being involved in the actual events of whakawhānau however their kuia did share with them some of the ways in which they delivered the babies. The body of knowledge regarding childbirth was traditionally held by (usually older) women, and was passed down to younger women who assisted them. It is likely that with the introduction of hospital births the passing of whakawhānau knowledge was interrupted and diminished (Mikaere, 2003).

MC and MH note some of the old practices:

“My grandmother was a mid-wife in the old days, she would tell women what to do like to sit or squat and lean against the box. I don’t think they were told to lie down like they did at the hospital.” (MC)

“Sometimes we could hear the babies crying; we never saw this happen, but we were told how it was done. That’s how I knew that they squat on their knees and with a lot of mirimiri (massage) the baby will come.” (MH)

Kuia Participants talk about birthing knowledge that had been passed down to them by their whānau midwives and this knowledge kuia have retained and passed on to their own children. This highlights the resilience of Māori knowledge within these whānau that had survived colonisation.

4.2.10 Karakia and Whenua - Traditional Practices of Whakawhānau:

Traditional practices reflected in this thesis include maternal practices and practices before and after birth. Here I focus on karakia and the practice relating to the whenua of the baby. Karakia as previously mentioned was utilised specifically during childbirth to guard against any ill health for mother and child in traditional times. Makareti (1986) and Mikaere (2003) agree karakia was used to ask for assistance from Hineteiwaiwa. Today however, karakia as discussed by kuia, reflect the influence of Christianity in their communities.

Kuia Participants agreed that karakia was a part of their daily lives and used for the safety of the people and to establish as spiritual connection. They spoke about karakia

being a natural and normal part of their day, reflecting their religious beliefs which were framed through their Christian faith and a mixture of spiritual beliefs in the acknowledgment of Papatuanuku and other atua:

“I know that when a baby was to be born that there was a lot of karakia, there was always karakia so everyone is safe.” (MH)

“Karakia was always important for our people; we had this all the time for everything as a mark of respect for atua, ourselves and others. We would also have karakia in the hospital for our people.” (RH)

The whenua of baby and the process of gifting this back to Papatuanuku – ‘whenua ki te whenua’ - held important significance to Māori in traditional times (Mikaere, 2003). Some Kuia Participants spoke about this and remembered how whenua was treated when they were children:

“In my grandparents time they would take their whenua back to the urupa (family cemetery) and the whenua would be buried on top of their grandparents. This was very important and whenua was taken to the urupa because it was a part of a person that had died, so it had to be buried in there. We didn’t really know at the time why whenua got buried there, just that it was done.” (RH)

“Back in the old days they would bury the whenua in the cemetery, because it was a part of your body so it had to go to the cemetery to be buried.” (PE)

MH talked of a ‘special place’ that was not necessarily the cemetery; what was important was that whenua (placenta) was returned to whenua (land):

“When granny was delivering babies she would keep the whenua and bury it in a special place in the family papakainga; it was important to the old people that our whenua (placenta) was returned to the whenua (land).” (MH)

I focus on these two particular practices – karakia and burial of whenua – because they are two traditional practices that have survived colonisation, but for two different reasons. Karakia for Māori has been transformed from forming a purposeful link with specific atua who were often identified as the guardian or atua for a specific realm, for example Hineteiwaiwa, Atua of Childbirth and associated areas. There are several accounts of tohunga reciting chants and karakia to Hineteiwaiwa. When Kuia Participants discussed karakia in today’s terms however, it was framed within Christian terms as kuia referred specifically to God.

The traditional practice of the burial of whenua was a significant practice as described by Makareti (1986), however as discussed by kuia participants this practice was affected by colonisation and not commonly practiced during their child bearing period. However in contemporary times this practice has again become widely used.

4.2.11 Summary:

Kuia Participants have shared their childhood memories and experiences from living within their whānau and communities. The establishment of relationships with others and communal living appear to be an important feature in their lives. They were exposed in many areas to knowledge, receiving teachings from their elders, social learning, observations and stories. From childhood, Kuia Participants were encouraged

to learn and experience Māori customs and traditions and lived lives that connected them spiritually to their whānau and environment.

Communal living enabled communal responsibility for the wellbeing of all families and accountability for individual actions. Many decisions were made for the wellbeing of the community with individual choices being of secondary importance. Kuia in their childhood felt nurtured, treasured and grew with a sense of belonging to their whānau, community and environment.

4.3 Te Pō: Te Whare Tangata 1960s - 2000. A Time of Activeness:

During the 1960s, New Zealand society had expanded in the urban centres as Māori joined Pākehā in the cities. During this period a common view held in New Zealand was that Māori should assimilate to become one people with Pākehā (Houkamau, 2010). This concept contributed to the negative stereotype of Māori, and the education system suppressed Māori culture and language (Houkamau, 2010).

Kuia Participants reached the active phase of te whare tangata in and around the 1960s. All but two of the Māori kuia interviewed had to a large extent remained in the communities that they were born into, and on their papakainga (whānau land). One kuia had spent some time away living in another area of New Zealand and then returned to her papakainga, and another kuia moved to Whangarei (the only city located in Northland), where she continues to live today. These kuia have articulated their stories in the context of living in their localised communities, are experts in their

own haputanga and Ngāpuhitanga, and are leaders in their communities in their own right.

4.3.1 Purposeful Relationships:

The act of taumau in these times had lessened from when these kuia were children. In earlier times, individual choice of partner was secondary to whānau wellbeing. Now in adulthood, kuia talked about making their own choices of partner, although this was at times being met with disappointment from their parents. They also reflect on the influence of New Zealand society which appeared to have taken on similar values important in western cultures. Te Momo (2013) writes that whānau adjusted to reflect their surroundings or environment; Māori had moved from communal living, growing gardens with some casual employment, to urban living, nuclear family ideals and money being a significant factor to achieve meaningful wellbeing. It is in this period of whānau and culture transformation that kuia experienced their time of forming relationships and starting their families:

“In my time it was just accepted, with me and my class mates at 15 years old. You finished school and then you got a boyfriend and by 18 years old you were married, and [it] was assumed you would take over the household and have children.” (GA)

“In my experience, [when] I met my first husband, I was living with him and became pregnant before we got married. My parents were unhappy about this as this was not the chosen one for me, however I thought he was and do or die I was staying with him.” (GA)

“I had moved away from home and was living with my partner of that time when I got pregnant with my first child. I was 24 years old and we didn’t get married until after we had our first baby.” (MH)

Kuia Participants reflect their own independence from their whānau and the expectations they felt from society to be married and have children. These kuia demonstrate their confidence to independently determine how their whānau would be formed. Through this change from communal or whānau decision-making to independent decision-making, however, a disruption to the process of defining terms of agreement between families and a shift in the opportunities for family and communal bonding/alliance had occurred.

In all but one marriage, these kuia played a key role in determining their partners. The terms of purposeful relationships in regards to the marriage of people to extend material benefits to the whānau and hapū, or to form alliances, had not occurred for these kuia in the same way it had for earlier generations. This does not mean that these relationships were not purposeful; rather that the purpose was now to be determined by individual choices, which is vastly different from the communal concept of traditional Māori communities.

Te Momo (2012) writes:

British legislation on education, laws, and customs altered the fabric of whānau by making it illegal to speak the native language or exercise cultural customs. Dramatic changes occurred for Māori and their families and the resident view of whānau was over taken by the imported western view”. (p. 14)

However as previously stated, there remained pockets of Māori society that continued to practice and observe Māori traditions and customs, albeit somewhat transformed to fit the new circumstances.

4.3.2 Taumau - Arranged Marriage:

Mikaere, (2011) states that “traditionally a women’s whānau remained her primary support and marriage did not entail a transferral of property from her father to her spouse” (p. 189). One kuia talked about her experience of taumau, although this was not common practice of this time:

“When I got married it was arranged through taumau. I think they (husband’s family) assumed that my husband would inherit the land once we were married, however we got married and I had a son. Our marriage didn’t last and my husband didn’t get any of the land.” (MU)

It is evident during this period of Te Pō that the act of taumau as a strategy is much less used. The idea of the nuclear family, Christian weddings and individualised choices are highlighted in the narratives shared by Kuia Participants in their own experience of partner choices. Biggs (1960) identifies that breakdown in social controls brought about by the interaction of Māori and Pākehā cultures would have impacted on the practice of taumau.

4.3.3 Community Relationships:

Communal living continued for these kuia, as they lived in communities where they and/or their husband's whānau were their bases of support. Māori had often recreated the concepts of whānau and whanaungatanga in the social communities that they lived in (George, 2010), whether these were in their own hapū communities or having moved to Whangarei, being the largest urban city in Te Taitokerau rohe:

"The community we lived in was very close, everybody knew everyone's business, but if I got sick I knew my children would be looked after by someone else in the community." (MC)

"The community that I lived in was very supportive. I had no siblings, but many cousins who were like my brothers and sisters. I never wanted for nothing because we helped each other (MU)".

"When I talk about community, I mean we need to stay connected to each other, to our marae, our maunga, our rivers and our land, that's what community means to us, not just the people, but everything is your community." (MH)

Although some traditional practices like taumau was less used, Kuia Participants continued to maintain a communal concept of living. Kuia were trusting of others in the community to care for their children and bonded relationships with others continued. However by this time women had lost some of the freedom they once had and as identified in the next passage, a growing dependency on their husbands:

“In these days you really had to work at your relationship, especially if your had children because if you decided to leave your husband there was no financial support for you. However if your husband left you then you would retain your benefit.” (GA)

Reliance on whānau and the land as resources important for survival had shifted to being reliant on money to purchase the necessities to survive. In GA’s comment, she alludes to the importance of women working hard on their relationships in order to keep themselves and their children in a safe and nurtured environment, which was best provided by their husbands. This shift in thinking by women illustrates how the supports offered to Māori women had changed from the traditional concept of care which enabled Māori women to participate fully within the many roles of te whare tangata, to this period of being reliant on their husbands to afford them and their children a safe and nurturing place. Makareti (1986) states Pākehā men took it upon themselves to educate Māori women on how to attend to the Pākehā house duties and they often did this with success. Gabel (2013) highlights the arrogance of colonisers who ignored the already successful roles of women as mothers and wives, imposing their own subservient model of motherhood and womanhood, and then critically analysed their ability to live up to the colonisers expectations.

4.3.4 Purposeful Conception:

Having children as discussed by kuia in their time of active te whare tangata was expected by their family and society. Prior to and during the 1960s, women were expected to have on average around six or seven children (Rimene, et al, 1998) and the

role of the woman had become to a large extent about birthing and raising children along with taking care of domestic areas of the home. It was expected that women were married prior to having children and each of the kuia did marry the father of their children.

Similar to Purposeful Relationships, the terms of purposeful conceptions had changed since the time of their childhood. The purpose of children was not always associated in the forming strategic alliances, but rather the importance of building whakapapa:

“Finding out that I was pregnant with my first child, I was so happy and it was one of the most beautiful moments of my life; she was going to be my queen of hearts.” (MC)

“Our people were always happy to have new babies born; everyone was happy about babies.” (RH)

“In our days babies were everything important to us, nothing were more important than our babies and we protected them.” (PE)

“Maternity and childbirth was a very special and caring time.” (MU)

“We were young having our children, but we understood that this was life we were bringing into the world. Baby was a taonga - Mea ngā rātou he taonga [Baby was a gift, all the babies are gifts]. This was a gift from God, so look after it.” (MH)

Kuia Participants expressed with love and joy the delight of haputanga, and diligently ensured they kept themselves in good health. They continued to embrace traditional philosophies of Māori in that the life they bore was a taonga from Atua (God) and must

be nurtured to protect future generations. Moewaka Barnes, et al (2013) concur: “the place of children being the taonga within whānau and the life blood of the generations” (p. 22).

Children remained precious and treasured additions to the family, and Kuia Participants highlight that the relationship they established with their baby happened as a part of hapū ora, starting with the mind-set that in accordance with Māori traditions children are treasured and valued members of their whānau and future. This continued throughout their pregnancies and supported this period of hapū ora.

4.3.5 Hapū Ora - Maternal Wellbeing:

Hapū ora for the Kuia Participants was very important, and, as evidenced also by Rimene et. al, (1998), a baby was important from the moment conception was realised. Rimene et. al, (1998) state further that the baby is an immediate part of the whānau and there is a vested interest in baby by the whole family. This vested interest is evident in the way Kuia Participants cared for themselves and the support they got from whānau and community:

“I took good care during my pregnancy of my expanding body. I kept fit by walking and I didn’t live far from the marae; it used to take me around 15 minutes to get to the marae where they had started a table tennis club. Two weeks before I was to have baby, my husband took over care of me and made sure that I had good food to eat and he told me to stop walking the road, so I was to stop going to table tennis until after I had my baby.” (GA)

“When I found out I was pregnant I moved back home to my parents. My husband was working on the railways and I only saw him on the weekends. My parents took good care of me when I was pregnant.” (MU)

“I looked after myself during pregnancy and my whānau looked after me. My granny would come to mirimiri me with olive oil and this was not done every day but every so often, and when I asked granny why she did this she said, Ka ngāwari to pēpē te haere mai - so it’s easier for your baby to come.” (MH)

In describing their experience of maternity care, each of the kuia name at least one whānau member who supported them during pregnancy. Care and support of women during the maternity period is a valued and important responsibility for the entire family:

“My grandmother would talk to us when we were pregnant and she would warn us about things we can and can’t do while pregnant so that ourselves and our baby would be safe throughout the pregnancy. She would also say the things you do when you are pregnant they [the baby] will do when they are born.” (RH)

The teachings gained from the elders of the Kuia Participants were significant in guiding them to ensuring the wellbeing of them and the unborn child, and these warnings of future consequences to current actions were not uncommon. Gabel (2013) writes “the Māori maternal body was considered potent and was sanctified by the iwi throughout their lives” (p. 78). GA spoke of the preparations she and others made:

“During maternity you would often prepare for the arrival of your baby. We would knit and sew outfits and start to gather all the things needed for baby. There would also be competitions amongst the pregnant women of who could make the nicest outfit, all in good jest of course. We didn’t have much money, but we had good community relationships so people would often pass on things like prams and cots.” (GA)

These extracts shows continued community cohesion and bonded relationships at a communal level. During this time period these communities were mixed Māori and Pākehā communities.

The expectant mother and whānau were respectful of this period of pregnancy and the theme of the babies being important is one that kuia continued to hold in their time of pregnancy. Moewaka Barnes et. al. (2013) stated that:

Maternal health and wellbeing was considered to have a significant influence on birth outcomes and child wellbeing along with the wellbeing of the whānau more broadly. In turn whānau was considered essential for maternal wellbeing.

(p. 61)

4.3.6 Whakawhānau - Birthing Experiences:

Kuia Participants discussed their experience of whakawhānau (labour/birthing) in hospital; none experienced home births. There had been a noticeable shift from home birthing to hospital birthing from the time these kuia were children to their early adulthood around 20-30 years.

GA and MC share their hospital birthing experience:

“I arrived at the hospital to have my baby and I remember I was thinking about my mother-in-law who had her babies at home. So I was in hospital and I thought, surely the doctors and nurses are here and I can have my child safe in this medical place.” (GA)

“I went to give birth to my daughter in the hospital. My husband wasn’t allowed to come into the maternity with me so he dropped me off at the door. That was fine, he couldn’t really handle the sight of blood anyway. You also didn’t have a midwife in those days; my birth and everything was done by the doctors and nurses.” (MC)

Kuia placed much faith in the medical process of birthing and that the doctors and nurses would ensure the safe delivery of their baby, possibly being the same faith that was once given to tohunga or the whānau midwife.

During this period, hospital birthing was the normal process; the medical profession had taken on the entire responsibility for births and further, taken it upon themselves to encourage bonding and teach women how to parent appropriately. On the whole, Kuia Participants found this type of support and care very useful and an important part to ensuring the wellbeing of both mother and child:

“When I had my babies we would have them in the hospital and we would have to stay there and learn how to look after the babies and bond with the baby.” (PE)

“I had my son at Kawakawa hospital and this was all new to me, having a baby. I just let them do what they needed to do so baby can be born.” (MU)

“I had my children in the Kaikohe annex, when it was in use. I didn’t have any home births. At this time you had your babies in the hospital because that’s where the doctors and the nurse were.” (MH)

The doctors and nurses in this time were well respected in these communities and thought of as very knowledgeable people. Many women in this era trusted them completely in the safe delivery of their children, and this seemed, in most cases, to be the only option for childbirth.

Despite documented reports of early ethnographers and writers that admired the strength of Māori women birthing their children quite easily, the westerners didn’t see fit to adopt these techniques and instead imposed their ideas on Māori women. Gabel (2013) identifies the Māori maternity practices having experienced a sustained attack from the early arrival of settlers to New Zealand, underwent a major shift, as evidenced by the birthing experiences of these kuia. Makereti (1986) wrote however, “It was very difficult in the past to get a Māori woman to allow a Pākehā doctor to attend to her in any illness and almost impossible in a case of child birth, as no one but her husband must touch a Māori woman” (p. 124). Through a calculated and systematic process involving political decision-making and health policies, Māori women only had one option and that was to conform, while Māori traditional birthing knowledge diminished.

One concern about the disruption of Māori birthing tikanga has been highlighted by Moewaka Barnes et Al., (2013), who identified that fathers were consistently excluded

and whānau marginalised in the hospital birthing system. This type of exclusion undoubtedly interrupted the traditional sense of bonding and attachment that the baby would have established with their father and the traditional concept of whānau bonding. Gabel (2013) notes that:

While Māori women have been engaging with Mana Wahine theorising and a critical analysis of the effects of colonisation on our positioning in society for many decades now, there is a significantly silent voice within Kaupapa Māori discourse and that is the voice of Māori men. (pp. 198-199)

The traditional roles of men as nurturing fathers was suppressed and overtaken by new demands to be breadwinners in the new economy with emphasis on punishment of naughty children (Gabel, 2013). In order to fully engage te whare tangata, those traditional roles need to be reinstated and acknowledging the integrity and central importance of those roles.

4.3.7 Clinical Supports:

Hospital births in the 1960s often included a two week stay with your baby; as one Kuia Participant mentioned, after birth you stayed in the hospital and learnt about caring and bonding with your baby. Kuia largely accepted the long stay in hospital after the birthing:

“After the birth you stayed at the hospital for a long period of time, so out came the knitting needles because this was enough time to make another outfit. You

had to stay in bed for a certain amount of time, so knitting helped time to pass.” (GA)

“There were some pressures put on you from by the nurses, especially when it came to breastfeeding; they were very pushy. But after my first baby I had decided I was not going to breastfeed, and by the time I had my third baby I had some real ding dong arguments with the nurses about it”. (GA)

“When I was having children you had to stay in the hospital for 14 days and in there they taught you how to look after your baby.” (MC)

“Although men were not allowed to go to the hospital with the women to be there when they have the baby, the men were very good, because they would stay at home and care for the other children. In this way men took over the home when the women went to the hospital; that’s what happened in our whānau.” (RH)

During their stay they learned from the nurses how to be good and responsible mothers in these modern times. Māori traditional parenting practices were not encouraged and women were taught mother-craft from a western perspective which largely advocated responsibility of raising children being the sole responsibility of the biological mother, shifting away from the communal/whānau parenting concepts at the core of Māori traditional parenting (Gabel, 2013). However, as RH notes above, while the men were kept away from the hospital, some were able to maintain active roles as caregivers in their homes.

4.3.8 Postnatal Supports:

Kuia Participants reported on their return home they had the support of the baby's father and extended whānau. It was their experience that whānau members and community played a key role in their baby's life during the post natal period:

"I was supported by my parents along with extended whānau throughout my pregnancy, and when I returned from hospital I and my son were very well cared for. My mother and I brought up [raised] my son together along with the whole community." (MU)

"Oh I had lots of support when I returned from the hospital. I had support from my husband and all of my whānau. They would bring kai for me and my baby and I had lots of help from all the whānau." (MH)

For these Kuia Participants, the concept of whānau and extended whānau support continued to be relevant and important in the care of themselves and their baby. As MU states ng raising her son was an experience shared between herself, her mother and the entire community, highlighting in this community the continuation of communal responsibility of raising children:

"I lived away from my whānau and one thing I realised soon after returning from the hospital was that you needed a supportive husband. My husband was a very supportive husband and a good father who spent time with his children. My whānau and my husband's whānau were also very supportive of myself and our children." (MC)

“There was so much support for you and baby in the community. Although I didn’t have my immediate family around me, I did have my family-in-laws, and the district nurses were fantastic; they looked after our baby and your welfare. The nurses were a vital.” (GA)

The above narrative identifies GA as being away from her immediate whānau; during this period Māori people were more mobile and some had moved away from their papakainga). The last two passages identify the types of support they received being away from their immediate whānau and in one instance the support received from district nurses being vital. In traditional Māori society it was not unusual for Māori women to live with her partner’s whānau and that both she and her baby would be protected within this whānau. However the increasingly vital role of district nurses, as discussed by GA, illustrates the ongoing medical monitoring and support provided during the era of clinical child birthing and post-natal follow up.

Overall a solid support system for Kuia Participants after returning from hospital is evident through these narratives. It appears their experience of post-natal care was positive in that they had a support system that included the father of the baby, whānau members and community nurses. It is obvious that whānau involved with these women were actively a part of their and their children’s lives, and able to form meaningful bonds with the child and develop purposeful relationships.

4.3.9 Traditional Birthing Practices:

a) Whenua:

Returning whenua to Papatuanuku, according to Kuia Participants, wasn't discussed with the doctors or nurses during their stay at the hospital. There are several possibilities as to why this may have been, but evidently in these cases the whenua was not returned to the whānau to be buried. Kuia discuss their thoughts and experiences:

"You see granny used to always tell us to ask for the whenua to come back, but they never allowed you to take it back, so I suppose in the hospital they just destroyed them all together. The whenua was never offered or given back to us." (MH)

"When I had my son in Kawakawa [hospital], I didn't know about taking the whenua home. No one talked about it so I never knew, not like today where everyone knows about it." (MU)

The traditional practice of the burial of whenua, according to these kuia, was often not discussed with medical staff. In some cases the burial of whenua had not been a discussion within their whānau in this period of time. It is possible in some cases that this process had been forgotten or lay dormant in the realms of Māori traditions, or that this practice was not discussed openly and possibly thought of as an inappropriate conversation to have with medical staff. MC notes:

“When I was having babies I was in Taihape, away from my mother, and I didn’t think about the whenua and I don’t think the doctors talked about it back then, evidently I don’t know where it is.” (MC)

It is thought that the whenua was destroyed along with other body tissue. Mikaere (2003) writes that the whenua was taken by medical staff soon after birth to be incinerated, causing a breach of tapu and a further attack on Māori maternal practices. Maternal health services have in recent years acknowledged the negative impact the process of colonisation and the individualistic approach to maternal health care for Māori had damaged the traditional birthing practices (Mikaere, 2003).

b) Spirituality/ Karakia:

Karakia remains an important part of all things sacred. In maternity and birthing processes, the faith of the Kuia Participants is informed by the Christian teachings of the bible – whether that through the Anglican or Catholic faiths. As one kuia said, she is aware of atua Māori; however she finds spiritual peace in praying to her Christian God:

“We all had karakia in our family, you know we are all very close to god. Māori are very close to God.”(MH)

“We are now in the church of God; we know about the other gods, but our church is one God and that is who we pray to.” (MC)

While Kuia Participants made reference to spirituality of the traditional Māori atua; however spoke confidently about their commitment to the ‘one god’ in their lives. A shift in the way Māori experience spirituality has taken place; earlier Makareti (1986)

had written that karakia would be offered to Hineteiwaiwa for protection of mother and child and a safe birthing journey. These spiritual requests continue to be important for these kuia, however, they are offered to the God that they know and experience in their lives, this being the Christian religions.

4.3.9 Child Rearing:

Each Kuia Participant discussed their ideas on what was important to raising children in a healthy life. They all agreed on most things like establishing strong and positive relationships, healthy diets and developing a communal sense of living:

“Bringing up [raising] children you needed a very good whānau support system and everyone in it is important to that child’s life, they all play an important part of teaching children about different things and right from wrong.” (MC)

“As a mother you always made sure that your baby was safe and that they had good food to eat. Our babies always had fresh vegetables and good meat for stews and things. Good nutrition was very important.” (GA)

“In the gardens is a great place for children to grow up in. All the children would spend time in the garden with each other and in here our children learn to work together and even when you get angry and stressed, being in the garden will help you to feel better.” (MH)

At the centre of these passages shared by kuia are the ways in which children can experience the building of relationships. In the first passage MC talked about the whānau support system and the importance of each member. Passage two highlights

the bonding of mother to child in that safety of this child being important to GA. It is interesting that in the third passage, MH illustrates the opportunity for children to learn and build a relationship together, but further encourages the opportunity for children to establish a relationship with Papatuanuku as a method of stress relief. Along with nurturing and providing healthy foods, developing nurturing relationships is a common theme to wellbeing.

4.3.10 Transfer of Knowledge:

MH spoke of the importance of teaching Māori values to her children. She firmly believes that her children needed a strong Māori identity and a good sense of where they belong, including spiritual connection to their home environment. MH believed having a solid identity would prepare them well for their future, wherever in the world this may be:

“We got a lot of pleasure out of parenting. Parenting was about providing our children examples of goodness, learning about who they are and where they come from; that is the most important thing for my children. I would give them codes to live by, showing them right from wrong. But the most important thing I told my children was, we are all taonga, our tupuna made us taonga, so no matter where you are you remember you are from here and you are taonga.”

(MH)

The passing on of traditional knowledge was very important to these kuia in which they continued to teach their own tikanga to their children:

“I taught my children the tikanga that I was taught as a child, and my children are [now] living all over the world, but they know their tikanga and this has made them strong. It is important that we pass on our knowledge so I now pass on my knowledge to my moko’s [grandchildren].” (MH)

Kuia also spoke frankly about the challenges they faced and the way traditional knowledge that had been lost through time as a result of western influence and colonisation:

“The transfer of knowledge has been lost either because people have forgotten or people like our parents were too scared to pass it on because of the Europeanising that happened in the schools. We would only pass on what we could remember and our traditional practices left the homes and were only maintained at some marae.” (PE)

“My mother didn’t really talk to me about many things like Māori traditions, but I think I just learnt things naturally through normal everyday living in our community and on our marae.” (MU)

The passing on of traditional and contemporary knowledge continued to be important for kuia; however these were also laden with fears of what was being taught in schools that were predominately western philosophies and ideologies. Kuia had observed the impact that colonisation had on their parents and the ways in which some knowledge had been hidden or lost, and kuia would further experience the challenges of teaching tikanga to their children while they participate in the education system:

“We would try to bring up our children with Māori and with Māori feelings, however then they would go to school to be “Europeanised” and soon all you know is about money. But if you didn’t get Europeanised and couldn’t get any money, then these children would have to steal and then end up in prison. This has gone on for so long, now our children have to go back to school to learn to be Māori.” (PE)

PE specifically discussed the challenges she faced raising her children with Māori values and how these were negatively influenced by the education system. She highlights the long term negative effects and failings of the education system with Māori in that Māori were sent to school to be “Europeanised” and now Māori are returning to school to learn to be “Māori”. She discusses her view of western learning and the philosophy of money and the negative consequences this western ideal has had for Māori.

Gabel (2013) states:

A new system of education was introduced and in many instances forcibly imposed on Māori children that separated children from their traditional educational and social environments within their wider whānau. (p. 192)

The education system ensured that all children learnt a government approved curriculum. Without it, survival in contemporary society where the basis of wellbeing is largely based on your earning ability, would be challenging. Many Māori whānau today are living on benefits and in poverty, having not received any meaningful support in the education system.

4.3.11 Summary:

Kuia reflections on their adult lives have revealed changes to the customary traditions of te whare tangata which are the result of colonisation and past government policy. The shift from traditional birthing practices which in their childhoods were to a large extent still being practiced, have now given way to practices of medical professionals. Māori traditional knowledge has also been affected by the imposed education system and parents fear of repercussions should their children speak or practice Māori language and culture. Most noticeable here is the impact on the role of te whare tangata, with the associated care and freedom that this role once held has in this generation shifted to women holding domestic roles and living a life of dependency on their husbands. However the Kuia Participants continued to celebrate their lives and pregnancies, and embrace their children as taonga. Whānau have continued to maintain strong communal relationships as they modify and recreate tikanga structure to develop wellbeing in this changeable environment.

4.4 Te Ao Mārama - Te Whare Tangata Rests in Wisdom and Calmness:

Te whare tangata returns to calmness as the years of childbearing pass by; and these elder whare tangata rests in the wisdom of the knowledge which has been gathered. This is a time of reflection and wisdom, and Kuia Participants with their experienced lives are eager to share their wisdom with future generations. In general, kuia hold a pivotal role in Māori society, especially in regards to the rearing of their mokopuna. Mikaere (2003) reports their presence in life of their mokopuna enables a connection

for that mokopuna to the past, and in return their mokopuna connects them to the present and the future. It is from this perspective that the Kuia Participants share their observations of contemporary society.

4.4.1 Purposeful Relationships:

In their observations of people today in their communities, the Kuia Participants made some comparisons to past relationship concepts. Using these concepts, Kuia Participants described how attitudes to relationships appear to have shifted over time. They acknowledged the changes in the formations and dynamics in which relationships function:

“The dynamics of relationships seem to have changed in today’s society, there seems to be no commitment to each other.” (GA)

“The kids you see today in relationships, you see they are with one person and have a baby; next thing they are with another person and then they are having another baby.” (MC)

“You notice more violence in relationships today, not that there wasn’t any in our time, just that there seems to be more now. Relationships are not as strong as they used to be. I see it - the father wants to go party and then the mother wants to go party as well - they are both still babies themselves.” (RH)

“In some cases there are too many people involved in one relationship; the poor children see this one coming and going then another and they don’t know who’s who.” (PE)

Kuia Participants have noticed some major changes in the society from their childhood to the society that is today. Difficult relationships between men and women have highlighted their concerns for future generations. Kuia spoke about lack of commitment and respect that youth today have toward each other and for them (kuia). They worry that through these disorganised relationships, children are being born not knowing a parent or their whakapapa. This has created many children with disrupted identity, fragmented whakapapa and a diminished sense of security.

Durie (2001) highlights identity as a prerequisite to good mental health: “The impact of colonisation and assimilation has crushed and reconfigured Māori identity and for some it is viewed in a fatalistic light” (p. 56). For some Māori families, the communal concept of Māori society appears to be a distant memory or something unknown in these contemporary times; a significant proportion of Māori children live in sole parent families (Rimene, et. al, 1998). Furthermore there are a growing number of Māori children being raised by their grandparents today (Reynolds & Smith, 2012).

Kuia spoke of their own children who had in many cases established a secure Māori identity despite the effects of colonisation, due to the motivation of kuia to share with their children the whānau, hapū and iwi knowledge. It seems that whānau who have access to Māori knowledge and are able to connect with their tikanga have been able to engage and develop a secure Māori identity, which can be vitally important to developing a strong sense of wellbeing (Durie, 2003). MH notes:

“My children are very strong in themselves; they live all over the world, in England, Australia and Europe. They know who they are - ‘identity’ - they know where they belong and they get along all over the world with confidence.”(MH)

Kuia also practice the values of whānau support and importance of bonding with their mokopuna through attending to their children at the time of their maternity, birthing and providing postnatal support and care to both mother and child:

“Our whānau are still very close; when my daughters have their babies I am there to support them. I have been to Australia and I am going to Wellington to be with my other daughter; it’s much easier to travel these days.” (MC)

Kuia interviewed continue to live within a whānau and communally-responsive way with their children and grandchildren. In her narrative above, MC actively maintains her role as an elder where tangata in her decision to travel and participate in a supporting role in the birth of her mokopuna.

4.4.2 Purposeful Conception:

Kuia Participants highlighted a change in the way that mothers in contemporary times are becoming hapū. Kuia acknowledge that many couples are planning their pregnancies, and a majority of babies are being born securely and living bonded and happy lives. However they worry for the children of unplanned pregnancies and the unpreparedness of some women for motherhood. Furthermore they worry that there are many babies today being born without a sense of purpose, and in some cases the parents of these children do not seem to have any sense of parenting responsibility and a lack the knowledge of the greater purpose of children and their future whakapapa:

“I think that people’s attitudes have changed about having babies. In our day when you had a baby that baby was your king or queen to you; however this has all changed. Some people think that babies get in the way of their own lives.” (PE)

The narratives shared here by the Kuia Participants highlight the changes in attitudes toward pregnancy and the idea that healthy children are fundamentally important for our future. Kuia describe many young people of this generation as having more self-interest, more so than the traditional concept of what is important for the entire whānau or community. This individual attitude reflects a contemporary concept born from western society:

“A lot of pregnancies are happening without any thought.” (MU)

In considering why this might be occurring, one kuia offered the following explanation:

“For my children and moko, I have talked to them about being strong in themselves and in their relationships, which will naturally lead on to strong children. I have passed on my knowledge to my children, but I don’t think everyone has done this and so some young people are lost.” (MH)

The interruption of the passing of Māori knowledge is highlighted in the above comment. Gabel (2013) writes that “through the law and force traditional Māori society was deconstructed and reconstructed to fit a new Pākehā, New Zealand” (p. 107). The Kuia Participants did their best to ensure the transfer of traditional knowledge to their own children, although also expressing concern about the ‘Europeanisation’ of their children through the influence of Western education.

Nevertheless, the kuia commented on being strong in teaching their children tikanga knowledge, however it seems that not all families have had the capacity to provide this knowledge to their future generations and these are the people Kuia Participants fear have been lost.

4.4.3 Te Whare Ngaro:

In the contemporary environment, it is increasingly unlikely for taumau to be a factor in relationships. Purposeful conception however, can still arise, with the full support of the family. Below MC discusses a family member and their desire to have children. Similar to the traditional aspects of taumau, the couple planned well and built their relationship until they reached a place of wellbeing and were ready to have children. Their whānau agreed and supported their desire to have children, allowing the addition of a new child to whānau whakapapa and the joining of families. In this situation however, infertility complicated the situation in unexpected ways:

“A family member now a mature woman and has a lovely partner and great career and has planned to have a baby. However getting pregnant has been challenging for her and she now is having In vitro fertilisation IVF treatment. I still have karakia and hope that a beautiful baby is born safely.” (MC)

In Māori traditional society when a woman was unable to conceive, this was described as whare ngaro (lost or extinct house) (Mikaere, 2003). This event would have a distressing effect on the parents and whānau as it was considered that this family line had ceased. Spiritual guidance and remedy was often sought from and provided by tohunga. On some occasions whare ngaro could be reversed with tohunga citing

specific karakia (Mikaere, 2003). Reynolds and Smith (2012) agree that in traditional times the use of medicinal plants (rongoa) with karakia and ceremonies performed by tohunga (ritual expert) could reverse infertility.

Today Māori families have access to medical options that can assist them in contributing to whānau whakapapa, and this is viewed as a positive shift for MC. In this instance, conception was planned and purposeful, and although not yet realised, nevertheless lays the foundation for welcoming and nurturing a child who will grow more easily to know their life purpose.

4.4.4 Hapū Ora - Maternity:

Kuia Participants expressed concern for the wellbeing of some women in their time of being hapū, worrying over the use of alcohol and substances during pregnancy, and therefore not achieving a state of hapū ora. As previously noted, RH was told that “the things you do when you are pregnant they will do when they are born”. Kuia wondered who are warning and educating these women about the effects of alcohol and the importance of care for self and baby:

“Some people are getting pregnant when they are ‘out of it’ on alcohol or drugs and they continue to use these things even after they know they are hapū and they don’t know the consequences.” (MH)

“I have noticed in the last few months mothers coming into hospital who are addicted to alcohol or drugs like ‘P’ [methamphetamine]. These poor little babies just cry and cry and cry and the mothers find it hard to settle them.” (RH)

Alcohol consumption and illegal substance use has been a detrimental trend in Māori society. Durie (2001) reports the trends of alcohol use in Māori society being associated with many environmental factors including changes in licensing laws and increase in alcohol outlets, Durie further highlights alcohol consumption as a serious lifestyle risk for Māori.

Kuia Participants are alarmed by the changes they have witnessed in the care and wellbeing of the mother and the unborn child. This seems so different from their experience of haputanga. Kuia find it hard to comprehend how this change has occurred over the last two generations. The opportunity to develop a relationship with your unborn child seems a foreign idea to some pregnant women, and the concept of te whare tangata is also not something widely discussed with these young people. This again highlights that not only are the customary traditions of te whare tangata at risk of being lost, but that the purpose of those traditions – the birth of strong and healthy babies who contribute positively to the whakapapa – are being compromised.

4.4.5 Whakawhānau - Birthing:

Most births today continue to occur in the hospital setting, often with midwives supporting the expectant mother and baby. Even if occurring at home, the births are still attended by medical professionals such as midwives. PE speaks of her daughter's birth experience:

“My daughter gave birth to twins in the hospital and not long after their birth they were taken into an incubator. My daughter was up and down to the nursery to visit the babies and the nurses were telling her to rest. However my

daughter was at the nursery all the time because she wanted to bond with her babies, because she knew that was important.” (PE)

Bonding with babies remains important for many mothers and the wider whānau, and some mothers may be acutely sensitive to bonding with her baby, especially in cases where the baby requires specialist care. Rimene et. al, (1998) recommends the active involvement of all family members with mother and baby to ensure development of safe and secure bonding. The hospitals no longer have the resources or mandate to provide mother-craft programs; furthermore many of women are leaving hospital with limited whānau supports. Kuia Participants worry for mothers who are leaving the hospital unprepared for motherhood, and what that may mean for their babies:

“I don’t think mothers these days realise what they are getting themselves into when they have their babies. I see some of these mothers at the hospital and soon after they have their baby they are up and around and wanting to go home. I notice some are ready to go home, but some are not.” (RH)

“Mothers today are not staying long enough in the hospital after they have baby. No sooner have they had baby they are then told to go home. It was in the hospital where you learn to care for your baby; many mothers today don’t have a good support system around them.” (MC)

Kuia noted the lack of support afforded to women in today’s society. In their time the hospital stay was around 14 days and the hospital was a place where you learned about motherhood along with a time of bonding with your baby. For their generation and the one prior to that of these kuia, whānau were well equipped to provide safe,

secure and nurtured environments for maternity, birthing and postnatal periods for mother and baby. Another kuia agrees:

“it’s hard on mothers now to have their babies, and some have to leave the hospital on the same day. What if they have nowhere to go? I don’t know that I could have coped if I had my son now; people don’t seem to awhi each other like they used to in our day.” (MU)

One of the kuia who is employed and provides support at a maternity unit talked about her observations of mothers and babies in the hospital environment. She disagrees that the hospitals are forcing mothers to go home, however. She shares the following story:

“Mothers are not being asked to leave the hospital; if the hospital staff think the mother and baby need to stay then they will ask them to stay, especially if there is a medical problem with either mother or child. The hospital staff also have to ensure the mother and baby have somewhere safe and warm to go to before they are discharged. I have noticed the whānau support for mothers and babies are not as strong as it once was at the hospital - you may see whānau at the birth but then that’s it.” (RH)

There is often concern, especially with first born babies, that mothers lack support with baby when they leave the hospital. Although Kuia Participants were able to reflect on whānau support during their own pregnancies, they noted the significant changes in the available support for some expectant mothers in contemporary society. Rimene et. al. (1998) writes:

sadly many Māori women who are hapū may not have the close and immediate support of whānau. The father may have done a runner [left and/or absent] or denied responsibility. On the other hand the relationship may have broken down leaving the women to face birth of her child on her own. (p. 99)

MC also notes many significant effects that may have influenced mothers being isolated from their whānau:

“My daughter was lucky - she came home and myself and her father helped her with baby and taught her how to look after her baby. I also went to Australia and stayed with my other daughter for two months to support her after she had her baby. Family support is very important for mothers and babies.” (MC)

Social supports are significant to the wellbeing of the expectant mother and ultimately to health and wellbeing of the baby. Zachariah (2009) found that “women who experienced prenatal complications had significantly less social support in emotional, tangible and total functional support” (p. 400). Māori women have endured significant changes over time, which have impacted on their role, confidence and capability as *te whare tangata*, and the valued role as architects of future generations. Māori women have felt the full force of the negative consequences to colonisation.

4.4.6 Financial Support:

More and more Māori parents are finding themselves under financial pressure to provide a healthy life for their children. Mikaere (2003) explains that “Māori women often have to work both outside and in the home if they are fortunate enough to find

paid employment at all” (p 130). More and more Māori people are relying on government financial supplements to provide basic life essentials and many families are living on government benefits (Durie, 2003).

Kuia Participants referred to the government financial support available to parents today who may have to parent alone and in most instances these people are women. In some instances this benefit is useful; however some Kuia suspect that the benefit itself has caused fragmentation in whānau and the role of provider for the children has also been damaged:

“Unemployment is a big problem for families and this was one problem we didn’t have to cope with when I was having children as there were plenty of jobs. Sometimes families have to live on a benefit and this is not enough for all the children; sometimes you can get more money for having another child, but that shouldn’t be a reason to have more children.” (GA)

“I heard that some people are having babies to get on welfare and they don’t realise that having children also means being responsible, but all they can see is the money.” (MC)

It is possible to draw the conclusion that planned pregnancies in order to gain a benefit in today’s society illustrates the concept of purposeful conception, in that the family are gaining some immediate financial benefit for the birth of a child. However, this purpose is much different from that of their ancestors in their decisions being based on the long term wellbeing of their whānau and hapū communities.

Te Momo (2012) discusses urbanisation as being a major factor in the emergence of the Māori whānau becoming dependant on welfare benefits. She further states the government became the employer of Māori families on welfare benefits and controller of their communities. Kelsey (as cited in Te Momo, 2012) has accused the government of failing to promote Māori interests.

This predicament highlights another major shift for women in their role of te whare tangata. Moving from a time where women lived lives of equality and freedom to being dependant on their husbands as discussed in an earlier extract by GA, and now being dependant on the Crown for financial aid and family supports. This shift shows a further debilitation of the traditional role of te whare tangata.

4.4.7 Parenting:

Kuia Participants talked about their concerns in regards to some parenting practices that they have observed in recent times and share their thoughts on some of the negative influences that have affected positive parenting:

“Positive parenting when I was a child included going riding on the horses, working in the gardens, swimming in our rivers and gathering food. We really had so much freedom back then. Today I see so many parents drinking alcohol, smoking and not thinking about their children. Then the child sees this and thinks they can do it too; there is no concern for themselves or their health.”

(MH)

“Mothers today are not prepared and are not attending to baby like they should. I have noticed baby crying because they are hungry, but mum is asleep.

Some new mums think that they can have a baby and then just get back into their life; they don't understand that their life has changed.” (RH)

“There is a problem with security of children today; they have no physical, whānau or spiritual security in their lives. I feel so sorry for the babies now; some of them really don't know who they are or who their father is or that side of whakapapa. Identity is the foundation that you stand on for life and is one of the most important things that you have.” (GA)

“Alcohol, drugs and money have affected our parenting. People are so concerned with getting money, getting alcohol and getting drugs and they are willing to be put in prison because of those things, and who's looking after their children when they are in jail? There are lots of children being hurt because parents are too drunk or out of it to care for them.” (PE)

“To many parents are not teaching anything to their children, they are so concerned with themselves they just want to go out, out to work and out to party and sometimes they know they shouldn't leave their children, but hey leave them anyway.” (GA)

The concerns that kuia share in regards to what they have observed of parenting in contemporary times reflects their worry for future generations. They outline a number of negative influences such as alcohol and drugs, neglect, and systematic barriers which interrupt opportunities for Māori to identify in a positive way as being Māori.

4.4.8 The Transfer of Knowledge:

The transfer of traditional knowledge is a very important theme that has been mentioned several times by Kuia Participants, mentioning both the sharing and loss of knowledge throughout the different generations. From the time of first European settlement, Māori talked about knowledge lost. Biggs (1960) identifies Māori as being one of the most documented of the “world’s primitive people”, stating further that from “Cook’s 1769 rediscovery of Aotearoa, colonisation had begun and proceeded at a rapid pace and by 1840 substantial change had occurred in Māori society” (p. 3). Kuia have also noted a loss of certain traditional knowledge through their life span:

“The knowledge has been lost so the traditions have been lost as well. This has consistently happened across many generations and if we look back, the last generation was stronger than us and the next generation from us are not as strong as and with less traditional knowledge than we have. I think we stopped teaching our traditional knowledge because everyone just went to school.”

(MU)

“We want to pass on the knowledge that we have, but kids these days have no ‘taringas’ [reference to not listening]; you can’t tell them nothing, they are too distracted by their own lives.” (MC)

“We have moved away from our old customs and we are getting lost. I worry when I look out the window and see our future children walk past.” (MU)

Kuia discuss their concerns in regards to the loss of Māori customs and traditional knowledge, along with young people not being interested in learning about their own Māori identity. The comment that they are too distracted is reference to young people

being more interested in global cultures and adopting their lifestyles which are not always conducive to their wellbeing.

Kuia also celebrate the many young people, some living lives of hardship, danger and misfortune, but who always have a smile or a cheerful way about themselves:

“Some people label children bad, [but] they are not bad, they are just a bit lost. Wait until they get back on to it. You’ll find they are very witty and so clever” (MC).

“There are many young people out there wanting the knowledge, needing the knowledge, like I did when I was young. We must watch out for these ones and fill them with all our tikanga knowledge” (MH).

The transmission of knowledge starts with making a decision to pass it on; for generations before these kuia this decision had to be made with consideration of the negative implications imposed by Pākehā society and law. Nowadays being Māori and discussing Māori traditions seems more acceptable. One kuia talked about her decision to pass on knowledge given to her by her grandmothers, and her commitment to passing this on to her children and moko.

On marae there is evidence of traditional knowledge being passed on through observation and participation, as discussed earlier by Rangihau (1975). Rangihau (1975) further suggests “people can live with a greater amount of assurance if they know who they are, and that they can move in and out of the Pākehā world with self-confidence” (p. 168). The traditions of manaaki, whaikōrero, pōwhiri, karakia, karanga and waiata are being engaged in contemporary society through Māori learning

institutions as well as mainstream. Gabel (2013) shares her experience of te kohanga reo, describing kohanga reo as being a place of empowerment for whānau as a whole, not just for children. The introduction of Māori learning institutions has re-ignited a return and rediscovery of te reo Māori, Māori histories and customary traditions. Karakia, for example, has been maintained throughout the generations and is a fundamental practice of most Māori hui; even if many karakia are now Christian-based, they retain the original spiritual purpose- that of protection and guidance.

4.4.9 Traditional Practices:

Traditional practice associated with ‘whenua ki te whenua’ (returning the afterbirth to the land) was affected by colonisation and was largely ceased by hospital practitioners through not offering whenua back to mothers, and whenua not being mentioned as a part of the whakawhānau process. In recent times this tradition has been reclaimed by Māori women and whānau. One kuia talked about her moko (grandchildren) openly discussing with their friends the places that their whenua is buried. She said this is a normal conversation for the moko in her community:

“My moko are very confident in requesting their whenua from the hospital staff, and they know our special place for it to be buried back with Papatuanuku. They also know the kaupapa of this process and what they have to do so they can do this themselves when I am gone.” (MH)

“All my moko’s know where their whenua is buried, it is a common thing to do now and I have even heard my moko asking each other, So where is your

whenua buried? And they actually have quite a long conversation about it. It has become normal practice in our whānau.” (GA)

Kuia acknowledge the practice of whenua as being more accepted practice today and that young people are not burdened with the same distrust and discouragement that they had in regards to Māori practices during their child bearing years:

*“Some of the whānau will bury their whenua on the marae and plant trees on top of it; I encourage people to bury their whenua under the puriri tree by the cemetery, not in the cemetery. We have buried ours at our homestead; we have our karakia and a waiata and then a passage from the bible and then a kai.”
(MC)*

The reclaiming of the whenua customary practice is a part of the journey for Māori women in re-engaging with their natural maternal traditions. Gabel (2013) states “the resistance to the ongoing intrusion of western maternal ideologies is an ongoing process and Māori mothers have been engaged in actions of resistance, reclamation and reassertion for centuries” (p. 193).

Kuia who participated in this research hold strong beliefs about God and actively participated in karakia and church services. Karakia remains a pinnacle in many Māori families; however karakia is often framed within the western framework of religion:

“I continue to have karakia for all things and my children and mokopuna can karakia.” (MH)

*“Oh we have karakia all the time for our church; we are all children of God.”
(MC)*

“Some young people today need to have God in their lives, but they don’t ask Him for help.” (PE)

Christian religion and the practice of karakia continue to have significant meaning for kuia in their lives and continue to be prominent in the lives of Māori and in contemporary society. Kuia actively engage in karakia as a process to ensure both mother and child are safe during the process of whakawhānau and to provide spiritual protection for whānau throughout their lives.

4.4.10 Hope:

Kuia Participants have hope and optimism in that positive changes are occurring for Māori, for example an increase in te reo Māori and the establishment of Māori-focused education centres. Durie (2003) highlight “Māori ambitions toward autonomy and tino rangatiratanga in the establishment of Māori health authorities, iwi tribal councils (rūnanga), Māori urban authorities and Māori churches” (p. 112). These marked a significant turnaround in re-engaging Māori identity and Māori traditions along with opening the doors to a stronger future for Māori. Gabel (2013) concurs - “the reclamation of our language has been a key aspect of our resistance of Western maternal impositions, allowing us to communicate key values, morals and life messages to our children” (p. 194).

Kuia Participants express hope as being part of good parenting and the effective transfer of knowledge:

“Children and parents who have lots of whānau support around them do really well. We have a very close family and my oldest daughter and my moko still live with me, they look after me and I look after them.” (MC)

“I showed my children how to do things right and how to work and get things done. This is a part of our duty to teach parenting through our own parenting. My children have passed this on to their children, showing love, care and teaching, teaching, teaching, and that’s us passing on the knowledge again”.
(MH)

Although there are some Māori families who have limited access to tikanga and mātauranga Māori, there are more opportunities and better access to engage with mātauranga Māori through established learning centres and through the internet and Māori being able to confidently share their personal narratives and life histories. Kuia are committed to sharing in the hope that their stories offer some comfort to Māori forging a positive future for themselves.

4.5 Conclusion:

Kuia have shared their life experience of te whare tangata from hine to wahine and kuia, and have given an in-depth account of their experiences, observations, participation and memories. The transformation of traditional practices of te whare tangata is highlighted in their narratives that tell of Māori traditional home birthing and their own experiences in hospital settings. These are further discussed in light of government policies and the diminishing access to traditional Māori principles and practices. Kuia spoke of their trust in the nurses and doctors who provided an

exceptional service during their birthing and stay in hospital, although it seems whānau attendants were replaced by clinical teams.

Whānau support and bonding with mother and child have remained important to kuia throughout their lives; however there is growing concern amongst kuia that future generations are moving away from the concepts of whānau bonding. The presence of colonisation effects and assimilation are evident in the narratives from the areas of access to traditional knowledge and impact of public education, however kuia have also noted their role in the passing on of their own hapū knowledge to their children and the return of specific te whare tangata traditions. Kuia now share their knowledge with the hope that future generations will find comfort and wisdom in their words.

CHAPTER FIVE – DISCUSSION

5.1 Introduction:

Initially the concept of this research was to highlight the implications negative attitudes toward pregnancy could have on the mental wellness of the expectant mother and unborn child, and if this experience has further impact on the child's mental health. Furthermore it was envisioned this research would be a first step in developing a health promotion package that would promote mental wellness for Māori pregnant women and their pēpē. Through this research, it is recognised that Māori have for several decades engaged in the pursuit of rediscovery, re-affirming and re-engaging Māori customary practices and traditions. It is argued that at the core of healthy Māori communities is the fundamental principle of developing and maintaining purposeful relationships in all areas of their lives. And what I have realised through the process of this research is that mental wellness is just one part of wellbeing, and if purposeful relationships and purposeful conception is enabled, then the creation of wellbeing is possible.

5.2 Revisiting Research Aims:

5.2.1 Aim 1 - To investigate the traditional roles and customs of Māori women as te whare tangata and how these traditions have evolved over time:

The traditional role of te whare tangata centred women as equal partners alongside Māori men. Women and their role as te whare tangata was one of significant value to

traditional Māori communities and future generations. These roles included leadership roles, tohunga and political roles along with making major contributions to the wellbeing of their whānau and community, however the most valued role was in child bearing and that women in this role connected past, present and future generations. Since traditional times Māori women have seen the suppression of this role which was largely influenced by the migration of Pākehā society (Pihama, 2001).

Kuia Participants discussed the dramatic changes to the role of te whare tangata seen in their life time, the role of women being diminished to domestic duties and being solely responsible for parenting. Furthermore Māori women had become reliant on their husbands to provide a safe and nurturing environment for themselves and their children. In today's times kuia have noted many Māori women becoming increasingly reliant on government assistance as well.

The responsibility to protect and keep safe women during their time of haputanga and whakawhānau belonged to their whānau and the entire community. Kuia identified strongly with the concepts of communal living from their childhood, and the strong relationships that they had formed over their lives included the idea of wellbeing for all community members. This was also a main feature of their discussion, their immense respect for each other, their environment and spiritual relationships with God.

Kuia Participants talked about the ways in which they cared for themselves during haputanga and whakawhānau. Their motivation to reach a state of wellbeing was driven by their perception of the special life they carried within their whare tangata, and their understandings of children being taonga influenced the way they parented their children. The concept of whānau encompasses our purposeful relationships with

each other, respectful in a reciprocal manner and the equality of roles across the whānau including the equally important roles of men, women and children. The essence of positive and strong relationships relies on the ability people have to forming meaningful and purposeful engagement with each other.

Māori used many strategies to determine a good future for their whānau and hapū, and one of these strategies were taumau. This included making considered and often communal decisions in regards to their developing whakapapa. Aspects discussed and considered would be the benefits of forming alliances with particular hapū and material resources which may include land, tools and human resources (Walker, 1990). These relationships had purpose that would benefit the whānau and hapū. However as discussed by Biggs (1960) and further exemplified by Kuia Participants, taumau was not always successful, and these difficulties would again need to be resolved through communal consultation.

Community relationships and communal living were purposeful in that all members of a whānau and hapū were valued members and made specific contributions to the wellbeing of the community. Each and every person, from the youngest child to the elders, participated in community activities and gatherings. In traditional times (pre-European contact) this had included hunting and gathering food, defending the community against any threats and engaging in positive alliances (Makereti, 1986). Communal living and the concepts of wellbeing for all members were lived experiences of the Kuia Participants, meaning these concepts survived colonisation although modifications had occurred to suit the modern environment.

5.2.2 Aim 2 - To investigate the relevance te whare tangata practices in contemporary society:

At first glance contemporary society appears very different from traditional Māori society. Prior to starting this research project I felt the gaps in Māori and non-Māori society were obvious in terms of poverty, health and education, and believed that this could be resolved for Māori by re-engaging Māori traditional concepts and practices. However what I have realised through this research is many Māori whānau continue to live within the realms of old traditions, albeit somewhat modified. This is evident in the continued practice of tikanga on many marae around Aotearoa. In Te Momo's (2012) discussion regarding the evolving whānau unit, I saw parallels with my own upbringing, and I realised being raised away from our papakainga and in an urban location, in our community we had recreated a new kind of whānau with other like-minded families. Our local Anglican church was utilised as a marae, in those days we could swim and play along the creeks (awa), and the local parks provided great areas of play and learning. The communal concepts and maintaining purposeful relationships had remained important for many Māori families in our community.

However this is not to ignore the effects of colonisation. Kuia Participants discussed the personal effects of colonisation in their lives and how they experienced measures taken to limit and ignore Māori culture, traditions and knowledge. But despite colonisation, the kuia discussed their exposure to Māori ways of living and how they were instrumental to ensuring the traditions they learnt were passed on. They acknowledge that there are many Māori families being lost to modern ways of living, with many Māori families trapped in lives of poverty generated through political decisions. However this does not mean that these families haven't been exposed to

some form of Māori culture or aren't engaging some forms of tikanga. Kuia believe the Māori customs are still relevant and are in fact alive in today's society, and these traditional values and ways of thinking add to improving Māori lives.

The equality of relationships for Māori women and men are still evident on marae in the tikanga of pōwhiri, karanga and whaikōrero – although the roles may be different for men and women, they are complementary rather than one being of more worth than the other (Mikaere, 2003; Simmonds, 2011). This is also illustrated in the whare kai where often men, women and young people work closely together to uphold manaaki tangata. It is in these partnerships that the wellbeing of te whare tangata can be realised with the ongoing support of whānau. There is absolute opportunity and spaces within contemporary society to ensure the safe care, protection and nurturing of future generations that are the primary principles of te whare tangata and Māori wellbeing.

5.2.3 Aim 3 - To explore the use of te whare tangata as a model of mental health and wellbeing for Māori:

The traditions of te whare tangata centres women within the spaces of dignity, wellbeing and equality. Kuia Participants strongly advocate the ongoing integration of Māori traditional values and practices to develop purposeful lives. They discuss placing significant value on Māori identity – know who you are, where you belong, connect with your papakainga. They suggest Māori go home and climb your maunga, swim in your rivers and walk the whenua of your ancestors. Kuia reflect on talk that urbanised Māori no longer know where they originate, however they suggest having the courage

and confidence to explore who you are as a Māori person, with the strength to remain steadfast and strong in that exploration. The benefits of establishing a secure ethnic identity for Māori has been commented on by Durie (2001); however he goes on to say that optimal wellbeing for Māori is a complex path and attaining a secure identity alone does not guarantee optimal wellbeing.

As discussed in this research, wellbeing from a Māori perspective is not an individualised state but a whānau and/or hapū collective goal. Durie (2003) offers the following which outlines a method in which whānau capacities can be measured and the pathway forward can begin:

- Manaakitia (whānau capacity to care);
- Tohatohatia (whānau capacity to share);
- Pupuri taonga (whānau capacity for guardianship);
- Whakamana (whānau capacity to empower);
- Whakatakoto tikanga (capacity to plan ahead, transmit knowledge); and
- Whakatini (capacity for growth).

Fulfilment of these capacities can be seen as the realisation of whānau purpose, and they require purposeful relationships, which can include purposeful conception. Each of these themes were discussed attentively by Kuia Participants in that they advocate the importance of having access to and sharing traditional narratives and knowledge along with benefits to communal living that holds the wellbeing of all members as a core philosophy. On the whole, Kuia Participants talk about the future optimistically and with hope, and throughout their kōrero lay the foundation of purposeful relationships.

Kuia Participants talk at length about purposeful relationships which provide the foundations of support, love, care and wellbeing for mothers, babies and whānau. The concept of purposeful relationships embrace the entire community in that for Māori to reach complete wellbeing, members must be empowered to care and share, to take responsibility for collective resources, including the transmission of appropriate knowledge to the next generations, and through those endeavours, ensure the continued and positive growth of the community. While it may seem presumptuous to infer that wellbeing for te whare tangata equates to the wellness for all people, the idea of purposeful relationships and purposeful conception can definitely be seen as a considered step toward wellbeing. While nurturing current and future generations, we must also nurture ourselves and believe that we are taonga, a gift from our ancestors. For us to reach mental wellbeing as individuals, we must attain mental wellbeing as a collective. An important part of this is in the formation of purposeful relationships that seek to attain the fullness of wellbeing as measured by Durie's (2003) whānau capacities.

5.3 Purposeful Lives:

Māori cosmology and stories of great feats by Māori are narratives that have provided guiding principles for Māori to live by. At the core of these stories is the fundamental ability to develop and maintain purposeful relationships and therefore live purposeful lives. Whakapapa sits at the core of Māori existence and incorporates the connections that Māori have with atua (deities), the environment and each other, so therefore there must be purpose in conception, and a purposeful relationship between pēpē and

those who love and nurture him or her must begin prior to conception. When I initially considered the concept of purposeful relationships, I had primarily considered purpose in the relationship between mother and child, and from there to include how we in Māori communities could relate to each other in better ways in the here-and-now, and how we might encourage purposeful lives and wellbeing for future generations, by drawing from the wisdoms of past generations. This research identifies purposeful relationships being more than the relationships we establish with each other but also include the relationships we develop with our environment, spiritually and the relationship we have within our own self-perception. To explain this further I have framed this discussion inside the model of Te Whare Tapa Whā – the four dimensions of wellbeing as explained by Durie (1998):

- Spiritually (te taha wairua) engaging a purposeful relationship with atua (god) and our tupuna and environment is emphasised in karakia and with the many cultural rituals enacted. Kuia Participants highlighted their spiritual relationships which are a daily part of their lives as a means through which to seek guidance, safety and protection.
- Physically (te taha tinana) engaging in interactions in their environments, Kuia Participants talked about their participation as a community in the wellbeing of all members through communal gardens, involvement with the local marae, walking amongst our ngāhere (forest), swimming in our awa (river) and engaging with Papatuanuku, Tane Mahuta, Tangaroa and other atua.
- Cognition (te taha Hinengaro), self-perception and the belief a person has in themselves can be very important. This is the space where you engage in

building a conscious relationship with yourself. Self-perception embraces incredible power in developing self-identity, self-esteem and confidence. Individuals who have a strong inner self-perception, can then project that strength outwards in purposeful relationships with others, thereby creating strong communities.

- Social relationships (te taha whānau) are best when they are purposeful, and when that purpose is geared towards collective wellbeing.

5.4 Evolving Traditional Practices:

5.4.1 Whenua:

The burial of whenua after whakawhānau is one customary practice that was affected by colonisation. Makareti (1986) discussed this practice as being a sacred process in which the whānau soon after birth would take the whenua to a sacred place to be buried. Kuia Participants were familiar with this practice as they discussed memories of this when they were children (Te Kore). However this had changed when they reached the child-bearing period of their own lives (Te Pō). In this period whakawhānau had shifted for Māori from a whānau-based, home-birthing process and whānau responsibility, to the hospital setting where whakawhānau would now be controlled by doctors and nurses.

The whenua process would have been much more fluid and natural process in the times of whānau-controlled birthing. The hospital setting had presented a very different scenario for these women and the possibility that requesting whenua from the doctors were ignored or declined along with the possibility that a conversation

about this traditional practice with the doctor was inappropriate or shaming. For example, a woman interviewed by Rimene, et. al, (1998) shared the following narrative:

It [whenua] was never offered to me and I was too whakamaa [shy] to ask. I have had eight babies and for the last two we were able to get the whenua. Wanting the whenua was never acknowledged previously and you never went against the authorities. (p. 69)

Colonisation affected traditions by indiscriminately shaming all things associated with Māori practices and traditions.

The whenua customs would return, as discussed above, in that Māori began to challenge health authorities in the way that the mana and tapu of Māori had continually been diminished. Rimene, et. al, (1998) writes about the changes that have taken place, noting that “in today’s society hospital services acknowledge the importance and significance of the whenua for Māori whānau and the whenua is offered back” (p. 69). However Rimene, et. al, (1998) also highlights that during this period many Māori women didn’t understand the significance of the whenua as the knowledge was lost; a further consequence of colonisation and cultural shaming.

In Te Ao Mārama, Kuia Participants refer to whenua practices being common place in their whānau. MH shared that her mokopuna are confident in requesting their whenua and also know the significance of the whenua customs which have also become commonplace in mainstream health care. The whenua process and Māori traditional practice however, is relevant not only in Māori society but also in mainstream

Aotearoa. Anecdotal evidence has shown that some Pākehā today engage in whenua-ki-te-whenua practices.

5.4.2 Karakia:

Māori society maintains that we are strongly connected to our atua through whakapapa (Haami & Roberts, 2002). The practice of karakia was to maintain these connections and to seek guidance and protection from atua. Māori people were very spiritual people and the spirituality of Māori have remained strong within their communities. As evidenced by the Kuia Participants however, a shift from Māori indigenous spirituality to Christian-based religions has occurred for many. Mikaere (2003) notes the impact of the Tohunga Suppression Act (1907) as being instrumental in demeaning Māori spirituality by banning all Māori spiritual practices. Māori in large numbers became indoctrinated into the schools of Christianity where many have remained. Kuia Participants have maintained their strong beliefs in the Christian religion and which they continue to practice in their daily lives.

Nevertheless, what was also evident in the narratives of the Kuia Participants was that although karakia were directed primarily at God, their wider spiritual understandings included connection to people and environments through atua Māori such as Papatuanuku and Tāne Mahuta. For example, MH mentioned Papatuanuku in relation to the usefulness of gardening as a stress release. The Kuia Participants expressed in a myriad of ways other traditional knowledges such as a special relationship with the environment and the return of whenua to whenua, indicating that while Christianity was of prime importance to their systems of belief, that belief did not preclude

drawing wisdom for the heritage of their Māori ancestors. Intertwining the spiritual systems of two worlds is a practice that has occurred since Rev. Samuel Marsden presented the first Christian sermons in the Bay of Islands in 1814 (<http://www.teara.govt.nz/>).

5.5 Conclusion:

At the beginning of this research I had pre-conceived ideas and assumptions of how this project would develop. I initially wanted to highlight society's ignorance to the conception of pregnancy and developing whakapapa. What I didn't realise was the complexities and dynamic ways in which Māori traditional society functioned. Furthermore I was somewhat unaware of the many ways in which Māori people in contemporary society continue to practice Māori tikanga and customary traditions daily, and that therefore Māori culture is alive, active and evolving with a bright and vibrant future.

The customary traditions of te whare tangata have been discussed across the life span of six Kuia Participants. In my pursuit to articulate the philosophies of te whare tangata as a framework for *mental wellness* for Māori mothers and babies, my understanding has shifted to embrace the creation of a more holistic notion of *wellbeing* for Māori mothers, their babies, their whānau and communities. My understanding has also shifted from the realisation that despite the travesties of colonisation, many Māori continue to engage with Māori traditional practices and remain resilient against state-sanctioned oppression (Mikaere, 2003). Te whare tangata, along with many other Māori traditional concepts are being uncovered, re-affirmed, re-engaged and

innovated in Māori communities by many passionate and committed Māori researchers and social practitioners. Kuia Participants discussed openly their commitment to passing on knowledge to future generations in hope that this assists them to access improved lives and a life of prosperity.

CHAPTER SIX – CONCLUSION

6.1 Introduction:

Māori traditions, practices and values had their origins in cosmological narratives which had set the foundations for Māori survival in Aotearoa since their arrival here in nearly a thousand years ago. They brought with them notion of the importance of relationships which began for humanity with Papatuanuku and Ranginui, from whom came the birth and further manifestations of whakapapa. From these primary relationships came the blueprint of roles to be assumed by men and women along with the equally important roles held by each whānau member. The main commitment of each whānau member was to the survival and wellbeing of the collective.

The women's role as te whare tangata were vital in the ongoing building and maintenance of future generations; the wellbeing of te whare tangata was one aspect of traditional living that was vigorously protected. So important was this period of a women's life, special tikanga were implemented to safeguard both mother and child through the process of hapū ora and whakawhānau. Purposeful relationships and purposeful conception ensured that relational bonds between mother and baby, and with the wider whānau, were well secured during the gestational period.

The arrival of European civilisations brought significant changes that Māori had not been prepared for, although there are many examples of the successful adaption of Māori to the new people and new technologies that arrived (Durie, 2003; Walker, 1990). The colonisation approach used by the colonial government to erase Māori

cultural values and traditions would have lasting negative effects for Māori across several generations. The specific attacks on the well-functioning roles of men and women in Māori traditional society and furthermore the dismantling of whānau forms and function transformed that way Māori would operate and cast doubt in the minds of Māori regarding their own histories. Despite this Māori held on to at least the essence of many of their traditions, reformulating these to fit new environments (George, 2010). However, deeper knowledge of many traditions, including those around te whare tangata, were in severe danger of being lost.

Nevertheless, despite the losses, Kuia Participants spoke openly about the challenges, commitment and achievements of continued engagement with the traditional and contemporary roles of te whare tangata. The sense of communal support and living were discussed by Kuia Participants in their experience as children and continues in their lives today. Of significance within the narratives were indications of the purposeful nature of positive relationships, and therefore notions of purposeful conception as a way in which to ensure pēpē were immersed in strong and secure networks from before their birth.

6.2 Te Whare Tangata Today:

Māori communities in contemporary times continue to engage with Māori customary traditions and continue on the journey to rediscovering traditional knowledge that has lain dormant in the corridors of time. The traditions of te whare tangata and wahine knowledge are a part of this re-discovery process as dedicated indigenous researchers lay challenge to the dominant cultures that have participated in the erosion of Māori

traditional practices. Re-engaging the traditions of te whare tangata features increasingly in Māori health research as Māori move to find health and healing that is meaningful for their people, beginning from the start of the life cycle.

It is evident in my interviews with Kuia Participants that the traditions of te whare tangata continue to be meaningful in contemporary society, although there have been significant gaps in the way that knowledge of te whare tangata has been transplanted across generations. This is being reclaimed however, and is especially evident in the traditional practice of whenua burial that was initially dismissed and ignored by hospital staff in the early 20th century to its re-implementation in contemporary times. Kuia Participants embraced the return of this practice and encourage continued engagement with Māori customs.

6.3 Limitations:

This research was conducted in the geographical area of the mid-north region in Te Taitokerau with six Kuia Participants from Te Taitokerau tribal groups. This research is therefore not representative of the general Māori population, but I believe the narratives kuia have shared will resonate within and add to the knowledge base of their own whānau, hapū and iwi. I am also reminded of Mahuika (2011) comment that we should comment primarily on our own hapū and iwi, as we are not qualified to comment on others.

In sharing the experiences they had as women in their role as te whare tangata from the 1930s to contemporary times in Aotearoa, the Kuia Participants have provided

important clues that may enable us to revive te whare tangata traditions that will be of meaningful use to our people today. They have discussed their interpretations of contemporary times using a 20th century lens, therefore interpretations must be viewed critically by the reader as one set of experiences that may not be shared by women from other generations. Nevertheless, their experiences remain significant.

6.4 Recommendations for Future Research:

I recommend a further in-depth study of purposeful relationships within Māori communities. The positive and negative perceptions of relationships in traditional and contemporary societies could be further explored, and Māori living in rural and urban communities may better highlight the changes in the way Māori form relationships in diverse environments. For example, George (2010) advocates the urban marae as being a place of refuge for Māori now living in the urban centres; they are a symbol of renewed vitality of Māoritanga and offer facilities to enable urban Māori to maintain a culturally centred life. What an exploration of this may find, however, is that while the environments may change, the concepts contributing to the formation and maintenance of purposeful relationships do not.

Purposeful relationships were extremely salient during the period of haputanga and whakawhānau. One of the Kuia Participants talked of the immediate perception they had of their baby as taonga, while another used the expression 'my queen of hearts'. Such emotion and attitude ensured that they made active decisions to support wellness during their pregnancy and in further parenting decisions. Further investigation as to these perceptions contributes to effective parenting and purposeful

relationships would be beneficial, which could include interviews with whānau groups to discuss the dynamics of relationships between mother and baby.

It is intended that I will utilise the ideas around purposeful relationships and purposeful conception to develop a health promotion package that includes educational literature and activities, and a whare tangata framework for increased maternal and infant wellbeing.

6.6 Conclusion:

Māori communities continue to engage with Māori traditions as they have done throughout time. Some traditions have been modified to suit contemporary society and environment. Bharucha (as cited in George, 2010) states that “it is not a matter of using tradition...it is a question of living tradition and making the necessary adjustments to keep it going” (p. 159). As Māori continue to re-awaken customary practices, and these are being discussed, researched and tested in society today. Māori take responsibility for their own health and wellbeing and continue to advocate for a fair and just society in which the implementation of Māori traditional practices can be respected, utilised and supported in all areas of people’s lives.

Customary traditions of te whare tangata hold an important and meaningful place in Māori contemporary society, despite the disruption caused by colonisation. It is possible that some knowledge regarding the traditions of te whare tangata have been hidden, lost or distorted, however, Māori are actively researching, rediscovering and engaging in te whare tangata practices. Kuia provide through their narratives of lived

experiences several examples of their active te whare tangata roles as children, women and kuia, as well as holders and givers of hapū knowledge and caretakers of relational bonds. As such they provide evidence of how te whare tangata practices may be of use in strengthening wellbeing for mothers, babies, their whānau, and communities.

My initial expectations of developing a traditional model of maternal *mental wellness*⁵ became a journey of self-discovery and my own realisation that through literature searches and my engagement with Kuia Participants, I was reminded that the core of Māori survival and existence were the way in which Māori were able to engage and maintain purposeful relationships, spiritually, cognitively, physically as well as with each other. I conclude that the development and nurturing of purposeful relationships, extends beyond mental wellness to encompass optimal health and *wellbeing*, hence the change in the title of this project. The customary traditions of te whare tangata are therefore meaningful in contemporary society, as for Māori to attain good mental wellbeing, this must be viewed in the wider sense of wellbeing in all areas of life.

⁵ Note that the project was originally titled *Purposeful conception: Customary traditions and contemporary applications of Te Whare Tangata in creating mental wellness*. All supporting documents (e.g. Information Sheet and Consent Form) therefore bear this title.

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APPENDICES

Appendix One – Ethics approval:



MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA

7 June 2013

Raewyn Smith
1B Beverley Crescent
Maungatapere
RD9
WHANGAREI 0179

Dear Raewyn

Re: HEC: Southern A Application – 13/34
Customary traditions and contemporary applications of te whare tangata in the creation of mental wellness

Thank you for your letter dated 6 June 2013.

On behalf of the Massey University Human Ethics Committee: Southern A I am pleased to advise you that the ethics of your application are now approved. Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

Dr Brian Finch, Chair
Massey University Human Ethics Committee: Southern A

cc Dr Mary Breheny
School of Health & Social Services
PN371

Dr Lily George
Centre for Teaching & Learning
ALBANY

Prof Steve LaGrow, HoS
School of Health & Social Services
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Massey University Human Ethics Committee
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Appendix Two – Information Sheet:



Massey University

Customary traditions and contemporary applications of whare tangata in the creation of mental wellness.

PROJECT INFORMATION SHEET

Ko Te Ahu Ahu te maunga
Ko Hokianga te moana
Ko Ngatoki matawhaorua te Waka
Ko Ngāpuhi te iwi
Ko Te Uri Taniwha te hapu
Ko Kaire te whānau
Ko Wi Kaire te tangata.
Ko Parawhenua te marae.

Ko Otemaiwa te maunga
Ko Whakanekeneke te awa
Ko Mataatua te waka
Ko Ngāpuhi te iwi
Ko Ngati Hao te hapu
Ko Henare te whānau
Ko Patuone te tangata
Ko Piki te aroha te marae.

My name is Raewyn Smith and I have worked in the area of mental health for the past 14 years. During this time I have met many people who have experienced various mental health conditions. I have found that treatment of mental illness is by using different therapies, mostly created in other countries and/or by using medicines. These therapies have in many cases been very useful for the person and the whānau, however the state of mental ill health for our Māori people continues to be high, especially in the areas of child and youth.

I am interested in finding ways to rebuild our whānau, hapū and iwi mental wellbeing and I believe to do this we have to start at the very beginnings of life (conception). To do this I have developed a research idea where I want to explore the traditions and customary roles of whare tangata. Historically how did our people keep themselves well and remain well and assert wellness in future generations? This further inspired me to think about how pregnancy was thought about traditionally within Māori society and how this changed through the generations.

This research will explore the customary traditions and the roles of te whare tangata through the generations and discuss if there are benefits to future generations mental wellbeing if the Māori worldview of the roles and traditions of te whare tangata were re-engaged in today's society. It is my assumption that this would have positive effect in the development of mental wellness for future generations.

As a part of this project I would like to interview six kuia in Ngāpuhi iwi, to discuss their knowledge and experience of the old traditions and roles of te whare tangata along life and personal experiences in regards to raising families. This will help to increase the mātauranga available to our people, and especially mothers, today. I therefore invite you to participate in this project.

I have chosen this research project as a part of my Massey University studies in which I intend to complete a Master's of Philosophy thesis in Rehabilitation Studies. To support this research and my academic learning I have two Massey University supervisors, Dr Mary Breheny (School of Health and social services) and Dr Lily George (Te Kapotai/Ngāpuhi, Research Centre for

Māori Health & Development). If you are interested in having more information regarding my supervisors please let me know or you can contact my supervisors directly.

Dr Mary Breheny: M.R.Breheny@massey.ac.nz Dr Lily George: L.George@massey.ac.nz

It is important that our whānau have a good understanding of the intention of this research, therefore if you have any questions please feel confident to contact me on any of the contact details below.

If you would like to discuss this research further or in future I can be contacted as follows:

Phone: (09) 4348006 Email: Smenrys@hotmail.co.nz

This research has been reviewed and approved by the Massey University Human Ethics Committee Southern A, Application 13/034. If you have any concerns about the conduct of this research, please contact Dr Brian Finch, Chair, Massey University Human Ethics Committee Southern A, Telephone (06) 350 5799 x 84459, email humanethicsoutha@massey.ac.nz.

Te Tiriti O Waitangi

Participation: I am hopeful that kaumātua, kuia and whānau of Ngāpuhi feel a part of this research project. I would be appreciative of any ideas, and other contributions that you would like to make.

You are under no obligation to accept this invitation. If you agree to participate, you have the right to:

- Decline to answer any particular question;
- Ask for the recorder to be turned off at any time during the interview;
- Ask any questions about the study at any time during your participation;
- You are able to withdraw all or part of your contributions to this project any time up until project has been submitted for final assessment.
- Be given access to a summary of project findings when it is concluded.

Partnership: As this research is going to reflect the knowledge and experiences of kuia of Ngāpuhi Iwi, it is pivotal that participants are consulted with throughout the project from development through to dissemination of information.

The information within the final document will belong to our kuia and whānau who have participated in this research project.

Protection: All collected data including interview information, consent forms and other documents directly related to research will be in safekeeping with myself and academic supervisors.

Under the support and guidance of our kaumātua the research project will ensure to protect and maintain the integrity, values and cultural essence of Ngāpuhi Iwi.

At the completion of this research project all information gathered will be stored by my academic supervisor Dr Mary Breheny for 5 years. After this period all information from this research will be destroyed by myself and academic supervisor Dr Mary Breheny.

Nga Mihi

Raewyn Smith, Massey University student, Whangarei.

Appendix Three – Consent Form:



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Customary traditions and contemporary applications of whare tangata in the creation of mental wellness.

PARTICIPANT CONSENT FORM

I(full name- printed)

I have read the project information and consent information sheet and have had details of project explained to me. My questions have been answered to my satisfaction.

I agree/ do not agree to the interview being sound recorded.

I agree to participate in this study under the conditions set out in the information sheet.

I agree/ disagree to information shared by myself for this project after 5 years to be placed in the Massey University archival file.

Signature: Date:

Appendix Four – Interview Schedule:



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Customary traditions and contemporary applications of whare tangata in the creation of mental wellness.

INTERVIEW SCHEDULE

Whakawhanaungatanga:

- Mihi whakatau
- Discuss project
- Questions and answers.
- Sign consent forms

Interview (questions below will be used to guide interview).

1. What is your understanding about the customary role's and practices of te whare tangata?
 - a. Do the values and practices of te whare tangata still exist in today's society?
2. Can you tell me about your experience of pregnancy?
3. Do you think your experience of pregnancy was similar to that of the generation before you (your mother or aunties).
4. In thinking about your children's experience of pregnancy, are there any differences in comparison to your own pregnancy.
5. What are your thoughts about restoring the wellbeing of Māori through re-engaging some of the customary beliefs and traditional practices of te whare tangata.

Koha

Mihi Whakamutunga

He Kai

