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**Tū te turuturu nō Hine-te-iwaiwa:
Mana wahine geographies of birth in Aotearoa New Zealand**

A thesis
submitted in fulfilment
of the requirements for the degree
of
Doctor of Philosophy in Geography
at
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by
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Te Tuku o Hine-te-iwaiwa

Raranga raranga taku takapau
Ka pukea e te wai
Hei moenga mō aku rei
Ko Rupe ko Manumea
Ka pukea, ē! ē!
Mo aku rei tokorua ka pukea
Ka pukea au e te wai
Ka pukea, ē! ē!
Ko Koro taku tane ka pukea
Piki ake hoki au ki runga nei
Te Matitikura – ē! ki a Rupe irunga
Te Matitikura, ē! ki a Toroa i runga
Te Matitikura, ē! ki a Takapu i runga
Te Matitikura, ē! kia whakawhanaua
Aku tama ko au anake ra.
Tu te turuturu no Hinerauwharangi
Tu te turuturu no Hine-te-iwaiwa
Tu i tou tia me ko Ihu-wareware
Tu I tou kona me ko Ihu-atamai
Kaua rangia au e Rupea (ka papa te ringa ki te tuara)
Kei tauatia ko au te inate
Ki Hine-te-iwaiwa
Tuku iho i runga
I tou huru, i tou upoko, (ka puta te potiki ki waho)
I ou tara- pakihiwi
I tou uma, i to ate,
I ou turipono, i ou waewae.
E tuku ra ki waho.
Ka whakamatikatika,
Ka whakamarangaranga
Te ruahine matakerepo
Naumai ki waho
Tuku Ewe,
Tuku take
Tuku parapara.
Naumai ki waho.

(Shortland 1882, MS)

This karakia was composed for the birth of Tūhuru by his mother Hine-te-iwaiwa and continues to be used by some women in childbirth today. According to Aroha Yates-Smith (1998) the lines ‘Tū te turuturu nō Hinerauwharangi, Tū te turuturu nō Hine-te-iwaiwa’ refer to the weaving pegs, turuturu, belonging to Hine-te-iwaiwa and Hinerauwharangi (atua wāhine associated with weaving and with childbirth). The pegs are used to support a korowai (cloak) or other garment as it is being created by the weaver. Turuturu is also the term given for support props used by some birthing women during labour. It is fitting, then, that the title of this thesis comes from this karakia as it is supported by Hine-te-iwaiwa (not to mention the multitude of other atua wāhine) in its creation.

Abstract

This thesis examines the embodied, spiritual and spatial experiences of maternity for Māori women. It reveals how colonial and patriarchal discourses are embedded and embodied in the spaces of childbirth in Aotearoa New Zealand. I use a mana wahine (Māori women's) framework to critique discourses that continue to marginalise and isolate Māori women and their whānau (family group) during their maternity experiences. Importantly, this research highlights the possibilities of reclaiming and reconfiguring mana wahine in both theory and practice. In doing so, I conceptualise new geographies that account for, and celebrate, uniquely Māori understandings and expressions of maternity.

Mana wahine provides a much needed theoretical framework that enables Māori women to (re)define and (re)present our lived realities on our own terms. A qualitative mixed method approach of interviews, solicited diary writing and a marae based wānanga is employed to examine the lived experiences of birth for ten first time mothers, five midwives and a wānanga of 17 women and their whānau. In total 32 women participated in various phases of the research.

Empirical material is arranged around four key themes. The first considers the ways in which colonialism is lived and embodied in maternity experiences for many whānau. New formations of colonialism are evident in the silence that can surround the maternal body for women in this research. The second theme highlights how whakapapa (genealogy), wairua (spirituality), and whenua (land/placenta), can provide a powerful reconceptualisation of the maternal body that offers new possibilities for thinking about maternal embodiment, the spaces of birth (both material and discursive) and maternity policy and practice. Third, it is argued that many women and whānau occupy a number of in-between maternity spaces as a result of our colonised realities. As such, considerations of space from a mana wahine perspective can serve to destabilise the dualisms that dominate the spatial politics of birth in Aotearoa. Finally, this thesis posits that by reclaiming the collective and spiritual spaces of birth and afterbirth it is possible to transform and empower women and whānau in their maternity experiences.

This thesis responds to a scarcity of academic scholarship on mana wahine maternities. It advances mana wahine and feminist geographical knowledges by providing a critical spatial perspective on Māori women's maternal geographies. It is argued that reclaiming mana wahine maternities has the potential to transform women's birthing experiences by (re)asserting the tino rangatiratanga (self-determination) of women, of their babies, and of their whānau, and thus the rangatiratanga of Māori communities, hapū (sub-tribe/sub-tribes) and iwi (tribe/tribes).

He mihi

The vision presented in this thesis is born from the strength, power and beauty of wāhine who participated in this research, their pēpi and their whānau. Without their willing gift, of honesty and openness, this research would not have been possible.

Anybody doing research, particularly a PhD, needs guidance, support and supervision. Thanks to my wonderful supervisors Robyn Longhurst, Lynda Johnston and Aroha Yates-Smith, each of whom were so generous and willing with their time, knowledge and manaaki. I am incredibly grateful for my panel of superwomen supervisors!

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Chapter One - Introduction

I was unprepared for having to have a standing bath supervised by someone I didn't know, who was no older than myself, and then to be stretched out on a narrow bench to have her shave me, the razor first of all sweeping round and over my big stomach as though I was being peeled and sliced, then scratching and scraping between my legs until all the hair was gone and I was an egg, ready to crack. I was glad of the pains as they became stronger, that distracted me from all that was happening (Extract from *Cousins*, Grace 1992, 233).

This thesis examines the embodied, spiritual and spatial experiences of maternity for Māori¹ women. I reveal how colonial and patriarchal discourses are embedded and embodied in the discursive, imagined and material spaces of childbirth, in Aotearoa New Zealand.² I use a mana wahine (Māori women's)³ theoretical framework to critique discourses that continue to marginalise and isolate Māori women and their whānau (family) during their maternity experiences. Importantly this research highlights the possibilities of reclaiming and reconfiguring mana wahine in both theory and practice. In doing so, I conceptualise new geographies that account for, and celebrate, uniquely Māori (and tribal) understandings and expressions of maternity. It is argued that reclaiming mana wahine maternities has the potential to transform experiences of birth for women by (re)asserting the tino rangatiratanga (self-determination) of women, of their babies, and of their whānau, and thus the rangatiratanga of Māori communities, hapū (sub-tribe/sub-tribes) and iwi (tribe/tribes).

It is not by accident that I begin this thesis with an extract taken from a 'non-academic' source. I use it deliberately. *Cousins* is a novel that is based closely on historical events and accurately depicts the struggle for mana wahine from the

¹ The term Māori is used to refer to the indigenous population of New Zealand. The term is problematic in that it only came to be, through colonisation, as a term to describe the collective indigenous population of New Zealand. Until this time communities were known by their iwi and hapū affiliations. I do not use the term as a generalisation or to suggest 'Māori' are a homogenous population. Rather, I employ the term as a political concept to identify collectively the tangata whenua (people of the land) of Aotearoa.

² Aotearoa is the Māori name for New Zealand. The term is thought at first to only have been used in reference to the North Island; nowadays, however, it is a commonly used term to refer to all of New Zealand.

³ I provide a fuller explanation of the term 'mana wahine' later in this chapter.

1930s onwards (Wood 2008). There are important connections between Patricia Grace's⁴ work and mana wahine. The novel *Cousins* focuses on the geographies of Māori women. It is authored, and therefore the parameters of the story are defined, by a Māori woman and it exemplifies the diverse realities of Māori women as a result of colonialism.⁵

Furthermore, this passage illuminates key tenets of this research. Patricia Grace, through Missy, captures the physicality, her big stomach, the uncomfortable feeling between her legs, and the undeniable pain, of labour and birth. Her body, however, does not simply exist in a vacuum. Rather, it is culturally and spatially bound and in this instance, Missy's embodied experience is mediated through her location as a young Māori woman birthing at hospital in post-World War II Aotearoa New Zealand.⁶ Her body, like those of the women involved as participants in this research, is inextricable from the discursive, spiritual and material spaces of maternity in Aotearoa.

There are numerous strands woven into this study from the creative arts, from flax roots movements, women's narratives and from my own personal experiences. To borrow from Linda Smith: (1996, ii) "some threads remain hidden from view, some threads, while plain and ordinary, carry the design, some threads look brilliant when in combination with others". As such, this research exists at a number of intersections: between feminist geography and Kaupapa Māori (and the vast expanse of literature on maternities);⁷ feminism and indigenous politics; and theory

⁴ Like Ngahuia Murphy (2011) I employ authors' first and last names when I am referring to them in-text. I do this purposefully. There are a number of authors who I refer to throughout this thesis who I know either personally or professionally. Acknowledging the whakapapa connections between people is an important tenet of Kaupapa Māori and mana wahine scholarship. Furthermore, it challenges the masculinist and patriarchal assumptions that knowledge production must be disembodied and disconnected. Therefore to refer to friends, whānau and colleagues by surname only, as academic conventions suggest is appropriate, does not feel tika (correct) within a mana wahine framework. For consistency I have chosen to use the first and last names of all authors referenced in text, this also opens up the possibilities for the establishment of any future connections that may develop.

⁵ The book is framed around the lived experiences of three cousins Mata, Makareta and Missy who are all located in very different social, cultural and political spaces. Their diversity and struggles offer insight into the multiplicity and complexity of Māori women's geographies in contemporary Aotearoa.

⁶ In Chapter Two I discuss the assimilatory policies of the 1930s and 1940s that served to marginalise Māori women from whānau support and force them to birth in state owned maternity hospitals.

⁷ The maternities literature is too vast to provide a comprehensive review in this research. Therefore, I have predominantly drawn from maternities scholarship by indigenous women, African-American women and other women of colour.

and practice, to name a few. Existing within these intersections can at times be an uncomfortable, isolating and challenging experience, but then, it is also incredibly interesting, humbling and empowering. Weaving together the multiplicity of voices, the complexities and tensions and the commonalities requires skill. My weaving at times is ‘back to front, inside out and round the wrong way’.⁸ The effect, I hope, is a piece of work that is strong in the struggle for decolonisation but soft and flexible enough to accommodate the richness and diversity that is *mana wahine*.

Drawing on the lived experiences of ten first time mothers, five midwives and a *wānanga* (workshop/discussion) of 17 women and their *whānau* I highlight the tensions and possibilities of reclaiming *mana wahine* maternities, specifically birth. It is my hope that by applying a *mana wahine* perspective to Māori women’s embodied, spiritual and spatial understandings of birth, I not only challenge the dominant hegemony that continue to ‘Other’⁹ Māori women, but I also provide an important space where *mātauranga Māori* (Māori knowledges) pertaining to maternities can be centralised and validated.

I have three specific research objectives. The first is theoretical – I seek to contribute to, and extend, *mana wahine* as an epistemological and methodological framework by considering the embodied, spatial and spiritual birth experiences of Māori women. *Mana wahine* provides a much needed framework that enables Māori women to make sense of our¹⁰ realities on our own terms. Kathy Irwin (1992, 7) contends that “Māori women must be provided with the time, space and resources necessary to develop the skills to undertake this work, starting with the exploration, reclamation and celebration of our *herstories*, our stories as Māori women” (emphasis in the original). *Mana wahine*, simply put, is one space where *wāhine*

⁸ This is a reference to *Hinepau*, the central character in a children’s storybook *Hinepau* written by Gavin Bishop (1993). *Hinepau* was an excellent weaver but because her work was ‘back to front, inside out and round the wrong way’ she was exiled from her village. When disaster strikes the village, by way of a volcanic eruption, *Hinepau* uses her weaving to restore the *taonga* of water and plants to her people. In a similar way, I hope that this research will in some small way contribute to the restoration of *mana wahine* maternities which have all but been destroyed by the ‘disaster’ of colonialism.

⁹ Like Linda Smith (1996) I seek to problematise use of the term ‘Other’ and thus place it within quotation marks.

¹⁰ I use pronouns carefully, not to suggest a single unified ‘we’ or ‘us’ but to acknowledge the shared *whakapapa* that I have with participants in this research and Māori women more generally – this is discussed in more detail in Chapter Two.

(women) can (re)define and (re)present what it means/meant/will mean to be a Māori woman, however varied that may be.

The second objective is to examine the production of Māori women as ‘Other’ within real, imagined, and discursive maternity spaces in Aotearoa. Colonialism, I argue, continues to be lived and embodied by women and whānau in their experiences of birth. The remnants, and sometimes blatant reproduction, of colonial ideologies within the spaces of maternity continue to marginalise, and often make invisible, Māori women’s bodies, knowledges and spiritualities. New formations of colonialism are evident in the silences, and sometimes feelings of shame, that surround birth and the maternal body for women in this research.

Despite this, mana wahine maternities continue to exist and inform the birth experiences of wāhine and their whānau. The third objective, then, is to reconfigure understandings of maternities, maternal bodies and the spaces of maternity through the lived expression of mana wahine by women and their whānau. More than just a critique of hegemonic (both historic and contemporary) understandings of maternal bodies, this research begins to conceptualise new geographies of birth and maternities. The study of Māori women’s geographies, particularly understandings of whakapapa (genealogy),¹¹ wairua (spirituality), and whenua (land), provides a powerful reconceptualisation of the maternal body that offers new possibilities for thinking about maternal embodiment, the spaces of birth (both material and discursive) and maternity policy and practice.

An examination of birth place also illuminates the challenges and the *possibilities* involved in reclaiming and, at times, recreating mana wahine maternities. The binary divisions that have emerged in dominant birth discourses serve to polarise understandings of birth place into essentially ‘good’ and essentially ‘bad’. Many Māori women and whānau are located in in-between spaces through pregnancy,

¹¹ In the context of this research the translation of ‘whakapapa’ to ‘genealogy’ does not capture the intricacies and complexities of the concept. I expand on this concept throughout the thesis. At this point, however, it is important to point out that whakapapa is an intricate web that connects us to all living things (including animals, trees, insects, waterways etc.), to ancestors past and to a pantheon of atua (supernatural beings). Further, it is through whakapapa that Māori derive their rights and responsibilities as tangata whenua (people of the land) to particular places here in Aotearoa New Zealand.

birth and mothering,¹² thereby destabilising the boundaries between modern/traditional; medicine/nature; mind/body; and coloniser/colonised. Considerations of the spiritual further complicate these polarities. It is argued that the collective spaces of birth and after birth can serve to empower women in their maternity experiences and thereby transform the spatial politics of maternities in Aotearoa New Zealand.

In short, this research is expressive – it gives voice to birth stories and experiences that would perhaps otherwise remain silent or silenced. It is also more than this. The expression of our experiences as Māori women from a perspective that upholds the mana (power and prestige) and tapu (sacredness) of the maternal body is a powerful act of resistance and decolonisation. As such, this research exacts a challenge to the hegemony of western¹³ discourses that marginalise mana wahine maternities.

Mana wahine is founded and grounded in the lived realities of Māori women. Thus, no matter how theoretically ‘sophisticated’ any discussion of mana wahine maternities may claim to be, if it does not hold some ‘practical’ value it very quickly become meaningless to those it is supposed to ‘empower’. Linda Smith (2012, 3) explains: “in a decolonizing framework, deconstruction is part of a much larger intent. Taking apart the story, revealing underlying texts and giving voice to things that are often known intuitively, does not help people to improve their current conditions”. With this constantly at the fore, this research is motivated by a clear desire for transformation of, and rangatiratanga in, the everyday geographies of women and whānau. Mana wahine as a framework to (re)construct Māori women’s subjectivities, I believe, has powerful potential to empower and transform experiences of birth and maternity for women, their babies and their whānau.

¹² While I generally refer to maternities (as defined on pages 11 & 12) there are times in this thesis, particularly in Chapter Eight, when I use the terms mother and mothering. In doing so, I refer both the individual and lived experiences of mothers but also to refer to the socially and culturally constructed institution of ‘mothering’ or motherhood. I draw on Adrienne Rich’s (1976, 13) famously known distinction of motherhood, she says: “I try to distinguish between two meanings of motherhood, one superimposed on the other: the *potential relationship* of any woman to her powers of reproduction and to children; and the *institution*, which aims at ensuring that that potential – and all women – shall remain under male control”.

¹³ I use lower case ‘w’ in order to destabilise hegemony of the west within this thesis.

Mana wahine maternities

It is important, at this point, to make explicit the use of two key concepts in this research, mana wahine and maternities. Mana wahine, in its simplest definition, refers to the inherent uniqueness, strength, power, influence and authority of Māori women that is derived through whakapapa. In the context of the academy, mana wahine can mean Māori women's discourses (Hutchings 2002a) and has developed as an epistemological approach that extends Kaupapa Māori (Māori centred) theory by explicitly examining the intersection of being Māori and female. A relatively recent development within academic scholarship, mana wahine is rooted in, and grows from, the stories, histories, genealogies and geographies of Māori women (Hutchings 2002a; Pihama 2001; Smith 1996).

Providing a more detailed translation of mana wahine is somewhat problematic. The difficulty lies in trying to convey the multifarious nature of the terms 'mana' and 'wahine'. Within te reo Māori (the Māori language) there is a unique way of explaining and relating to the world that is difficult, if not impossible, to adequately convey in English. This does not necessarily mean that Māori concepts are incomprehensible to those not fluent in the language, but there are definite and distinct limitations when trying to explain complex concepts such as 'mana wahine' in the English language. I agree with Raukura Roa (2003, 5):

Translation, then, involves a complex process whose purpose is to attempt to cross linguistic, cultural and, often, historical boundaries in such a way as to open up the meanings and significances of texts written in one language to audiences who are not well positioned to fully appreciate the original and therefore require some form of representation of that original text in another language. Translation can never be an adequate substitute for the original text. It can, however, serve a useful function so long as its limitations are borne in mind.

Indeed, I am not the only author to experience the challenges of ‘translation’ when writing about Māori concepts using the coloniser’s language.¹⁴ Feminist writer, Adrienne Rich (1993, 40) writes “this is the oppressor’s language, yet I need it to talk to you”. This statement resonates with me as a second language learner of te reo Māori. It is with this in mind and with explicit recognition of my own limitations, that I offer a more detailed ‘translation’ of mana wahine.

Dictionary translations of ‘mana’ most commonly refer to it as authority, prestige, power or control (Moorfield 2005; Ngata 1993; Williams 1971). Rose Pere (1991) makes reference to psychic influence and also mana as acquired authority and control recognised by a collective. Hine Waitere-Ang (1999) draws on the relational qualities of mana, arguing that it is located not simply in human relationships but also in relationships to spiritual and biophysical domains. Discussions of the concept of ‘mana’ are vast and complex and I do not have the space to review all of these here (see Johnston & Waitere 2009; Pere 1991; Waitere-Ang 1999). What I will say is that like many Māori concepts, mana is multi-layered, relational, spatial, informed by wairua and intimately linked to tapu (the sacred).¹⁵ I draw on all of these meanings in this thesis.

Wahine, too, simply translated is often taken to mean ‘woman’.¹⁶ Again the relational, spatial and spiritual elements of this term are not well reflected in this

¹⁴ In an attempt to maintain the integrity of te reo Māori, Carl Mika (2005, 9) avoids using Māori terminology unless absolutely necessary saying “although I have used some Māori terminology, I am aware that interspersing English with a smattering of Māori terms does little for the integrity of the Māori language”. Others (Hutchings 2002a; Pihama 2001) use in-text translations, footnotes and glossaries to convey the multiplicity of meaning of Māori words and concepts. Leonie Pihama (2001) and Linda Smith (1996) draw distinctions between the language of the coloniser and te reo Māori by bolding and/or italicising kupu Māori (Māori words). Leonie Pihama (2001, 30) notes it is a process of “accentuating the distinctiveness of te reo Māori.” Others may argue that it continues to ‘Other’ te reo Māori (Smith 2012). In this thesis, to avoid repetition and for ease of reading, a number of Māori words are used interchangeably with English words – whānau/family, wāhine/women, wahine/woman, mātauranga/knowledges, Aotearoa/New Zealand. The interchange of these words throughout also reflects that this thesis is located at the intersection of two worlds. Other kupu Māori used for the first time will be translated in brackets and then will be used without translation thereafter. A glossary is also provided at the back of the thesis.

¹⁵ Just as translating mana is a near impossible task, the word tapu requires more space than I have here to convey the multiply layered meanings of the term. The term that is most often used as a direct translation for tapu is sacred. Again the connotations that such a word can carry can be problematic. For a more detailed discussion of the terms see Rose Pere (1991) and Hine Waitere-Ang (1999).

¹⁶ A macron over the ‘a’ in wahine changes the term to the plural, women. It should be noted, however, that the term mana wahine implies the collective ‘women’ without the need for a macron over the ‘a’.

single word translation. Leonie Pihama (2001) makes the point that while wahine generally refers to being a woman, to assume it carries the same culturally embedded meanings as the English term woman is problematic. As Māori women, she argues, we move in and through a range of subjectivities at different times and in different places. She (2001, 261-262) states:

The term wahine designates a certain time and space for Māori women but is by no means a universal term like the term woman in English. There are many times and spaces Māori women move through, in our lives, wahine is one of those. There are others. There are varying terms that relate to times in our lives and relationships. From birth we journey through those spaces.

Therefore, while I use the terms wahine/woman and wāhine/women interchangeably, I acknowledge that it is not always a straightforward exchange and that the women in this research, myself included, move in and through a range of subjectivities, including mother, nanny, whaea, daughter, sister, partner, wife, student, employee, manager, supervisor, midwife, to name but a few.

Rose Pere (1994) points out that Māori words often have both a sacred or spiritual meaning and an everyday translation. The sacredness of the term wahine can be derived from the latter two syllables 'hine'. 'Hine' refers to the female uha (essence) and is applied to a range of relational subjectivities, for example wahine (woman), tamāhine (daughter), tuahine (sister) and ruahine (elderly woman of rank). Aroha Yates-Smith (2006) maintains that the collective of atua wāhine (female goddesses) – Hine-ahu-one, Hine-titama, Hine-nui-te-pō, Hine-te-iwaiwa, to name a few – form the constellation 'hine'. It is through whakapapa to these atua wāhine that mana wahine is derived.¹⁷

Mana wahine has existed in the minds, actions and spirits of our tūpuna (ancestors) for thousands of years. It has, however, only recently begun to occupy theoretical space within the academy (albeit still a relatively small portion of that space). Māori women have been leaders in Māori society throughout history. Numerous stories of wahine within iwi histories point to the important role that women held within Māori society and also to the mana that they possessed (Mikaere 2003; 2011). For

¹⁷ Chapter Six discusses, in more detail, the cosmological narratives associated with some of these atua wāhine.

example, within my own iwi of Raukawa the ancestress Māhina-a-rangi showed great strength, courage and determination when nine months pregnant she journeyed from the Hastings region across the Kaimai ranges, stopping to give birth to her son Raukawa, and then carrying on to her new home at Rangiātea on the banks of the Mangaorongo Stream near Otorahanga.¹⁸

Mana wahine has not only existed in our collective consciousness but at different times key messages have been carried by significant individuals and groups, for example the formation of the Māori Women's Welfare League in 1951 and the entry of Iriaka Ratana the first Māori woman to parliament in 1949. It was in the 1980s and early 1990s that mana wahine began to explicitly enter academic and political discussions. In a similar vein to African American feminists of that time, such as Angela Davis (1983, 1990), bell hooks (1981) and Patricia Hill-Collins (2000), Māori women were faced with multiple struggles. The 1970s and 1980s saw: a Māori 'renaissance' with the reclamation of te reo Māori through the kōhanga reo movement; struggles over land rights through land marches and occupations; retribution of land confiscations and historical injustices through the establishment of the Waitangi Tribunal;¹⁹ and struggles for adequate political representation of Māori with the establishment of the Ngā Tamatoa political group.

Many wāhine Māori were at the forefront of these struggles. Examples include: the 1975 land march led by Dame Whina Cooper; the 1978 occupation of Bastion Point by Ngāti Whātua of which many wāhine were involved; the protest over the sale of the Raglan golf course led by Eva Rickard; and the kōhanga reo movement fronted by a number of influential Māori women. Many Māori women faced struggles of a different kind simply trying to survive. Mana wahine, at this time, was enacted and sustained in and on these social, cultural and political battlefields (Pihama 2001; Smith 1992; 1996).

Despite Māori women's efforts during this time there was still little acknowledgement of mana wahine. When Māori women, some of whom claimed to be Māori feminists, began to assert mana wahine more explicitly they were met

¹⁸ I share more of Māhina-a-rangi's story and its significance to mana wahine maternities in Chapters Eight and Nine.

¹⁹ The Waitangi Tribunal was set up in 1975 under the Treaty of Waitangi Act and is a permanent commission of inquiry tasked with investigating claims brought by Māori pertaining to breaches or omissions by the Crown of the Treaty of Waitangi.

with resistance from both non-Māori and Māori alike. In 1984 Donna Awatere wrote *Māori Sovereignty* an influential (and controversial) book on the Māori protest movement that asserted the sovereign rights of Māori. It is in this book that she also voiced concern that in their attempts to advocate for women white feminists of the time were “hegemonically voicing Māori feminist concerns as their own” (Bishop 2005, 135). It was her argument that Māori women’s realities were different from Pākehā (non-Māori New Zealanders)²⁰ women and as such Māori feminist discourses were necessary.

A handful of Māori women, such as Donna Awatere, Kathy Irwin, Ngahuia Te Awekotuku, Rangimarie Rose Pere, Linda Smith, and Mira Szasy continued to assert that the experiences of Māori women were different to those of Māori men, Pākehā women and Pākehā men. These wāhine have brought to bear the fact that colonialism is experienced differently for Māori women, a central premise of this thesis. Linda Smith (1992, 33) writes:

As women, we have been defined in terms of our differences to men. As Māori, we have been defined in terms of our differences to our colonisers. As both, we have been defined by our differences to Māori men, Pākehā men and Pākehā women. The socioeconomic class in which most Māori women are located makes the category of ‘Other’ an even more complex problematic.

The interconnectedness of racist and sexist oppressions was brought to the fore, by Māori women, and they called for gender relations to be addressed within Māori communities (Szasy 1993). The sexism of society, both Māori and non-Māori, was firmly on the agenda of Māori women at this time.

In 1994 a group of Māori women filed a claim with the Waitangi Tribunal. The claim argued that mana tāne (power and authority afforded to men) had been affirmed and protected (to an extent) by political dealings with the government (Irwin 1993). Mana wahine, however, had not. The claim sought remedy of the exclusionary practices of the Crown which inhibited and prevented participation by Māori women in decision making (Turner 2007). In writing about the claim,

²⁰ The word Pākehā is a highly contested term (Larner 1995). The word is an indigenous New Zealand expression that has become an important marker in racial politics. New Zealanders vary in their attitude to the use of the term Pākehā.

Annette Sykes (1994, 15) argues that “because Māori women constitute over 50% of Tangata Whenua there must be equal representation in all areas of decision making in the future”. The mana wahine claim highlights the guarantees for equal participation promised under the Te Tiriti o Waitangi for all Māori, including Māori women, 13 of whom signed the original treaty (Mikaere 2003). Te Tiriti o Waitangi is, and must, be a central tenet of any mana wahine research. A mana wahine analysis, therefore, is also an analysis of treaty rights. It is telling that, some 20 years later, this claim is yet to be heard.

The past 10-15 years has seen important developments in the field of mana wahine and builds on the foundations laid by our predecessors, including the broader foundations of Kaupapa Māori approaches. There is still, however, relatively little published academic work that engages with Māori women’s embodied, spatial and spiritual experiences, from an explicitly mana wahine perspective. The exceptions, however, are significant. Work by, for example, Kirsten Gabel (2013), Jessica Hutchings (2002a), Kathy Irwin (1992; 1993), Ani Mikaere (2003; 2011), Ngahuia Murphy (2011), Leonie Pihama (2001), Linda Smith, (1992; 1996; 2012), Aroha Yates-Smith (1998) and others have progressed mana wahine substantially.

In short, mana wahine considers the intersection of being Māori and being a woman. It provides for and celebrates the histories, cosmologies, geographies, genealogies, stories and lived experiences of Māori women. It challenges those spaces and discourses that perpetuate misrepresentations of Māori women’s knowledges. It is about (re)claiming our knowledges, practices and power from those who, knowingly or not, continue to oppress and marginalise Māori women. Mana wahine is also about power. It is about drawing strength from our tūpuna and atua wāhine to make sense of and empower our lived realities. In the context of this research, mana wahine is about reinstating the power of the maternal body and providing for uniquely Māori (and tribal) understandings and performances of maternities.

What exactly then, do I mean by maternity/maternities? The term maternity, like mana wahine, can also invoke multiple meanings and interpretations and therefore it is useful to be explicit about its use in this thesis. A useful definition is provided by psychologist Lisa Baraitser (2009, 19), who writes:

It is generally accepted that the maternal refers not only to the material and embodied experience of pregnancy, childbirth and lactation, but also to identities and meanings of mothering, the on-going emotional and relational work of being with children and others, the daily material practices of childrearing, the social locations and structural contexts within which women mother; indeed, to the whole range of embodied, social and cultural meanings, practices and structures associated with reproduction and parenting.

In other words, the term maternity can encompass the full range of what it means to grow, carry, birth, feed, nourish and care for a child or children. It is not limited to individual experience but includes those ideologies and institutions that shape and are shaped by individual experiences. Maternities can refer to being pregnant, kinship relationships between a mother and her offspring and it can also refer to the qualities of what it means to be a 'good' or 'proper' mother (Longhurst 2008).

In her thesis, Yvonne Underhill-Sem (2000) argues that the use of maternities in the plural makes it possible to unsettle the often taken for granted understandings of pregnancy, childbirth and mothering, revealing the underlying constellations of power in dominant conceptualisations of maternity. Thus, it is more appropriate to refer to maternities in the plural as there is never only a single experience of maternity (Jolly 1998, Longhurst 2008).

In *Maternities: Gender, Bodies and Space* (2008) Robyn Longhurst explains her preference for the term maternities over the term mothering because it highlights the corporeality of pregnancy, birth and nurturing. That is, maternity is embodied. Importantly, however, she points out that what are seemingly natural processes of maternity are mediated through culture, space and place. She (2008, 4) says:

Maternal bodies, contrary to popular belief are not entirely 'natural', rather they are an interface between nature and culture, biology and the social, materiality and discourse. They are always located in time and space, that is, they have histories and geographies.

She also makes the point that pregnancy, birth and lactation are distinctive moments of the maternal experience where the maternal body is engaged in a very particular kind of maternal work, carrying, growing, birthing and sustaining a small baby. The experience of maternity does not stop there. Caroline Gatrell (2008) extends the notion of the maternal body to encompass menstruation, non-motherhood and

menopause. The focus of this thesis is on one part of the maternal experience – childbirth. References to maternities, in the thesis, however, draw on the wider meanings discussed above.

Mana wahine maternities, then, is employed throughout this thesis to refer to the ideologies, values, embodied practices and experiences of maternity for Māori women and their whānau. While the childbirth experiences are the focus of this thesis they are undeniably connected to the vast array of maternal experiences described above. It is my hope, then, that this thesis will contribute to the meaning and value of mana wahine pregnancy, birth and mothering, as well as to the wider cultural and political context of maternities in Aotearoa. Reconceptualising maternities through a mana wahine lens challenges existing discourses that continue to ‘Other’ Māori women’s knowledges, bodies and the discursive, material, symbolic and spiritual spaces of birth. It also opens up important avenues to explore Māori knowledges pertaining to birth in a way that upholds the mana of our ancestors whilst at the same time opening up new and exciting possibilities for generations to come.

Until relatively recently mana wahine maternities has been largely represented and enacted in ‘non-academic’ ways: in the creative arts; flax roots political activism; iwi, hapū and marae based projects; and in the lived and embodied struggles and triumphs of Māori women and whānau. Many women like Patricia Grace (1992), Robyn Kahukiwa and Robin Potiki (1999), Merata Mita (1993), and Dana Rotberg (2013), to name a few, have dedicated their works to tracing what pregnancy, birth and mothering may have been like for Māori women throughout history. For example, the image below by Robyn Kahukiwa depicts a woman giving birth embraced by Hine-te-iwaiwa (deity presiding over birth) with other atua wāhine, Hinekōrako and Ronawhakamautai, who have important associations with birth, standing behind. Around her neck Hine-te-iwaiwa wears a tiki, a symbol of fertility, passed on by Tāne.



Figure 1-1: *Ko Hine-te-iwaiwa, Ko Hinekōrako, Ko Ronawhakamautai* by Robyn Kahukiwa²¹

This is one of a host of images that Robyn Kahukiwa has produced that could be used to exemplify the power of such creative expressions to mana wahine maternities.

Another example can be seen in Whirimako Black's portrayal of Paraiti, a traditional birth attendant, in Dana Rotbergs (2013) film *White Lies*. The film is an extremely moving and powerful depiction of birth in a changing world. *White Lies* (2013) is based on Witi Ihimaera's novel of the same name. There are three central women all facing their own challenges in a colonising world. Paraiti, a medicine woman and traditional midwife, is staunch in her identity and her belief in rongoā (Māori medicine) and tikanga pertaining to birth. The Tohunga Suppression Act (1907),²² however, is forcing her to work 'underground'. The movie sees Paraiti meet Maraea, matron to Rebecca Vickers. These three women forced together, through the unwanted pregnancy of Rebecca, portray the isolating, painful and often raw experience of being a Māori woman in early twentieth century Aotearoa. Summed up in the films synopsis "*White Lies* is about the nature of identity: those

²¹ Reproduced with permission.

²² See Chapter Two for further discussion about the Tohunga Suppression Act 1907.

who deny it and those who strive to protect it” (2013, n.p). This is a significant film about mana wahine maternities.

There is no doubt that women in the creative arts are making vital contributions to mana wahine maternities and they are crucial to this research. Studies of Māori maternities within the academy, however, are relatively scarce. This is not surprising, as a number of wāhine have argued that the energies of those Māori women in the academy are often fragmented trying to survive in, what can at times be, a hostile place (Whiu 1994). There are of course exceptions, all of which are important precursors to this research (see Gabel 2013; Harte 2001; Kenney 2009; Mikaere 2003; Murphy 2011; Palmer 2002; Yates-Smith 1998).

Within geography mana wahine maternities scholarship is virtually non-existent. At the 2003 Association of American Geographers Conference, a group of geographers called for the decolonisation of the discipline. They posited:

If we are to truly decolonise geography, the discipline needs a broadened understanding of indigenous perspectives and epistemologies. Engaging with indigenous geographies thus allows us to remove the epistemological blinders which perpetuate, residual, static and uniform forms of ‘truth’ to reveal instead a cornucopia of worldviews that open up new vistas to understanding the world and humanity’s place within it (Shaw et. al. 2006, 273, emphasis in original).

In 1987 Evelyn Stokes put Māori geographies on the map, calling for geography to open its borders and consider Māori relationships to place and space. Progress on both of these fronts has been limited.²³

Furthermore, there is still little geographic work that engages with the interface of race and gender (Kearns and Panelli 2007; Larner 1995). As stated previously, geographers have also been slow in turning their attentions to maternal bodies despite there being an abundance of maternities literature that exists in disciplines such as anthropology, sociology and psychology (Longhurst 2008). The result is

²³ Given the strengths of feminist and cultural geography in Australasia, I was surprised that at the last two Institute of Australian Geographers and New Zealand Geography Society conferences (2009 and 2010) the indigenous sessions were dominated by planning and resource management issues. While I believe these to be vitally important to Māori geographies considerations of embodiment, intersectionality and gender I think need to be considered if Māori geography (and indigenous geographies in general) are to truly work towards decolonising the discipline.

unsurprisingly, an almost complete invisibility of Māori women and of mana wahine maternities within geography although there are a handful of exceptions (August 2004; Greensill 2010; Hutchings 2002a; Murphy 2011; Simmonds 2009).

One, perhaps obvious, reason for this is simply the invisibility of Māori academics working within a discipline that Minnelle Mahtani (2006, 21) argues has traditionally been as “white as professional golf”. I would argue that it is more than that. The relative invisibility of Māori women, of mana wahine maternities within geography contains a political imperative that maintains the hegemony of colonialism and patriarchy.

In sum, this research responds to the scarcity of academic scholarship pertaining to mana wahine maternities. Furthermore, it challenges geographers and Māori scholars alike to extend their research agendas by considering the rich possibilities of mana wahine geographies to: embodiment, space and place; intersectionality; and decolonisation and rangatiratanga.

Chapter overview

This chapter puts forward the key arguments of this research - that mana wahine is an important epistemological framework that challenges the dominant hegemony that continue to produce Māori women as ‘Other’ within Aotearoa New Zealand. Moreover, by applying a mana wahine perspective to understandings and experiences of birth it is possible to reinstate the mana of the maternal body and transform the spaces - discursive, symbolic and material - of maternities for Māori women and whānau. In this introduction I have also begun to tease out the meaning of mana wahine maternities as an important foundation for further development throughout the rest of the thesis. Finally, this chapter firmly places mana wahine maternities on the research agenda as a legitimate and potentially rich area of study for geographers and wider Māori and indigenous scholars alike.

The aim of Chapter Two is to highlight and contextualise the bigger picture in which this thesis marks a ‘moment’. I offer a brief discussion of my own story, my positionality or, in Māori terms, my whakapapa connections to this research. Following this, I develop the argument that colonialism has changed birthing for Māori women in New Zealand by offering a critical analysis of the historical fragmentation of mana wahine maternities. Finally, I provide a brief commentary

on the maternity care system in Aotearoa in order to place this research within a wider temporal, spatial and political context that often fails to adequately account for mana wahine maternities.

I revisit some of the key ideas offered by Kaupapa Māori and mana wahine theorists, and by feminist geographers, in Chapter Three. Mana wahine contains a number of intersecting and overlapping strands and it is here that I begin to tease out these strands in relation to mana wahine maternities. Wairua, whānau, Māori masculinities, diverse Māori realities, mātauranga wāhine, the state, decolonisation, indigenous women, and feminism/feminist geographies are examined as ‘sites’ that shape, and are shaped, by mana wahine in the context of this research. Drawing from mana wahine and Kaupapa Māori scholarship as well as feminist geography and indigenous theories I highlight the challenges and possibilities of each of these ‘sites’. In doing so, I not only challenge the hegemony of colonial and patriarchal forms of knowledge production but begin to conceptualise a mana wahine geography that can be applied to maternity in Aotearoa.

Chapter Four describes the methodological journey taken for this research. I reflect on, and analyse the effectiveness of interviews, solicited diaries, follow-up interviews and feedback forms and a marae based wānanga as methods employed in this study. In this chapter I carve out a uniquely mana wahine methodology that incorporates elements of feminist methodologies grounded in tikanga Māori. As such the space of research is reconfigured so that the voice and stories of researcher and researched are co-constructed and co-exist within a framework that attempts to uphold the mana of each.

The second half of this thesis illuminates the key findings of the research. In Chapter Five I investigate further the ways in which colonial ideologies manifest in women’s childbirth experiences today. It is possible to see how colonialism is continually (re)produced in the everyday geographies and experiences of maternity for Māori women. It is argued that colonialism has attacked virtually every aspect of mana wahine knowledges. As a result the colonial project can serve to silence mana wahine maternities. This chapter confronts the silence and reveals the complex ways in which it is lived (negotiated, embodied, experienced, resisted and transformed) in women’s experiences of birth today.

Chapter Six shifts the focus to explore those cultural and spiritual concepts that women draw upon to make sense of their experiences of maternity in contemporary Aotearoa. Within cosmological and historical accounts are powerful and potent ways to reconfigure understandings of the maternal body. In this chapter I use women's narratives to examine the role of whakapapa, whenua and wairua to reveal the intimate entanglements of maternal bodies with the spiritual and spatial. By conceptualising maternal bodies as *whare tangata* (womb/house of humanity) it is possible to transform how women are understood and treated during birth. It is argued, that reclaiming *mana wahine* maternities can provide women and *whānau* with an empowering body of knowledge that destabilises dominant colonial and patriarchal knowledge.

Chapter Seven continues the theme of the mutually constituted nature of Māori maternal bodies and space by examining the specific places of birth. It is here that the intricacies of the places of birth become the focus. The binary divisions that have emerged in dominant birth discourses serve to polarise understandings of birth place into essentially 'good' and essentially 'bad'. I illustrate that many Māori women and their *whānau* are located in in-between and paradoxical spaces and as such, complicate these polarities.

Chapter Eight considers the transformative potential of reclaiming the collective spaces of birth and afterbirth. The role of *tikanga* in birth is examined, particularly the ways in which *tikanga* simultaneously transforms and is transformed by women and *whānau* in birth and afterbirth. It is argued that the responsibility for reclaiming and privileging *mana wahine* maternities must, however, rest with many. To expect that Māori women alone can carry such a task only serves to overload often already overburdened women. Reclaiming *mana wahine* maternities, therefore, is about *mana wahine*, *mana tāne*, *mana whānau*. It is about *iwi*, *hapū* and *marae*. It is about community and culture.

I conclude in Chapter Nine by revisiting the research objectives and main arguments of the thesis. I also highlight some potential areas for future research. I reassert that *mana wahine* geographies of birth has the potential to make space for, to transform, and to celebrate experiences and expressions of birth and maternity for women and their *whānau*. The thesis is a small contribution to a bigger story. It is also but one iteration of multiple, diverse and colourful stories that can serve to

empower women in their experiences of birth. This research then offers another opening for what I hope will be an on-going dialogue about mana wahine maternities, mana wahine geographies and more broadly, mana wahine.

Chapter Two - In search of our nannies' gardens

Our grandmothers and mothers have, more often than not anonymously, handed on their creative spark or the seed of a flower which they themselves never hoped to see (Walker 1983, 240).

The title of this chapter is taken from Alice Walker's popular collection of essays titled *In Search of my Mothers' Garden: Womanist Prose* (1983) in which she expresses a commitment to exploring "the oppressions, the insanities, the loyalties, and the triumphs of African American women" (1983, 250). She argues, in this book, that it is important for women today to reflect on the experiences of earlier African American women writers in order to understand their own.

In a similar vein to Alice Walker, this research is committed to searching for and (re)privileging the birth stories of Māori women - of our mothers, sisters, grandmothers, aunties, great grandmothers - stretching back to our atua wāhine. The fragmentation of mana wahine, through colonialism, makes this a particularly difficult endeavour. I argue, however, that in 'searching for our nannies' gardens' it is possible to find clues and tools that enable us to make sense of current realities but that also hold transformative potential for how we value and care for maternal bodies and how we understand and perform present and future maternities.

This thesis, then, is as much a discussion about the importance of stories to Māori maternities as it is a story of Māori maternities itself. There is nothing new in sharing stories in order to try and understand our own 'life stories'. Indeed, for many indigenous cultures the stories and the storyteller serve to connect the past, present and future (see Archibald 2008; Lee 2005, 2008; Smith 2012). Linda Smith (2012, 146) points out that for indigenous cultures:

stories are ways of passing down the beliefs and values of a culture in the hope that the new generations will treasure them and pass the story down further. The story and the story teller both serve to connect the past with the future, one generation with the other, the land with the people and the people with the story.

Furthermore, the importance of sharing birth stories is well known and is echoed by multiple voices both within and outside the academy (see Gabel 2013; Kitzinger 2005). This study makes explicit the relative lack of stories (representations, texts,

images) within the academy and popular discourse that enable Māori women to make sense of their birthing experiences from a uniquely mana wahine perspective.

In this chapter I draw together a number of stories that situate this research within a larger political, cultural and social context. The first story is my own. I share my own personal search for my nanny's garden out of which this research has grown. In doing so, I explicitly position myself in this research but I also exact a challenge to colonial and masculinist research practices and ideologies that promote disembodied objectivity as the 'pinnacle' of research. The second part of this chapter tells of the historical fragmentation of mana wahine maternities – the imposition of Christian ideologies pertaining to the maternal body and institutional and legislative changes forcing women to birth in hospitals, have all served to cloak Māori women and whānau from mana wahine knowledges pertaining to birth. In order to understand the challenges and possibilities of reclaiming mana wahine geographies of birth something must also be said about the social and political context of contemporary maternities within New Zealand. Therefore, to end, I briefly set out the local context of maternity care in Aotearoa today.

The stories that are woven into this research are multiple and diverse, each story distinctive and unique. The process of drawing these stories together, however, reveals those threads that connect Māori women to each other across our diversity. By weaving these threads together, I believe, it is possible to reconfigure maternity discourse for women and for whānau by (re)claiming, and reconnecting to, a whakapapa of birth, to histories and geographies and ultimately to a politics that is undeniably *ours*.²⁴

In search of my nanny's garden

My decision to substitute 'mothers' with 'nannies', in the title of this chapter, is a deliberate one. I use the term nannies as a catch all term for women of older generations including, but not limited to, mothers, grandmothers, and aunties. In te

²⁴ As I have already mentioned, my choice to use personal pronouns is a considered one, and like Richa Nagar in *Playing with Fire* (2006, xxv) I maintain that "at no point is this unity meant to achieve resolution". A Kaupapa Māori perspective provides yet another platform to understand the use of personal pronouns. Leonie Pihama (2001, 27) points out that "use of the English word 'we' is not to assume a generalised universal position, it will sometimes mean mātou [referring to 'we' not including the person being spoken to] and other times tātou [meaning 'we' including all present], that is of course dependent on the positioning of the reader".

reo Māori kuia (elderly woman/grandmother/female elder) may be used in a similar manner; there is not a specific term for mother or grandmother in the Māori language (although today the transliteration māmā has come to be commonly used to refer to mother). Rather, terms such as whaea, ewe and kōkā are used to refer to any female elder of the generation above you, including your mother or aunty. Within our language there are clues about the importance of maternal relationships, not just to one's biological mother or grandmother but to female relatives of older generations (Gabel 2013).²⁵ The same is true for the relationships to men of older generations with matua being a term applied to all male relatives of one's parent's generation and koro or koroua to grandfathers or male elders (Pere 1987).

I choose to privilege the term 'nannies' because, as I demonstrate in Chapter Five, colonialism has marginalised Māori women's roles as keepers and transmitters of important maternal knowledges.²⁶ The decision to use 'nannies' is also somewhat of a personal statement about my search for my place as a young Māori woman. It is in reference to my own grandmothers, my Nanny Daisy (my father's mother - Daisy Annabelle Okeroa Simmonds (nee Whaiapu)²⁷) and my Nanna Val (my mother's mother - Valmae Joyce Edmeades (nee Goodwin)), but it also refers to my daughter's nannies, our aunties, sisters, cousins, as well as a more general reference to our tūpuna and atua wāhine. For it is within their gardens that we can find strength, beauty, life and love that enable us to grow and establish our own place as Māori woman and as Māori mothers.

It is generally accepted within indigenous and feminist scholarship, contemporary feminist geographical thought and most certainly within Kaupapa Māori and mana

²⁵ Chapter Seven examines the significance of these terms further as they imply a collective responsibility to maternal 'work' and mothering.

²⁶ I want to acknowledge here that in privileging the stories of our 'nannies' I am not denying or excluding the role of men. Rather, as I argue throughout this thesis, I think it is absolutely vital that mana wahine is affirmed and celebrated across all domains including those that may be considered 'exclusively' male (such as during oratory within the formalities of pōwhiri).

²⁷ I acknowledge that changing one's surname is a colonial construct that came with imported ideas and conventions surrounding marriage and it became a legal requirement with the Birth, Deaths and Marriages Act of 1924. Further research looking at traditional conceptualisations of marriage and naming would be useful. It is thought that the patrilineal surname system was introduced with colonialism. For example Kirsten Gabel (2013) explains that the legislation required the naming of children with their fathers surnames. More research investigating if and how Māori understood a 'named' matrilineage, I think, would make a significant contribution to mana wahine maternities.

wahine that the researcher, ‘researched’ and research are inextricably linked.²⁸ It should not come as a surprise, then, that my role as ‘story teller’ and indeed my story is tightly woven into the fabric of this research. In a similar way to mahi raranga (weaving) with each thread I weave into this research (historical, empirical and theoretical), I weave in part of my story, my mauri (life principle).

I have chosen to share parts of ‘my story’ scattered throughout this thesis.²⁹ I do this because, while I acknowledge the inextricability of my story in this research, I am also cognisant of the power that I have as ‘author’ of this text in terms of whose stories are told, when and how. Therefore, I do not wish to privilege my experiences over the narratives that participants have so willingly shared with me. I do not have the space in the thesis to tell each participant’s story in full. Therefore, I do not feel it tika (correct) to privilege my story in that way. The vignettes that I do share are chosen because I feel that they highlight the themes that have emerged from this research and because I feel they are necessary to position and contextualise myself in this work.

²⁸ For a selection of works from each of these disciplines about the researcher/researched relationship see Kim Anderson 2000; Fiona Cram 2001; Kim England 1994, Lynda Johnston & Robyn Longhurst 2012; Pamela Moss 2001; Nepia Mahuika 2012; Gillian Rose 1997 and Linda Smith 2012.

²⁹ Some authors have included their story in full (or perhaps more correctly a fuller account of a life history, current situation and context) as a preface (for example see Penehira 2011; Pihama 2001) or as a separate chapter in and of itself (for example see Kenney 2009; Smith 1996).

Hoturoa		Tamatea- ariki-nui		
Hotuope		Rongokako		
		Tamatea- pokai-whenua		
Hotumatapu		Kahungunu		
Motai Tangatarau		Kahukuranui		
Uetapu		Rakei-hiku- roa		
Rakamaomao		Tupurupuru		
Kakati		Te Rangi- tuehu		
Tawhao		Tuaka		
Turongo	=	Mahinaarani		
	Raukawa	=	Turongoihi	
Rereahu	Whakatere		Takihiku	Kurawari
Ihingarangi	Poutu			
Poroahi	Huri			
Akamorunga	✦			
	Ahiroa			
	Awa			
	Hakunga			
	Hae			
	Kapu			
	Rauti			
	Henry Taute Simmonds			
	Kereti Simmonds			
	Tiaki Simmonds			
	Piripi Simmonds	=	Daisy Annabelle Okeroa Whaiapui	
		Gerald Te Herewaina Simmonds	=	Linley Edmeades
			Naomi Simmonds	=
				Anahera Bennett
				Anthony Bennett

Figure 2-1: Whakapapa table

It is to the search for my own nanny's garden that I now turn. In Figure 2.1 I provide part of my whakapapa. Within a Kaupapa Māori or mana wahine framework whakapapa is paramount to any story told (Durie 1998; Pihama 2001). Further, whakapapa is of critical significance to birth – for it is through birth that whakapapa is sustained and continued. Whakapapa, then, is not only about positionality, it is also about connectivity, history and geography.

This whakapapa is ultimately what connects me to a wider geography, history and politics – as a descendant of Raukawa who descends from Hoturoa the captain of the Tainui waka and through his mother, Māhina-a-rangi, from the Takitimu waka.³⁰ This is one of many different genealogical maps that I could include here – for example, I could provide the genealogy of my Pākehā whānau stretching back to Cornwall England; or the whakapapa that connects my iwi, Raukawa, to Ngāti Maniapoto, the iwi of my partner and daughter; or I could extend this whakapapa to stretch back to the creation of Papatūānuku. I chose deliberately to share this particular whakapapa as it connects me to my ūkaipō (night feeding breast/place to receive physical and spiritual nourishment),³¹ to my hapū, Ngāti Huri and to my marae, Pikitū.³²

It is to Pikitū that I turn for physical and spiritual sustenance and renewal. Three buildings at Pikitū are named after the ancestors Huri, Akamorunga and Ahiroa, and thus these tūpuna are inscribed on and continue to live in the physical landscape of the marae complex. Although Pikitū is my Koro Piripi's marae it is here that my

³⁰ It should be noted that Figure 2.1 does not include all of the offspring from the respective tūpuna. It only includes those who I have a direct line through back to Tūrongo and Māhina-a-rangi and then back through to the Tainui and Takitimu waka. There are a number of significant ancestors who could be included to demonstrate the complexity of whakapapa. For example, Rereahu not only had Ihingarangi but with another wife he fathered Maniapoto. Maniapoto is the ancestor from whom my daughter, through her father's side, whakapapa to.

³¹ See Chapter Six for further discussion of the concept ūkaipō.

³² Pikitū is located at Waōtu a small rural community in the South Waikato District not far from the townships of Putāruru and Tokoroa.

memories of my Nanny Daisy are clearest.³³ It is here that I began, and continue, my search for my nannies' gardens.

As a young girl, I had little to do with my Nanny Daisy – the time I did spend with her I was in awe (and to be honest sometimes a little intimidated). She had a fascinating life. After her own mother died at about the age of 15, she spent many years living with, and working for, a Pākehā farming whānau, whom she held a particular fondness for. Eventually she met my koro and together they had 15 children (three of whom she birthed at her home at Pikitū Marae) and had numerous grandchildren and great-grandchildren. My memory of her is of a cheeky old woman, eating fish heads and betting on the horses, living in a small flat always bursting at the seams with family and laughter. I know, from other family members, that she was incredibly hardworking, caring and funny. I sat, listened and watched her but paralyzed, by my age or my naivety or most probably a combination of the two, I very rarely asked her about her stories (birth or otherwise). Her pains and joys, struggles and triumphs were a mystery to me wrapped up in an outspoken, cheeky and loving old woman.

I know much more about the life story of my Pākehā grandmother, Nanna Val – her life was different from Nanny Daisy's but still interesting to me - a wife, mother to three girls, and an incredible craftswoman and cook. I spent many childhood hours playing in her beautiful garden and listening to her stories in the comfort of a sunny window seat. Not only was I more familiar with her stories but they made much more sense to me. I was able to fit her stories much more easily into my relatively 'colonised' understanding of the world.

I describe my upbringing as 'colonised' for a number of reasons. My father was a Pentecostal minister for a large part of my childhood. It wasn't until I was in my early teens that my family left the church. For me, the church was a much more frequented place than the marae, hymns better known than mōteatea and waiata,

³³ I still have a lot to learn about my nanny's whakapapa and her connections to Ūkaipō marae, this is something that I continue to pursue in trying to understand her mana as a Māori woman. This could be because I did not grow up close to her. Or there is a possibility that it could be tied to the way in which colonialism has served to patrilinealise whakapapa descent lines. From what korero there is I do not believe that it was customary only to take the patrilineal whakapapa and in fact there is evidence to suggest that some hapū and iwi were strongly matrilineal (Pere 1987, 1994). There is further work to be done, I believe, in looking at gendered constructions of whakapapa.

and God much more familiar to me than Hine-te-iwaiwa (goddess of childbirth) or Papatūānuku (mother earth). In this respect, my childhood was fettered with Christian ideologies which impacted upon my world as a Māori woman. I would not entirely understand the significance of this until I was much older. I also attended mainstream schools which re-inscribed the popular discourses of Māori culture, language and identity as marginal, tokenistic and relegated to New Zealand's 'pre-history'.³⁴

Both of my nannies had interesting and, in their own ways, tough lives, but there is no denying that their lived realities were poles apart. As a child I spent countless hours in my Nanna Val's garden. My cousins and I played, picked strawberries and raspberries and watched as our grandparents weeded, planted and watered their garden – I loved it and took so much from these experiences. I knew little, however, about the garden of my kuia, my Nanny Daisy; as her's was a secret garden that I am only just beginning to uncover the depth and beauty of. I have been told by whānau that Nanny Daisy could grow food even in of the most demanding of conditions - a fitting metaphor perhaps given the conditions of colonialism which she had to endure in her life and through the births of her 15 children.

From both of these women (and my ancestors preceding them) I inherit a rich history and geography, one I want to find out more about. 'Finding' the garden of my Māori kuia, has not always been easy. My search gained urgency when I became pregnant with my first child in 2009 (not long after I began this research). I reflect on this in a letter I wrote to my daughter not long after her birth in February 2010:

From the moment I found out we would be welcoming a new taonga into our whānau, my world, as I knew it, changed. Everything I was so sure of suddenly became uncertain. Everything that I had one day hoped to learn became all the more pressing. My longing to find my place in the world suddenly became a deep seated need to weave a place for you. (Excerpt from 'Letter to Anahera Joy Bennett' 2010).

³⁴ I use the term 'pre-history' here to indicate the way in which Māori knowledges and stories are often consigned to a time that is considered before history. Nepia Mahuika (2012, 14) describes that Māori stories are relegated to pre-history in that they are posited by non-Māori as "an interesting yet quaint curtain raiser to the more important story that followed".

In searching for my nanny's garden I seek to know, hear, read, see, and feel her pain, her struggles and successes, as well as her passion, love and joy. This, as I illustrate throughout this thesis, is not an easy endeavour because so many of the stories of our ancestors have been retold, distorted and disfigured beyond recognition or simply lost altogether. One of the reasons for doing this research, then, is simply to write what I feel I should have been able to hear and read as a young Māori woman and what I would like my daughter to be able to know as she grows up. In reclaiming mana wahine maternities there are not simply new gardens to be found, there are, in fact, many gardens of our tūpuna wāhine and atua wāhine that need to be (re)discovered.

I argue that the struggle for mana wahine maternities throughout the colonial history of Aotearoa is an important consideration to any articulation of mana wahine today. Remembering is important not only as a way to make sense of our own geographies and realities but also as a site of political resistance. This argument is made by bell hooks (2007, 267) who contends that:

The act of remembrance is a conscious gesture honouring their struggle, their effort to keep something for their own. I want us to respect and understand that this effort has been and continues to be a radically subversive political gesture. For those who dominate and oppress us benefit most when we have nothing to give our own, when they have so taken from us our dignity, our humanness that we have nothing left, no 'home place' where we can go to recover ourselves.

It is argued, therefore, that the act of remembrance is a crucial part of decolonisation and to the assertion of tino rangatiratanga.

To remember, from a mana wahine perspective, is to make visible the stories and memories of our nannies. It is also to reveal the oppressions, the resistances, the hope and the triumphs, in both individual and collective narratives of Māori maternities. The following section, then, is dedicated to 'remembering' the struggles to maintain and retain mana wahine maternities in the face of colonialism – particularly Christianity and the institutionalisation of birth.

The fragmentation of mana wahine maternities

Linda Smith, on numerous occasions speaks of the disruption to Te Ao Māori (the Māori world) caused by colonialism (see Smith 1992, 1996, 2012). She explains:

“one does not need to look far for signs of fragmentation” (Smith 1996, 5). Others describe this as interruption (Gabel 2013), disjuncture or disorder (Johnston and Waitere 2009; Pihama 2001). Indeed, to mana wahine maternities colonisation has been all of these things. Mana wahine maternities have been subject to attacks on a number of fronts, spiritual, spatial and physical, since early European contact, the effects of which are still being felt today (as demonstrated in Chapter Five).

In this section I do not set out to provide a detailed history of changes to maternity policy and legislation in New Zealand, this has already been done (see Banks 2000; Donley 1986; Kenney 2009). Rather, I focus on key moments in the story of mana wahine maternities that serve to highlight the ways colonialism, specifically Christianity and the institutionalisation of birth, have systematically fragmented Māori women’s spiritual, spatial and corporeal experiences of birth.

The (mis)appropriation and (mis)representation of mana wahine maternal knowledges have impacted upon Māori women in specific ways. Early colonial ethnographers, usually male and white, ‘researched’ Māori traditions and spirituality. Their research endeavours were framed by imperial epistemologies of ‘discovery’ and Christian ideologies. They spoke to Māori men, reified male figures in Māori mythology and imposed their cultural mores and values on the knowledges, spirituality and bodies of Māori women (see Mikaere 2003, 2011; Smith 1992; Yates-Smith 1998).

For the most part these early ethnographic accounts presented atua wāhine, in cosmological narratives and mythology, as passive, distant, irrational, and polluting in opposition to male characters that were considered active, present, rational and powerful. Further, Christian missionaries were quick to label Māori women in mythology (and in reality) as wanton, immoral and undisciplined. For example, in an analysis of early 20th Century postcard depictions of Māori women, Sarah Hudson (2010) explains that many of these representations showed Māori women as sexually inviting or immoral.

The endeavours of demi-god Māui are an oft cited example of the marginalisation of mana wahine knowledges by colonial ethnographers (see Mikaere 2003; Murphy 2011; Pihama 2001). The colonial (re)telling of Māui stories see Māui reified as the central heroic figure to which women are represented as “passive, old crones whose

presence in the ‘story’ was to add interest to an otherwise male adventure” (Smith 1992, 34). For example, in popular accounts little reference is made to: Māui’s grandmother Muriranga-whenua, who gave him her jawbone from which he fashioned the fish-hook that was used to fish up Te Ika a Māui, the North Island of New Zealand; or to Mahuika who gave Māui the gift of fire; or to Hine-nui-te-pō who enables Māui to achieve immortality (albeit in a different form than he had sought - see Chapter Six for more on this).

It was through Christianity that many Māori women were deprived of spiritual knowledge pertaining to maternities. The reproductive power of Māori women was quickly supplanted with ideologies of shame and sin. Furthermore, research on Māori spirituality was carried out by white male ethnographers who privileged the stories of male atua, while atua wāhine have been misrepresented. Elsdon Best’s writing exemplifies this. Discussing the creation of men and women, he (1924, 89) notes:

On the whole Māori leaned towards agnatic filiation, the male, he possess greater mana than does the female, for is not man descended directly from the gods, while woman had to be created from earth!

Understanding the creation of Hine-ahu-one (the first female created from the earth) from a mana wahine perspective provides a very different interpretation. Ani Mikaere (2003, 19) explains:

Three female figures play a crucial role in the creation of humankind. Papatūānuku provides both the materials and the advice to enable Tāne to form Hineahuone. Hineahuone, while given physical shape by Tāne clearly possesses an awesome sexual power that comes from deep within her female being. It is she who gives birth to the first true human being, Hinetītama. Hinetītama is a woman who expects and exercises absolute control over her own destiny.

This example is offered to highlight the distortion of Māori spiritual knowledges by colonial ethnographers that serve to isolate Māori women from those stories that speak to the mana and tapu of the maternal body.

The ethnographic (re)telling of Māori stories, and thus Māori realities, firmly established a hierarchy of knowledge and atua wāhine were quickly replaced with Eurocentric ideologies of God: “God as male, God as ruling, God as natural ... God

as white” (Pihama 2001, 155). The impact of this on Māori spirituality and thus on mana wahine maternities is immense, fragmenting the knowledges, traditions and whakapapa of birth. It did not take long before these colonial ideologies became entrenched in legislation.

The Tohunga Suppression Act 1907, which remained un-repealed until 1962, was perhaps one of the most aggressive assaults on wairua knowledges and it had a direct impact on mana wahine maternities. At its very core the Act defined what was considered important and credible knowledge. Māori spiritual knowledges were viewed as insufficient and improper and therefore our ancestors were denied the right to access their own cultural and spiritual experts. Wairua was posited as mere tales or superstitions on the pathway to reality (Johnston 1998). Tohunga were often birth attendants or participated, in various ways, in ceremonies pertaining to fertility, pregnancy, birth, and naming and dedication rituals for infants (Yates-Smith 1998). As a direct result of this Act “the active involvement of Tohunga in childbirth was undermined [and] ... resulted in the radical and permanent loss of whānau and hapū specific mātauranga (knowledges) and tikanga (cultural traditions)” (Kenney 2009, 63).

Preceding this Act was the Midwives Registration Act 1904. The requirements, under the Act, were that birth attendants be registered. Traditional Māori birth attendants (kaiwhakawhānau/tāpuhi) were unable to be registered unless they were trained in the ways of Pākehā midwifery. The outlawing of a whole class of Māori intellectuals, healers and kaitiaki through the Tohunga Suppression Act and the Midwives Registration Act stripped away many of the spiritual elements, ceremony and tikanga of birth and further marginalised mana wahine maternal knowledges.

Despite these laws, many Māori women continued to birth in a traditional way, at home with whānau support, right up until World War II.³⁵ A Committee of Inquiry (COI) into Maternity services in 1937 found that 83% of Māori women continued to birth at home attended by a ‘lay’ midwife.

³⁵ Chapters Six, Seven and Eight illustrate that traditional elements of birth have not all been lost and women and whānau are continuing to enact mana wahine maternities in their birthing experiences.

A number of measures post-World War II, however, ensured that childbirth was largely relocated from 'home' into state owned maternity hospitals. Māori maternal and infant mortality rates were used to justify further assimilatory policies directed towards the hospitalisation of women for birth under the 'gaze' of 'qualified professionals'. At the time of the Inquiry Māori maternal mortality was twice that of non-Māori and by 1938 Māori infant mortality peaked to 153.26 per 1000 (Donley 1986). The Committee put these appalling statistics down to "unhygienic living conditions" and the 'inability' of "native attendants to deal with urgent complications, such as haemorrhage" (Committee of Inquiry 1937, 143). The COI also states, however, that regardless of these conditions there wasn't "any striking incidence of complications" for Māori women (Committee of Inquiry 1937, 127). What the Committee fails to recognise, as Joan Donley (1986) points out, are the multitude of factors such as: introduced disease to which Māori had no resistance; consumption levels of tobacco and alcohol; changed diets; and dislocation from and theft of Māori lands as contributing factors in the relatively poor Māori maternal and infant health statistics at the time.

Hospitalisation and the medicalisation of birth was the goal, with the Committee recommending birth take place in state owned maternity units for all women. When Māori women were slow to move into hospitals to birth, the state introduced the Social Security Act (1938) which provided free maternity care for women birthing in hospital under the attendance of a doctor (Banks 2000). Over the course of the following three decades Māori birthing became almost completely institutionalised so that by 1967 95% of Māori births occurred in the space of the hospital (Donley 1986).

There was a deeply held assumption that hospital birth was safer and cleaner than Māori ways of birthing. The Inquiry stated that Māori social conditions were 'shocking and deplorable' and that birth was taking place in crowded and 'unhygienic' conditions. It was, therefore, promoted that hospital birth would lead to reduced rates of Māori maternal and infant mortality. The move from home to hospital, however, did not support this belief. Māori maternal mortality in the 1960s was three times that of non-Māori. When the supposed safety of the hospital space had failed to reduce inequalities the blame shifted to the perceived 'inadequacies' of Māori mothers and whānau (Donley 1986).

The Hunn Report in 1961 blamed the high neo-natal death rate for Māori on birth taking place outside of the confines of the hospital, unsatisfactory feeding and the reluctance of mothers to seek antenatal care and heed advice from Plunket³⁶ or district nurses (Hunn 1961). Further, it was stated in the report that the “old Māori ways persist enough to impede all efforts of the Health Department and Māori Affairs Department to close the statistical gap” (Hunn 1961, 20). Some 37 years following the Hunn Report similar sentiments were expressed by health professionals. In 1998 Riri Ellis found that a number of health professionals continue to label Māori women as shy, passive and complacent. This is in stark contrast to the ‘ideal consumer’ who professionals said were confident, assertive and well informed.

The policy of hospitalisation for all birthing women did not mean equality for Māori women and whānau. Therefore, while the rhetoric was that Māori women should learn to birth like Pākehā women, and this would be best achieved in hospital, the reality was that wāhine Māori were expected to birth like Pākehā as long as this did not present a threat of ‘contamination’ to Pākehā women, babies and families. Patricia Johnston and Leonie Pihama (1995) highlight that policies of assimilation were supposedly about achieving a degree of sameness as defined by Pākehā but in actual fact, these policies are more about maintaining difference between ‘us’, the colonisers and ‘them’, the colonised. In the 1937 Inquiry it was noted that practitioners had “difficulty isolating them [Māori patients] from white patients”. For example, it had been reported to the Committee that some Pākehā women would prefer to travel from Tokomaru Bay to Gisborne, some 90km away, so as to have a single room rather than share the local unit with Māori (Committee of Inquiry 1937). Thus, Māori wards were established in maternity units to ensure that Māori women remained separate from Pākehā women, whilst at the same time subjecting them to the ‘colonial gaze’ during birth.

The perceived threat of ‘contamination’ of Pākehā spaces by Māori women and their babies also extended to post-natal care. From the early twentieth century Pākehā women were provided post-natal and infant care support from Plunket – this

³⁶ Plunket is the largest provider of support services for mothers with babies and infants in Aotearoa New Zealand. The history of Plunket is an interesting one and I provide further discussion later in this chapter.

was not extended to include Māori whānau until the 1950s. Instead Māori women came under the auspices of The Department of Public Health and were seen by district nurses.

Plunket emerged in the early 20th Century out of the concern by male physicians and paediatricians that the rates of infant mortality and childhood illness in New Zealand were high. In 1913, Truby King the ‘founding father’ of Plunket stressed that the role of the Royal New Zealand Society for the Health and Wellbeing of Women and Children, which in 1925 became Plunket, was to ‘inculcate’ the responsibilities of maternity with particular concern to advocating and promoting breastfeeding (Bryder 2001). Leonie Pihama (2001) argues, however, that for King the connection between childbearing and the growth of the colonial empire served to marginalise Māori women. Lynda Bryder (2001, 66) reinforces this argument with reference to the 1917 slogans of the Plunket ‘Save the babies’ campaign. She says:

Plunket was founded and developed at a time when the promotion of health was urged for the sake of the preservation of the British Empire. The slogan of Plunket’s 1917 ‘Save the Babies’ week – ‘The Race marches forward on the feet of little children’ – was revealing, as was the frequent claim that babies were ‘our best immigrants’.

A dispute between Plunket and the Department of Public Health saw a separate infant care system for Māori women established which came under the control of the Department. Plunket nurses were restricted from entering Māori homes and Māori women were not permitted to attend Plunket clinics (Bryder 2008). District nurses attended to the Māori population. These nurses, however, were trained alongside Plunket nurses. Plunket nurses’ advice throughout the 1940s and 1950s also promoted hospital birth and thus was a message that was relayed to Māori women through district nurses.³⁷

Therefore, while Māori women did not come under the direct surveillance of Plunket until approximately the 1950s, discourses about the norms of infant health as defined by King were very much a part of Māori maternities prior to this. In fact,

³⁷ It would more likely have been relayed to men. During this time advice on birth and childrearing was directed to men and husband (Banks 2000).

Health Department medical director Dr Michael Begg in 1959 said of Plunket's success that "each [branch] has a considerable sphere of influence and the sum of their opinions is a tremendous public force" (Bryder 2008 189). It could be argued that this is still the case today.

A number of mechanisms, through colonialism, have served to marginalise mana wahine maternities. The role of spirituality in birth has been distorted and attacked on a number of fronts by Christianity. The policies and discourses of medicalization in the early 20th Century has seen birth for many Māori women be relocated from home to hospital. Further, birth was moved away from the auspices of whānau, tohunga and tāpuhi to 'registered' midwives (most of whom were Pākehā) or doctors (most of whom were Pākehā men). Christine Kenney (2009, 6) makes the point that:

In contemporary New Zealand these expert skills [of tohunga and tāpuhi/kaiwhakawhānau] have been devolved primarily to women who provide specialist care and support to childbearing women, are primarily positioned as genealogical outsiders, and are remunerated for their services.

Birth in contemporary Aotearoa

In the last part of this chapter I briefly describe the current maternity care system in Aotearoa New Zealand and provide some commentary about the tensions for Māori whānau in the current model of maternity care.

In the early 1970s birth was almost completely institutionalised, in fact in 1973 records state that there were only 13 home births across the entire country (Banks 2007). In the mid to late 1970s, however, there was also a movement (informed largely by the feminist movement and international natural birth and active birth movements) to reclaim control over women's bodies. In childbirth women were beginning to assert their rights to birth at home and/or birth without medical intervention. As part of this movement the demand for midwives to have more power grew as well.

Legislative change in 1990 meant that midwives could attend births independent of a medical practitioner (Davis & Walker 2010). Through the Nurses Amendment Act 1990 midwives in New Zealand now practice under their own authority through pregnancy, labour and the period of six weeks post-partum. New Zealand residents,

who are expected to experience ‘normal’ childbirth, are able to choose who they have as their lead maternity carer (LMC). LMCs can be midwives, obstetricians or general practitioners. In 2008 midwives were chosen LMCs for about 80% of pregnancies (Kutinova 2008). Christine Kenney (2009, 13) points out that “women’s preference for midwifery care has been supported by the Ministry of Health as care provision by midwives is perceived to be a more economically viable alternative to maternity care provided by general practitioners”.

Midwives, in New Zealand, are governed by the Midwifery Council, who took over from the Nursing Council of New Zealand in 2004, who ensure that midwives are ‘competent and fit’ to practise midwifery. The New Zealand College of Midwives is the professional body that has the responsibility for developing and refining ethical principles and professional standards. In 2012 there were 2910 practicing midwives. Given the history of maternity care in New Zealand described above it is perhaps unsurprising that the majority are female (all but six) and Pākehā (88.9%) (Midwifery Council of New Zealand 2012). Only 236 (8.1%) of practising midwives identify as Māori. Midwifery in this country is very much a gendered and racialised profession.

LMCs can access funding regardless of birth place i.e. birth at hospital, home or birthing centre. Thus, women in New Zealand can choose where they want to birth their babies. By and large hospitals are still the primary setting for birth in New Zealand; in 2010 over 80% of births were either in a tertiary or secondary maternity care facility (Ministry of Health 2012).³⁸ Birthing centres accommodated approximately 10% of births in New Zealand in 2010. The figures for home birth are difficult to trace and there are disputes over the exact figures. On their website the National Home Birth Association gives figures of between 7% and 10%. The Ministry of Health figures, however, are much lower. In a report on maternity put the home birth figures at 3.2% (Ministry of Health 2012).³⁹

³⁸ Tertiary maternity care facilities are those facilities that can provide multidisciplinary specialist teams for women and babies with complex or rare maternity needs, such as hospitals. Secondary maternity care facilities provide additional care during antenatal, labour and birth, and postnatal periods for women and babies that experience complications. Primary maternity facilities do not have inpatient maternity services or 24 hour on site specialist services - including birthing units (Ministry of Health 2012, 89).

³⁹ See Chapter Seven for further discussion about the difficulties of defining and recording place of birth.

In the same year it was reported that a quarter of all birthing women were Māori and that Māori women gave birth at a younger age than other ethnicities. Interestingly, it was also reported that over a quarter of all women giving birth in 2010 lived in the most socioeconomically deprived areas and that younger women giving birth were more likely to live in areas of socioeconomic deprivation (Ministry of Health 2012). While the use of statistics can be problematic and does not represent the realities of all Māori women it is useful to highlight that despite over a quarter of maternity ‘users’ identifying as Māori the current model of midwifery fails to incorporate any Māori worldview (Kenney 2009).

At a national scale midwifery in Aotearoa must take into account the principles of the Treaty of Waitangi.⁴⁰ In addition, He Korowai Oranga (the cloak of wellness) (2002) is the national Māori health strategy that promotes the delivery of health services that work towards improving the health and wellbeing of whānau. The overall aim of the strategy is whānau ora (whānau wellbeing). The strategy identifies a number of pathways to achieve this including increased provision of Māori models of health provision, increased Māori participation in the health sector, effective service provision and working across sectors.

There are a number of existing models of Māori health that are adopted within the health sector in New Zealand, however, it is beyond the scope of this study to provide a detailed discussion of these. Two of the most well-known models argue for the integration of the spiritual, physical, emotional and whānau. Te Whare Tapa Whā (a four sided house) is a model of Māori health developed by Mason Durie (1998) and utilised by a range of health providers. This model describes the four cornerstones of Māori health as te taha tinana (physical health), te taha wairua (spiritual health), te taha hinengaro (mental health), te taha whānau (family health). Another model put forward by Rose Pere (1991) is represented by a wheke (octopus) with the head of the octopus representing whānau and the tentacles various aspects of Māori health. Suffice to say, Māori health research is a growing discipline (for some examples of the diversity of Māori health research see Cram 2010; Durie 2007, 2011; Glover 2008; Penehira 2011). Birth and maternities,

⁴⁰The principles of the Treaty of Waitangi were defined by the court and can be found at www.waitangitribunal.govt.nz/treatyofwaitangi but generally refer to partnership, protection and rangatiratanga.

however, is largely missing from this body of work (but there are exceptions most notably Kenney 2009 and Palmer 2002).

Despite the developments in Māori health research and the requirements under the Treaty of Waitangi and the Māori Health Strategy, Christine Kenney (2009; 2011) points out that the existing model of midwifery practice in New Zealand fails to adequately account for Māori worldviews. There are a number of Māori values, specifically Tūranga Kaupapa developed by Ngā Maia collective of Māori midwives, included in the performance criteria for professional competencies and standards of practice for midwives.⁴¹ Midwifery is limited, however, in its consideration of mana wahine maternities beyond this. In fact Christine Kenney (2009, 63) argues that:

if midwifery is inherently a European dominated middleclass profession then it is extremely unlikely that the profession will comprehend the nuances of mātauranga Māori and this appears to be reflected in the governance language of the profession.

Further health research supports this claim and the latest 'Maternity Action Plan 2008' suggests that while maternity services are considered satisfactory there is still the need for improvements in delivering culturally appropriate services for Māori (Ministry of Health 2008).

There are a number of groups and individual women and whānau that are working towards changing this. For example, Ngā Maia is a national collective of Māori midwives that work towards developing frameworks for midwifery practice that recognises a Māori worldview and provides for the needs of whānau. Te Hā Ora is a Kaupapa Māori based antenatal and parenting programme carried out in the Eastern Bay of Plenty. Midwifery PhD, Christine Kenney, has developed 'He Whakamāramatanga' which identifies key elements of a Māori research model for midwifery. Furthermore, there are a number of whānau who, in their everyday geographies, are challenging the spaces of maternity in New Zealand and working towards reclaiming mana wahine maternities.

In short, birth within Aotearoa New Zealand today is still firmly planted within the domain of 'non-Māori' and continues to be shaped by legislative and dominant birth

⁴¹ See www.midwife.org.nz for a full explanation of the Tūranga kaupapa.

discourses. It is important to acknowledge, however, the work of whānau, women in the academy, health practitioners, as well as women working in the creative arts that helps to create and maintain space where women and whānau can search for, and hopefully discover, the gardens of our nannies that have been, for whatever reason, hidden away. It is my hope that this thesis contributes to this in a meaningful way. This is a duty, I believe, we have for the sake of our children.

Conclusion

In this chapter, I have provided some context for this research. I have examined the historical fragmentation of mana wahine maternities. The argument has been made that colonialism, through Christianity, legislation and the institutionalisation of birth has resulted in the marginalisation of mana wahine maternities, the effects of which are still being felt by women and their whānau today. I also provided a brief overview of the maternity care system in order to place this research within a wider temporal, spatial and political context that, it is argued, fails to adequately account for mana wahine maternities. This chapter contextualises my own position in this research, by discussing my own personal search for and reclamation of mana wahine maternities.

In the following chapter I begin to examine the transformative potential of mana wahine geographies to both the theoretical and lived spaces of maternity in Aotearoa New Zealand, something which is only just being revealed within the academy. It is something our ancestors knew full well but which through years of colonial oppression and marginalisation has been lost in the wilderness. It is timely to weed out those discourses and practices that continue to 'Other' Māori women and to search for the seeds of our tūpuna wahine that enable us to make sense of our own geographies. In doing so, we can create our own gardens, diverse and colourful, which uphold and celebrate mana wahine.

Chapter Three – Mana wahine geographies

In this chapter I bring together work from a number of scholars who are pivotal in the development of mana wahine as an epistemological framework. In doing so, I reveal some of the challenges but more importantly the possibilities of a mana wahine theoretical framework. An extension of Kaupapa Māori mana wahine provides for the explicit consideration of being Māori and female. The challenges for mana wahine theorists are multiple. Not only must we challenge the hegemonic discourses and assumptions that posit Māori women as ‘Other’, we must also create space for mana wahine knowledges to be reconstructed and reclaimed whilst at the same time being mindful of our power in speaking for those voices we seek to privilege. There are many threads that are woven into the theoretical fabric of mana wahine. One of the exciting possibilities of mana wahine is the potential to create new patterns from existing strands or even to weave in completely new ones. In other words, existing elements of mana wahine are not definitive or exhaustive (Hutchings 2002a).

In the second half of this chapter, I examine a number of key ‘themes’ or ‘projects’ that have been identified by mana wahine scholars. These are: decolonisation; whakapapa, te reo Māori and tikanga; wairua; diverse realities; whānau; Māori masculinities; indigenous women and feminism. I consider each of these elements within the context of this research as I begin to conceptualise a mana wahine geography that accounts for the interplay of Māori women’s subjectivities, space and place. Each strand represents a site of marginalisation that Māori women may struggle against but they also represent critical sites of resistance, resilience and transformation. As Linda Smith (2012, 4) notes: “the past, our stories local and global, the present, our communities, cultures, languages and social practices – may all be spaces of marginalisation, but they have also become spaces of resistance and hope.” The chapter concludes with a discussion of embodied geographies as they inform, and are informed by, mana wahine maternities.

Kaupapa Māori

Mana wahine grows from, extends, and implores Kaupapa Māori to consider the complex intersections of being Māori and being a woman. Kaupapa Māori has emerged as a theoretical and methodological framework that draws from Māori

philosophies and values as well as from wider critical theories of resistance, struggle and decolonisation (Pihama 2001; Smith 2012). Kaupapa Māori is part of a larger indigenous research agenda that pushes back against theories that fail to account for indigenous ways of knowing and being, and theories that reinforce Māori knowledges or indigenous knowledges as subordinate or inferior to western and colonial knowledges. Hawaiian cartographer Renee Louis (2007, 131) powerfully argues that:

We have been pathologised by Western research methods that have found us deficient either as genetically inferior or culturally deviant for generations. We have been dismembered, objectified and problematised via Western scientific rationality and reason. We have been politically dominated by colonial forces, and marginalised through armed struggle, biased legislation, and educational initiatives and policies that promote Western knowledge systems at the expense of our own. *We know better now* (emphasis added).

Indigenous theories and methodologies have emerged because ‘we’⁴² were unwilling to continue to try and ‘find’ ourselves in the words, texts and images of others. Linda Smith (2012) notes that while the development of postcolonial literature, black feminisms and third world feminisms are important, they only *partly* account for the experiences of indigenous people. Indigenous approaches, Kaupapa Māori included, recognise the validity and uniqueness of indigenous experiences and the desire to make sense of those experiences for ourselves on our own terms (Battiste 2000; Smith 2012).

Kaupapa Māori recognises that the tradition of ‘research’ extends back to our ancestors. Not simply the subjects of colonial research agendas our tūpuna possessed ways of ‘researching’ and ‘investigating’ the world around them (and beyond) that are ancient in their origin. As their descendants, we, as Māori, inherit a tradition of ‘research’ that enables us to be unique and creative in the ways we share, teach and learn new and old knowledges. Importantly, our tūpuna have taught us how to be flexible and adaptable in our knowledges and practices, whilst at the same time upholding the power and tapu of them. A key tenet of Kaupapa Māori is

⁴² By referring to indigenous theories I am not suggesting that indigenous peoples are a homogenous group. Rather, I adopt a definition that, at its simplest, indigenous refers to “an assemblage of those who have witnessed, been excluded from and survived imperialism” (Smith 2005, 372).

that Māori are engaged in ‘research’ and this is rooted in and to ancient ways of ‘knowing’ dating back to the creation of the universe.

The past 20 years has seen a proliferation of work dedicated to the on-going development of Kaupapa Māori (including Lee 2008; Mahuika 2012; Smith G.H. 2003; Smith 2012; Walker 1996). Further, Kaupapa Māori has been applied to a range of subject matters. For example, Kahurangi Waititi (2007) engages with Kaupapa Māori to investigate processes for documentary filmmaking. Jenny Bol Jun Lee (2008) develops a unique Kaupapa Māori methodology that draws on the notion of pūrākau (a traditional form of storytelling). Mera Penhira (2011) examines the practice of tā moko (traditional forms of tattooing) as a method of healing for women with Hepatitis C. Carl Mika (2005) provides a critique of the medicalisation and normalisation of the body through the colonial ‘gaze’ from a Kaupapa Māori perspective. Clive Aspin and Jessica Hutchings (2007) review historical accounts pertaining to Māori sexuality to argue that Māori were traditionally accepting of sexual diversity and difference.⁴³

This growing corpus of work places Māori values, language, traditions and metaphysical foundations at the centre (Mahuika 2011). In doing so, it challenges the hegemony of colonial ideologies, discourse and practices. Perhaps more importantly, Kaupapa Māori scholars are (re)creating and (re)claiming avenues to liberate and transform the everyday geographies of whānau, hapū and iwi.

There is little doubt that Kaupapa Māori has transformed the face of research in Aotearoa. The possibilities for Māori research and researchers are potentially endless as a result. One such possibility is realised with the development of mana wahine.⁴⁴ It is argued that Kaupapa Māori needs to be extended and critiqued to account for the experiences and specificities, pressures and tensions that are

⁴³ There are also numerous examples of Kaupapa Māori used to interrogate the education system in New Zealand. This is not surprising as Kaupapa Māori grew from the discipline of Education (a few examples are Cram *et.al.* 2002; Smith 1996).

⁴⁴ Another possibility that warrants further research is the engagement of non-Māori with Kaupapa Māori. Alex Barnes (2013, 2-3) provides an opening discussion, he states: “I do not argue that there are always opportunities for Pākehā to contribute to kaupapa Māori research spaces. Given our colonial history and current power relations, such an assertion would be uninformed and obtuse ... However, I do suggest that more detailed examination of facilitative factors that underpin Pākehā engagement in kaupapa Māori methodologies is needed if Māori–Pākehā research relations are to be enhanced, and learnt from generally”.

particular to Māori women – to the intersecting and interwoven subjectivities of being Māori and a woman.

Mana wahine

In 1992 a group of Māori women designed a course titled ‘Kaupapa Wāhine Māori’ (Te Awekotuku 1992, 52). The aims of this course were:

- To introduce an understanding of the heritage and herstory of Māori women, as different from Māori men whose worldviews have formed the basis of most, if not all, recorded cultural knowledge to date;
- To explore the nature of this difference from other female perspectives, thus stimulating discussion, offering new insights and challenges, and focusing on a relatively unstudied part of this country’s indigenous culture;
- To contribute to what is currently a very thin, shallow, and fragile body of knowledge, by research, publication and the focused development of a strong exciting new discipline;
- To return to wāhine Māori particularly, what they have been denied. To rediscover what has been lost or mislaid. To uncover what has been spoiled or misinterpreted.

These aims remain as relevant today as they did over 20 years ago. Also in 1992, Linda Smith, (1992 and reproduced in her doctoral thesis in 1996) wrote a ground breaking article in which she identifies a number of ‘projects’ which are pivotal to the articulations of mana wahine - whānau, wairua, Māori men, State, indigenous women’s and ‘white women’s’ project. Reflecting on these projects, she (Smith 1996, 286) explains:

By projects I meant a combination of politics, work, orientations, and organisation of the activities in which Māori women were grouped. Together, these produced particular discourses which were often contested when Māori issues were discussed.

Each project is made up of a constellation of social, political and cultural discourses that are critical to the struggle for mana wahine. While some progress has been made these ‘projects’ continue to occupy the energies of many Māori women today. The need, therefore, to sustain and further develop mana wahine as an epistemological framework is as pressing as ever.

Leonie Pihama (2001) provides a critical analysis of the colonial processes that have resulted in the marginalisation of Māori women. She asserts that the imposition of race, gender and class ideologies posit Māori women in an inferior position, not only to non-Māori but also in relation to Māori men. Leonie uses historical documentation and her own autobiographical experiences to demonstrate the way that colonial and patriarchal ideas have marginalised and ignored the role of Māori women. Her thesis argues for mana wahine as a transformative theoretical perspective. She draws together a number of key elements to a mana wahine theoretical framework. These are: te reo Māori me ōna tikanga; whakapapa; whānau; recognising diverse realities; wairua; Te Tiriti o Waitangi; decolonisation and mātauranga wāhine.

Jessica Hutchings (2002a) extends mana wahine theory further. She develops a mana wahine conceptual framework to contest the hegemony of science, more specifically the imposition of genetic engineering technologies in Aotearoa. She (2002a, 151) also identifies key themes to mana wahine as depicted in Figure 3.1.

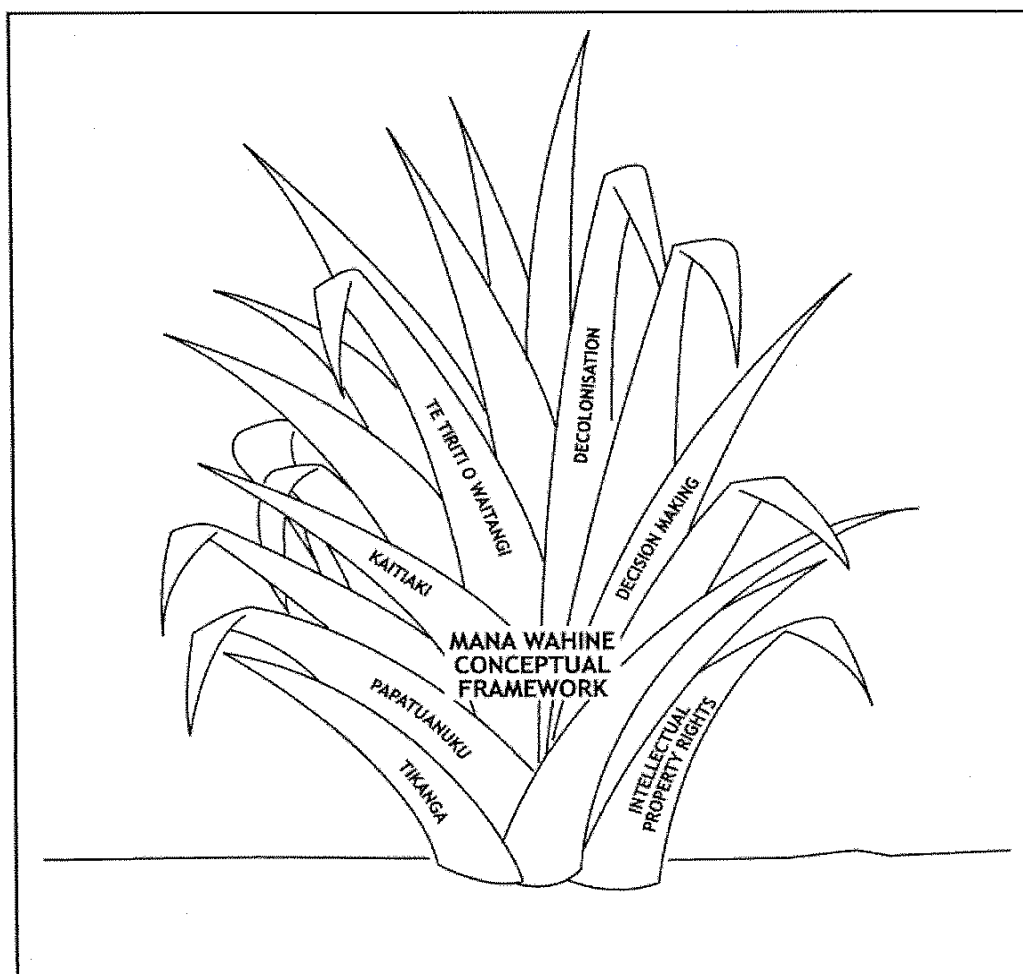


Figure 3-1: Mana wahine conceptual framework by Jessica Hutchings

Here mana wahine is conceptualised as a harakeke (flax) plant with the leaves being critical focus areas. The roots of the plant, Jessica explains, are Māori women, whānau, and tikanga Māori. One of the strengths of this framework is that it provides for additions to the critical focus areas. As Jessica Hutchings points out (2002a, 35-36) “the themes ... are not definitive, but are a theoretical contribution to a growing and evolving discourse”.

A number of other scholars draw on similar themes to those identified by Leonie Pihama and Jessica Hutchings and extend these by applying mana wahine in empirical investigations of Māori women’s histories and geographies. For example, Ani Mikaere (2003) demonstrates the multifarious ways that Māori women have been marginalised through colonisation. She makes a vital contribution in reclaiming and redefining mana wahine knowledges by highlighting the pivotal role of wāhine, throughout history, across nearly all spheres of Māori communities. So

too does Aroha Yates-Smith (1998) who provides a comprehensive and critical analysis of historical records that refer to atua wāhine and thereby beginning the immense (and powerful) task of (re)privileging the feminine in Māori spirituality. In her ground breaking thesis, Ngahuia Murphy (2011) explores pre-colonial understandings of menstruation. She discusses the power and potency with which menstruating bodies were conceived in Māori society. Kirsten Gabel (2013) examines traditional philosophies of Māori motherhood, arguing that within our traditions, philosophies and ideologies exists a powerful space of resistance and tino rangatiratanga for Māori whānau. Kelly Lambert (2006) (re)reads the poetry of Roma Potiki through a mana wahine lens and in doing so reveals another layer of richness in her work. Tairawhiti Turner (2007) explores the role of mana wahine in the development of Te Whare Rokiroki Māori Women's Refuge Centre. She argues that expressions of mana wahine in this context were evident in the contestations of power and authority by Māori women working in the centres. Mei Winitana (2008) engages mana wahine to examine the diaspora of Māori women living in Australia. She examines some of the challenges and compromises to tikanga that Māori women living abroad face in their lived realities.

This is an innovative and exciting corpus of work and is a vital precursor to this research. I draw on many of these authors throughout this thesis to demonstrate the usefulness of mana wahine as a theoretical and empirical framework that engages with the lived realities of Māori women across a range of contexts. Although a relatively small body of scholarship, there is scope for further work that explicitly engages mana wahine, the results of which have incredible transformative potential for the lived realities of Māori women and whānau.

Decolonisation

Decolonisation is inextricable from mana wahine and is a project that will be ongoing. It is made clear in the writing of Linda Smith that for Māori there will never be a point when decolonisation is not important (Smith 1996). This is, she says, because “we will still live in the world and in this world there are always new forms of colonialism with which we have to contend” (Smith 1996, 11).

Importantly, decolonisation is not just about deconstruction, it is also about unlearning, disengagement and strengthening whānau. Leonie Pihama (2001) argues that an essential part of any mana wahine project involves (re)gaining control of the ‘processes and vehicles of representation’ that shape, and are shaped, by Māori women’s knowledges. This was also asserted by Kathy Irwin (1992, 5), in her oft quoted and powerful, statement: “we don't need anyone else developing the tools which will help us to come to terms with who we are. We can and will do this work. Real power lies with those who design the tools - it always has. The power is ours”. That is not to say that we should render all elements of ‘western’ theories as useless, but rather we should employ those tools that are useful by critically reframing them within mana wahine epistemological framework.

It is argued that argued that geography has had a “patchy history” in relation to “experiences of indigeneity” (Shaw *et.al.* 2006, 273). Wendy Shaw and others posit that many geographers do not engage with indigenous research out of fear of perpetuating colonial (mis)representations, or proceed ill prepared or superficially and thus fail to acknowledge the complexities of indigenous subjectivities.⁴⁵ They urge geographers to go further than ‘postcoloniality’ and encompass a broadened understanding of indigenous epistemologies. The implications of this: “requires coming to terms with the cultural politics of ‘knowledge’, its production, and the recognition that knowledge is a cultural artefact which reinforces social, political and economic norms” (Shaw *et. al.* 2006, 273).

Indigenous geographies address the intersections of subjectivity and also provide for the entanglement of environmental, social, political, cultural, and economic, and I would add spiritual, geographies that would otherwise be considered separate. In an article discussing encounters with indigenous geographies, Ruth Panelli (2008)

⁴⁵ Within the context of education in Aotearoa, Alex Barnes describes a condition of ‘Pākehā paralysis.’ He says “Pākehā paralysis as the inability of Pākehā to be active participants in social and cultural relations with non-Pākehā people or groups. This paralysis can come about due to fear of “getting it wrong” or negative cross-cultural encounters and experiences. Aside from paralysis, some Pākehā simply “blunder” into relationships with Māori unaware or blind to the power relations between them” (2013, 2).

points out that ‘mainstream’ geography may learn a great deal from ‘alternative’⁴⁶ pathways of knowledge production.

In short, decolonisation is critical to any articulation of mana wahine. Jessica Hutchings (2002b, n.p) explains the significance for Māori women:⁴⁷

Decolonisation is also about my right to determine how I will live with and within Māori communities; to reject non-Māori analysis of situations and events that concern me; and to value myself as a Māori woman. Decolonisation is an essential part of being a Māori woman; it recognises the colonial reality we still live in and provides space for Māori women to be visible, by valuing Māori women’s on-going analysis of all areas of life, such as education, language and health systems.

Whakapapa, te reo Māori and tikanga

In a time of continual deconstruction, mana wahine must also look to those elements that serve to unite women and whānau to possibilities for growth and transformation. There are connections and intersections between mana wahine and other theories. It must be remembered, however, that mana wahine is a distinct and unique epistemological framework that is, as Ripeka Evans (1994, 56) suggests:

Grounded in the rivers, lakes, mountains, seas and forests, grounded in the war and peace between tribes and families, grounded in the whakapapa of generations of families, tribes, waka, Gods and Goddesses, grounded in notions and concepts of time and space that require reclamation.

More than simply genealogy, whakapapa is very much a relational and multiply layered term. Leonie Pihama (2001) identifies whakapapa as important to mana wahine research because it provides a Māori centred framework for multiple positioning. Further, whakapapa can also serve as a symbolic connection between researcher and researched. Whether real or symbolic in the Māori world whakapapa is always in play (Smith 2005). Whakapapa is about connections and growth. Reclaiming and privileging the whakapapa of women and of the maternal body, therefore, is central to the development of mana wahine.

⁴⁶ I put ‘alternative’ in quote marks in order to problematize the categorisation of indigenous knowledges as ‘Other’ or ‘different’ from the norm. For Māori, and indeed for other indigenous peoples, their knowledges are mainstream.

⁴⁷ Another interesting perspective on decolonisation in Aotearoa can be found in Alex Barnes’ 2013 article *What can Pākehā learn from engaging in Kaupapa Māori educational research?*

Born out of whakapapa are tikanga (protocols and practices). Tikanga are the expressions of kaupapa (values) in a way that protects the tapu and mana of people. In an article explaining the role of tikanga as law in Aotearoa New Zealand, Ani Mikaere (2012, 17) argues that “tikanga embodies the day to day expression of a comprehensive system of law. Rooted in a unique theory of existence and based on timeless principles, its practical application was designed to adapt in the face of changing circumstances”. It should be noted, however, that tikanga has not been free from the impacts of colonisation.

Wikitoria August (2004) illustrates that for a number of wāhine the performance of particular tikanga during pregnancy (for example, not cutting one’s hair or not entering a urupā (burial ground) when pregnant) do not always come with an accompanying understanding of the underlying kaupapa. Further, she points out that for some wāhine convenience in a ‘modern’ world and, for many of us, the need to be ‘practical’ given circumstances at the time, wins out over the ritual and ceremony of tikanga.

The notion of authenticity in relation to tikanga must also be interrogated. In defining something as ‘traditional’ it is often accepted un-problematically. As such we risk positing tikanga as unchanging and static. Colonisation has created a blurring of boundaries between ‘us’ and ‘them’. The subversion and marginalisation of Māori women’s knowledges and of tikanga through colonialism makes it difficult (if not impossible) to separate out coloniser from colonised and vice versa. Therefore a careful analysis of ‘tradition’ and ‘tikanga’ from a mana wahine perspective may prompt a drastic reconsideration of those tikanga which are distorted colonial versions of what our tūpuna would likely have practiced.

Tikanga is adaptable and flexible – it has to be.⁴⁸ What is more tikanga Māori is as relevant to the lives of whānau today as it was 150 years ago. Ani Mikaere (2011, 280) observes:

Let us not forget that in 1840 tikanga Māori was the law of the land, just as te reo Māori was the language of the land.

⁴⁸ I was privileged to present at *Kei Tua Te Pae: Changing Tikanga, Changing Worlds* conference in Otaki in 2012. There were a number of important presentations that began to unpick the role and nature of tikanga in contemporary Māori communities. Challenges to the homophobia, sexism and domestic violence that is often couched in terms of tikanga by some were made and arguments for the reinstatement of tikanga that was encompassing of diversity and difference was put forward.

Their continuation was a condition of our ancestors' agreement to allow the Crown and its subjects to come here ... once it is understood that tikanga Māori ... is just as fundamental to our survival as is te reo Māori, I have no doubt that we will begin the process of reversing the diminution it has suffered, and will dedicate ourselves to its revival.

Just as tikanga is fundamental to our survival, so too is te reo Māori. The importance of te reo Māori to understandings of the maternal body cannot be underestimated. The duality of a number of kupu Māori illustrates the reproductive importance of women within the wider whānau, hapū and iwi. For example, hapū can mean to be pregnant or sub-tribe. Whānau can mean to give birth or family. Whenua has a dual meaning of placenta and land. Perhaps the term that highlights this most clearly is te whare tangata, which can mean womb and house of humanity.⁴⁹ The marginalisation of te reo Māori has a direct impact on maternal bodies and women's reproductive processes, as well as wider Māori society.

Mana wahine, then, is about empowering wāhine by reconnecting them to a whakapapa, tikanga and language that is undeniably theirs. This, I believe can dramatically change how women, maternities and the maternal body is conceived. Entangled with all of these things, and something that has the potential to transform mana wahine maternities, that cannot be overlooked is wairua.

Wairua

As discussed in Chapter Two mana wahine knowledges have faced spiritual disempowerment at the hands of colonialism. The inscription of Christian ideologies onto the bodies and souls of Māori women, the outlaw of spiritual experts through the Tohunga Suppression Act (1907) and the consignment of Māori traditions and stories to the realms of mythology has been devastating for Māori women. The marginalisation of wairua persists today.

Wairua is a critical site of resistance for mana wahine and for Māori. It is this spirituality that, as Linda Smith (1996) argues, marks the clearest contrast between indigenous knowledges and the west. She (1996, 112) says: "for Western trained academics the whole area of wairua or 'the spiritual'; unless embedded in Christian

⁴⁹ See Chapter Six for further discussion about the significance of te whare tangata.

theology, cuts across the rationalism and empiricism which is part of our training”. Leonie Pihama (2001) also criticises western feminism as being ‘spiritually impoverished’. Indeed, spirituality discourse within geography tends to be coupled with organised forms of religion or ‘new age’ spiritual movements. Indigenous writings and experiences of spirituality do not fit with the positivist tradition of rationality and are therefore, more often than not, relegated to myth, dreams, or simply dismissed as superstition.

The importance of wairua to articulations of mana wahine cannot be stressed enough. I contend that the spiritual realities of Māori women are inextricable from their physical realities. This is a consistent and unwavering theme that runs through expressions of mana wahine both inside and outside of the academy (see Gabel 2013; Grace 1992; Hutchings 2002a; Kahukiwa and Potiki 1999; Mikaere 2003; Murphy 2011; Yates-Smith 1998). In fact, one of the most exciting possibilities of mana wahine, I believe, is that it allows researchers to draw from a blend of lived and embodied experiences and spiritualities.

A degree of caution is required, however, and it has been argued that to isolate and analyse aspects of wairua could threaten its very fabric (Te Awēkotuku 1991). Engagement with the spiritual must, therefore, be informed by culturally appropriate tikanga and guidance to keep those involved in research ‘safe’. With this in mind, a mana wahine approach which holds wairua at its very heart challenges the hegemony of rational, masculine and colonial discourses that continue to marginalise and silence Māori women’s knowledges and spiritualities. Further, wairua discourses are an important platform through which many Māori women experience and make sense of their everyday geographies. Reclaiming wairua, therefore, is a critical site for mana wahine and can be transformative for understandings of Māori women’s subjectivities, knowledges and bodies.

Aroha Yates-Smith’s (1998) work is a powerful reminder of this. She goes a long way in re-privileging the feminine in Māori spirituality by reviewing key historical texts in search of the feminine. Her findings are crucial to mana wahine maternities. In charting the documented history of Māori spirituality and through interviews with kaumātua and kuia, Aroha has found reference to numerous atua wāhine who are connected with the ceremony of birth. For example, Te Tuku o Hine-te-iwaiwa (from which the title of this thesis is taken) is a karakia that is employed to assist

with difficulties during birth. Hine-te-iwaiwa is considered to be one atua that presides over childbirth and the karakia originated during the birth of her son Tūhuruhuru (Yates-Smith 1998).

Reconnecting whānau to the power and potency of the maternal body through work like that by Aroha Yates-Smith is vital to mana wahine maternities. The spiritual realities of Māori women and whānau are entangled with their physical realities and this is a theme that is developed throughout this research. It would be wrong, however, to assume that experiences of whakapapa, tikanga, te reo or wairua, are the same for all women and whānau. To do so fails to recognise the diversity of the everyday geographies of Māori women.

Diverse realities

Mana wahine stems from the lived, embodied and spatial experiences of Māori women. It is not a universal or homogenous theory. It must provide for the mutability of Māori women's lived realities (see Hutchings 2002a; Mikaere 2003; Pihama 2001; Smith 1996). This is described by Ani Mikaere (2003, 141-142) who I quote in length. She urges anyone engaging in mana wahine research to ensure:

The full range of Māori women's experiences be validated. Colonisation has impacted on individual women in so many ways. The life experiences of a woman who has grown up away from the marae, with neither language nor strong whānau connections are just as much a part of what it now means to be Māori as those of the woman who has grown up in a rural, marae-centred Māori community, is fluent in the language and secure in her iwi identity. All Māori women are involved in the struggle, some consciously, others without even realising it; whether rural or urban, whether fluent or not, whether they choose to bear children or not, whether lesbian or heterosexual, whether proud or ashamed of being Māori. Ultimately, we are all connected by whakapapa, to one another and to our Māoriness. To question the authenticity of one another's Māori womanhood, as though there is a standard definition to which all "real Māori women" must conform, is to deny the complexities of colonisation. It is also highly destructive, introducing divisiveness which Māori women can ill afford.

It is a vital that mana wahine provides space for the full spectrum of Māori women's experiences to be shared. The diversity of Māori women's stories can be seen in various collections of poetry, art, short stories, waiata and in iwi and hapū histories.

This research differs from many Kaupapa Māori projects in that the parameters are not defined by tribal membership or delineated to one tribal grouping. The main reason for this is that the major city, Kirikiriroa Hamilton, around which this research is based, is home to many Māori women from iwi across New Zealand. I believe that many more ‘collections’ about Māori maternities composed and compiled by and for Māori women are needed. Further research about iwi specific customs and practices pertaining to maternities would serve to provide women with stories that connect them to a whakapapa that is unique to them.⁵⁰ Therefore, while this research is not iwi specific, I understand the importance of iwi and hapū differences and nuances. This was reinforced by one midwife I spoke with who stressed: “*we’re tribal and that’s crucially important*” (*Key informant interview, December 2009*).⁵¹

I also acknowledge, however, given the marginalisation of mana wahine knowledges caused by our colonial past that we must also find connections across this difference. In the introduction to a collection of creative expressions by Māori women called *Toi Wahine: The worlds of Māori women*, Kathy Irwin (1995, 12) makes the point that: “telling about what life is like for us, in our diversity, makes our stories visible ... it allows us to be whole, real and visible, as ourselves.” This thesis is but one collection centred on first time Māori mothers’ experiences of birth, however diverse these are. There are many more stories yet to be told, by iwi, hapū and whānau.

Whānau

The institution of whānau is posited as a cornerstone of Māori society (Hutchings 2002a; Pihama 2001; Smith 1996). The meaning of whānau as it is used here is not simply meant to denote the nuclear family – whānau is much more. It can include extended family, and wider still, hapū and iwi. Jessica Hutchings (2002a) also identifies whānau as a critical site for mana wahine and includes ‘non-traditional’

⁵⁰ An examination of mana wahine maternities from a Raukawa perspective is another research project that I would be interested in pursuing further, particularly given the significance of the birth of Raukawa which is discussed further in Chapter Seven and Eight.

⁵¹ I have chosen to italicise quotes from participants to discern, and illuminate, their voices from other writers.

relationships and situations in her understanding of whānau. It is this wider meaning of whānau that I draw upon in this research.

Urbanisation and land confiscations as well as Christian ideologies about the hierarchy between men and women have had devastating effects for Māori whānau and specifically for Māori women. As the whānau unit became progressively smaller, the responsibilities of individual women grew. Women became dislocated from traditional means of support and cultural knowledge, including Māori maternal knowledges, which would have been learnt in a communal setting (Mikaere 2003).

In a study of health care accessibility for Māori women, by Fiona Cram and Linda Smith (2003) it was noted that the fragmentation of whānau and subsequently the loss of intergenerational knowledge transmission has meant that some Māori women now lack cultural knowledge that would otherwise enable them to express their needs as Māori women to healthcare professionals. For example, they point out that a lack of cultural knowledge about the tapu of te whare tangata can leave women bereft of a language to express what is culturally appropriate (or perhaps more correctly inappropriate) when they require treatment or examinations such as cervical smears (Cram and Smith 2003).

Whānau is a critical site for mana wahine geographies. A mana wahine analysis would reconfigure hegemonic understandings of family. For example, Ani Mikaere (2011) explains that whānau was the primary source of support for wāhine and that the absence of distinction between private and public domains in traditional family arrangements protected and affirmed women. She (2011, 190) says “this form of social organisation ensured a degree of flexibility for women not possible within the confines of the nuclear family”.

Furthermore, with whānau at the fore mana wahine is grounded in the lived – and often stark – realities of Māori women and whānau. As such mana wahine must in some way contribute to facilitating change, where necessary, for women and whānau. In other words, simply theorising about whānau does not enable better birth experiences, or access to culturally appropriate health care, nor does it stop violence or abuse against Māori women and children, or assist whānau to keep their children fed, clothed, warm and healthy.

In the context of this research, I hope to demonstrate the ways in which reclaiming mana wahine maternities can empower women *and* whānau by reconnecting them to concepts, values, mātauranga and tikanga that transforms the way maternal bodies, birth and mothering are understood. This, as I demonstrate in Chapters Six, Seven and Eight has very real consequences for Māori women's lived and spatial experiences of birth.

Māori masculinities

The distortion of the institution of whānau has also had impacts on the relationships between men and women. In early assertions of mana wahine, many Māori women stayed away from 'feminism' because it was assumed to put Māori men down. It was thought that being a 'feminist' was anti-Māori, specifically anti-Māori men; that in the struggle for rangatiratanga it was inappropriate to divert one's energies towards what was seen as predominantly a 'white woman's' struggle (Jenkins 1992).

Mana wahine is not anti-Māori men. Mana wahine is not about seeking some "oppressive matriarchal alternative" (Diamond 1999, 307). Rather, it is premised on the argument that pre-colonisation mana wahine and mana tāne existed as complementary. The roles of men and women, while distinct, were not mutually exclusive, nor were there thought to be particular hierarchies between men and women (Jahnke 1997). This is evidenced by the lack of gendered pronouns in the Māori language, 'ia' meaning 'he' or 'she' and 'tōna/tana' translated as 'his' or 'hers'. Further, words such as rangatira, atua, ariki and tohunga are not gender specific (although have often been co-opted to refer to Māori men) (Pihama 2001). That is not to suggest that pre-colonial Māori gender relations were a utopia of equality. Power (or rather mana) existed, as did hierarchy, however, it is thought this was more often than not through claims to whakapapa rather than gender (Mikaere 2003).

Numerous authors, rightfully so, are quick to defend their focus on Māori women (see Hutchings 2002a; Irwin 1992; Johnston & Pihama 1995). Extending this argument, others exact a challenge to those Māori men who have been co-opted and internalised 'colonial paternalism' and thus continue to silence and marginalise

mana wahine knowledges (see Matahaere 1995; Mikaere 2011; Pihama 2001).⁵² I find Ani Mikaere's (1994, 12) argument convincing; she contends that:

The challenge for Māori, women and men, is to rediscover and reassert tikanga Māori within our own whānau, and to understand that an existence where men have power and authority over women and children is not in accordance with tikanga Māori. Such an existence stems instead from an ancient common law tradition which has been imposed upon us, a tradition with which we have no affinity and which we have every reason to reject.

There is no denying that Māori men have suffered at the hands of colonisation and have historically been represented through narrow and limiting frames of reference. The racialised notions of Māori masculinity as physical, violent and 'warrior' persist today and can be seen in representations of Māori men in movies such as *Once Were Warriors*,⁵³ in the media representations of the 'natural Māori sportsman', and scientific investigations about the 'warrior' gene (Australian Associated Press 2006).⁵⁴

In an article deconstructing the 'natural' Māori sportsman (2004, 259) Brendan Hokowhitu challenges the persistence of these representations on a number of fronts. He (2004, 277) argues:

Regardless of what images of tāne exist, and whether or not they bolster or challenge the colonial indoctrination of a physical masculine prototype, many tāne are able to live beyond such hypermasculine constraints. That is, the dominant image of

⁵² At a recent conference that I attended there was a strong line-up of Māori women presenting over two days, many of whom were talking about mana wahine, sexuality, gender and also violence in Māori communities. During one presentation two young Māori men who were sitting behind me began to talk about the number of women who were presenting. One of them said "I am surprised that they didn't ask a woman to do the karakia to open this morning" to which the other one replied "I am surprised a woman hasn't done a haka yet!" Haka is often, but not always, thought of as a male activity, in fact there is strong evidence suggesting this was not always the case. Karakia I would suggest can be performed by either gender although most often at ceremonial occasions it is performed by a male. It was sad to me that, at a conference which was about uncovering the colonial ideologies embedded in tikanga Māori and reinstating tikanga Māori that upheld the mana of women, men and whānau, these two young men failed to recognise their own patriarchal attitudes and felt threatened by the women who were presenting.

⁵³ *Once Were Warriors* is a film about a dysfunctional urban Māori family. The root of the dysfunction is patriarch Jake 'the Muss', the unemployed, alcohol fuelled, fist-swinging 'man of the house'. Jake's catch phrases such as 'cook the man some fucking eggs' have become embedded within popular discourse in Aotearoa New Zealand and are often heard bandied about by Māori and non-Māori alike.

⁵⁴ It was controversially claimed by Dr Rod Lea that Māori carry a "warrior" gene which has been linked to violence, criminal acts and risky behaviour. The gene, it was argued, predisposed Māori to alcoholism, violent behaviour and criminal activity (for further discussion see Hook 2009).

Māori men often belies the reality of those tāne who exist outside such constructions ... Unfortunately, too few images of these inspirational men and the like are permitted visibility to the dominant gaze.

Reconfiguring hegemonic Māori masculinities and challenging those who consent to such representations is important to the articulation of mana wahine. The scope for further research to reconfigure and reaffirm mana tāne is wide and, to my mind, desperately needed. Mana wahine must support those efforts that genuinely seek to challenge hegemonic performances of Māori masculinities that subordinate women. Indeed a central premise in this study is that in order to realise tino rangatiratanga mana wahine must be recognised and be provided for alongside mana tāne, mana whānau and mana Māori.

Indigenous women and feminism

The experiences of Māori women are not entirely unique to this land. Indigenous peoples, specifically indigenous women, all over the world have, to various extents, been systematically displaced from their lands and deprived of their knowledges. Therefore, while ours is a physically isolated country, it is intimately connected to wider theoretical and ideological frameworks (Kearns and Panelli 2007). In other words, Aotearoa is simultaneously local and global (Johnston and Longhurst 2010). Therefore, while this research has a specific focus on the embodied geographies of Māori women, Mana wahine geographies can make an important contribution to indigenous feminism and wider indigenous scholarship.

There is a growing body of work on indigenous maternities that illuminate the embodied, spatial and spiritual maternal experiences of indigenous women (see Anderson 2000, Lavell-Harvard and Corbiere Lavell 2006; Simpson 2006; Underhill-Sem 2000). *Until our hearts are on the ground – aboriginal mothering, oppression, resistance and rebirth* (2006) is a particularly powerful collection of essays that tell of the various ways that women in North America, Australia and Africa are restoring uniquely ‘aboriginal’ ways of mothering. They make explicit the tension between allowing for the diversity of experience among Aboriginal mothers and presenting a coherent collection on ‘aboriginal mothering’. Editors, D. Memee Lavell-Harvard and Jeannette Corbiere Lavell (2006, 2), resolve this stating:

If we have nothing else in common, we share the experience of being different from (and fundamentally opposed to) the dominant culture, which has a significant impact on our ability to mother as we see fit, according to our own values and traditions.

The expression of our experiences as Māori women provides yet another critique of the “oppressive model of motherhood [and maternity], provided by the dominant patriarchal culture” (Lavell-Harvard and Corbiere Lavell 2006, 3). Moreover, it provides another perspective that validates indigenous ways of knowing and being that value and celebrate the maternal body.

Given the history of western feminism, finding workable links with non-indigenous feminists has been somewhat of a struggle. Māori women were not the first to critique western feminism. In the 1970s and 1980s African-American women, too, questioned the supposed racially homogenous ‘sisterhood’ being promoted by feminists at the time (see Hill-Collins 2000; Davis 1982; hooks 1981). In the book *This bridge called my back* (Moraga & Anzaldua 1981) a number of ‘women of colour’ asserted that within the women’s movement there were elements of racism which went unrecognised. Unlike, ‘white’ feminists these women argued that they could ill afford to ignore racism as it was “breathing or bleeding down our necks” (Moraga 1981, 62).

Closer to home these sentiments were uttered by Leah Whiu (1994, 164) who says: “it seems that my struggle necessarily takes account of your struggle. I can't ignore patriarchy in my struggle. Yet you can and do ignore the “colour” of patriarchy, the cultural-specificity of patriarchy. And in doing so you ignore me.” Māori women have sustained this criticism of western feminism over the years (see Irwin 1992; Jahnke 1997; Smith 2012) and have been quick to distinguish Māori women’s discourses as distinct and unique. They argue that it is not enough to simply endorse or graft on to the projects of white women, rather analyses of the complex intersections of being a woman and being Māori are needed.

Finding connections and commonalities is becoming easier as non-indigenous feminisms have moved away from the mono-cultural bias of the 1970s and 1980s (Pihama 2001). Taina Pohatu’s (1996) notion of *hoa mahi* (working friends) is useful when utilising other non-Māori critical theories. In a similar way, I argue that simply dismissing all that is ‘tauiwi’ is not helpful and does not account for the

interplay of both cultures in the formation of identity. In this sense, I draw on elements of feminist geography, as *hoa mahi*.

Far from corrective feminist research feminist geography today is premised on exposing the power relations of hegemonic discourses (Gibson-Graham 1994). In addition, the recognition and celebration of difference is now integral to feminist geographers' understandings of place, space and embodiment. Feminist geographers have led critiques of and challenges to dualistic thinking (Johnston & Longhurst 2012), which makes their work particularly useful to this research. Further, I find feminist geographers' conceptualisation of embodiment, space and place valuable to examine *mana wahine* maternities. It is to this I now turn.

Embodied geographies and maternal bodies

The body, or bodies, has become an important focus for feminist geographers over the past two decades (see Duncan 1996; Johnston and Longhurst 2010; Longhurst 2001; Teather 1999). Robyn Longhurst has written extensively on bodies (see Longhurst 2001, 2005, 2008). She argues that bodies have been constructed as 'Other' within geography and that the dualism between body and mind permeates the discipline. Feminist theorist Elizabeth Grosz (1994), who is oft cited by geographers, argues that there is a gulf between the mind and the body within dominant discourse. Bringing the corporeal into academic focus promotes a messing up of boundaries between dualisms. This research further complicates things with considerations of *wairua*, *whakapapa* and *whenua*.

Bodies occupy space but they are also conceptualised as spaces in their own right (Teather 1999) and it is generally recognised that we speak from embodied positions. Furthermore, the mind and body are intricately folded into one another rather than being distinct and separate. Each cannot exist without the other. Bodies then disrupt the separation of binaries as they exist in multiple and sometimes simultaneous localities (Grosz 1994). This is reflected in the quote by Robyn Longhurst (2005, 337):

Bodies are conundrums, paradoxes, riddles that are impossible to solve. They are deeply embedded in psychoanalytic, symbolic and social processes yet at the same time they are undoubtedly biological, material and "real". Bodies are an effect of discourse but they are also foundational. They are referential and material,

natural and cultural, universal and unique. Everyone has a body (indeed, is a body) but bodies are differentiated through age, ethnicity, sex, sexuality, size, health and so on. Bodies exist in place; at the same time they are places.

The maternal body further challenges notions of fixed and stable bodies and subjectivities. Feminist philosopher, Iris Marion-Young (2005) contends pregnant bodies disrupt boundaries and that the borders of the body are unstable. In addition, fellow philosopher Julia Kristeva (1981) talks about the splitting of the pregnant subject in two, moving from singular to multiple. The placenta also demonstrates the notion of shifting corporeal terrain to challenge binary thinking.

Feminist geographers make important contributions to this discussion. By decoupling the binaries between body and mind, material and discursive, feminine and masculine, black and white, colonised and coloniser, a number of feminist geographers promote Elizabeth Grosz's (1994) notion of 'embodied subjectivity' or 'psychical corporeality' thus, recognising the integration of the discursive and material in shaping individual and collective subjectivities.

Despite the growing scholarship within the discipline with a focus on bodies and embodiment consideration of maternal bodies, within geography, remains scarce. Robyn Longhurst (2008, 2 emphasis in original) notes:

despite the attention paid to gender, to date, geographers have published little on what surely must be one of the, if not *the*, most important of all bodies – bodies that conceive, give birth, and nurture other bodies – that is, maternal bodies.

She (2008, 2-3) goes on to argue that maternal bodies can offer a great deal to embodied geographies, saying:

Understanding maternities through different cultural lenses does not deny the fact that there is a 'real' material or physical body ... Maternal bodies are socially, sexually, ethnically, class specific bodies that are mutable in terms of their cultural production. It is important to extend the notion of that physicality that dominates biological and medical sciences to illustrate that bodies are materialities that are not containable in physical terms alone.

The mutually constituted relationship between maternal bodies and space and place are central to this research. Geographic scholarship, however, that considers race,

gender and maternal bodies is rare. Mana wahine maternities, then, is virtually non-existent within feminist geography.

There are a handful of notable exceptions. Jessica Hutchings (2002a) develops a mana wahine conceptual framework and applies it to debates about the introduction of genetic engineering in New Zealand. She illustrates the hegemony of scientific 'rational' and 'colonial' discourse in these debates to the detriment of mana wahine discourses. Her research provides an important theoretical and empirical foundation for mana wahine geographies.

Wikitoria August (2004) explores the role of Māori women's embodied tikanga in contemporary Aotearoa, arguing that colonisation has served to reframe tikanga pertaining to pregnancy and menstruation in a negative fashion. She promotes a Māori perspective that constructs Māori women's bodily tikanga as powerful, sacred and life-giving.

In my master's research (2009), I highlight the complex and contradictory spaces in which Māori women are located in contemporary Aotearoa by examining Māori women's relationships to Papatūānuku. I demonstrate the ways in which colonialism has fragmented the realities of Māori women in their relationships to Papatūānuku. I argue that Māori women's maternal bodies are intimately tied to Papatūānuku in a way that challenges the binaries of mind/body and biology/social inscription.

Ngahuia Murphy (2011) challenges colonial representations of 'menstrual pollution' and 'female inferiority'. Instead, she provides a powerful and empowering analysis of Māori cosmologies, ceremonies and traditional practices that reconfigures menstruation from a mana wahine perspective.

A handful of non-Māori and non-feminist geographers have also touched on Māori maternities in their work, albeit very briefly. Sally Abel and Robin Kearns (1991) examine birth place in Aotearoa touching on the institutionalisation of birth for Māori. Paul Beere and Lars Brabyn (2006) use geographic information systems to map access for women to maternity services. They note that Māori and Pacific Island women continue to face difficulty accessing maternity services. Finally, Deborah Davis and Kim Walker (2010) explore the interrelation between the corporeal, social and spatial in relation to childbirth within the obstetric hospital.

Perhaps the most useful contribution, from a non-Māori geographer, is from Robyn Longhurst (2008). In a chapter on home birth Robyn (2008) argues that the pregnant body can never fully be extracted from culture. She provides a critical analysis of one Māori woman's home birth experience. In this context, the spatial politics in the decision to birth at home represent not only a personal choice but are politically embedded and a form of counter-resistance to colonisation. She argues that Māori maternal bodies are culturally, spatially and temporally mediated.

By examining experiences of maternity, specifically birth, from a mana wahine perspective, this thesis seeks to fill an obvious gap in existing geographical scholarship. An exploration of mana wahine maternities also extends the well-known argument within geography that bodies and spaces are mutually constituted by demonstrating the inextricability of women's maternal bodies, from space, place and culture. From a mana wahine perspective, the entanglement of the maternal body and space is further complicated by considerations of the spiritual.

Conclusion

In this chapter, I have drawn from Kaupapa Māori, mana wahine, indigenous scholars and feminist geographers to create a mana wahine geography that, in the context of this research accounts for and celebrates uniquely Māori understandings and expressions of maternity. The first half of this chapter provides a brief overview of the foundational literature for mana wahine upon which this research is built. Following this, I outline a number of key strands to the creation of mana wahine geographies. These are: decolonisation; whakapapa, tikanga and te reo Māori; wairua; diverse realities; whānau; Māori masculinities; indigenous women and feminism. Each of these projects represents a site of struggle but also a site of resistance, resilience and transformation. The importance of these strands will be developed as I move on to consider more explicitly the birth experiences of Māori women in Aotearoa. Finally, this chapter considers the value of embodied geographies to considerations of mana wahine maternities.

The challenges for mana wahine theorists are multiple. Not only must we challenge the hegemonic discourses and assumptions that posit Māori women as 'Other', we must also create space for mana wahine knowledges to be reconstructed and reclaimed whilst at the same time being mindful of our power in speaking for those

voices we seek to privilege. This research builds on the work of mana wahine scholars and contributes to the development of Kaupapa Māori by considering the complex intersections of race, culture, gender and space. It is my hope that by considering experiences of birth from an explicitly mana wahine perspective this research contributes to the development of mana wahine by considering the spatial imperative of birth. It also extends feminist geography, by conceptualising new geographies founded in the mana of wāhine.

Chapter Four - The 'labour' of research

No one prepared me for this –
no sisters, or other education meant to be mine –
the old ones were silent in my time
though I now know they were meant to prepare me for passage
(Kahukiwa & Potiki 1999, 50).

How does one go about gathering, organising, analysing and (re)presenting the 'birth stories' of over 30 women? How does one tell a collective story about mana wahine maternities in Aotearoa whilst trying to uphold the mana and tapu of the individual stories of women, their whānau and their babies? And how does this collective story provide for the nuances and diversity of experience? These questions are ultimately about analysis, representation, authority and accountability. From a mana wahine perspective they are questions about decolonisation, whakawhanaungatanga, manaakitanga and rangatiratanga. The answers to these questions cannot be 'uncovered' as if they are transparent realities. In discussing such issues, however, it is possible to demonstrate the ways in which a mana wahine approach to research can open up new and exciting methodological possibilities.

This chapter is about the 'labour' of research. By labour I refer not only to the obvious connection to the labour of childbirth but also to the physical and intellectual 'work' of the research process (collecting, collating, analysing, editing, and (re)presenting material). I also refer to the emotional and spiritual 'labour'; the pains and joy that I, and participants, have experienced over the course of this research. I detail the research design and process that is: the use of interviews; solicited diary writing; self-directed photography; online forum; and wānanga. More than this, I also illustrate the embodied and emotional 'work' that was somewhat more difficult, if not impossible, to anticipate and prepare for. I highlight the rich but sometimes messy encounters of the labour of this research thus troubling the hegemony of disembodied, colonial, and patriarchal forms of knowledge production.

In what follows, I reflect on my methodological approach which integrates mana wahine values and principles, namely whakawhanaungatanga (making and maintaining relationships), manaakitanga (hospitality/care) and rangatiratanga

(right to exercise authority/self-determination), with qualitative methods. First, I discuss the usefulness of whakawhanaungatanga in facilitating participant recruitment. The cultural protocols and processes of making *and maintaining* relationships with women adds another layer of complexity and responsibility in this research but also reveals a richness that is often not provided for in rational, disembodied, colonial and patriarchal researcher/researched relationships.

Following this, I consider the use of specific qualitative methods, including interviews, solicited diary writing, self-directed photography and an online forum, within a mana wahine framework to examine the childbirth experiences of Māori women. Manaakitanga, as a cultural value and ethical protocol, informed both my approach and participants' engagement with these methods. I, then, reflect on the use of a marae based wānanga as an additional platform to examine mana wahine maternities. The wānanga transformed this research and a critical analysis of this method offers exciting methodological possibilities.

Some discussion of the analysis and (re)presentation of material in this thesis is provided. As much as possible I have provided for women's rangatiratanga (authority/self-determination) over their stories by incorporating a number of feedback and verification mechanisms into the research design to ensure the mana of each participant's story is maintained. Finally, I reflect on the impact my own embodiment and emotions have had on the research.

Throughout this chapter I refer to evaluation questionnaires that were completed by a number of participants (see Appendix One). These questionnaires were designed to gain some insight into how participants felt about their involvement in the research. I acknowledge that we can never fully know the implications that our methodological decisions may have on participants, Gill Valentine (2002) points out, however, that geographers would be well served to investigate how participants feel about their involvement in the research. As such these questionnaires provide valuable reflections on the specific methods used here. Moreover, they are one of the ways in which women can retain some rangatiratanga over their participation in this research.

Mana wahine methodology

In discussing Kaupapa Māori research Linda Smith (2000) points out that there are a number of ‘unconventional’ encounters that a Māori researcher may need to deal with ‘in the field’. She (Smith 2000, 243) explains:

During the course of their encounter, they [Māori researchers] are often fed and hosted as special guests, they are asked questions about their family backgrounds, and they are introduced to other members of the family, who sometimes sit in on the interview and participate. Sometimes, if the subject is fluent in Māori, they switch back and forth between the two languages, or, if they think that the researcher cannot understand Māori they try even harder to speak ‘good’ English. If the researchers are in their homes, they may see photos of family members in the lounge. Sometimes it is hard to tell that the ‘subject’ is Māori. Sometimes they say things a researcher may feel uneasy about, sometimes they come right out and ask the researcher to do something for them, and sometimes they are cynical about and hostile to the questions being asked. When the researcher leaves, it is with the silent understanding that they will meet again. The researcher may return to work and feel good about the interview. Was it an ‘interview’, a conversation, or perhaps a dialogue? Or was it something more than that?

This quote captures many of the moments that I faced and while not entirely unique to Māori researchers these are the moments that few, if any, western or masculinist methodological texts address. One would hope to find the answers in Kaupapa Māori literature, however, as Sheila Walker and others (2006, 335) point out: “one of the idiosyncrasies of Kaupapa Māori research is that writers do not tell you *how to do* Kaupapa Māori research; they tend to focus on what it does and the effects it has” (emphasis in original).⁵⁵

What is well documented are the values (or kaupapa) and cultural processes (or tikanga) available within Māori culture that have the potential to transform and extend existing methodologies. Therefore, rather than prescribe a set of defined ‘Kaupapa Māori’ or ‘mana wahine’ methods, the main concern for any researcher should be the appropriateness of the chosen methods to the subject matter and ‘subjects’ (Smith 2012). Feminist geographers have also discussed issues of

⁵⁵ This is beginning to change. For example, Jenny Lee (2008) discusses the use of pūrakau (a traditional form of storytelling) as a method in her research with Māori teachers (see also Bishop 2005; Jenkins 2001; Pōhata 2004 for methodological developments within Kaupapa Māori).

methodological appropriateness acknowledging that qualitative methodologies are generally more aligned with feminist principles of giving voice, empowerment and social justice (see Cope 2002; England 2006; Moss 2002).

Therefore, I use a number of qualitative methodologies grounded by, and in, *mana wahine kaupapa* and *tikanga*. Interviews, solicited diaries, self-directed photography, *wānanga*, and an online forum were employed to provide a number of different platforms in which women could reflect and share their childbirth experiences. Given the intimate and personal nature of this research, a single method used in isolation was not considered adequate or appropriate. My choice to use each of these methods was a conscious and considered one, intended to create a culturally safe and empowering space for women to share their birth experiences.

It would be problematic, however, to uncritically accept these methods and their conventions. Methods must be interrogated to ensure that they do not re-inscribe colonial or patriarchal discourses under the guises of ‘participation’, ‘collaboration’ or ‘empowerment’. The same argument has been iterated by feminist geographers. Pamela Moss (2002) points out that close scrutiny and the politicisation of the research process are necessary in order to challenge hegemonic colonial and patriarchal knowledges and their production.

In my desire to avoid ‘methodological conservatism’⁵⁶ I found that I/this research exists at the boundaries of a number of disciplines and methodologies. It did not quite ‘fit’ within feminist, participatory or qualitative frameworks and this was at times paralysing because I could not find my ‘place’. A *mana wahine* methodology pushes, extends and, at times, blurs the boundaries of conventional research methods. I argue that, existing on the fringes of a range of disciplines with a firm foundation in *mana wahine* has the potential to transform the research process, researcher/researched relationships and ultimately the research itself. Linda Smith (2005, 88) agrees:

Decolonizing research, then, is not simply about challenging or making refinements to qualitative research. It is a much broader

⁵⁶ In a review series of methodology in *Progress in Human Geography*, Mike Crang suggests that there is a void between geographers rhetoric and practice when it comes to methods (see Crang 2002; 2003; 2005). He argues, and this argument is supported by Alan Latham (2003), that there is a ‘methodological conservatism’ that continues to exist in geography.

but still purposeful agenda for transforming the institution of research, the deep underlying structures and taken-for-granted ways of organizing, conducting, and disseminating research and knowledge.

A number of Māori scholars are pushing the boundaries of research methodologies as they incorporate Kaupapa Māori principles with other methods (see Bishop 2005; Lee 2008; Pohatu 2004). In doing so, the culturally constructed nature of knowledge is highlighted and the colonial foundations of dominant forms of knowledge production are exposed.

Similarly, well-established feminist critiques of the masculinity of dominant knowledge production has seen a proliferation of new, innovative, creative, and increasingly embodied methodologies. Interviews, focus groups and ethnographies still have a stronghold in geography but this is changing and feminist geographers are at the forefront of this (Davies & Dwyer 2007). Meghan Cope (2002) points out that feminist geographers have pushed boundaries by employing new methods, such as diaries, photography and autobiography (to name a few) and have also been creative in the representation and dissemination of knowledge through various media including art, dance, and poetry. In this research, I demonstrate one way that a mana wahine methodology may take form, the potential of which I believe opens up new and exciting methodological possibilities.

Whakawhanaungatanga⁵⁷

As mentioned above, there is substantial scholarship about Māori principles, tikanga and kaupapa that can, and do, inform the research process. Concepts such as utu (reciprocity), āwhina (assist/embrace), whakamā (humility), ngāwari (flexibility), hurihuringa (reflexivity), whakapapa (genealogy), manaaki (support), and āta (deliberately/cautiously), to name a few, have been employed in various studies to assist with research design and to negotiate ethical issues. Indeed, it is possible to see the parallels of such concepts with feminist concepts of reciprocity, reflexivity, flexibility, accountability and power. I believe that relationships are at the heart of these concepts. For this reason, I have chosen to focus on

⁵⁷ Whanaungatanga means relationships, kinship or family connection, the prefix 'whaka' means 'to make'.

whakawhanaungatanga, the process of making and maintaining relationships, as a key principle that has guided participant and researcher relationships.

Whakawhanaungatanga is the process of establishing whānau by “identifying, through culturally appropriate means your bodily linkage, your engagement, your connectedness, and therefore, an unspoken but implicit commitment to other people” (Bishop 2005, 118). The concept, in the various forms of whānau, whanaungatanga, or whakawhanaungatanga has been employed by many.⁵⁸ Perhaps the most notable discussion is provided by Russell Bishop (1998) who used whanaungatanga to collaboratively construct research stories, with participants, in a culturally conscious and connected way. He (1998, 130) identifies three overlapping elements of whanaungatanga as a research strategy:

- establishing and maintaining relationships;
- understanding that the researcher is somatically involved in the research process; and
- establishing relationships in a manner that addresses power and control.

It is this definition of whanaungatanga that I employ in this research and I reflect on each of these elements throughout this chapter. At this point, I want to focus on the ways in which whakawhanaungatanga has facilitated recruitment and relationship building.

Making and maintaining relationships

There are three groups of women who have participated in this research. Ten first time mothers took part in interviews, solicited diary writing, self-directed photography and an online forum. Five Māori midwives were interviewed as ‘key informants’ and 17 women and their whānau took part in a one day marae based wānanga. Further, I kept a diary about my own pregnancy and birth which happened in the first year of this study. In total, 32 women were involved in in-depth work, interviews or wānanga throughout this study. Information was gathered over a period of approximately a year and a half from November 2009 to May 2011.

⁵⁸ Whānau as an organisational structure has been employed by many as a model for education and health initiatives. Kathy Irwin (1994) refers to a ‘whānau of supervisors’ during her doctoral research, made up of her academic supervisors but also kaumātua, whānau and friends. Adelaide Collins (2007) discusses whānaungatanga as implicit in her work with marae.

For the individual components of this research, women were recruited using existing networks, often referred to in hegemonic techniques as snowballing. From a mana wahine perspective it is about drawing on whakapapa connections (of both family and friends). I also publicised the research at birth centres, a local hospital, through midwives and parents' centres (see Appendix Two for the advertisement). As a result, of the ten first time mothers and five midwives, two women were related to me and three were friends prior to the commencement of the project. The remaining ten women were either friends of friends or strangers who had contacted me as a result of the advertisements.

Wāhine who participated in the individual components of the research were all, with one exception, interviewed postnatally and all of their children were under two years of age at the time of interview. The decision to talk to first time mothers was a considered one. The usefulness of examining 'new' or 'becoming' mothers has been discussed by Robyn Longhurst (2008, 4), who argues: "maternal bodies engaged in the production of new selves – are useful to examine because they are often the most acutely aware of their changed corporeality and social status as they begin to confront what it means to be a 'mother'." Therefore this research has predominantly focused on the experiences of women 'becoming' mothers for the first time.

That being said, there have been numerous experiences that have been shared with me outside of formal research encounters by women, and men, that are equally thought-provoking and insightful. Furthermore, it was difficult to tell women who so passionately wanted to tell their story that they could not 'formally' be part of the study because they were not 'first time' mothers. It was disheartening that while this research claimed to create space for Māori women's stories and experiences so many were being 'lost' as research 'data' because of the parameters that defined (for necessary reasons given the scope of a doctoral study) who could and could not 'participate'. As one kuia, I met, was quick to point out "*I was a first time mother once, so you can interview me*".

In order to overcome this, I decided to hold a wānanga. This turned out to be a pivotal methodological decision. The wānanga was open to *anyone* who wanted to be involved in a conversation about Māori birthing, mana wahine and experiences of maternities. The wānanga was advertised to my networks, through Waikato

maternity services and through Pikitū marae where the wānanga was to be held (see Appendix Two for advertising poster). Seventeen women attended, as well as three men and more than 10 children. The majority of women who attended the wānanga were whānau from the marae but there were also a handful of women who had come as a result of the advertisements.

As mentioned above, in a number of instances I share a whakapapa with participants (both an actual whakapapa and/or a whakapapa of friendship). My already established relationships with women is not entirely unusual, especially for Māori researchers (see Hutchings 2002a). The development of a ‘research relationship’ with these women, however, began to take form as soon as the research was introduced. On the one hand, I was cognisant that friends or family might think I was ‘taking advantage’ of our existing relationship by approaching them to be involved. On the other hand, they appeared to be acutely aware of the fact that their ‘data’ was for a doctoral thesis and worried that what they had to say may not be considered ‘good enough’.

Even though I had established relationships with these women the introduction of this research transformed those relationships, even if only momentarily. I was sensitive to my role as researcher in both formal research meetings but also if we met outside of the research. I asked myself questions such as ‘is it okay to ask over dinner if she has completed her diary?’ ‘If she asks about my research is she asking as a friend or participant?’ ‘If she asks about her part in my research in front of others how much do I disclose?’ I was continuously re-evaluating my relationships within the context of this research and this at times proved difficult.⁵⁹

The fluidity with which relationships swayed between ‘friends’ and researcher/participants was enabled, I believe, by the principle of whanaungatanga and the inherent principles of reciprocity, manaaki, aroha, and responsibility that it contains. In discussing whanaungatanga Fiona Cram (2006, 35) points out that

⁵⁹ I am not the first researcher to have experienced such issues. Deidre McKay (2002) also had difficulty distinguishing what was ‘talk’ and what was ‘data’ from participants who became friends. Carey-Ann Morrison (2010) discusses the challenges she faced in negotiating the blurred boundaries between everyday life and research relations in her research with young heterosexual women in Hamilton, New Zealand. Friendships developed between Morrison and a number of participants thus requiring her to carefully negotiate similar issues pertaining to confidentiality, disclosure of intimate details about her, and power relations between researcher and researched.

“these connections wrap a larger relationship based context around the research moment”. This is an important point and was particularly applicable in relation to issues of consent and anonymity. Linda Smith (2012, 137) argues that, in many cases:

Consent is not so much given for a project or specific set of questions, but for a person, for their credibility. Consent indicates trust and the assumption that the trust will not only be reciprocated but constantly negotiated – a dynamic relationship rather than a static decision.

This was certainly the case in the context of this research. Deidre McKay (2002) discusses the importance of what she calls the ‘contact zone’ to open up dialogue with participants. In her research in the Northern Philippines, on gender and economic development, social interactions such as getting coffee or going for walks with women were important in forming meaningful relationships with potential participants.

In this research whanaungatanga facilitated initial contact with women. Prior to most of the interviews, I met with women *kanohi ki te kanohi* (face to face), over coffee, a meal or play date with our children, to discuss the research, their involvement and the information sheet and consent form (see Appendix Three). I was also able to answer any questions that they had. For those women whom I couldn’t meet with face to face, I did this over the phone or via email. Establishing relationships prior to any ‘formal’ interview taking place was often a timely and involved endeavour but one that was considered fundamental to the *mana wahine* foundations of this study.

All women who participated in this research were given the choice of anonymity in the final thesis and publications. For women who were involved across the individual phases of the research this issue was negotiated at several different stages. At the initial interview women were asked if they would like a pseudonym or if they wanted to have their own name attached to their story. Once the data had been transcribed and analysed women were sent transcripts and ‘birth stories’ that summarised their narratives (as discussed later in this chapter). At this stage the question was again asked if women wanted to remain anonymous.

Giving women the choice to remain anonymous or not was an important consideration in the design of this research. Nevertheless, the provision of anonymity is not always straightforward. Given the intimate and personal nature of the research I was prepared that women may not want to be identified in the research. I was also aware that for this very same reason some women would want their name attached to their kōrero, they didn't feel it appropriate to be nameless in such an embodied, personal and spiritual story. As it eventuated, four women requested pseudonyms and the remaining women consented to their name being published. I was unable to contact one participant to follow up on her participation and thus have provided her with anonymity.

Given the extensive range of methods used in this research it was not imperative that all women participated in all methods. The full range of methods was offered to all of the first time mothers. All ten women participated in a semi-structured, in-depth interview (see Appendix Four for the interview schedule). The proceeding phases - solicited diary writing, self-directed photography and use of the online forum - were optional.

Only one woman took part in all of the individual phases of the research, others chose only to do the interview, while still others chose do to the interview and one other method (predominantly solicited diary writing). Table 4.1 provides a brief summary of participant details and the methods they engaged in the research (a list of key informants and wānanga participants are provided in Appendix Five). The use of 'secondary' methods provided multiple platforms for women to further describe and reflect on their experiences. Furthermore, and as Denise Bijoux and Jason Myers (2006, 47) state:

Different people experience the same events differently and giving voice to the experience of individuals allows viewpoints to be heard which may otherwise be silenced or excluded. That is, there are many different geographies and in response to this recognition, qualitative researchers like to tailormake their methods. Flexibility and adaptation of methods are seen as a key strength of a qualitative approach.

Paula Meth (2003) points out, however, that some participants will engage more fully with some methods than others. In addition, the use of some methods will necessarily require a certain level of ability, for example a certain level of literacy,

ability to use a camera, even the ability to communicate feelings, opinions and experiences (Dunn 2005).

I was cognisant of the fact that there would be limits to the time and energy that women would be able to dedicate to this research given the commitments that they have caring for a new-born baby, infant or toddler. Three of the mothers were single parents at the time of the research. The other women were in heterosexual relationships and living with their partners.⁶⁰ A number of women were working or studying part-time or full-time and had numerous other family, work, cultural and social commitments. Therefore, it was vital that I facilitated participation in the research without imposing on the already demanding schedules of women involved. That being said, one participant did reflect that the research was time consuming. In her feedback, she wrote:

It was time consuming – but a good process for me. I had been carrying a lot of ‘emotional’ baggage/pain/mamae [hurt] about some of the things that happened – this process gave me some release.

⁶⁰ This research does not explicitly examine issues of sexuality in relation to the birthing experiences of Māori women and whānau. It is acknowledged, however, that sexuality is an important consideration in understanding relationships between bodies, space and place. Avenues for further research that explicitly examine sexuality from a mana wahine or Kaupapa Māori perspective would be extremely valuable for furthering understandings of Māori maternities.

Table 4.1: Primary participant involvement in stages of research						
Name/Pseudonym	Age range	Iwi⁶¹	Interview	Solicited Diary	Photography	Online Forum
<i>Sarah</i>	30-34	Ngāi tai	✓	✓		
Marama	40-44	Ngāti Maniapoto Ngāti Porou	✓	✓		✓
Teah	25-29	Ngāti Porou Te Whānau a Apanui	✓	✓	✓	✓
Keri	25-29	Ngāti Awa	✓	✓		
<i>Maria</i>	20-24	Raukawa	✓			
Natline	30-34	Raukawa Ngāti Hine	✓	✓	✓	✓
Oramai	16-19	Tainui Ngā Puhi	✓			
Karina	30-34	Waikato-Tainui	✓	✓		✓
<i>Kelly</i>	30-34	Ngā Puhi	✓	✓		✓
Krystal	16-19	Tainui	✓		✓	

⁶¹ As identified by participants

Manaakitanga: interviews, diaries, photography and online methods

Interviews are recognised as the most common qualitative methods employed within geography (Kitchin and Tate 2000). Their usefulness still holds in that they enable participants to describe their lives and experiences in their own words. More than simply ‘talk’ or ‘chat,’ semi-structured interviews are a dialogue that can, to a large extent, be directed by participants (Dunn 2005). This was certainly the case in this research. Semi-structured, in-depth interviews were the common and consistent method throughout this research. Reframed through a mana wahine framework, they provided a wealth of rich, diverse and detailed information.

Manaakitanga, a principle based on care, support and hospitality, was built into all phases of this research. Enabling the practice of mihimihi (a speech of greeting, including who you are and where you are from), karakia, waiata and the use of te reo Māori by women ensured that they felt comfortable and spiritually safe participating in this research. Such practices also contributed to the establishment or reinforcement of whakapapa connections between me and participants, for example, finding familial connections through reciting our respective whakapapa.

For this reason, participants were also able to determine the interview location, time, and if they wanted anyone else present at the interview. Interviews were held in various locations including, my office, participant’s work offices, my home, and women’s homes, at a lake reserve, at a busy family restaurant during dinner service and at a marae. For the most part these locations were suitable, safe and comfortable spaces for both participants and myself, and for children when they were present. Sarah Ellwood (2000) argues that interview locations are micro geographies of socio-spatial relations and that geographers would be well placed to consider how these micro geographies contribute to understandings of relationships to place and space. The ‘where’ of an interview can set the tone and impact on the researcher/researched relationship.

Interviews that were carried out within ‘home’ spaces were unquestionably less formal. Most of the interviews were either in the lounge room or at the dining room table, although one was in a spare bedroom because there were a number of other family members in the communal spaces of the house. Often we moved between

spaces as was required by the woman in her work caring for her child. Despite the more informal nature of interviews 'at home' the ebbs and flows of power were ever present, for example women were often apologetic about their housekeeping or had gone to specific efforts to 'tidy up' for my arrival. Within the home space of participants I was also able to view items that were referred to in interviews thus giving life to the words that they spoke. While Sarah Elwood (2000) argues that this is useful for researchers, I would argue that there is also a power tied to being able to view personal items that may or may not support what a woman is saying. Therefore, for ethical reasons I have only drawn from formally recorded research information explicitly offered to me by participants. Further, during the interviews at my home and my office I was acutely aware of my own personal items on display, such as home birth books, artwork or even my selection of DVDs and music CDs, that may influence how much or little women may have shared with me. What this demonstrates is the inseparability of me as researcher from the 'research' including the physical spaces of research encounters.

Handing over some decisions to participants required a degree of flexibility on my part. Many of the interviews had to be rescheduled due to sick children or other work or family commitments. Most of the interviews were interrupted. A number of women were simultaneously caring for their children, other family were present in the house, or they were required to tend to other household matters. Also, there were some logistical challenges with regards to audio quality and transcribing with the interview at the restaurant and the lake reserve. Even so, in her evaluation questionnaire Marama noted that the lake interview location was "*relaxed, pleasant and outdoors – I was glad to get out of the house!*" Therefore, despite some difficulties (rescheduling, interrupted interviews and reduced audio quality, which in reality simply meant extra time on my part) allowing women to choose the location for the interview was crucial to establishing an environment of manaakitanga for women and their whānau.

Interviews were relaxed and informal in nature and while I had a schedule of questions (see Appendix Four) conversation was left to develop organically and the questions were used as prompts as necessary. In many cases women shared their birth story as they saw appropriate and then I followed up with a few questions for clarification or to explore further particular topics. All interviews, with the consent

of participants, were audio recorded and generally lasted between 30 and 90 minutes. Some interviews finished prematurely as mothers had to pick up children from childcare or tend to children if they were present. This would have been a problem had the 'research' ended with the interview. I was confident that the design of this research that relationships with participants would continue to be maintained beyond the interview. This enabled the research to continue and allowed women to add to the interview, informally or by way of a follow up interview, if they wanted to. I carried out two formal follow up interviews and followed up most other interviews with an informal 'catch-up'.

I also held interviews with 'key informants' who were Māori midwives. These interviews provide another lens on Māori maternities from women who were working in the maternity system and working with Māori women and whānau. The midwives were practicing in hospitals, homes and birthing centres. Interview topics covered their experiences of: the current maternity care system in Aotearoa; challenges for whānau through pregnancy and birth; and even their own personal birthing experiences. These interviews were a useful supplement to the participants' experiences of particular places of birth, the New Zealand maternity system, and a more general feeling of the challenges and possibilities of reclaiming tikanga in experiences of birth.

Offering a koha (gift) to participants was another way of fostering manaakitanga in the research process and reciprocating the gifts I received from women consigning their birth stories to me. I took food and drink with me to all of the interviews. In many instances women had prepared food for me if I was going to their home, a clear demonstration of participants' manaakitanga towards me. The giving and sharing of food is also important in making connections with participants. This point is made, at a broader iwi scale, by Ruth Panelli and Gail Tipa (2009, 463) who explain that: "the complex significance of foods in gift giving and *manaakitanga* holds a central role in intertribal relations". The value of sharing kai at the interviews was expressed by Sarah in her evaluation of the research. She says: "*the interview was at my home and interviewer brought lunch with her, giving a real sense of a warm and familiar environment*".

As well as a koha of kai I also took a hand woven kete to each interview which contained the information sheet, consent form, diary and pens as shown in the image below.⁶²



Figure 4-1: Hand-made kete given as a koha to participants

I was prepared to share koha, in the form of food and the kete with participants and this was an integral part of my methodology. What I was less prepared for, however, was the extent to which my story would be asked for, and at times offered, as an expression of manaakitanga and reciprocity to women gifting their story to me, which I discuss later in this chapter.

Solicited diary writing

At the end of the initial interview women were asked if they wanted to participate in other phases of this research. For those who agreed I provided them with a blank diary and pens or they could opt to record and reflect on their experiences electronically through email or through the online forum. If they wished to use self-directed photography and did not have a camera I offered to lend them a digital camera to use for two weeks. I provided women with a guide of general themes I wanted them to think about but for the most part the parameters of the solicited

⁶² All of the kete were made specifically for this research by my mother. Just like the stories of each woman, each kete was unique and specially made for each interview.

diary writing were left fairly open. This meant that I ended up with very different ‘results’.

Five of the women completed and returned to me hard copy diaries. One woman also included a birth story that she had written prior to the interview. Another woman gave me her birth plan and then rather than use the diary provided gave me typed extracts from her own personal diary. One woman provided me with her entire personal diary she kept during the time of her pregnancy and birth and said I could use what I wanted from this.

The benefits of diary writing have been discussed elsewhere (see Bijoux and Myers 2006; Latham 2010; Meth 2003; Morrison 2010). It is argued that they are less intrusive than other methods as the researcher is not present and thus it is assumed that participants will be more likely to ‘open up’. Karina reflected on the use of diary writing and when asked if she felt comfortable with the method, she replied:

Yes, I feel it was easy to ‘open up’ in writing form rather than discussing personal feelings (Feedback form).

This was not the case for Marama though, who explains:

I did have some apprehension as I had never let anyone read such personal information about me before – I did edit a few bits – I was conscious of trying to write well and in an understandable way rather than a stream of consciousness (Feedback form).

In some ways I would argue this method can feel quite intrusive – the tendency to ‘open up’ also meant that I found myself reading quite personal and intimate details that I am not sure I would have been told in an interview. In particular, receiving one woman’s entire personal diary to ‘sift’ through felt very intrusive despite her request for me to do so. I felt somewhat like a younger sister snooping through an older sister’s diary while she was out.

The proximity of the diaries to the present and the fact they are written in the context of the participants’ lives are also seen as advantages of the method (Bijoux and Myers 2006). In this research, however, women were writing about their birthing experiences months, and for some over a year, after the birth. This meant that for

some proximity was not so much the issue but rather reflection. Marama explains in her feedback form that:

A lot of the intensity of feeling about my experiences has reduced since then – so my diary entries need to be considered a ‘snapshot’ of my thoughts and feelings at that time (Feedback form).

Marama makes a useful point. Diaries are partial accounts of the rhythms and textures of lived and embodied experiences and should be considered as such. Despite this they do engender reflection, scrutiny and contemplation of one’s experiences and representation of that, however partial and momentary that may be.

Alan Latham (2010) makes the point that written diaries are highly variable and open. Paula Meth (2003) adds that the discontinuous nature of diary writing means that not only can the form and content of diaries vary between participants; it can also change with each entry. Carey-Ann Morrison (2010) identifies that even within an entry there can be a diversity of experience and emotion conveyed. In this research the form and content of diary entries are diverse. This was evident by the way the diary entries were written; some began ‘Dear Naomi’. Others wrote “Well ... where do I start? What a journey”. Many of the entries moved between talking to me, talking to their children, reflecting on the meaning of their experience, and stream of consciousness writing.

Yet in this diversity there was a common thread, all of the women shared their birth story. Some women wrote their birth story as a sequence of events. In her diary, for instance, Sarah, who birthed at home, moves through her birth story in chronological sequence:

Slow trickle of water started around 8:30pm ... by half ten intensified ... by midnight I was in the bath for an hour ... she arrived at say half 12 (Diary entry, February 2010).

Other women preferred to reflect on particular moments of their pregnancies and births. Teah included her birth story, whakataukī (proverbs), as well as artistic representations of her experience. Another woman, Karina, poetically describes her birth story. Following this, she concludes her diary with a paragraph under the headings provided in the diary guidelines: birth experience vs. expectations; reflecting on my identity as a Māori woman (see Appendix Six for diary guidelines).

This was true of a number of diaries and I can only assume that at the end of their writing women felt they ‘should’ cover what the guidelines suggested. Furthermore, a number of other women were apologetic about messy writing, not writing as much as they wanted or the writing being disjointed. In her diary Keri wrote in the top right hand corner:

Disclaimer: I apologise for the many spelling mistakes and messy writing from this point forward (Diary entry, April 2010).

This demonstrates that while removing some of the traditional power relations of researcher/researched relationships it seems the researcher is ever present in any research setting. This meant that my subjectivity still shaped what was written and perhaps importantly what was not.

It has also been argued that the reflection required by methods, such as diary writing can mean that in some ways participants are involved in initial analysis (Bijoux and Myers 2006). This is certainly the case in this research. For example Marama writes in detail her birth story from when she was 34 weeks pregnant to the birth of her daughter. She continued to write more under the headings:

Ōku whakāro mō te whānautanga mai o taku pēpi (my thoughts on the birth of my baby).

Ōku whakāro mō ngā kawa Māori, ngā tikanga Māori (my thoughts on Māori customs and protocols) (Diary entry, December 2009).

Under these headings Marama analyses the role of Māori cultural practices in her birthing experiences. She powerfully and eloquently knits together an analysis of the colonisation of Māori people, specifically of Māori birthing knowledges, with the emotional and embodied highs and lows of her own embodied experience.

In research on people living with HIV/AIDS in the Caprivi region in Namibia, Felicity Thomas (2007) notes that while the process of diary writing created negative emotions in participants many also found that the process relieved boredom, were therapeutic and validated their views. Several women in this research note, in their evaluation, that the process of diary writing made them relive many of the joys and pains of their experience but this did not necessarily result in any negative impacts. In fact, both Marama and Sarah found the process helpful to ‘work through’ difficult emotions. Marama reflects:

I found this process cathartic, insightful and therapeutic (Feedback Form).

Sarah says:

It [diary writing] was quite healing for me (Feedback Form).

I did not embark on this research with the explicit intention of ‘healing’ painful birthing experiences but the underpinning mana wahine principles of manaakitanga, whanaungatanga, rangatiratanga and decolonisation did, for some, create a space which otherwise may not have been provided to the women to critically reflect on and share their experiences of birth.

Photography

None of the women explicitly engaged with self-directed photography as a method in the research. Three women, however, provided their own personal photos taken during their pregnancies, birth and post-natally. In their evaluations a couple of women mentioned that they were unsure about providing images of such a personal moment. Other women were not sure about the ‘kinds’ of images that I wanted. Therefore while I provided guidance that photos could be of spaces, places or things that were important to their experience of birth, many women were unsure if photos should be of the actual birth itself.

The use of photographic methods has been increasing on the methodological radars of geographers (Rose 2010) and the photos that were provided by women in this research are valuable. Three women shared photos with me, one woman through the online forum and the other two provided printed copies of photos. Photos varied from the ipu whenua that had been prepared for the placenta, to photos of women during their pregnancies, to photos of their new-born babies. One woman even provided a link to a *You Tube* clip of her dancing pregnant to a Britney Spears song. Teah provided photos of her pregnancy, labour and immediately following the birth of her son and photos from the day they buried their son’s placenta. These photos are accompanied by a brief discussion about how she felt about her changing pregnant body and birth. Another photo she provided is of her heavily pregnant dancing in her pyjamas. The caption, accompanying this photo, reads:

This pic to me shows the funny side of me, I loved being hapū and still being young, and I tried to never let it get in the way of me being me and having fun (Online forum, December 2009).

While only a handful of women provided photos they provide another layer of rich and embodied information to this research. Self-directed photography can provide access to spaces and situations that might otherwise be inaccessible. In this instance, photos reinforced and gave life to the words that women shared.

Online forum

Geographic research using the internet is still in its infancy and has been used with mixed success (Madge 2012). Claire Madge and Henrietta O'Connor (2012) note that while it is unlikely that computer based methodologies will replace more 'traditional' face to face methods they provide interesting methodological possibilities. The online forum, like the photos, was also not utilised as much as I had anticipated. A number of women advised that they would like access to the online forum, however, only one woman utilised it for diary writing and uploading photos. A few women did, however, access the forum intermittently during the research.⁶³

The forum was established to enable women to participate in the diary writing and photography phases of this research 'online'. There were separate spaces where women could post diary entries and photos that would only be visible by me. Furthermore, the forum provided a means of communication and information dissemination about the progress of this research. The online forum provided secure access to women to view conference papers, publications and updates from this research. Consent forms and information sheets and the evaluation questionnaire were also posted on this forum (see Appendix Seven for a screen shot of the forum).

Online methodologies, within geography, are increasing. The complexities that can ensue, however, require careful consideration. There are ethical issues with establishing this kind of online research. Within the forum participants would be able to see who else had access to the forum and that there was space on the forum for participants to interact with each other. Therefore, I could not ensure complete confidentiality or that other participants would keep private the public dialogues.

⁶³ As administrator of the forum I was able to see when and if participants had logged in.

For this reason it was important to negotiate issues of privacy and confidentiality by providing a set of guiding principles that the women agreed to.⁶⁴ As it turned out these issues, while prepared for, did not surface partly due to the lack of participation on the forum. Despite this, the woman who actively used the online forum noted:

I would have liked more interaction with other participants on the online forum (Feedback form).

There is, I believe, potential value in such a forum for facilitating group dialogue.⁶⁵ Furthermore, the use of the forum as a means to keeping participants updated, used in conjunction with face to face methods, has proven useful in maintaining on-going communication with many participants and will continue to do so upon completion of this research.

The use of ‘secondary’ methods, diary writing, photography and the online forum, has provided for an interesting, and at times messy, process. All of the contributions, however, have added to the rich tapestry of information that make up this research. I take Gillian Rose’s (1997, 319) point that:

We cannot know everything, nor can we survey power as if we can fully understand, control or redistribute it. What we may be able to do is something rather more modest but, perhaps, rather more radical: to inscribe into our research practices some absences and fallibilities while recognizing that the significance of this does not rest entirely in our own hands.

As discussed above, one of the absences of my initial research design was providing for the birthing experiences of women and whānau who did not meet the ‘criteria’ for individual participation. Recognising this led me to develop and organise a one day marae based wānanga.

⁶⁴ Guidelines included:

- keeping information and discussions on this forum confidential;
- not discussing other participants posts outside of the forum;
- as I cannot fully ensure confidentiality if you do not want a comment to be repeated outside of the forum please do not post it;
- the forum will operate under the following kaupapa Māori principles:
 - a respect for all people and manaaki ki te tangata showing courtesy and reciprocity;
 - kaua e takahia te mana o te tangata – not trampling on the mana of others.

⁶⁵ This research forum has been used by the University’s computer support team as an example of using ‘Moodle’ for research purposes.

He wānanga mana wahine

It was with a firm grounding in mana wahine I went about setting up a one day, marae based wānanga. There was little, if any, guidance provided by methodological text books as to how to proceed with a wānanga such as this. The wānanga, perhaps like this research, falls into an in-between space in a number of ways. It neither entirely fits the conventions of a focus group nor of more participatory group methods. It was an open invitation to anyone who wanted to discuss experiences of mana wahine maternities (although advertising of the wānanga was directed towards Māori women). Further, my involvement was fluid as I moved in and through my roles as researcher, participant, mother, daughter, and descendant of the marae at which it was held.

The wānanga was held at my marae, Pikitū, in the South Waikato. The decision to hold the wānanga at my marae was a conscious and considered one. The marae is often considered the last bastion against the continued encroachment of imperialism on Māori institutions and culture (Salmond 1994). Perhaps more importantly, however, the marae is a space where tikanga and kaupapa Māori are taken for granted. Adelaide Collins (2005) notes in the space of the marae tikanga Māori are inherently built into any research process. As such the wānanga included a pōwhiri (welcoming ceremony), cup of tea and food to whakanoa (take away the tapu of the formal welcome), whakawhanaungatanga and poroporoaki (farewell).

It is important at this point to explain the use of the term wānanga. The term hui is a commonly employed term which is generally taken to mean to gather, assemble or congregate. In my understanding of wānanga I draw from Rose Pere's (1997, 44) description of hui:

The key qualities in regard to a hui are respect, consideration, patience, and cooperation. People need to feel that they have the right and the time to express their point of view. You may not always agree with the speakers, but it is considered bad form to interrupt their flow of speech while they are standing on their feet; one has to wait to make a comment. People may be as frank as they like about others at the hui, but usually state their case in such a way that the person being criticised can stand up with some dignity in his/her right of reply. Once everything has been fully discussed and the members come to some form of consensus, the hui concludes with a prayer and the partaking of food.

This description of hui embodies the general process used in the ‘group’ method for this research. The use of the term wānanga delineates a specific type of hui. Wānanga can refer to a space to meet, a place of learning, a seminar, a series of discussion and also tribal knowledge and more contemporarily is used to refer to tertiary learning institutions.

A definition of wānanga is provided in section 162 of the Education Act 1989 which states that they are:

characterised by teaching and research that maintains, advances and disseminates knowledge and develops intellectual independence, and assists in the application of knowledge regarding āhuatanga Māori (Māori tradition) according to tikanga Māori (Māori custom).

The Waitangi Tribunal (2005), in a report concerning the future of wānanga as tertiary education institutes, found that āhuatanga Māori is a Māori method of teaching that facilitates the delivery of education through Māori values and principles and thus wānanga are established to teach using Māori methods and in a Māori way to anyone who wants to learn in that way and by those methods. Importantly wānanga, while ancient in origin, are able to adapt to meet changing times and changing needs. In its findings, the tribunal points out that:

Rather than defining a closed – or any – set of subjects, or a closed – or any – set of targeted learners, āhuatanga Māori describes a Māori method of teaching that facilitates a community to give expression to its values and principles (Waitangi Tribunal 2005, 13).

By referring to this definition, I do not in any way want to suggest that the use of wānanga in this research is for teaching purposes in the western sense of the word. The discussion in the Waitangi Tribunal report about the characteristics of wānanga and the values and principles underpinning wānanga are useful, however, and are relevant to my use of wānanga as a ‘group methodology’. For these reasons, and given the academic nature of this research I feel that the concept of wānanga encompasses more than simply a ‘gathering’, ‘hui’, ‘focus group’ or ‘group interview’.

Within geography there is a noticeable lack of literature that I could draw on with regards to this wānanga. Focus groups are acknowledged as part of a geographer’s

methodological toolkit, however, they are limited in their discussions (Hopkins 2007). Much of the literature on focus groups or ‘group interviews’ is highly prescriptive and generally references the logistical considerations that should be taken into account such as location, number and make up of participants, length of focus group and role of the ‘facilitator’ (see Pratt 2002). Focus groups are generally accepted as group interviews that contain 4-10 people and they usually take between 1-3 hours often with more than one group being held (Pratt 2002). At the wānanga there were well over 30 people in attendance from various backgrounds. The wānanga was one day of hands on activities to which I took a relatively hands off approach in the facilitation of the day. Therefore, if I was to measure the wānanga against descriptions of group interviews or focus groups it would be seen as somewhat of a failure.⁶⁶

A small handful of Māori researchers have undertaken similar ‘group’ research. Adelaide Collins (2005) attended and held a number of hui at marae in her research on administration and management processes at the marae in the Waikato. She at times felt that her dual role as researcher and member of the marae created ‘confusing dilemmas’. Still, there is little methodological guidance pertaining to the use of wānanga in this way. I argue, therefore, that wānanga in this research stands as a Kaupapa Māori and mana wahine method that is valuable in its own right and offers important insights into the construction and production of knowledge and to understandings of subjectivity, space and place.

Focus group conventions often advise the researcher to ‘facilitate’ the group so that all participants are encouraged to contribute. Given the intimate and personal nature of this wānanga, it was important to me that women did not feel pressure to disclose anything they were not comfortable with but at the same time I wanted to ensure that discussion flowed throughout the day. For this reason the day was structured around two ‘hands on’ activities, mahi raranga (weaving) and making clay ipu whenua (containers to hold the placenta). I was fortunate to have two whānau members offer to share their knowledge about how to weave and make ipu with the women involved. Women divided themselves into two groups and each group

⁶⁶ Robyn Longhurst (1996) has discussed the feelings of failure that she felt when only two women attended the focus group she held.

participated in one of the activities while sharing their kōrero. This was extremely successful as it enabled women to be creative whilst at the same time creating a collective story about Māori maternities. I also provided blank sheets of paper that women could write on throughout the day if there was something that they wanted to share but did not feel comfortable to do so in the group setting.

There were a number of logistical challenges in carrying out such a method. For example, the relative isolation of the marae made it difficult to predict how many people might attend. Another challenge that the wānanga posed was ‘capturing’ the kōrero. Given the number of participants, the fact that people were moving about tending to children, making kete and ipu, and that there were multiple conversations happening at any one time recording was challenging. Several audio recorders were placed amongst each group; however audio recordings are patchy at best. Despite this the kōrero that was formally ‘captured’ is extremely rich and is invaluable to this research. What was even more difficult to capture, however, was the wairua of the day. The atmosphere of manaakitanga, aroha and sharing that women created was completely humbling and inspiring. Trying to ‘capture’ that atmosphere is nearly impossible. This is something that has also been expressed by geographers discussing emotional geographies and geographies of affect. Liz Bondi (2005, 1) explains that there are “difficulties in communicating the affective elements at play beneath the topographies of everyday life”. As a result, she argues: “geography has tended to deny, avoid, suppress or downplay its emotional entanglements”.

Women agreed for me to take photos to document the day and for these images to be used in the thesis, a few of which are provided in Figure 4.2. Photos coupled with the audio go some way toward capturing the richness of the day. There are some moments captured on audio recorder, some on camera, some in my memory and in the memory of those who attended but some moments remain in the time and space of the wānanga and I think rightly so. This, I believe, speaks to the momentariness and partiality of the construction of knowledge. Feminist geographers acknowledge that this can be difficult to grapple with when you are embedded in an institution that is geared towards providing evidence that is clear, accurate and captured in a specific way. I argue, that the kōrero shared within the space of the wānanga is valid and useful whether clearly recorded or not.

Focus groups have been said to remove some of the traditional researcher/researched power relations and make that relationship more open and ambiguous (Pratt 2002). My ‘authority’ as researcher ebbed and flowed throughout the course of the wānanga. For example, when asked why they had chosen to attend a number of women said that they had come to the wānanga to *‘learn off Naomi’* and the process of introducing the research and going through the information sheets and consents forms reinforced my ‘authority’. The use of audio recorders and cameras also served to re-inscribe my role as researcher. Furthermore, as Adelaide Collins points out (2005, 29) “the usual technological paraphernalia used in interviewing (such as tape recorder or video camera) has a pronounced strangeness at the marae. The presence of technology served as a reminder of the wider modern world of which the marae is a part”.



Figure 4-2: Photos from wānanga

One particular moment that illustrates the power relations entangled in the wānanga can be seen in a dialogue between me and a young cousin, who asked:

K-lee: Are you the boss of the marae?
Naomi: No.
K-lee: Oh yeah Nan is eh?
Naomi: Yeah pretty much.
K-lee: Well then are you the boss of today?
Naomi: Well I wouldn't say boss, bub, but I guess so.

Although this is a somewhat light hearted exchange between me and a curious seven year old, this interaction made me critically reflect on power in the setting of the wānanga and wider still of the research. In holding the wānanga I wanted to displace traditional researcher/researched relationships. As such, I handed most of the rest of the day over to two cousins who facilitated the workshop groups. They engaged with the women in a way I am not sure I could as 'researcher' and were integral to the overall success of the day. In addition, the 'hands on' element to the workshop meant that women had something to 'work on' whilst talking and discussion flowed relatively easily. I was aware that discussion may 'dry up' and therefore I put up a few themes on a whiteboard which stood in the corner of the room that women could discuss if they wanted. Despite the facilitation of the workshops by other women there was no escaping I was imbued with power and this is reflected in comments made during the day like '*bub, what do you mean by whare tangata?*' or '*quick we better talk about whare tangata or we might get in trouble*'.

There were other moments when my role as 'researcher' was forgotten or was less important than my role of mother, sister, niece, aunty and dishwasher. At the heart of feminist geography is an awareness of power relations and the need to be sensitive to the multiple webs of power that we are embedded in (England 2006). Power was absolutely entangled in the space of the wānanga. That being said, I argue that the wānanga disrupted the traditional power relations between researcher and researched through the spatial politics of being held at the marae, through the use of hands on activities, and by the atmosphere of whanaungatanga and manaakitanga that was created. This was reflected in evaluations provided by wānanga participants. One woman wrote:

Today was very special, humbling ... thank you for a day filled with knowledge and sharing from all, and all the beautiful tamariki (Wānanga evaluation, September 2010).

I was completely humbled by the willingness of women to share so openly. The presence of so many children was also important as they were being included in and exposed to mana wahine knowledges and kōrero that will shape their lived realities. Further, the men who came quietly supported the women and children throughout the day, making food for us, cleaning up and at times contributing to discussion. Throughout the course of the day I was witness to women of all ages (there were four generations of women from one family) weaving, making ipu, talking, laughing, crying, caring for their children and whānau, making connections, and ultimately performing mana wahine. We made ipu whenua by each adding a clay coil. We made woven kete strand by strand. The finished products (as can be seen in Figure 4.2) are symbolic I think of the co-creation of mana wahine knowledges through the wānanga. This collective story about Māori birthing adds another layer to this research that complements the individual stories shared in this research.

The wānanga demonstrates the importance, for wāhine Māori, of sharing their experiences and stories, as a means of collective knowledge construction, teaching and learning. What struck me was the delicate and sensitive way that women were able to weave together a sense of shared experience across their differences. Furthermore, the atmosphere of manaakitanga, aroha and laughter that was engendered in the wānanga was inspiring and transformative. The wānanga is further evidence that, given the time and space, mana wahine knowledges do exist, are performed and are shared amongst women and whānau.

Furthermore, the wānanga reveals a number of exciting methodological possibilities. Ultimately it provides a space controlled and defined by Māori women to talk about our experiences of maternities. The wānanga, and indeed this research, confirms that mana wahine maternities exist, in a variety of textures and an array of shades in the lived, embodied, spatial and spiritual experiences of women and their whānau. The wānanga is an example of what Renee Louis (2007, 137) refers to when she says “Indigenous methodologies can invigorate and stimulate geographical theories and scholarship while strengthening Indigenous peoples’ identities and supporting their efforts to achieve intellectual self-determination”.

Despite the challenges and anxieties women at the wānanga were extremely forthcoming in sharing their experiences and as such the wānanga generated a wealth of information, including over six hours of audio recordings and over 100

pages of transcribed material. Combined with the information gathered through the individual phases of the research and the key informant interviews the breadth and depth of ‘data’ is immense.

Rangatiratanga: analysis and representation

The wealth of material produced by qualitative methodologies can, at times, be overwhelming. Meghan Cope (2005) suggests analytical tools can be useful to manage and organise the vast amounts of information that can be gathered through qualitative methodologies.⁶⁷ Therefore, organising and analysing the immensity of data gathered as part of this study is “not an ineffable and mysterious process but neither is it a case of painting by numbers” (Crang 2005, 219).

The mana wahine methodology developed in this research is not tied to a particular method of analysis. It is paramount, however, that as much as possible the mana and wairua of the information shared by participants is retained through the chosen method of analysis. Therefore, the analytical process employed in this study has involved an iterative process of reduction, organisation, thematic analysis and verification. Furthermore, the mana wahine epistemologies of this research mean that rangatiratanga by participants over their knowledges is retained, as much as possible. For these reasons my methodology incorporates a number of elements that enabled participants to review, reflect on, verify and hopefully maintain a degree of rangatiratanga over their knowledge. This is important because ultimately “it is the researcher’s (mis)understandings that will be represented” (Bennett 2002, 157).

All interviews and the wānanga were transcribed in full.⁶⁸ Initial analysis of this information came through immersion in the material – both the audio recordings and written transcripts and diaries. I went through each audio recording at least three times. Firstly, I listened for the tone and ‘feel’ (the wairua) of the interview

⁶⁷ I decided against using qualitative data analysis software. I agree with Mike Crang (2005, 222) that “a common misapprehension is that in some way the programs do the analysis for you, or produce some sort of concrete results, or for that matter ‘results’ at all. The results are the connections, patterns and explanations *you* [researcher] draw out of your materials - not something produced by the computer.” I recognise, however, the usefulness of such programs for the organisation and storage of materials.

⁶⁸ Due to time constraints ten of the interviews and the wānanga recordings were transcribed by a professional transcribing company. I was privileged in that I was able to pay for this service. There are some researchers who argue that transcription should be completed by the researcher so they are completely immersed in the material. While this is the ideal, like Kim England (2002) I dispute the fact that immersion can only be achieved through transcription. I have immersed myself in the material regardless of not completing the transcripts myself.

and this was when I first noted key topics and themes that were emerging. The second time I listened enabled me to reflect on the researcher and participant interactions. The third helped me to develop further the themes and connections but also the contradictions *and silences* across participants' stories. For those interviews that weren't transcribed by me I listened to the audio recording an additional time to check the accuracy of the transcript. The transcripts, diaries and photographs were also examined repeatedly and in depth in order to build on the themes that were emerging. In addition, I created a précis of the wānanga transcripts – because of the fragmented nature and the long duration of the audio recordings the transcripts were extremely long and disjointed. The précis involved editing out the inaudible and irrelevant (i.e. discussions over when lunch would be ready) material and provided a useful way of reducing, summarising and analysing the kōrero.

To deal with the large amount of interview material gathered for her doctoral research with Māori teachers working in mainstream schools in New Zealand, Jenny Lee (2008) employed 'pūrākau' as part of her methodology and analysis. In te ao Māori, pūrākau are conceptualised as carefully crafted stories, often seen as myths and legends. She argues that pūrākau can be stories, historical events, or particular incidents portrayed to an audience. Jenny Lee (2008) created an iterative process with participants to co-construct individual pūrākau (stories) that focus on specific moments or events. These pūrākau are then used to draw out key themes in her analysis of Māori teachers' experiences.⁶⁹ I do not have the time or space in this research to enter into the intricacies of pūrākau as a methodology, but to say that it is an exciting development in Kaupapa Māori methodologies and one that provides for the co-construction of knowledge between researcher and participants.

In a similar vein, for each of the ten first time mothers that participated in the individual components of the research I went about a process of constructing a 'summary story' or kōrero whakawhānau. Using their own words from the interview, diary and photos (when provided) I summarised what I understood to be

⁶⁹ Jenny Lee includes each pūrākau in their entirety at the beginning of each of her substantive chapters. While I acknowledge the value in presenting the stories in their entirety within the thesis, being able to do this for 31 women (or even ten) is not possible in the space of this research. I am highly cognisant, however, that in my analysis and representation of the material I do not simply 'mine' participants' stories for the ready quote. I attempt to walk a fine line between representing these rich and insightful stories in a manner that retains the mana of the whole, the whole story and the whole person, whilst at the same time drawing out the key themes, including commonalities and inconsistencies.

the main strands of their kōrero. This was a useful (albeit time consuming) process as it enabled me to become intimately familiar with the detail of each story but also to reduce and organise the vast amounts of data. These stories became the starting point for interrogating meanings of maternity for women and whānau.

Once these ‘stories’ were complete they, along with the full transcripts, were sent back to participants to review, amend and edit (see Appendix Eight for information form sent with summary stories). This was crucial to the mana wahine epistemology of this research, for as Fiona Cram (2001, 49) states:

as researchers we carry the responsibility of re-presenting the realities of our participants to wider audiences and we need to take that role seriously. The opportunities for mis-communication will always exist unless we proceed with caution.

Some wāhine made a few changes but nothing substantive and in fact the response to the ‘birth stories’ was overwhelmingly positive. After reviewing the story created for this research Karina wrote:

The story is a fantastic taonga [treasure] that we (her parents) and I am sure she herself will treasure for years ahead. You have interpreted my birthing experience so well (Feedback Form).

Once assured that the stories were ‘accurate’ they were printed and bound, as were the key informant transcripts and the wānanga transcripts and summary. I then went through the material and noted similarities that were emerging across women’s stories and annotated memos were added in the margins. I used theoretical memos (emerging themes, contradictions and new ideas); methodological memos (ethical dilemmas, concerns about process) and analytical memos (preliminary summaries and connections) (see Marshall and Rossman 2006). Blocks of text were distinguished using coloured highlighters and then each theme was then given a separate file. Some themes were broadly described, for example the role of spirituality and the importance of whānau which could encompass a number of examples from participant’s narratives. Others themes were more specific – the practice of returning the placenta to the earth, the use of karakia, the naming of babies. Important to the organisation and analysis of the material was the place where women birthed – for this reason material was interrogated to look for consistencies across experiences of hospital, birth centre, or home. The differences

between birth places, however, were equally as important and telling and these were also noted. Key informant interviews were useful in this respect in that it was possible to, at times, verify or contradict accounts of birth place presented by women. For example, women's discussion of hospital policies about specific practices were confirmed by midwives working in a hospital setting.

In my analysis of the material I also searched for contradictory statements or narratives that held in tension the experiences of women. For example, there were striking differences between women in their naming decisions as can be seen in Chapter Eight. Another example can be seen in the differing understandings and performances of 'traditional' practices such as returning the placenta to the earth and use of karakia.

I explored commonalities and inconsistencies across women's stories, key informant interviews, the wānanga, as well as material gathered from popular media, other wānanga and hui and my own experiences. Analysis didn't, however, stop with my reading of the material. Within this thesis the analysis and representation of material has required on-going negotiation with participants, through review and verification of 'birth stories', follow up meetings, and evaluation questionnaires to ensure that I have understood and represented their stories appropriately. That being said, I am cognisant that gathering and analysing data in this way does not "offer researchers a route to 'the truth' but they do offer a route to partial insights into what people do and think" (Longhurst 2010, 112). In other words, the partiality and momentariness of narratives in this research brings to bear the situated, temporal and spatial nature of knowledge production but also of mana wahine maternities itself.

The creation of 'birth stories' and summaries was incredibly valuable, I believe, because it enabled me to retain the mana and wairua of participants stories whilst at the same time offering my own reading of them. Further, the stories highlight the ways in which as listener, reader and researcher my understanding is inextricable from the way the story is told and retold. That is, women's stories are constantly being presented through the cultural and political interpretations of the author. I would extend this argument and suggest that the stories presented in this thesis are also reinterpreted through the embodied, cultural and political lens of readers.

Ko au, ko koe, ko māua⁷⁰

The task of collating and sharing the stories in this research brings with it immense privilege and responsibility. As Nepia Mahuika (2012, 66) explains in claiming whakapapa connections to participants you are undertaking a “reciprocal assertion of self-determination and accountability”. Therefore, it must be remembered that ultimately I am the author of this story and no matter how iterative this research may claim to be the final ‘telling’ of the story lies with me.

Feminist geographers have been at the forefront of the struggle to displace the hegemony of disembodied, objective and ‘neutral’ research. Joanne Sharp (2005, 307) argues, however, that “despite the significance of the embodied challenges of the field (often physically or emotionally overwhelming at the time), this is often silenced in the written and presented accounts of methodology which tend to focus on the formal aspects of project design and implementation”. Similarly, Hine Waitere-Ang (1998, 225) points out that:

The majority of research continues to leave the author out of the text. This omission is not the result of forgetfulness, but rather a form of selective amnesia, reflecting the assumption that to present a report that will be deemed convincing and legitimate, the subjective must be subjugated.

My story is absolutely and inseparably entangled in this research. A few months into this research I became pregnant with my first child. My pregnant puku (stomach) developed and grew alongside my research and my daughter was born eight months after I began my PhD. She came with me to many interviews, conferences and supervision meetings. As many people have been quick to point out, I have, quite literally, been living my research.⁷¹ Thus, my embodied

⁷⁰ This translates as ‘me, you – us [not including the reader]’ and is used to refer to the mutually constituted nature of knowledge by participants and myself in this research. As discussed in Chapter Two, however, ‘we’ and ‘us’ in Māori terms is a highly relational concept. Therefore, māua or mātou could be used to refer to ‘we’ not including the person being spoken to, depending on the situation of the reader. Equally though, tāua or tātou could be used to include the reader in ‘us’ – ‘we’ researcher, participants and readers.

⁷¹ I have been asked if I got pregnant so that I would ‘know what it was like’ for my participants. Upon reflection, I think it would have been extremely difficult to do this research had I not been through childbirth myself but I can confidently say (as anyone who has been through childbirth themselves would understand) that birth is not something that one would simply ‘try out’ for the sake of research. As I write this, however, it feels somewhat like ‘coming out of the closet’. I do not share this as simply a confessional that I too know what it is like to birth and be a new mother. This is not merely a form of navel gazing (excuse the pun) or an attempt to privilege my own story, as is often the assumption with the inclusion of autobiographical material (Moss 2001). Rather, I seek to

subjectivity (and that of my daughter's) has undoubtedly constituted, and I would argue been constituted by, this research journey.

My embodied subjectivity as a Māori woman who was at various times during the research, but not always, pregnant, breastfeeding or mothering has impacted on this research in numerous ways. I also acknowledge that it is impossible for me to know fully the way this research has taken shape because of this. One of the problems lies in the impossibility of “a transparently knowable self, separate from its transparently knowable context” (Rose 1997, 314). In saying this, Gillian Rose does not advocate that we simply revert back to writing seemingly authorless texts. On the contrary, she points out that we need to work with the worries and uncertainties of the fallibility of reflexivity and positionality thereby demonstrating the constitutive rather than merely reflective nature of research.

Feminist geographers have reflected on the ways in which researchers ‘disclose’ information about themselves to ‘build rapport’ or to claim points of sameness to make participants feel comfortable to tell their stories (Valentine 2002). Feminist geographers have employed various techniques to establish relationships with participants from taking their own children along to interviews to sharing their own stories and experiences (Besio 2005).

My journey to motherhood has occurred alongside and at numerous times has intersected with this research and the impact of my maternal body has had very tangible impacts. My corporeality provided a fairly obvious starting point to meet and establish relationships with women. There have been some obvious benefits. Being pregnant enabled me to gain access to other pregnant women through antenatal groups, midwives and other ‘mum to be’ support groups that I may not have had otherwise. My pregnant stomach also provided a conversation starter and on numerous occasions participants would ask about my pregnancy, for example when I was due and who my midwife was, before we began the ‘formal’ interview. In this way my pregnant corporeality provided a discussion point to ‘warm up’ to the interview and establish rapport.

understand my privileges and attempt to make visible the power that was/is imbued in my pregnant, birthing and postnatal body and attempt to reflect on how this has shaped and been shaped through the research process.

Hearing the specific details of participant's births - about pain, things that went 'wrong', and about the maternity care system - raised anxieties for my own birthing experience. I asked myself if I was doing the 'right' thing in my own decisions. Thus, not only did my pregnancy impact upon my participants but participants' stories also impacted on my preparations and experience of birth. My embodied experience is so completely woven into the research, in material, discursive and symbolic ways, and vice versa.

The very concept of whanaungatanga means that researchers will inevitably share something about themselves in research interactions. For example, I was prepared and saw it as necessary to share something of my whakapapa (where I am from, my marae, whānau, hapū and iwi connections) with participants. I was less prepared, however, for the extent to which I would be asked to share information about my own pregnancy and birth. There were numerous situations where participants asked about my values surrounding pregnancy and birth. This required careful consideration on my part. Responding to questions about my views on home birth vs. hospital birth, natural vs. assisted or caesarean section birth, on breastfeeding and on mothering practices more generally raised anxieties and challenges for me as a researcher.

There were instances where my values aligned with those of participants and in these instances this was not so much of an issue. If this wasn't the case, however, I had to negotiate tricky terrain. Entering into this research I was aware of the diversity of birthing experiences that I would encounter and it was important for me that the women involved did not feel any expectations on my part that there was a 'right' or 'wrong' way to birth. Throughout various interviews I was asked numerous questions about my experience or thoughts on particular issues. For example:

Do you have the same thing with your child, like do you take her back to your Marae?

Would you ever try and get back into it [te reo Māori] or do you try and teach your child, like tūturu [authentic] Māori?

These questions prompted me to question my role in research interactions. I was at once mother and researcher. Negotiating research relationships cognisant of these webs of power was at times tricky. I feel that I was able to, carefully and sensitively,

respond to the majority of requests for my opinion or perspective in a way that upheld the mana of women's birthing experiences. The mana wahine epistemology of this research enabled me to account for the full range of women's experiences that I encountered while at the same time recognising that my experience and values about birth are valid for me. Rather than impose my views on women I attempted to reflect back to them that their experience was important regardless of my own values and opinions about birth.

Emotions are often seen as disruptive to research but are at play at every stage of the research process (Bennett 2004). Given the intimate and personal nature of this research a raft of emotions, joy, fear, guilt, anxiety, anger, happiness, sadness, were discussed by women in interviews, diaries and photography. There are moments in each of the interviews where women expressed pride, happiness and laughter. There were also moments, however, where talking about a particular topic caused some women to become visibly upset. One woman spoke of the difficulties she faced as a Māori woman in her journey to become a midwife, another woman became teary when she spoke of the emotional challenges she faced throughout her pregnancy. Four of the ten women also touched on previous miscarriages and two on their decisions to have an abortion prior to the birth of their children which caused some to be tearful and others to be silent. I did not want to cause any emotional harm to these women and in all instances took time to ask if they wanted to stop the interview, stop the audio recorder, change the topic or simply take a few moments. All of the women said that even though it was upsetting they wanted to share these moments as they were important to their stories. We proceeded but I ensured that women had adequate time and space for reflecting on these emotionally difficult moments.

The ability for women to share how this research has impacted on them and any emotions that the research may have stirred up was important and the evaluation questionnaire has provided me with some valuable reflections on this. I asked if being involved in the research had any positive or negative effects on their lives. Sarah notes:

Positive - absolutely. Talking to you has enabled me to reflect and in doing so I have been able to be more compassionate to what was happening at the time of baby's arrival (Feedback form).

Marama also responded noting:

It (research) helped me to clarify my own feelings about my experience and process my thoughts – and ultimately to let go of some of the painful stuff (Feedback form).

I do not want to over inflate the positive impacts of this research by claiming in any way that I have ‘changed lives’, by the same token, however, it is rare that Māori women are provided with the space to reflect upon and share their stories. Linda Smith (2012, 19) explains so eloquently why sharing is an important part of mana wahine when she says:

Sharing is a good thing to do; it is a very human quality. To be able to share, to have something worth sharing, gives dignity to the giver. To accept a gift and to reciprocate gives dignity to the receiver. To create something new through that process of sharing is to recreate the old, to reconnect relationships and to recreate our humanness.

By maintaining relationships with most participants after the formal research was over it was possible to observe and discuss any potential impacts following the interview and beyond. After each interview I followed up with a phone call or email to express my gratitude and also to see how participants were more generally. I also met with participants for a follow up discussion, not always formally recorded, following the completion of their diary, or for those who did not complete a diary within a couple of months of the initial interview. The commitment to maintaining relationships with participants was based on my personal and intellectual approach to knowledge and my knowledge and understanding of mana wahine epistemologies and methodologies. This process, however, was emotionally and spiritually challenging because it required my prolonged and intimate engagement with not only the broad challenges facing Māori women but also at times the personal challenges of women themselves.

Throughout this PhD, and I anticipate beyond its completion, I have kept in contact with participants at various stages, returning transcripts, the summarised kōrero, discussing anonymity, enquiring about their babies, studies, work, and lives in general. Further, I have attempted to maintain open channels for participants to contact me. A number of participants did call on me for a number of reasons, some unrelated to the research itself. I have been asked at various times during this

research to proof-read a participant's master's thesis, attend children's birthday celebrations, help with workplace seminars, and to offer my perspective on a range of different parenting issues. The responsibility engendered by my use of whakawhanaungatanga in this respect is nicely depicted by Fiona Cram (2006, 40), who says:

at the present time an overriding responsibility within the analysis of talk is the relationship wrapping within which the research is conducted ... research is more than a meeting of researcher and participants; people come together within relationships, within whanaungatanga. This relationship extends beyond the end of a single research project and embodies accountabilities and respect that Māori researchers are usually very aware of.

One of the most emotionally and spiritually challenging moments of this research, in fact of my life, came when my best friend Keri (who also happens to be a participant in this research), lost her son Chace to leukaemia. After battling leukaemia for over 18 months, three and a half year old Chace passed away on the 15th June 2012. Out of respect for Chace and his family I held off writing the birth story of Keri, Ryan and Chace for quite some time. How do you write about the birth story of a little boy who so young lost his life? How do you continue to analyse the words of a woman whose experience of birth will forever be transformed by death? How do you continue to write through the cloud of tears about the boy who you loved so dearly and who was taken so prematurely from this world? How do you continue to write his mother's story whilst at the same time trying to support your best friend through such a devastating time?

The short answer is you don't. I didn't. I ceased writing. This thesis quickly became insignificant. With some time and after much reflection and introspection, however, my decision to leave out Keri, Ryan and Chace's birth story didn't seem 'tika' or correct. To my mind Keri's experience of birth is still as valid, rich and powerful as it ever was. The story of how Chace came into this world is still important, even more so, despite him being so wrongly taken from it. Chace taught me more about birth, life, struggle, happiness and home than my entire academic career thus far and if the story of his birth can transform the birth experiences for other women and their babies I think he would still want it told. Ultimately, the decision had to sit with Keri and I would manaaki (support) that decision absolutely either way.

Therefore, it is with her consent that I share this information and it is with her consent that I continue to share her's and Chace's birth story in this research.

The emotional challenges of research, and of life more generally for both researcher and researched, inevitably impact on the research process. This is, however, difficult terrain to negotiate. I agree with Gillian Rose (1997, 317) that within research:

There is also a much more fragmented space, webbed across gaps in understandings, saturated with power, but also, paradoxically, with uncertainty: a fragile and fluid net of connections and gulfs. Seen from this perspective, the research process is dangerous. It demands vigilance, a careful consideration of the research process: another kind of reflexivity, in fact, but one which can acknowledge that it may not be adequate since the risks of research are impossible to know.

It is with a firm grounding in the concepts of whakawhanaungatanga, manaakitanga, aroha and rangatiratanga that I have been able to navigate the emotional highs and lows, the uncertainty and anxiety and the embodied interactions that research of this nature inevitably have.

Conclusion

This chapter discusses the methodological processes employed in this research. I demonstrate the ways in which principles of whanaungatanga, manaakitanga and rangatiratanga reorient more conventional qualitative methodologies towards the mana wahine epistemologies of this study. In doing so, I challenge the hegemony of scientific, rational and supposedly objective methodologies as the only means to produce legitimate and robust knowledge. I also tease out some of the ethical issues that I was presented with as well as reflect on the ways in which my own embodiment and emotions shaped, and were shaped by, research interactions.

Women, in this research, have creatively and critically woven richly textured and colourful stories about their birthing experiences and have gifted these to me to use in this research. It is through a mana wahine framework that I believe I am able to (re)present the birth stories of women in a way that upholds the mana of their stories whilst at the same time decolonising the research process by shifting dominant expectations about who can produce knowledge and how.

In the chapters that follow I knit together stories shared in this research around four main strands – living colonialism, intimate entanglements, transforming the spatial politics of birth and reclaiming the collective spaces of maternities. I use women’s narratives to highlight the multifarious ways in which birth is performed and meanings of maternity are made for Māori women and whānau. In doing so, I hope to contribute to the relatively empty pool of geographic, and wider academic, literature pertaining to mana wahine maternities. But more so, I hope to demonstrate the possibilities to the lived and embodied birthing experiences by reconfiguring birth and maternities from a mana wahine perspective.

In the following chapter, I begin by exposing the ways in which colonialism is lived, embodied *and resisted* by women and whānau in their experiences of birth. The silences and shame that cloaks the maternal body, as a result of colonialism serves to further marginalise Māori women and whānau in their experiences of maternity in Aotearoa. Importantly, however, instances of resistance, resilience and reclamation are evident throughout many of the narratives and speak to the power, strength and endurance of mana wahine knowledges.

Chapter Five - Living colonialism: shaping silence whilst breaking it⁷²

Colonisation has undoubtedly transformed geographies of birth in Aotearoa New Zealand. In Chapter Two, I discuss some of the ways colonialism sought to dismantle mana wahine maternities, namely through the imposition of Christianity, the institutionalisation of birth and the outlaw of Māori experts and intellectuals pertaining to birth. These changes continue to be lived, experienced, embodied, negotiated and resisted in various ways by wāhine and their whānau today. Colonialism, then, is on-going. It is an ever-evolving system of ideologies, processes and practices that continue to inform, and be informed by, Māori women's realities.⁷³

This point was made by a number of geographers (myself included) at the Association of American Geographers Annual Meeting 2012 in New York City. A number of sessions were organised under the title "Living Colonialism" in which geographers (indigenous and non-indigenous) provided a critical analysis of the ways in which colonialism is lived and experienced, in the 21st Century, by different indigenous communities around the world. In the 'call for papers' session organisers stated that "colonialism is also living and extant, comprised of active, evolving, not-yet-complete, and ever-present practices, it is a continuing endeavour that continues across myriad geographies" (De Leuw and Hunt 2011, 1). This argument is not lost on Māori scholars, who repeatedly illustrate how colonialism is made and remade in the lived realities of Māori (and non-Māori) in Aotearoa.

In this chapter, I discuss the ways Māori women 'live colonialism' in their experiences of pregnancy, childbirth and mothering. More specifically, this chapter examines how colonialism manifests in, and through, the silences that surround

⁷² The title of this chapter is a reference to a statement made by Toni Morrison in the afterword of her novel *The Bluest Eye*. The novel is about a young black girl who desires to be white with blue eyes. As such, the girl experiences self-hatred in her longing to be different. In relation to internalised racism, sexual abuse, Toni Morrison explains that she seeks to "shape a silence while breaking it" (1970, 216).

⁷³ Colonisation has not simply impacted on Māori in this country and while the impacts have been particularly devastating for Māori further research on the fluidity of and between colonisers and colonised subjectivities, from a non-Māori perspective, is potentially rich in disrupting binary thinking. We are particularly well placed here in Aotearoa to do this work as many non-Māori share embodied connections to space and place, many of whom are connected to and supportive of Māori rangatiratanga.

mana wahine maternities. I argue that women, and their whānau, experience the colonialism of political, legal and social institutions but they also face, what Moana Jackson (2011, 73) calls, “the little every day colonisations which manifest wherever you turn in this country.” This can be felt in a look, a stare, a comment, a roll of the eyes – making one feel hyper-visible. It is also revealed in what (and who) is not seen or heard – in the invisible and the silent.

In what follows, I listen for the voices of our tūpuna within participants’ stories. First, I bring to bear the silence that many women encounter in their search for mana wahine maternal knowledges. There was an overwhelming desire by *all* of the women to know more about whānau, hapū and iwi pregnancy, birth and mothering knowledges. For many women in this research, however, there was a notable silence within their whānau about ‘Māori’ birthing. I move on to discuss how traditionally it may not have been necessary for our tūpuna to vocalise this knowledge because they lived it. There is compelling literature to suggest that mana wahine knowledges were known implicitly within whānau, hapū and iwi. On the surface then, this way of knowing could be one explanation for the relative silence that surrounds birth. To leave it at this, however, fails to account for the assault by colonialism on nearly all aspects of mana wahine maternal knowledges. In other words, I do not believe this silence to be benign.

The bulk of this chapter, then, is dedicated to revealing the darker sides of silence. I consider the fragmentation of mana wahine knowledges caused by colonialism. The worlds and words with which mana wahine maternities were traditionally known have been marginalised, oppressed and in some cases outlawed, leaving women and whānau bereft of a language that speaks to the power, tapu and mana of the maternal body. The internalisation of colonial discourses see a number of participants experience whakamā (be ashamed, shy, embarrassed) and mamae (pain/hurt) at their perceived ‘lack’ of knowledge pertaining to mana wahine maternities. What is more, many wāhine relive the hurt and whakamā of their mothers and grandmothers – who were made to feel that their experiences weren’t ‘good enough’.

I move on to consider the ways in which the collectively produced knowledges of traditional Māori communities have all but been destroyed and the ways in which birthing knowledges become ‘known’ by women today is dramatically different

from former times. As such many women and whānau are trying to find meaning in the words, stories and experiences of others. What was the domain of whānau, kuia, atua and spiritual guardians is now almost entirely located in the hands of midwives (many of whom are non-Māori)⁷⁴ and doctors (many of whom are non-Māori and male).⁷⁵ In many cases expressions of mana wahine maternal knowledges within the spaces of mainstream maternities are posited as ‘inappropriate’, ‘wrong’ and even ‘shameful’.

To conclude the chapter, I offer a brief commentary about silence as resistance. It is argued that there is a difference between silence that cannot talk and silence that will not talk. Further, childbirth has, for many participants, been the catalyst required to break the silence encountered in their own search for mana wahine knowledges. Women are resisting voicelessness to ensure that their children will not have to struggle in the same ways they have. In doing so, they are involved in decolonising the spaces of maternities in Aotearoa.

It is important to note, at this point, that Chapters Six, Seven and Eight also address colonialism as it is lived and embodied by women in this research. Chapter Six, for example, examines the impact of Christian and patriarchal ideologies on understandings of the Māori maternal body and chapter seven discusses the spatial politics of birth and brings to bear the ways in which colonialism can be experienced through birth place. The focus of these chapters, however, is directed towards reclaiming mana wahine geographies of birth that can serve to decolonise understandings of the maternal body and experiences of birth place.

This is an important point. From a mana wahine perspective colonialism is not *the* defining feature of Māori women’s subjectivities. Rather, colonialism is understood for what it is - an imposition, a disturbance, a disruption to Māori knowledges, histories, bodies and geographies. The value of a mana wahine geography of birth is that it is possible to understand the on-going and constant interplay of colonial and Māori knowledges whilst, at the same time, working to decolonise maternities by rebuilding a corpus of knowledge that, I believe, has the potential to transform the lived and embodied realities of Māori women and their whānau. Therefore,

⁷⁴ Between 6-8% of active midwives in Aotearoa New Zealand identify as Māori (Ministry of Health 2011).

⁷⁵ Only 3% of doctors in Aotearoa New Zealand identify as Māori and 40% of the total number of registered doctors in New Zealand are female (Ministry of Health 2009).

while it is important to interrogate how colonialism shapes (and is shaped by) the lived realities of wahine and whānau, Chapters Six, Seven and Eight are concerned more with the challenges and possibilities of (re)claiming, (re)connecting to and at times (re)creating ways of knowing and being in a world that supports and celebrates our wisdom and knowledge as Māori women.

Listening for the voices of our ancestors

Ancestors whisper and chorus.

Your whakapapa grows with you (Potiki 1999, 83).

Māori maternal knowledges are intimately tied to whakapapa and whenua. Furthermore, they are often unique to iwi and hapū and sometimes even specific to individual whānau. This is an important point which should not be overlooked. Kaiwhakawhānau Heather reiterates:

I can't bring my Taranakitanga [tribal identity, customs and protocol from Taranaki] to your Raukawa [iwi derived from the ancestor Raukawa] birth and say, 'this is what traditional birth is.' Who am I to think that? We're tribal and that's crucially important to me (Key informant interview, December 2009).

Heather chooses not to define 'Māori' birthing in generic terms but instead stresses the importance of iwi and hapū diversity and the need to account for that within the spaces of maternity. Hamilton midwife, Hayley makes a similar point. In her initial conversations with Māori women that she cares for, she explains:

I am quite clear in the very beginning that I don't practice traditional Māori birthing methods. But that is because every whānau has their own way of doing things. So I encourage it and I give them the space but I recommend that they bring somebody who is the 'expert' in their whānau around those things (Key informant interview, January 2010).

What these narratives illustrate is that iwi and hapū maternal knowledges are spatially and temporally specific. There is compelling evidence that tribal waiata, karakia, karanga, mythology and histories are replete with examples of mana wahine and lessons pertaining to pregnancy and birth (see Mikaere 2003; Murphy 2011 and Yates-Smith 1998 for further discussion). Ani Mikaere (2003, 25), however, illustrates that "a fraction of these women have become visible to people outside their own hapū and iwi through the publication of their stories."

Given the lack of published material pertaining to mana wahine maternities, it may not be surprising, then, that an overwhelming number of women in this research were left wanting in their search for specific whānau, hapū or iwi birth knowledges. In her diary Teah, aged 25-29, writes about wanting to learn more about birthing tikanga:

I would love to learn more about these practices. Are they in books I could read? Websites I could read? Or people I could talk to? (Diary entry, December 2009).⁷⁶

At various times, in our interview and in her diary, Teah expresses her desire to know more about ‘traditional’ birthing. Her questions prompt consideration of my own journey to learn more about mana wahine maternities. I reflect on this in my research diary:

Wow! I have discovered the most amazing books and theses about mana wahine understandings of maternities. I haven’t been able to put them down. They are incredibly powerful and empowering, but I can’t help but feel like up until now I have somehow been missing out. Why is it only now that I am being introduced to atua wāhine who I have never heard mentioned before? Why in my own experience of birth was Hine-te-iwaiwa never discussed? Has this always been there and I just haven’t looked/seen or has it been kept from me? (Diary entry, December 2009).

What I have found is that there is a scarcity of resources available through which Māori women can make sense of their experiences of birth from a mana wahine perspective. Further, many of the written accounts that I have come across are contained in theses or academic publications which are not always accessible (both

⁷⁶ Teah’s diary entry not only highlights her desire to learn more about Māori birthing but it also raises important methodological questions about the role of ‘researcher’ as ‘authority’. I cannot be certain to whom Teah’s questions are directed, but I felt a sense of responsibility to respond and pass on resources that I myself was aware of. I had to ask myself in this instance if the mana wahine groundings of this research obligate me to respond to Teah’s question with information, resources or contacts about Māori birthing. Ethical and methodological questions such as this were constantly being negotiated throughout this research and informed my decisions to hold the wānanga and to have an online forum where I could post resources, events, and provide a space where women interested in talking to others could do so (for further discussion of these issues see Chapter Four).

in location and content) to a wider audience.⁷⁷ This is a concern shared by many of the midwives I spoke with and most agreed that unless there were whānau members who could impart this knowledge there were few other resources which could be shared with women.

It is, however, not just a lack of published material that has found women in this research struggling to access mana wahine maternal knowledges. Kim Anderson (2000, 45) suggests that “as a young Native woman seeking information about my identity ... I can go and ask the aunties and grannies of my community for their perspectives and insights.” This is also the message from midwives in this research. They encourage women to ask questions of and learn from women of older generations within their own whānau. Heather, a midwife working in the Waikato and Auckland areas, says:

It is my job to say “what is it that your whānau knows about? What do your nannies know about”? Because there are still nannies who will have had the first half of their whānau at home before being forced into the hospital. And a lot of that is almost hammered out of them, but it’s still there for some (Key informant interview, December 2009).

Similarly, Bay of Plenty midwife, Lisa explains this in relation to her own practice:

So that is a big thing for me, giving them a lot of information. Getting them to learn about themselves, learning about where they’ve come from, their whakapapa, getting them to talk to their nannies, asking about the history of the family. Just trying to find all those things that they’ve forgotten or which their parents or even their grandparents used to talk about, but they’ve sort of stopped talking about it (Key informant interview, June 2010).

She goes on to explain:

I have a lot [of women] come in searching and wanting to know more. They may have heard one or two things from someone, so they want to learn more about it and what they can do. But once

⁷⁷ There are a small handful of resources that discuss particular aspects of Māori birthing such as the book *Oriori – the birth of a Māori child* (Kahukiwa and Potiki 1999) and through the Māori birthing collective *Ngā Maia*, www.ngamaia.co.nz. *Oriori*, however, is no longer stocked in book shops and can only be purchased online, thus often resources are limited to women with access to the internet. There are also a handful of chapters in midwifery focused texts (see Banks 2000; Donley 1986) and theses that are referenced throughout this thesis that provide korero that is invaluable to understandings of mana wahine maternities (see Mikaere 2003; Yates-Smith 1998).

they start talking to their whānau, it's always been there. That information's always been there in the family, they just never talked about it (Key informant interview, June 2010).

For some wāhine in contemporary Aotearoa accessing mana wahine knowledges pertaining to maternities is relatively straightforward. They are able to kōrero, observe, or spend time with women of older generations (mothers, grandmothers, aunts and sisters) in order to learn from their stories, experiences and knowledge. Women who have grown up with mana wahine maternities woven into their everyday physical, emotional and spiritual geographies are a lucky few indeed.⁷⁸

Within this research the ability of wāhine to access mana wahine knowledges within their whānau varied. Some women were immersed in the knowledge, tikanga and language of their ancestors. For many, however, this was not the case. Some women, myself included, explained that they were unable to talk to kuia and women of older generations because they had passed away. Other participants, however, found that when they did approach their whaea, kōkā and kuia with questions they were met with a notable silence.

In interviews with first time mothers I asked where and from whom they got information about pregnancy, birth and mothering. Karina, of Waikato-Tainui descent, explains that she shared her experience of pregnancy with her family openly but that it was from her sister-in-law, more than her mother that she got most of her information. She comments:

My mother is from that generation where they didn't really talk about things and things have changed medically (Interview, May 2010).

When I asked kaiwhakawhānau Hiamoe how she came to learn about Māori birthing knowledges and practices she explained:

I knew nothing about 'traditional' birthing apart from how to bury the whenua. That wasn't a conversation that I had with the nannies or aunts because they don't talk about the traditional aspects of childbirth, in fact they cut you off; they ignore you,

⁷⁸ Rose Pere (1987, 1993) and Irihapeti Ramsden (1998) provide beautiful autobiographical accounts of growing up with access to kaumātua, kuia, rangatira (leaders) and tohunga (healers) who shared knowledge of their tūpuna. There are numerous other accounts, however, of wāhine who have grown up relatively 'disconnected' from this way of learning.

they don't like you talking about it at all. Well, that was my experience (Key informant interview, September 2010).

Hiamoe knew about the practice of returning the placenta to the earth. Other aspects of Māori birthing, however, were left unsaid. Marama, of Ngāti Maniapoto and Ngāti Porou descent, encountered silence when she sought information about how and where to bury the placenta. She writes in her diary:

I remember talking to my mother about what to do with baby's whenua. Mum, sadly, didn't recall anything from within our whānau about whenua. Her mind just came up blank. She didn't recall even hearing anything of that sort talked about, or mentioned, let alone whether there was a place for whenua to be buried, or how to bury it (Diary entry, August 2010).

Consistently *all* of the wāhine in this research housed a strong desire to know more about tikanga pertaining to pregnancy and childbirth. The stories and experiences of their mothers, grandmothers and great grandmothers, however, were often left unspoken.

I asked Lisa why she thought families were not sharing this knowledge upfront, she responds:

I don't know. I don't know if it's the generation before that just don't talk about things like that, yeah it's hard to say why that's not there at the outset (Key informant interview, June 2010).

Lisa's narrative suggests that in many cases the knowledge is there but that for various reasons it is not shared with women upfront. In other words, the unsaid is not necessarily the unknown but may be 'differently' known. Understanding some of the ways in which mana wahine maternal knowledges were traditionally known within whānau, hapū and iwi may go some way in explaining the silences that participants encountered.

Listening culture

In relation to Anishinaabe cultural knowledges in North America, Leanne Simpson (2006, 2004) writes that it is through listening, doing and following the guidance of an elder that she was able to learn and understand traditional maternal knowledges and practices. This form of experiential learning is illustrative, she says, of a 'listening culture'. That is you learn through listening, observing and performing cultural knowledges as opposed to them being explicitly spoken or taught.

This notion of a ‘listening culture’ was also implied at the wānanga held for this research. Mother of two, Mia, discusses the tacit nature of mātauranga pertaining to pregnancy and birth. She was asked by Okeroa:

Where do you think our mothers and our grandmothers got that information?

To which Mia replied:

From their mothers or their nannies and it's that connection that you have with the whenua, you know. It's that tūrangawaewae – the place where you stand. That's where you belong. It's who you are and that's part of our as much as you are part of that place. I think you just pick it up being around, it wasn't actually specifically said but you pick it up from, and absorb it, when you go back home, when you go back to the marae. And you just don't realise that you've taken it on board ... and there's some things you just don't ask your nannies (Wānanga, ipu group, September 2010).

Mia's statement is consistent with the idea of Māori as a ‘listening culture’. She also points out that there are some questions that you do not or should not ask your nannies. It is generally agreed that mana wahine knowledges traditionally would have been intimately intertwined in the everyday geographies of women and whānau.

Older women were considered gynaecological historians for whānau. Stephanie Palmer (2002, 23) observes that “within an everyday context, young women observed and participated in the pregnancy and childbirth experiences of older women. These women were the role models for childbirth-related behaviour and attitude”. The importance of this cannot be stressed enough.

Kuia, in particular, were considered experts in a number of areas including: tribal histories (Mikaere 2003); cosmological narratives (Yates-Smith 1998); traditional ecological knowledges (Greensill 2010); as well as matters pertaining to pregnancy, childbirth and mothering (Kenney 2009). Sandra Coney (1993, 82-83) explains:

this authority is based on years of accumulated experience and wisdom, and also in a profound, carefully cultivated and often laboriously acquired knowledge – of genealogy, proverbial texts, tribal history, anecdotal information and narrative chant.

This is supported by a number of discussions I had with midwives about Māori maternities. Hiamoe explains that ‘pre-colonial’ training for

kaiwhakawhānau/tāpuhi was an endeavour that involved years of observation. She says:

I think our training pre-colonial times was probably a lot harder and a lot more rigorous than what our four year degree is today – it was a lifelong training ... the watching and sitting time would have been years before you were allowed hands on (Key informant interview, September 2010).

Aroha Harris (2001, 3) echoes this sentiment. In an article about her grandmother's life as a traditional birth attendant, she explains that her grandmother was told by her mentor "kia tapu to māngai: let your mouth be sacred".

Mana wahine maternal knowledges would have come from experiences, relationships, storytelling, dreaming, observation and participating in ceremonies. It came from atua, tūpuna, even from children and from the biophysical environment. Furthermore, it was knowledge that was at once individually and collectively produced. As such, knowledge was not owned but was entrusted to particular members, female or male, of whānau and hapū who were then considered kaitiaki (guardians) of that knowledge. Their role was to protect and ensure the continuation of that knowledge to future generations. This was done in a number of ways. For example, there are multiple waiata, karakia, mōteatea and whakataukī that are replete with explicit messages about the maternal body and childbirth.

There is compelling evidence, however, that suggests for the most part Māori maternal knowledges were learnt and understood as implicit, through the repeated and collective performances of pregnancy, childbirth and mothering within whānau, hapū and iwi. As such, it was often thought that Māori childbirth was not something to be concerned about but rather was an everyday part of life. For example, in her discussion of childbirth in *Makereti: The Old-Time Māori*, Makareti (1938, 113) writes:

Generally whakawhānau or giving birth to a child was not a matter to worry over, and a Māori woman of the old days did not suffer or go through the same painful experience as the wahine Pakeha (European woman). She lived a natural life and generally went about doing her ordinary duties up to a few days before her confinement.

The assumption that birth was not something one needed to consciously learn about was also evident in Maria's narrative. She birthed at hospital in the Bay of Plenty, and explains her decision not to go to antenatal education classes.

I didn't go to antenatal classes, I just asked everybody else. And then I sort of thought that it would just come naturally (Interview, September 2010).

Midwife, Hayley, also drew on this argument that Māori women are not as 'concerned' about birth as they prefer to do what comes 'naturally'. She suggests that this is one of the reasons why Māori women that she cares for tend to access maternity care a lot later than non-Māori women.⁷⁹

Yvonne Underhill-Sem (2000) offers a similar discussion about the silences that she encountered during her PhD research in Wanigela Province in Papua-New Guinea. She endeavoured to speak to local women about experiences of parturition and childbirth only to encounter a profound silence on the issue. She (2000, 228) asks the question "was pregnancy and childbirth just so 'natural' and taken for granted that it was not worth discussing in detail?" Clearly, Yvonne argues, childbirth existed as it was performed in the lived and embodied geographies of women in the village but it did not appear to exist in any explicit spoken form.

The same question can be asked of mana wahine maternal knowledges. Participants' narratives as well as existing literature signal that traditionally learning about pregnancy and childbirth was 'natural' and not necessarily something to be concerned with. Non-discursivity implies a 'lack' of knowledge, however, this does not always hold true. Rather, "it may not have been necessary to articulate mana wahine in former times as it was an embodied reality, finding expression through a multiplicity of tribal practices" (Murphy 2011, 1). This is a sentiment shared by Moana Jackson (1998, 197-198), reflecting on his upbringing, he explains: "if Mum rarely spoke of tikanga and seldom mentioned aroha, it was because she lived it".

On the surface the silences experienced in this research may well be attributed to the tacit and implicit nature of knowledge implied by the notion of a 'listening culture', that is, it is lived, embodied, collectively known and produced. To leave

⁷⁹ It should be noted that there are risks in inscribing indigenous women as 'natural' in this regard, something that I tease out further in Chapter Seven.

the argument here, however, fails to account for the interplay of colonialism and mana wahine knowledges. Furthermore, it leaves intact the hegemony of western forms of knowledge production which seeks to invalidate ‘alternative’ ways of knowing and being in the world. By drawing on the idea that Māori are a ‘listening culture’ I am not in any way trying to suggest that traditional means of knowledge transmission are inferior to western ways of knowing. Rather, I contend that reclaiming *how* mana wahine knowledges are learnt and shared is just as important and inseparable to reclaiming the knowledge itself.

To understand more about the resounding silence that surrounds mana wāhine maternities a deeper engagement beyond simplistic assumptions is needed. Indigenous knowledge has not simply been ‘lost’ because elders have passed away or because indigenous knowledge systems are inferior to ‘written’ cultures. Leanne Simpson (2004, 375) makes a powerful argument, explaining:

Elders have always passed into the next realm and IK [Indigenous Knowledge] systems have always been primarily oral, yet they sustained complex social, cultural, spiritual, and political systems long before the arrival of the Europeans. The answers to how and why our knowledge has become threatened lie embedded in the crux of the colonial infrastructure, and unless properly dismantled and accounted for, this infrastructure will only continue to undermine efforts to strengthen IK systems and to harm the agenda of decolonization and self-determination.

To conclude this section then, I argue that silence does not necessarily equate to ‘lost’ or ‘inferior’ knowledge. I resist the argument that our knowledges have been ‘lost’ as this suggests carelessness on the part of Māori – as if we put it down somewhere and forgot to pick it up (Mikaere 2011). A more convincing explanation for the silences, then, is that mana wahine knowledges were stolen, erased, repressed and (mis)represented in ways that subverted the mana and tapu of the reproductive capabilities of women. It is to the other side of silence that I now turn.

Changing words, changing worlds

Experiential learning, as discussed in the preceding section, requires a particular form of collectivism that has all but been destroyed. In Chapters Two and Three I discussed the ways in which technologies of colonialism such as the Native Land Act, Native Land Court, Native Schools, as well as the influence of Christianity (particularly on understandings of family and the maternal body) have attempted to

dismantle the institutions of whānau, hapū and iwi. Further, the colonial project - on numerous occasions - has attempted to erase mana wahine maternal knowledges by imposing colonial and patriarchal ideologies about where and how it was best for women to birth, as well as disenfranchising traditional birth attendants and tohunga through the 1904 Midwifery Registration Act and 1907 Tohunga Suppression Act. Add to this physical dislocation from tribal lands, land confiscation, spiritual disempowerment through Christianity, economic hardship and poverty and the destruction of our language it is not surprising that there is a reverberating silence surrounding mana wahine maternities.

After some 170 years of imposed systems, ideologies and practices the reality today is that for a number of whānau knowing and learning through osmosis, as our ancestors did, is simply not possible. This was not lost on women at the wānanga. They were cognisant of the transformation of our realities caused by colonialism. This is reflected in the following dialogue:

Mia: They [ancestors] never used to live on one dimension. Everything was connected, the hinengaro and the wairua. Now it's separated, it's disconnected.

Okeroa: Yes it's disconnected. There are so many different connotations on things now. That's the way the world is I think (Wānanga ipu whenua group, September 2010).

What Mia and Okeroa recognise is that colonialism has sought to destroy the foundations of Māori collectivism taking away their means of production, social and economic support and access to mana wahine knowledges. Silencing the connection to whenua and to whānau has had immeasurable impacts on the subjectivities of Māori women. I agree with Leanne Simpson (2006, 31) who makes the point that “colonialism has ... for the most part stolen the pregnancy and birth ceremony from our women, undermining our sovereignty and our knowledge and our power as women”.

In their study of Māori women's experiences of maternity services, Christine Rimene, Connie Hassan and John Broughton (1999) share narratives that suggest, for some women, it can be difficult to access to cultural knowledges about pregnancy and childbirth. The historical dislocation from tribal lands and post-war migration to urban areas means some whānau are left with a lack of a cultural focal point in their everyday geographies. At the wānanga, mother and grandmother,

Shannon, explains that when she had her children she was preoccupied with securing the basic needs of living and had little time for explicit considerations of tikanga and mana wahine knowledges:

When I had my kids my grandmother had died, when I had my kids, I didn't really [ask] you know? Or think about it really, I just, you know, you have the baby then you push out the next lot (Wānanga harakeke group, September 2010).

This is an effective strategy employed by the colonial project to divert the energies of Māori women to matters of survival in the hope that they will forget those matters of culture and politics that hinder the efforts of colonial domination. Silence in this sense then is not a reflection of those who are speaking (Māori women) but rather is a reflection on the listener (colonisers). Hine Waitere and Patricia Johnston (2009, 14) argue that “putting the onus on indigenous peoples to speak, then, without a concurrent focus on the social conditions that afford a hearing, in effect, renders the speaker mute”.

Teah, of Ngāti Porou and Te Whānau-a-Apanui descent, provides another explanation of the silence she encountered in her whānau about matters pertaining to pregnancy and birth:

I wish I knew more about traditional Māori birthing practices. I wish it was general knowledge that was passed down through the generations but somewhere along the way Western medical practice dominated and they [Māori birthing knowledges] got lost. When my Dad was growing up te reo wasn't respected, not at school or in society, so he lost his connection to the language, and in a way to his culture, his birth right and so he passed on as much as he could but much was lost (Diary entry, December 2009).

Teah transforms the individual experience of silence by connecting it to larger systematic and historic oppression. This reflects how women's maternity experiences can be simultaneously personal and political. In addition, Teah highlights the multiple barriers that were imposed, through colonialism, restricting access for whānau to Māori maternal knowledges and, importantly, a language with which to convey them. Teah is not the only participant to do this.

At the wānanga my kōkā, Okeroa, explains that as a child she often questioned her parents about particular tikanga, only to be greeted with silence. She attempts to explain their silence:

You had to look and listen but you weren't allowed to ask any questions. That's how we were brought up here. If you wanted to know about 'why do you do that?', 'shut up, you just look and listen!' but then I discovered later on as I got older and my father, mother and I had a good relationship and I was able to ask them why that was. And I discovered that in actual fact they didn't have the words to explain it in English. They could talk about it in Māori but they couldn't in English (Wānanga ipu group, September 2010).

The impact of the planned and systematic marginalisation of te reo Māori on mana wahine maternities has been immense. Leonie Pihama (2001, 115) illustrates the importance of language in transmission of belief systems and values. She says:

The bringing together of te reo Māori me ōna tikanga in this conversation is important. It recognises the unbreakable bond that is language and culture, that is communication and action that is theory and practice. Te reo Māori me ōna tikanga, Māori language and its/her/his cultural forms, they are bound together in relationship to each other and cannot be separated from each other's influence and creation. There is a power in that interconnection that I believe is critical to future developments for Māori people and for Māori women in particular.

With this in mind, consideration of the relative silence pertaining to Māori maternal knowledges requires a critical analysis of the ways in which colonialism has served to undermine te reo Māori.

The forced use of English over te reo Māori in schools, the Native Land Court and other public and institutional spaces continues to be felt today.⁸⁰ In a family manuscript my Koro, Piripi Simmonds (Okeroa's father), reflects on his decision *not* to teach all of his children te reo Māori. He says:

Most of our children cannot speak their own tongue/language, or understand only an occasional word or two ... Speaking on my own behalf when we were attending school we were not permitted to speak Māori at school. If we did we were given 3-

⁸⁰ The 1847 Education Ordinance saw the formalisation of mission schools whose funding was dependent on "instruction in the English language" (Grey cited in Pihama 2001, 209) as well as other assimilatory aims. The 1867 Native Schools Act established primary schools and decreed that English was to be the only language used.

6 of the best in each hand so we made sure that our parents did not speak Māori at home, in which I refrain from teaching my children to learn the Māori language (Piripi Simmonds MS).⁸¹

From this perspective it is understandable why Okeroa's requests were often met with silence. Koro was 'silent' in order to protect his children from reliving the physical abuse that he had suffered at school for using the language of his ancestors.

The marginalisation of te reo Māori continues to exist today and is felt in the everyday geographies of a number of participants, myself included. For many of us colonialism manifests physically and emotionally when we are reminded of 'what we have lost' 'what we don't know' 'what we think we should know, do or be'. Teah goes on to reflect on her feelings of whakamā because she is not fluent in te reo. She explains:

I am totally whakamā about all of that because I feel like I should know; I should know our tikanga. I should speak te reo and I feel guilty every time I sit at a Marae and I don't know what they are saying. I feel deaf, and I kind of pick out bits but I still feel a bit less of a Māori. It sucks (Interview, December 2009).

Colonialism, in this context, is lived in the perceived 'lack' of particular markers of culture; for Teah this is being able to speak te reo Māori. I can understand this feeling of whakamā. As a second language learner of te reo Māori I have at times felt 'deaf' in understanding mana wahine maternities. This has led me to question my own understandings and abilities across a number of activities in my life, including this research. During these times, however, I am reminded that colonisation has made sure that not all Māori are linguistically able and to assume so would be to ignore the oppression of Māori knowledges and our language.

A number of women, in this research, expressed similar feelings of whakamā at their perceived 'lack' of knowledge about mātauranga pertaining to childbirth. They felt this was something that they should know 'instinctively' and that somehow not 'knowing' they were 'less Māori'. Many judged the inclusion of specific tikanga into their birth or their ability to speak or not speak te reo Māori as a measure of their cultural identity as Māori, as if there is some quintessential Māori experience

⁸¹ Being given '3-6 of the best' is slang for being hit with a strap or a stick three to six times.

of birth to which they should live up to. This is exemplified by Irihapeti Ramsden (1995, 120) who states:

Many young people carry a burden of self-doubt and shame for being Māori. Associated with this is another kind of guilt about not knowing how to be the kind of idealised Māori who is presented to them. This ideal is often represented as a man, competent on the marae, confident in the language, saying profoundly classical things and striking warrior-like poses. The nurturing old kuia, so wise, so close to the earth, so holistic, is also almost impossible for many young Māori to attain.

This certainly seems to be the case for a number of participants. Marama explains that while she knew the tikanga to keep the placenta to bury, she was unaware that the same treatment be afforded the pito (the portion of umbilical cord left attached to the baby, that dries up and falls off), and thus it was thrown away during a nappy change. Her dismay at finding out about this practice after the fact is evident in the following narrative:

Unfortunately, despite trying so very hard to do the right thing with our baby's whenua, our ignorance of tikanga Māori resulted in her pito being thrown out in the rubbish. Auē taukiri e! I think of it now, and cringe at our ignorance. We just didn't know that the pito was meant to be dealt with in the same way as the whenua. Perhaps if I'd thought about it a bit more I would have realised they are no different. But nobody ever told me or spelt it out to me and I'm embarrassed that neither of us thought to keep our baby's pito when it dropped off ... it is ironic that we took so much care to ensure that we did the right thing with her whenua, and yet when it came to her pito, we were so irreverent. Now when I think of it I am abhorred. But we have to accept it – this is the way things are for Māori brought up, and living in, a mainstream world. We have become so colonised in our thinking, lost so much of our mātauranga Māori that we easily revert back to Pākehā thinking – without thinking. Ka tangi au (I cry) (Diary entry, December 2009).

Marama places the responsibility for disposal of the pito firmly in her and her partner's actions and thus carries a lot of guilt for not knowing about this practice. It should be remembered, however, that "the recall and application of Native practices and spiritual traditions is not universally available, as many native mothers continue to feel isolated and alienated by their birth experiences" (Anderson 2007, 768). Colonialism made certain of this.

In this section, I have tried to demonstrate how colonialism has attacked mana wahine knowledges on almost all fronts and that this continues to be lived by women today. The marginalisation of te reo, tikanga and mana wahine knowledges more generally manifests today in feelings of whakamā and mamae as women reflect on what has been ‘lost’ or what they do not know. Silence, in this respect, then has a more sinister side and women are left trying to find the words behind the in-articulations with which to make sense of their experiences as Māori women.

Trying to find meaning in the words of others

Colonialism has drastically changed how whānau come to learn about matters relating to pregnancy and birth. Kaiwhakawhānau Hiamoe puts the question to me:

Naomi, where are they going to learn? If their nannies aren't talking about it because they all got made to feel that a Māori birthing process wasn't as good as a Pākehā one – there are no books to read about it, so how? (Key informant interview, September 2010).

The fragmentation of traditional knowledges has seen an increasing reliance on professional or ‘expert’ advice and guidance pertaining to pregnancy and childbirth. Therefore, while there is a strong focus within midwifery that learning and understanding maternal processes is best done through story sharing with other women, by and large authority about maternal matters still sits firmly within institutions (Kenney 2009). For the most part women get the majority of their knowledges about pregnancy and childbirth from ‘professionals’ and ‘experts’ in mainstream maternities. Antenatal education, midwives, doctors, childbirth books, and nowadays websites, have become the primary sources of information for pregnant women, particularly first time mothers.

Mainstream antenatal education programmes are designed to ‘teach’ soon to be parents about birth and what can be expected, of them and the baby, when they become new parents. These classes are embedded within culturally specific discourses pertaining to maternities. Therefore, while they are a place of learning for many they can also engender feelings of discomfort and marginalisation for many Māori whānau.

The majority of first time mothers (seven out of ten), in this study, did not attend any antenatal education programmes (mainstream or otherwise) during their

pregnancies. Natline, 30-34 and of Raukawa and Ngāti Hine descent, shares her reluctance to attend antenatal education:

I did heaps of reading. I read all the packs that you get when you first go and see a midwife and then I think I read them about five times over. I didn't go to any antenatal classes or anything like that. I got a lot of feedback from girls at work and other family members that nowadays they [antenatal programmes] push their own agenda or their own organisation and I just didn't really want to go (Interview, September 2011).

There is evidence to suggest that Māori mothers are less likely to access antenatal care and education or to access it at a later stage. In a survey of the antenatal needs of Māori women, Raylene de Joux (1998) found that many Māori women found antenatal classes culturally inappropriate, too formal, not inclusive of wider whānau and focused on interventions rather than 'normal' birth. This was reinforced by midwife Lisa, who comparing her kaupapa Māori based antenatal education programme with mainstream programmes, explains:

The difference with the mainstream antenatal, that when you go there they tell you about all the stuff that goes wrong and all the bad stuff and all the drugs that you can have. So we just keep it normal birth, 'cause that is the norm (Key informant interview, June 2010).

Similarly, in their study Christine Rimene and others (1998) found that Māori women were reluctant to attend antenatal education classes for a number of reasons including: the difficulty in accessing the classes; lack of transportation to and from classes; and also because of the feeling of whakamā at some of the culturally inappropriate content of the classes. What this highlights is that despite many antenatal education programs claiming to be focused on seemingly natural biological processes they are imbued with particular social, cultural and political discourses. As such, antenatal classes then can leave women who exist outside of, or on the margins of, dominant discourses exposed to criticism, fear and judgement about their plans for birth and motherhood. Such spaces can have the effect of silencing those knowledges that fall outside the 'norms' which are socially and culturally defined in that space.

In this study, Keri found herself confronted, and upset, by the lack of cultural understanding by others at her antenatal class about the tikanga of returning the placenta whenua to the earth. She writes in her diary:

I remember at antenatal classes. We looked like the only Māori couple and the teacher was going “you know some people decided to keep the placenta ...” someone else said “Do people really do that! That’s so gross!”

Keri goes on to reflect on how this made her feel:

Of all the conversations at antenatal classes, of all the things we were ‘taught’ I remember this statement the most ... I immediately felt offended; I could feel myself going red as if being personally attacked. It’s like if you turned around and said “Keri, what you are going to do is disgusting and wrong”. It almost made me cry, it made me mad, sad – a lot of things. It was almost like she was speaking to my baby saying that the whenua that has nourished you for nine months, has given baby life is ‘gross’. It hurt my feelings (Diary entry, April 2010).

The space of the mainstream antenatal class for Keri was culturally unsafe and the feeling of whakamā that she experienced because of this encounter led her to become silent about other tikanga Māori that they were planning for the birth of their son.

I too felt uncomfortable at times during antenatal education classes I attended when pregnant with my daughter. In my case this was connected to our decision to have a home birth. At the very first class couples were asked to stand up and introduce themselves and share their due date and planned place of birth. All of the couples before us said they were planning on giving birth at one of the two birthing centres in Hamilton. The couple before us introduced themselves and proceeded to say “we are due on x date” then they jokingly said “and we are having a home birth”. The room filled with laughter and then the couple finished by saying “no just kidding we are planning to birth at River Ridge”. At this point I could feel whakamā began to manifest deep in my puku. When we then stood up and said that we were actually planning a home birth there was an awkward silence and then a hushed apology, by the facilitator, before she quickly moved on. My whakamā at this point, and subsequently throughout the entire antenatal programme, was not caused by any kind of ignorance on the part of other attendees towards specific tikanga Māori but I think demonstrates that they are far from neutral spaces. From that point onwards

I remained silent in these classes about many of my decisions, specifically the inclusion of tikanga Māori, in relation to the birth of my daughter.⁸²

These two examples demonstrate that mainstream antenatal classes are often embedded in a mono-cultural framework of maternity care that fails to adequately provide for mana wahine maternities (Kenney 2009). They are imbued with culturally constructed discourses about the ‘right’ way to birth and as such other ways of birthing and parenting can become silenced. When a woman becomes pregnant she is given vast amounts of information relating to the ‘safest’, ‘best’ and ‘healthiest’ way to be pregnant, birth and mother one’s baby. By no means does this information come from a space of objectivity or neutrality. Rather, the prescriptive ‘norms’ of maternities are spatially and temporally mediated and many Māori women are left trying to find meaning in the words and orders of others.

The assumed superiority of western, colonial and patriarchal knowledges make it difficult for Māori women to make sense of their maternity experiences. Further, the hegemony of colonial and patriarchal discourses put the onus to ‘know’ about maternities on women. It is expected that women will know in advance what is ‘right’ and will simply accept this without question. In relation to migrant mothers in Aotearoa New Zealand, Ruth De Souza (2011, 175) argues that the accepted maternal norms in this country:

have unintentionally recolonised the birthing experiences of visibly different mothers, even as they have been developed to critique patriarchal models of care. Thus ... the figure of the racialised mother constitutes a threat to the liberal and neoliberal projects of self-regulation and improvement.

In the context of this research, I argue that women who choose to birth or mother outside of these norms – for example by practicing ‘traditional’ birth, refusing antenatal education, choosing home birth or other ‘alternative’ birthing and parenting methods - quickly become labelled as apathetic, un-informed, non-compliant, negligent or defiant.

⁸² In Chapter Seven I examine in more depth the dominant discourses and the politics that are woven into decisions about where to birth one’s baby. It is important to point out here that I see my decision to birth at home as intimately connected to a politics of reclaiming mana wahine maternities and thus while my whakamā was prompted by a remark about home birth I felt that my decisions were intimately connected to my subjectivity as a Māori woman.

Being complicit with the norms of mainstream maternities, then, is often seen as a better, or sometimes the only, option for many Māori women. One kuia, at the wānanga, referred to her birth (in the 1950s) and subsequently herself and her baby as ‘Pākehā’ for choosing to birth in hospital and for following the advice of the Plunket nurse over which she received from her mother and sister. Waimarie says:

Well, I thought I must have been, I don't know; Pākehā in that way. I'm not being rude. But yeah; no I wanted to go to the hospital and use Plunket (Wānanga harakeke group, September 2010).

Plunket are a key source of information, advice and support for many women in Aotearoa today. It is important, however, to understand that the history of Plunket is very much woven in the colonial fabric of this country (see Chapter Two for a more detailed analysis of the colonial origins of Plunket).

Despite this, Plunket continues to be an important means of support and information for many women and whānau. Discourses pertaining to maternal and infant health continue to be spatially and temporally constituted. Plunket, therefore, can provide an important support service for many women, Māori and non-Māori. As Robyn Longhurst (1996, 255) points out, however, “the Plunket book and visits by Plunket nurses can be sources of support for women who are caring for babies but they can also function to survey and normalise the corporeal and emotional behaviours of mothers and babies”. This was indeed the case for Waimarie, who against the advice of her mother and sister regulated her behaviour according to the prescriptions of Plunket in the 1950s.

I've got five older sisters. It was different with them than how I was with mine, I did everything the Plunket nurse said, and every time I stuck to everything I was told. So she [her mother] used to ... she called my baby a Pākehā baby not a Māori baby ... Yeah, I'm afraid I was like that. I was like that I did exactly as I was told [by the Plunket nurse] (Wānanga harakeke group, September 2010).

It is difficult to know exactly how Waimarie should feel about being ‘Pākehā’ in the way she birthed and mothered. At the time I imagine she would have been held up by the Plunket nurse as a good example to other ‘less compliant’ Māori mothers. I couldn't help but feel a hint of whakamā in her comments. For Waimarie

obedience to the ‘authority’, in this case Plunket, was considered necessary to keep out of trouble, thus insuring her own survival.

The fragmentation of traditional means of knowledge transmission in matters pertaining to pregnancy, childbirth and infant care has meant that Māori women are left with few ‘stories’ from which to make sense of their lived geographies. Ripeka Evans (1994a, 53) contends “there is a void in our conceptual topography as Māori women. The void has been created by the internalisation of powerlessness as a consequence of power cliques which are a reflection of dominant power relations”. The eerie quiet of the void created by colonialism has become increasingly apparent as I have moved through this research.

There were two workshops which I attended during the course of this research which illustrate this. The workshops were targeted specifically at Māori women and were focused on sharing stories, knowledges and experiences pertaining. I was one of the youngest women at each of these hui and at the outset I was excited by the chance to bask in the wisdom of kuia, aunties, mothers, grandmothers. It was not long into the workshops that I started to feel mamae for these women. To me, many of their stories of pregnancy and childbirth seemed horrific: they were denied whānau support; denied their tikanga and ceremony; denied their wisdom, knowledges and language that spoke to the sacredness of the maternal body. Equally disturbing, however, was the reluctance of many of these women to recognise their experience as important, valid or worthy. A lingering and pervasive part of colonialism seems to be that unless Māori women moulded to Pākehā ideologies and practices the spaces within which they could voice their experience began to shrink.

I questioned midwives about why they thought many women were silent about mana wahine maternities. I asked Hiamoe why she thought kuia do not talk about birth. She explains:

Their nannies aren't talking about it because they all got made to feel that a Māori birthing process wasn't as good as a Pākehā one (Key informant interview, September 2010).

Heather advises women she cares for to seek guidance and information from their own whānau but she recognises that the experiences of many older women results in an absence of voice. She explains:

We've come from a generation of grandmothers now that have had the 'works burger' in their birth experiences, so that's what they know. And they're also in that era where doctor is God, you know doctor/God syndrome. There is a lot of un-programming to do (Key informant interview, December 2009).

What these narratives highlight is that many kuia have been disempowered and made to feel whakamā of their experiences of birth and subsequently have become silent. Colonialism has made sure of this by disempowering and disconnecting women from a body of knowledge that recognises and celebrates the power, mana and tapu of women. The internalisation of colonial and patriarchal discourses has had devastating effects on women's sense of self and on their understandings of their maternal body.

In her poem *Apnoea* Marewa Glover (2001, 24) aptly represents the disempowerment and marginalisation that Māori women can feel in trying to find meaning in the words, advice and orders of others.

Apnoea

Don't look at me in that punishing way
And say I'm a bad parent
Because I sleep my baby on its stomach
And don't breastfeed it.
It was your idea after all – remember?
Remember, back in 1909
You used to say our lives were full of germs
The very air in our homes was infested
And you said it was healthier for baby
To sleep on its tummy so as not to ingest it
And you passed a law – remember?
Your Native Affairs Amendment Act
Forbidding our babies their mother's milk
A milk you thought inferior
And for fear of losing our babies altogether
For that was your threat and your practice
Some mothers mixed up what looked like milk
But was only flour and water
And some babies died as the imitation milk
Gummed up their interior.
Even so, it was your ways that were passed down
From Māori mother to Māori mother
So, don't look at me and say I'm a bad parent
When my child becomes another
Māori-cot-death-statistic.
You've got to take some credit for it. Remember.

Marewa Glover powerfully portrays the feelings of fear, shame, judgement and sadness that women have felt across generations because of the confusing and contradictory advice that has taken the place of mana wahine maternal knowledges.

What is more the hurt and whakamā experienced by previous generations is often lived by women today. This is illustrated in the following narrative. Marama elaborates on her feelings of hurt at her realisation of all that was denied to her mother:

I reflect on this and feel sad for my mother and for my grandmother who would have been the person to tell my mother about these things [traditional birthing knowledges and practices] ... I also feel aroha for them because Mum grew up at a time when being Māori wasn't the proud claim it is for many of us today. Many of Mum's generation were encouraged to let go of much of their Māoriness [sic], to become Pākehā. And to a large extent they did. Much of their ability to take on the values of Pākehā was due to the fact that they were brainwashed by society, one way or another, into believing that Māori didn't know what was good for them, and that a lot of their mātauranga Māori wasn't of value (Diary entry, December 2009).

Marama demonstrates a deep understanding that her experience today is embedded within a historical framework of oppression that has impacted upon her mother (and generations prior to them). The silence, mamae and whakamā of previous generations' experiences of pregnancy and birth, in this instance, is lived and embodied through whakapapa. This is particularly so when our mothers, grandmothers and/or great grandmothers have had difficult, horrible or embarrassing birthing experiences. It is my contention that silence is not always confined to the individual but can be produced and reproduced in the experiences of women across generations. In other words, silence, like shame, "can be gifted down through the generations" (Probyn 2005, 92).

Breaking the silence

It was you who shattered sound
Let the karanga fly
As you called your child to break into the outer world (Kahukiwa and Potiki 1999, 58).

We continue to live with, and are shaped by, the silence (both contemporary and historical) that surrounds mana wahine maternities. Māori women, however, are not passive victims of this silence. They actively shape silence. In fact, some women

choose silence as a strategy of resistance. For example, women choose not to participate in antenatal education, only reveal partial bits of information to others about birth plans and perform karakia in ways that are unheard. These can all be very powerful acts of resistance (further examples of resistance can be found in the Chapters Six, Seven and Eight). In other words, there is a difference between a silence that cannot speak and a silence that will not speak.

Trying to explain the silences that she encountered in Wanigela, Papua New Guinea, Yvonne Underhill-Sem (2000, 242) ponders “the possibility of silence about pain as a show of ‘strength’, because talking about any pain associated with hardship is an admittance of that hardship”. This could very well be the case for the silences pertaining to mana wahine maternal knowledges. Okeroa explains that her mother rarely spoke about her body, let alone spoke about mana wahine maternities and tikanga pertaining to the maternal body. At the wānanga, Okeroa explains:

See my mother never talked to us about giving birth or any of the practices that go with it ... She was in that era the 1930s, '40s probably the '50s too when you never really talked about your body and your bodily needs and that kind of thing ... I got the lecture about “we don’t talk about those kinds of things. It’s all personal and you keep it to yourself” (Wānanga Ipu Group, September 2010).

When you understand the dramatic changes to birthing that Daisy, Okeroa’s mother, lived and embodied in and through the births of her 15 children it is possible to see why she kept quiet about ‘those kinds of things’. Yvonne Underhill-Sem (2000, 247) comments: “there are clearly things to know beyond the spoken text. But, the silences I ‘heard’ about pregnant and childbearing bodies did not indicate ‘fear of’, as much as ‘respect for’ them.”

The assault on mana wahine maternities by colonialism has stripped the tapu of birth and with this the respect that ought to be afforded the maternal body. It is little wonder, then, that many of our ancestors kept their thoughts to themselves and remained silent. It was likely that their personal stories of pregnancy, birth and mothering were some of the only things that couldn’t be stolen, violated, controlled, marginalised, or vilified.

Not only are women today giving form to silence but they are also actively working to break it. For many it has been the experience of birth that has prompted them to

do so. Pregnancy, childbirth and becoming a mother are profound and life changing moments. Numerous feminist and indigenous authors alike have reflected on their own experiences of pregnancy, birth and mothering and argued for the transformative potential of the maternal journey (see Anderson 2000; Baraitser 2009; Longhurst 2008; Rich 1976; Simpson 2006). The maternal journey can be an impetus to claim a politics of self, of motherhood and of culture that may not have been a focus otherwise.

Kim Anderson, of Cree/Metis descent, (2000, 6) writes that “as a new mother in the mid-1990s, I was overcome with a desire to learn about indigenous customs related to pregnancy, childbirth, infant care, and ceremonies that honour children’s life passages”. So too, a number of women in this research shared that their own maternal journeys prompted them to search for and reclaim mana wahine knowledges. Marama, for example, attributes her experience of birth as the impetus to learn more about the tikanga associated with birth. She explains:

Since the birth of my baby, and largely because of the birth of my baby, I have learnt much more about the tikanga associated with childbirth. And I hope to learn more, for me, but also for my daughter, who I hope will not have to struggle so hard for her Māori identity to be a normal part of all aspects of her life (Diary entry, December 2009).

Teah also sees the birth of her son as a catalyst for her to reclaim mana wahine knowledges, stating:

That is something that I will do for my next births is to keep searching and looking all the time to bring more and more of it in. But I was just stoked I could do a couple of things for this birth (Interview, December 2009).

Hiamoe shares how it was her daughter who guided her to learn about Māori birthing and ultimately to midwifery.

I think she [her daughter] was my first teacher.

She then directs her kōrero to my daughter, who was present at the interview. She says:

Just like you Anahera planted the seed within your mummy’s hinengaro [mind] about how you wanted to be born (Key informant interview, September 2010).

It is not just the experience of becoming a mother that has prompted women to reclaim mana wahine knowledges. The feelings of whakamā and mamae that some women have felt have initiated a deep seated desire to break the reverberations of silence in their own experiences and in the experiences of their ancestors.

In her book about shame, Elspeth Probyn (2005) posits the argument that shame as an emotion is so deeply felt that it can trigger a re-evaluation and redefinition of self and therefore has productive capacity to facilitate change. I contend that a similar conceptualisation of silence, more specifically the feelings of whakamā that have accompanied it, could be useful here. Whakamā can result in a critical self-reflexivity that can reveal possibilities to shape the silence through resistance and break the silence by reclaiming a mana wahine geography of birth. For Marama, the feelings of mamae and whakamā that she felt at various times during her pregnancy and birth led her to a place where she could reclaim mana wahine knowledges and as such reclaim the mana and tapu of birth for her, her mother and her daughter. She explains:

My mum, her generation hadn't had that opportunity. So it was really important to me that we started to take back some of those old practices ... and so with my pregnancy I was of the conviction that we'll do it this way. Asking those questions, it gets something going (Interview, December 2009).

Similarly, at the wānanga Caroline reflects on the way her experience has initiated her search for mana wahine knowledges so that she can share this with her children and grandchildren. She says:

I had no idea where I was going to put my placenta or anything. So they just disposed of it at the hospital. Were you given a choice? No. ... which I am sad to say I didn't know; not even my mother told me, which is sad. Never mind. I'm here now and I can share it with my daughters who are having babies now and they're learning, you see (Wānanga harakeke group, September 2010).

Breaking the silence is an important part of the decolonising agenda. It should be remembered, however, that the 'other' hasn't always been silent. In reclaiming mana wahine maternities, then, "we need to dispel the myth that the 'other' has been historically silent. By all accounts Māori women are noisy" (Johnston and Waitere 2009, 14). What is more, Hawaiian scholar Renee Louis (2007, 130) points

out that “our voices may have started out as a low murmur from the margin but it has now become a distinct and unified cacophony of resistance and distrust”.

Conclusion

In this chapter I have sought to give form to the silences that surround mana wahine maternities. I argue that colonialism has attacked virtually every aspect of mana wahine knowledges. It has sought to assimilate us, destroy our language, outlaw our experts and intellectuals, and take and pollute our lands and waters. As a result the colonial project serves to largely silence mana wahine maternities and this is lived (experienced, embodied, negotiated and resisted) by wāhine in their experiences of birth today.

I began by revealing the difficulty that women in this research had accessing mana wahine maternal knowledges, particularly iwi and hapū specific knowledges. I listened carefully to participants’ narratives for the voices of our ancestors only to find that for many of us the stories of our tūpuna are low murmurs, whispers and at times they are voiceless. That is not to say that the unsaid is unknown. In fact, Māori women have intimate ways of knowing and being that have, for centuries, instilled them with mana and given them confidence in their own ways of birth.

I reflected on the notion that traditionally iwi and hapū were a ‘listening culture’. Knowledge was imparted from generation to generation implicitly – it was lived and embodied in the everyday and collective performances of mana wahine and therefore may not have needed to be spoken. A number of women in this research reflect on the idea of a ‘listening culture’ and recognise that this was the ideal way of learning about mana wahine maternities. They also, however, understand that the social, cultural, political and economic conditions that facilitate this way of ‘knowing’ have all but been destroyed.

I examined the darker sides of silence. It is argued that technologies of colonialism sought to dismantle the foundations upon which mana wahine knowledges were reliant. The destruction of traditional formations of iwi and hapū, the marginalisation of te reo Māori and the desecration of our lands have all served to disconnect women from a knowledge base that supports and celebrates the maternal body. The impacts of this are immense and are felt by women in this research. A forced quiet, at the hands of colonialism in matters pertaining to mana wahine maternities, continues to be felt by participants today.

A number of women turn to mainstream maternities to try and make meaning of their experiences of birth, however, the spaces of maternity - many of which are considered seemingly 'natural', objective and authoritative - are all imbued with social, cultural and political messages about what is considered the 'right', 'good', 'best', and 'safest' way to birth and to mother. Examples are provided to illustrate how women can feel isolated and alienated in such spaces of birth. For some women they have to choose which discourses they want to, or need to, incorporate and which they can and will reject.

The final section of this chapter confronts the silence. It is too simplistic to say that Māori whānau gave up their knowledges about pregnancy and birth at the issue of colonisation. The situation is much more complex and the silence afforded to maternal knowledges by some whānau could just as easily be seen as strategies of resistance as it enabled whānau to retain their knowledges and the mana of that knowledge and not relinquish it into the manipulative hands of the colonial project. Participants reflected on the fact that the impetus for them to resist and to break silence was the birth of their child/ren. In the hope that their children will not have to struggle against colonialism, in the same ways that they have, participants are beginning to voice what has previously remained unspoken. For many their karanga to their children is becoming so loud that they shatter the silence.

In Chapter Six, I turn again to the voices of our tūpuna and examine how mana wahine knowledges can transform understandings of the maternal body and subsequently experiences of birth. Drawing on participants' stories I seek to reveal the challenges and possibilities of reclaiming the whakapapa of the maternal body.

Chapter Six - Te whare tangata: intimate entanglements

Te whare tangata, literally translated means the house of humanity. Te whare tangata also refers to female reproductive organs and more specifically to the womb - the place of conception, growth and nurturing.⁸³ More than the corporeal though, te whare tangata is intimately entangled with whakapapa, whenua and wairua. A mana wahine reading of the maternal body as te whare tangata makes inextricable the individual from the collective, the physical from the spiritual and the present from the past and the future.

This chapter reconfigures understandings of the maternal body from a mana wahine perspective. Previous chapters demonstrate how Māori maternities and maternal bodies are intricately woven into the colonial fabric of Aotearoa. Attempts to unravel these threads are important to the reclamation of mana wahine maternities. It needs to be remembered, however, that colonialism is not *the* defining feature of Māori women's subjectivities. It is imperative, therefore, to look beyond colonialism to those knowledges that provide women, and whānau, with ways of knowing and being in the world that recognise and celebrate the mana and tapu of the maternal body and of women more generally. I posit that a mana wahine reading of our cosmologies, histories and geographies can do just this.

Drawing together participants' narratives and cosmological stories this chapter illustrates how reclaiming mana wahine maternities can provide women and whānau with an empowering body of knowledge that destabilises dominant colonial and patriarchal conceptualisations of the maternal body. Further, reclaiming the stories and knowledges of our ancestors has incredible transformative potential for the ways in which the maternal body is understood and treated presently and in the

⁸³ It is acknowledged that not all women are able, or choose to conceive, grow and birth children, and also that a woman's capability to do this changes over their life course. In Kaupapa Māori terms this is referred to as whare ngaro [the lost house] meaning that the whakapapa line had ended. Glover (2008) explains that this term was used in a respectful way. Furthermore, women that were whare ngaro continue to play significant roles in pregnancy, birth and childrearing and therefore could still be considered maternal bodies. As will be demonstrated in this chapter the concept of te whare tangata, however, refers to the potential for conception, growth and birth whether realised or not and the mana and tapu that is ascribed to te whare tangata applies broadly to all women. See Chapter Eight for further discussion of te whare ngaro.

future. It could be said that the future of mana wahine maternities extends behind us.⁸⁴

It is striking that across all participants' narratives the maternal body is not discussed in isolation from a wider politics of community, language, land and spirituality. Reclaiming mana wahine maternities, then, is as much about the maternal body as it is about whakapapa, whenua and wairua. In this context, it becomes almost impossible to talk about one without reference to the other. This chapter, therefore, is arranged around these three themes.

First, I discuss the significance of whakapapa to the maternal body. Within the stories and experiences of atua and tūpuna wāhine it is possible to find powerful and empowering messages for women's understanding of birth in the present. The whakapapa of birth reveals a great deal about the mana and tapu of te whare tangata. This is not always recognised or acknowledged as such. As a result some participants felt that their modesty and bodily integrity is compromised during birth. It is evident, therefore, that reclaiming, affirming and celebrating te whare tangata as whakapapa embodied can have very real implications for how maternal bodies are understood and treated by both ourselves and others.

Next, I move on to illustrate how the maternal body is intimately entangled with land and the 'natural' environment, both of which are personified by perhaps *the* most important maternal body, that of Papatūānuku. A number of participants reflect on their connection to Papatūānuku and describe how this relationship was heightened during pregnancy, birth and even after birth. This is embodied in the duality of meaning of the word whenua [meaning both placenta and land] as well as the concept of te ūkaipō [the night feeding breast]. It is argued that the boundaries between women's bodies, their babies and the land can begin to disintegrate when understood through these concepts. There are important possibilities but also challenges for women within the contemporary context of birth in Aotearoa.

Finally, the spiritual geographies of birth are explored. The manifestation of wairua varies across women's narratives. It is significant, however, that all women in this

⁸⁴ This is a common idea within Māori communities and can be seen in the oft quoted phrase "hoki whakamuri kia anga whakamua – look to the past in order to forge the future". When speaking of the past the phrase "I ngā wā o mua" is often uttered which means those days which are in front of us, thereby reinforcing the idea that the past, present and future are intimately connected.

research reflect on the important role that wairua plays in their maternity experiences. Hegemonic colonial representations of the maternal body can distort and detract from the power and potency of te whare tangata. In spite of this, the significance of wairua, whether it is through the presence of family who have passed away, the use of karakia or simply creating a ‘calming’ atmosphere, is integral to the embodied experiences of birth for many of women in this research. The spiritual and physical are inextricably linked and the implications of this to understandings of the maternal body should not be underestimated.

Whakapapa embodied

Understanding the whakapapa of te whare tangata can transform how women and whānau experience their maternal bodies in the present. I should point out that the whakapapa stories shared throughout this chapter are not put forward as a totalising account of cosmology and creation within the Māori world. There are distinct and unique tribal, hapū and whānau variations of these stories.⁸⁵ In other words, there are multiple stories and histories. What is presented here is one reading of these stories that seeks to illustrate the significance of whakapapa, whenua, and wairua to women’s understandings of their maternal bodies. There is a political imperative in doing so. Reclaiming and rereading the whakapapa stories of our ancestors from a mana wahine perspective, I believe, has the ability to transform how maternal corporeality is read and understood by ourselves and others.

This was not lost on participants. A number of women reflect on the significance of whakapapa to their lived and embodied realities. Okeroa, a Raukawa kuia, says:

That’s what we grew up with [stories]. That it is a story; it’s just story telling. But in actual fact, for Māori that is us; that is actually how we function and how our customs and our traditions evolved (Wānanga, ipu whenua group, September 2010).

The significance of whakapapa stories to women’s experiences of birth was also explained by Lisa, kaiwhakawhānau in the Eastern Bay of Plenty. She has developed a Kaupapa Māori antenatal programme *Te Hā Ora*. In this programme

⁸⁵ See Aroha Yates-Smith (1998) for some of the iwi and hapū variations of these stories.

wāhine and whānau can begin to reconfigure their maternal bodies through an understanding of whakapapa. She explains:

Part of starting Te Hā Ora, my antenatal programme, was getting them [whānau] to connect back to their roots and to learn about their whakapapa and just the tikanga around being hapū ... we have karakia, we do whakawhanaungatanga. We start right back at Hine-ahu-one, like the creation of women and then we talk about whakapapa. So we go right back to then and we follow the process all the way through until the baby is six weeks of age (Key informant interview, June 2010).

In this explanation, Lisa demonstrates that the maternal body is intimately connected through whakapapa to generations past and to generations to come. It is by revisiting those whakapapa stories that whānau who are part of her programme can draw clues and resources to help them make sense of their maternity experiences in the present.

Creation stories are not designed to be merely historical accounts but rather can be statements about our current realities. Similarly, Kirsten Gabel (2013, 56) points out that “we should not be afraid to reconsider the stories of our cosmologies, to reassess them, critique them and to come up with our own relevant interpretations”. In doing so, I contend that it is possible to connect the past to the ideals and yearnings of the present. Ani Mikaere (2011, 285-286) talks about whakapapa in a similar way, writing:

Whakapapa embodies a comprehensive conceptual framework that enables us to make sense of our world. It allows us to explain where we have come from and to envisage where we are going. It provides us with guidance on how we should behave towards one another and it helps us to understand how we fit into the world around us. It shapes the way we think about ourselves and about the issues that confront us from one day to the next.

Whakapapa, then, is much more than ‘genealogy’. It is an intricate web of connections, intersections and relationships that serve to connect the maternal body to the cosmologies, histories, geographies and spiritualities of te ao Māori. The usefulness of whakapapa as a framework to reclaim and understand the maternal body cannot be stressed enough. In fact, the whakapapa of birth, read from a mana wahine perspective, is the birth of whakapapa.

In this context, maternal bodies become inseparable from a wider politics of land, language and spirituality. This becomes apparent in descriptions of te whare tangata. Ani Mikaere (2003, 31) states:

The significance of the whare tangata is rooted in the creation of the world in the overriding tapu of whakapapa ... the inherent tapu of each Māori person is sourced in their connection, through whakapapa, to the rest of humanity, to the gods and to the environment. The role of women, as the bearers of past, present and future generations is therefore of paramount importance. The survival of the whānau, hapū and iwi is dependent upon the reproductive functions of women.

To talk about the maternal body in this way requires a multitude of connections across time and space.

Within western colonial ideologies the intimate entanglements of a concept such as te whare tangata are often considered ‘messy’, ‘complex’, even ‘illogical’. The goal of such a framework is to separate, compartmentalise and rationalise (and in many cases erase) the histories and stories that speak to the mana and tapu of te whare tangata. This was raised at the wānanga in relation to hospital policies of the past:

Claire: *There is so much separation aye? Separating the whenua from the earth and then separating the mother from the babies (Wānanga, ipu whenua group, September 2010).*

Claire’s reflections relate to hospital policy that forbid women and whānau to keep the placenta and that separated babies from their mothers by putting the babies into nurseries. Equally, though, her reflections could apply to broader colonial ideologies that fail to see the interconnections and interdependencies of te whare tangata to the histories, geographies and spiritualities of women and whānau. To my mind, the beauty of whakapapa is that it provides for this.

Reconfiguring the maternal body from a mana wahine perspective is about reconnecting women to the whakapapa of the maternal body. More than this though, with an understanding of te whare tangata it is recognised that maternal bodies *are* whakapapa embodied. This was made clear in some of the stories shared at the wānanga. Okeroa spoke about the symbolic transition between Te Kore, Te Pō and Te Ao Mārama:

Prior to the creation there was nothing, or what we call, Te Kore – there's a nothingness, and then out of the nothingness ... there was this vibration, and out of the vibration evolved Ranginui and Papatūānuku being embraced together, so strong – Te Pō; ... and then of course, once their children decided to separate them then the light came – Te Ao Mārama. ... When we look at birth. When baby's inside the womb in a safe environment, in Te Kore – that kind of nothingness but not quite nothingness, there's still ... potential. And baby is still connected to their mother, so there is still something there. So being inside the womb there is Te Kore, they're safe, they're free to move around, they're also able to grow and develop. When the birthing starts, as they move out through the birth canal and they get into that really tight position ... it is like being in Te Pō – the darkness. Then as soon as their heads crowned they move into that light – Te Ao Mārama (Wānanga, ipu whenua group, September 2010).

What this narrative highlights, quite clearly I think, is the way in which whakapapa is embodied in and through te whare tangata. The maternal body thus becomes inextricable from whakapapa. There are variations across written and oral accounts about Te Kore, Te Pō and Te Ao Mārama. For example, another version defines the womb as being in a state of Te Kore prior to conception and then once fertilisation occurs it becomes Te Pō (Calman 2004). There is some consistency across these accounts, however, that the phases of Te Kore, Te Pō and Te Ao Mārama, that brought the world as we know it into being, maps onto the birthing process and onto women's bodies (see Calman 2004; Mikaere 2003; Yates-Smith 1998).⁸⁶ This is further reinforced through the representation of the womb space of woman as a whare.

Whare tangata, literally translated means house of the people. The symbolism between the womb space of women and the physical building of a whare is significant. Okeroa elaborates on this:

When we look at the relationship to the meeting house, when you move outside you are in the light – Te Ao Mārama. When you step from Te Ao Mārama the world of light outside to the door – the threshold of the wharenui, you're in Te Pō because you are the only one who can fit through the door – so you're in that tight position of being in the darkness, when you step

⁸⁶ It is interesting to consider the symbolism of Te Kore, Te Pō and Te Ao Mārama and the disruption of the movement between these phases in the event of caesarean section births. There is some evidence to suggest that in former times, Māori may in fact have conducted caesarean forms of birth, when needed (see Gabel 2013).

through the threshold, through the door into here [inside the wharenui] I maintain that when you come into the whare you are in that kind of void – Te Kore, the nothingness of being safe, secure of anything harmful. I have always likened the tūpuna whare [ancestral house] to te whare tangata. In most iwi and hapū their wharenui is a woman. It may be named after a male ancestor but once you enter into the wharenui you are deemed to be entering into the female essence of the ancestor (Wānanga, ipu whenua group, September 2010).

Through the concepts of Te Kore, Te Pō and Te Ao Mārama Okeroa draws together the physical building of the wharenui, the cosmology of creation and maternal corporeality. Aroha Yates-Smith (1998) makes a similar point that although the wharenui is often referred to as Tāne-whakapiripiri [male atua personified in buildings that provide shelter] it is within the whare that the feminine resides. The female element, she says, is often not spoken about but through whāriki, tukutuku panels and kākahu within the whare “the feminine remains locked in the history of symbols” (Yates-Smith 1998, 271).

Te whare tangata: the sanctity of the maternal body

The whakapapa of te whare tangata not only demonstrates the intimate entanglement of the material, discursive and spiritual but it speaks to the mana and tapu of the maternal body. Ani Mikaere (2003, 90), notes:

The role of women as whare tangata was highly valued according to tikanga Māori is evidenced by the centrality of the female reproductive functions to Māori cosmogony and the powers attributed to the female organs in mediating the boundaries between tapu and noa. It is also apparent from the pivotal role that women played in preserving the lines of descent, from the gods to present and future generations.

Understanding te whare tangata, the womb space of woman, brings to bear the sanctity of the maternal body. This, however, is not always understood by health professionals or even within some whānau themselves. As such, the tapu of te whare tangata can be denigrated.

Perhaps the most vivid example of this was shared by Marama, who was in her early 40s, who wrote about the induction procedure:

The induction procedure is fairly straightforward – well if you’re a midwife I guess it is. You stick the induction gel on your gloved finger, put your finger into the woman’s vagina, feel for

the cervix and smear the gel all over the cervix. For me, it was awful! (Diary entry, December 2009).

Mārama goes on to explain that once labour was established things did not get much better:

I was so worried that they would come in and see my fanny gaping wide with a baby coming out. Yes, even in all that was going on I was worried about my dignity! (Diary entry, December 2009).

Who ‘they’ are exactly is not determined in this conversation; it could be family, doctors, midwives or strangers. What is clear is that Mārama felt she was not afforded the appropriate level of dignity and respect during her birth. Within a mana wahine framework this can be read as a breach of the mana and tapu of te whare tangata.

Unfortunately, Marama’s experience is not unique. In a 1998 study of maternity experiences for Māori women (Rimene *et al.* 1998) it was recorded that a number of women expressed concern over the lack of personal dignity they were afforded during childbirth. Similarly a study about Māori perceptions of assisted reproduction found that some women were fearful of in vitro fertilisation treatments because of the potentially invasive techniques that may be used (Glover 2008). In a broader context, Fiona Cram and Linda Smith (2003) point out that a number of health checks and medical procedures for women are culturally and physically invasive. For example, they explain that, many Māori women feel embarrassed about cervical smear testing. This was expressed in the Cartwright Inquiry Report⁸⁷ that for Māori women the “cultural mores of modesty are not understood by, or even recognised by most health professionals and especially doctors” (Cartwright 1988, 115).

A number of other women in this research were also concerned about the dissolution of bodily boundaries during breastfeeding. For one woman in this

⁸⁷ The Cartwright Inquiry looked into allegations concerning the treatment of women for cervical cancer at National Women’s Hospital undertaken in 1987. Sylvia Cartwright, an Auckland District Judge was appointed to conduct the inquiry. The report of the Committee of Inquiry into allegations concerning the treatment of Cervical Cancer at National Women's Hospital and into other related matters was released in 1988.

research,⁸⁸ her midwife was very physical in the way that she assisted with the initial stages of breastfeeding. The discomfort this woman felt is described below:

One of the things that I found most uncomfortable was when I first had baby and they tried to get her to feed. The midwife grabbed my boob; like it was not even part of my body. So that was probably the most invasive, even though they had 'seen' everything else during birth, it was still like they were actually physically touching your body. Yeah that was really uncomfortable, just my personal space being invaded.

Her narrative is clearly and powerfully depicted in this photo that she provided, see Figure 6.1.



Figure 6-1: Photo of a woman being 'assisted' to breastfeed

Other women at the wānanga also found it invasive and embarrassing to be 'taught' to breastfeed by hospital staff in this way. Shannon, mother and grandmother, explains that when she had her children in the 1970s and 1980s:

They taught you how to breastfeed. They – the nurses, they put the babies on there and everything like that ... and quite invasive to your body then for them to just help themselves. When you're young and it's your first baby you don't know (Wānanga, ipu whenua group, September 2010).

Okeroa felt similarly:

⁸⁸ With her permission I do not identify this participant explicitly in this narrative as the photo that she has shared is very personal. Further, there is potential for the midwife involved to be identified.

They just went like this, and squeezed them: well you know how tender your breasts are (Wānanga, ipu whenua group, September 2010).

Ironically, Okeroa explains that while the nurses ‘helped themselves’ to her breasts to teach her how to breastfeed, she was not permitted to demonstrate breastfeeding to her sister when they shared a room in the local maternity hospital. Okeroa and her sister had their daughters at the same time in the 1970s. They both shared a room during their postnatal stay. She elaborates:

When we were in the hospital, we were both in the same room together and every time it came to breastfeed our babies – the nurse would come in and pull the curtain between the two beds and say that when it’s feeding time you need to feed the babies in private. Two sisters, whose babies were virtually the same age, in the same room and we were not allowed to feed with each other ... that was the kind of pressure we were put under at that time which was just ludicrous. My sister had trouble trying to get baby on the breast and I was okay because I had learned as much as I could by talking to our mothers about breastfeeding (Wānanga, ipu whenua group, September 2010).

Alison Bartlett (2004, 39) writes that for many Aboriginal communities in Australia the situation was similar:

knowledge about birth and breastfeeding [in Aboriginal communities] is transmitted through looking and learning from other Aboriginal mothers and grandmothers rather than asking questions, which antenatal and postnatal clinics expect, but which mothers and grandmothers would consider bad manners.

Okeroa and her sister were not allowed to assist each other with breastfeeding under the auspices that this was “private business” but at the same time were subjected to the physical manipulation of their breasts and their bodies by the nurses. As it happens Okeroa explained that when the nurse left the room she would pull the curtain back so her and her sister could feed their babies together.

The physical and discursive manipulation of women’s bodies during pregnancy, birth and after birth can be invasive and isolating. In examining such instances it is possible to reveal the ways in which constellations of power are arranged and play out on the bodies of birthing women. This was not lost on many of the women in this research and they reflected on the role that Christian discourse played in disconnecting women from the mana and tapu of te whare tangata.

Mia: Our bodies were respected. Like you look at Christianity and that's where you start to get shame and then you're embarrassed ... when all that Christian reality came in and it changed your view and you viewed it as being something that's dirty ... yeah it's not like that in our carvings ... but then you get Christianity and then you start to look at genitalia and think 'oh that's something you cover cause you're ashamed of it'. That's not how it was (Wānanga Ipu Group September 2010).

What Mia is referring to is the way that Māori women's bodies were inscribed, clothed and supposedly 'cleaned' up by Christian missionaries. For example, missionaries were particularly concerned with transforming Māori women's appearances. As Kathryn Rountree (2000, 52) explains "the missionaries wanted to clean, clothe and control the Māori body, believing this would make them more amenable to the gospel". More than just the outward transformation of women's maternal bodies though, Māori women and whānau were instructed by biblical discourse that they had to pay for the sins of Eve as can be seen in the book of Genesis – "in sorrow shalt thou bring forth children" (New International Version, Gen. 3.16). This is in direct conflict with Māori understandings of te whare tangata as the powerful and empowering force which sustains and maintains whakapapa.

The limited understanding about the tapu of te whare tangata can be traced back to colonial and patriarchal ideologies about Māori women. Makereti (1938) points out that representations of Māori women by colonisers were often as 'sexually available and free' when in fact Māori women were very modest and it was the utmost insult and embarrassment if a man saw or touched your vagina, outside of courtship or marriage. She goes on to say that historically for many women they would rather die than have this happen. The desire for modesty that Makereti refers to continues to be felt by women today, but it is not always understood why.

Ngahuia Murphy (2011) puts forward a different argument. She suggests that it is the language of the coloniser that has served to make women feel shameful and embarrassed about their maternal bodies. She argues (2011, 53) that "after almost two centuries of colonial contact Māori women shuffle around language about their reproductive body in complete contrast to our ancestresses who celebrated their sexuality through compositions that are still sung today". As evident in our whakapapa stories, karakia, waiata and mōteatea and in the very concept of whare tangata, this is not how our tūpuna understood maternal bodies. I think where these arguments converge is that there was power and tapu attributed to women's

maternal bodies that was/is not always understood or respected by colonisers. Perhaps what is even more devastating is that many whānau have internalised colonial and patriarchal discourses and therefore have limited understanding of the tapu of te whare tangata.

Reinstating the sanctity of te whare tangata can have very real implications for the treatment of women during pregnancy and birth. One midwife explains how her practice is transformed by bringing the tapu of te whare tangata to the fore.

Heather: That's te whare tangata and I don't go there willy nilly. If you tell me you're in labour, you're in labour. You might be in pre-labour in my clinical judgement, but in your head that's labour. So it is working through what are the best ways to look after yourself in that pre-labour status; not to do a vaginal examination and say 'no your cervix is only one centimetre ... I am not going to tutu [fiddle] around in there if there is no medical, clinical need to ... I have my own integrity and wairua in that birthing space (Key Informant Interview, December 2009).

Christine Kenney (2009) has argued that current midwifery practice pertaining to miscarriage does not adequately account for Māori understandings and experiences of maternities. Similarly, Marewa Glover (2008) urges practitioners working with whānau in the fields of assisted reproduction to become more educated about the significance of te whare tangata. Both of these studies highlight an urgent need for culturally appropriate techniques and technologies within maternity services in Aotearoa that acknowledge and respect the mana and tapu of te whare tangata.

It is not only within the institutional spaces of birth that this challenge is made. Christine Rimene and others (1998, 32) argue that “one of the greatest tragedies of the modern world is that many Māori, both wāhine Māori and tāne Māori, have forgotten about the sanctity of te whare tangata”. More recently, research by Ngā Maia (2006), the national collective of Māori midwives, found that 87% of women who participated in a marae based workshop *Whakaoho i te mauri* about te whare tangata wanted to learn more. They note that “participants wanted to learn more themselves and were willing to engage in further training about most topics as well as new or related themes particularly mātauranga Māori birthing issues, Māori birthing kupu, rongoa, mirimiri/romiromi, oriori, whakataukī and waiata” (Ngā Maia 2006, 36).

Indeed, in this research few participants referred to te whare tangata explicitly. It was discussed most prominently at the wānanga by older wāhine and by kaiwhakawhānau. This being said, I came to learn very quickly during interviews and the wānanga that I could see the connections of women's narratives to understandings of te whare tangata and of whakapapa that they themselves perhaps did not see. Leonie Pihama (2012, n.p) explains this beautifully:

Whakapapa remains irrespective of our knowledge of it. Our tūpuna will always be our tūpuna. What is crucial is finding a way of ensuring that all of our people are able to access that knowledge in order to locate themselves and their relationships with their whānau, hapū and iwi. Therefore our agenda cannot be solely one of challenging modernist constructions of identity but it must encompass a process of reclaiming those knowledge bases that have been submerged through colonialism.

The challenge, herein, lies in reinstating the tapu of te whare tangata and in supporting our wāhine and whānau to have courage to understand and express this within, and beyond, the spaces of birth. It is by looking to whakapapa that we can do this.

Mana Tāne

I have argued in chapter two that mana wahine is intimately linked to mana tāne, mana whānau and mana Māori. This was something that participants at the wānanga spent some time talking about. Mia explains:

The woman houses the whare tangata ... but with whakapapa you've got the male and the female and the lashings that bind it together and bring it together through their children because they carry both whakapapa. So everything is balanced. There's always the male and female element and it's like you said; it's not that you're being anti-men, you know; men have their purpose and have their own things that they do (Wānanga, ipu whenua group, September 2010).

Okeroa makes a similar point:

We cannot exist without our men. The men cannot exist without the women ... we need to get back to creating the balance. It's a bit like what's happened here today; I think it's brilliant today that we've got the men over there [in the whare kai cooking] and the women here [in the whare nui sharing kōrero] (Wānanga, ipu whenua group, September 2010).

Our whakapapa is replete with legacies that speak to the interconnected and complementary roles of men and women.⁸⁹ Many of our stories have a female and a male element, although the feminine in these stories is often erased or pacified (see Chapter Two for further discussion about this). That is not to say that women and men had the same roles, rather, men and women possess their own autonomy which can be seen in the saying “he rerekē te mana o te wāhine, he rerekē tā te mana o te tāne/the mana of women is different to that of the mana of men.”

What whakapapa does make clear is that both men and women had responsibilities to protect the tapu of te whare tangata. This is explained by Kirsten Gabel (2013, 60):

the complementary roles evident in the guardianship and management of the various elements of the world provide us with an exemplary blueprint of the complementary importance placed on both the genders for the guardianship and care of children.

There is strong evidence that the role of men in pregnancy and birth was significant. In many cases men spoke to the child in the womb, recounted tribal histories and cosmologies through oriori, cooked for the pregnant women, and they even assisted with birthing the babies (for more see Reedy 2011; Mikaere 2003; Murphy 2011). My Koro helped Nanny Daisy birth her first three babies at home before the hospitalisation of birth forced him out of this role. Okeroa recounts part of this story:

Mum goes “Oh I think I am going to have this baby now”, so she goes inside. Dad puts the newspaper down on the floor and he sits on the chair and she squats facing him, in between his legs and that’s how she had baby. And he helped to push on her puku, and push the baby down (Wānanga, ipu whenua group, September 2010).

Colonisation, through the institutionalisation of birth, has had a severe impact on the role of men in maternities today. This has been well established by Ani Mikaere (2003; 2011) and I do not intend to go over this ground in detail again. What I will say is that as it stands hegemonic constructions of masculinity fail to recognise the mana or tapu of whare tangata. This is recognised by a participant in the study

⁸⁹ Recent research by Marewa Glover (2008) investigates the role of assisted reproductive technologies within Māori communities. Such technologies may illuminate new ways in which babies are being conceived and new ways that men and women’s roles are changing in birth.

Ūkaipō who states “the men are the kaitiaki of our whare tangata. Many men do not realise that today” (Rimene *et. al.* 1998, 30).

Māori men must be supported in reclaiming forms of masculinities that disrupt dominant colonial masculinities that have been so devastating to mana tāne and subsequently mana wahine.⁹⁰ We can look to whakapapa for ways that men can be supported to fulfil their role as kaitiaki of te whare tangata. It also became evident that expressions of mana tāne that can be found within our own whānau are equally as important in reconfiguring Māori masculinities and mana wahine maternities.

A number of participants reflected on the important role that men within their whānau (whether it was partner, husband, brother, uncle or father) played in their maternity experiences. Teah, who birthed at home, talks of the important role her partner took in the birth of their son. She also shares how her 17 year old brother came to help in the lead up to the birth.

I was getting lonely and bored so I asked my younger brother to come and stay with us. I'm sure it wasn't every 17 year olds idea of a great school holiday, but he came through for me and kept me company, did household chores, carried heavy things and even put up my birth pool (Diary entry, December 2009).

Karina, who gave birth by way of caesarean section, drew from the strength of her husband to help her through the anxiety and worry that came with this procedure. She says:

I had already drilled him [her husband], what he was to do. He's awesome. It is up to him now, I feel 'good for nothing' lying there. Once everything starts he is my rock, I look to him to my strength, to stop me from crying my eyes out ... he knows that when baby comes out he is not to leave her side, not for one second. He goes with her – no matter what (Diary entry, May 2010).

The strength and constant presence of her husband was one of the things that helped Karina to feel protected and safe during a procedure that can be isolating and scary.

In my own experience of birth the whakapapa of both women and men that I carry with me are significant.⁹¹ I am reminded of the importance of mana tāne when I

⁹⁰ For further discussion about Māori masculinities see Hokowhitu (2004).

⁹¹ In my whānau there are many strong and outspoken women, but I also want to acknowledge the expressions of mana tāne, the quiet strength, hard work and humility with which many of the male

look at my partner and his relationship to our daughter and also in the quiet, humble but strong way in which he supported me through pregnancy and birth. I reflect on this in a letter that I wrote for my daughter after her birth. I include a passage here:

We are blessed, you and I, because we have a tūrangawaewae that is ours; we have whenua to which we can return to revitalise our bodies and our souls. We have a whakapapa full of courageous and inspiring women who nurture and guide us and of strong men who support and protect us. We have a pou, in your father, who is as strong and steadfast as the mighty tōtara. These are the gifts of our tūpuna, our ancestors. This is our story, taku tamāhine, our story of growth, birth and of life (extract from 'Letter to Anahera', March 2010).

What I think these narratives reveal is that mana wahine and mana tāne are intimately entangled. This can also be seen when we look to the relationship between Ranginui and Papatūānuku. Rose Pere explains “when you look at the horizon where Rangi and Papa merge do you see a separation? There is no separation” (Rose Pere cited in Murphy 2011, 59).⁹²

Just as men have a responsibility to uphold and affirm mana wahine the reverse is also true. As women, we need to consider how we do this within our own relationships with our fathers, grandfathers, uncles, brothers, partners and I think importantly with our sons.⁹³ This requires supporting the reinstitution of mana tāne that is complementary to and respectful of mana wahine. This is reflected by Kim Anderson (2000, 239) about First Nations masculinities:

Nurturing doesn't stop at ourselves. We also need to encourage men to heal, recover and reclaim. We have many strong and powerful men in our communities, but we also have those among us who engage in alcohol and drug abuse or perpetuate sexual abuse or domestic violence. Some assume the patriarchal

members of our whānau carry themselves that can sometimes be missed. In a world where I see examples of men who ignorantly or willingly marginalise and subordinate the mana of women for their own gains, it is humbling and inspiring to be surrounded by men in my whānau (both on my mother's and father's side) who are not threatened by the mana, and quite frankly fabulousness of the wahine in my whānau.

⁹² I acknowledge that many of the whakataukī and quotes used for illustration here could be read as hetero-normativity. This is not my intention, however I do not have the space in this research to explore these issues in great depth. There are some researchers who provide a critical discussion of the hetero-normativity that is often associated with te ao Māori (see Hutchings 2012; McBreen 2012a).

⁹³ I am referring to sons in the broadest concept to mean not only those boys who a woman might birth themselves but all boys of the next generation including nephews etc.

dominance that they have been granted by mainstream politics and religion, and some suffer hard lives on the street.

We need to consider how we raise our boys to affirm and celebrate the mana and tapu of wāhine, just like we need to raise our girls to recognise and affirm mana tāne. We need to consider how we can raise our sons and grandsons to have an intimate knowledge of their own mana as Māori men that contests hegemonic hetero-patriarchy⁹⁴ and colonial conceptualisations of masculinity. We also need to consider the possibilities of multiple and varied gendered subject positions beyond male or female.

Reclaiming mana wahine maternities, therefore, requires reconfiguring hegemonic masculinities and the multitude of gendered subjectivities beyond male and female. The potential for further work in this space is desperately needed and could prove invaluable for mana tāne, mana wahine and ultimately mana whānau.⁹⁵

To conclude this section, the whakapapa of te whare tangata, the whakapapa of birth, is replete with legacies about resilience and the capacity for resistance, the unique place of women, the tapu of women's bodies, the power of female sexuality, the complementary roles of men and women within maternities and the central role of children within the community. I contend that these 'stories' - our whakapapa - has the potential to radically transform the way in which maternal corporeality is read and understood by women, their whānau, as well as those who are charged with the responsibility to care for maternal bodies. Furthermore, whakapapa tells us that the integration of the corporeal, symbolic and spiritual can be seamless. Through te whare tangata it is possible to account for the merging of self and atua, body and land, the physical and the spiritual. As Ani Mikaere (2003, 319) points

⁹⁴ I use the term hetero-patriarchy as it is defined by Jessica Hutchings (2012, 32) who states that "within hetero-patriarchy, heterosexuality and patriarchy are made to seem like the natural order. It is a framework which through necessity joins heterosexuality, maleness and power. It draws attention to areas where these oppressive forces intersect one another, reinforce one other and function together. The logic of hetero-patriarchy includes the on-going invisibility of takatāpui, gay, lesbian, transgender, transsexual and bi-sexual people and the construction and tolerance of dominant male violence alongside the intolerance of female violence against male abusers."

⁹⁵ There are a number of men, both within the academy and outside of it, who are working on reconfiguring hegemonic colonial masculinities. Brendan Hokowhitu (2004) gives examples of fictional work such as Don Selwyn's *The Māori Merchant of Venice* who portray Shakespearean play in te reo Māori and Witi Ihimaera's *Nights in the Gardens of Spain* which explores the lived reality of a bisexual Māori male father. Brendan Hokowhitu (2004, 276) points out that "increasingly, there are representations of Māori men that challenge dominant discourse described in this article ['natural' Māori sportsman], but typically these images lie beyond the dominant gaze".

out “this should not be surprising for the logic of whakapapa tells us that in the final analysis, we are our atua and they are us”.

Whenua: Land, Papatūānuku and ūkaipō

Descriptions of whenua as placenta and whenua as earth are plentiful (see Mikaere 2003, Pere 1994). One of the most illustrative descriptions is provided by Eva Rickard (1977, 5):

First whenua is land. Secondly, whenua is the placenta within the mother that feeds the child before birth. And when it is born this whenua is treated with respect, dignity, and taken to a place in the earth and dedicated to Papatūānuku ... and there it will nurture the child. You know our food and living come from the earth, and there also this whenua of the child stays and says ‘this is your little bit of land. No matter where you wander in the world I will be here and at the end of your days you can come back and this is your Papakāinga and this – I will receive you in death.

The reinstitution of the practice of returning the placenta to the earth is practiced by many whānau today in new and creative ways and I discuss this further in Chapter Eight. What I want to focus on here is the way that the concept of whenua serves to complicate the boundaries of the maternal body.

Feminists have argued that the pregnant body exacts a challenge to the dualistic frameworks inherent in hegemonic western thought blurring the boundaries between self and other, inside and outside, one and two (Longhurst 2008; Young 2005). The placenta does this particularly well. Peter Nathanielsz (1992, 65) elaborates:

The placenta is unique ... the only organ formed from two individuals, the placenta possesses a foetal component and a maternal component. This single organ formed from two unique individuals each with a different genetic make-up is unparalleled elsewhere in biology ... the placenta seems to break all the rules of individual identity.

The placental body, and therefore the pregnant body, the birthing body and the post-natal body of mother and baby, also break all the rules of Western dualisms. The concept of whenua further complicates this. Whenua as placenta and as land sees the disintegration of women’s bodies (and their babies’ bodies) with the body of the land. This can be seen in Figure 6.2 in a sketch that Teah did in her diary.

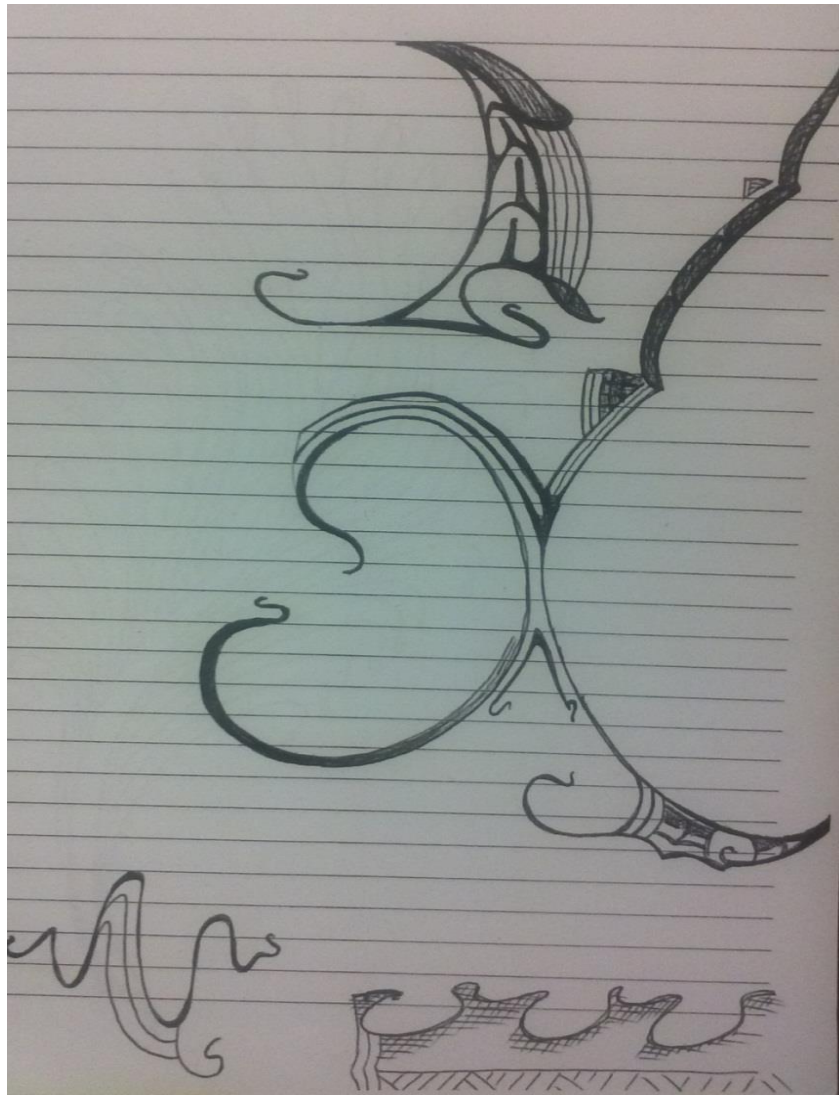


Figure 6-2: Pen sketch from diary

She wrote the following to accompany the sketch:

I did a bit of a doodle of my son growing in my tummy connected to Papatūānuku through his whenua, shown as an anchor, and his umbilical cord above his head connected to his mum. Above him is our waka Hauiti bringing his spirit to me from Hawaiki. The patterns and curves represent Ngāti Porou designs that reflect the sea and our connection to Tangaroa (Diary entry, December 2009).

It is through the whenua – the placenta – that Teah makes the connection between herself, her son and Papatūānuku.

Understanding the whakapapa of te whare tangata reveals the inextricability of women's maternal bodies from that of perhaps the ultimate maternal body, that of

Papatūānuku (mother earth). This is summarised by Aroha Yates-Smith (1998, 154):

Papa, whose whakapapa traces back to te Pō and further back again ... is te puna, the source of Hine. It is in Papatūānuku that the creative, generative principle resides, and it is because of Papa that her female descendants are imbued with these traits.

The connection to the physical landscapes of Aotearoa, to the earth, to the whenua, is often described by women, both within and outside of the academy, as feeling ‘at one’ with Papatūānuku. For example singer songwriter Ria Hall powerfully echoes this in her song “Ko au Ko ia” with the phrase “Aotearoa, I am her and she is me” (Hall 2011, n.p). Jessica Hutchings (2002a) also makes this point. She describes how the bodies of women, in her study of mana wahine and genetic engineering, are intimately entangled with the body of Papatūānuku and invoke imagery of being ‘one’ with her or ‘bound’ to her.

The birth story of Papatūānuku is important here. Born from te kōpū o Te Pō – the womb space of Te Pō - Papatūānuku made the same journey through the birth canal of the darkness and into the world of light. The phases of birth through Te Pō are described as a metaphor for the movement of a baby through the birth canal and then the emergence into Te Ao Mārama. Ross Calman (2004, 4) states:

First came Te-Pō-tē-Kitea, Te Pō-tangotango and Te Pō-tē-whāwhā, the unseen, then changing and the untouchable Pō. Then came Te Pō-namunamu-ki-taiao, the night of the narrow passage by which man [sic] enters the world; Te Pō-tahuri-atu, the turning, the movement; and finally Te Pō-tahuri-mai-ki-taiao, the turning, the movement through the narrow passage into the world.

The significance of this to understandings of the maternal body and to birth today is reflected in the simple but powerful statement that “the process which brings each of us into being, brought the world into being” (Mikaere 2011, 210). Through whakapapa each of us is united in a shared experience of residing in the womb space of Te Pō, moving through the various stages of Te Pō and finally being born into the world of light.

The entanglement of maternal corporeality to the whenua, does not end here. The separation of the embrace of Rangi and Papa to reveal Te Ao Mārama is a story with diverse iwi variations. Aroha Yates-Smith (1998, 128) writes:

Out of the darkness of te Pō, Rangi became aware of Papatūānuku lying below him and was attracted to her. They lay together, ‘ka awhi a Rangi, ka awhi ki a Papa’, with the children they bore lying in the close confines of their embrace. Their children (the number varies from version to version) eventually became dissatisfied with their cramped living arrangement, and following a heated debate as to how they should remedy the situation, one of the sons, Tāne, separated their parents. When they were rent asunder, Rangi and Papa lay weeping for each other. The space between them was filled with clouds and mist, sleet and snow ... the children, who were suffering from intense cold brought about by their parents’ separation, turned Papatūānuku over so that she would no longer see Rangi and would therefore cease producing such inclement weather.

The significance of this kōrero to birth is immense. It has been said that Papa’s experience of becoming separated from Rangi and her children was similar to the pains of labour and birth. Ani Mikaere elaborates (2003, 15) “as the children became restless within her, Papa experienced discomfort such as that felt during labour”.

Once separated Papatūānuku felt sadness for Ranginui. She also felt sadness at the fact that she no longer had her children within the safety of Te Pō – with the exception of Ruaumoko all her children had been born into Te Ao Mārama. In *Wahine Toa: Women of Māori Myth* Patricia Grace depicts how Papatūānuku may have felt about this writing:

So now Rangi dwells far above, giving space for growth ... he directs the warmth and light that nourish seeding, towards and into the earthness that I am, while I remain the nursing parent, clutching to my belly our trembling, fire-gifted child Ruaumoko (2000, 22)

Two participants reflected on a similar feeling once they had given birth. Keri wrote in her diary that she missed the intimate connection she felt to her son when she was pregnant. She explains:

I miss him physically being apart from me. I think when I was pregnant I felt like, knowing that we were connected and that we would always be connected (Diary entry, April 2010).

She goes on to ask a series of questions related to this:

Why do I mourn my belly? Kei hea tōku puku [where is my tummy]? Why do I want to be hapū [pregnant] again? Is it

about protection? Is it about intimacy and the closeness of our bond? (Diary Entry, April 2010).

Karina expresses similar sentiments:

At the time I felt a bit fat and uncomfortable. But it was the most I've ever felt 'in tune' with my tinana especially as baby grew bigger. I miss my puku, it was my comfort thing, she [baby] was right inside me all the time I knew where she was (Interview, May 2010).

Once separated the many children of Rangi and Papa were free to move around and begin their own pursuits and endeavours. Tāne made it his mission to create the human element that was missing in Te Ao Mārama. After several unsuccessful attempts (through which he created other elements and species on earth) he went to his mother and she directed him to her vagina, to Kurawaka. It is here, the most fertile region of Papatūānuku that the uha, the female element, existed and it was from this that the first female form was created. The breath of life was given and Hineahuone came to life – Tīhei Mauri Ora.⁹⁶

It is significant also that within the creation stories the first human form created is female. These stories serve to entangle maternal bodies with the land and environment. They also solidify the relationship between the maternal body and the land and this is reaffirmed in the concept of te ūkaipō [the night feeding breast].

Te Ūkaipō

An important concept that reflects the relationship between maternal bodies and whenua is ūkaipō. Loosely translated as 'the night feeding breast' or 'the breast that feeds in the night', it is said this concept was born from the words given to Tāne advising him to return to his mother 'kei wareware i a tātou te ūkaipō – lest we forget the mother who nurtured us at her breast' (Gabel 2013).⁹⁷ For Raukawa iwi it is also a term that was used when Māhina-a-rangi first breast-fed her new-born son Raukawa and this is commemorated in the naming of Ūkaipō marae at the foothills of the Kaimai ranges.

⁹⁶ This is a common phrase heard in formal and informal oratory and is used in a number of contexts today, thereby giving life and energy to what is to come (Penehira 2011).

⁹⁷ In her PhD research Kirsten Gabel (2013) states that while there are numerous references to te ūkaipō in historical accounts and narratives little is written that examines its full meaning.

The significance of this concept to mana wahine maternities is multiple. There are the obvious references to breastfeeding which serves as a powerful precedent set by Papatūānuku (see Glover and Cunningham 2011). More than this though te ūkaipō serves as a reminder of the significance and prestige that was accorded to maternal bodies, including perhaps *the* most important maternal body, Papatūānuku. Ngahuia Murphy (2011, 35) eloquently expresses this, stating:

Te Ūkaipō, a beloved name for Papatūānuku, refers to the pre-dawn breastfeeding hours when a mother provides her baby physical, emotional, intellectual, and spiritual nourishment and sustenance through the milk. The use of the term in relation to Papatūānuku speaks to the divinity of the earth in its capacity to nurture and fulfil all the basic needs of humanity.

Te ūkaipō wasn't a concept that was explicitly used by participants. They did, however, talk about their relationship to Papatūānuku, to feeling connected to 'nature' and to land and the importance of this to their understandings of maternities.

A number of women spoke of the desire they had to be in 'nature'. Being close to nature or in the environment helped some of the women feel a stronger sense of connection to Papatūānuku and to their own maternal bodies. Kelly, who lives in Hamilton, explains how she felt the need to be outside during part of her labour:

I spent a lot of time walking around outside; that really grounded me just being outside. It was a beautiful sunny day and John would walk around the garden with me, just round the back section, then we stopped when the contractions came and then we'd just carry on walking. Looking back at it being outside was grounding. I didn't think of it at the time; I just wanted to be outside but I felt connected to Papa, the trees and the birds and just being in the environment really helped (Interview, August 2010).

This sense of being grounded was also expressed by Teah who writes:

During my pregnancy and the labour process was a real binding and grounding experience for me. I felt that when I was pregnant I was connected to the land. I don't know what I felt before pregnancy but I guess I was sort of floaty, detached from Papatūānuku. When I was pregnant I think that spiritually the weight was holding me down and I felt grounded and empowered. This is my standing ground. I feel connected as

well, before I saw myself still as a girl and now I feel like a woman (Diary entry, December 2009).

Te ūkaipō is a concept that is integral to women's experiences of maternities. Kirsten Gabel (2013, 12) identifies two ways in which this concept can work to reconfigure maternities:

Firstly ūkaipō is referred to as a term for mother; acknowledging her as the person who provides the 'night feeding breast' and thus life and sustenance to a child. Secondly, it is a term that denotes a place or space that a person feels a life-long physical and spiritual connection towards.

This was reflected in participants' narratives. Sarah, aged 30-34, had a difficult time during her pregnancy because one of her whānau had a terminal illness. Returning to her ūkaipō and to the relative peacefulness of her awa (river) was healing for her. She says:

We [her child's father and herself] went down home for a week. It was fantastic going up the river in my gumboots with both of us naked, me with my big puku, you know I was just in the river bed. It was awesome (Interview, January 2010).

Her connection to Papatūānuku, she explains, was 'enhanced' by the relative purity of the water and being 'at one' with the environment. She was not the only one who felt this way.

Keri, age 25-29, also felt a particular affinity to water specifically the ocean.

It was surreal lying in the water and just being by me. I wanted to be around just the naturalness, and away from the city and from home, and the everyday things. I was drawn to those places like Ohope and Raglan. There was no clutter of the world down there, everything seemed easier and manageable (Diary entry, April 2010).

Keri uses somewhat different language from others who found their pregnancies 'grounding'. For Keri her particular connection to 'nature' was because it enabled her to be somewhat 'disembodied' and to 'escape' the everyday and 'the clutter of the world'. Her experience in the waters of the ocean can be likened to residing in the waters of the womb – free from the clutter of the 'external' world.

As can be seen in the kōrero above, the significance of te ūkaipō for many women lies in the phrase 'e hoki ki tō ūkaipō' 'return to the night feeding breast', which is

used to direct one to that place which gives them physical and spiritual sustenance to recharge and regenerate. It is this ability to return, or for some retreat, to a place where they can be nourished physically and spiritually that can enable them to resist colonialism and patriarchy in their experiences of birth.

For one woman in this research, the relationship between women and the earth provided her with an alternative and oppositional way of knowing and being that enabled her to resist the imposition of certain medical controls over her maternal body. Marama had undergone treatment for breast cancer prior to and during her pregnancy. As well as this she had developed gestational diabetes. She was deemed by the medical profession as a 'high risk case'. Despite this she was determined to carry her baby to full term even though her obstetrician and oncologists recommended to onset early labour (as early as 34 weeks). In her words:

*I was determined to have my baby when she was ready to come
(Interview, December 2009).*

She also resisted by going against one doctor's recommendation that she should deliver by caesarean section choosing instead to have a vaginal birth. In this sense, Marama likens the control over her body, which she was feeling, to the historical imposition of systems on the land:

It applies in a health way too ... they have specific protocols that they have to follow. That in many ways was like the sort of imposition of a system on me, I guess in a way similar to the way that the legal system has been imposed on whenua Māori and all these other systems imposed on Māori people. So my ability to resist that and to cut through that in some ways was because I was Māori and I share in an experience of having those things imposed upon you (Interview, December 2009).

For this woman, and for others in this research, their connections to Papatūānuku and to land can be an important source of resilience and resistance. Furthermore, there is, I believe, incredible transformative possibility in claiming and activating cultural understandings of the maternal body as inextricable from Papatūānuku, land and environment. By reclaiming concepts such as te whare tangata, whenua and ūkaipō it is possible to exact a challenge to existing hegemonic patriarchal constructions of the Māori maternal body.

It must be acknowledged, however, that the discourses that are played out on and between women's bodies and Papatūānuku are multiple and complex. There is more important work to be done in Aotearoa that reflects critically on the body of Papatūānuku and her symbolism for the maternal bodies of Māori women. Further, to suggest that *all* Māori women experience a connection/relationship to Papatūānuku is problematic. To argue this would be to deny diversity and also the fragmentation of Māori histories and geographies that I highlight throughout this thesis.

There are challenges in reclaiming culturally specific concepts within a wider colonial and patriarchal context. It is to these challenges that I now wish to dedicate some time. From a colonial and patriarchal perspective women, nature, irrationality, body, and emotions are set up in opposition to man, mind, culture and rationality (for a critique of these binaries see Little 2007: Johnston and Longhurst 2010: Young 2005). The implications of this way of thinking for maternal bodies, and for land, are devastating. From a mana wahine perspective, Jessica Hutchings (2012) makes the point that the hetero-patriarchy of hegemonic discourse serves to subordinate both women and land. She (2012, 34) says:

a parallel can be drawn between the subordination of women and the subordination of Papatūānuku and nature, with the key principle of domination underlying modern attitudes towards both women and nature.

It is easy to see why many feminist writers have sought to problematise the alignment of women's bodies with nature, land and the environment. For example, feminist geographers Mona Domosh and Joni Seager (2001, 177) state that "in truth, the earth is not our mother, there is no warm, nurturing, anthropomorphised earth that will take care of us if only we treat her nicely." I can see what they are trying to achieve here - by decoupling woman with nature and separating the earth from the idea of 'mother' it may become possible to challenge colonial and patriarchal control over nature and women. What they may not realise, however, is that in doing this they potentially undermine indigenous knowledges that suggest that in fact the earth is our mother.

One of the reasons for decoupling the woman/nature relationship may be because of the perceived threat of essentialism. Essentialism tends to be defined by western feminists as a "belief in the real, true essence of things, the invariably and fixed

properties which defined the ‘whatness’ of a given entity” (Fuss 1989, xi). It is understood differently within indigenous scholarship (Johnston and Pihama 1993).

Māori relationships to land: to spirituality; to atua; to each other; to past, present and future are rooted in whakapapa and not in the racist and sexist binaries of colonial and patriarchal ideologies and this makes for a different reading of ‘essentialism’. Patricia Johnston and Leonie Pihama (1993, 16) sum this up nicely, saying:

Each of these aspects of Tikanga Māori are part of who we are as Māori women, whether or not we experience them in our day to day realities, as they originate from historical and cultural sources that both precede and succeed us. The complexities of such relationships extend into whānau, hapū and iwi, so no single expression is one, but that each may and do find a range of expressions. Hence, what may be viewed as an essence in cultural terms does not, in our terms, equate to essentialism, rather it expresses the historical and social construction of cultural relationships.

I caution those authors who are quick to decouple women’s relationship to the land, to the environment and to mother earth. Instead what needs to be destabilised are the colonial and patriarchal foundations that have reordered the world to the detriment and devastation of both nature and women. For as Andrea Smith (2005, 55) argues “the colonial/patriarchal mind that seeks to control the sexuality of women and indigenous peoples also seeks to control nature”.

From a mana wahine perspective the earth is our mother; whakapapa tells us this. There is a political imperative in claiming this. Whakapapa also tells us that unlike western patriarchal conceptualisations of ‘mother’, as the self-sacrificing and infinite giver, our relationship to Papatūānuku is reciprocal and highly interdependent. Midwife Jacqui shares this view:

Also our connectedness with the whenua, obviously the whenua nurtures us so therefore we need to look after our whenua as well eh. And that means Papatūānuku as well as the whenua that’s in our puku (Key informant interview, November 2010).

There are both challenges and potentialities in reclaiming the intimate relationship that the maternal body has, through te whare tangata, to the whenua, to the land. The boundaries of the maternal body are not fixed or stable but rather can mould onto, into and with the body of Papatūānuku. This does not equate to essentialism

in the western sense. Rather when understood through the cultural prism of whakapapa the connection between women and land can be a source of strength, inspiration and power.

Wairua: spirituality and maternal bodies

It should by now be evident that there are multiple and complex layers to how the maternal body can be understood within a mana wahine framework. This section builds on and extends the arguments already made that the maternal body is inextricable from the symbolic and spiritual. It is argued that considering wairua as a critical axis of Māori women's subjectivities can radically transform how the maternal body is understood and how birth is experienced and performed.

Within a mana wahine framework the co-existence of the seen and unseen is nothing new. Within broader Kaupapa Māori scholarship and practice it is widely recognised that spiritual wellbeing is integral to the health and wellbeing of individuals, whānau, and communities (see Durie 1998, Greensill 2010, Penehira *et al.* 2012). Mera Penehira (2012, 179) explains that one interpretation of wairua “speaks of the spiritual essence emerging from the two fluid sources present at the conception of a child. This can relate also to that which is created when Ranginui and Papatūānuku merged”. This interpretation reinforces the intimate entanglement of mana wahine and mana tāne and also of maternal bodies to whakapapa, whenua through wairua.

It is significant that all of the women in this research discussed the role of wairua in relation to their birthing experiences. The importance of wairua to mana wahine maternities cannot be denied. For Oramai, a young mother living in Auckland, becoming pregnant as a teenager was not something she had planned for but she describes the birth of her son as life changing both in material terms but also spiritually:

I think it [getting pregnant] was a path that I was meant to take. To me I find it spiritual ... I love the fact that I've got him ... he made me appreciate things way more than I ever did. I am happy I have my child. I just think I was meant to have him, it was meant to be (Interview, June 2010).

Teah felt similarly. In her diary she wrote about the importance of wairua during pregnancy, labour and birth.

During pregnancy and strongly during labour I felt connected to something greater than myself, to something words can't describe you can only feel ... I believe that labour is a gift, our chance as women to grow spiritually, gain mana, to prepare us for the journey of parenthood (Diary entry, December 2009).

This significance of the spiritual was also acknowledged by midwives who I spoke with. Jacqui, a midwife practicing in Rotorua, explains:

It is really important because whatever is going on for this woman spiritually is going to impact on how well she births and how well she actually enjoys her pregnancy, her birth and her pēpi (Key informant interview November 2010).

Another midwife observes:

The wairua is more important than the physical (Key informant interview, September 2010).

Midwives also explained that it is not just the wairua of the birthing woman that needs to be taken into account but that the wairua of all who are involved with the birth, including the midwife, needs to be considered. Hayley, who is of Ngā Puhi descent but practices as a midwife within the Tainui rohe, explains that she is careful about asserting her understanding of wairua because what it means for her could be quite different for other women. She states:

I have to be very careful because it's my stuff [wairua elements], not any woman's. So I try not to introduce too much of my own sounds ... and I will invite them to practice their own aspects of it. And if they don't, then that's okay too. I invite them to. For the woman if she's particularly out of sorts, I will invite them "is there a prayer or karakia or something that ... might help?" Usually it is just sounds, it is soothing a young child. And touch, rather than words (Key informant interview, January 2010).

Hayley makes an important point that experiences and expressions of wairua can vary across space and time. The way that wairua manifested for women and whānau, in this research, supports this argument. For some, wairua was about feeling connected to ancestors and atua,⁹⁸ or to family who had passed away. Some women felt that creating a 'relaxed' and 'calm' atmosphere was important to the

⁹⁸ This can be seen in women's feelings of connection to Papatūānuku discussed previously in this chapter.

spirituality of birth. Others still performed specific rituals and ceremonies to invoke a specific spirituality during pregnancy, labour and after birth.

Reconfiguring the maternal body through a mana wahine framework suggests that by rereading our cosmologies and histories it is possible to find spiritual knowledges that can help to make sense of the corporeal experience of birth in new ways. It needs to be remembered, however, that iwi, hapū, whānau and even individual differences mean that conceptualisations of the maternal body, in wairua terms, cannot and should not be narrowly defined or prescriptive. Furthermore, in reading women's narratives about the spiritual as it pertains to maternities, wairua discourses can be simultaneously unique and ubiquitous. As such, expressions and experiences of spirituality in relation to birth can range from the extraordinary to the ordinary, from the astonishing to the subtle.

Mana wahine geographies of birth, therefore, must take into account how women and whānau can be supported in reclaiming the spirituality of the maternal body and of birth across the varying shades of light and dark and all that exists in between. Ani Mikaere suggests that within our whakapapa it is possible to do just this. She (2011, 296) explains:

instead of searching for meaning in simplistic dichotomies such as black and white, we expect and even delight in the subtleties of light and shade. Instead of demanding a single 'right' answer, we understand and accept that there may be more than one solution to a problem (Mikaere 2011, 296).

In the sections that follow, I explore two specific aspects of the spiritual geographies of birth as they manifest for wāhine in this research. First, I share a number of narratives that highlight the inextricability of women's maternal corporeality from ancestors who have passed away. Secondly, I examine the role of karakia in mediating corporeal experiences of birth. It is argued that by looking to the exploits of atua wāhine it is possible to understand and make sense of these things from a uniquely mana wahine perspective.

The womb space of Hinenuitepō

For Maria, who was in her early 20s, the spirituality she felt during her pregnancy took on another dimension. Her younger sister had passed away the year before.

She explains that it was the presence of her sister that gave her strength during her birth. The evening she went into labour, she says:

I was quite nervous; I didn't want to go sleep or anything Just on sundown, I looked in the sky and there was a love heart shape; just for a few seconds but I thought it must be for me to see, and because my little sister had died, it was a little bit of a sign that she was there, which is pretty cool. You know how the sun sets? So it was pink and it was pretty cool. It wasn't there for long but it was there ... and I had baby the next day. You know that was a sign they're always here (Interview, September 2010).

Maria was not the only one who felt the presence of whānau who had passed on. During labour prior to her baby's birth Teah rang her father who reminded her that she comes from a whakapapa of strong women. She drew strength from this, thereby illustrating the point made by Leonie Pihama (2001, 26) that "in Māori terms the individual never moves alone, we are always surrounded and guided by generations past".

A couple of women also reflected on their experience of earlier miscarriages and the importance of these babies to their present experiences of birth.⁹⁹ Krystal, aged 18, explains that it was only by becoming pregnant with her son that she was able to heal from her experience of a prior miscarriage.

I lost the baby at the end of last year, it was an ectopic pregnancy. We were advised not to get pregnant again straight away, but we were tino pōuri [really sad] ... the only healing pathway was to get hapū again (Interview, September 2010).

The presence of family who have passed away at the birth can also have material implications for women's maternal bodies and for birth. Natline, of Raukawa descent, had her sisters present with her in the birthing room but she explains that it was the presence of her mother who had passed on that assisted her to finally bring her daughter into the world of light. She explains:

I really wanted to have something of Mum's so that I could remember her and so that I could feel like she was there. So I took this scarf of hers and I had it inside my pillow case. I pulled it out and wrapped it around my hand just before baby came out

⁹⁹ Christine Kenney (2009) provides an important contribution to mana wahine maternities by providing a critical analysis of miscarriage from a kaupapa Māori perspective.

... I wrapped it around my hand and then baby pretty much fell out. So I really felt like mum was there, well I believe she was anyway. I think that was probably one of the most special parts of the whole experience. When they put baby on to me I wrapped her up in Mum's scarf and held her in that (Interview, September 2010).

For Natline, this was more than simply a feeling of connection to ancestors and whānau who had passed on but the spiritual presence of her mother had real implications for her corporeal experience of birth. What these narratives highlight is that the bodies of our ancestors, of whānau past and of babies unborn are intimately entangled with the maternal bodies of women presently.

This has been an issue that western scholars have had to try and grapple with (Smith 2012). A mana wahine framework, however, can offer ways to make sense of these narratives where the seen and unseen co-exist. It is through the whakapapa of te whare tangata that we know that those who have passed away return to and are nurtured within the womb space of the ancestress Hine-nui-te-pō. It is her story that I now turn to.

Hine-ti-tama, named after the dawn, was the daughter of Hine-ahu-one and Tāne. Not knowing that Tāne was her father, Hine-ti-tama bore his children. When she discovered who he was she was ashamed and fled to Rarohēnga, the underworld. It is here that she becomes Hine-nui-te-pō, the atua wahine who embraces humans upon death. There are multiple ways that this story can be read. Most obviously is that incest is not acceptable and thus Māori codes of familial conduct were established (Yates-Smith 1998). It is argued by others that Hine-titama demonstrated courage and authority by taking control over her destiny (Jenkins 1992; Mikaere 2003; Murphy 2011). Ngahuia Murphy (2011, 24) describes her transformation:

When challenged by the incestuous transgression of her lineage, Hinetitama invokes her power as one born between worlds to shape-shift, transforming into Hinenuitepō. In doing so she claims dominion over the realm of death. From dawn and life, to night and death, Hinetitama/Hinenuitepō represents a deity who controls the 'space in-between'.¹⁰⁰

¹⁰⁰ The significance of this narrative may not become fully apparent until Chapter Seven when I provide an analysis of the spatial politics of birth by looking at the ways women experience, negotiate and ultimately transform the spaces of birth in a contemporary context.

It is through the transformation of Hine-titama into Hine-nui-te-pō that the power of women's reproductive organs is reinforced. Te whare tangata then is not only charged with the powers to give life but there is also incredible significance in the fact that in death we return to the womb space of Hine-nui-te-pō.¹⁰¹

The connection between life and death and women's significance to each was also shared at the wānanga. Okeroa observes:

When we die the expectation is that we do exactly the same process so you come from the light to darkness, from Te Ao Mārama back to Te Pō and to Te Kore (Wānanga ipu whenua group, September 2010).

In other words the transition between Te Kore, Te Pō and Te Ao Mārama is reversed and the journey that each person takes in birth becomes the same journey they take upon death.

This is further reflected by conceptualising women's reproductive organs as a whare. Te whare tangata, the house of humanity speaks to the creative potential of women. The womb space of women can also be referred to as te whare aituā [literally translated as house of destruction]. It is said that the concept of te whare aituā comes from the story that sees Māui searching for immortality by trying to enter the domain of Hine-nui-te-pō through her vagina to overcome death. He is defeated in his attempt when Hine-nui-te-pō is awakened by the pīwakawaka [fantail] and kills Māui by squashing him between her thighs. For this reason some accounts situate Hine-nui-te-pō as the 'maker of death', however, when viewed from a mana wahine perspective it is not as straight forward as this.

I argue that a mana wahine reading can have very different outcomes for the way in which maternal bodies are understood and treated. For example, Robyn Kahukiwa and Patricia Grace (2000, 58) present a different interpretation of this story from the perspective of the ancestress Hine-nui-te-pō:

I did not cause death, and did not ordain it. Human death was ordained when human life was ordained ... I will wait at this side of death for those who follow, because I am the mother who welcomes and cares for those children whose earthly life has ended.

¹⁰¹ The phrase 'hoki atu ki te kōpū o Hine-nui-te-pō' is often heard today when saying farewell to those who have died.

Ngahuaia Murphy (2011) goes a step further to argue that in actual fact Hine-nui-te-pō granted Māui his wish to be immortal when she crushed him because it is from this act that menstrual blood came to be. She (2011, 50) explains:

Contrary to widespread accounts, Māui did not die but achieved immortality after all, reappearing ‘like the moon’ in the blood-tides of woman. Flowing like an ancient ‘river of time’ and binding the generations, Māui’s monthly appearance signals continuity and the immortality of the people down through the generations.

Colonial representations of Māori cosmologies and histories have distorted and contorted the power and sacredness of concepts such as te whare tangata and te whare aituā. Nowhere is this more evident than in the writing of ethnographer Elsdon Best. Of the female reproductive organs he writes: “this house of misfortune of ominous inferiority is represented by this world, by the earth, by the female sex organ of generation, which holds death, powers of destruction and pollution” (Best 1929, 121). Compared to the understandings of whare tangata presented elsewhere in this chapter it is possible to see how colonial representations, such as that by Elsdon Best, can be devastating for the ways in which that maternal bodies are understood and treated.

It is a short step between such colonial distortions and current realities for many women and whānau. This can be seen in an exchange that I witnessed on Facebook in 2012. A Facebook friend posted on her page:

Why is it tapu for a woman who has her monthly cycle to enter a vegetable garden? Does anybody know?

To which numerous comments were posted including the following:

It’s somewhere in the bible cuz, it’s the whole sin thing!

Something to do with the unclean factor!

Sounds like a mean excuse to get out of doing work.

I was told the same thing I don’t know why I never asked its just tapu.

Everything tapu is either biblical or common sense!

Well pretty much it's bad/dead blood and if you go into a vege patch then they thought it would spoil their vegetables ... so they got banned more than anything then regarded it as tapu.

When you have your mate wahine you are considered unfavourable.

Your body actually emits toxins during a period through sweat and other fluids, some people have called those rules religious mumbo jumbo but there is actually scientific logic there somewhere, there's similar rules in the bibles old testament, just health precautions I guess (Facebook Exchange, March 2012).

A mana wahine analysis provides a different reading of this tikanga. Traditionally, women would not cook, garden or weave while they were menstruating because they were in a state of tapu (the antithesis of noa) at that time. Our ancestors believed that the two states, tapu and noa, should remain separate. Therefore menstruating women were cared for by other members of the community (both men and women) and ceased many everyday tasks. This was not a time of 'segregation' or 'restriction' but rather of spiritual protection and rest (see August 2004; Yates-Smith 1998). As the above Facebook dialogue demonstrates this is not always understood by whānau today and illustrates the insidious nature of Christian and colonial ideologies.

In fact, Ngahaia Murphy (2011, 53) argues that "after almost two centuries of colonial contact Māori women shuffle around language about their reproductive body in complete contrast to our ancestress who celebrated their sexuality". She goes on to say that the language used by many wāhine today to refer to menstruation, such as 'monthly curse', 'monthly sickness' and even references in te reo to 'mate wahine'[woman's sickness] are embedded in Christian discourses that view maternal bodies as unclean and polluting.¹⁰² This is not how our tūpuna understood and experienced their maternal bodies.

¹⁰² Popular media representations contribute further to the misunderstanding of the power and sanctity of te whare tangata. One example can be found in media coverage of an exhibition at Te Papa Tongarewa, New Zealand's national museum. An exhibition for a behind-the-scenes tour of Māori cultural artefacts (some of which were weaponry that had been used to kill) saw the museum issue an advisory that menstruating or pregnant women should consider not attending the tour because it is considered unsafe for these women to be in the same space as these artefacts that may contain harmful spirits (Wade 2010).

Several media reports about the advisory stated that pregnant or menstruating women were 'banned' and the issue sparked a barrage of debate. In a national newspaper article comments from the public were scathing about the advisory. Men and women alike saying things such as: 'That's bloody ridiculous'; 'it's sexist for a start. And discriminatory. If I were a woman, I'd be insulted'; 'you

Whakapapa tells us that the integration of the physical and spiritual can be seamless. In a contemporary context, however, it is possible to see the fissures and cracks that have been caused by colonial and Christian representations of the maternal body. Despite this, women and whānau continue to make sense of their maternity experiences through wairua discourses and demonstrate new and creative ways to experience and express this.

The significance of karakia

One of the overwhelming themes in participants' narratives about wairua was the significance of karakia. It is noteworthy that nearly all women involved in this research acknowledged karakia as integral to their birthing experiences. Natline reflects on the importance of karakia to her birth explaining:

We also did karakia. I think baby got done like three times! And we did the room so that we feel good, even if it's all peace of mind. It was really cool; I loved it. You tend to just think that everyone does a karakia when a baby is born (Interview, September 2010).

Karina, aged in her early 30s, also stresses the importance of karakia throughout her labour and birth. She says:

We did do lots of karakia and we did that often, before we did anything that I thought might be a little bit worrying I said 'come on' and I asked dad to prepare a little karakia for us for when we did go into birth. That was probably the main thing was that I wanted to make sure that someone was going to look after me (Interview, May 2010).

For Teah, karakia were used to help slow excessive bleeding during the birth of the placenta.

When baby was born my tāne did a karakia, it was automatic for him. While I was birthing the placenta I had quite a lot of bleeding and it wasn't slowing down so he did another karakia

should respect traditions but in this day and age ... it's going too far', 'It's disgusting that in this day and age women can be told they're 'forbidden' for menstruating or being pregnant. It's a completely archaic belief that is oppressive to all women' (Wade 2010, n.p).

What these commentators fail to recognise is that what might be seen as a 'restriction' within western frameworks is within a mana wahine framework about protecting the sanctity of te whare tangata. The implications of popular media's representations of Māori women's bodies are incredibly important and I think deserve further research. Suffice to say that representations of Māori women in popular media are lacking the diversity, vibrancy and strength that I have been witness to in this research.

to bring my awareness back to me. I was losing a lot of blood and once he did a karakia it settled down and I was able to focus back on baby. I needed that (Interview, December 2009).

Teah describes the use of karakia during birth not only as ‘calming’ and ‘grounding’ but she also attributes it to the cessation of bleeding in the delivery of the afterbirth. What this demonstrates is that within this cultural and spiritual context, the function of karakia can have very real corporeal implications. This is reinforced by Aroha Yates-Smith (1998, 163):

The significance of karakia in people’s lives should not be underestimated. Karakia had a very strong impact on the people involved. In the karakia pertaining to birth, the child and family received encouragement. During the birth karakia had a powerful effect on the woman, providing her with a source of strength in at least two ways; first by invoking her forbears to be present to protect her and the child, and second in a hypnotic way, by drawing her out of the pain.

Kelly, who birthed at a birthing centre, explains that a karakia after the birth of her daughter served to settle everybody down following the excitement of welcoming a new baby into the family. She says:

After we had her everybody [family members] came into the room and I wanted dad to say a karakia over her. I am not religious but I’d rather say a karakia than a prayer, and dad says karakia talking to the elements and to the winds and things like that; as opposed to God or Jesus. The karakia made us all go ‘phew’, just to sit there and look at baby and love baby instead of taking photos and all of that. It’s traumatic, in a good way, you’ve been through a major trauma and life change and so the karakia just really settled everybody (Interview, August 2010).

The importance of the karakia, for her, was in part because the karakia was not founded in any ‘Christian’ religion. In this case, the karakia that was performed was ‘free’ from the colonising effects of Christianity.

The inextricability of Māori spirituality and Christianity is such, however, that many whānau negotiate rather complex subject positions when it comes to issues of spirituality. For example, Marama explains that karakia were important to her entire maternal journey but that they were not specific karakia for birth.

We also had karakia and blessings and gave thanks when things went well and hope for things to go well for appointments and

stuff like that and that was, I think, a very Māori thing to do. It's very much a spiritual wairua side of things but it's not necessarily even an acknowledged thing. So to keep my spirit strong throughout we did karakia and came together as whānau. They weren't specific karakia for birth but they were the Lord's Prayer in Māori. They came from more Christian based because that's what the whānau are more familiar with (Interview December 2009).

Marama is able to blend Christian based prayers into her understandings of her wairua Māori spirituality, blurring the boundaries between the two. This is commonplace¹⁰³ - whether by force or by choice - Māori have a long history of mixing together elements of what could be seen as conflicting and contradictory spiritual ideologies to create alternative expressions of spirituality to meet their needs. We only need to look at Māori faiths such as Rātana and Ringatū for evidence of this.¹⁰⁴

I contend, however, that an important part of reclaiming mana wahine maternities must involve reconnecting women to karakia that are founded within Māori knowledges. It is to the ancestress Hine-te-iwaiwa,¹⁰⁵ as well as others, that we can look for ways to do this. Aroha Yates-Smith (1998) points out that there is little known about Hine-te-iwaiwa. What is known, however, is extremely powerful and is pivotal to the reclamation of mana wahine maternities.

Hine-te-iwaiwa is the daughter of Hine-titama and Tāne. Her significance to birth comes from her own childbirth experience. She had a difficult birth with her son Tūhuru. To assist with this the karakia *Te Tuku o Hineteiwhiwa*, which is

¹⁰³ One woman as part of my master's research shared that she had composed a karakia for the birth of her daughter that incorporated both Māori spirituality and Catholicism (see Simmonds 2009).

¹⁰⁴ The Rātana religion was formed by Tahupotiki Wiremu Ratana who came to prominence in the 1920s as a 'faith healer'. Based in Christian religious foundations Rātana has become a significant religious movement for Māori within both the cultural and political landscapes of Aotearoa New Zealand. Ringatū was another Christian based faith movement that came into existence through the teachings and prophecies of Te Kooti Rikirangi. Ringatū is also still influential in the Eastern Bay of Plenty and is related to the settlement in the Urewera that was established by Rua Kenana.

¹⁰⁵ Hine-te-iwaiwa is sometimes also known as Hina or Hinauri and there is variation as to the spelling of her name. She is significant for a number of reasons: she possesses an intimate and highly regarded knowledge of karakia. She shows strength and determination in avenging the death of her husband's pet whale Tutunui. She demonstrates her resourcefulness and the lengths a mother will go to when she avenges the death of her son Tūhuru. She is a skilled and talented performer. In fact, it is thought that she performed the first haka ever composed and Ngahuia Murphy (2012, 36) explains that the haka and her performance of it "illustrate the boldness with which our tipuna celebrated the fecundity, ferocity and fabulousness of the vagina, singing songs and performing haka, often with graphic enthusiasm!" She is also thought to be the personified form of the moon (Yates-Smith 1998) therefore solidifying her connection to women's maternal bodies through the monthly 'moon tides' of women and thus her affiliation with childbirth.

offered in full at the beginning of this thesis, was performed. Subsequently this karakia has been recited in many birthing rituals over the centuries (Yates-Smith 1998). A mana wahine reading of this karakia reveals that the maternal body is intimately entangled with generations past and generations to come.

Furthermore, there are numerous references within the karakia about specific tikanga, rituals and practices. The weaving of the takapau ceremonial mat; the use of turuturu or support posts in birth; and the performance of karanga to welcome the new born baby are all powerful examples of the rituals and ceremony that surrounded birth presented in this particular karakia.¹⁰⁶ I can only imagine the multitude of references to other concepts, tikanga and ceremony pertaining to maternities within this and other karakia, waiata, and mōteatea. There is much more work to be done, I believe, in rereading historical accounts, both oral and written, to reveal the intricacies of these practices and understand their relevance and significance to birth today.

For many women and whānau, the form of karakia may have changed; the language with which it is performed may not always be Te Reo Māori and the content of karakia may at times be founded in or blended with Christian ideologies. Despite this, karakia continues to serve an important role in the birthing experiences of women and whānau. Perhaps what matters most, is not the way that karakia are performed but the intent with which and for which they are performed. To this end, karakia for women in this research were used to provide protection over mother and baby; invoke ancestors and whānau past, assist with the safe delivery of the baby and to invoke a sense of calm during and after birth. As I have demonstrated this is powerful indeed. Furthermore, atua wāhine, such as Hine-te-iwaiwa,¹⁰⁷ are important role models for women and whānau today. Aroha Yates-Smith (1998, 158-159) points out that “the roles of Māori women in traditional society were modelled on the behaviour of their female ancestors, the atua wāhine.”

¹⁰⁶ It is not my place, nor do I have the space to provide a detailed analysis of this karakia. Aroha Yates-Smith (1998) has begun the task of unpacking the meanings and metaphors that are presented in this karakia.

¹⁰⁷ I want to recognise and acknowledge other atua wāhine, such as Hinerauwharangi, Hinauri, Hinemoana and Hinekōrako to name a few. I do not have the space in this research to name and share their stories, however, see Aroha Yates-Smith (1998) who has gone a long way towards reclaiming the names and stories of our many great and powerful atua wāhine.

Conclusion

This chapter has woven together participants' narratives with both cosmological and historical accounts contained in existing literature to examine the whakapapa of birth and of te whare tangata. In doing so, I seek to reveal the possibilities of understanding the maternal body within this whakapapa. It is argued that reclaiming te whare tangata and other significant concepts such as whakapapa, whenua, ūkaipō and wairua can facilitate opportunities for movement toward more positive conceptualisations of maternities for wāhine and whānau.

The cosmological stories of te ao Māori establish the inseparable connection between whakapapa and the maternal body and reinforce the pivotal role that women, as te whare tangata, have in ensuring the continuation of whakapapa. Whakapapa stories are replete with legacies about the unique and special role women play in sustaining the whakapapa of whānau, hapū and iwi. They also speak to the role of mana tāne and mana whānau in upholding the mana and tapu of te whare tangata. Further, whakapapa stories signify the tapu and mana that was/is accorded te whare tangata within te ao Māori and this has the potential to transform the ways that the maternal body is understood and treated, by others and by ourselves.

It should be remembered that there have been attempts to fragment and distort whakapapa and conceptualisations of te whare tangata. Nearly all of the cosmological accounts presented in this chapter have involved colonial retellings that marginalise the role of wāhine and distort the power and tapu of the maternal body. For example, dominant accounts about the creation of human life ignore the pivotal role that Papatūānuku plays and instead promote Tāne as the 'ultimate' creator. Little or no mention is made in these same accounts of the power and control that Hine-titama takes over her destiny in her decision to leave Te Ao Mārama and become Hine-nui-te-pō. In her place in the underworld Hine-nui-te-pō is often regarded, in such accounts, as 'polluted' and 'evil' for her act against Māui. What is more, the atua wahine presiding over childbirth, Hine-te-iwaiwa is barely even mentioned in dominant representations of Māori cosmology and history.

The point here is not to dwell on those colonial representations. I have discussed elsewhere how colonialism has served to distort and ultimately silence mana wahine maternal knowledges. Rather, it is my contention that mana wahine geographies of

birth must recognise and reconnect wāhine and whānau to a whakapapa that recognises the potency and sanctity of the female element and of the maternal body, and not some imported and imposter history that serves to marginalise Māori women, maternal bodies and birth.

This chapter is about the maternal body, but as I demonstrate the maternal body is inextricable from whakapapa, whenua, wairua and whānau. Whakapapa layers generations one upon the other creating a complex web that connects everyone and everything past, present and future. Therefore, in reclaiming the maternal body Māori women are inherently connected to resistance and recovery efforts for family, community and for land. This resistance, I believe, is anchored in and to te whare tangata in both its broadest and most intimate sense.

Reclamation of mana wahine knowledges is not straightforward. I am, however, fortunate to have learnt from and been guided by participants and mana wahine theorists alike, that through whakapapa we can move beyond a language of critique and propel ourselves forward into a language of reclamation, reconstruction and recreation. In doing so, it is possible to uphold the mana of our ancestors whilst at the same time creating new possibilities for ourselves as Māori women and whānau, for our tamariki and for generations to come.

It is to some of these possibilities that I turn to in Chapters Seven and Eight. Through an examination of the places of birth I seek to examine the ways that women experience, navigate, contest and transform space. It is a key contention that Māori women are located in between spaces during pregnancy, birth and afterbirth. As such, I seek to examine the spatial politics of birth, leading to the argument that it is in the collective spaces of birth and after birth that maternity experiences can be empowered and transformed.

Chapter Seven – In-between spaces: the spatial politics of maternities

For Māori, the end of night and the beginning of day is an important spiritual time. The first breath of life in a new-born baby, the beginning of a season, the opening of a new meeting house, the start of a new project – all are imbued with a sense of optimism and a sense of unease (Smith 2012, 108).

The spaces between - between day and night, life and death, spiritual and physical, old and new - are significant for Māori. Movement through and between these spaces is facilitated through the use of karakia, tikanga and ceremony. It is within our cultural traditions that we can find ways to help navigate those transitional times and spaces in a way that is culturally and spiritually safe. For Māori women these transitional or intermediary spaces take on additional meaning. The female reproductive organs are often conceptualised as a door way to te whare tangata, therefore, hinting at women's ability to enable or restrict movement across and through space.¹⁰⁸ Māori maternal bodies exist within and have the potential to facilitate movement between space and place in both spiritual and physical terms. This is a powerful thing indeed.

There is another reason why Māori women are often located in spaces-between. As I have discussed in Chapters Five and Six, experiences of colonialism have served to situate Māori women as 'Other', isolating women from traditional understandings of maternities but yet never enabling women and whānau to fully participate in 'colonised' or 'Pākehā' maternities in Aotearoa. Māori women's maternal bodies, then, become a site where discourses of tradition and modernity, nature and medicine, and discourse and wairua converge. This is a symptom of our colonised realities.

Whether born from tikanga and traditions or born out of necessity, as a result of colonialism, or more than likely a combination of the two, wāhine negotiate complex spatial arrangements in their experiences of birth and of the places of birth. Trying to reconcile these multiple, complex and at times contradictory ideologies, however, can leave some wāhine feeling as though they never quite live up to

¹⁰⁸ This can be seen in the story of Hine-nui-te-pō and Maui in Chapter Six.

expectations. ‘Mother guilt’ or ‘maternal inadequacy’ is an embodied and spatial experience for many women in this research. In spite of this, women and whānau continue to decolonise maternities by reclaiming the empowered collective spaces of birth and afterbirth.

In the previous chapter I sought to demonstrate how maternal bodies are entangled with Māori cosmologies and histories, genealogy, spirituality and land. As such, the boundaries between the physical, spiritual and discursive become blurred. In this chapter, I posit that many wāhine and whānau are located in between spaces in their experiences of birth and afterbirth in Aotearoa New Zealand. It is here that I deal more explicitly with birth place and seek to examine the spatial politics of birth as experienced, contested and transformed by Māori women and whānau.

In what follows, I examine participants’ experiences of birth places including hospital, home and birthing centres. I consider how the institutionalised spaces, physical and discursive, are experienced by women and whānau in this research. Women’s decisions about where, and how, to birth were heavily informed by maternity discourses that construct birth within a dichotomous framework that sets up ‘medicalised’ birth against ‘natural’ birth. These debates are often played out in and through places of birth, with hospitals being considered synonymous with heavily medicalised births and ‘alternative’ locations such as home or birthing centre as facilitative of a more ‘natural’ birthing experience. The temporality of maternities means that for many women’s experience of the places and spaces of birth shift over time. That being said, there is a political imperative in locating birth within institutionalised spaces that can leave many Māori women and whānau feeling isolated and discriminated against in their maternity experiences.

This chapter considers birth in ‘alternative’ places, namely birthing centres and private homes. Home is often posited as *the* place where women can be autonomous and feel empowered in their experiences of birth. As this chapter reveals, the decision to birth at home can indeed be a powerful personal and political statement of decolonisation. The idealisation of home as *the* best place for birth, however, fails to recognise the multiple and complex ways that home is conceptualised and experienced for many Māori women and whānau. Birthing centres are often viewed as an intermediary space between hospital and home. This was important for some participants as they wanted to avoid the hospital setting but felt somewhat

vulnerable at home. A closer analysis of such spaces reveals that while the physical setting of birth may be ‘transformed’ through the creation of birthing centres, often the discursive constraints remain. Despite this, birthing centres can offer an alternative option for women that can enable a degree of autonomy over their birth, bodies and babies that is not possible within hospitals.

I end this chapter with the argument that mana wahine maternities has the potential to radically transform the spatial politics of birth in Aotearoa by reconfiguring existing places of birth but also by looking to the creation of new and unique places for birth that are closer to what our ancestors knew as *whare kōhanga*.

Birth in institutionalised space

The most recent statistical information shows that the majority of births in Aotearoa continue to be located within tertiary, secondary or primary birthing facilities.¹⁰⁹ In 2010 the total rate of births within these facilities was approximately 96% (Ministry of Health 2010, xii). In contrast, these same statistics put the national home birth rate in 2010 at 3.4% (Ministry of Health 2010).¹¹⁰ The report also highlights that 3.8%, or 637, of Māori births in 2010 were home births.¹¹¹

These statistics show where births occurred and who is giving birth by way of age, ethnicity and socio-economic status. This can be useful as much of this data has not been readily accessible in the past. They do not, however, paint a complete picture of the spatial politics of birth in Aotearoa. What these statistics fail to provide is

¹⁰⁹ See footnote 38 in Chapter Two for a description of tertiary, primary and secondary facilities.

¹¹⁰ Although the home birth rate that is suggested by the New Zealand Home Birth Association puts this figure at around 7% (NZHBA 2012).

¹¹¹ What is also interesting about the report is that it defines four ethnic groups – Māori, Pacific, Asian and Other. The report states that the ‘Other’ group is predominantly (96%) made up of European women. I find the ‘Othering’ of ‘European’ ethnicity interesting in this context and I wonder if this is done with deliberate intention. It begs the question, though, by not explicitly identifying Pākehā as an ethnicity does the report fail to recognise the culturally constructed nature of ‘European’ birthing and therefore serve to ‘normalise’ European or Pākehā ways of birthing?

any information about *why* birth occurred in these spaces or how these spaces were experienced by women, including Māori women and whānau.¹¹²

Of the ten first time mothers interviewed, six women birthed in hospital, one at a secondary birthing centre facility and three birthed at home. The majority of women who attended the wānanga had hospital births and the midwives whom I interviewed practiced across home, hospital and birthing centres. Women, however, traverse a range of places during labour, delivery and afterbirth. For example, one woman delivered in hospital but was subsequently transferred to a secondary maternity unit closer to her home. The woman who delivered at a birthing centre was transferred to hospital after birth in order to repair a vaginal tear. I had a planned home birth but spent two nights at the antenatal ward at 28 weeks pregnant. Therefore, while the identification of the primary place of birth for women in this research refers to the location of the actual delivery of the baby, this is by no means to suggest that this was the only or *the* defining space for women and whānau in their maternity experiences.

Where birth occurs is a contentious issue that surrounds childbirth within Aotearoa (Fannin 2003). A dichotomy between medical birth and ‘natural’ birth has emerged within dominant birthing discourse. This is often mapped onto birth place. Hospitals become the domain of medico-technical births, whereas home is put forward as a more ‘natural’ option. Arguments that utilise the statistical rates of hospital or home birth are employed by numerous groups to promote or deride particular spaces as inherently ‘good’ or ‘bad’. Those on either ‘side’ of the debate argue that a particular space can facilitate a more ‘successful’, ‘safe’ or even ‘empowered’ birth experience. As Robyn Longhurst (2008, 83) argues:

The binary division between home and hospital has characterized the politics of childbirth. This binary needs to be deconstructed ... neither bodies, nor places, are essential. Homes and hospitals

¹¹² So, for example, a closer reading of the Māori home birth statistic may reveal that the relatively high percentage of Māori home births could in fact be put down to the inaccessibility of primary or tertiary health care for Māori women. When the national home birth rate is broken down further by way of region some of the more isolated regions of the country have higher rates of home birth. For example, Northland and the West Coast District Health Board regions estimate home birth rates of approximately 13.4% and 7.9% respectively (Ministry of Health 2010, 40). Interestingly, the New Zealand Home Birth Association states that rates of home birth are higher in areas where there is good support from Lead Maternity Carers for home birth (NZBHA 2012). When you look at the registration rates of women to LMC’s in Northland and the West Coast for example, this argument does not necessarily hold up. Women in Northland and the West Coast have the lowest proportion of women registered with a LMC at the time of delivery (Ministry of Health 2010, 57).

do not have essences but are imbued with culture and history. It is important to consider carefully the politics of spatiality.

Māori women and whānau often exist at the intersection of these competing perspectives and have done so since the early nineteenth century when birthing was largely relocated from ‘home’ to hospital.¹¹³ As discussed in Chapter Two, Māori whānau continued to birth at home through until the 1930s (and in some places as late as the 1950s). By the 1960s, however, birth was almost completely institutionalised and as the statistics above demonstrate this has not changed much. The shift from home to hospital (and for some, back again) has meant that some women and whānau have experienced multiple birth places across their lifetime (see Harte 2001). My Nanny Daisy, for example, had 15 children during the 1940s through to the 1960s, three of whom were born at home (being Pikitū Pā). When hospitalisation policies came into play Nan was forced to birth the rest of her children at hospital. My aunty elaborates on this during the wānanga:

My mother had 15 children. She had three of us, in a little old shack just down the other side of the pātaka [food storehouse] ... we were born in that house. Same old story – she was out in the garden then ‘oh, oh I think I’m going to have baby now’. So she goes inside, dad [my koro] puts newspaper down on the floor and he sits on the chair and she squats facing him in between his legs and he helped to push on her puku, and that’s how she had baby (Wānanga, ipu whenua group, September 2010).

During the birth of Nan’s youngest child, in hospital, she was subjected to multiple vaginal examinations by a number of different doctors, including student doctors, because she was a ‘special’ case – a woman in her 40s who had 14 prior births. My Nan passed away when I was a teenager and therefore I can never fully know how she felt about her experiences of home or hospital birth. I can, however, glean some insight from kōrero I have had with my own family as well as what I understand, through this research, about birth at this time. From what I can tell, then, the forced

¹¹³ Home in this context could mean the house of an individual women or whānau but also refers to the ‘traditional’ spaces of birth such as the pa complex, marae and even whare kōhanga [nest house]. As I will go on to demonstrate the notion of ‘home’ is not straightforward and can hold multiple meanings for women and whānau in their experiences of maternities.

transition from home to hospital for Nan to birth must have felt incredibly isolating, not to mention invasive (in both the physical and spiritual sense).¹¹⁴

The move to hospital for Nan, and many other Māori women, meant birthing in the company of strangers. At this time, whānau were not allowed in the birthing room. White doctors (most often male) replaced the role of traditional birth attendants and tohunga. Prone positions replaced active birthing positions. Protocol, anaesthesia, epidurals, stirrups, forceps and caesareans replaced rongoā, tikanga, ceremony and karakia.

One of the kuia at the wānanga reflects on her birthing experience in hospital during the 1940s and 1950s, saying:

In those days you got hospitalised if anything like that was happening. And so, just the fact that you were at the hospital was quite frightening, especially if you're not used to it. And you're black like me – I knew nothing about medicine, hospitals, of course I was very young. I was only 17 you know and not having mum with me it was quite frightening (Wānanga harakeke group, September 2010).

For this kuia she felt isolated in hospital; she did not have whānau with her and felt that being Māori coupled with her age left her in a vulnerable position.

Historical, and contemporary, research about experiences of birth place for Māori women is scarce (see Harte 2001; Longhurst 2008; Palmer 2002). Helen Harte's (2001) research is one of just a few accounts that provide a perspective on the lived experiences of birth by women in the early to mid-twentieth century. She spoke with 30 women whose narratives covered a range of topics including decisions on where to birth, as well as their embodied experience of that space. Their experience of hospital birth varied, one woman stating: "it was terrible when I first went there. Hospital was all right but in hospital something's being done to you. You can't sort of relax. You have to lie on your back" (Harte 2001, 98). Another woman explained:

They lift your feet up in the air. I suppose they still do the same. In hospital you lay on your back and your legs were lifted up. That's why I think it was so painful. And they're prodding here and there to see what's happening with the baby. It's not till

¹¹⁴ I am reminded of the extract from Patricia Grace's novel *Cousins*, provided in Chapter One which provides a raw and powerful account of what birth could have been like during this time.

afterwards that you think how embarrassing because it's so painful (Harte 2001, 95).

Other women felt relieved to go to hospital to birth. For example:

When you go to the hospital, you get all those luxuries. You get your food brought to you and everything. The babies are attended to. You don't have to do much but when you're at home well, everything just goes through and you don't notice any change because you don't go away from your children (Harte 2001, 98).

Another woman said:

It's easy at the hospital. I had nine there. They give you some drugs before you have birth for your baby. Well, that's what they did for my last baby. They give me some drugs to ease the pain (Harte 2001, 104).

The historical temporality of maternities in Aotearoa has meant that many women have multiple and sometimes competing experiences of birth places. The historical politics of the places of birth is both relived and resisted in the birthing experiences of women and whānau today.

Birth within the hospital setting has undoubtedly changed over time. Changes to hospital policies concerning the presence and the role of whānau, the establishment of delivery suites and whānau rooms and significantly the shift from obstetric to midwifery dominated maternity practice have all served to change the material and discursive spaces of birth for women in Aotearoa (Kenney 2009). A number of midwives I spoke with, however, felt that in many respects hospitals continued to isolate and discriminate against Māori women and their whānau. One midwife stated:

Doing hospital placements it just became pretty clear that Māori women were being done over, abused physically, sexually, emotionally and spiritually in every single way.

She goes on to explain:

First of all we're [Māori] a skin colour and then you're an NHI [national health index number] and no face behind it, no wairua behind that and the whānau are marginalised. You have the standard thing of a wahine on the bed and her whānau back against the wall not knowing where to be ... trying to keep out of the way and if they didn't they were seen as non-compliant and radical (Key informant interview, December 2009).

Participants' embodied experience of hospital varied. For the most part, women found the delivery rooms in the hospital to be comfortable, accommodating and private. As is suggested by the narrative above, however, a number of women found that there were times when they felt the delivery suite, antenatal or postnatal ward to be uncomfortable or unaccommodating. Three of the women who birthed at hospital were in a ward during their labours and six women spent time in a ward post-birth (one woman who birthed at a birthing centre was transferred to hospital). Much of the discomfort that women experienced was due to the lack of privacy and the lack of space for whānau. Keri said that she generally found the hospital to be comfortable but:

I didn't feel comfortable that my family had to be out in the corridor because the room was too small (Interview, April 2010).

Similarly, Marama, describes her time on the ward:

I really didn't notice the space [delivery suite] until after I'd had baby, but it was nice. It was new and open and you've got the shower. It was a good space. But I remember being in the ward during labour in the middle of the night ... I was admitted into a room of my own with the usual aged lay-z-boy in the corner ... my husband parked himself on the lay-z-boy ... Mum changed positions balancing on the edge of my bed to perching on the one hard stool in the room (Diary entry, August 2010).

Midwife, Heather, explains that women who do make their needs known are often labelled as:

Non-compliant and radical; yeah the whole bolshie thing (Key informant interview, December 2009).

I should note that about half of the participants only had one support person with them, other women had a wider network of whānau present – usually including their partner, mother and/or sister. I asked Marama about who she wanted to be in the birthing room with her. She makes a light-hearted comment:

Just because I am hapū doesn't mean that I want the whole hapū there watching (Interview, December 2009).

I make this point to illustrate that not all women are bringing into the birthing room with them a multitude of whānau (not that this should be precluded if this is their

desire) but even with only one or two whānau members present women did not feel particularly well accommodated in hospital antenatal or post-natal wards.

One of the reasons for this is that hospital policy dictates that partners, or any other whānau members, are unable to stay overnight. Karina had her daughter by caesarean section at 11:36pm and stayed in hospital for five days post-natally. She told me that she found the hospital to be generally very comfortable and accommodating. She struggled, however, with hospital policy that dictated that her partner was not able to stay with her overnight creating added stress for them both. She says:

I felt like I needed to be looked after for the first few days. It was hard yakka for him [her partner] as he wasn't able to stay so he travelled up. It was terrible not having him stay, I was in tears the first night. That was probably my downer at the hospital. After having a caesarean my legs were paralysed from my abdomen down, and they said it might take five or six hours to come around and he had to leave because it was night time. He said he wasn't going to go. He stayed with me until they said 'he's not really allowed to stay but he can come back as soon as he wants in the morning'. So he left at two or three in the morning. He went to his car and had a little snooze, got something to eat and came back at five or six in the morning. Then he travelled up every day. It was terrible not having him stay, I was in tears the first night (Interview, May 2010).

I should point out that concern over where to 'house' whānau was not limited to those women birthing in hospital. In fact, women who had home births were equally concerned about how their whānau would be accommodated both for the labour, delivery and postnatal. Teah explains:

My main stress during pregnancy was 'where's everyone going to sleep?' I don't know what it was but everyone had to have a bed, somewhere to sleep ... during labour I had my mum, my 17 year old brother, my partner, my two best friends and the two midwives and I had a few people outside ... There was enough room for everyone. There were cups of tea going around and there was kai coming in (Interview, December 2009).

For Teah her friends were an integral part of her whānau network of support during the birth of her son. Interestingly, she also makes reference on several occasions to her two dogs as part of her whānau and an important part of her birth, explaining:

I decided I wanted our doggies present at the birth as they are very much a part of our whānau ... during my pregnancy they became very protective of me when strangers were around (Diary entry, December 2009).

The ability to house whānau (including her friends and pets) was so integral to Teah's birthing experience that she moved to a bigger house so that this could happen. She explains:

It took four months to find the house I wanted to give birth in. A big three bedroom house right next to a gully with big beautiful trees and lots of ponga, this was to be our home ... It was the best place for me as I was in my own space and it was sufficient enough to handle sleeping whānau and friends. This was very important to me to have a place for my whānau and friends to stay as I wanted them close and well looked after. I also loved the fact that I could fully and totally nest in my home knowing that I didn't need to go anywhere, organise car seats, whānau transport and directions. We were staying put (Interview, December 2009).

Teah's narrative highlights a number of important points many of which are elaborated on throughout this chapter - the significance of whānau to birth appears to cut across space, conceptualisations of whānau for many women are wider than the nuclear family of mum, dad and child, and for many women the decision to birth at home assumes a particular level of social and economic mobility (in that Teah was able to move house in order to accommodate whānau). Her narrative also illustrates that it is the movement between spaces during labour and birth that can sometimes cause women to feel anxious.

Many women are only in the delivery suite for a very short time and are either at home during early stages of labour or in a room in the antenatal ward. The thought of being moved during established labour was particularly unsettling for Marama:

When I went into labour I was in Ward 54 and I remember saying 'can I just have my baby here?' because the delivery suite wasn't ready they said 'it'll be another 45 minutes before it's ready you will have to wait'. I was relieved to finally get there (Interview, December 2009).

In many ways, women's birthing bodies can be forced to conform to time bound policies that do not align with their needs or wants during birth. For example, being asked to 'wait' until a delivery suite is available, being induced to onset labour, or

receiving interventions if labour is prolonged. This illustrates that the rhythms of maternal bodies, babies and birth (and I would add for Māori women the rhythm of spirituality, ceremony and tikanga) are sometimes dissonant with the beat of institutional time.

It is important to note, however, that policy and procedures not only govern birth within the hospital space but extend across birth in most places in Aotearoa. One midwife provides another perspective, saying:

The midwives are the institution (Key informant interview, December 2009).

Women's experiences across the places of labour and birth, home, antenatal ward, delivery suite, post-natal ward and for some even the transitory in between spaces such as the car or hospital corridors, can shift and change over the course of their maternal experiences. This is demonstrated nicely by Keri, in her mid 20s, who I quote at length. She planned to birth at a birthing centre but ended up moving between home, birthing centre and hospital throughout her labour.

In total it was 28 hours from the time I first went into labour. It was difficult to know because I didn't have any of those signs they say in the text book: no waters broke, no show, no nothing. I actually thought I had food poisoning because the first sign was me vomiting. I spent probably about midnight till 7am here [at home] then the midwife came and took me to Waterford [birthing centre], luckily because I'd just had enough.

At that stage the space of home turned into the last place I wanted to be. It reminded me of pain and it reminded me of yuckiness, of being sick and being sweaty. It was kind of the reverse to what I thought. I thought this would be my comforting place but at that particular time I thought 'pack my bags and get me out of here' the relationship to what I thought would be a comfortable space and then all of a sudden hating the very sight of the lounge and wanting to get out of it.

I thought being at Waterford [birthing centre] and being in a space that's for delivering babies might just make me feel better. It might make me feel more secure and I might be a bit more relaxed. We spent forever at Waterford in the bath ... the second midwife said 'we're going to hospital'. I bawled my eyes out and I pleaded saying 'I don't want to go to hospital', I was panicky and I was stressed.

... In the end the ambulance came and I went to hospital; spent another six hours waiting for the epidural. I felt comfortable in the hospital because I knew pain relief was coming soon. ... Afterwards I desperately wanted to leave hospital. I wanted to leave that space that reminded me of pain and go into a calm space. It had been quite calm when I was giving birth because it was dim and it was early in the morning and nothing else was going on. But by the time it got to 9 o'clock in the morning the hospital was busy; the yucky hospital coloured lights were on; and every one of our family was in this tiny room – I just wanted to get out of there (Interview, April 2010).

Keri's experience of birth place shifted over the course of her labour and postnatal period in ways that trouble the oppositional framework that set up hospital against home. The inability to know fully how, or even where, any one birth will unfold can make it difficult to clearly attribute positive or negative experiences of birth to any one particular space. The temporality of birth means that women often move in and through a range of places during labour, birth and post-natal.

Discipline and surveillance

Michele Foucault (1977) provides a useful contribution to understanding institutions and surveillance. His work is often used in geography to make sense of the ways in which bodies are disciplined within institutionalised spaces. Surveillance can be defined as:

A variety of different processes, including the acquisition and accumulation of information, the observation of individuals and their activities and bodies and where appropriate, the interiorisation of discipline. Central to all of these aspects of surveillance is the inspection, the look or the gaze (Robinson 2000, 77).

Within institutionalised spaces certain kinds of bodies come under particular scrutiny and this is often raced, classed and based on age. As discussed in Chapter Six Māori women's maternal bodies continue to be subjected to and objects of surveillance within the hospital space and as such many women can be left feeling isolated and violated in their experiences of birth. There are two particular kinds of bodies that I want to look at here to reinforce this argument – 'young mothers' and tohunga.

A handful of women, in this research, touched on the isolation they felt in hospital because they were considered ‘young mums’.¹¹⁵ At the wānanga Delise describes her experience as a teenager giving birth in hospital some 20 years ago. When asked how she was treated given she was a ‘young mum’, she replied:

Oh I was treated very different; especially because I was a single mother at the time. I remember when I had him [baby] I was suffering from cracked nipples on day one and I was feeding and I was crying. Every time he went on to feed I cried and the nurse said to me ‘oh don’t be stupid. If you didn’t want this you shouldn’t have gone out and got pregnant’ and I just cried and cried and cried! (Wānanga, harakeke group, September 2010).

Discourses about teenage mothers as ‘lacking’ continue today. Oramai, 17 years old, hid her pregnancy from her family until she went into labour. She reflects on this, saying:

I thought in my head I had to ‘cause I don’t have a job. I’m still young. I’ve only just finished my studies. So how am I going to support my child? I have nothing. I don’t know anything (Interview, June 2010).

Oramai internalised hegemonic discourses that teenage mothers were somehow ‘lacking’ and this was reinforced within the hospital space. After she had birthed her son in hospital she felt that she was ‘lectured’ by hospital staff at different times about: seeking ‘adequate’ antenatal care; smoking during pregnancy; and not having a car seat to transport her son home. Robyn Longhurst (2008, 123-124) observes that “the pregnant teenager is seen to lack one or more of the following: maturity, wisdom, financial resources, self-control, a husband, and an ‘instinct’ to mother since she herself is still considered to be a child.”

The literature pertaining to Māori understandings of ‘young’ mothers is scarce. There is a general sense, however, that Māori whānau were/are more accepting of ‘young’ mothers than western colonial discourses that construct teenage mothers as lacking. I would argue, however, that this is dependent on a collective approach to pregnancy, birth and mothering that meant women were not isolated from support and knowledge networks. As I have demonstrated, for many whānau colonialism

¹¹⁵ I agree with Robyn Longhurst (2008) who argues that the notion of what constitutes a ‘young mother’ is culturally specific.

has all but destroyed this collectivism. As such, many ‘young’ Māori maternal bodies are subject to increased scrutiny, surveillance and control.

That is not to say there isn’t resistance. The ‘young’ mothers in this research performed acts of resistance in various ways in their birthing experience and challenged the discourses of ‘young’ mums as ‘lacking’. In fact, Krystal, who was in her late teens, chose to birth away from the surveillance and judgement of the hospital and had her baby at home. This was an easy decision she says because of her sister’s experience in hospital.

When she went to the hospital, it kind of just like, killed her spirit because they treated her so badly. They all judged her (Interview, September 2010).

Within obstetric medical settings ‘alternative’ constructions of childbirth are not well accommodated, in fact they are often marginalised (Davis and Walker 2010). It is not just age that can result in discipline and discrimination but the ‘spirituality’ of birth can also be subjected to the controls of institutionalised space.

The spiritual geographies of birth are intimately entangled with the corporeal and the spatial. For some women, reclaiming mana wahine maternities means restoring the rightful place of tohunga (male or female) in the ceremony of birth. Tohunga can help women and whānau to navigate the spiritual (and therefore corporeal) spaces of birth. Participants all noted that it was a rare occurrence to see tohunga in birthing rooms today. None of the first time mothers I spoke with had tohunga present during their births. This is perhaps unsurprising given the far reaching effects of the Tohunga Suppression Act 1907.

One kaiwhakawhānau did provide a narrative that suggests that the marginalisation of tohunga continues today. A woman that she was caring for had to deliver by caesarean section and this woman wanted her tohunga to be present in the theatre. She explains that hospital policy is such that only one support person was permitted in the operating theatre:

It was crucially important for her [birthing woman] that her Tohunga was in that theatre doing what he needed to do while this pēpi was born. It became a huge issue. The theatre and delivery suite is a big room and we pleaded with the staff. ‘He’ll be in that corner. He doesn’t have to be right up there. He’ll be far away. I’ll [the midwife] stand with him, because I was

allowed in. 'I'll make sure he doesn't jump in the way'. 'We'll just quietly do our thing in there'. Well that took hours of negotiating.

A week later this mama got a major abdominal infection, as caesars are prone to do. We looked in the hospital notes and they blamed us [midwife and tohunga] in the corner with our hands in our pockets not doing anything, not breathing hardly but it was our fault (Key informant interview, September 2009).

'Native' bodies have historically been equated with dirt or holding some kind of 'pollutant' threat, we only need to look at the segregation of Māori women in early maternity hospitals or through Plunket. Within the space of the hospital theatre this tohunga was constructed, by hospital staff, as 'matter out of place' (Douglas 1966) and as such 'polluted' the clean and sterile operating theatre. Heather's narrative powerfully demonstrates that hospitals are imbued with colonial and patriarchal discourses that suggest they "must be kept as free as possible from all kinds of pollutants and impurities (bacterial and moral)" (Longhurst 2008, 77).

There is a political imperative in keeping birth located with institutionalised spaces that cannot be ignored. Confining birth to the hospital setting contains a powerful political message that can limit how, when and where women birth, as well as define who can be involved in birth. This is reiterated in the writing of Ani Mikaere (2003, 92-93):

Control over the process was completely in the hands of medical professionals, the doctors and the hospital staff. Husbands were not present, nor it seems, were other members of the whānau. The woman was completely isolated from her whānau and surrounded by strangers. There was no choice of location, nor of method. She was expected to lie on her back with her feet in stirrups and endure regular internal examinations without protest. There was no question of karakia to Hineteiwaiwa, for hospitals were about science, not superstition. And when the placenta eventually came away, it was borne off to the hospital incinerators without question.

Māori women are not alone in the forced transition of birth to the confines of the hospital. In Canada, First Nations women had to endure the changing spatiality of birth. I quote at length, Leanne Simpson (2006, 28) who writes:

The birth of a child became something our women had to endure alone, rather than celebrated with the support of her extended family and community. Women were medicated and hospitalised,

told that we could not give birth without the assistance of western medicine. White doctors, who were ‘experts’ on birth, replaced our midwives and displaced our confidence in our bodies, our reliance on our traditional knowledge and our trust in our clans, our spirit-helpers, and our ancestors. Our midwives, aunties, and grandmothers were not allowed in delivery rooms, and neither were our medicines, our singing, our drumming, and our birthing knowledges. We were strapped flat on our backs on hospital beds, not allowed to use our knowledge of birthing which told us which positions to use, ways of minimising pain, and ways of birthing naturally and safely. Our male partners were stripped of their traditional responsibilities around birth and were relegated to waiting rooms. We were told that for the safety of our babies we needed intervention and to rely on the western medical system; to do anything else, we were told, would be irresponsible.

Both authors cited above highlight the role of birth place in the constitution of indigenous maternities and maternal bodies. The spatial, embodied and spiritual experiences of past generations are both relived and/or resisted in the birthing experiences of women and whānau today.

Birth in ‘alternative’ places

It cannot be assumed that birth within hospitals automatically equates to a disempowered birthing experience. Furthermore, it would not be fair to suggest that women who chose to birth in hospitals have been ‘co-opted’ by colonialism. In fact, for many women they felt that hospital was a ‘better’ option for them and their whānau. This does not mean that there is always complicity with all hospital policies. There was, and always is, resistance. Women resisted the conventions of hospital birth in a number of ways: by refusing interventions; changing the set-up of delivery suites; having whānau in delivery suites and wards when they may not have been permitted (for example, whānau visiting outside of official visiting hours); and by performing and practicing tikanga and karakia.

Midwives also contest birthing spaces within the hospital setting. An incredibly powerful example is provided by one kaiwhakawhānau. She explains that during her training it was still hospital policy that placenta were disposed of or incinerated rather than returned to whānau. She quietly but powerfully resisted:

I didn’t know about tapu and noa and all of that stuff, but I knew it [disposal of whenua] was wrong. In fact I knew when I was 16 or 17 training to be a nurse that it was wrong to put whenua into these munching machines. I couldn’t do it, I used to hide

them. I used to go to these unbelievable lengths to sneak them ... I'd put them in brown paper bags and I'd wrap them up in my coat and then I'd be like "oh my god, now what am I going to do?" and then I'd find somewhere to bury them ... it was obviously part of my role - that is being kaitiaki over the whenua (Key informant interview, September 2010).

This is a moving example of the lengths that one midwife went to in order to uphold the tikanga of returning the placenta to the earth. It was incredibly risky for her in a professional capacity. In hiding and then burying the whenua of Māori children this midwife was not partaking in a visible or necessarily oppositional act of resistance against technocratic medicalised power. Rather, she subverted practice and policy in a very silent and invisible way. What I think this act of resistance and defiance exemplifies is that: "space is not neutral. Far from it! It is actively contested on a daily basis" (Teather 1999, 3).

‘Natural’ birth

Another way that women have been actively resisting medicalisation and institutionalisation of birth is by choosing to birth ‘naturally’. Only a couple of decades ago a highly medicalised birth was promoted as the ‘best’ and ‘safest’ way to birth. In many ways this is still the case. Hiamoe explains her view on this as it relates to Māori women:

It's an impact of colonisation, the whole thinking that the Pākehā way is the better way, you know and somehow you are going to be a cleverer, better person if you are born in a hospital (Key informant interview, September 2010).

As a result of multiple and strong counter-discourses the discursive terrain of birth in Aotearoa is changing. Women now are encouraged to birth as ‘naturally’ as possible.

Many participants hoped and planned for as ‘natural’ a birth as possible. This played into their decisions about where and how they wanted to birth. Marama explains:

I wanted to have the natural labour experience if I could. That was my ideal. It was something that I wanted to do because I was conscious I'd gone through major health issues during my pregnancy. I wanted to have the experience of a natural childbirth. Plus, it was a choice that wasn't made available to my mum in her time, it was so very restricted and rigid and strict in the time that she had us. There were lots of choices made by

lots of other people besides her. And so I decided that I had the choice, that I would make that choice for myself (Interview, December 2009).

Marama explains that at various times during her pregnancy decisions were taken out of her control. She also alludes to the fact that her mother was denied that same decision making power. Her decision to birth naturally, therefore was not only about resisting medical conventions and interventions but it was also connected to reclaiming rangatiratanga for both herself and her mother. Similarly, Teah explains her decision to have a ‘natural’ birth at home:

I needed my pregnancy and birth to be my own and I needed to own it and all of the decisions I made. So for me it was about making the right decisions in terms of it being natural and it needed to be as un-tampered with as possible because for me the medical realm seemed to sterilise and create interventions that are unnecessary (Interview, December 2009).

The desire for a ‘natural’ birth also informed women’s decisions during birth. Natline, reflects on her midwife’s decision to onset labour by induction:

I just wanted her [baby] to come whenever she was ready.

She goes on to say:

I thought if I didn’t dilate enough I’d have to have a caesarean and I definitely didn’t want to do that (Interview, September 2010).

Maria also wanted to experience birth ‘naturally’:

I sort of thought that it would just come naturally. When it happens you’ll know what to do. If you just let your body go and breathe with your body, it should just all come through naturally. Let all your natural drugs to help you through childbirth (Interview, September 2010).

For a number of women events unfolded that required some form of medical intervention such as induction, epidural, foetal monitoring aid or caesarean section. Karina explains that birthing by caesarean was not what she had envisaged.

The birth of our baby girl was totally not how I expected – hoped for – or visualised. Although I knew a caesarean was a possibility, I did as much as I possibly could have to have the ‘natural’ birth I had hoped for (Interview May 2010).

Keri, too, experienced a higher degree of intervention than she had wanted. Originally she planned to birth at a birthing centre as “*natural as possible*”. It turned out that she had to birth at the hospital where she received an epidural and was given pethidine for pain relief. She explains:

I felt a bit too medicalised and not in control. My body was under the control of everybody else. I think when having my second baby I want to try and keep my body under my control ... I think I did find it traumatic and long and hard ... It almost felt like a failure. I felt I failed. I haven't done what I wanted to. I failed at having a baby naturally (Interview, February 2010).

Keri goes on, however, to explain that while the birth of her son did not happen according to ‘plan’ she was grateful for the interventions at the time:

Basically everything that I didn't want happened [going to hospital, epidural and use of pethidine] but in the end I am glad they did (Interview, February 2010).

If things do not go ‘as planned’ women can sometimes feel as though they have ‘failed’ for not performing birth in particular ways. This is not necessarily unique to Māori women (see Longhurst 2008; Hadfield 2009). In the above examples the ‘failure’ or ‘disappointment’ they feel emerges from the unexpected medical management (or mismanagement for some) of their bodies during, and after, birth. Further, considerations of spirituality and cultural identity can further compound leaving women to feel that that they do not ‘live up to’ particular cultural expectations.

Home

‘Natural’ birth discourses not only influence how but where women birth. These discourses play out in and through the spaces of birth demonstrating they are “as much a material as it is a political and discursive entity” (Davis and Walker 2010, 378). Wairua was present in various forms across all women’s experiences regardless the place in which they birthed. Some women, however, felt that ‘home’ enabled the spirituality of birth more than other places. Sarah, who is of Ngāi Tai descent, says:

Just being at home, and our tipuna they were all around. I don't know if being in hospital in such a sterile atmosphere would enable that. How do you relax when there are bright neon lights

or whatever, white jackets and gloves around? (Interview, January 2010).

Midwife Lisa agrees:

So at home births, the wairua there is really strong in comparison with a hospital birth ... the environment plays a huge part and the people around you at the time. So I always tell them if they are going to have support people make sure they've got positive people, they're calming, they've got a good influence on you and they are people who you want there who make you feel safe and comfortable and usually that creates a nice wairua (Key informant interview, June 2010).

It is too simplistic to simply argue that home birth is *the* only location through which to experience and draw on wairua discourses. Furthermore, by delimiting the spirituality of birth to particular spaces some women can feel 'spiritually impoverished' in their birthing experiences. Coupled with the milieu of expectations that new and becoming mothers can feel it is little wonder that women experience 'mother guilt' and 'maternal inadequacy'.

For Keri, who is of Ngāti Awa descent, the overlay of cultural expectations added another layer of complexity to her experience of birth. She writes:

In a way I felt like I wasn't spiritual enough – like I should feel guilty for feeling relieved to go to hospital. It was just another pressure placed on me being a pregnant Māori woman. Why couldn't I do it the 'intended' way? (Diary entry, April 2010).

Keri's feelings were common amongst a number of participants. The expectation is that there is a 'right' way to birth as a Māori woman.

First Nations woman Kim Anderson (2006, 19) had an expectation that every birth should be a spiritually transformative experience:

I expected that all births were spiritually transformative, given the 'right' conditions. I had not yet learned that births are as unique as the individuals they produce. My daughter arrived on her due date to teach me that not every birth experience is so highly spiritual. Denia's arrival was quite simply all about the pain ... Instead of feeling 'triumphant' I felt that I had not risen to my sacred duty; I had only felt what I considered to be base and desperate thoughts of wanting to escape. I had none of the quiet stoicism of my first birth, choosing, rather to yell and cry out and fully engage in the drama and noise of the event. I knew if I'd had

the opportunity, I would have taken every medication possible to make it stop. I was no spiritual hotshot after all, no superwoman.

Space, spirituality, and embodied experience are intimately entangled. The expectations and perceived responsibilities that accompany those intersecting discourses can feel burdensome for some women. In this case it was the expectation that birth be ‘spiritually transformative’ given the right conditions.

For some women, choosing to birth at home is significant to both their spiritual and corporeal geographies. For Sarah, returning home (her mother’s house some three hours away) was an escape from some of the struggles she faced during pregnancy.

I knew home was where I needed to be ... My baby knew we were home and I was in the right place, surrounded by my people, whose only focus was life, beautiful life ... The birth was stunning. It happened very quickly, once it was on, from beginning to end it was five hours. In my birthing plan I was going to have music and all sorts of things, but it wasn’t like that at all. The fire was going - there was no music and it was really still. It totally made sense after all of the chaos for it to be so still, no music, no nothing. I was at my mum’s place in the lounge and it was beautiful ... Through my calmness came a relatively easy birth and better yet, a calm – happy and content baby. He was born in the only place that is my haven! (Interview, August 2010).

Home facilitated a ‘relatively easy’ birth and transformed her corporeal experience of birth. For some women, home birth facilitates a more positive birthing experience and even a heightened ‘spiritual’ experience. This I believe says a great deal about the home spaces within which they are situated. The assumption is made that home for these women is a safe, secure and comfortable place to birth. This is not always the case.

Home is a space that is imbued with multiple meaning. Alison Blunt and Robin Dowling (2006, 1) note that:

Some may speak of the physical structure of their house or dwelling; others may refer to relationships or connections over space and time. You might have positive or negative feelings about home, or a mixture of the two. Your sense of home might be closely shaped by your memories of childhood alongside your present experiences and your dreams for the future.

It must be remembered, however, that home is not always a ‘safe’ or even desirable place for some women to birth. For many Māori women home can be experienced

as a site of abuse, suffering and discrimination. In other words, “some hospitals are undoubtedly highly Eurocentric, masculinist spaces but so too are some homes” (Longhurst 2008, 99).

Resistance to hospital birth as the ‘best’ place to birth has come from a range of fronts including the natural birth, active birth and home birth movements, as well as from decolonising agendas. Such counter-discourses seek to challenge the privileging of the bio-medical model of childbirth within the hospital setting over ‘alternative’ locations (mainly home) and methods of birth. In doing so, however, the binaries are often simply reversed. Home becomes an idealised site for birth to occur outside of the “oppressive regimes” of the hospital, often with little or no regard to the spatial politics of ‘home’. This was evident in participants’ discussion of home birth. For example, midwife Hayley suggests that:

Everyone is more comfortable in their own homes; that’s the best place to have a baby (Key informant interview, January 2010).

A particular degree of social and economic mobility is suggested by such assertions, that is, that women’s homes are physically equipped to accommodate birth but also that women feel secure there. This can mean that: “homebirth is often the choice of educated, white, middleclass women who can afford this and who are cognisant of the political or feminist implications of their choice” (Davis and Walker 2010, 383).

Furthermore, home birth and natural birth movements are critiqued for being fundamentally essentialist.¹¹⁶ Characterised by an inversion of the ‘us’ and ‘them’ dichotomy they often suggest that everything natural and located at home is ‘good’ and everything medicalised or within hospitals ‘bad’. The revalorisation of the categories ‘natural’ and ‘home’ can serve strategic purposes and important gains have been made for women birthing in Aotearoa because of this. What it fails to do, however, is dismantle the foundations which narrowly define what the ‘right’ way to birth is. In other words, the dualistic framework remains intact and women and whānau who may not ‘fit’ the prescriptions of either discourse can be left to feel guilty or that they have failed in their experiences of birth.

¹¹⁶ I use the term ‘essentialist’ here as it is commonly referenced in feminist scholarship. For a mana wahine reading of ‘essentialism’ see Chapter Six.

Whilst counter-medical discourses provide an important critique of the medicalisation and institutionalisation of birth they can also risk aligning women's bodies to 'nature' in ways that can be read as both sexist and racist. Within 'alternative' birthing discourses women are often compared to other mammals or advised to take direction from other birthing animals, who are assumed to exist outside of culture (for examples see Kitzinger 1989; Odent 2011). Of her labour, Marama writes:

I sounded a bit like a very large female gorilla before she was going to attack you – I remember thinking that I was grunting as a monkey would grunt out in the jungle, very low and growly from deep, deep, deep, within me – it was primeval.

It was like watching a David Attenborough documentary about elephants in Africa – I know they exist, and it's all very nice and beautiful, and distant. But I've never actually been charged by a stropky elephant, or heard its trumpeting in my ear, or had it stand so very close it scares the crap out of me, or been nearly trampled by one! This is the difference between knowing about an elephant 'intellectually' as an academic exercise – and actually physically experiencing one UP CLOSE and VERY personal (Diary entry, December 2009, emphasis in original).

What is more, 'alternative' discourses of birth also draw on ideas about 'primitive' birth thereby suggesting that indigenous women are more closely aligned to nature and to animals. Grantly Dick-Read (1942) one of the 'founding fathers' of the natural childbirth movement wrote that 'primitive' women experienced less painful births and reproduced easily in comparison to 'over-civilised educated' white woman. His philosophies in fact, have been said to be founded in a concern that the 'inferior races' were having more babies and that women with education and political rights (at this time white women) had foregone their roles and responsibilities in societies regeneration.

These comparisons, between indigenous women and animals, have also been made about Māori maternal bodies. Ethnographic writing suggesting that birth was not something Māori women 'worried' about. Elsdon Best (1924, 2) writing "I have known women engaged in some task, to go aside and return in an hour or so with the child. Truly is the wind tempered to the shorn or doctorless lamb". Such comparisons between animals and women must be considered with caution. It should be remembered that the alignment of indigenous and black bodies with

animals was wielded by nineteenth century imperialism to enslave, subordinate and discriminate against whole communities. The results of this, we know all too well were abhorrent. It is important therefore to be cautious in uncritically employing 'alternative' birthing discourses that may unintentionally serve to re-inscribe gendered and racialised stereotypes.

Experiences of home are multiple and contested and not every home is going to be facilitative of an empowered or positive birthing experience. It is important, however, to understand that for many whānau home represents a critical site of decolonisation, resistance and recovery. Rotorua midwife, Jacqui suggests that homebirth may provide a practical and empowering alternative for women who face difficulties getting to and staying in hospital, saying:

We might have been talking about solo mothers and like having to find somewhere for your kids to go, so why not stay home and your kids can be part of your birth plan eh and helping and doing stuff and also learning (Key informant interview, November 2010).

Similarly, Aroha Harris explains that in the early twentieth century "home births were a convenient alternative for mothers who did not have access to requisite transport, who could not spare the time away from their family and domestic or farming chores, or who were unwilling to opt for hospital care" (Harris 2001, 116).

Today, decisions to birth at home, for a number of Māori women, are as much a political statement as they are a personal decision. As a political statement the decision to birth at home can be viewed as a decision to resist the hegemony of colonialism and patriarchy and to regain control and self-determine the birthing experience (Longhurst 2008).

As a personal decision, however, women can still feel vulnerable in their decisions to birth at home. Women can be left to defend their decisions to others, including their own whānau. Sarah explains:

I did a bit of reading and I armed myself with a lot more knowledge rather than just my own feeling and instinct ... I really armed myself , ready to attack anyone who wanted to cross me about my decision. My sister turned around and said, 'Sarah, don't worry about it. You don't need to justify yourself. This is just the beginning of what it is going to be like when you

are confronted about your decisions as a mother' (Interview, January 2010).

Teah's decision to birth at home was not always met with support from her whānau, she explains:

I have always been quite head strong, so my mum and dad just went along with my birthing choices, even though they did not consider them to be 'normal' ... at the time I felt like I was doing everything against normality and against society because I wasn't going to the hospital and I was putting myself and my baby at risk. There was a genuine concern that I was making the wrong decision ... but for me the risk was going to the hospital, at home I was in my environment, my mana rested there, it's my world to control. When I felt most vulnerable was if I was to go to the hospital, it was the doctor's environment, filled with bright lights, processes and protocols (Interview, December 2009).

In contrast, Krystal, of Tainui descent, was confident in her decision to birth at home, she says, because homebirth was the 'norm' for her.

Well, everyone asks me, 'are you scared?' I'm not really scared, like I don't think it's scary; I think it's beautiful. The majority of my friends haven't had the same options that I've got. I know what I can do. I can be in my own space, and have what I want and who I want to be there and exactly what I want it to be like (Interview, September 2010).

The ability of women to practice tikanga, accommodate whānau and the familiarity of place were also important considerations to women's decisions to birth at home. Home, therefore, can for some women become an important place to decolonise birth and reclaim mana wahine maternities. It is important to remember that it is not, and should not, be *the* only place.

Birthing centres

Another alternative to hospital birth that has been recently made available to women today is the establishment of secondary birthing centres that operate as a kind of intermediate space between home and hospital. Robyn Longhurst (2008, 83) points out that "a binary division between home and hospital has characterised the politics of childbirth. This binary needs to be deconstructed. Birthing centres represent one way of troubling this binary" (Longhurst 2008, 83).

Three women planned to birth at independent birthing centres. Yet only one woman delivered there.

My first choice for birthing my baby was to have her naturally at River Ridge Birthing Centre in Hamilton (Diary entry, August 2010).

Keri explains:

Choosing a birthing centre I wanted a little bit of security but not too much (Interview, April 2010).

Small birthing centres can provide a more ‘personalised’ and ‘home-like’ environment. They can appear “an attractive compromise between the impersonal nature of a large hospital and the idea of giving birth at home, which might feel very risky to women brought up in a society where hospital birth is the ‘norm’” (Gatrell 2008, 81). Sarah, who birthed at home, says:

I don’t understand a birthing centre you have got exactly everything at home, medically, that you have at a birthing centre. So the only difference is that it is not your where (Interview, January 2010).

For some women the fact that it isn’t their where might make all the difference. Midwife, Lisa agrees:

The only thing you can’t do there is have a caesarean or an epidural so it’s like a home away from home. And the advantage, why most of them choose a unit instead of home, is they get to stay for a few days and have a rest. ’Cause a lot of women I look after have a lot of children and they like that little bit of time out (Key informant interview, June 2010).

It is argued by some, however, that birthing centres are somewhat illusory and that in actual fact the ‘options’ presented within a birthing centre are often narrowly defined. Midwife, Heather, also suggested this:

A birth centre might be all lovely but they have the same protocols as the hospital ... that’s why at home they’re your rules, not protocols from the hospital (Key informant interview, December 2009).

Maggie Banks argues that it is within dominant discourses of childbirth that the issues lie. In relation to the domestication of hospital birthing rooms she says “the

changes medicalised attendants have mooted are cosmetic. The prettying up of the hospital environment with colourful paint, soft chairs and tranquil pictures does nothing to change the dominant medicalised view of birth” (Banks 2000, 129).

As it happened only one woman delivered her baby at a birthing centre. She reflects on this:

I am glad that I did birth at River Ridge rather than the hospital ... it was really mum and baby-centred, it was always our first choice to have baby there. We did our ante-natal classes there, and my sister had her first son at River Ridge, so I already felt kind of connected to the place through that. I thought it would be nice that both our eldest children were born in the same place ... It was good at the centre, as everyone was there for a reason. You know it is for birthing and getting over birthing ... I didn't feel self-conscious as everyone knew why we were there ... it was also really convenient, close to home, easy to park outside and for free ... the rooms were awesome at the birthing centre ... afterwards it was nice to be able to have family in and around. I guess you can do that at hospitals too but the room was so big and comfortable, it just felt really homely but with the support you needed (Interview, August 2010).

The establishment of birth centres, however, may provide women with ‘options’ for birth that align with the tradition that birth take place in an intermediary space created purposefully for birth. Within such spaces alternative birthing practices are more likely to be accepted. For wāhine and whānau who wish to perform particular tikanga, have whānau present during and after birth, or want to birth in a ‘home’ environment but might not be able to in their own homes, birthing centres presents a viable ‘alternative’ option. As Robyn Longhurst (2008, 98) states “the social and physical environment at the Centre is constructed in the promotional material as a space that allows for individual women and their families, for domesticity and technology. It is represented as offering the warmth and comforts of home and technological advantages of hospital – an in-between space”.

Contemporary where kōhanga?

The ‘where’ of birth is inextricable from the constitution of Māori maternal bodies and therefore the places and spaces of birth and afterbirth are a pivotal consideration in the reclamation of mana wahine maternities. There are few historical accounts

that deal specifically with the ‘where’ of birth for Māori women and whānau.¹¹⁷ In fact the most commonly cited reference about customary birth place is *The Lore of Te Whare Kōhanga* by Elsdon Best (1929). This publication is often relied on as the authoritative source about where and how Māori women birthed in pre-colonial society. While there is some useful information in it, I have argued elsewhere that Elsdon Best’s writing is highly eurocentric and, in a number of ways, fails to convey the nuances and intricacies of Māori traditions and customs pertaining to birth place.¹¹⁸

Despite the relative lack of information regarding birth place, the few written sources that are accessible, oral histories, tikanga and even place names suggest that the spatiality of birth and afterbirth has always been significant to the birth experiences of whānau. What is interesting is that traditionally, birth took place away from the everyday dwelling house. Sometimes a special whare, known as a whare kōhanga [nest house] or whare kahu [cloak house],¹¹⁹ was constructed to house the mother and baby during birth and for a period post-partum. A kuia in Helen Harte’s research provides one of the few first-hand accounts of birthing in such a place. She explains:

I had my first baby in a nikau house. It was my father that attended to me. He always did for us kids. He never got anybody to help. Sometimes he did but very seldom. But he was with me, him and mum but he attended to me. I was there before I laboured the baby. I stayed there for a week and then I had the baby (Harte 2001, 100).

This narrative is also important in highlighting the fact that often men were present and even attended to the birthing women. It has been explained that a birthing house

¹¹⁷ There are a handful of accounts that deal with Māori women’s experiences of birth during the time of hospitalisation in the 1930s and 1940s (see Coney 1993; Harte 2001). Detailed descriptions or analysis of the tikanga surrounding the place of birth, however, are relatively scarce (see Best 1929; Makereti 1938; Yates-Smith 1998).

¹¹⁸ In contrast, Ani Mikaere (2003) and Aroha Yates-Smith (1998) provide a mana wahine analysis of traditional birthing locations, practices, and knowledges. There is, however, further research to be done looking specifically at the role of place in the birthing experiences of women in customary Māori society.

¹¹⁹ There are different descriptions of the purpose of these houses. In some accounts whare kahu is said to be the house used for birth and then the whare kōhanga was used for the period post-partum. Aroha Yates-Smith (1998) also makes mention of the term whare pūhunga which is thought to also have been used to refer to a birthing house for the ancestress Kahukeke. I am intrigued to find out more about this as my whakapapa connects me to the mountain Wharepūhunga. Historical reports about the maunga and about Kahukeke only skim over the possibility that the whare constructed for Kahukeke may have been used for the birth of her son.

may not have been constructed for all women, but perhaps only women of rank (Mikaere 2003). Other women would have left the everyday spaces of the ‘village’ to give birth. This is because birth and for some time after birth women’s bodies were tapu and thus required specific attention and ceremony to keep them protected. Mia makes the point that:

It shows how the whole ... everything is tapu and sacred, it means something, it’s special ... the whole process, everything was meaningful. It was. It was special. So all the rights that we gave women were special (Wānanga ipu whenua group, September 2010).

The whare kōhanga was utilised to protect a woman and her child who had recently given birth from the day-to-day demands of the community, as such, birth in this place also assisted in health benefits by reducing the opportunity for infections, assisting with lactation, and providing time and space for recovery from birth for both mother and baby (Kenney 2009). Midwife, Jacqui makes a similar point:

I think it was probably cleaner [than birth now], personally. Because women birthed away from everybody else, they had a lot of rongoā that they would help assist the birth process (Key informant interview, November 2010).

Conclusion

Transforming the spatial politics of birth from a mana wahine perspective requires the decolonisation of *all* spaces of birth, hospital, home, birthing centre and other places. In other words, breaking down the dichotomies that dominate the spaces of birth in Aotearoa may “allow for greater diversity of experiences to count for a ‘significant’ or ‘successful’ birth” (Sharpe 1999, 102). In doing so, women can be provided with a number of options about where to birth their babies that uphold the mana and tapu of childbirth. This could be through the temporary designation of space within women’s own homes for birth, the use of intermediary spaces such as birthing centres or it could be in the creation of contemporary whare kōhanga.

Decolonising the spaces of the hospital, utilising secondary birthing facilities in new and transformative ways that provide for the needs of women and whānau or reconfiguring home to align with concepts such as ūkaipō could all serve to transform how birth is experienced by women and whānau. Furthermore, I think that there is immense value in pursuing the possibilities of establishing localised

‘whare kōhanga’ where women and whānau can feel nurtured and supported to birth and mother their babies in a way that upholds and celebrates the uniqueness of mana wahine maternities. The challenge herein lies in creating safe spaces where women and whānau are able to birth, and where Māori knowledge, tikanga and spirituality are accepted, encouraged and celebrated. It is to the collective spaces of birth and afterbirth that we can look.

Chapter Eight - Reclaiming the collective spaces of birth and afterbirth

This chapter considers the possibilities, and some of the challenges, Māori women face in reclaiming, and at times recreating, practices, ceremonies and traditions pertaining to birth and afterbirth. I posit that our tikanga and spiritual practices, based in mana wahine ideologies, have the potential to transform and empower individual experiences of birth. More than this, though, reclaiming the collective spaces of mana wahine maternities is intimately connected to broader goals of decolonisation and tino rangatiratanga. In other words, the expression of mana wahine maternities by wāhine and whānau is inherently connected to resistance and recovery efforts for whānau, hapū, iwi and Māori.

There are three key themes around which this chapter is organised. Firstly, I consider the role of tikanga in women's maternity experiences. Material manifestations of mana wahine vary for participants. Consideration of one of the most common practices, returning the placenta to the earth, however, illustrates how tikanga can transform experiences of maternities but also how tikanga is being transformed in unique and creative ways by women and whānau. Second, I seek to reconfigure mothering from a mana wahine perspective. Reclaiming a collective approach to birth and childcare resists and broadens hegemonic conceptualisations of 'mothering'. It is argued that such an approach can serve to empower women and ultimately protect and affirm the central position of children within whānau, hapū, iwi and wider communities. Finally, I suggest that to protect and uphold mana wahine maternities is a collective responsibility. To expect that Māori women alone can carry this runs the risk of overloading women, many of whom are already overburdened. The responsibility to recover the place of mana wahine maternities must rest with many. Reclaiming the collective spaces of birth and afterbirth, therefore, has the potential to provide a decolonised pathway into the world for our children and for generations to come.

Transformative tikanga, tikanga transformed

Part and parcel of looking at the world through the prism of whakapapa is the imperative to treasure those physical manifestations and expressions of ancestors that connect us to our

origins and enable us to project ourselves with confidence into the future (Mikaere 2011, 298).

All of the kōrero shared in this research has made me confident that mana wahine maternities do indeed exist. The wānanga is one example that demonstrates, to me, the transformative potential of coming together as women to share experiences, knowledges and practice. We told stories of tradition and tikanga pertaining to pregnancy and childbirth. We reflected on the challenges and energy required to reclaim and perform such traditions. We shared creative and unique ways that mana wahine is, and could be, expressed in women's embodied experiences of birth and mothering. We shared stories, songs and food. We laughed and cried. We created ipu whenua and kete. Ultimately we performed and enacted mana wahine. The wānanga provided a glimmer of what it may have been like for our ancestors to birth, to live as and to share as wāhine Māori.

I have also been fortunate to see mana wahine being performed on many different stages outside of this research. My mother, sister and aunties embody the strength, power and beauty of mana wahine. Within my own whānau, hapū and iwi I have been witness to, and participated in, a number of wānanga and hui at which mana wahine has been affirmed and celebrated. I am continually impressed by the hard work and determination of the many women, both Māori and non-Māori, who I am fortunate to work with both within the academy and within my iwi. In addition, I am privileged to have a number of friends who live and embody mana wahine in their everyday realities. As mothers and as women, many of whom have completed or are doing their PhDs, work in paid employment and/or have numerous whānau, marae and/or other community responsibilities, they continually amaze and inspire me in their dedication to mana wahine, kaupapa Māori, te reo Māori, decolonisation and tino rangatiratanga.¹²⁰ I have spoken elsewhere in this thesis of the men in my family who support and affirm mana wahine. There are many other examples that could be provided here.

Nevertheless, the energy, strength and determination needed to reclaim and sustain mana wahine against all of the colonial and patriarchal ideologies (many of which have been discussed in previous chapters) should not be forgotten. In fact, this

¹²⁰ I am reminded of a good friend of mine who, in her commitment to te reo Māori and to her son, spent countless hours translating a rather large and seemingly technical book about dinosaurs into te reo Māori so that her son could learn about tyrannosaurus rex in the language of our ancestors.

speaks to the significance of those iterations of mana wahine maternities that are visible. That in spite of the challenges and limitations of our colonised realities women and whānau still live and embody the values, traditions and practices of our ancestors, albeit in new and creative ways.

Women vary in their uptake and performance of birthing tikanga and traditions. A few women used muka (softened flax fibre), in place of the standard plastic clamp, to tie the umbilical cord and some women cut the umbilical cord with sharpened pounamu or obsidian. The use of karanga, waiata and karakia were also used. Sarah shares some of the practices they incorporated into her son's home birth:

We used muka to tie the pito and greenstone to cut the cord and made ipu whenua. My boy went straight into a waha kura (woven basket)¹²¹ for sleeping. I went down to my sisters' antenatal class which was on the marae ... at the class we made muka. We made our ipu whenua ... I got a friend of mine to cut the greenstone. It makes sense because that's how they would have done it back in the day as well. All our terminology, as far as we would refer to our body parts and our baby and processes were all in Māori; little waiata and things like that ... Also, it wasn't just me; the whānau were on board and they would actually just get things and do things (Interview, January 2010).

Sarah and her whānau were able to include a number of tikanga that were both material and symbolic. What is more, she highlights the role her whānau took in reclamation of tikanga for her son's birth. As I argue later in this chapter, the collective responsibility to mana wahine maternities is pivotal if wāhine are to feel empowered in their birthing experiences.

Not all women had whānau to assist them, or they faced other challenges in reclaiming particular tikanga. Natline, who is in her early 30s, explains that she didn't have the time, and for some things the confidence, to incorporate all of the things she wanted into her birthing experience. She says:

I really wanted to make muka [softened flax fibre] to tie the cord. I wish I would have been a lot more confident to do those sorts of things. I wish I was a lot more confident and organised. Pregnancy goes fast (Interview, September 2010).

¹²¹ This is not a direct translation. Waha means to carry or raise up and kura has multiple meanings, referring to something that is precious, a container, and also to redden or red ochre.

For me, it was a heavy realisation that it was not possible to learn or perform everything that I wanted for the birth of my daughter. This was in part because I am not fluent in Te Reo but it was also a matter of time and energy, for new mothers who are rediscovering mana wahine maternal knowledges nine months can pass by fairly quickly.

Teah really wanted to have an ipu whenua for her baby's placenta but this wasn't possible.

I really, really wanted, like an ipu whenua, yeah but I couldn't source that. I don't know I think I didn't diligently give the task to someone, like 'go and find it, you do it'. So it never ended up happening and it was an ice cream container (Interview, December 2009).

While she doesn't always recognise it as such, Teah's birthing experience included the practice and performance of tikanga and mana wahine knowledges that demonstrate a resistance to colonised patriarchal models of birth and mothering.

Mum plaited some muka to tie baby's cord and she tied it. Then my tāne cut the iho (Interview, December 2009).

Teah goes on to reflect on the pressure that she felt to perform some tikanga, saying:

I didn't want it to be where if I couldn't do something I feel guilty. It's finding that balance where I felt comfortable in the processes we were doing, that we were doing them 'right' 'cause we didn't want to do them wrong, you know? I think that is really important, it's just finding that courage and the knowledge to do them 'right' (Interview, December 2009).

Teah raises an interesting discussion point with regards to doing tikanga 'right'. Feeling that tikanga must be enacted in a particular way is often connected to notions of 'authenticity' that tend to fix 'tradition' and tikanga in a specific place and time. Attempts to move traditions on from this point are often open to judgement and criticism by those who believe that they must be protected in their 'authentic' state at all costs, thereby leaving women and whānau feeling isolated or vulnerable.

Kim Anderson (2000) argues, and I agree, that we must deconstruct the metanarrative that exists that in order to be 'native', or in this instance 'Māori', we

must exist exactly as our ancestors did hundreds of years ago. Inevitably we will fail in our attempts to do so because of the oppression and marginalisation of mana wahine by colonialism. Kim (2000, 27) issues a caution, writing that “‘tradition’ and ‘ceremony’ can become damaging if we use it in a static or fundamentalist way to interrogate how ‘native’ we are ... for many of us, part of being Native is feeling like we aren’t”.

The conceptualisation and performance of ‘tradition’, therefore, must be fluid and dynamic if it is to account for the diversity of women and whānau experiences of birth and after birth. Ani Mikaere (2012) explains that tikanga is human-made and while it provides a blue-print created by our tūpuna it is not, and should not, be rigid or fixed in its expression. The underlying kaupapa of tikanga reminds us of the purpose and intent of the embodied practice, this should always be remembered. Tikanga itself, however, can adapt to the changing realities of whānau. In fact, it must if it is to continue to be relevant to the lived geographies of Māori today and into the future. As Ani Mikaere (2012, 18) observes:

it was our tūpuna who developed it, confident in the expectation that the generations to come would continue to utilise and adapt it to meet their needs. They had faith in the theory of existence that they inherited from their tūpuna. They were secure in their knowledge that the tikanga they implemented as a practical expression of that theory was capable of dealing with life’s daily challenges ... we are the inheritors of that tradition.

Whenua ki te whenua

By way of example I want to turn to examine the practice of returning the placenta to the earth. I have explained the significance of this tikanga to the reconceptualisation of the maternal body in Chapter Six. The merging of mother, child and Papatūānuku through this practice creates a reciprocal relationship of nurturance and sustenance. At the same time, burying the whenua can serve to establish a sense of ‘home’ or ‘belonging’ for a child and therefore is particularly important to the wider spatial politics of ‘afterbirth’.

The importance of returning the whenua was such that one kaiwhakawhānau judged her performance as a midwife, not only on the safe delivery of babies but also on the return of whenua to Papatūānuku. In her words:

It's not how many babies I've delivered at home ... it's how many whenua have gone back to Papatūānuku and its 100% and I think that's what makes me proud of my mahi (Key informant interview, May 2010).

Undoubtedly, the tikanga of returning the whenua to the earth, to Papatūānuku, clearly shapes her philosophy and practice as a midwife. As I argued in Chapter Five this has not always been the case. The refusal to return whenua to whānau when women moved into hospital is perhaps one of the most visceral attacks on Māori maternities.¹²² This continued until approximately the mid to late 1980s when hospital policy changed and it is now hospital policy that the whenua is offered to whānau.

The way whānau 'perform' this tikanga is diverse and evolving. Changing to meet the contemporary realities and needs of whānau, the where and when whānau are burying the whenua is changing. Furthermore, the use of ipu whenua is being revitalised in new and creative ways. What does not seem to have changed is the intent and function of the tikanga.

Traditionally whenua would be returned to a special place, usually on the tribal lands of either mother or father. In some cases the whenua may have been buried at a boundary marker between tribal lands. There is also some evidence that there was a special tree or stone under which they were buried. For some whānau the whenua would be buried in their whānau or hapū urupā (burial ground).¹²³

As whānau become increasingly mobile and urbanised where whenua are being buried is changing. Some women or whānau make a long trip to return their baby's placenta to their tribal lands. Kelly, of Ngāpuhi descent, explains:

¹²² There is a particularly gut wrenching scene in the movie *White Lies* that embodies the mamae that can be felt as a result of this. A summary of the scene is provided here. "When the Māori girl from the marae loses her child at the Pākehā hospital, where she is denied the help of herbalist Paraiti, whose healing hands we have already seen massaging the child's pregnant belly in an earlier scene, the head nurse stands like an army commandant, threatening Paraiti with the law. At the time, the Tohunga Suppression Act forbade Māori healers from enacting their work and even killed them, as in the opening scene when Paraiti's father and hapū is murdered. At the hospital, Paraiti has to stand aside and let them kill this child with neglect and ignorance. Afterwards, Paraiti asks if she can take the whenua back to her land and her people. The nurse tells her she can retrieve it from a rusted tin garbage can. We can see from Paraiti's face it is beyond retrieving. The shock that such a sacred bond could be treated with such disrespect is written all over Paraiti's face" (Dunsford 2013, n.p).

¹²³ Hapū and iwi variations mean that there is diversity of opinion about this. Some whānau suggest that the whenua should be kept separate from the urupā so as not to mix life and death. Others suggest that it should be returned to the whānau tūpuna for protection. Further research on this is needed.

We take baby's placenta up north. I know some people put it in the freezer but our family always put it straight into the ground. We don't have any gourds or any weaving baskets; we just put it straight in. We're a no frills people. It just sort of sat in the boot for the night and then mum and dad went up north on the Tuesday and took her whenua home and buried it at our urupā by my grandfather's grave. Then you have a cup of tea and come home. It sounds crazy, it's a long trip but that's the beauty of it though. For us it is a matter of time, we do it as soon as we can; so that's where they're from.

My sister's son's whenua are down at the bottom of Poppa's grave, and then the two girls' whenua are up the top ... it's nice knowing they are all together up there and that is why we do it, so that people can never say 'oh you don't belong here'. I think it's because we're not home so you want to get them home as soon as we can (Interview, August 2010).

Not long after having her daughter Natline left hospital to bury the whenua and then returned to rest.

My sister came to the hospital and we drove to my great, great, great grandfather's homestead ... it's a fenced off area; it's quite big and it's got lots of trees in there. Heaps of people buried their whenua there. I wanted to bury baby's there too ... we didn't really know what to do so we just had a little karakia; sung a song and buried it and then I came back to Tokoroa hospital and stayed there for a week. That was a pretty amazing experience too. It was really spiritual (Interview, September 2010).

For some women, however, this is not possible. Some women cannot return home immediately, or are unlikely to return in the foreseeable future. For others their sense of connection is not to their tribal lands but to another important place such as the family home or the bush. bell hooks (2008, 213) points out that "returning to one's native place is not an option for everyone but that does not mean that meaningful traditions and values that may have been part of their past cannot be integrated into homeplace wherever they make it".

Some participants buried the whenua in a pot plant until such a time that they could return 'home'. Teah posted the photo and caption below on the online forum.



Figure 8-1: Photo showing burial of whenua

My mum went and brought a miniature Kowhai tree for Okaire, it is placed in this pot which is a bluey colour to represent his water birth. we chose a kowhai tree as they are really common up the east coast and we love them because when they bloom it means the kinas are fat. Also chose to bury baby's whenua in this pot because I want to wait till we have time to go back to our land up the coast and bury it there (Online forum, March 2010).

Another woman kept the whenua in an ipu at home for some time.

Mia: He [husband] didn't want them [hospital staff] putting bubba's whenua into the fridge with the other stuff. So I never saw the whenua at all because I had caesareans and they just took them away put it into the hue [gourd] and then closed it up; oh and we had it for quite a while, it didn't have a smell or anything but we kept it until we could go back home and bury

it. We just kept it at home in the lounge, sort of close to us (Wānanga, ipu whenua group, September 2010).

For some women, they have yet to determine where that ‘homeplace’ will be.

Marama: We still haven’t buried our baby’s whenua yet – we have discussed a location for it but just haven’t done it yet. In the meantime, her whenua is sitting in our lounge, under the couch. We’re probably breaking a rule or two keeping it there, not burying it just yet – but at least it’s not in the fridge or deep freeze! (I recall my grandmother’s abhorrence at hearing my sister-in-law had put her baby’s whenua in the freezer at home) (Diary entry, August 2010).

Karina explains that she was pleased with the treatment of the whenua by the hospital.

We always planned on keeping her afterbirth to take back ... I didn’t like the thought of it being thrown away ... The hospital was really organised with the placenta. It was an option they gave you when doing the consent. It was all packaged up nice and clearly. It felt like they sort of respected it as well. They don’t put it in the fridge which is good; you don’t want it around kai ... we decided to bury it on Christmas day. We put her placenta on my husband’s mum’s gravesite. That was important to us. Her nana is looking after her. We wanted it to be a special occasion, an important celebration (Interview, May 2010).

From incinerators and rubbish bins, to putting them in plastic bags and ice cream containers in the fridge alongside food,¹²⁴ hospitals have a ‘colourful’ history in terms of how they have dealt with the whenua. Karina’s narrative is reassuring that there is an increasing understanding of the significance and tapu of the whenua by hospital staff. This is not always the case.

Young mother of Tainui and Ngāpuhi descent, Oramai, did not take the whenua after the birth of her son. She intended to but an incident with hospital staff changed her mind. The midwife showed her, in some detail, the placenta.

With the placenta just looking at it put me off. I would have buried it but they showed it to me and as soon as I saw it I just couldn’t stand looking at it (Interview, June 2010).

¹²⁴ As a number of participant’s narratives suggest putting the whenua with food is considered culturally inappropriate. The whenua is considered tapu and food is used to whakanoa or remove the tapu and hence the need to keep them separate. For many this does not always happen.

I asked Oramai why she didn't like looking at it. Her answer was revealing as to why she didn't want to take the placenta and bury it.

They asked me 'do you smoke?' I say, 'oh yes'. They then said 'Look I can tell you were a smoker' and they show me on the placenta. They show me every little part. Then they asked me if I wanted it, I said 'no I don't want it'. I didn't keep anything. I wish I didn't look at it (Interview, June 2010).

Being shown the 'evidence' of her smoking on the fleshy materiality of the whenua was taken by Oramai as a sign of her 'failure' as a mother and thus she chose to dispose of it at the hospital. With only a vague understanding of the purpose of the tikanga and a lack of sensitivity by hospital staff to her situation (young single mother with minimal family support) Oramai didn't feel supported to take the whenua and return it home. Her experience is reflective of what Linda Smith calls the "contradictions of a colonised reality" (1992, 48) but also of the continued marginalisation of tikanga and as such mana wahine maternities.

A number of women were astute in recognising the structural challenges that they face in reclaiming birthing tikanga. At the same time they were incredibly pragmatic in their application of tikanga into their births, many of which were heavily medicalised. Therefore, not only did women vary in where they buried the placenta but there was incredible diversity in how they performed the tikanga. This was a worry for Keri, she explains:

I asked my dad how we should 'do it' and he said there is no right way, 'we'll do it our way' he said (Diary entry, April 2010).

Given the arguments this thesis has made concerning the impacts of colonisation of women's birthing knowledges many whānau are left to 'design' how they enact particular tikanga. As such, many women are engaging new and creative ways in how they are practicing this and other birthing tikanga. Many whānau have revitalised the practice of making an ipu whenua (container for the whenua) to hold the whenua until it is returned to Papatūānuku (or elsewhere).

Traditionally ipu whenua would have been made from clay or from hue (calabashes or gourds). The significance of using clay can be seen in the following saying:

Tikina ki te one i Kurawaka, ki reira ahu mai ai, kei reira te uha e puhi ana, e tohu ana, he tapu hoki te uha, he iho tangata hoki – Fetch it from the earth at Kurawaka, shape it there, there is the uha attracting with its beauty, the uha is very sacred, it also contains the seed source of people (Nepia Pohuhu, cited in Takirangi Smith, 2012, 13).

Using clay, therefore, reinforces the connection between Papatūānuku, woman and child. The connections to the creation of Hine-titama from the earth are also evident. A number of women used clay to create an ipu. One example can be seen in Figure 8.2.



Figure 8-2: Clay ipu whenua used by a participant

At the wānanga we also made an ipu whenua using clay. Each woman at the wānanga created a clay coil and added it to the ipu. Figure 8.3 shows the finished product.



Figure 8-3: Clay ipu whenua made by wānanga participants

The use of hue is less common. Mia's husband made all three of her son's ipu out of hue:

My husband got some hue and he did the designs on them. My husband did that for us and we decorated them. It was good to have them because we were in Auckland and we couldn't get home for a little while so we could keep it until we could get home (Wānanga, ipu whenua group, September 2010).

For my daughter's birth my mother made an ipu using a hue lined with moss. This is shown in the photo below (see Figure 8.4).



Figure 8-4: Ipu whenua made using a hue (gourd)

Not all wāhine have used ‘traditional’ materials. One wahine at the wānanga told how she used paper mache and a balloon. She explains:

I got a balloon and paper mache it and then got a whole lot of fern and glued the fern around it. So that it was more like a round ball of fern. Then you just cut the top. So the lid I got my son to put holes into it and so when you put the lid on it you get a piece of flax woven cord and close it. I lined it with moss. It's a good way to use up your old newspaper (Wānanga, ipu whenua group, September 2010).

This woman worked with materials that were available and accessible and in doing so created an ipu using a fusion of modern and ‘traditional’ materials. It seems, however, that regardless of the form of the ipu whenua the function remains and being able to create an ipu was an incredibly moving experience for many of the women in this research. Maria, of Raukawa iwi, talks about having the ipu whenua, which she made out of clay, in hospital and some of the questions she got about it, saying:

I had my ipu whenua at the hospital. A lot of people were amazed at what it was ... the woman next door to me she asked “what is that for?” I said “It's for your placenta so you can take it back home with you or bury it at your Marae, or wherever your homestead is, or something like that ... because that's part of you; it's part of you and your baby. That's what fed your baby so I don't want for it to just be thrown in the bin”. And the cleaners and the midwives, they hadn't seen anything like that and I thought that was quite cool ... they started asking where do you get it from and I said “it doesn't have to be clay it can be anything that you can put it in” (Interview, September 2010).

Maria felt a great sense of pride in being able to explain why the ipu was special and what its purpose was. Many of the other wāhine who had made ipu expressed similar feelings of joy at physical product but also the symbolic meaning. For Natline part of the beauty of the ipu was that she was one of the first ones in her whānau to reclaim the practice. She explains:

We're sort of the first in our family to do it ... the ipu whenua was made of clay and we only did it literally just before baby was born ...we put things into it that symbolised our whānau. They came out really good. It was a bit of a shame to put it in the ground. It was the first beautiful thing that you could do for

your child, to sort of ground them and keep them there
(Interview, September 2010).

For Natline the significance of the ipu whenua was reaffirmed as she added it to the ‘new mum essentials’ checklist she had in preparation for birth (see Figure 8.5).



Figure 8-5: New mum checklist provided by participant

The new mum ‘essentials’ checklist reminds us that while there are exciting developments in the expression of mana wahine maternities, the practice of tikanga continues to exist on the periphery with regards to dominant constructions of birth in Aotearoa New Zealand. That being said, the creativity demonstrated by women in their practice of tikanga pertaining to birth is inspiring. They are able to uphold the intent and kaupapa underlying the tikanga whilst transforming the form to fit their needs. As such the practice of tikanga, by women and whānau in their experiences of birth, is not only transformed but also transformative.

It is important to remember that ‘Māori’ birthing is more than just the outward and material expressions of ‘ritual’ or tradition. As Heather points out:

Things like using muka, ipu whenua; those are the pretty bits on the edges ... but there's so much more than that (Key informant interview, December 2010).

We must be careful that in focusing on the material expressions of tikanga we are not isolating women who are not familiar with or able to practice them. It is important, therefore to look for and acknowledge those traditions that may be more subtle and I would suggest that reclaiming mana wahine conceptualisations of collective mothering is one such ‘tradition’ we can draw from to transform maternity experiences for women and whānau.

Mothering: a mana wahine perspective

There have been numerous examples provided within this thesis that reflect the paradoxes of being a Māori woman and Māori mother. Women and whānau are often simultaneously invisible and hyper-visible in their decisions, practices and approaches to mothering in 21st Century Aotearoa. Their lived and embodied geographies as Māori mothers are full of conflicts and contradictions which can leave many feeling isolated in their maternity experiences. Isolation is a devastating outcome of colonisation and one that is particularly damaging to experiences of mothering in Aotearoa New Zealand. Hiamoe begs the question:

When are we going to wake up and realise that a combination of poverty, feeling stink about who you are as a mother and as a woman is a recipe for poor parenting? ... So you get that recipe and then you add a little bit of sleep deprivation and a little bit of boyfriend stress and a little bit of whānau stress and the baby just got chucked out with the bath water (Key informant interview, September 2010).

Indigenous families have endured a lot of trauma through colonisation and part of decolonisation requires that we rework understandings of family. Western patriarchal conceptualisations of mothering fail to provide for empowered collective approaches to child rearing. Narrow and heteronormative definitions of family can isolate and marginalise some women in their experiences of birth and

mothering. Whānau, then, is an important site of resistance and renewal for mothering¹²⁵ and for maternities more generally.

Within Te Ao Māori it is understood that children are born into whānau – not just to a mother and father. Through whakapapa women physically and symbolically carry and birth whānau, hapū and iwi. This is reflected in te reo Māori. Quite literally whānau means family and to be born/give birth. Kaiwhakawhānau, Heather, makes this point. She says:

Babies are born into whānau, not just to mum's and dad's, and all of that needs to be taken into account ... we raise them together (Key informant interview, December 2009).

It is crucial therefore that we decolonise western patriarchal and heteronormative conceptualisations of family if we are to return to an empowered collective approach to mothering. It is argued that whakapapa enables this. Whakapapa is a tool to understand our identity but also is a means of resistance and recovery.

There is a growing body of work that challenges the hegemonic constructions of the nuclear family (see Hutchings 2012; McBreen 2012a). Some of the most important contributions are made by wāhine who identify as lesbian or takatāpui. They call into question the heteronormativity of dominant conceptualisations of family. Leonie Pihama (1998, 179-207) argues:

The limited definition of the 'family' as nuclear, heterosexual and constructed within limited gender roles is not 'natural', but is constructed by certain groups to benefit their own interests ... Such a definition is not only limited but it also imposes restrictions on how different groups wish to construct their families. With the nuclear heterosexual family being centred as the 'norm', the standardised version of family, everything else is measured against it and labelled and judged accordingly.

Leonie goes on to explain that this limited definition of whānau can be particularly damaging. She breaks down heterosexual, colonial and patriarchal notions of family and argues that “whakapapa, whānau, hapū and iwi are not dependent upon a western construction of nuclear, heterosexual family” (Pihama 2012, n.p). That being said, many whānau have internalised such constructions of family as 'natural' and as such many women and men who 'do' gender and whānau differently can

¹²⁵ See footnote 12 in Chapter One for a brief explanation on the use of 'mothering' in this thesis.

experience marginalisation and discrimination both from the outside but also from within their own whānau.

While this research does not explicitly consider sexuality in relation to maternities the arguments made pertaining to whakapapa and sexuality by the likes Kim McBreen (2012a) are useful to conceptualisations of whānau in this research and to mana wahine maternities more generally.¹²⁶ Kim McBreen (2012a, 63) argues that “whakapapa is about inclusion – there needs to be a really good reason to exclude or demean someone in any way. Who they sleep with is not a good enough reason”. She highlights that while whakapapa is used to justify heteronormativity within many Māori communities this claim is unfounded, saying: “stressing whakapapa as fundamental to tikanga Māori implies a responsibility to continue the whakapapa and this can be used as an argument for compulsory heterosexuality. However, sexual identity does not determine whether or not a person will have children” (McBreen 2012b, 30). There is an assumption that to be homosexual is to be childless. In actual fact lesbians and gay men are as able to have children as heterosexual men and women (Pihama 2012).

Patriarchal ideologies of mother and mothering naturalise women’s role as mother and do not provide for ‘alternative’ conceptualisations or configurations of mothering or whānau. As such women who don’t bear children are often marginalised. Adrienne Rich wrote in *Of Woman Born* (1979, 11) “woman’s status as child bearer has been made into a major facet of her life. Terms like ‘barren’ ‘or ‘childless’ have been used to negate any further identity. The term ‘nonfather’ does not exist in any realm of social categories”. Within a mana wahine collective approach to birth and afterbirth women and whānau who choose not to or are unable to bear children are not precluded from ‘mothering’.

¹²⁶ Sexual identity was not something that was explicitly discussed in this research. Most of the women were in heterosexual relationships at the time of the interviews. None of the women identified themselves as lesbian, takatāpui or any other sexual orientation. In the interviews with first time mothers it was indicated that the majority of women conceived in the ‘traditional’ sense with a consenting adult of the opposite sex. There was only one woman that did not discuss the conception of her child and at the time of the interview I did not feel that it was my place to question this further.

Women who do not bear children, either by choice or not, are considered *whare ngaro* (lost house)¹²⁷ and this is often thought of as a sad thing for a *whānau* because it signals an end in a potential *whakapapa* line. It does not, however, stop a woman from carrying out vital mothering roles within *whānau*. Māori are not alone in this tradition. Renee Elizabeth Bedard (2006, 73-74) explains that for Anishinaabe culture, in North America:

some of the most important mothers are women in our families and communities who do not have biological children of their own, but take on the role of aunts, grannies, and even adoptive mother ... in Anishinaabe communities, mother, auntie and granny are fluid and interchangeable roles, not biologically defined identities.

Within indigenous cultures, then, women who cannot or chose not to reproduce are not precluded from mothering within *whānau* and communities.

For a number of participants the support they received from immediate and extended *whānau* played an important role in their birth and afterbirth experiences. Kelly, who is in her early 30s, says:

I think that baby being so calm is a result of us being in a really good space, bringing her into the world and having all the support from our family. It's that hard out family support ... she's not going to stress if we're not stressing (Interview, May 2010).

Within *te ao Māori*, who can 'mother' extends beyond those bodies that carry and birth a child. Mothering is a collective endeavour. This is further evidenced by the fact that there are no *kupu Māori* that distinguish between one's mother and one's aunt, the terms *kōkā* and *whaea* were used to refer to women of your mother's generation (usually those known to you). Therefore, while mother and nurturer are loaded terms in the western sense, within *te reo Māori* there is protection from patriarchy and a much more collective, open and empowered understanding of mothering.

There is a powerful politics in reclaiming the collective spaces of birth and afterbirth. To reframe experiences of maternity that take into account the diversity and

¹²⁷ I am not certain if *whare ngaro* was a concept that was applied to the woman herself or if it was a term used for men as well or to the wider *whānau*. This would be an interesting topic for future research.

complexity of mothering, and of whānau, requires a reconfiguration of maternity practice within Aotearoa New Zealand. Christine Kenney (2011) argues that the dominant model of midwifery in this country fails to adequately account for the experiences of wāhine Māori and whānau. She argues that the mono-cultural model of partnership between midwife and woman does not locate pregnancy and birth as a familial responsibility in its widest sense. Christine Kenney (2011, 126) states: “the minimised presence of whānau and the Euro-centric perspective on maternity care evidenced in both the standards and competencies for midwifery practice have facilitated a practice environment that focuses on the individual woman to the detriment of existing and prospective whānau”.

This point is reinforced when one examines the word midwife. The word midwife comes from the old English word meaning ‘with woman’. The World Health Organisation’s definition of midwife is “a person who is able to give the necessary supervision, care and advice to women during pregnancy, labour and the postnatal period, to conduct deliveries on her own responsibility and to care for the newly born infant” (1986, n.p.). There is no word in te reo Māori that translates directly to mean midwife. In comparison, kaiwhakawhānau translates to ‘she/he who facilitates the creation of whānau’, in other words, someone who assists the mother to birth her baby.¹²⁸ It is obvious to see in these terms just how differently birth is conceived in these two worldviews. One can serve to isolate the birthing woman from her wider support network or whānau (and vice versa) the other privileges the role of whānau in the experience of birth.

No more were these two worldviews evident than in my own experience of pregnancy and birth. When I found out I was pregnant I spent quite some time trying to find a midwife to care for me, my baby and my whānau. Many of the midwives that I initially spoke with assumed that my baby was conceived within a heterosexual relationship (although some of them were careful not to assume that I was still with the father). Beyond this they did not ask or inquire about my partner, let alone actually have a conversation with him. There was no mention of my wider

¹²⁸ Kaiwhakawhānau is likely to be a relatively recent term or may be unique to some tribes. Tāpuhi, meaning to nurse or care for during sickness or hardship (Williams 1971), is also used to refer to traditional birth attendants.

whānau and their involvement in my pregnancy and birth. This did not sit well with me.

When I met our midwife, Claire, one of the first questions that she asked was about the experiences of my mother and other whānau members? She talked to Tony, and any other whānau members who were present during our visits, asked them questions about their expectations, anxieties and desires for the birth and for our baby. When baby was born she included our whānau, as appropriate. In fact, to my mind, at that moment she was part of our whānau. This was truly a whānau event, helped by our kaiwhakawhānau.¹²⁹

Sarah's experience of birth was also transformed by having her sister as her kaiwhakawhānau.

Having my sister as my midwife was fabulous. I am definitely pro-home birth but to actually have my sister there as my midwife is why I believe my labour was only five hours and why I was so relaxed ... there were a couple of moments where she put down her midwifery hat and came over to the front of where I was and as my sister told me how proud she was of me and that I was doing really well and gave me a kiss and a hug and then she put her midwifery hat back on. Not just for me but for the whole family and for my mum seeing her two daughters doing that. It was beautiful for everyone (Interview, January 2010).

Midwifery practice can be transformed by recognising the pivotal role of whānau to the birthing experiences of women. Hiamoe explains that as kaiwhakawhānau her role may be to support whānau as well as the birthing woman:

If all is going well for the birthing woman my role might be to massage the nanny because the nanny is stressed, or the dad. Have a chat with the dad outside (Key informant interview, September 2010).

Furthermore, mainstream antenatal programmes may adequately meet the needs of some women and their whānau, however, this research demonstrates that there is immense value in being able to come together collectively as Māori women, and as whānau, to share whakapapa, embodied experience and values about birth from a uniquely Māori perspective. Lisa also sees the value in this and therefore the

¹²⁹ Our midwife was an Australian born midwife. I truly believe, however, that she befits the label of kaiwhakawhānau.

antenatal programme that she runs is open to whānau and basically anyone who is interested in attending.

It is open to anyone who wants to come and support the hapū māmā and that includes non-Māori (Key informant interview, June 2010).

Her antenatal programme does not place any limitations around what ‘whānau’ might look like, unlike mainstream antenatal classes which are very much targeted and limited to nuclear configurations of family. Whānau, then, is widened beyond simply that of mother, father and child/children. Feminist geographer, Robyn Longhurst (2008, 150), also contends that conceptualisations of ‘mother’ must be broadened, saying:

People need to be able to mother – to offer care to children – in a variety of different ways. The distinctions between mothers, fathers, and people who are ‘childless’ are not at all rigid. All persons can (but not all want to or should have to) participate in mothering ... material and social support needs to be offered to *all* mothers who require it, not just to those who fit the image of the ‘perfect mother’ by conforming to dominant ideological forms of mothering.

That is not to suggest that all women experience whānau positively. As I argue in Chapter Seven, violence and abuse at home and within whānau is a very real part of the lived realities of many women and children. In Aotearoa there have been numerous examples, in recent years, of women and children being physically and sexually abused by people within their own whānau and within the private spaces of home.¹³⁰ Efforts to reclaim mana wahine in these spaces may simply be focused on survival above anything else.

Looking to the collective spaces of mothering may provide some answers. Stephanie Milroy suggests that (1994, 12) “in precolonial society a man’s house was not his castle” and rather one’s home was part of the collective kāinga. As such violence against women and children was unable to be hidden and the perpetrator was left having to face up to the collective. It is suggested that the absence of

¹³⁰ In fact, in a 2009 *Report on Domestic Violence 2009* (www.areyouok.org.nz) it was stated that half of all children killed by caregivers are Māori. Seven times more young Māori women and four times more Māori children are hospitalised from an assault compared to Pākehā women and children. 49% of Māori women experienced partner abuse at some time in their life compared with 24% of Pākehā and 23% of Pacifica women.

distinction between private and public domains in the collective spaces of Māori communities served, in many ways, to protect and affirm women. The stark realities of many Māori whānau should not be forgotten. Spaces of violence, abuse and discrimination within some whānau must be front and centre of the decolonisation agenda. It is imperative to do so if mana wahine maternities are to be protected, affirmed and celebrated in the everyday geographies of *all* wāhine and whānau.

Naming – carrying whakapapa into the future

Complicity and contravention, resilience and resistance, survival and strength all permeate the birth experiences shared as part of this research. For many of the women in this research, including me, reclaiming the collective spaces of birth involves a complex amalgam of these things. By way of example I turn to examine naming and names as an example of resistance and recovery that serve to reconnect us to our tūpuna, their ideologies and traditions.

Linda Smith (2012) has identified ‘naming’ as an important geographical project for Kaupapa Māori. She argues that (2012, 158-159) “by ‘naming the world’ people name their realities. For some communities there are realities which can only be found in the indigenous language”. Our tūpuna understood this. Further, Joelie Seed-Pihama (2005) points out that within names and ancestral sayings are important clues to how we can behave and understand present day realities.

The maps in Figures 8.6 and 8.7 (Hutton 2009) depicts the trail that the ancestress Māhina-a-rangi took in her journey from Heretaunga (Hastings area) to her new home with Tūrongo on the banks of the Manga-o-rongo stream in the Otorohanga/Te Awamutu area. She was heavily pregnant when she set off and somewhere at the foothills of the Kaimai ranges she gave birth to her son Raukawa. There are many variations to this story and the map provided below depicts only one of the trails that she is thought to have travelled. I use the map, therefore, not to provide a definitive path through which the ancestress travelled but to demonstrate the way in which her journey, but also how traditions and ideologies pertaining to birth and mothering, are written on the lands.

The names of a number of the places on the map are significant to Raukawa iwi and to Māori maternities more generally. For example, Ngā mū wāhine could be

translated as the first murmurs of labour.¹³¹ Ūkaipō Marae was named as such because this is where Māhina-a-rangi first fed her new-born baby. Te Poipoitanga (which is now known as the township Te Poi) is where Māhina-a-rangi settled Raukawa using the traditional practice to poi poi, meaning to rock or gently sway a baby in one's arms.¹³² I am told that this was often done in the direction of their homelands to orientate them and thus settle them down. The word takapau is also seen in the karakia Te Tuku o Hineteiwaiwa "raranga, raranga taku takapau" and is in reference to the weaving of a ceremonial whāriki or mat that was used in ceremonies of high tapu and was often used as part of the pure ceremony (Yates-Smith 1998).¹³³

¹³¹ Mū meaning murmur or discontent (Williams 1971). So literally translated this would mean the murmurs or discontent of woman.

¹³² Kirsten Gabel's PhD thesis (2013) is titled 'Poipoia te tamaiti ki te Ūkaipō' which references nurturing the child with the 'night-feeding breast' but also settling the child by rocking them in the direction of their Ūkaipō.

¹³³ The pure ceremony was performed after a period of time post-natal to affirm the mana of a child. Adults then partook in a hākari (feast) to remove the tapu of birth signalling the move back into the everyday spaces of the community.

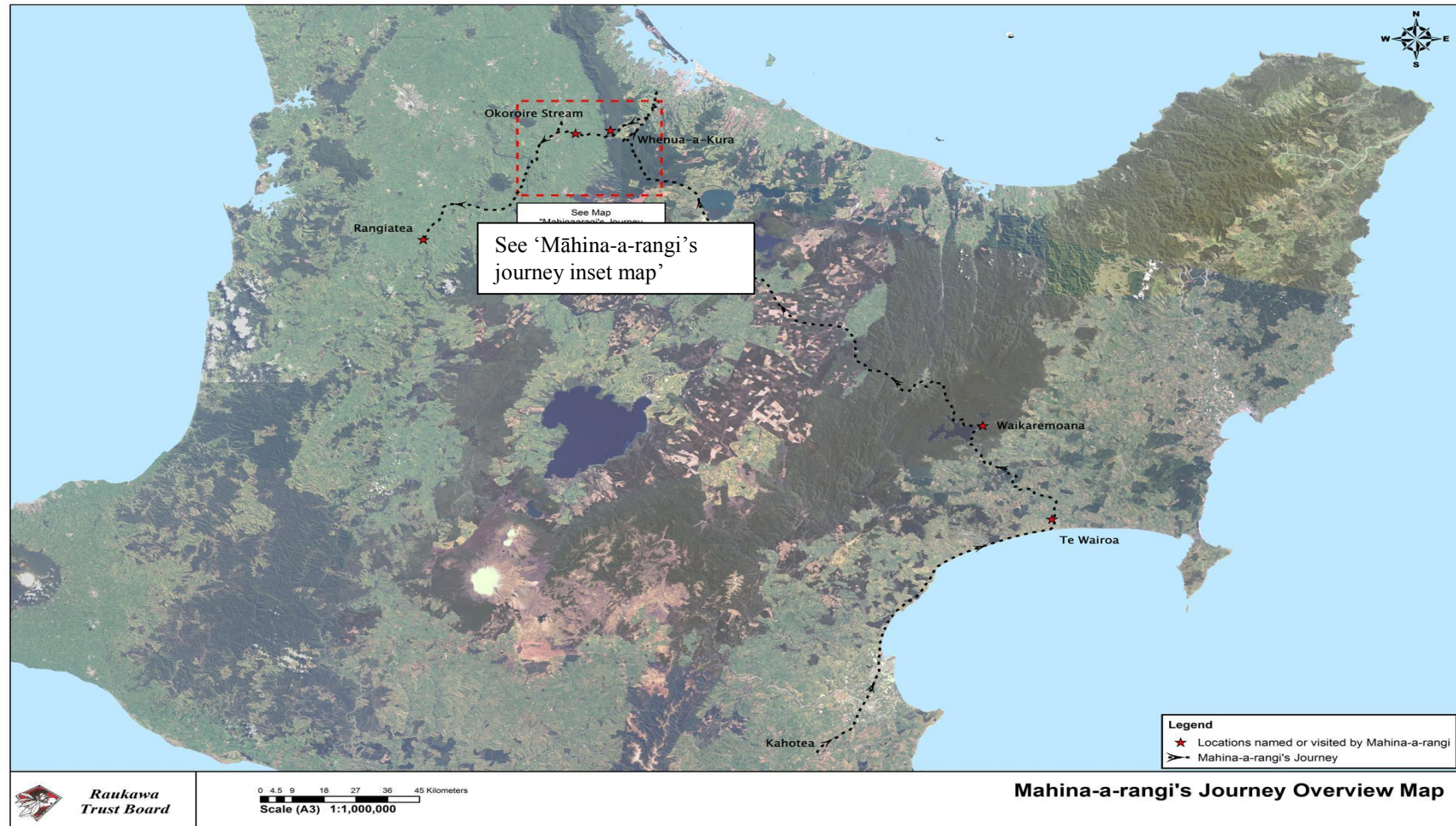


Figure 8-6: Māhina-a-rangi's journey (Hutton 2009, 54)

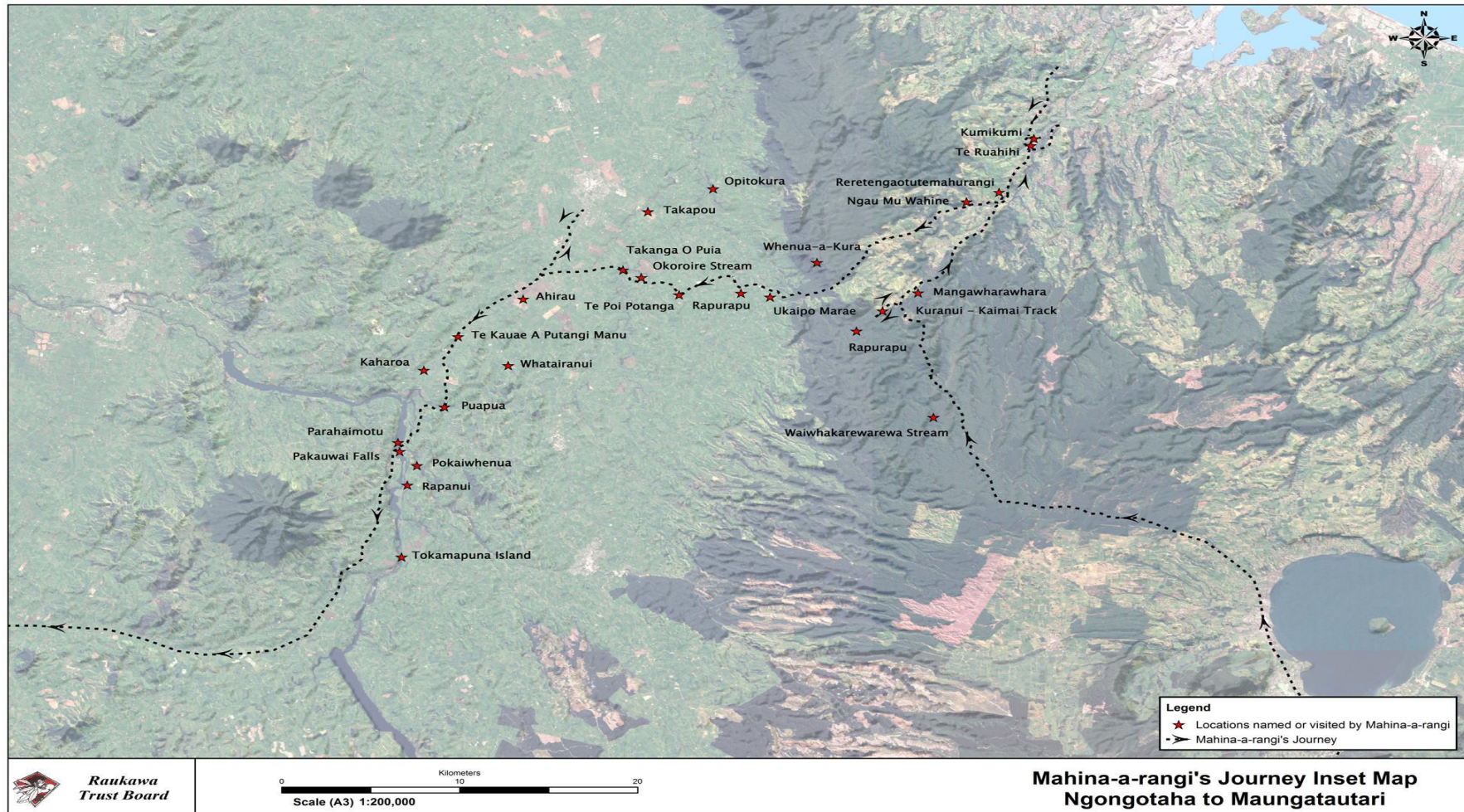


Figure 8-7: Māhina-a-rangi's journey inset map (Hutton 2009,55)

Whenua-a-Kura itself is not discussed in any great detail in existing accounts except to say that it refers to ‘the chiefly land’, because it is where Raukawa was born (Hutton 2009; Te Hiko 2010). What is missing in these accounts is that kura has a dual meaning - it means treasured possession and chief (Williams 1971, 157) but it also means ‘red ochre’ or to redden. The connections of this to the kurawaka [the fertile region] of Papatūānuku, I think, are striking. It is possible, therefore, that whenua-a-kura possesses a dual meaning which not only refers to the birth of Raukawa, a precious taonga, but also to the land that is reddened by birth.¹³⁴

I provide these examples to demonstrate that quite literally the maternal knowledges of our ancestors, and of the ancestress Māhina-a-rangi, are inscribed on and in the physical landscapes of Aotearoa. Knowledge of these names, and the events that lead to them, transforms how I understand and experience these places but also how I understand my maternal body and birth. The significance of this, for me personally and, for mana wahine maternities cannot be underestimated. That being said, there is, I believe, an entire thesis in and of itself that could be dedicated to the story of Māhina-a-rangi giving birth to Raukawa. This is another story to tell at another time.

The significance of names and naming extends to those we give our children. Naming is a vital site for Māori maternal knowledges for one does not carry, nurture, labour and birth a baby only for that child to remain nameless. The names we choose for our children are embedded with meaning and often for Māori whānau that meaning takes on significance beyond just the parents but extends to the hapū and iwi. As Linda Smith (2012, 157) points out “children quite literally wear their history in their names”.

It is true also that the marginalisation of names is worn by many in the names that they carry, or don’t carry as the case may be. The marginalisation of te reo Māori saw the demise of Māori names. The native school system shortened Māori names, transliterated or changed them all together (Gabel 2013). This resulted in “a system of naming that was based around the adoption of a paternally sourced surname, the

¹³⁴ This is entirely my reading of the terms and I believe that further research is warranted to explore the meanings and associations of the terms along Māhina-a-rangi’s trail.

state effectively elevated and reinforced the ideology of paternal supremacy” (Gabel 2013, 126).¹³⁵

My whānau experienced first-hand the power to name (and for some shame) that native schools wielded. My aunty, Okeroa, explains:

If you look at the Te Waotu School rolls your surname, which comes from the tupuna Henry Morsehead Symons, was noted as Simmins, Symons or Teimana until 1930 where Koro and all his brothers were enrolled as Simmonds. In their adult life they used Simmonds-Teimana a lot to reclaim their ancestral name Teimana and thus their tangata whenua status. The spelling of names was also dependant on how the teacher chose to write it. You can imagine the different sounds that they would've heard being unfamiliar to Māori pronunciation. In saying that however, there were definite changes made to whānau names to fit their own ease of language – Murray for Mauriohooho, Phillips for Whiripo, Jack for Tiaki, Mary for Mere, Moses for Morehu and so on. Piripi [my Koro] was very conscious of how our tūpuna names were being bastardised and apart from a few prominent tūpuna names, he used Pākehā names for the rest of us with tūpuna names second (Okeroa, comms.).

In trying to protect his children Koro chose to hide their tūpuna names from public view by putting them as their middle names. In doing so, he was simultaneously complicit and resistant. This is the case for a number of whānau in their journey to reclaim mana wahine.

Naming (both of people and places) has become an important site of resistance and reclamation for many whānau. Oramai explained to me that although she wasn't fluent in te reo Māori it was important that her son have a Māori name.

I didn't have a name for him until he was about two or three days old. I wanted his whole name to be Māori. I asked my uncle to name him, so he looked for a name for him (Interview, June 2010).

It is common in Māori society that the job of naming a child is given to a grandparent, uncle or aunty or another relative. While this may not be as regular an occurrence today, the tikanga associated with naming for many whānau has been

¹³⁵ Ani Mikaere (2012) also points out that traditional 'marriage' did not necessarily mean the transfer of property to one's spouse or the separation of a woman from whānau support networks. Further, she argues that divorce did not carry the stigma that it did/does in colonial patriarchal society.

maintained by a number of whānau and illustrates the idea that children were never just the responsibility of the birth parents within Māori society, but were part of the wider collective (Milisa and Selby 2007).

Marama also wanted her daughter to carry a Māori name. She explains:

Kōtuku is not a whānau name, but it was a name that we both thought about. Kōtuku was a name that we liked because of the Māori meaning of it being 'He Kotuku Rerenga Tahi (the white heron of a single flight)', the whole once in a lifetime experience. Not how they applied it to the Queen of England when she came once.¹³⁶ It was because a Kōtuku is so rare that you often only see it once in your lifetime ... we liked the whole meaning behind it, the rarity and the uniqueness (Interview, December 2009).

For Marama, who is of Ngāti Maniapoto and Ngāti Porou descent, the name Kōtuku has particular significance given the difficulties that she experienced trying to get pregnant and the challenges she faced during her pregnancy. It is doubly significant, I think, in reclaiming the name Kōtuku back from its association with the Queen of England she is part of a broader decolonising agenda. As, Kirsten Gabel (2013, 172) observes:

The resistance of naming our children and bestowing upon them significant tribal and traditional names is not merely an action that occurs at birth, but rather signifies a lifelong statement of resistance. This occurs because giving a child a significant ancestral or historical name brings with it a responsibility to protect the authority and prestige of that name.

Kirsten goes on to argue that the responsibility to protect one's name can mean that many whānau will need to be assertive to ensure that names are correctly spelt and pronounced. This was an important consideration by a number of participants that came into play in their naming decisions. Sarah was concerned about the potential for mispronunciation of whatever name she chose for her son. Sarah says:

The biggest issue for me is ... I couldn't handle his name being bastardized as he got older ... I came up with quite a few Māori names without the 'R' sound (Interview, January 2010).

¹³⁶When the Queen of England Elizabeth II visited New Zealand in 1976 she was referred to as 'Te Kōtuku Rerengatahi' a name often given to esteemed visitors, who are rarely seen. This has continued to be used by many in Aotearoa New Zealand.

Sarah wanted a tūpuna name but was concerned that the ‘R’ sound in Māori would be hard for some to pronounce and therefore chose a name that she felt was more likely to be correctly pronounced. In doing so she negotiates somewhat of a complex cultural politics in that within the site of reclamation she is constituted by the very discourses to which she is resisting.

It was important to me and my partner to give our daughter a Māori name¹³⁷ and I was defiant in the face of comments about the potential for mispronunciation of that name. We chose Anahera (Angel), which is not a tupuna name but a name that held special meaning and beauty for us. In the space of four years, however, I have been confronted on a number of occasions about my choice of name through comments such as “ugh, I thought it would be something long that I couldn’t pronounce, like that”; “oh really, is there something shorter we can call her?”, I have had one woman suggest that she might just call her Angel because it was ‘easier’ and there are others who simply say ‘I can’t say that’. I think these comments illustrate that the politics of ‘naming’ in Aotearoa New Zealand continues to be fraught. As Robin Kearns and Laurence Berg (2002, 283) observe: “the speaking of place names [and names generally] involves a proclamation of cultural politics”.

For many whānau names, tūpuna or otherwise, are vitally important in retaining or reclaiming hapū and iwi knowledges. There is incredible beauty in hearing the names of our ancestors being spoken in reference to current generations. It is too simplistic, however, to suggest that whānau who choose to name their children with Pākehā names have simply been co-opted by colonialism or are any less ‘connected’ to their whānau and whakapapa. Further, I am not suggesting that Pākehā names hold any less meaning or value for those whānau than Māori ones. Hayley makes this same point:

A lot of people were surprised that she didn’t have a Māori name but one of her middle names is our surname. It’s not fair to give her a Māori name given that his [her husband’s] family

¹³⁷ My mother and father gave me and my brother and sister biblical names; Naomi is the mother-in-law of Ruth in the Book of Ruth in the Old Testament. This is probably not surprising given the reasoning behind Koro’s decision to give him a Pākehā name discussed above and given the fact that dad was a Presbyterian minister at the time of our births. Dad’s mother, my Nan, for the most part refused to call us by our Christian names instead calling me Naumai, a kind of transliteration of Naomi (Naumai means welcome). This has played an important part in my desire to give my daughter a name in te reo.

may not have been able to pronounce it and that would just piss me off if I had to keep on correcting people too. I speak Māori to her all the time so it is a priority. I sing Māori songs to her every night before she goes to bed (Interview August 2010).

I do not have the space here to enter into all of the arguments concerning naming. In fact, I think that further work on the processes and meaning around naming for whānau, both historically and contemporarily, is desperately needed. Suffice to say that there is a complex cultural politics in the naming of children, as well as, in the names themselves. For some resistance and reclamation is obvious, they carry a tupuna name or other Māori name. For others the politics may be more subtle, like my Koro 'hiding' tupuna names as middle names for his children. For others still, it may not be in their child's name that they express this but it may be in the songs they sing, or the karakia they say or simply in the ways they choose to raise and 'mother' their children. As Robyn Longhurst (2008, 8) posits:

Perhaps what needs to be inextricably tangled is not only the 'unspeakable corporeality' of mother and child but also of mother, father and child, or maybe mother, mother and child or maybe father, father and child. Or why not father, friend and child or an infinite array of other possibilities that exist around maternity and paternity?

From a mana wahine perspective mother and child are entangled with the many constellations of whānau, with generations past, gods and goddesses, and with land, language and spirituality. Whakapapa enables this, in fact whakapapa demands this.

Tino Rangatiratanga – rights and responsibilities

Knowledge of whakapapa and tikanga can instil wāhine and whānau with a sense of confidence in their abilities to carry, birth, and mother, their babies as well as provide them with a range of coping strategies and support (Kenney 2009; Mikaere 2003; Palmer 2002). Krystal, media studies student of Tainui descent, discusses how knowledge learnt from elders informed her sense of confidence in her approach to birth. She says:

My culture is a big part of who I am. I enjoy hanging out with older people and just listening and soaking up all of their knowledge ... you know listening rather than studying it, you know? And all those elements of my culture helped me get

through it [birth] as easy and as positive as I did (Follow up interview, April 2012).

I asked one midwife about the connection between cultural knowledge and birthing experiences. She says:

They know who they are; they know where they come from; they know who they belong to and where they belong. So there was an acceptance of themselves in their parenting, in the way they relate to their children (Key informant interview, January 2010).

Where and how women birth and mother do not alone account for how ‘successful’ or positive a birth will be. Similarly, ‘connection’ to cultural knowledges, for example being fluent in the language of our ancestors, does not necessarily equate to a decolonised or empowered maternity experience. As Heather observes:

I meet lots of whānau who are full-on into the Tino Rangatiratanga movement ... who talk about what that means to them and the whole thing is about Kōhanga Reo, Kura Kaupapa, Whare Kura ... but they don't get that it's got to start at birth. They've missed out that whole step that's just the natural thing. Cause if we get the birth right the rest just flows on ... No matter what their circumstances might have been before that birth, when they self-determine their birth experience, they've got it ... everything flows on from asking the questions at birth. It begins the whole questioning of mainstream. Everything flows on from asking the questions at birth (Key informant interview, December 2009).

To suggest that being ‘culturally connected’ is the sole determinant for an empowered maternity experience would risk setting yet another target pertaining to birth and mothering which women are expected to perform to an exacting standard. As this research demonstrates the layering of multiple and often contradictory discourses can quickly swamp women, many of whom are merely trying to survive day to day. Many women, then, can be left feeling ‘mother guilt’ or ‘maternal inadequacy’.

Most participants in this research were incredibly pragmatic about their decisions about birth and mothering. As well, a number of women were able to reconcile eventualities that may not have been ‘planned’, or that were imposed during their

births. As such, many women felt that the act of giving birth in and of itself is an empowering and transformative experience. For example, Karina explains:

Even though birth didn't go as planned I'm still proud of and really thankful of my body for doing its job. This journey has definitely made me feel so much stronger and have faith in myself, my culture and beliefs. The high when my baby finally was in my arms was amazing. I was more elated and joyful than I ever imagined! And proud my body had held and given life to such awesomeness! (Interview, May 2010, emphasis in original).

All Māori women are involved in a decolonising politics, whether knowingly or not. Māori women and whānau are able to negotiate the complexities of the intersecting oppressions of colonialism and patriarchy (and often class based and homophobic oppressions) on a daily basis. I have been overwhelmed by the commonality that the wāhine in this research share in that, despite multiple oppressions and hardships, they continue to uphold the mana of our tūpuna and atua wāhine. This is by no means an easy task, or to suggest that these women even necessarily always do so knowingly or purposefully but rather to assert, and perhaps more importantly celebrate, that mana wahine maternal knowledges do exist and are embodied, enacted and performed in multiple ways.

Tino rangatiratanga is a right that we as wāhine and as whānau have inherited. It must be remembered, however, that we have also inherited a responsibility to tino rangatiratanga and as such the reclamation of mana wahine maternities. This is a responsibility that we have to our ancestors, to our children and generations to come, to each other and to mana wahine.

It is not surprising that weaving new geographies of mana wahine maternities can at times feel like a big responsibility. Without a firm foundation in whakapapa and without strong and healthy whānau this is a heavy load to bear. Kaiwhakawhānau Heather agrees, stating:

Naomi: So it is not putting all of the responsibility on that one wahine?

Heather: Yeah, cause that's too heavy. It's too heavy to carry for just her. She's got to have everyone's support (Key informant interview, December 2009).

I argue that the responsibility to reclaim Māori maternal knowledges and practices must be shared by many. The potential for overburdening Māori women, particular women who are in the throes of caring for new babies and infants, is very real. As expectant and new mothers, and all the ‘work’ that comes with this, the responsibility that falls upon the shoulders of women, and sometimes their whānau, in reclaiming mana wahine knowledges can be overwhelming. Kim Anderson (2006, 775) explains:

Taken uncritically, ideologies of Native mothering run the risk of heaping more responsibility on already overburdened mothers. With so many Native mothers struggling to raise their children in poverty or in situations of abuse or neglect, we must question the logic of asking mothers to ‘carry the nations’ ... we must ask ourselves: Where are the men? Where are the communities? Where is the nation and where is the state? And – not to forget – where are the children?

The concept of the pā harakeke is useful to demonstrate the significance of the whole to the protection and affirmation of individuals, specifically our tamariki. The pā harakeke is a metaphorical concept referring to the whānau unit that looks to the form and function of the harakeke plant as a metaphor for collective and empowered parenting and child rearing. Kirsten Gabel (2013, 205) states:

Literally it refers to the structure of the flax plant which reflects a child/parent/extended whānau structure, with the young shoots at the centre of the bush which are surrounded, protected and nourished by the older leaves of the flax around them. The young shoots and the leaves immediately surrounding them (ngā matua/parents) are never harvested as it would stifle the growth of the entire plant.

Tino rangatiratanga involves reinstating the collectivism of maternities. This contains a political imperative that the policy environment of Aotearoa New Zealand must recognise this and provide for mana wahine maternities in new and meaningful ways. It also, however, contains a social imperative in that such an approach to birth, afterbirth and mothering can transform, not only the lived geographies of Māori women and whānau but can also transform the wider spaces of maternities in Aotearoa. As Sarah points out:

I feel like all of these things are actually really fabulous options for women and families of any kind; and to actually be able to

see muka and the ipu whenua and the sacredness of planting our whenua and what that means and put it in the land ... you know those things are really important as well. That makes up our identity as Māori, but it actually can make up our identity as a nation on how we birth. It doesn't just have to be us (Interview, January 2010).

The transformative potential of mana wahine stretches wider than Māori women. Whakapapa provides the connections and flexibility for this to happen. As such, mana wahine maternities can provide for the contradictions, continuities and creativity of women's lived, embodied, spatial and spiritual geographies. Teah provides her thoughts on mana wahine, eloquently writing:

Mana wahine is being vulnerable; it's being strong through the pain, the crying. It's supporting your partner, your whānau, it is everything. Even just the daily strength to be a Māori woman in the western world is hard. I feel the mana of wāhine now that I have given birth; before I felt like a girl and now I feel like a woman. Being a mother, it transcends all the things that I do now. It connects me to every woman before me, all my ancestors, all my mothers and grandmothers. It's not an individual thing; mana wahine is collective strength. Mana wahine is the grounding of women to Papatūānuku, feeling her energy, her love. It is knowing that I am not alone (Diary entry, December 2009).

Conclusion

This chapter examined the collective spaces of mana wahine maternities and their potential to transform and empower women and whānau in their experiences of birth and afterbirth. I explored the creative ways that tikanga is being practiced and performed by participants in their maternity experiences. It is argued that it is possible to move beyond fixed and static definitions of tradition and tikanga in ways that see tikanga transform, and transformed by, birth and afterbirth. If mana wahine maternal geographies are to account for the diversity of experience in the 21st century it is necessary to further investigate what tikanga and tradition mean within a contemporary setting. For example, what does it mean for whānau living away from tribal lands and communities? Or for a single mother with no whānau support? Or for a couple who seek out fertility treatments to conceive a child?¹³⁸ Or for an

¹³⁸ A recent publication *The Gift of Children: Māori and infertility* provides a useful contribution to understandings of infertility for Māori (Reynolds and Smith 2012).

individual or family who chooses not to bear children? Important conversations need to be held within iwi, hapū and whānau as to role of tikanga in contemporary society.

Underlying the outer manifestations of tradition are kaupapa that are at the heart of mana wahine maternities. The sacredness of life, the tapu and mana of women's bodies, the collective approach to raising children, to name a few, must not be forgotten. A mana wahine perspective on mothering widens who, and therefore what, constitutes 'mothering'. In broadening conceptualisations of mother to be more reflective of the collectivism of Māori society it is possible destabilise hegemonic colonial and patriarchal constructions of mother that serve to marginalise and isolate women and whānau.

Women cannot be expected to 'bear' the load alone. Rather, reclaiming mana wahine maternities, decolonising the spaces of birth and afterbirth and asserting tino rangatiratanga must be the responsibility of many. Mana wahine maternities affirm and support the empowering collective approach to raising children within healthy whānau environments. Participants demonstrate and express mana wahine in both the small and subtle acts of resistance, as well as, more overt and obvious expressions of defiance and recovery. No matter how big or small, every expression of mana wahine in birth, afterbirth and beyond provides a decolonised pathway into, and through, this world for our children and for generations to come.

Chapter Nine – ‘Never-ending beginnings’

The birth stance
A haka of flexible dimension,
The posture of a woman entering an extending circle ...
A stomping, sure-footed woman, growing daily into the season
of her own power (Potiki 1999, 30).

This research is a theoretical and empirical examination of Māori women’s lived, embodied, spatial and spiritual experiences of childbirth in Aotearoa New Zealand. Grounded in mana wahine theory it reveals the entanglement of colonial and patriarchal discourses that are constituted within the spaces (both material and discursive) of childbirth, and wider maternities. It also reveals, however, that reclaiming mana wahine maternities has the potential to transform the birthing experiences of women and whānau, by upholding the mana and tapu of the maternal body and of birth. By applying a mana wahine perspective to birth I not only challenge the dominant hegemony that continue to ‘Other’ Māori women, but also provide an important space where Māori women’s knowledges, embodied practices and spiritualities are put at the centre and validated. This thesis, therefore, contributes to a broader agenda of decolonisation and tino rangatiratanga.

This final chapter is framed around three key research objectives. The first is to provide a theoretical contribution to mana wahine, kaupapa Māori and geographic scholarship by considering the lived experiences of birth and afterbirth for Māori women and whānau from a mana wahine perspective. The second is to examine the on-going (re)production of colonialism within real, imagined and discursive maternity spaces in Aotearoa New Zealand. Finally, I aim to reconfigure the maternal body, the spaces and lived experiences of maternities through the reclamation of mana wahine by women and whānau. This chapter provides a summary of the key themes and arguments as they relate to the above objectives and (re)considers how they contribute to broader agendas of decolonisation and tino rangatiratanga. Further, I begin to tease out connections and future directions that could provide rich and meaningful contributions to mana wahine, kaupapa Māori and to geographic scholarship.

This ‘conclusion’, however, is somewhat different to some other conclusions. Rather than looking at this as an ‘ending’ I see it as another beginning, or perhaps

more accurately a series of new beginnings. The web of whakapapa within which this research is entangled requires this. As Moana Jackson (2008, n.p.) posits, “whakapapa is a series of never-ending beginnings”. He explains that the stories we tell, as Māori, are not always new stories. Neither do they always have an immediate end. Rather, they are born with a particular purpose in mind, told in a specific context and they may end with more questions, signalling new beginnings and highlighting “the never-ending scope of knowledge itself” (Jackson 2008, n.p). Furthermore, concepts such as decolonisation and transformation while suggesting an ‘end point’ are, in fact, on-going processes that will evolve and involve continual reproduction in and through the everyday geographies of Māori women, and Māori more generally.

This thesis, then, like bell hooks’ (2008, 3) book *Belonging: a culture of place* is about “merging past and present, it charts a repetitive circular journey, one wherein I move around and around, from place to place, then end at the location I started from”. This is not always an easy thing to do. At its heart, this thesis is about the inextricability of the spiritual, symbolic and physical geographies of Māori women and whānau. Concepts such as whakapapa, whenua, wairua, te whare tangata, history, colonialism, maternities and geographies are so intimately entangled that trying to organise and write them into a linear structure has its challenges. From a mana wahine perspective this is enabled because of the robust flexibility of whakapapa. It is with this in mind that I ‘conclude’ this thesis and “embrace the circularity of the sacred, that where I begin is also where I end” (hooks 2008, 223).

Mana wahine geographies

The first objective of this research was to contribute to and extend mana wahine as both theory and methodology by considering women’s spatial, spiritual and embodied experiences of birth. This research responds to the scarcity of academic scholarship pertaining to mana wahine maternities, and mana wahine more generally. In doing this, I hope to have advanced mana wahine and feminist geographical knowledges by providing a critical spatial perspective that accounts for the intricacies and complexities of Māori women’s every day geographies.

I use mana wahine as a theoretical and methodological framework to critique those discourses that continue to marginalise and isolate women and whānau in their

birthing experiences. I also employ mana wahine to offer new and exciting possibilities to theory, practice and politics. Mana wahine provides a desperately needed framework that enables Māori women to understand their experiences from a place that takes for granted the mana and tapu of the maternal body and of women more generally. Rather than having to ‘talk back’ or ‘write back’ against colonialism mana wahine enables Māori women to write from a position of power. Mana wahine, therefore, involves creating space, as well as the space itself, whereby we can (re)define and (re)present our lived realities as Māori women.

In chapter two I addressed a number of themes - whakapapa, wairua, te reo Māori, diverse realities, whānau, mana tāne, decolonisation, indigenous and other feminisms – that are significant to the articulation of mana wahine. This research is timely in that the empirical material presented in chapters five, six, seven and eight demonstrates that these ‘sites’ are as critical and relevant to women’s embodied experiences of birth today as they were when Linda Smith wrote about them in 1992.

There are only a few studies that consider the empirical application of mana wahine (see Gabel 2013; Hutchings 2002a; and Kenney 2009). Further, consideration of the *spatial* politics of women’s everyday geographies is scant (see August 2005; Murphy 2012). Therefore, this research provides an important empirical and spatial contribution to existing mana wahine scholarship. It also extends Kaupapa Māori research which has been somewhat limited in its considerations of intersecting subjectivities, embodiment and space and place. The scope for further work in this space is immense and Kaupapa Māori and mana wahine theorists can offer a great deal to existing scholarship, geographic or otherwise, in considerations of embodied subjectivities, space and place.

Mana wahine is a burgeoning body of work that makes explicit the intersections of being Māori and being a woman. A theory that is founded in knowledges that are ancient in origin, contemporary articulations and expressions of mana wahine are relatively scarce. As such, this research provides a vital contribution to the contemporaneous development of mana wahine, as theory, as methodology and as practice. It is also intimately tied to Kaupapa Māori, and broader indigenous, scholarship. Mana wahine offers a critical theory that challenges the hegemony of

colonial and patriarchal ideologies, research knowledges and practices and shifts dominant expectations about who can produce knowledge and how.

Mana wahine makes a contribution which fills a critical gap within existing geographic scholarship. Māori geographies are almost undetectable in comparison to other critical geographies such as feminist geographies, queer geographies and post-colonial geographies. In addition, wider indigenous geographical scholarship tends to be captured by race based politics, environmental management, traditional ecological knowledges and legal land rights issues. All of these are important sites of decolonisation. So too, however, are the everyday experiences of place and space.

Mana wahine challenges geographers to reconsider dominant assumptions about knowledges, bodies, place and space. Further, it extends current research agendas by considering the rich possibilities mana wahine geographies can offer such as considerations of embodiment, space and place; intersectionality; and decolonisation and tino rangatiratanga. Conceptualising new geographies that account for, and celebrate, uniquely Māori understandings of maternities, requires more than just ‘adding in’ Māori women’s voices in a way that leaves the hegemonic, colonial and patriarchal structures of knowledge production in-tact. This is illustrative of the fact that “the terrain of academic discourse is never neutral but is itself implicated in the construction of ‘legitimate’ knowledge about the ‘other’” (Matahaere-Atariki 1999, 105).

I have sought to dismantle those processes and discourses that limit or consign Māori women’s voices as ‘Other’ across all aspects of this research. This has necessarily required me to consider carefully not only the ‘what’ of research but also the ‘how’ and ‘where’. My methodological design combines mana wahine, Kaupapa Māori and feminist methods to disrupt the privileging of ‘rational’, disembodied, scientific ideologies and research practices. This was important because reclaiming *how* mana wahine knowledges are learnt and shared is just as important to, and inseparable from, reclaiming the knowledge itself.

Thirty two women formally participated in this research, by way of in-depth interviews, taking or sharing photographs, solicited-diary writing, engaging online, or as key informants, or participants at the wānanga. Each of these women had their

own unique story to tell about birth, mothering, and being a Māori woman. I am fortunate and humbled that they shared some of this story with me for this research. A mana wahine research design also gives me the responsibility of upholding the mana of their kōrero. As Jenny Lee (2008, 91) argues the process of writing up and analysing women's stories involves a lot more than "a regurgitation of words; it always involves the input of, in this case the researcher - their ideologies, subjectivities and politics". I hope, therefore, to have walked the fine line between representing these rich and insightful individual stories in a manner that retains the mana of women and whānau, and drawing out the themes, commonalities and inconsistencies that demonstrate the politics of mana wahine geographies of birth.

The success of this research in meeting the objective - to contribute to and extend mana wahine as an epistemological and methodological approach - has been demonstrated across disciplinary boundaries. I mentioned in chapter one that this research exists at a number of intersections between feminist geography and Kaupapa Māori, feminism and indigenous politics, and theory and practice. This comes with its own challenges, many of which I have explored throughout this thesis. It is within these intersections, however, that I believe many of the possibilities of this research emerge. In other words, mana wahine contains a decolonising politics that cuts across and through disciplinary knowledges and boundaries.

Colonialism lived and embodied

The second objective of this research was to examine the (re)production of Māori women as 'Other' within the real, imagined and discursive spaces of birth in Aotearoa. Throughout this thesis I offer a commentary on the ways in which colonialism is lived (negotiated, experienced, resisted, and transformed) in the maternity experiences of women and whānau. It is argued that there are new formations of colonialism that are evident: in the silences that surround mana wahine maternities, in the control and surveillance of the physical and discursive spaces of birth and maternities, in the spiritual impoverishment of colonial and patriarchal concepts of maternal bodies, and in the marginalisation of Māori mothers and whānau in birth and afterbirth.

It is evident throughout this thesis that colonialism and patriarchy have denied, and continue to deny, the legitimacy of Māori women's knowledges, maternal bodies and the spaces of birth. The intersection of colonial, racist and sexist oppressions position many Māori women in-between spaces and these remain largely unexamined in geographic and Kaupapa Māori research. This research, then, has emerged out of a search for a space where Māori women's subjectivities, stories and embodied experiences of place and space can be examined. This necessarily requires us to revisit those discourses and ideologies that serve to undermine the mana and tapu of women's knowledges, maternal bodies and the spaces of birth.

Māori maternities and women's maternal bodies are intimately implicated in colonialism. For example, chapter two examines the impact of legislation and policies of hospitalisation on mana wahine maternities and chapter five examines how colonialism continues to be lived and embodied by women in the silences and silencing of expressions of mana wahine.

There are many and varied mechanisms that have been employed by colonialism to marginalise and distort mana wahine knowledges. Historically, Māori knowledges were consigned to the realm of 'myth' or 'superstition' or they were almost completely erased. Representations of atua and tūpuna wāhine were distorted and their power and potency diluted or negated. The legislative landscape of Aotearoa has also served to marginalise Māori women and whānau in their experiences of birth. Forced hospitalisation of birth, the sterilisation and surveillance of birth, disenfranchisement of tohunga and kaiwhakawhānau, dislocation from tribal lands and the destruction of the collectivism of Māori communities have all served to isolate and 'Other' women and whānau in their birthing experiences. Furthermore, the whakamā and mamae that many of our nannies felt in their experiences of birth have been 'gifted' beyond generations, leaving women and whānau today trying to heal and recover from the historical marginalisation and discrimination of mana wahine maternities.

Changes to hospital policies, the establishment of Māori health initiatives and Māori health strategies, and commitments by policy makers and practitioners to improve health outcomes can all serve to contribute to more positive birthing experiences for many women. Yet my research suggests that for many women the silence, surveillance, whakamā, discrimination and isolation that women

experience in birth have not disappeared with a commitment to ‘biculturalism’ or ‘multiculturalism’ or with the settlement of Treaty grievances.

As such, many women are located in-spaces between. Experiences of colonialism have served to situate Māori women as ‘Other’, isolating women from traditional understandings of maternities yet never enabling women and whānau to fully participate in ‘colonised’ or ‘Pākehā’ maternities in Aotearoa. Whilst Māori women are particularly adept at negotiating the in between spaces of maternities the sense of confusion that can ensue can leave many women feeling like they never quite ‘live up’ to the multifarious expectations they face in being and becoming mothers. A number of participants felt ‘mother guilt’ and ‘maternal inadequacy’ in their maternity experiences. As Caroline Gatrell (2008, 77) explains “mothers are expected to perform the work of birth, and subsequently childcare to the most exacting of standards in the context of oppressive narratives about ‘good’ mothering and social imperatives about what constitutes acceptable, public, embodied behaviour”. Cultural considerations and spirituality can serve to further compound these feelings for some Māori women. Māori women’s maternal bodies, therefore, become a site where discourses of tradition and modernity, nature and medicine, and wairua converge.

The internalisation of colonial ideologies has proven devastating for many women and whānau. The “colonising myths” (Mikaere 2011, 1) that are continually (re)produced become the colonial realities for many women and whānau in their maternity experiences. The entanglement of Māori women’s everyday geographies with colonisation is such that it is and will continue to be important and necessary work in any articulations of mana wahine moving forward. This is not always easy but as Ani Mikaere (2012, 18) highlights:

The long term consequences of this campaign of contempt include a deeply ingrained sense of doubt ... Having faced with the scorn of our colonisers for so long, many of us have internalised a sense of ineptitude. We blame ourselves for our ignorance and question our competence as practitioners of tikanga. Tikanga is said to be too mysterious, its meanings too complex and its requirements too rigorous for us to dare trying to revive as a force in our lives. We are warned against unleashing forces with which we no longer have the wherewithal to contend ... However, there is of course a much more significant motivation for not allowing ourselves to become paralysed by

fear or by a perception of our own inauthenticity. Put bluntly, self-doubt is an indulgence that we cannot afford.

While I have established the case against colonialism in these earlier chapters, it is possible that this entire thesis could be dedicated to teasing apart maternities from colonisation. I argue that colonialism is not *the* defining feature of Māori women's subjectivities. Mana wahine geographies, therefore, must look beyond colonialism to those stories and concepts that recognise and celebrate the mana and tapu of the maternal body and of women more generally. Further, a mana wahine conceptualisation of colonialism may serve to demonstrate that within colonial exertions of power, both explicit and subtle, there are always fissures and tears open to resistance and counter-discourse. This research has demonstrated that experiences of colonialism do not map neatly onto divisions of powerful/powerless, coloniser/colonised and domination/resistance. As Michel Foucault (1980, 98) argues "power must be analysed as something which circulates ... and not only do individuals circulate between its threads; they are always in a position of simultaneously undergoing and exercising this power".

A number of Māori and indigenous scholars use words such as fragmentation, disconnect, interference and disjuncture to highlight the damage caused to women's knowledges and lived realities by colonialism (see Anderson 2007; Mikaere 2011; Pihama 2001; Simpson 2006). Native American writer, Paula Gunn Allen (1992, 45) notes that "the fragile web of identity that long held tribal people secure has gradually been weakened and torn". Ani Mikaere (2011, 96) describes colonisation as "a hiccup on the continuum of time". Importantly, however, these concepts signal loss, marginalisation and discrimination, they also retain a sense of possibility; that it is possible to reconnect, rebuild, strengthen, reclaim and heal. In other words, despite the immense and damaging effects of colonisation indigenous maternal knowledges continue to exist and inform the lived geographies of women and whānau today.

As Paula Gunn Allen (1992, 190) so rightly states "for all the varied weapons of extinction pointed at our heads, we endure". In fact, we do more than endure, in all that we face as Māori women we fight, resist, sometimes we get angry. We reclaim, reframe and rename. We theorise, write and teach. Amongst the multitude of other

things that engage the energies of Māori mothers, all of these things signify that mana wahine maternities exist and when supported have the potential to thrive.

Mana wahine maternities

The third objective of this research was to reconfigure understandings of maternities through the lived experiences and expressions of mana wahine. Mana wahine maternities offer new possibilities for thinking about maternal embodiment, the spaces of birth and for maternity policy and practice. Further, they can serve to empower women and whānau in their individual and collective experiences of birth and after birth.

The mana wahine narratives shared in this research speak to the tapu and mana that is afforded to women's maternal bodies. They illustrate the inextricability of the maternal body from land, language and spirituality. They demonstrate the complementary roles taken by men and women in protecting te whare tangata. Within our whakapapa is a wealth of resources that enable us to make sense of and transform our lived geographies.

Transformation in this regard could mean different things as we reread our histories and geographies to account for the diversity of women and whānau. This is an argument supported by a number of mana wahine scholars (see Gabel 2013; Mikaere 2012). As Debbie Broughton (2012, 43) explains:

We must re-interpret our stories, we are in a position of power – we can choose how our understandings of our relationships with atua evolve. They must evolve in a way that supports Māori children, many of whom live in urban environments, to understand who they are and encourage them towards a lived experience of their relationships with atua.

This is not always straightforward. When faced with the colonial realities of birthing in Aotearoa described above, interrogating tradition and tikanga to find meaning and relevance to women and whānau today can be a daunting task. What this research demonstrates is that women are doing this in unique and creative ways. The changing designs and forms of ipu whenua are but one example used in this thesis to illustrate this point. Further, reconfiguring notions of 'home' in relation to burial of the whenua to meet the increasing mobility and urbanisation of many

Māori whānau demonstrates a particular pragmatism by women but also demonstrates the ability of tikanga to evolve.

I have demonstrated that discussions about the ‘authenticity’ of birthing decisions and performances of tikanga inaugurate a complex entanglement of tradition and modern, past and present, and continuity and change. In adopting and adapting tikanga to fit their needs women are not simply repeating static traditions but they are actively negotiating new terrain. In short, through the reclamation of mana wahine maternities, tikanga is simultaneously transformed and transformative.

Mana wahine maternities also have the potential to transform the spatial politics of birth. The ‘where’ of birth is inextricable from the constitution of Māori maternal bodies. The places and spaces of birth and afterbirth, therefore, are a pivotal consideration in the reclamation of mana wahine maternities. Within mainstream discourses the places of birth are polarised as inherently ‘good’ or inherently ‘bad’ and intersect with dualistic thinking around tradition/modern and natural/medical. These categories are by no means fixed or static; rather, they change over time and space. There is, however, a political imperative in maintaining the binary discourse pertaining to the spaces of birth that continue to leave women and whānau feeling isolated and marginalised. Māori women are entangled within these polarities. It is in these spaces- between, however, that can serve to destabilise these categories. Considerations of the spiritual experiences of space further blur these boundaries.

Academic scholarship about birth is limited in its considerations of space.¹³⁹ Given the intricate spatial politics of birth in Aotearoa it is appropriate that geographers offer an analysis of the role of space and place in women’s experiences of birth (Longhurst 2008; Sharpe 1999). Further, mana wahine geographies of birth contain a spatial imperative that seeks to contest dominant discourses about birth which do not take into consideration the complex arrangements of space as it is experienced by Māori women and whānau. This thesis then makes a timely and significant contribution to scholarship pertaining to the physical, discursive and spiritual spaces of birth.

¹³⁹ There are of course a few notable exceptions. See Sally Abel and Robin Kearns (1991); Maria Fannin (2003); Robyn Longhurst (2008) and Scott Sharpe (1999).

Transforming the spatial politics of birth can have radical implications for maternity policy and practice in Aotearoa New Zealand. Policy and discourse construct maternal bodies in Aotearoa New Zealand and therefore each must work with the other in order to enable the rangatiratanga of women, whānau and babies in their experiences of birth and beyond. Conceptualising maternal bodies as te whare tangata can transform how women are treated by practitioners and others. Dismantling the discourses that posit some places of birth, and births themselves, as ‘good’ or ‘bad’ can open up the possibilities of what can count as an empowered or ‘successful’ birth. In addition, opportunities for localised ‘whare Kōhanga’ or new and ‘alternative’ spaces for birth where women and whānau can feel nurtured and supported are also worth pursuing. The challenge herein lies in creating safe spaces, be it hospital, home, birthing centre or somewhere else, where mana wahine knowledges, tikanga, values and spirituality are accepted, encouraged and celebrated.

Positioning children at the fore of any considerations of mana wahine can drastically change how birth and afterbirth are understood. From a mana wahine perspective children are born into families – to whānau – not just to mums and dads. This is significant. Children were not left to be raised by individuals but were the collective responsibility of the whānau and hapū. This research argues that reclaiming the collective spaces of mana wahine maternities is intimately connected to broader goals of decolonisation and tino rangatiratanga. Therefore, the expression of mana wahine maternities by wāhine and whānau is inherently connected to resistance and recovery efforts for whānau, hapū, iwi and Māori.

Colonisation has made every effort to dismantle the collectivism of Māori communities and this can leave many women feeling isolated in their experiences of birth and as mothers. I argue that conceptualisations of whānau should be broadened to enable more diverse constellations and arrangements than are currently supported in hegemonic discourse, legislation and policy and maternity practice. To reframe experiences of maternity that take into account the diversity and complexity of whānau requires a reconfiguration of maternity practice within Aotearoa New Zealand, which as it stands is focused on caring for women somewhat in isolation from whānau.

This research posits that mana wahine maternities affirm and support the empowering collective approach to raising children within healthy whānau environments. There are numerous examples of the empowering collective approach to raising children. These are evident in more overt collective arrangements such as the Kōhanga reo movement, kura kaupapa, whānau ora,¹⁴⁰ and other iwi and marae based initiatives. But they are also evident in the subtle expressions of whanaungatanga, manaakitanga and aroha were demonstrated by participants in this research. As Kirsten Gabel (2013, 161) so eloquently writes:

Tino rangatiratanga is the language that we speak to our children, it is the names we bestow upon them, the songs we sing to them, the whānau and the individuals that we surround them with, the tikanga we immerse them in, the educational experiences we choose for them. Tino rangatiratanga involves the decisions we make around our birthing experiences, the tikanga we follow during our pregnancies and during our mate marama. It is the choices we make every day, whether consciously or subconsciously. We should not underestimate the impact of these everyday actions on our children and more importantly on our future generations. Our everyday survival, resilience and persistence as Māori mothers is in itself a marker of our resistance.

In short, reclaiming mana wahine maternities is in no way meant to homogenise women's experiences but rather is employed to encompass the full range of ideologies, values, embodied practices and experiences of maternity for Māori women and whānau. At the same time, however, the specific context, history and spirituality of place play a crucial role in shaping experiences of maternities in Aotearoa. There are some common threads, however, that draw Māori women together: the integration of the spiritual and physical; the entanglement of whānau, whenua and whakapapa; the sacredness of maternal bodies; the significance of tikanga; and ceremony, stories and geographies. It is the contention of this thesis that both the commonalities and diversities reconfigure understandings of birth, and of maternities more generally, in a uniquely mana wahine way.

¹⁴⁰ Whānau Ora is a government initiative designed to provide integrated health and social services that are focused on the wellbeing of whānau rather than individuals. Delivery of Whānau Ora can be by iwi or hapū agencies, non-governmental organisations or it can be facilitated by whānau themselves. For more information see www.tpk.govt.nz

Connections and future directions

The beauty of a mana wahine geographical framework is that it can be strong in its commitment to decolonisation and tino rangatiratanga whilst still allowing connections to and movement through other critical theories, concepts and practices. There are important connections to be made with other women working within the academy, in the creative arts, within iwi, hapū and whānau, grassroots organisations and movements. Opportunities for cross-fertilisation across disciplines and for collaborations with those working outside the academy are worth exploring further.

We can also make connections with western theories and theorists that are able to support and work as *hoa mahi* to decolonising maternities in Aotearoa. As Cindy Katz and Janice Monk (1993, 278) point out:

discovering the common bonds that tie us, and the rich differences between us as women of different ages, classes, races and ethnicities in specific historical and geographic circumstances may suffuse some circles with greater meaning and new potential, and rupture others to shape new trajectories in the social production of self, space and society.

In this regard, this research offers an important and timely contribution to the literature on maternities at both a local and global scale. There is further work to be done, however, in exploring connections to others in order to critique hegemonic discourses that continue to ‘Other’ Māori women, indigenous women and women more generally.

There is also huge potential in finding those things that connect us to other indigenous women in the reclamation of our subjectivities as indigenous women and indigenous mothers. Linda Smith (2012) suggests that as indigenous peoples we have borrowed freely from each other throughout our histories. Similarly, Kim Anderson (2007, 768) forges an “indigenous ideology of motherhood” that is founded on the indigenous spiritualities, the power of the maternal body, the power of creation and the power to sustain and nurture future generations. I believe there is an incredible power in uniting as indigenous women in order to advance decolonisation and self-determination.

Birth is only one aspect of maternities. Understanding how birth fits within the broader context of mana wahine maternities is demonstrated in this research in relation to particular maternal bodies, that is, new and becoming mothers. There are other maternal bodies that could be considered. Research looking at menstruation, non-motherhood and menopause from a mana wahine perspective would be incredibly valuable. Ngahuia Murphy (2011) provides an important contribution to understandings of menstruation from a mana wahine perspective. There is, however, a vast array of maternal experiences that are worthy of further research.

There are also a multitude of stories that are only partially told here or left untold. Fathers, partners, grandparents, brothers, sisters, aunties, uncles, friends and midwives all have their own stories to tell about birth, maternities and about mana wahine. There is incredible potential for research that looks at the experiences of the wider whānau in birth and maternities. As identified in chapters three and six mana wahine cannot exist in isolation from mana tāne and mana whānau. These are crucial sites for the future development of mana wahine and Kaupapa Māori more broadly. Therefore, mana wahine must support current and future research directions that examine mana tāne and conceptualisations of masculinities that are different to the hegemonic, colonial and patriarchal ones that are currently promoted. Revisiting Māori cosmologies and histories in an attempt to destabilise dominant understandings of gender, gender relations and gender roles divided as male/female from a Kaupapa Māori, mana wahine or mana tāne perspective, would also be an interesting and powerful avenue for future research.

The entanglement of mana wahine to mana whānau, hapū and iwi also opens up fertile possibilities for research that engages with hapū and iwi specificities pertaining to maternities. By way of example, I briefly examine one story from my own iwi pertaining to Māhina-a-rangi, mother to Raukawa. I already touch on her story in chapter eight in relation to naming but there is potential for her story to illustrate many other tenets of mana wahine.

The story of Māhina-a-rangi and Tūrongo's romance¹⁴¹ and of the birth of Raukawa is relatively well known (see Jones 1946, 1995). I do not have the time or space to recount the story in full here but I share a small part to illustrate the significance of reclaiming iwi stories to mana wahine maternities.

Māhina-a-rangi remained on her ancestral lands until late in her pregnancy. She then set off to her new home with Tūrongo at Rangiātea on the banks of the Manga-o-rongo stream, whānau on hand to accompany her including Tūrongo's dog who was to act as a guide to ensure a safe journey. The journey was long and they traversed the lands of many other iwi and hapū. In the Kaimai area Māhina-a-rangi went into to labour, carrying on her journey she eventually stopped to give birth to her son Raukawa. She did not rest for long but carried on her journey, all the while caring for and nurturing her new born baby. This is written in the landscapes upon which she traversed. Tūrongo's dog left her and sought out Tūrongo who came to accompany Māhina-a-rangi and their son back to Rangiātea. Here the tohi ceremony was performed and the baby was given his name – Raukawa, after the perfumed oil his mother wore in her courtship with Tūrongo. Upon hearing his name Māhina-a-rangi whispered "Raukawa, our Raukawa" (Personal writing).

In her decision to travel a great distance so far into her pregnancy and therefore end up birthing her son in the Kaimai region Māhina-a-rangi demonstrated great strength, mana and foresight, securing lands for her descendants. Rereading this story from a mana wahine perspective has the potential to demonstrate the way in which Māori maternal knowledges are embedded and inscribed in the physical and spiritual geography of Aotearoa. The place names in the area she birthed her son hold important clues pertaining to maternal knowledges and practices unique to Māori as discussed briefly in chapter eight.. Further research exploring the meaning and references of these sites would be incredibly valuable for the iwi and for mana

¹⁴¹ Much has been recorded about the union between Māhina-a-rangi and Tūrongo. Heralded as one of the great love stories of Māori history this union joined two chiefly lines – Tūrongo of Tainui descent and Māhina-a-rangi of Kurahaupo descent – this has served as an important roadmap to iwi relations throughout history. I do not have the space to recount in full this love story. I will say this much, though, that in most of the accounts of this love story (with the exceptions of Te Awēkotuku 2003 and Te Hiko 2010) the initiative and cunning of Māhina-a-rangi is not particularly well explained. Rather, a number of the accounts suggest that she is 'won over' by Tūrongo or that it is on the direction of her father that she seeks his companionship. In fact, Tūrongo was relatively withheld when it came to making the first move and having admired Māhina-a-rangi for some time it was her initiative that brought this union to bear. Further, it was her cunning that ensured she would be protected should her love not be requited.

wahine maternities. Māhina-a-rangi is one of many ancestresses whose stories of birth have the potential to radically transform current understandings and experiences of maternities. There are many more whose stories need to be reclaimed and celebrated.

Modern day iwi have changed in many ways, both in form and function. The changing terrain of iwi politics in Aotearoa New Zealand arise from the creation and imposition of Treaty settlement frameworks. More specifically the current post-Treaty settlement climate has seen the conceptual frameworks which many iwi are operating dominated by economic and political considerations. Janine Hayward and Nicola Rohan Wheen (2004, 169) point out that:

In recent years, the playing field has tilted sharply in favour of those representing tribal corporations and Māori business interests, who have been able to exert a disproportionate influence on the formation of the Treaty of Waitangi settlement framework ... in this context, successive governments and some iwi authorities have perpetuated the idea that Māori rights under the Treaty of Waitangi are exclusively to iwi.

Decolonisation must, therefore, occur within both Māori and non-Māori structures and organisations. While treaty settlements may provide some reparations to iwi for the losses suffered through colonisation, as this research has demonstrated the discourses and ideologies of colonialism continue to be perpetuated across multiple spaces in Aotearoa New Zealand. With post-settlement monies and a somewhat increasing political power iwi have the potential to radically transform the realities of whānau. They must always be vigilant, however, that “our values, our tikanga and our ideologies are not compromised within this new positioning in society” (Gabel 2013, 199). Decolonisation therefore must be multiple and must ask critical questions of both non-Māori and Māori alike.

Decolonisation, also, takes confidence, courage and bravery. Moana Jackson (2011) says that we need to be brave, to know who we are, where we have come from, where we are going and what we need to do to get there. He says: “there are many ways to transform once we identify- what we need to transform, and we will each find our own way in which to do it” (Jackson 2011, 76). Linda Smith (2002, 175) explains that decolonisation is multiple “it’s not just political; the political does not

exist out there. It's tied to decolonisation of our spirit and about letting our spirit free". Ani Mikaere (2011, 51) argues that we need to have courage:

Courage to question genuinely held but deeply colonised assumptions about what it means to be Māori; courage to determine whether dubious interpretations of tikanga serve us well or whether they further an agenda that puts our long-term survival at risk; courage to confront those of our own who might have a personal stake in perpetuating such damaging interpretations.

All of the narratives shared as part of this research highlight the highly politicised nature of what are deeply personal reflections. This, for me, is additional proof of the feminist adage that "the personal is political" (Hanisch 1969). This is not a new argument for Māori scholars either. In fact many Māori, and other indigenous scholars, manage to integrate their personal experiences and reflections into the macro scale processes of colonisation, imperialism and globalisation.

Māori women are involved in a decolonising politics, whether knowingly or not. Whether through more tectonic forms of resistance or through those resistances that are more subtle and subversive, women and whānau actively negotiate the complexities and intersecting oppressions of colonialism and patriarchy (and often class based or homophobic oppressions) in their experiences of birth, mothering and maternities more generally.

I think the potential for mana wahine maternities to be transformative and empowering is absolute. The challenge lies in getting to a place where mana wahine maternal knowledges are not just strands woven into our experiences but they are foundations of it. I hope this research demonstrates that when we can meet on our own terms and in our own ways, as Māori women, as Māori mothers, the possibilities are endless. Furthermore, in transforming the politics of birth there is the potential to transform the politics of a generation (Tyler 2009).

The power of stories

This thesis is one story about mana wahine maternities. It contains within it many and varied stories. It is important, however, to remember that this is not the only story or *the* definitive story of mana wahine maternities. To suggest this would be to fall victim to what Nigerian author Chimamanda Adichie (2009, n.p.) suggests

are the “dangers of a single story”. She (2009, n.p.) explains that “the single story creates stereotypes, and the problem with stereotypes is not that they are untrue, but that they are incomplete. They make one story become the story”. The single story fails to account for new and alternate possibilities. There is incredible power in a single story both in its ability to define someone else’s story but also to be the definitive story (Adichie 2009).

I implore readers, policy makers, practitioners, academics, iwi, hapū and whānau alike to reimagine the single story that is presented through colonialism about Māori birthing, and Māori maternities more generally. It is important to ask what this story does to undermine the individual and collective experiences of Māori women and whānau, to ask what and who is missing, and to ask what their own locations, judgements, assumptions and prejudice do to either affirm and support, or challenge and resist this story. It is my hope that this research goes some way towards enabling this.

This research is a carefully woven collective story about Māori maternities, specifically Māori birthing, that highlights the possibilities of mana wahine geographies but which also brings to bear the challenges and tensions that women and whānau negotiate in their experiences of maternities in Aotearoa New Zealand. I believe that mana wahine as epistemology, as methodology, as practice and as politics provides for the diversity of women’s stories – stories that are simultaneously ordinary and extraordinary, real and symbolic, and individual and collective.

Within our whakapapa stories are concepts, values and practices that enables us to project ourselves with confidence into the future. Moreover, whakapapa tells us that we have a heritage of hardship and richness, struggle and joy, that we are descendants of creative, courageous and sometimes outrageous people. Whakapapa also enables us to feel supported in reclaiming mana wahine maternities. Like a woman in birth, or a weaver making a korowai, we can be supported by the turuturu (support posts) of our ancestresses.

There are and ought to be many stories, many new beginnings, which emerge and grow from this research. All of these stories are important and need to be told. As Chimamanda Adichie (2009, n.p.) observes “stories matter. Many stories matter.

Stories have been used to dispossess and to malign, but stories can also be used to empower and to humanize. Stories can break the dignity of a people, but stories can also repair that broken dignity”.

This thesis is part of a bigger story of decolonisation and tino rangatiratanga. It is also intimately tied to my own personal story. It is entangled with my own search for my nannies’ gardens and the creation of a garden that will endure for my daughter.. This research is part of my commitment that the issues and struggles that consume us as Māori women today will not consume the energies of our daughters and sons and generations to come. It is my dream that this thesis will be but one of many stories that my daughter and nieces can read, view and listen to and see themselves in as Māori women.

There are many more stories to be told, written and performed. For all the words, however, in the end we must act. The words and stories must turn into work and the work must be turned into words, new stories with never-ending beginnings.

Tū te turuturu nō Hine-te-iwaiwa, Tū te turuturu nō Hinerauwharangi. E hine, naumai ki waho!

Glossary

The translations used in this glossary were sourced from a combination of *The Dictionary of the Māori Language* (Williams 1971) and *The Reed Dictionary of Modern Māori* (Ryan 1995). In some instances translations have been taken from participants' narratives. It is important to note that there multiple meanings and translations available for many of these words. In most cases, I have presented the most common translation(s) of the word.

Aotearoa- New Zealand	Kaupapa- strategy, philosophy
Āta- deliberately	Kete- basket, kit
Aroha- love, compassion	Kina- shellfish
Awa– river	Koha - gift
Awhina– embrace, assist	Kōhanga Reo- Language nest
Atua- supernatural being, God/Goddess, menses	Kōrero- talk, to speak, narrative
Hākari- feast	Koro- grandfather
Hapū- be pregnant, sub-tribe	Kuia– elderly woman, grandmother
Harakeke- New Zealand Flax	Kupu- word(s)
Hine- girl, daughter, term of address to younger woman	Kura- red, glowing, precious, valued possession
Hoa - friend	Kura- school
Hoa mahi- a friend that works alongside	Kura Kaupapa- school operating under Māori custom or using Māori as the method of instruction
Hoa tāne- male friend, male companion, boyfriend, husband	Mahi- work
Hurihuringa - reflexivity	Mamae- ache, pain
Ia- he/she, him/her	Manaaki- show respect or kindness
Ipu whenua- container for the placenta	Mana- prestige, authority, control, power, influence
Iwi- tribe, human bone	Marae- open area in front of meeting house, also refers to general complex of buildings and land
Kahu – garment, membrane around foetus	Mātauranga: knowledges
Kai- food, to eat	Māua- we (excluding listener)
Kaitiaki- trustee, guardian, caretaker	Maunga- mountain
Kanohi ki te kanohi- face to face, in person	Mauri- life principle
Karakia- prayer, chant	Mihi- greetings, acknowledgement
	Mokopuna- grandchild(ren)

Mōteatea- lament
 Muka- softened flax fibre
 Naumai- come, welcome
 Ngāwari- soft, moving easily, accomodating, kind
 Noa- be free from the extensions of tapu, ordinary, unrestricted
 Poroporoaki- take leave, leave instructions at departing, farewell
 Pounamu- greenstone
 Pōwhiri- formal ritual of welcome
 Pūkana- stare widely, dilate the eyes
 Pūrākau- story, legends
 Rangatiratanga- self-determination, sovereignty, right to exercise authority, ownership
 Raranga- to weave, weaving
 Tā Moko- Māori tattoo
 Taha- side
 Tamahine- daughter
 Tamariki- children
 Tana/Tona- his or hers
 Tāne- male, man
 Tangata- person
 Tāngata- people
 Tangata Whenua- people of the land
 Taonga- treasure, goods, possession
 Tapu- sacred, set apart, under atua protection
 Tāpuhi- traditional birth attendant
 Tāua- us, me and you
 Tātou- all of us
 Te Ao Māori- Māori world
 Te Ao Mārama- The world of life and light, physical world
 Te Kore- the nothingness, realm of potential being

Te Pō- the darkness, the night, place of departed spirits
 Te reo Māori- the Māori language
 Te reo me ona tikanga- the Māori language and associated customs and practices
 Te Taiao- the environment
 Te Tiriti o Waitangi- the Treaty of Waitangi
 Tekoteko- carved figure on the gable of a meeting house
 Tika- correct
 Tikanga- procedure, custom, practice, habit
 Tino Rangatiratanga- self-determination
 Titiro- look
 Toa- be brave, strong
 Tohunga- skilled person, chosen expert, priest
 Tuahine- sister
 Tuakana- elder sister of a female, or elder brother of a male
 Tungāne- brother of a female
 Tūpato- be cautious
 Tupuna- ancestor
 Tūpuna- ancestors
 Tupuna whare- ancestral house
 Tūrangawaewae- place to stand, place where one has rights of residence
 Uha- female, woman
 Ūkaipō- night feeding breast
 Urupā- burial ground
 Utu- reciprocity, return, make response
 Wā- time, season
 Waiata- song(s)
 Wairua- spirit, soul, spirituality

Waiū- breast milk

Wahine- woman

Wāhine- women

Waho- outside

Wānanga- to meet, learn, workshop

Whaikōrero- to make a formal speech

Whakamā- to make white, shame,
shy, embarrassed

Whakamamae- feel pain, hurt

Whakanoa- to remove tapu

Whakapapa- genealogy, descent lines

Whakarongo- listen

Whakataukī- proverb, saying

Whanaungatanga- relationships
(whaka-to make)

Whānau- family, to be born, give
birth

Whāngai- feed, nourish, bring up,
traditional adoption

Whare ngaro- lost house

Whare tangata- womb, house of
humanity

Whenua- land, placenta

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Appendix One – Evaluation questionnaire

TŌ WHĀNAUTANGA: SHARING YOUR BIRTHING EXPERIENCE

Evaluation of research methods

Thank you for taking part in this research. Your story is important to this research and I am extremely grateful that you chose to share this with me. I am sure that your experience will add richness and diversity to this research.

I am interested to know how you felt about taking part in this research and the methods that I offered you to be able to share your story. Your honesty would be much appreciated and any comments or suggestions you have will help me to reflect on the research process and in future research endeavours.

I would greatly appreciate it if you could spend 10 minutes completing the questionnaire below. Write as little or as much as you like and leave any questions that you do not want to answer or that are not relevant to you.

Name (optional):

Interview

1. What were your initial feelings about taking part in this research (nervous, apprehensive, excited)?
2. Did you feel that the interview setting (the physical space, time and the nature of the interview) allowed you to say what you wanted? Can you please tell me why/why not?

Diary

3. Was it clear as to what I wanted you to reflect on in your diary?
4. Did you find the diary useful as a means to reflect on and express your thoughts and feelings about birth? Why/why not?
5. Were you comfortable writing in the diary knowing it would be read by me?

Photos

1. Do you think that sharing/taking photos helped you to reflect on and share your experience of birth? If yes, can you tell me about this?
2. Were you reluctant about sharing certain photos for this research? If yes, and you feel comfortable doing so, please tell me about this?

Online Forum

3. Was the online forum easy to use? If not, can you explain why?
4. Did you refer to the online forum for updates about the research? If yes, was this of use or interest to you?

General questions

5. Tell me about the difficulties you had, if any, in completing the diary/photos/ online forum. For example, was it time-consuming? Did you find it difficult to think of things to write about?
6. Has being involved in this process had any positive or negative effects on your life? If yes, and you feel comfortable doing so, can you tell me about this?
7. Is there anything else you would like to tell me, comments or suggestions, about the diary, photo or online forum process?

*Thank you for taking the time to fill out this questionnaire and to be part of this research.
Nga mihi nui ki a koe e te wahine toa.*

Appendix Two – Research advertisements

TŌ WHĀNAUTANGA: SHARING YOUR BIRTHING EXPERIENCE



Are you interested in taking part in a PhD research project exploring Māori understandings and experiences of childbirth in Aotearoa New Zealand?

Who am I?

My name is Naomi Simmonds and I am of Raukawa descent. I am a PhD student studying with the Department of Geography, Tourism and Environmental Planning at Te Whare Wananga o Waikato/The University of Waikato.

What is this research about?

Childbirth is a profound and life-changing experience yet women's stories and reflections about their own births are rarely shared outside of their immediate family and friends. I am interested in providing an opportunity for Māori women to share their experiences of childbirth in Aotearoa New Zealand.

If you identify as Māori or your child is (will be) Māori and you are pregnant with your first child or have recently had your first baby then I would love to talk to you.

How you can be involved?

This research is divided into three stages and if you would like to be involved you can take part in one or all of these three stages.

- ❖ Informal interview approximately one hour
- ❖ Diary writing and/or self-directed photography
- ❖ Follow up interview and catch up

If you are interested and would like to know more please contact me at any time.

Nga mihi nui

Naomi Simmonds



He Wananga Mana Wahine TO WHANAUTANGA: SHARING YOUR BIRTHING EXPERIENCE



*Ko Tainui te waka
Ko Wharepūhanga te maunga
Ko Waikato te awa
Ko Raukawa te iwi
Ko Ngāti Huri te hapu
Ko Pikitū te Marae
Ko Naomi Simmonds ahau*

DATE: Sunday 12th of September 2010

You are welcome to come on Saturday afternoon – 4pm and stay with us for the night. BYO bedding. If we have sufficient people we may have an informal korero session on Saturday night. Otherwise come along on Sunday morning

TIME: 9am-3pm (lunch provided)

VENUE: Pikitū Marae, Wiltsdown Road, Waotu (www.pikitu.co.nz)

NO FEE but please register your interest by 4th September 2010

The aim of this wananga is for wahine of all ages to share korero about Maori experiences of pregnancy, childbirth and mothering. The one day marae based wananga will offer you the chance to make ipu whenua and participate in weaving activities while sharing your thoughts and stories about the physical, cultural, emotional and spiritual dimensions of pregnancy and childbirth.

This wananga is grounded in mana wahine and is part of my PhD research. As such I would like to discuss the use of your korero at this wananga for use in my research. I strongly believe, however, that the kaupapa is bigger than my research and hope that it may empower wahine, of all ages, to talk about share their stories and understandings of pregnancy and childbirth.

For further details and to register please contact



Appendix Three – Information sheet and consent form

Department of Geography,
Tourism & Environmental

PhD Researcher
Naomi Simmonds



THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

Information sheet/consent form

Reconfiguring Māori Maternities: a mana wahine perspective on childbirth in Aotearoa.

Childbirth is a profound and life-changing experience yet women's narratives and reflections about their own births are rarely shared outside of their immediate family and friends. This research is about representing women's embodied, spatial and spiritual childbirth narratives within a mana wahine (Māori feminist) framework.

The research

Thank you for taking the time to consider being a part of this research. I am a doctoral candidate in the Department of Geography, Tourism and Environmental Planning at Te Whare Wānanga o Waikato/The University of Waikato. My supervisory panel consists of Professor Robyn Longhurst and Associate Professor Lynda Johnston.

The childbirth experiences and stories of Māori women, who are having or have recently had their first baby, is the primary focus of this research. I am interested in creating a space in which Māori women can share their stories and experiences of childbirth in Aotearoa New Zealand. The overall goal of this research is to represent women's embodied, spatial and spiritual childbirth narratives within a mana wahine (Māori feminist) framework. Mana wahine is an approach that enables the voices of Māori women to be centralised and validated.

Your involvement

To canvas the diversity of Māori women's experiences I would like to use several methods in this research. I would like to carry out an initial interview. This would be like an informal korero and would involve storying or pūrākau between you and I about topics such as education on childbirth; the spaces of childbirth; the impact of childbirth on your identity as a Māori woman; and traditional Māori childbirth practices. If you would feel more comfortable discussing this with your partner, friend, or whanau member present you are welcome to bring them along. This initial korero would be at a time and place that suits you. The interview would last about 60-80 minutes.

Following this interview you will be asked to participate in two further stages of this research. The decision to participate in these subsequent stages is completely up to you. The second stage would involve a period of reflection on your part using either an online forum or using a diary that I will provide. You will also be able to use photography to capture any images or spaces that you feel reflect your experiences. A camera will be provided if required. I will provide you with a guide on the kinds of things I would like you to reflect on but please feel free to make these reflection exercises personal to you.

The final stage of the research would be a short follow up interview, and would last about 30 to 60 minutes, 1-2 months after you have had your baby (or following the initial interview if you have already had your child). This would be an informal catch up to see if you want to discuss further any reflections and also to see how you felt about your participation in this research.

Confidentiality

I will treat all discussions held within the interview as private and confidential and will not share them with anyone outside of that situation. Unless your permission is obtained, your name or any other identifying characteristics will not be disclosed in the final report or any other report produced in the course of this research. The recordings and written transcripts will be stored securely in my office at the University of Waikato accessible only by key. Any electronic information will be accessible only by password and this will be changed regularly to ensure security of the documentation.

Participants' rights

Participants have the right to:

- Decline to participate;
- Decline to answer any particular question;
- Withdraw from the study up until one month after the initial interview;
- Decline to being audio-recorded;
- Ask for the audio recorder to be turned off at any time;
- Ask for the erasure of any materials they do not wish to be used in any reports;
- Ask any questions about the study at any time during participation.

The results

The results of this research are to be presented as part of my PhD Thesis. In accordance with University guidelines, four copies must be produced, three hard copies and one online accessible copy. One hard copy of the thesis will be available through the University of Waikato Library. The research findings may also be used in conference presentations and journal publications.

The recorded interviews will be transcribed and a copy of your contribution will be sent to you to ensure accuracy of the information. The ownership of the recordings of your interview is shared between us so they will be returned to you if requested.

This research project has been approved by the Human Research Ethics Committee of the Faculty of Arts and Social Sciences of the University of Waikato. Any questions about the ethical conduct of this research may be sent to the Secretary of the Committee, email fass-ethics@waikato.ac.nz postal address, Faculty of Arts and Social Sciences, Te Kura Kete Aronui, University of Waikato, Te Whare Wananga o Waikato, Private Bag 3105, Hamilton 3240.

Consent Form

"I agree to take part in this research and acknowledge receipt of a copy of this information sheet and signed consent form. I understand my rights as a participant in this research and that my identity will remain confidential and anonymity guaranteed unless I state otherwise. I have had adequate opportunity to discuss the above information and I am satisfied with the answers that have been provided."

I would like to take part in:

Stage 1: Initial interview Yes / No

I consent to our conversation being audio-recorded. Yes / No

I would like recordings of our conversation returned to me after 5 years (and if you cannot contact me at that time, you will ensure that the recording is destroyed) Yes / No

_____ (to be signed and dated by participant)

"I agree to abide by the conditions set out in the information sheet/consent form and I will ensure that no harm will be done to any participant as a result of this research"

_____ (to be signed and dated by Naomi Simmonds)

Stage 2: Reflection (to be completed following the initial interview)

Diary Yes / No

Self directed photography Yes / No

I would like to borrow a camera Yes / No

I would like my diary and printed photos to be returned to me after 5 years (and if you cannot contact me at that time, you will ensure that these are destroyed) Yes / No

Online forum Yes / No

Stage 3: Follow up interview Yes / No

_____ (To be signed and dated by participant)

_____ (To be signed and dated by Naomi Simmonds)

Your Details (for my records)

Name: _____

Age:

Under 16	<input type="checkbox"/>	30-34	<input type="checkbox"/>
16-19	<input type="checkbox"/>	35-39	<input type="checkbox"/>
20-24	<input type="checkbox"/>	40-44	<input type="checkbox"/>
25-29	<input type="checkbox"/>	45 and over	<input type="checkbox"/>

Address: _____

Phone number:

Home: _____

Cell: _____

Email: _____

Due date or/

Date of childbirth: _____

Occupation: _____

Iwi and hapū: _____

If you have any questions at any point during this research please do not hesitate to contact me. Thank you for your time and for being an important part of this research.

Nga Mihi Nui

Naomi Simmonds

Supervisor: Professor Robyn Longhurst

Appendix Four – Interview schedule

The initial interview will be largely directed by the participant's themselves but will aim to cover the following themes:

- Details about the woman, her relationship, her living situation, pregnancy details.
- Expectations and education on childbirth:
 - How have you come to learn about childbirth and the practices surrounding birth?
 - Who / what has been influential in shaping your thinking on childbirth? Why have they been important in your understandings of childbirth?
 - Has your understanding of childbirth changed since becoming pregnant with your first child?
- Traditional Māori childbirth practices:
 - What childbirth practices, if any, do you know of that are uniquely Māori?
 - Do you plan to use (or have you used) any of these practices for your own birth? How did you come to this decision? What influenced this decision?
 - What do you think the importance is with regards to these practices?
- Spaces of childbirth:
 - Where do you plan to (or did you plan to) have your child?
 - Why did you choose this particular space? What is it about that space that made you want to birth there?
 - Are you going to do anything to this space to change it in any way to suit you or to make it more comfortable for you?
- The impact of childbirth on your identity as a Māori woman:
 - How do you think childbirth will affect (has affected) your own identity as a woman? As Māori? As a Māori woman?
- Negotiation expectations of others in childbirth:
 - Have you had to negotiate any conflicting perspectives about your approach to childbirth?
 - How have you managed these conflicts?
- Any other topics that the woman wishes to discuss

Interview with key informants

- Experiences with Māori women in childbirth
 - What experiences have you had with Māori women and childbirth?
 - Did you approach care for these women differently? In what ways?
- Knowledge regarding Māori childbirth practices
 - How familiar are you with Māori childbirth practices?
 - Has anyone you have cared for used these practices? How did this work?
- The nature of maternity care in New Zealand
 - What are the provisions of mainstream maternity care in New Zealand for Māori women?
 - What specifically Māori maternity care is provided for?

- Do you feel that there is adequate support for Māori women in childbirth?

Appendix Five – Key informant and wānanga participant information

Name/Pseudonym	Iwi
Key informants	
Heather	Tangahoe, Ngāti Tupaia
<i>Hayley</i>	Ngāpuhi/Ngāti Whātua
Janet	Te uri o Hau ki Kaipara
<i>Hiamoe</i>	Ngāti Apakura
Lisa	Ngāi tai
Wānanga Participants	
Lisa	Raukawa, Ngāti Ahuru
Okeroa	Raukawa, Ngāti Huri
Tiffany	Raukawa, Ngāti Huri
Hannah	Raukawa, Ngāti Huri
Shannon	Raukawa, Ngāti Huri
Mia	Ngāti Tuwharetoa
Natline	Raukawa, Ngāti Huri
<i>Kathryn</i>	Not specified
Levi	Tahiti/Pare
Delise	Raukawa, Ngāti Huri
Waimarie	Raukawa, Ngāti Huri
Claire	n/a
Mandy	Raukawa, Ngāti Huri
Alice	Raukawa, Ngāti Huri
<i>Hine</i>	Raukawa, Ngāti Huri
Linley	n/a
<i>Tracey</i>	Raukawa, Ngāti Huri

Appendix Six – Diary guidelines

Thank you for agreeing to take part in the second stage of this research. I am excited by the possibilities that the methods used for this stage can offer this research. I would like this stage to be as flexible as possible to enable you to participate in a manner in which you feel comfortable and that will not take up too much of your already busy lives!

There are three methods available to you in this stage of the research, diary writing, self-directed photography and an on-line forum. I believe that these methods will provide wonderfully rich and diverse insights into your experiences of childbirth as it relates to your identity as a Māori woman. Each method is outlined below with some direction as to what I would like you to think about.

Diary writing

I have provided you with a blank diary and pens to reflect on the experience of the birth of your first child. Alternatively, if you wish to do this electronically you can simply email me your diary entries or use the online forum.

At the beginning of your diary it would be great if you could write some details about your birth such as, date, location, length, and who attended. How you decide to reflect on your childbirth experience in the rest of the diary is largely up to you, although there are some key areas I would like you to think about. These include your reflections on:

- The spaces of your birth – physical, emotional and spiritual;
- The role of those who attended your birth;
- The experience of the birth in comparison to your expectations;
- The use of any traditional Māori practices for the birth or afterbirth and how you felt using these;
- The use of any non-Māori practices and your thoughts and feelings about these methods;
- Your feelings and reflections on your identity as a woman and as a Māori woman;
- You can also expand on anything we discussed in the initial interview.

You are welcome to include waiata (songs), whakataukī (proverbs), karakia, poems, images, or drawings or anything else if you feel they represent or are important to your understandings of your birth.

Please do not feel like you have to write in your diary every day, you can write as much or as little as you are able to, or want to. Also, do not feel limited to write in a particular style in this diary, how, what and the length of what you write is completely up to you. Any names you include will be changed to ensure your privacy.

My hope is that the diary will provide you with an opportunity to reflect on your experience of childbirth in a manner that is personal to you. In doing so, I hope that the diary will form part of your childbirth pūrākau (story) for you, your child and your whānau to treasure and that it will add to the richness and diversity of this research.

I will contact you one to two months following the birth of your child (or following the initial interview if you have already had your child) to organise to collect the diary and to follow up anything further you may wish to talk about and also to discuss with you how you felt about your participation in this research.


Nga Mihi Nui

Naomi Simmonds

Appendix Seven – Screen shots of online forum

[HOME](#) / [RECONFIGURINGMAORIMATERNITIES](#)

TŌ WHĀNĀUTANGA: SHARING YOUR BIRTHING EXPERIENCE



A mana wahine perspective on childbirth in Aotearoa.

Childbirth is a profound and life-changing experience yet women's narratives and reflections about their own births are rarely shared outside of their immediate family and friends. This research is about representing women's embodied, spatial and spiritual childbirth narratives within a mana wahine (Māori feminist) framework.

The childbirth experiences and stories of Māori women, who are having or have recently had their first baby, is the primary focus of this research. I am interested in creating a space in which Māori women can share their stories and experiences of childbirth in Aotearoa New Zealand. The overall goal of this research is to represent women's embodied, spatial and spiritual childbirth narratives within a mana wahine (Māori feminist) framework. Mana wahine is an approach that enables the voices of Māori women to be centralised and validated.

RESEARCHER PROFILE

Topic 2

Research publications and presentations: I will upload conference presentations and any publications that eventuate from this research.

 My Conference Presentations

Topic 3

Diary Space: This is an online space where you can complete your diary entries.

 Diary entry

Topic 4

Photo uploads: You can upload your photos and add captions in this space.

 Photo Caption

Topic 5

Discussion forums: This space will be for open for you to discuss topics with myself and with others who are involved in this research.

 Forum with optional Anonymous Posts

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Appendix Eight – Summary story information sheet

Naomi Simmonds
PhD Candidate
Geography Programme
School of Social Sciences
Faculty of Arts and Social Sciences
Te Kura Kaitiaki
The University of Waikato
Private Bag 3105
Hamilton, New Zealand



Your baby's birth story

Reconfiguring Māori Maternities: a mana wahine perspective on childbirth in Aotearoa.

Thank you for sharing, with me, your experience of pregnancy, birth and mothering. Your contribution to this research, whether through interview, diary writing or photography, is valued and your story is an important and special one to share.

I have a wealth of information gathered as part of this research. I have many pages of transcript and diary material which is too long as it is would not be able to be included in its totality in the final thesis.

For this reason I have taken all of the information you have shared with me and summarised your story weaving together the information from the interview material, diary and photos (if used) to create a summary story of your birth experience. I have not reworded anything but simply woven together your words to create a summary that shares your story and highlights some of the wider themes of this research.

It is paramount, to me, that in doing this I have retained the mana and meaning of your story. Therefore I would appreciate if you would be involved in reviewing, and editing or amending this before I include parts of it in my thesis.

In addition, following the review of the story I would like to double check if you would like your name used in the thesis and any subsequent presentations or publications. This is completely up to you. If you prefer a pseudonym all identifying characteristics or events will be removed and pseudonyms will be given to all people mentioned in your story.

I appreciate the time you have given to this research, thus far, and look forward to hearing your thoughts on and/or any changes you would like me to make to the summary story.

Nga mihi aroha

Naomi Simmonds