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An Exploration of Wellbeing in Hapū Wānanga through a Te Wheke Framework Analysis

A Master's Thesis
submitted in fulfilment
of requirements for the degree
of
Master of Social Sciences in Psychology
at
The University of Waikato
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THE UNIVERSITY OF
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Te Whare Wānanga o Waikato

2021

Abstract

Before colonisation, Māori had comprehensive knowledge and practices around pregnancy and childbirth. With colonisation, traditional maternity knowledge and practices were replaced by western medical practices. In more recent times, antenatal education classes have played an essential role in providing information on pregnancy, birth and caring for newborns. Research reports that Māori are less likely to attend antenatal programmes and have suggested that culturally responsive programmes may encourage better engagement by Māori. Hapū Wānanga is a kaupapa Māori antenatal education programme. No previous research has explored how whānau experience wellbeing through Hapū Wānanga.

This research explores how participants experience wellbeing within the Kia Wana Lakes Baby Service Hapū Wānanga. Three participants, including one couple, and three facilitators were interviewed. Transcripts were analysed through a framework analysis using the Te Wheke model (Pere, 1997), a comprehensive Māori model of health.

Findings showed that Hapū Wānanga caters to Māori holistic views of wellbeing, as demonstrated through the Te Wheke Model (Pere, 1997). All participants reported negative experiences with mainstream antenatal services; however, whānau enjoyed their experience at Hapū Wānanga. The two dimensions that influenced participants most were whānaungatanga (kinship ties) and hā ā koro mā ā kuia mā (cultural heritage). Although whānau were empowered by their experience at Hapū Wānanga, they wanted to learn more about parenting and postpartum, mental health.

Overall, my findings highlighted that culturally adapted programmes that cater to holistic models of wellbeing could engage Māori service users in an enjoyable and empowering way. If healthcare providers are to be successful in improving indigenous peoples' wellbeing, they need to prioritise culturally adapted programmes based on holistic models of wellbeing.

Acknowledgements

To the whānau, facilitators who participated in this research, I am honoured to have had the opportunity to meet you, sit with you and hear your stories. Thank you for letting me into your homes and work lives and sharing your experience with me.

Secondly, to my supervisors Bridgette Masters-Awatere and Carrie Barber. Thank you for your long-suffering and patience, for the encouraging words, friendly reminders and gentle nudges. I am humbled to have learned from both of you and your vast knowledge and experience.

This research would not have been possible without the following organisations' help: The Kia Wana Lakes Baby Service Team, Mangatu Blocks, Wipere Trust, The Māori Psychology Research Unit, Kia Ora Hauora and the University of Waikato Faculty of Arts and Social Science.

To my whānau, my kuia, Nana Leyden and Nana Hawaikirangi; you and all my tūpuna provided the building blocks for all that I am. To my lovely Mum and my handsome Dad, who encouraged me every step of the way, through the phone, through prayer and through it all. To my beautiful sister, Tui, without your support, this would not have been possible.

To our Haerenga crew who provided laughter, great yarns and memories, and my flatmates who put up with all my stress and showed nothing but love. To my support crew Angelina, Maha, Tasman, Charlotte and Beccs

I am overwhelmed and humbled by your support. Words cannot describe the gratitude I have for all of you and what you have done for me throughout this journey. Thank you!

Glossary

aroha – love	pēpi- baby
hapū- kinship group or subtribe, pregnant	pito- umbilical cord (section near the stomach)
hapū wānanga- a māori initiative	pōwhiri/pōhiri
antenatal education programme	pūrākau- story with meaning
hinengaro- mind, thought, intellect,	pūtea- money, funding
consciousness, awareness	raranga- weave
iho- umbilical cord (middle portion)	tapū- sacred, prohibited
kaumatua – elderly	tangata whenua- home people
kaupapa māori- māori approach	te ao māori- the māori world
kawa- protocol or custom	te reo māori-the māori language
karakia- prayer or incantation	tikanga- customs
kohanga reo- full immersion early	tinana- body
childcare kuia- elderly woman,	uri-offspring, descendent.
grandmother māmā- mother	urupā- cemetery
mana- spiritual power or prestige	wahakura – woven bassinet
manaaki- support, take care of	wairua- spirit
marae- tribal place of gathering	wānanga- meeting, discussion
mirimiri- traditional healing, through	whakapapa- genealogy
touch	whakatau- welcome or greeting
ngā wahine hapū- pregnant women	whānau- family, immediate and
ngā puhi- a tribe from the top of the north	extended wharekai- dining hall
island of new zealand	whare kōhanga- building erected for childbirth
pākehā- non maori	whare tangata- house of humanity, womb, or
pāpā - father	uterus
papatūānuku	
pāpuni- the absence of menstruation	

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Chapter One

Introduction

Te Ao Kapurangi is an ancestress of the people of Te Arawa, a unified group of tribes and sub-tribes based in Rotorua and The Bay of Plenty in Aotearoa, New Zealand. During the Māori land wars Ngā Puhi, a northern tribe, were invading Te Arawa land. Te Ao Kapurangi went to Hongi Hika, one of Ngā Puhi's prominent leaders, pleading with him to spare her people. Hongi Hika agreed that he would spare her people but only those who would crawl underneath her legs, exposing themselves to her whare tangata (house of humanity, womb, or uterus). This was an act that would strip away a person's mana (spiritual power or prestige). Te Ao Kapurangi used her knowledge, creative strategies, and love for her people to develop a plan that would allow her people to live. She strategised that if she climbed up and stood above, Tamatekapua, the sacred ancestral meeting house for the people of Ngāti Whakaue, her people could pass safely between her legs without stripping away their mana. Through Te Ao Kapurangi's stratagem and determination, her hapū (kinship group or subtribe) were saved. (J. Anapu, personal communication, October 10, 2019)

This pūrākau (story) of a wahine toa (woman warrior) of Te Arawa pays homage to the people who affiliate with the Te Arawa region and connects this research to the history and people of the land in which it is centred. The passing down of this story keeps an account of the history of the Te Arawa people and contains lessons that relate to this research. Maintaining the wellbeing of whānau (family) is paramount; there are often tough decisions to be made, obstacles to overcome and new situations to face. Te Ao Kaupurangi's story may

be a reminder to expecting parents of the importance of being vigilant, brave, creative, and to turn to their ancestors or tūpuna to assist in their goal of providing wellbeing for their whānau.

This chapter outlines the relevant background information regarding Hapū Wānanga and words and terms that will guide the reader of this thesis. An overview of the research is then presented, followed by an outline of the chapters in this thesis.

Hapū Wānanga is an antenatal education programme that is open to all but was created specifically to cater to the need of Māori, the indigenous people of Aotearoa, New Zealand. Hapū Wānanga are held in various places around Aotearoa. Each one is centred on the same curriculum (Haereroa & Brown, 2016) but differs based on: the needs of the community, access to resources, the facilitators, and service providers. This research focuses on the Kia Wana Lakes Baby Service Hapū Wānanga, a service provided by The Lakes District Health Board in the Rotorua region. In this research, unless stated, Hapū Wānanga refers to the Kia Wana Lakes Baby Service Hapū Wānanga.

Hapū Wānanga caters to māmā (mothers), pāpā (fathers) and other support people or whānau (family) they choose to bring with them. The word whānau is used throughout this research in several contexts but, unless otherwise stated, is the word for participants of Hapū Wānanga. The words ngā wahine hapū refer to women that are pregnant, and the word māmā refers to mothers. Considering the traditional Māori belief that once pregnant, a mother's child is beginning its journey in mortal life, the terms māmā and ngā wahine hapū are used interchangeably.

Hapū Wānanga is a free antenatal education programme which whānau can access as a part of antenatal care. New Zealand follows a primary maternity care model where expecting parents choose one lead maternity carer. Lead Maternity Carers (LMC) can be a community or hospital midwife, a general practitioner (GP) or private obstetrician. An LMC's role is to coordinate care throughout pregnancy and 4-6 weeks after birth. The Ministry of Health funds

Hapū Wānanga through the Lakes District Health Board. In this research, antenatal care refers to the general services such as LMC, and antenatal education refers specifically to classes or programmes where whānau learn about physiological labour and birth, medical interventions, breastfeeding, and life with a newborn pēpi.

Research has shown that antenatal education programmes are beneficial to the wellbeing of those who attend (Howarth & Swain, 2019; Madhavanprabhakaran et al., 2017; Serçekuş & Başkale, 2016; Tighe, 2010). It has also shown that Indigenous people are less likely to attend antenatal education programmes (Hutton et al., 1982; Islam & Odland, 2011; Oster et al., 2016). This is true for Māori (Moewaka Barnes et al., 2013), and Dwyer (2009) suggests bi-cultural antenatal education programmes to encourage engagement and wellbeing for Māori whānau.

Hapū Wānanga is a kaupapa Māori (Māori approach) antenatal education programme that was officially established in 2014 in the Waikato. Since its establishment Hapū Wānanga have also been established in Taranaki, Te Tairāwhiti, and Rotorua. Hapū Wānanga is an antenatal education programme which has Māori facilitators and incorporates traditional Māori maternity knowledge and practices in its curriculum. I have not found any published research on Hapū Wānanga and how it caters to the wellbeing of Māori whānau. There is a need to explore the extent that Hapū Wānanga caters to the wellbeing of Māori whānau who engage in its services.

Kaupapa Māori research is intended to be by Māori with Māori for Māori. At its core, kaupapa Māori research legitimises and validates being Māori as normal (Smith, 2006). In this research, kaupapa Māori research methods (discussed in Chapter 3) were used to explore whānau and facilitators' experience of Hapū Wānanga as a kaupapa Māori service. I carried out five semi-structured interviews with six participants. These interviews were transcribed and analysed using a framework analysis. Framework analysis has been used in applied research to analyse different stakeholders' perspectives (Gale et al., 2013). The framework

that was used was Pere's (1997) Te Wheke model. The Te Wheke model uses the metaphor of an octopus with eight tentacles to represent wellbeing. The octopus as a whole can represent an individual, whānau (family), hapū (subtribe or extended family) or iwi (tribe). Each of the eight tentacles represents a dimension of wellbeing. These dimensions consist of wairua (spirituality), mana atua ake (unique identity), mauri (lifeforce/energy), whanaungatanga (family and belonging), tīnana (the physical), hinengaro (the mind), whatumanawa (expression of emotions) and hā ā koro mā ā kuia mā (the breath of forbearers). Each tentacle/dimensions needs sustenance for the individual, whānau, hapū or iwi to be healthy.

The eyes of the octopus represent total waiora (health or soundness) as they reflect the strength each tentacle contributes to the whole (Love, 2004). Findings of this research took into consideration the experience of both facilitators and participants of Hapū Wānanga using the Te Wheke model as a framework.

Chapter Two reviews the relevant literature around the history of Māori beliefs and maternity knowledge and practices, and changes that resulted from colonisation. This is followed by research on antenatal care and education pre-European Māori cultural values and maternity knowledge and practices, the disruption and effects of colonisation on Māori antenatal beliefs and practices, Kaupapa Māori initiatives, Hapū Wānanga and the rationale for the current research. In Chapter 3, the method and methodology are outlined. Chapter 4 is a report of key findings according to the dimensions of wellbeing in the Te Wheke model (Pere, 1997). In Chapter 5, I discuss the main findings, limitations and the implications of this research and recommendations for further research.

Chapter Two

Literature Review

This chapter provides an overview of the literature regarding; 1) pre-European Māori cultural values and maternity knowledge and practices; 2) the disruption of colonisation to birthing practice and cultural values; 3) the medicalisation of childbirth practices; 4) antenatal care and education; and 5) Kaupapa Māori initiatives.

Section One: Pre-European Māori cultural values, maternity knowledge and practices

Traditional beliefs about women.

Traditional Māori beliefs regarding women were reflected in the stories that were told (Mikaere, 2019). Reverence is given to Papatūānuku, the first female entity in the world and whakapapa (genealogical) connections from her. Hineahuone was the first female human created by Tane, one of the sons of Papatūānuku and Ranginui. They gave birth to Hine-Titama. Upon discovering an incestuous relationship had taken place, she chose to reign in the underworld, becoming Hine-nui-i-te-pō (guardian and caretaker for the spirits of humankind). Māui's grandmothers, Mahuika and Muriranga-whenua provided Māui with the knowledge and resources that lead to his incredible feats. Through these stories, we understand the valued and revered role of women in Te Ao Māori.

Pre-European Māori believed that every person, whether they were female or male, had an important role in society. Mikaere (2019, p. 7) emphasised the equality that existed between genders:

"Both men and women were essential parts in the collective whole, both formed part of the whakapapa that linked Māori people back to the beginning of the

world, and women, in particular, played a key role in linking the past with the present and the future. The very survival of the whole was absolutely dependent upon everyone who made it up, and therefore each and every person within the group had his or her own intrinsic value. They were all a part of the collective; it was therefore, a collective responsibility to see that their respective roles were valued and protected."

One of the honoured roles of Māori women was the ability to carry and birth the new generation as te whare tangata or the house of people (Best, 1975; Papakura, 1938). Those who were able to bear children had a sacred responsibility to care for and nurture the growing bodies inside their body, and there were specific ways Māori ensured wellbeing during the time of pregnancy and birth.

Traditional Māori beliefs and practices around pregnancy

Pregnancy was an important and celebrated part of life. Language regarding maternity showed the importance of pregnancy in everyday life. The word hapū means to be pregnant or expecting a child; it is also the word used to describe a subtribe or family that consisted of a few families who share a common ancestor. When someone became pregnant or hapū it was positive for the whole hapū as it meant that there would be a continuation of the family (Mead, 2016). The word *whenua* means placenta; it is also the word for ground or land, which is an integral part of Māori identity. Both placenta and land are essential sources of sustenance (Moewaka Barnes et al., 2013). The meaning of these pregnancy-related words shows how common and important pregnancy is in te ao Māori (the Māori world).

Young Māori girls grew up with a clear understanding of their gift and ability to reproduce and what to expect during pregnancy. It was natural for older women from the

hapū to educate young girls regarding reproduction, pregnancy and childbearing (Palmer, 2002; Papakura, 1938; Wepa & Huia, 2006). After Māori couples were married, hapū and whānau eagerly anticipated the couple's opportunity to have children. Papakura said "*The Māori had very great love for their children. It was a great unselfish love which nothing could weaken.*" (1938, p. 119) Because of this love, ngā wahine hapū (pregnant women) were generously taken care of as a way of caring for the growing baby inside her. One example of this is that if a wahine hapū craved a specific food, extraordinary efforts (such as travelling great distances) were made to obtain the desired food. These extraordinary efforts were seen to benefit the baby's growth and wellbeing, which was of the highest importance.

During pregnancy, wahine hapū continued to fulfil most of their daily responsibilities right up until a few days before birth (Papakura, 1938). However, some restrictions were placed on what ngā wahine hapū could do. For example, it was not appropriate for wahine hapū to enter the urupā (cemetery) or participate in some specific food gathering practices (August, 2004). Restrictions such as these were put in place to ensure mother and child's physical and spiritual wellbeing. These everyday examples of Māori pregnancy experiences demonstrate the importance of showing love and protecting the growing child inside the womb.

Pre-European Māori not only knew what to expect during pregnancy, but they had a system of care in place in order to care for ngā wahine hapū and their pēpi. Palmer (2002) explained that the Māori traditional system of care during pregnancy included five main components: 1) confirming birth through *pāpuni* (the absence of menstruation), skin discolouration on the breast and abdomen, 2) techniques for estimating gestation and lunar date of delivery, 3) procedures monitoring the wellbeing of the wahine hapū during the different stages 4) mirimiri, a traditional form of massage or touch which encouraged healing and was used to prepare women's breasts to produce waiū (milk) and to check for the positioning of the baby (Wepa & Huia, 2006), and 5) rongoā, or medicine, used as a source of

iron to relieve morning sickness and other physical ailments accompanying pregnancy (Palmer, 2002). This system of care worked well for Pre- European Māori as complications during pregnancy and birth were not common (Best, 1975). This complex system of care shows that Pre-Pākehā Māori had a sound understanding of what happened in the body when pregnant.

Traditional practices around birth.

Birthing rituals and traditions provide examples of the sophisticated health care system that existed to ensure wellbeing for mother and child. A few days before birth, a wāhine hapū would be sent to a whare kōhanga (nest house) to stay until birth (Best, 1975; Papakura, 1938). The whare kōhanga was a house usually situated on the outskirts of the village. This house became the residing place of the wahine hapū until around ten days after birth and allowed the wahine hapū to reside in her state of tapu. Attendants would be with her and food dropped off nearby so her attendants could retrieve it on her behalf. The whare kōhanga served to reduce the likelihood of infection, provide a space away from day-to-day duties and allow time for mother and baby to bond and recover strength (Durie, 1998).

Rongoā Māori was an important aspect of wellbeing in traditional birthing practices. Rongoā Māori included practices such as karakia (prayer or incantation), mirimiri (similar to massage/physiotherapy), and rongoā (physical remedies or medicines) taken from nature, such as trees, berries, bark and moss (Ahuriri-Driscoll et al., 2008; Best, 1975; Tikao, 2013). These sophisticated wellbeing practices ensure holistic health for māmā and pēpi.

Māori had structure around the process of giving birth. Woman often gave birth in an upright position, standing up kneeling or squatting and bearing down on an attendant or wooden structure if others were not around to help (Best, 1975). If there were complications, tohunga were called for help. However, their assistance would be in a spiritual capacity to offer karakia (prayer or incantation) for the wahine hapū and her pēpi. Once the baby

emerged from the womb one of the relations would remove any secretions from the nose and mouth by placing their mouth over the baby's nose and mouth and inhaling deeply until the baby cried (Papakura, 1938).

One of the attendants would use natural plant fibres soaked in tītoki oil to tie the iho (umbilical cord) and sever it with a sharpened stone (Best, 1975; Durie, 1998; Papakura, 1938). Once the baby's health was seen to, attention would then return to the mother. The afterbirth of the placenta occurred naturally in its own time (Stojanovic, 2012). If there were complications with the afterbirth, the woman was taken to a nearby stream. An attendant would stand on the woman's stomach shifting her weight until the whenua (placenta) and all the blood had come free—Whānau would bury the whenua and iho in a particular place meaningful to the child and their whānau. After the birth of baby and whenua, the māmā would return to the whare kōhanga to care for her newborn baby. In the details around birth, we can see the comprehensive and sophisticated processes in place for giving birth.

After the birth, it was common for women to return to their daily work (Clarke, 2012). Māori lived a very active lifestyle that meant that women were often healthy, fit, and strong (Best, 1934). This provided her with the capabilities required to deal with the physical strain of giving birth. Best (1975) highlights that before the colonisation of New Zealand, Māori had a sound understanding of women's health and birth practices.

Section Two: The disruption of colonisation to birthing practice and cultural values

James Cook arrived in New Zealand in 1769. In the first century, after James Cook's arrival, many more settlers came over from England. Walker (1990) stated that when settlers first arrived relations between Māori and Pākehā (foreigner or someone of European descent) were friendly. However, as more settlers arrived, intentions were shifted to procuring land and resources from Māori in order to benefit Pākehā. With the increase of Pākehā immigrants came the increase of exposure to new illnesses, malnutrition, guns, war, alcohol and land and cultural alienation which would have

devastating impacts for Māori (Durie, 1998; Moewaka Barnes & McCreanor, 2019; Palmer, 2002).

In the early decades of the 1800s, the number of settlers in New Zealand rapidly increased. Settlers were exchanging little for land, and different iwi were concerned (Walker, 1990). New settlers were also concerned that there was no national governing body to maintain the order of the growing population. Walker (1990) stated that consent was sought from Māori to give over their sovereignty to the British Crown to set up a national government and buy and control the land.

The Treaty of Waitangi was a document created to enable the Crown to obtain sovereignty, or supreme power and authority over Māori land. The Treaty's role was to establish the relationship between Māori, the Crown and New Zealanders however, differences in translation had deep and longstanding effects (Palmer, 2008). Three of the commonly discussed principles included in the Treaty are partnership, participation, and protection. The principle of partnership was between Māori and British where both are obligated to act "reasonably, honourably and in good faith" (State Services Commission, pg.14, 2005). The principle of protection was the least contentious as both translations agreed that Māori would be protected and have the same rights as British subjects (Walker, 1990). The principle of participation is where language and meaning differ the most. The English version promised Māori exclusive and undisturbed possession of lands, estates, forests, fisheries and other properties. In contrast, the te reo Māori version signed by most chiefs ensured Māori were guaranteed absolute chieftainship over land, villages, property and all taonga (treasures) (Walker, 1990). Differences between the te reo Māori and English language versions of the Treaty written texts lead to discrepancies in its meaning, interpretation, and application, having a vast effect on Māori ways of being.

The impact of colonisation on traditional beliefs around women

In addition to differences regarding the interpretation of the treaty, Pākehā had different beliefs regarding the role of women. Māori trusted early ethnographers with traditional stories, stories about Papatūānuku, Hine-nui-te-pō, Mahuika and others. Mikaere (2019) stated that “These stories were taken and regurgitated through an ethnocentric, colonial, and patriarchal lens”. Māori academics such as Pihama (2001), Murphy (2011) Mikaere (2019) have insisted that patriarchal lens left Māori women depicted as shy, complacent, passive and inferior. The colonial notion that women were inferior and passive to men goes against Māori understandings that both men and women played an essential part in the collective whole (Mikaere, 2019). Colonial perspectives encouraged a lack of appreciation for the honour wahine (women) hold as te whare tangata (house of humanity) and traditional beliefs and practices around pregnancy and birth.

The impact of colonisation on traditional beliefs and practices in pregnancy and birth

Pākehā ideas and practices regarding pregnancy and birth were considerably different from Māori. Around the time New Zealand was settled, Māori were quite open about women's sexuality (Papakura, 1938). Pākehā believed that women's sexuality should be conservatively denied. For example, when a woman was pregnant, she often chose not to be seen during pregnancy to protect her image and avoid any association with her sexual nature (Clarke, 2012).

Pākehā were accustomed to spending a lot of their pregnancy lying down and a considerable amount of time in bed after birth (Clarke, 2012). Being bedridden during pregnancy was a foreign concept to the hardworking life of Māori at first but became the norm as Pākehā became the predominant voice in health care. These are examples of differences in cultural practices between Māori and Pākehā around pregnancy.

Pākehā settlers did not agree with Māori childbirth practices. There are records of Pākehā women travelling great distances to be with other Pākehā women during birth rather

than utilising the knowledge of local Māori women on the matter (Clarke, 2012). Donley (1986) suggests Pākehā looked down on Māori ways of giving birth, claiming that their methods were "uncivilised".

Pākehā women were accustomed to giving birth lying down on their side. This differed greatly from the Māori style of giving birth while upright, which was practised for many years with few complications (Donley, 1986). However, by the 1900s, Pākehā ideals that giving birth while upright and getting up too soon after childbirth was dangerous and prejudice against Māori ways of birthing spread (Clarke, 2012)

Not only did Māori suffer prejudice regarding maternity beliefs and practices but legislation and processes were put in place which cut off Māori from practices of wellbeing. The role of spirituality and tohunga were important parts of the Pre-European Māori sense of wellbeing (Dudgeon et al., 2017). Despite this, Pākehā implemented laws that made it difficult for Māori to live their beliefs. After missionaries arrived in New Zealand, a large population of Māori converted to Christianity, and consequently, the Tohunga Suppression Act 1907 was introduced or passed. The act declared that anyone who professed to be a tohunga or "possess supernatural powers in the treatment or cure of any illness or disease or in the foretelling of future events" ("Tohunga Suppression Act," 1907) would be liable to the court to pay a fine or be imprisoned. The Tohunga Suppression Act in New Zealand led to Māori calling for Christian missionaries rather than tohunga when troubles arose during pregnancy (Clarke, 2012).

The medicalisation of birth in Aotearoa

When the missionaries first arrived in New Zealand, there were very few Pākehā women in the country. The first formally trained midwife arrived in New Zealand around 1822. In the following years, missionaries' wives were encouraged to receive training in this area before leaving for New Zealand. As more settlers arrived in New Zealand, more

formally and informally trained midwives entered the country. Acts such as the Midwives Act 1904 and the Tohunga Suppression Act established by the New Zealand government made it illegal for Māori to give birth in their established system (Clarke, 2012; Wepa & Huia, 2006).

By 1938, most births in New Zealand had moved from home to hospitals for Pākehā, while only 17% of Māori gave birth in hospitals. This changed, and by 1962, 95% of all births in New Zealand took place in hospitals (Clarke, 2012). Pākehā had assumed that hospital births were superior, safer and cleaner than Māori ways of birthing, yet by 1960, Māori were three times more likely than non-Māori to die during childbirth (Murphy, 2011).

Additionally, institutional racism was rife within hospital services, meaning that even if Māori were able to use hospitals, many opted not to. Often Māori were conflicted as to whether they should access Pākehā services; they were told it could improve outcomes for wahine hapū and baby but there was often a disregard for cultural tikanga (Clarke, 2012). Some of the things that deterred Māori from utilising hospitals were: the ill-treatment by staff, lack of whānau support, having to lie down while giving birth, compromised modesty, the fact that they were giving birth in the same places where people die, and other aspects that contradicted important cultural practices (Clarke, 2012; Palmer, 2002; Wepa & Huia, 2006).

As traditional birthing practices ceased and the introduction of infectious diseases and racism took their toll on ngā wahine hapū, Māori women were less likely to engage with Pākehā services; they suffered from adverse outcomes in birth as a result. Best (1975) recounts Ropiha's belief that the increase in death of Māori women during childbirth stemmed from the adoption of Pākehā medicine, food and clothing and the abandonment of Māori ritual. In more recent times, Māori are less likely to engage in antenatal services and are more likely to experience adverse birth outcomes (Dwyer, 2009).

Tapsell (1997) claimed that taonga could be tangible, like a greenstone pendant or landmark, or intangible, like knowledge, reciting whakapapa (genealogy) or a brief proverb. He explained:

Taonga have survived hardship and misfortune, travelled through generations of time, and arrived in the present, intact. The performance of taonga, therefore, plays an important role in the amelioration of life-crises, assisting the kin group to re-establish its ancestral identity after episodes of adversity. (pg., 330).

Māori maternity knowledge and practices are rooted in traditional Māori values. As such, it is a taonga with the ability to re-establish ancestral identity. Māori chiefs signed Te Tiriti o Waitangi (The Treaty of Waitangi) with the understanding that Māori were guaranteed chieftainship over taonga such as knowledge of Māori maternity practice (Tapsell, 1997).

Section Three: Antenatal care and education

Antenatal care

The antenatal period is a pivotal time of development for growing babies (Glover & Barlow, 2014). Research shows numerous factors during the antenatal period that can impact a baby's development and life trajectory. These include, but are not limited to, maternal mental health (Phua et al., 2017), nutrition (Giles et al., 2015; Vucetic et al., 2010), maternal stress levels (D'Souza et al., 2019; Glover & Barlow, 2014), smoking (Abel, 1980; Tzoumakis et al., 2018) and alcohol consumption (D'Souza et al., 2019; Eichler et al., 2018). These factors are often discussed in antenatal care. The World Health Organization (2015) defines Antenatal care (ANC) as

The care provided by skilled health-care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both mother and baby during pregnancy. (pg. 1)

Antenatal care includes the early identification and treatment of pregnancy and complications and health education provision (Kogan et al., 1998). Health education in antenatal care is usually provided one on one by a midwife or a GP. Research shows a positive correlation between mothers' having received care and infant cognitive development (Di Cesare & Sabates, 2013). Some women and their families also participate in antenatal education classes to enhance their learning and preparation for childbirth.

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Antenatal education and its importance

Historically, Māori wahine turned to those close to them to learn about birth and labour. After colonisation, the change of structure in families, work and the medicalisation of childbirth saw that antenatal education moved from the responsibility of whānau to formal antenatal education classes. Parents are often encouraged to attend formal antenatal education classes to learn what they need to know to prepare for birth and becoming parents (Renkert & Nutbeam, 2001). Topics covered in antenatal classes include pregnancy, labour, and birth.

A variety of research exists that reports benefits or positive correlations with attending antenatal education. A randomised controlled trial (RCT) by Madhavanprabhakaran et al. (2017) showed that antenatal education significantly reduced pregnancy-specific anxiety. Similarly, Karabulut et al. (2016) carried out a quasi-experimental study with 192 women assigned to either an education or control group. Researchers collected pre and post data regarding fear of childbirth, acceptance of pregnancy and identification with motherhood from participants. Those in the education group had a significant decrease in their fear of childbirth before and after.

Correlational studies by Cantone et al. (2018) found a correlation between attending antenatal education and a decrease in maternal requests for caesarean; while Lu et al. (2003)

found a positive association with attending antenatal education and the number of women choosing to breastfeed.

The research mentioned above suggests that there are benefits to attending antenatal education. However, they do not explain what makes an antenatal programme effective at contributing to wellbeing.

Hibbard et al. (1979) suggested that effective antenatal education programmes should cater to the needs of those attending the classes. This is particularly important for indigenous people as indigenous women and families experience more risk and adverse birth outcomes than non-indigenous (Smylie et al., 2010). One qualitative study looked at interviews with health care providers from a Cree First Nations community about their perceptions of effective antenatal care for First Nations women (Oster et al., 2016). The factors these health care providers considered most important in effective antenatal care with First Nations women were relationships, trust, cultural understanding, and context-specific care. These findings are relevant to Māori considering similar experiences as indigenous people. Reid et al. (2019, p. 1) list similarities such as:

Systematic inequities in health outcomes, differential exposure to the determinants of health, inequitable access to and through health and social systems, disproportionate marginalisation and inadequate representation in the health workforce.

Given the similarities listed by Reid et al. (2019), Oster et al.'s (2016) suggestions for effective antenatal care with First Nations women may apply to Māori.

The current state of antenatal care and education for Māori

Māori are similar to other indigenous and minority people who are overrepresented in adverse birth outcomes and underrepresented in accessing antenatal care (Bartholomew et al., 2015). Grigg and Tracy (2013) reported that New Zealand women experience more

satisfaction with antenatal care than other women worldwide. However, information reported comes from a sample overrepresented by Pākehā women and underrepresented by Māori and Pasifika (Health Services Consumer Research for the Ministry of Health, 2008).

In the latest New Zealand Ministry of Health Report on Maternity (2019), 24% of women giving birth were Māori yet a previous study found that Māori were only 10% of women attending antenatal classes (Dwyer, 2009). This is concerning given that statistics have shown that between the years 2009-2014, Māori have had consistently higher rates, in comparison to Non-Māori, of adverse birth outcomes such as infant mortality rates, smoking throughout pregnancy, infants in Neonatal Intensive Care Units (NICU) and Sudden Unexpected Death in Infancy (SUDI) (Malatest International, 2019; Ministry of Health, 2015b). These are areas which are addressed in antenatal education classes and so initiatives to improve Māori attendance at these classes would be beneficial. A report by Buchanan and Magill (2015) surveyed 3801 women, of which 471 were Māori and stated that Māori women were significantly less likely (25%) to attend antenatal classes than 'other' ethnicities (43%). The survey report also stated that Māori were more likely to say they would not go to antenatal classes because they did not want to, even though it was their first baby (14% compared to other ethnicities reporting 9%) and that they could not go because they could not afford it (7% compared with other ethnicities reporting 3%). This report offered valuable information regarding the number of women attending antenatal classes. However, because the survey was multichoice only, there was limited exploration into the experience of Māori who attend antenatal classes. More information is needed to understand Māori experience in antenatal education.

Changes in antenatal education are needed to encourage Māori women and whānau to access antenatal care. Dominant narratives in mainstream services are inadequate to provide for Māori and have left Māori feeling marginalised and invisible (Kenney, 2011;

Simmonds, 2017). Levy (1999) proposes addressing problems associated with complications and negative birth outcomes; government policy should focus on wellbeing and antenatal education for Māori women. Dwyer (2009) recommended that antenatal classes be designed and advertised to be attractive to populations such as Māori. The need for Kaupapa Māori antenatal education has been recommended in other research also (Boulton et al., 2013; Dwyer, 2009; Rawiri, 2007)

Section Four: Kaupapa Māori initiatives

Kaupapa Māori initiatives are broad and comprehensive. The concept of Kaupapa Māori involves living in a Māori way and viewing the world with a Māori perspective (Durie, 2012). Alongside the colonisation of New Zealand, there is a strong history of Māori fighting to maintain and advocate for Māori rights to land and culture (Walker, 1990). In the second half of the 20th century activist groups, such as Ngā Tamatoa, advocated for the rights of Māori in several areas related to injustices (Walker, 1990). In the '80s the Kōhanga Reo movement began; this was a movement to revitalise the Māori language by establishing early childhood language immersion programmes (King, 2001). Following the movement's success, similar Kaupapa Māori initiatives were implemented in different areas such as business and tourism, environmental care, health care and events like Te Wiki o te Reo Māori and Matariki.

Smith (2000) noted that Kaupapa Māori initiatives aim to revitalise Māori language, knowledge and culture. Durie (2001, p. 227) went on to explain that kaupapa Māori healthcare initiatives should include the following:

- *"By Māori, for Māori" services or being led by Māori staff.*
- *the incorporation of tikanga Māori (Māori values)*
- *the involvement of whānau (family), hapū (sub-tribe) and iwi (tribe)*
in all aspects of the service, including treatment

- *the use of traditional Māori healing practices*
- *the provision for cultural assessment cultural practices and*
- *whakawhanaungatanga (connectedness between people, often based on genealogical connections)*

Along with a push for kaupapa Māori healthcare initiatives came the prerogative to implement Māori ways of assessing these initiatives and how they cater to the wellbeing of Māori.

Te Wheke

During the Kōhanga Reo movement, there was a need for Māori to create and assess curriculum which catered to the holistic wellbeing of Māori children. At this time the Te Wheke model was developed by Rose Pere (1997) and has since been applied in several other settings including mental health (Hodgson, 2018; McNeill, 2009) and forensics (Leaming & Willis, 2016). Other Māori models of wellbeing such as Te Whare Tapa Whā (Durie, 1985) have functioned well in making a Māori world view more palatable for those unfamiliar with Māori ways of being. However, Te Wheke is more deeply rooted in Te Ao Māori (Leaming & Willis, 2016; McNeill, 2009).

Te Wheke is based on the metaphor of an octopus. In Pere's Te Wheke model, the octopus symbolises whānau, hapū or iwi. Each of the tentacles represents different aspects of the self that need sustenance in order to attain waiora or wellbeing (Love, 2004). The tentacles represent the following eight dimensions, more detailed descriptions will be given in the findings chapter: wairua (spirituality), mana ake (uniqueness of the individual), mauri (ethos which sustains all life forms), whanaungatanga (kinship), tinana (physical aspect), hinengaro (mind), whatumanawa (emotional aspect), hā a koro ma, a kuia ma (cultural heritage). Because the Te Wheke

model is comprehensive in its perspective of Te Ao Māori, it caters to the holistic needs of Māori and is appropriate for use in interventions and assessment (Leaming & Willis, 2016).

No published research has looked at assessing how well Kaupapa Māori antenatal education programmes cater to the needs of Māori through the use of Māori models of health, like Te Wheke. Given that Te Wheke is a comprehensive model of wellbeing that is deeply rooted in Te Ao Māori it is an appropriate framework for exploring wellbeing in Kaupapa Māori health care services.

Hapū Wānanga

Hapū Wānanga is a Kaupapa Māori antenatal education programme that incorporates interactive labour, birth, and parenting information. The programme curriculum was designed for young wahine hapū and their whānau and is underpinned by kaupapa Māori principles and practices. It was created and developed by experienced Māori midwives in the Midlands region after consultation with health kaimahi (workers), project managers, koroua/kuia, and design and consumer representatives (Hapū Wānanga Curriculum, 2016). Hapū Wānanga combines Western medical information and traditional Māori practices and connects participants with other services they may need. While the programme was created to cater to Māori, attendance is open to non-Māori participants. Moreover, whānau or support people are strongly encouraged to attend alongside wahine hapū.

Each wānanga is carried out over two days, usually in a setting away from hospitals such as marae or community centres. Throughout the wānanga, kai (food) is provided, and transport is available if needed or requested. The programme's creators claim it has had a positive influence on breastfeeding, safe sleep, immunisations, and smoke-free outcomes (Haereroa & Brown, 2016).

Hapū Wānanga began officially in 2014 in the Waikato region but has since grown with wānanga taking place in Taranaki, Te Tairāwhiti and Tāmaki-makau-rau and Te Arawa

(Haereroa & Brown, 2016). The Lakes District (Te Arawa) has the second-highest percentage of Māori by population (Statistics New Zealand, 2013). Hapū Wānanga was established in the Lakes DHB in 2016 to cater to the needs of the large Māori population. Previous to this, smaller scale, Kaupapa Māori antenatal education classes were facilitated and funded by individuals passionate about the kaupapa (J. Anapu, personal communication, October 10, 2019). Hapū Wānanga promotes a collaborative approach with facilitators and presenters specialising in antenatal education, nursing, Māori midwifery, community service providers and local kuia and kaumātua (Haereroa & Brown, 2016). No published research independent from the programme was found regarding Hapū Wānanga and its ability to provide a successful kaupapa Māori antenatal education programme. This shows a need for research regarding Hapū Wānanga in order to determine its ability to cater to the wellbeing of Māori whānau.

Chapter Summary

Prior to the arrival of Pākehā in Aotearoa, Māori had a sophisticated system of care regarding pregnancy and birth. As settlers arrived, Māori beliefs and practices around pregnancy and birth were deemed inappropriate, and health care medicalisation saw Māori suffer. The effects of this are still being felt in modern times as Māori are less likely than those from other cultures to access antenatal care services such as antenatal education programmes (Ratima & Crengle, 2013). Those who have researched this phenomena suggest that bi-cultural classes may be a solution to the disparity (Boulton et al., 2013; Rawiri, 2007). Hapū wānanga seeks to provide Māori whānau with an antenatal education class to provide for the holistic needs of wahine hapū and their whānau. Hapū Wānanga is one of the few bi-cultural antenatal education programmes that provide this wrap-around service. There is no published research looking at how Hapū Wānanga caters to the wellbeing of Māori whānau who utilise their services. The aim of this study is to explore wellbeing in Hapū Wānanga using the Te Wheke model as a framework.

Chapter Three:

Methodology and Method

This research aims to explore the experience of wellbeing within Hapū Wānanga through the Te Wheke model. The experience of Māori women, whānau and facilitators are at the centre of this research. Research on Māori, in the past, by colonial

settlers has had severe consequences for Māori, including the loss of essential aspects of culture and misrepresentation of values and ways of life (Smith, 1999). Kaupapa Māori research was developed in order for Māori to take back control of their representation through the lens of Pākehā researchers. Kaupapa Māori research is the application of Kaupapa Māori theory in research. In this research, Kaupapa Māori theory provided a framework to ensure this research was culturally safe and has positive consequences for the research participants, those impacted by this research and Māori in general.

This research explores whānau and facilitators experience of wellbeing in Hapū Wānanga. Hapū Wānanga is a Kaupapa Māori service through a Kaupapa Māori model of wellbeing rather than Western measures which can rely heavily on quantitative data while ignoring the holistic experience of Indigenous people.

Kaupapa Māori Theory

There is growing discussion regarding what Kaupapa Māori theory is and what it is not. Pihama (2012) explains that Māori have always been a theorising people and that Kaupapa Māori Theory is a framework which maintains Māori cultural integrity. Smith (2002) states that Kaupapa Māori theory is reminiscent of Critical theory (Freire, 1970) in three ways:

1) Conscientisation (revealing the reality)- The need to critically analyse and de-construct the views and practices of dominant entities such as Pākehā in order to break down or expose Pākehā-dominant social, economic, gender, cultural and political privilege.

2) Resistance (oppositional actions)- Kaupapa Māori theory should be based on seeking out collective understandings and experiences regarding 1) reactive activities-

which involve responding and reacting to the dominant structures of oppression, exploitation, manipulation and containment and 2) proactive activities- resolving and acting to transform existing conditions.

3) Praxis (reflective change) - Research under a Kaupapa Māori Theory framework should undertake transformative action to create change. Smith explained that "*praxis is not merely about developing a critique of what has gone wrong, it is concerned to develop meaningful change by intervening and making a difference.*" (Smith, 2002, p. 38)

Kaupapa Māori Methodology

Kaupapa Māori research is essentially good research practice that weaves mātauranga Māori throughout all research aspects. Cram (2009) and Smith (2006) offer Community Up to guide those conducting Kaupapa Māori research. Six of the eight principles form the basis of the methods I used in this research;

1) Aroha ki te tangata - Respect for people.

Throughout this research, this meant ensuring both programme facilitators and participants were treated with the utmost respect. Going through the process of whakawhanaungatanga was vital in establishing connections between participants and myself. I met or spoke by phone with potential participants before they agreed to be a part of the research so that I could build relationships with those who were interviewed. Initial contacts included introductions and discussing the purposes of the research. Interviewees also had the opportunities to ask any questions or raise any concerns. It was essential to allow participants to choose the time and location of their interview so they could be interviewed in an environment that was comfortable for them. Three interviews took place in the interviewees' homes, one at the interviewee's place of work and one in a church building. Participants were invited to have up to three of their whānau join in the interview to provide support. Having whānau of interviewees

welcomed into the interview allowed us to hear their valued perspective and provided a sense of safety for the interviewee.

2) *Titiro, whakarongo, kōrero* - The art of watching, listening, and discussion This principle involves making sure research participants felt genuinely listened to and understood and that I, as the researcher, was guided by them throughout the process. In my research, I sought to understand participants through semi-structured interviews genuinely. DeJonckheere and Vaughn (2019) stated that semi-structured interviews are appropriate when exploring participants' thoughts, feelings and beliefs on a topic with a flexible structure; meaning that whānau experience of Hapū Wānanga could be explored in greater depth. Participants were given a copy of their interview transcript and could withdraw from the study up to two weeks after receiving the copy of their transcript. They could also adjust their transcript during these two-weeks.

3) *Manaaki ki te tangata* - Ensure that people are looked after This principle involves reciprocity from the researcher to the participants and community through *koha* and acknowledging the time and energy that has been committed to the research project. *Manaaki* was upheld through the gifting of *koha* to participants of Hapū Wānanga in the form of a \$20 grocery voucher. I also took a packet of biscuits for those who invited me into their home to express appreciation for honouring me with the chance to be in their home and hear their perspective.

4) *Kia tupato* - Be careful This principle requires the researcher to be culturally safe and reflective about insider/outsider status. For this research, this meant making sure that participants control how they are portrayed; therefore, providing copies of transcripts after interviews and allowing participants the opportunity to amend their transcript was essential.

5) *Kaua e takahia te mana o te tangata* – Do not trample on people's dignity This principle is a warning to researchers not to trample on the 'mana' or dignity of research participants and collaborators. Showing respect for programme collaborators and participants was essential. A strength-based focus and kaupapa Māori focus during analysis ensured that respect for participants was upheld.

6) *Kia mahaki* - Be humble

This principle calls for not flaunting knowledge and finding ways of sharing it. Being humble required me to understand that the participants are the experts in their lives and experience. This understanding influenced how I interacted with people, being polite and considerate and adapting to the needs of participants, for example, having interviews where it was most convenient for interviewees.

Ethical Considerations

Ethical approval for this research was obtained from The University of Waikato Human Research Ethics Committee (Health) in December of 2019. The reference number for this application was 2019#86. The following points were critical areas of ethical consideration central to this study.

Responsiveness to Māori

This research has particular relevance and importance for Māori māmā, whānau, antenatal educators, and facilitators. It was important that research methods were culturally safe, and consideration was taken not to cause harm or distress to participants. Dr Bridgette Masters-Awatere was the primary supervisor in this research, and interview schedules and research methods were reviewed by her before they were finalised.

As previously discussed, the principles of Cram (2009) and Linda Tuhiwai Smith's (2006) Community-up framework were applied to ensure that Māori participants were culturally safe and valued.

Recruitment

A poster (See Appendix 1) to recruit māmā and whānau who had participated in the Kia Wana Lakes Baby Service Hapū Wānanga was created. Whānau participants were invited to participate in the research either by word-of-mouth, e-mail or through Hapū Wānanga private Facebook group and other public community Facebook pages. All participants were recruited through Facebook pages.

The two main facilitators of Hapū Wānanga agreed to be interviewed and the third facilitator was recommended by staff for her knowledge and involvement in the programme and community.

Informed consent

Once Hapū Wānanga whānau or facilitators showed interest in participating in the study, I either met with them or spoke with them on the phone to introduce myself and the research. Potential participants were informed of their potential role in the study and their rights. After this initial meeting/phone call, I provided them with an electronic copy of the information sheet, with further details regarding the research and their rights (See Appendix B, Participant Information Sheet, and Appendix E, Facilitator Information Sheet). Participants were also provided with a copy of possible questions they would be asked (See Appendix D, Participant Interview Schedule, and Appendix G, Facilitator Interview Schedule). Participants were provided with contact details for myself and my supervisors and encouraged to ask questions at any time. At the beginning of the interviews, I repeated their rights again and gave participants

another opportunity to ask any questions before the consent form was filled out (See Appendix C and F).

Privacy and confidentiality of participants

Participants were entitled to privacy and confidentiality; they were provided with pseudonyms, and the information they provided was kept on a password-protected computer at The University of Waikato. In addition, there was the potential risk for facilitators of Hapū Wānanga to experience dismissal and economic harm if highly critical feedback which reflects negatively on their employer was connected back to the individuals. In order to prevent this, facilitators had the opportunity to amend their interview transcripts. Participants had two weeks to review, adjust or withdraw any information they believed would make them vulnerable before it was published and available to view by their employers and funders.

Data Collection

I chose to use qualitative methods as I felt this would align strongly with the framework of Kaupapa Māori theory and research. Semi-structured interviews enable researchers to understand participants' actual experience and allow participants to define their reality (Dyck & Kearns, 1995). Māmā, whānau and facilitators had autonomy over their reality through sharing their story in person and having the opportunity to revise transcripts after interviews. This autonomy is integral to kaupapa Māori research as Māori maintain control of the knowledge they provide.

Conducting interviews with multiple stakeholders provided triangulation of qualitative data, which Patton (1999) suggests can add to the findings' credibility. For this reason, I conducted interviews with facilitators, participants and a local kuia

involved in the programme. The five interviews were carried out kanohi ki te kanohi (face to face) as is appropriate in Te Ao Māori.

Participants in this Research

To gain an understanding of wellbeing within Hapū Wānanga, I conducted (five) semi-structured interviews with different stakeholders, both participants and facilitators. Facilitators interviewed included two staff who were paid to contribute to the delivery of the service and one local kuia involved in the programme. These facilitators were invited to participate so that there were various perspectives as they fulfilled different roles within the programme. Interviews were also conducted with two first-time māmā and one pāpā who participated in the KWLBS Hapū Wānanga programme. Interviewees were invited to have up to three other whānau members with them to obtain their perspective and provide support, .

A total of six participants took part in this research; two of them responded to Facebook posts, one was the partner of one of the māmā that responded to a Facebook post, and three were facilitators of Hapū Wānanga.

All participants were given pseudonyms to protect their identity and keep their information confidential. Four interviews were carried out in Rotorua, and one interviewed in Hamilton. The following information introduces the participants to this research and their involvement with Hapū Wānanga:

Rangimarie (Ngā Puhi, Te Rarawa)

Rangimarie is a mother of five and grandmother to one. She has over 17 years experience as a midwife and lactation consultant. Rangimarie described a proud history of midwives in her family. She has taught mainstream antenatal education classes and was one of the curriculum's co-creators for Hapū Wānanga. Rangimarie led the establishment of and facilitated Hapū Wānanga in three areas around the North Island.

Maia

Maia is an antenatal educator. She had her first baby when she was 16, and did not attend any antenatal education classes until training to become an antenatal educator. Her kuia (grandmother) was the eldest of many siblings of which she helped birth. Maia turned to her kuia when she was trying to learn about traditional Māori pregnancy and birth knowledge and practices. After speaking with her grandmother, Maia then travelled around the country visiting Kaupapa Māori antenatal programmes before returning to Lakes DHB to run Hapū Wānanga.

Nanny Huia (Ngā Puhi, Te Arawa)

Nanny Huia is a kuia from Te Arawa. Her parents brought her up in te ao Māori. They taught her the role of karakia (prayer or incantation), rongoā (natural medicine) and mirimiri (traditional Māori healing practice using touch and pressure points). Nanny Huia has spent decades working in social services, helping Māori whānau. Because of her contribution and relationships in the area, she was included in the consultation process with the community regarding Hapū Wānanga before it was established in Rotorua. She has supported the programme in different capacities, including teaching raranga (weaving) and teaching whānau about mirimiri and rongoā.

Mahuika (Ngā Puhi) and Rongo (iwi unknown)

Mahuika and Rongo were a young couple who attended Hapū Wānanga in 2018 when Mahuika, then aged 21 years old, was hapū with their first son. Mahuika's whānau is from up North while Rongo grew up in Auckland. They attended Hapū Wānanga in its early stages of being funded by the Lakes DHB. Rongo was the only pāpā that participated in an interview. After attending Hapū Wānanga, Mahuika

developed an interest in becoming a Māori midwife and helping other Māori māmā and their pēpi.

Ahorangi (Ngā Puhī)

Ahorangi is a 22-year-old single māmā who lives with her mother and little sister. Ahorangi reported that her mother attended Hapū Wānanga with her and loved it. Her whānau is originally from the Bay of Islands. Ahorangi moved to Rotorua from another city to live with her Mum when she discovered she was pregnant. Her baby girl was born in August 2019, and she attended Hapū Wānanga just weeks before she gave birth.

Specific Process

Ahorangi and Mahuika saw the advertisement (See Appendix A) on Facebook and contacted me by e-mail to express their interest in participating in this study. I called them to introduce myself and provide them with information about the study, gauge interest and set up an appointment for me to interview them. After these phone calls, I sent Ahorangi and Mahuika e-mails containing the information sheet (See Appendix B) which outlined the study's purpose, what they would be asked to do or talk about and their rights. A list of services (See Appendices B and E) was included with these forms that they could contact if they became distressed due to the interview. Participants could choose where they would like to have their interview take place. Interviews ended up being conducted in homes, at work and one in a church building. When I entered the interviewees' home, I took a packet of biscuits with me and a koha in the form of a \$20 grocery voucher to express my gratitude for their time and sharing their experience with me. Interviews were between 45-90 minutes long.

At the beginning of all interviews, I went over the content of the information sheets (Appendices B and E) and gave them a copy of the consent form (Appendices C and F) to fill out. Interviews were semi-structured, which means there were prepared

questions (See Appendices D and G), but the conversation could flow according to what was said by interviewees. Interviews were recorded and transcribed using Express Scribe transcribing software then saved as word documents and analysed through a framework analysis.

Analysis

Framework Analysis

Framework analysis was first developed in the 1980s and is also known as applied social policy research (Ritchie & Spencer, 1994). Social policy concerns actions or principles put in place by societies or organisations to meet human need. Applied social policy research examines social policies through research with the goal to use findings to inform social policies. In the past, dominant policy-makers have demanded quantitative methods to provide facts to influence social policy. Framework analysis was created as a systematic yet pragmatic way of evaluating social policy and organisations. Recently, framework analysis has been utilised in social and health sciences and qualitative psychological research for its experiential focus (Gale et al., 2013; Kiernan & Hill, 2018; Parkinson et al., 2016). This research focuses on the experience of programme attendees and facilitators, meaning framework analysis is appropriate.

Framework analysis is similar to the thematic analysis in that themes are central to the analysis (Ritchie & Spencer, 1994). However, thematic analysis draws its themes for discussion strictly from the content of participants, whereas themes in a framework analysis can be predetermined and emerge from the data. Some of the critical features of framework analysis are that it is grounded, dynamic, systematic, comprehensive, enables easy retrieval, and it allows between-case and within-case analysis (Srivastava & Thomson, 2009).

Framework analysis provides a way of considering different points of view around a particular topic (Kiernan & Hill, 2018). My research looked at both participants and facilitators' experience, so framework analysis was a helpful method to compare and contrast the experiences of the different people interviewed.

There are five steps involved in a framework analysis 1) Familiarisation 2) Identifying a thematic framework 3) Indexing. 4) Charting and 5) Mapping and interpretation. The following are brief descriptions of each step and how it was carried out in this research.

1. Familiarisation

The familiarisation stage requires that the researcher immerse themselves in the data (Ritchie & Spencer, 1994). In this research, familiarisation meant re-listening to recordings and reading and re-reading transcripts. Going over transcripts and re-listening to interviews allowed me to get an overall picture of those I interviewed and how their experiences were similar or different. Through listening and reading through transcripts, I gained an in-depth overview of the interviews. Familiarisation continued through other steps as I would often return to listen to parts of interviews to hear the emotions or emphasis being expressed by those I interviewed.

2. Identifying a thematic framework

While immersing myself in the data, common themes emerged. These themes aligned with the different dimensions in the Te Wheke model (Pere, 1997). After a discussion with supervisors, a trial was carried out with one transcript to see if the Te Wheke model was an appropriate framework for analysis. For the trial, I created a coding/indexing criterion based on the literature around the Te Wheke model, particularly the work of Pere (1997) and Love (2004). After indexing criteria were noted, I worked with the trial transcript highlighting and labelling quotes that spoke to the Te Wheke model's dimensions. My trial results were discussed further with my supervisors, and

then it was decided that I would carry on with a framework analysis using the Te Wheke model.

3. Indexing

Similar to coding in thematic analysis, indexing is where the thematic framework is applied to the data (Ritchie & Spencer, 1994). During the indexing phase, I went through each interview and highlighted quotes that were interesting or relevant to research questions. I then went through these quotes and stated which dimension of the Te Wheke model they spoke to. Because of the inseparable and interconnected nature of the Te Wheke model's dimensions, it was appropriate for some quotes to be indexed under multiple dimensions. Framework analysis also supports that data can be indexed under several different themes (Parkinson et al., 2016).

4. Charting

Charting is the step where the researcher builds up a picture of the data as a whole and makes it more manageable (Parkinson et al., 2016). As suggested by Ritchie and Spencer (1994), I created a table in excel (see figure 1).

		Wairua	Mana Atua Ake	Mauri	Whanaungatanga	Tinana	Hinengaro	Whatumanawa	Ha a Koro ma a Kuia ma
Participants (cases)	Participant 1								
	Participant 2								
	Participant 3								
Participant Summaries									
Facilitators (cases)	Facilitator 1								
	Facilitator 2								
	Facilitator 3								
Facilitators Summaries									

Figure 1. Example of a chart in framework analysis.

Each column of the table contained a dimension of the Te Wheke model (Pere, 1997), and each row contained the quotes from a different case or interviewee. I inserted the indexed data from the interviews into the table and line numbers from

their particular transcript in order to maintain the link from summaries to the raw material. I then summarised participants' experience of each dimension and did the same for facilitators. Summaries based on the context of quotes were an abbreviation of what was said relating to each dimension. Summaries were helpful as it made it easier to compare the facilitator and whānau experience rather than taking in all quotes at the same time. Relevant quotes were copied into the table also along with line numbers from each transcript in order to link

5. Mapping and Interpretation

Mapping and Interpretation allows the researcher to make connections within and between participants and categories or themes (Ritchie & Spencer, 1994). In this research, similarities and discrepancies between the different types of stakeholders (facilitators and whānau) were noted and reported in the findings. The following chapter outlines the findings of this research.

Chapter Four

Findings and Discussion

In this chapter, the eight tentacles/dimensions of the Te Wheke model of wellbeing (Pere, 1997) are presented. Each dimension follows the general structure of a brief explanation of the dimension followed by findings related to each dimension from interviews. A discussion of findings and relevant literature are also included.

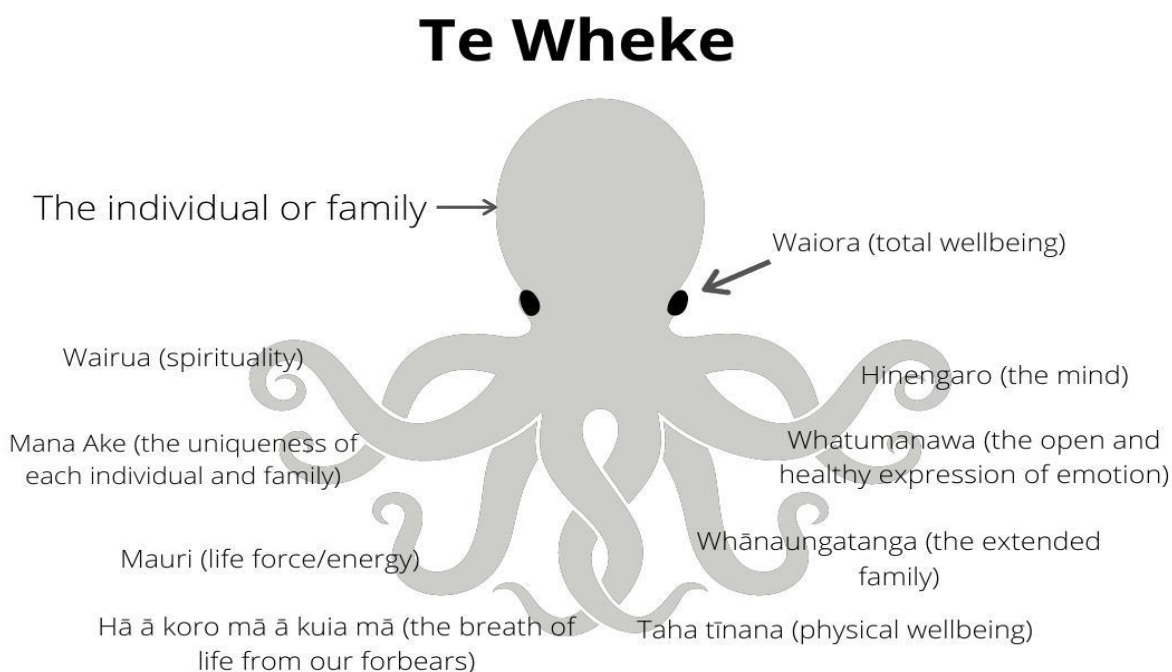


Figure 2. Illustration created by researcher based on Te Wheke Model (Pere, 1997)

Wairua: Spirituality

Pere (1997) stated that wairua is the spiritual dimension of wellbeing. Wairua is a concept that is often hard to describe because of how broad and complex it is. Valentine (2009) conceptualises wairua as:

An intuitive consciousness ... an avenue through which Māori identity is expressed and maintained, relationships are forged, balance is maintained,

restrictions and safety adhered to, healing is transmitted, and the mechanism through which tūpuna and atua remain connected to the living (p.134)

Wairua is an essential aspect of wellbeing that underpins all Māori cultural beliefs and practices (Ahuriri-Driscoll et al., 2012). Māori have viewed wairua as the key to understanding health and illness because it holistically caters to the physical and spiritual elements that lead to wellbeing (Cram et al., 2003). Durie (1985) suggests that a greater connection with the environment, ancestors and atua (gods) is beneficial for wairua and wellbeing. Facilitators and participants of Hapū Wānanga commented on various aspects of wairuatanga or spirituality they observed in Hapū Wānanga. These aspects include the setting of the marae, a focus on whakapapa and providing whānau with karakia.

Wairua sets Hapū Wānanga apart from mainstream antenatal care

Nanny Huia is highly familiar with Māori whānau experiences in health care services, having worked for a Māori health service provider and been heavily involved in the wellbeing of children attending kōhanga reo (Māori language preschool). When Nanny Huia was asked how whānau experience of Hapū Wānanga is different from mainstream antenatal programmes (antenatal programmes not centred in kaupapa Māori) she said:

There's a difference [between mainstream antenatal classes and Hapū Wānanga] in wairua, difference is it's not all medical. It's not all medical, but what I like about it [Hapū Wānanga] today, the medical is there, and they are showing them the medical. They are showing the ... this will happen, that will happen [medically], which is fair enough because they need to know that. And the māmās and the pāpās don't need to be afraid because they know [the medical information]. But ... if you give the other side [wairua] to them too, it fills their heart to know that it's not just medical.

Nanny Huia's perspective reflected findings from research by Cram et al. (2003) who interviewed 28 Māori regarding Māori health, and Māori experiences with healthcare providers. After qualitative analysis, Cram et al. (2003) found that wairua was one of the

most widely discussed aspects of Māori health. Participants shared that health care needs to consider the wairua and not just the medical symptoms of a disease. All facilitators and two of the participants mentioned aspects of wairua that were included in Hapū Wānanga, such as the setting of the marae, whakapapa and karakia.

Marae as a wairua enriching setting.

The marae is a physical setting, for Māori, that spiritually connects humans with the divine (Tapsell, 2002). Hapū Wānanga are held in different cities around Aotearoa, but not all Hapū Wānanga are held on marae. Facilitators of the Kia Wana Lakes Hapū Wānanga made it a priority to have their programme on the marae. Rangimarie has worked with different Hapū Wānanga around the North Island. She acknowledged the input of Te Arawa (local iwi) and the host marae in making sure that the Kia Wana Lakes Hapū Wānanga was held on the marae:

Te Arawa are very staunch in their tikanga and having it on the marae. I've worked in other DHBs (District Health Boards) and we don't always have it [Hapū Wānanga] on the marae. But [the marae where Hapū Wānanga is held] is a special marae that's been dedicated to this [hosting Hapū Wānanga].

Wairua is fostered on marae as the customs and symbolism of buildings connect visitors and tangata whenua (local people) with tūpuna and their history (Ngawati, 2018).

Buildings are representations of common ancestors to the people of the area. Visitors who have genealogical connections with the marae and the associated tūpuna and when traditional practices are upheld it shows respect for tūpuna.

Tikanga (correct procedure) is upheld and the kawa (customs) of the marae is upheld. It's important for us to have the tapu (sacredness) of the marae that we are at upheld. So, every Hapū Wānanga begins with a pōwhiri (welcoming ceremony) as much as it takes up a lot of time ... I feel it's really important to not just go with a whakatau (a welcome ceremony they may not include all elements of a full pōwhiri). But if we are

gonna do it right we have to uphold the mana (prestige/power) and the tapu of the marae by doing a pōwhiri (welcome ceremony). (Maia)

Maia explained that for her, it is important to uphold the traditional customs of the marae. Tauroa and Tauroa (1986) explained that respect for customs and the values reinforce by the wairua of a marae gives strength. Tauroa and Tauroa compare going to the marae as similar to someone going to church and that Māori can find fulfilment and reaffirmation of their identity, when they go to the marae.

Two of the facilitators expressed the belief that following traditional protocols and having Hapū Wānanga on the marae is important for fostering greater spiritual wellbeing as it connects whānau to their tūpuna. Whānau did not speak directly to the concept of wairua and the marae, but Rongo described being nervous about it being on the marae, because he didn't grow up around marae but that it was a "cool experience" and in the end, he "loved it".

Wairua (spirituality) increases with the emphasis on whakapapa

Valentine (2009) explained that wairua and whakapapa are interconnected; meaning that an emphasis on whakapapa nourishes wairua and spiritual wellbeing. Whakapapa is the process of becoming more familiar with one's genealogy (Love, 2004). As one becomes more familiar with their genealogy, they understand their connection with tūpuna and atua. Maia explained that one of her goals as a facilitator is to empower first-time māmā through whakapapa:

As a young mum, you just get put down. "Why are you having a baby? You shouldn't be having a baby. Your life is ruined. You're done! Well you wanted to be this, well that's not gonna happen!" That's all the language you hear. Well at Hapū Wānanga there's none of that language! It's all "You can do this! You are made for this! You are beautiful! You are strong! Your tūpuna are with you! This is your history! Maori women birth like this." Ya know it's all this very empowering kōrero that they have never had from anywhere else.

Maia highlights to whānau the value of knowing one's own whakapapa in order to empower and strengthen their wairua as they prepare to give birth. Mahuika commented:

It was just cool to go back and do what our tūpuna use to do. Like I think we felt more kind of connected to like our baby, like together, parenthood you know we just felt more connected kind of thing.

Mahuika's comment reflects the statement referenced earlier by Valentine (2009) that wairua is an avenue through which tūpuna and atua connect with the living. Mahuika found that incorporating traditional practices, learned at Hapū Wānanga, during childbirth strengthened their connection to tūpuna and strengthening the wairua of their family.

Enhancing wairua through karakia

Māori traditional practices such as karakia (prayer or incantation) and karanga (ceremonial welcome call) were practised during childbirth to ensure the wellbeing of māmā and pēpi (Best, 1975). Karakia is one of the essential wairua practises as it connects people with the spiritual realm (Valentine et al., 2017). Facilitators of Hapū Wānanga provide whānau with karanga and karakia they can use during their birth:

They (whānau) have their karakia. They have a karanga. When the baby comes in to the world they are just able to really embrace all that traditional knowledge so I've really loved hearing these birthing stories [...] my journey as a midwife over 17 years, I've been able to sit alongside these wāhine that have gone in to classes had this experience and then have been able to implement it in their birthing experience that's truly what it's about.
(Rangimarie)

Ahorangi spoke of a sense of empowerment that came from implementing the karakia she received at Hapū Wānanga;

They (facilitators of Hapū Wānanga) shared some karakia, and karanga that were specifically for in the labour room which we used [...] which I thought were pretty empowering

All three facilitators spoke of providing whānau with karakia and karanga for use during childbirth. Using traditional spiritual rites such as karakia and karanga during childbirth was empowering for Ahorangi and added to her sense of wellbeing during delivery.

Summary

Facilitators spoke of strengthening the wairua by holding Hapū Wānanga on the marae. When traditional protocols are upheld it strengthens the wairua. Facilitators emphasised whānau connection with their ancestors as a way to draw on strength during birth and whānau enjoyed making stronger connections with tūpuna through wairua enhancing practices such as karakia.

Mana Atua Ake: Unique Identity of Individuals and Family

Mana is a word that has been difficult to explain in English (Tikao, 1990). Words such as ‘prestige, authority, control and status’ (Rolleston, 1989) are commonly used to define mana. Love (2004) states that although the word power is used to describe mana that power should be thought of as ‘empowerment’ rather than ‘power over’. Pere (1997) describes the dimension of Mana atua ake as recognising the divine heritage within individuals and therefore valuing each person as an individual. All activities contribute to the diminishment, maintenance or enhancement of mana (Henare, 2001)

Mana Diminishing verses Mana enhancing

All whānau and facilitators that were interviewed noted instances where mainstream maternity services had failed to recognise the mana of Māori and Māori

epistemologies. Maia noted during observing mainstream antenatal classes for her training as an antenatal educator, that some facilitator can create a mana diminishing environment for Māori.

It [a mainstream antenatal class] was really different. You could instantly tell, when a Māori or a Pasifika whānau would come into the room that even the facilitator was uncomfortable, [They] didn't know how to engage or what information to bring into the room.

As a participant, Ahorangi had a similar experience to Maia. She attended what she called a “Pākehā based” antenatal classes. When comparing her experience with Hapū Wānanga to her experience in mainstream antenatal classes Ahorangi said the following:

It didn't feel as welcoming, as I was the youngest there, I definitely felt a little out of place. It was very different in the way of whakawhānaungatanga, I don't remember anyone, not even the teacher's name ... and we were at those classes twice a week for six weeks ... the whole concept of whanau wasn't there and just lacked the whole welcoming feeling.

Mahuika commented on an interaction she and Rongo had with one of the hospital appointed midwives who came in to their home for a routine check-up after their son was born:

We've had the Pākehā [midwife] up here, and I honestly wanted to ... I'm not like, being racist or anything. But she was just rude! [...] When I had baby, she was like to him (Rongo) "Get up off the floor! Don't sleep there!" He's like "I'm being by my baby!" It was her job [...] we were just her job.

Rongo supported Mahuika's experience explaining that the midwife had a 'real attitude'. Experiences such as Mahuika and Rongo's are not uncommon; many Māori women report concerns about maternity services and the lack of cultural safety by

means of insensitivity and rudeness (Moewaka Barnes et al., 2013; Simmonds, 2017). Mahuika and Rongo's experience with the hospital appointed midwife was not empowering and therefore mana diminishing.

In contrast, Mahuika had a mana enhancing experience with facilitators when she attended Hapū Wānanga. She expressed admiration for all the facilitators but was particularly impressed with Rangimarie who took time to share knowledge with whānau:

She (Rangimarie) has so much passion and aroha (love) for what she was doing. She wasn't just the midwife hurrying up and ticking you off to check all your shit! She was here to really make sure that you had a beautiful birth and you learnt everything she knows in her head. She wasn't just doing it for a job ... she wants to give so much knowledge to all these young mums and such love!

Taking the time to help whānau understand the clinical knowledge needed for a positive birth experience is something that helped Mahuika feel valued and important.

The information provided is empowering

Facilitators reported that part of what makes Hapū Wānanga a mana enhancing or empowering experience is the information that is provided. Information or knowledge could be seen as coming under the tentacle of hinengaro but findings from this research showed that mana was enhanced as a result of the information that was shared during the wānanga. . This shows the intertwining relationship between hinengaro and mana.

Both Maia and Rangimarie spoke of how mana enhancing it is for whānau to learn all the information they teach at Hapū Wānanga:

When I see them [whānau] getting all of this information and this support and they leave just empowered and actually feeling like they've got this. (Maia)

Mahuika expressed how empowered she felt by the information she received at Hāpu Wānanga:

I think if you really attend Hapū Wānanga with an open mind, and the willingness to actually take on all their knowledge, then you'll leave pretty satisfied. And a bit more like empowered and ready for to be a mum and a dad.

One of the areas of information Rangimarie recognised as being empowering for whānau is health literacy. The World Health Organisation (Nutbeam, 1998) defined health literacy as the cognitive and social skills that enable individuals to access, understand and use information that promotes good health, they also explained that it is critical for empowerment. At Hapū Wānanga, Rangimarie described how they teach whānau an informed decision-making acronym, BRAIN. Each whānau receives a card they can take home with them when they leave Hapū Wānanga to help them with their health literacy around birthing decisions:

*It's empowering. A lot of our girls they take their card in. We've had dads say "The first thing I pulled out when they asked us "Do you want an induction; we think you should." They said, "Well, hang on hang on, tell me." So it stands for **B**enefits, **R**isks, **A** is **A**lternatives, **I** is **I**nstinct or **I**ntuition, and what if I did **N**othing so [...] they get their card out and they use the acronym and they're just like, will you tell me what the benefits are and they make the obstetrician go through it. And so (laughing) some of the nurses have said [...] they're just like "Man we know your girls and the men that come through Hapū Wānanga. They are empowered, they challenge us, they've got all their shizz together, they've got their equipment, they're ready, the men know about breastfeeding and it's really awesome to step back and let them do their thing.*

Rangimarie shared experiences of whānau who increased their health literacy and consequently were more empowered in childbirth. A report by the Ministry of Health (2010) assessed over 7,000 New Zealanders' health literacy from the 2006 Adult Literacy and Life Skills Survey, which measures literacy skill level of the New Zealand population. Findings from the report showed that four out of five Māori males and three out of four Māori females have poor health literacy skills. Māori also had poorer health literacy skills compared to non-Māori in New Zealand. These findings are concerning given that limited health literacy can put people at greater risk for poorer access to health care and poorer health outcomes (Berkman et al., 2011); showing the need for more education about health literacy for Māori. Through the practical knowledge and skills like the BRAIN acronym whānau are provided with tools that enhance their mana and can further improve wellbeing.

Summary

Mana is a state or condition that is not stagnant, it changes based on accomplishments and what one is exposed to (Keesing, 1984). This section looks at two shifts in mana. The first is when whānau experienced when whānau are directly or indirectly dismissed it can be mana diminishing however when a person is seen and acknowledged their mana is enhanced. For whānau who attend Hapū Wānanga the knowledge and skills that are taught can lead to more mana enhancing experiences such as in the hospital or with a midwife.

Hinengaro: The Mind

Pere (1988) names two types of activities that contribute to the wellbeing of the Hinengaro: 1) intellectual and 2) emotional. Intellectual activities include “thinking, knowing, perceiving, remembering, recognising, feeling, abstracting, generalising, sensing, responding and reacting” (Pere, 1988; Pere, 1997). Regarding the intellect, Pere (1988, p. 18)

maintained that “approaches of learning that arouse, stimulate and uplift the mind are very important”. The emotional aspect of the hinengaro includes “feeling, sensing, responding and reacting” (Pere, 1988). Hinengaro is closely linked to the dimension of whatumanawa as they both involve emotions. However, hinengaro refers to the private experience of emotions, whereas the whatumanawa tentacle refers to the open expression of emotions.

This section will consider both the intellectual and emotional learning that takes place at Hapū Wānanga, the kaupapa Māori teaching methods used to stimulate the minds of whānau who attend and the subjects that whānau wanted to learn more about.

Information taught at Hapū Wānanga

While Hapū Wānanga contained the same clinical information about pregnancy and birth as mainstream antenatal classes, facilitators pointed out two key differences, culture and how the content is taught;

[At Hapū Wānanga] you get all the medical information that you want but you also get the te ao Māori (the Māori worldview) information that you want too ... All of that [medical information] is all in that wānanga, the same as you would in an antenatal class up at the hospital. But big difference, it's got the cultural background. Big difference! (Nanny Huia)

Nanny Huia emphasises that, for her, the big difference between Hapū Wānanga and mainstream antenatal classes is the te ao Māori content.

Maia acknowledged that clinical content at Hapū Wānanga was the same as other mainstream classes she had observed previously:

As we are DHB funded, we do have specifications that we have to cover. The mainstream classes also are DHB funded, so they have the same specs they need to cover. So, there is a similarity in research, and education provided. And then, that is probably where I would say it [similarity] stopped ... is at that research and education. Because the way

that it is given and the way that is delivered is completely different, and the setting is different.

The DHB specifications Maia refers to include: access to maternity services; lifestyle choices during pregnancy – alcohol, tobacco, nutrition and physical activity through pregnancy; screening, scans and other services during pregnancy; preparing for parenthood; stages of labour, coping strategies and considerations and choices for pain management; the childbirth experience; adjusting in the early postnatal period; early child bonding; newborn services; breastfeeding; and immunisations (Ministry of Health, 2015a).

Ahorangi had spoken about spending a lot of time before attending Hapū Wānanga watching videos on youtube for childbirth information. When asked what her hopes and expectations were going into Hapū Wānanga, she responded:

I had questions, and they answered them without me asking obviously. Like just reassurance, ya know, I just wanted to know all these things about birthing, and then they gave you all the answers and some. Like I don't even know how to explain it. What I hoped to get was I guess just answers reassurance and then options. And then even better because they gave you all that.

Methods of teaching in Hapū Wānanga

Facilitator Rangimarie spoke of several ways in which they engage whānau to facilitate learning:

I like to do group activities personally, and I'm a real visual learner. And, Māori traditionally are hands-on kinesthetics, look, watch, listen, do. And we try to have activities that are like that. But also activities for socialising and engaging whānau to get to know each other.

Similarly, Maia mentioned using music, visual aids, hands-on activities and competitions to engage whānau. Rangimarie also noted the use of the didactic teaching method when key information needed to be shared;

Some days there's a bit of sitting and talking, a lecture-style classroom environment. You try not to have that, but there's times you have to. You have to get that info across.

The need for multiple modalities has also been recommended in this qualitative study from Svensson et al. (2008). Out of the 251 expecting couples, it was common opinion that having a variety of teaching modalities was recommended as an effective antenatal education strategy. As a participant of Hapū Wānanga, Ahorangi felt that the different ways of teaching at Hapū Wānanga contributed to preparing her for the birthing experience:

They [Hapū Wānanga facilitators] showed a couple of videos and things, just like hearing stories, seeing the context and I don't know, it just did [help me prepare for birth]. So, like you're having those different ways [of learning]. Cause they give us scenarios [about delivery] to discuss with like groups. Reading it, seeing it, and then hearing experiences. I think all together, was just like really helpful and it all contributed to me having a really good birth.

Multiple teaching methods used in succession helped Ahorangi learn and remember information which she attributed to her positive birthing experience. One of the specific methods that stood out to Ahorangi was a hands on activity to learn practical skills:

That [activity] was something I definitely took away from the Hapū Wānanga. Like real helpful, they actually taught us how to latch properly, like they have an exercise with a balloon and how you should or your baby should latch and it makes so much sense.

The practical activity helped Ahorangi understand, learn, and remember how to help her baby latch for breastfeeding. Ahorangi's experience is consistent with other first-time parents who preferred to learn through experiential learning (Svensson et al., 2006). Hands on

learning activities helped her understand and remember skills that was helpful for her and her baby's wellbeing.

Māori ways of learning

As well as providing a variety of learning methods, Hapū Wānanga incorporates ways of learning that were common to Māori before colonisation. The following areas are traditional Māori ways of learning that facilitators utilise which normalise Māori ways of learning and engaging whānau in their education.

Wānanga

Traditionally, where wānanga were formal institutions of knowledge dedicated to transmitting sacred knowledge (Best, 1975). Over time wānanga has been adapted to refer to meetings that occur for various purposes, including to educate whānau and hapū (sub-tribe) about their ancestors, land and genealogy (Metge, 2015). Wānanga involves exchanging different ideas and views through discussion, eventually leading to problem-solving and a collective new reality (Bishop et al., 2003; Mahuika & Mahuika, 2020). All three facilitators emphasized group work and discussion to encourage engagement, and Maia explained that as a kaupapa Māori service wānanga should be prioritised:

Wānanga ... time to kōrero, time to debrief, time to share your thoughts, time to ask questions. I think that's important.

Ahorangi found hearing others' experiences and discussing topics with other whānau helpful for her learning:

They (facilitators) give us scenarios to do with like groups to sort of reading it, seeing it and then hearing experiences like I think all together was just like really helpful, and it all contributed to me having a really good birth.

All facilitators and one whānau participant described wānanga as an important teaching method as it helped encourage learning and consequently, the wellbeing of the Hinengaro.

Pūrākau

Pūrākau, are used in Hapū Wānanga to engage whānau. Pūrākau is a form of oral history that recorded the connection between different ancestors, iwi and nature. Along with these connections, pūrākau taught the values and principles essential to previous generations (Best, 1934). Maia explained that one of the first things they introduce at Hapū Wānanga are some local pūrākau depicted in eight graphic art panels created by a local artist. Each of the art pieces shows a pūrākau about a specific *tūpuna* (ancestor). The artist embodies the ancestor by using the faces of modern, well-known woman from the community. Maia shared the example of Te Ao Kapurangi (see the beginning of chapter one). The artist depicted Te Ao Kapurangi with the face of a well-known kapahaka performer from the area:

So already, we're building this connection to Te Arawa, to the whenua that they're on at the marae, to their community, by seeing the faces of people in their community. And empowering them in their decision-making and the choices that they make as parents. (Maia)

In Maia's reflection, pūrākau serves as a teaching tool that fosters the connection between whānau, tangata whenua and local histories. The story of Te Ao Kapurangi is one of courage, intellect and strategy. Facilitators use the morals of pūrākau to encourage whānau to adopt the positive qualities represented by tūpuna:

It's about making them see that, actually you need these life skills that your tupuna can teach you. You need to be able to budget; you need to be able to protect your whanau; you need to be able to be educated like this wahine. And she had a strategy, and she was a warrior [...], And so, they are able to translate all of those stories from their tupuna into reality. (Rangimarie)

Pūrākau are more than just stories. They serve as a way of understanding a Māori world view (Marsden, 1992) and can be used in psychological research, assessment, treatment, teaching, and as a form of healing of collective or individual trauma (Waitoki, 2016). Maia and Rangimarie both maintained that whānau learned and applied the lessons from tupuna through pūrākau and that this was beneficial for their wellbeing.

Tuakana/Teina

Tuakana/Teina is a concept of Māori pedagogy that relates to the concept of ako, which means both learn and teach (Tangaere, 1997). In literal terms, a tuakana is an older sibling, and a teina is a younger sibling. However, these relationships don't necessarily need to be familial; it could be a relationship where one person has more knowledge or experience on a certain subject than another. A tuakana/teina model of learning would see the more knowledgeable/experienced tuakana sharing their knowledge with the teina. Tangaere (1997) stated that it is acceptable for the learner to become the teacher and the teacher to become the learner. Facilitators encourage tuakana/teina learning by inviting past participants to teach different portions of the wānanga.

Rangimarie described a meaningful experience she had where one particular couple, who had completed Hapū Wānanga, were invited back to take the lead in the bathing section and share their experience with whanau:

My daughter, who was there [at Hapū Wānanga], said to me "Mum, that was the best session out of everything." It was the lived experience, hearing them and how Hapū Wānanga helped change their thinking, their questioning at the hospital and challenging the doctors through the birth experience. It [Hapū Wānanga] gave them more empowerment. Then, they were able to go on and own their breastfeeding experience and then to give it back and come back to class and share all that knowledge that they have gained and that confidence to show everyone how to bathe

their baby and just how to be better parents in everything that they've learnt. That was my payday! That was what Hapū Wānanga is all about!

Recent lived experience from peers was a powerful learning experience for Rangimarie's daughter. Rangimarie commented on how engaging it is for whānau attending Hapū Wānanga to hear from those who have only recently gone through the birthing/parenting experience. Again, Svensson's (2008) study showed that participants appreciated the opportunity to "chat," "ask questions" and get a "true feeling of the time involved" from parents who had recently given birth. Using a tuakana/teina model is not only congruent with te ao Māori learning, but it appreciated in mainstream services also (Svensson et al., 2008).

Hapū Wānanga helps whānau feel more confident about childbirth

Emotions are inextricably linked to the wellbeing of the hinengaro as they affect the mind. Experiencing fear around childbirth is common for new parents. There is an association of fear of childbirth with negative birth experiences and elected caesarean sections (Otley, 2011) showing the impact emotions can have on wellbeing. Before Ahorangi and Mahuika attended Hapū Wānanga, they had fears about childbirth. Mahuika worried a lot about the pain that she would feel during the time of giving birth "*All you think about is "Oh my God, am I gonna rip?!"*" Mahuika thought that it was the narrative of society that led her to be fearful of childbirth; she shared:

The world ... society now injects fear into everyone. You watch movies, and they're like screaming giving birth. And it's not actually an ugly scary screaming thing; it's actually a beautiful thing.

Mahuika told how Hapū Wānanga helped her to overcome her fears and empowered her to feel more confident in approaching childbirth.

I don't think anything in the whole wide world can help you prepare for the pain but... the knowledge they [Hapū Wānanga] shared kind of made you feel like you were ready. Like you're like "Ok. I've got this."... You feel empowered. You're like "oh my body's made for this[giving birth]. I've got this" whereas before I was like, "what is this?" But they [facilitators] empower you to think "No, you're made to do this."

Like Mahuika's idea that society induces fear around childbirth, Ahorangi said her worries came from hearing many "horror stories":

I worried a lot about, like, the complications, like what could go wrong, because I heard a lot of horror stories [...] like giving birth but then something terrible would go wrong and then I don't live or like that kind of circumstance [...]and just like all the drugs like what causes, what's the word, like what are the side effects.

When asked if Hapū Wānanga addressed her worries about childbirth, she replied:

Yup for sure! [There] was so much information that it [Hapū Wānanga] did answer lots of my questions. They gave us the best circumstances to the worst circumstances and what could happen [during birth], what might and what definitely will, and how to prepare for lots of different scenarios.

One of the services offered with Hapū Wānanga to help whānau feel more confident about childbirth is hospital visits for whānau. During these visits, whānau are familiarised with the hospital and processes they need to know for labour. First-time father Rongo experienced a lot of uncertainty about what going to the hospital would be like:

They [hospital staff] just showed us around the birthing unit and what would happen ...having the baby and then after the baby. And then it was like, yeah this is what to expect. Before that, I was like "what were we walking into really?" But after that, I was like, "oh yup; this is what's going to happen."

The difference between Rongo's thoughts before and after the hospital visit show that when he and Mahuika used the service offered by Hapū Wānanga, his confidence increased.

Whānau wanted to learn more about parenting

There were two areas that whānau wanted to learn more about at Hapū Wānanga these were; parenting, information regarding postnatal hormonal changes and postpartum depression. Previous studies have found that parents who attended antenatal classes requested more of a balance on information regarding birth and parenthood. (Barimani et al., 2018; Fletcher et al., 2004).

When asked if there was anything Hapū Wānanga could do to help them feel more confident, Rongo stated that he would have liked to know more about parenting techniques, such as:

Having a routine, because it's even affecting us now with our boy. Not really a routine going on. Some nights, he's going to sleep at 11 o'clock at night. It's because he's having a nap at 3 or 4 o'clock you know. But I think they don't have that much time, that they want to cover the important things. They see routine as the bottom of the [list]. [Routine is] not really important. Breastfeeding is more important and that ... birthing."

Maia noted that Hapū Wānanga does not cover as much about parenting as pregnancy and birth. She described her hope of expanding Hapū Wānanga to include help for māmā and pāpā with parenting. Maia envisioned post-natal follow-up wānanga where whānau could extend their knowledge of parenting and raising their children using kaupapa Māori techniques:

They can come along with their baby and keep getting that education on the changes with baby, teething and all sorts of things. But definitely weave through Māori parenting styles and history and things like that you know. We have an issue with, ya know, child abuse and all sorts and Hapū Wānanga is one way of being preventative.

But I feel like we fall a little bit short in carrying that service on for them [parents]. And so that's a big thing, we've been talking about it last year and came very close but it's all this (rubbing her fingers together to insinuate money). Its like, do we have enough funding? Can we fund that? That's why we haven't been able to roll them out every month, we've only been able to do them here and there when we've had some pūtea (money/finance) ... So that's how I would improve Hapū Wānanga.

Maia's comment reflects her awareness of areas where Hapū Wānanga could be improved and a commitment to develop Hapū Wānanga to provide kaupapa Māori parenting information or the wellbeing of whānau. Penehira and Doherty (2013) adapted a parenting programme for Māori mothers. They found that mothers and grandmothers who attended the kaupapa Māori parenting programme reported significant increases in their own wellbeing, their ability to cope with their parenting/children's behaviours and feelings of adequacy and self-esteem. Extending Hapū Wānanga services to include kaupapa Māori parenting information could provide benefits for whānau. As Maia mentioned, providing post-birth wānanga dedicated to parenting issues would require more funding. Facilitators and whānau agree that more information on parenting would be beneficial knowledge for whānau to have for their own wellbeing and the wellbeing of their baby.

Whānau wanted to learn more about postpartum mental health

It was a common opinion amongst all those interviewed that Hapū Wānanga should have more information regarding postpartum mental health issues. These include 'postpartum blues', more commonly known as the "baby blues", and postpartum depression. A study carried out with a sample of 1330 women in Christchurch, New Zealand reported that 7% of women were at a threshold level of depression according to the Edinburgh postnatal depression scale and 13% were more severely depressed (McGill et al., 1995). McKelvey and Espelin (2018) characterised the postpartum blues as low mood swings in the first two weeks after pregnancy for seemingly no apparent. Postpartum depression differs from postpartum

blues, as it extends beyond the first few weeks after pregnancy and is more severe than the baby blues (Bass & Bauer, 2018).

Mahuika reported experiencing postpartum mental health issues after giving birth. Because she was not familiar with her strong emotional feelings, she expressed that she was scared by it. Mahuika acknowledged that although Hāpu Wānanga does speak briefly to mothers about the emotional challenges after birth, the information provided was not enough:

I do think Hapū Wānanga need to cover more of the post-natal depression and the baby blues. So, that was talked about a little bit, but I can't really remember that. And when I got home for the first time with my new baby ... for the first week, I had the baby blues oi! Ok, I didn't really understand what the baby blues was on about. I was crying for a whole week! You know just crying. I was like, "Fuck! What's wrong with me? Am I depressed, or sad?"

Fortunately, Mahuika made it through the ‘postpartum blues’ period with guidance from her mother. She commented that others may not have family members whom they can talk to about their feelings.

Rongo felt similarly to his partner, Mahuika, in that he wished he had learned in the antenatal period about the emotions Mahuika would experience after birth. He explained that he had “*never heard of the baby blues*”. When Rongo was asked what he thought should have been included in the pāpā session, he felt it was important that pāpā were made aware of what to expect from their partner’s emotions:

The wahine is going to be up and down with emotions ... [be]cause [Mahuika] use to be fucking right up there and then right down there. And, that to me ... was a pretty big pain. But, I just figured it out in my head coz her hormones were all over the show. So, it would be good to bring that up, I would say. Just so the dads know what they're walking into aye.

Rongo's suggestion to ensure pāpā are aware of possible emotional changes that māmā may go through is supported by Seyfried and Marcus (2003). They recommend that prior to delivery, parents should be educated about the symptoms of postpartum depression and when they need to seek further help. Mahuika and Rongo believed that more time should be allocated to teach and discuss postpartum mental health issues, especially with fathers. Discussing such matters may be beneficial for the wellbeing of the whole whānau.

Summary

Facilitators and whānau who were interviewed, described how Hapū Wānanga catered to both the intellectual and emotional aspects of the hinengaro. In particular, facilitators explained that those who attend Hapū Wānanga receive the same medical information taught at mainstream antenatal classes. However, Hapū Wānanga is different from most mainstream antenatal classes in that it provides knowledge on traditional maternity practices. Another difference between Hapū Wānanga and mainstream antenatal programmes is how the information is delivered. A variety of teaching methods are used to cater to those with different learning styles. Facilitators and whānau spoke of traditional Māori practices of learning such as wānanga, pūrakau and tuakana/teina model. These traditional methods not only validate Māori ways of teaching and learning but they are also implemented as a way to engage and facilitate intellectual learning.

Despite efforts to cater to whānau intellectual and emotional wellbeing, whānau expressed a desire to learn more about parenting and postpartum mental health during Hapū Wānanga.

Hā ā Koro mā ā Kuia mā: Breath of Life from Forbearers

Pere (1997) described Ha ā koro mā ā kuia mā as the practices and beliefs of Māori ancestors. Well-being under the dimension of Hā ā koro mā ā kuia mā is sustained through “learning about, experiencing and revisiting aspects of one’s

heritage” (Love, 2004, p. 77). This section considers the ways Hapū Wānanga reclaims traditional maternity practices and how this benefits whānau and encourages intergenerational connectedness.

Reclaiming traditional maternity practices through Hapū Wānanga

As was discussed in Chapter 2, many Māori maternity practices such as the use of mirimiri, rongoa, natural resources in the cutting and tying of the umbilical cord and the burying of the whenua or placenta were forcibly removed through the process of legislation and cultural assimilation policies and practices. Kenney (2011) stated that removing these traditional practices and the institutionalisation of birth has meant that western maternity care has failed to provide culturally appropriate care for Māori. Maia described how, in addition to clinical information, Hapū Wānanga provided whānau with knowledge about traditional maternity practices:

We also weave in old traditions. This is where Nanny Huia comes in for her kōrero. And just before this, we've done ipu whenua (clay vessels to put the whenua/placenta in), and we've done muka (soft fibre from flax to tie off the umbilical cord) ... So, they get the kōrero about rongoa use, mirimiri, karakia, karanga. They all leave with a karakia that they can practice. Because not all of us have the reo. Not all of us have a kuia or kaumatua or anyone to guide... they all get that different kōrero alongside the mainstream education and with all that they can make a decision or a plan for their whānau with what they want to uphold.

Nanny Huia felt similarly about encouraging traditional maternity practices such as karakia and karanga so that whānau who want to incorporate them in to their birth can. Rangimarie commented that doing the work of her tūpuna and reclaiming traditional practices is a motivating factor for her as a facilitator.

All of the whānau spoke of how valuable it was to learn about traditional maternity practices at Hapū Wānanga. For Mahuika, she believed that she would not have known about these traditional practices if she and Rongo did not attend Hapū Wānanga:

I wouldn't have known, and my partner wouldn't have known any of [the traditional birthing practices] if we didn't attend [Hapū Wānanga]. Like we used the muka tie for baby's pito. We used our taongas to cut his umbilical cord. And we had a wahakura (baby bassinette made from woven flax)!

For Ahorangi not only did she choose to incorporate aspects of traditional maternity practices in her daughter's birth, she also described feeling empowered by acting on her choice:

I think when they taught the skin-to-skin, like right after birth, I thought that was super empowering. Like, knowing that [after colonisation] we didn't really typically do that, you know we lost all of that, the tying of the muka and you know all the simple taonga (treasure) that we would have done ... And I think it was really cool that Hapū Wānanga bring it back and revive it. I think that was super empowering.

Simmonds (2014) argues that reclaiming traditional maternity knowledge and practices has the potential to transform experiences of birth for women by (re)asserting the tino rangatiratanga (self-determination) of women, their babies, and of their whānau. Much like Simmond's positioning, all three facilitators expressed the importance of including traditional maternity practices in Hapū Wānanga and whānau felt empowered by using what they had learned in their birth plans. Reclaiming traditional practices through Hapū Wānanga not only empowers whānau, it also fosters connection in whānau relationships.

Traditional maternity practices help strengthen connections in whānau

Nanny Huia teaches whānau about Mirimiri (traditional massage) as a way to increase the connection between māmā, pāpā and pēpi.

I demonstrate where the baby sits, how much pressure there will be at the back when the baby's in the puku ... when baby turns and ... how to mirimiri when they turn, you know, all that. So, that the partners have that feeling and connection too with the mirimiri nē.

Mahuika enjoyed being able to use the traditional practices she learned at Hapū Wānanga, which connected her to her tūpuna, partner, Rongo, and her baby. In a study by Field et al. (2008), 47 American women were randomly assigned to two groups. One group received a massage twice a week from their partners for 20 weeks; the other was a control group. At the end of the 20 weeks, the couples where the partner had massaged the pregnant women reported improvement in their relationships as well as physical and emotional benefits.

Mahuika felt that mirimiri was not something that just improved her connection with Rongo but it also connected her with her tūpuna:

It was just cool to go back and do what our tūpuna used to do. Like I think we felt more kind of connected to like our baby, like together, parenthood you know we just felt more connected.

Mahuika's comment reflects that mirimiri, although it may provide wellbeing similar to that experienced in Field's (2008) research, may more so provide wellbeing to Māori due to Durie's (1993) stance that good health is closely linked to having a positive awareness of tūpuna and their role in shaping the whānau.

Ahorangi also felt like Hapū Wānanga helped her get in touch with her ancestors:

These traditions and kaupapa maori ways influenced my experience [at Hapū Wānanga] as it really brought me back to my roots and I felt at ease with the whole experience, in some ways it made me feel more relaxed and not so different.

Facilitators are motivated by intergenerational connectedness

Nanny Huia described how she grew up in a whānau where “*Everything was in te ao Māori*”. Both of Nanny Huia’s parents were immersed in the practice of rongoa and, growing up, it was a part of her everyday life. As a child, Nanny Huia’s mother taught her about different plants and how to use them but Nanny Huia remembers being more interested in playing. She did not understand the importance of the practice of rongoa until she had children of her own:

It wasn't until I had my own children that I realised that "hey I remember some of these [rongoa practices] now. I need to revive them all again!" And even though you know your career was still in a Pākehā world you carried the knowledge of rongoa with you all the time.

The knowledge that Nanny Huia received from her parents is passed on to the whānau that come to Hapū Wānanga. She gives participants a small vial of her kawakawa oil and explains the effort that goes in to making it. If whānau want, they are able to book an appointment to learn how to mirimiri. Maia explained that Nanny Huia is always booked out after a Hapū Wānanga session, as so many people are interested in learning traditional maternity practices such as mirimiri.

Facilitating Hapū Wānanga has been a way for Rangimarie to connect to her tūpuna and their practices. This connection provides her with motivation to do the mahi that she does with Hapū Wānanga. She views her role as a facilitator of Hapū Wānanga as a way to reclaim traditional maternity practices.

So for me it's coming back to doing the work of my tūpuna ... and reclaiming that knowledge that was always traditionally ours.

Maia recalled that when she decided she would become an antenatal educator, she first turned to her kuia, who was 93 at the time, for knowledge around birthing practices and how they have changed. Her kuia was the eldest of 15 children and spoke to Maia about old times, traditions and birthing and how these practices changed.

Learning about birthing from her kuia made an impression on Maia. She reflected that although her grandmother had passed away, Maia believed her grandmother would be proud of the mahi with Hapū Wānanga.

This is mahi of our tūpuna! And I feel really blessed to know that my kuia, ya know my kuia tūpuna, would be beaming! Like they would be just proud as that one of their uri (descendants) is doing this mahi.

Drawing from the traditional practices of past tūpuna can provide wellbeing for future generations. Simmonds (2017) explained the transformative and empowering potential of reclaiming Māori maternity practices such as honouring ancestors in pregnancy, birth, and mothering. Simmonds maintains that by providing decolonised pathways, future generations will benefit.

Maia's experience as a facilitator aligns with Simmonds position on the transformative power of reclaiming Māori maternity practices. Through witnessing the normalisation of Māori maternity practices at Hapū Wānanga, Maia has seen the benefit for her own daughter:

With the future, I think of my daughter. She's been coming to Hapū Wānanga with me since she was probably 13. And she has such a value, like honestly, man if you met my girl. She is just already worlds ahead of me ... she's 17 going on 18. But even at 13, I was never thinking how she thought. But that's through

that exposure. It's through making things normal. Like to her, Hapū Wānanga is normal. To her, birthing traditionally is normal.

The way Nanny Huia, Rangimarie and Maia spoke about their work suggested that being facilitators of Hapū Wānanga means more to them than just a job it is connecting the past with the present to empower the future.

Summary

Hapū Wānanga seeks to reclaim and normalise traditional maternity practices. Both whānau interviewed talked about their decision to incorporate traditional maternity practices into their birth plans. By choosing to incorporate traditional maternity practices, whānau felt empowered and a stronger bond in their immediate whānau and tūpuna. Rongo and Mahuika explained that they would not have known about these traditional birthing practices if they had not attended Hapū Wānanga. Facilitators received their cultural knowledge from whānau and appreciate their role as more than a job and a powerful way of connecting the past with the present to empower the future. This dimension is closely linked to whānaungatanga and mana; as traditional practices strengthen ties to ancestors and empowers whānau to reclaim traditional maternity practices and add it to their birth plans.

Whānaungatanga: Kinship Ties

Whanaungatanga as a dimension of wellbeing shows that it is important for each person to feel a sense of unity and belonging within his or her social networks this could include whānau, friends or other social groups. Traditionally, the most important of these social networks were the whānau or family. Within te ao Māori, whānau includes the immediate family but also extends to the wider family such as aunts, uncles, cousins and those who share a common ancestor going back three or four generations (Love, 2004; Pere, 1997). When relationships with whānau are built and

maintained, it provides a stronger sense of belonging, value and security for individuals, which Pere (1997) argues contributes to wellbeing.

Whānaungatanga not only includes creating a sense of belonging within whānau, it also relates to having a sense of belonging within other relationships, systems or groups that one may be a part of (Pere, 1997). These relationships are created and maintained through whakawhanaungatanga. Whakawhanaungatanga is a critical aspect of te ao Māori; it is the process of establishing meaningful relationships and relating well to others. (Bishop, 1996; Jones et al., 2006). Whakawhanaungatanga facilitates the sense of belonging that is important in a whanaungatanga dimension of wellbeing.

This section will contrast participants' experiences of whanaungatanga in mainstream services with Hapū Wānanga to get a sense of the difference in services. It will look at how Hapū Wānanga fosters a sense of unity and belonging for those who attend and within their immediate and extended whānau

Māori māmā and whānau can feel left out of mainstream services

Attending antenatal classes can be particularly difficult for young single māmā (Buchanan & Magill, 2015). Rangimarie has worked with many wahine hapū in her role as a midwife and she recounted hearing many stories from young māmā who attended mainstream antenatal classes:

Some of the girls had tried [attending mainstream antenatal service] but there were always couples there, usually of a different ethnicity, certain pay brackets, both double-figure earning. And the girls are just like "I'm a single solo mum", "I'm 16 and my partner couldn't make it tonight." She does not feel a part of that.

Maia perceived that facilitators in mainstream antenatal programmes she observed struggled to create a space where Māori felt included:

[The mainstream antenatal class] was really different. You could instantly tell, when a Māori or a Pasifika whānau would come into the room that even the facilitator was uncomfortable. [The facilitator] didn't know how to engage or what information to bring into the room.

Maia added that there is a high population of Māori in Rotorua and “*none of them accessed that [mainstream antenatal] service at all.*” Possibly suggesting that Māori did not attend mainstream classes because they had similar negative experiences Maia.

As a participant, Ahorangi’s experience of mainstream antenatal classes aligned with those spoken of by Rangimarie and Maia. Before Ahorangi attended Hapū Wānanga, she attended a mainstream antenatal class. Ahorangi compared her experience attending mainstream antenatal classes with her experience at Hapū Wānanga:

“Overall, [attending mainstream antenatal classes] was all right. However, I didn't learn nearly as much as I did at Hapū Wānanga. And in my opinion, [mainstream antenatal classes] just didn't answer any of the questions I needed answers to. Nor did it feel as welcoming, as I was the youngest there. I definitely felt a little out of place. It was very different in the way of whakawhānaungatanga, I don't remember anyone, not even the teacher's name ... and we were at those classes twice a week for six weeks ... the whole concept of whānau wasn't there and just lacked the whole welcoming feeling”

Ahorangi described feeling out of place in the mainstream antenatal class she attended because she did not feel a sense of belonging. She supposed that a lack of whakawhānaungatanga or the process of establishing relationships contributed to her feeling “out of place”.

Whakawhanaungatanga

Whakawhanaungatanga is the process of making connections and relating to people by establishing links through kinship (Berryman & Woller, 2013) Once a connection has been made, there are responsibilities and obligations to between the people.

For Maia, whakawhanaungatanga is a necessary part of Hapū Wānanga:

We always start with whakahoahoa(to make friends) or whakawhaaungatanga(establishing relationships). And we [facilitators] talk quite a bit in that one part of the session. Because it is the one time where we get to focus on and build that rapport with whānau. So, we talk about all sorts of things, myself being a young mum, how I got here so that they know that it wasn't an easy road, it was a struggle. There were lots of curves and what not. But, they [whānau] just instantly get to build a bit of a picture and get to know us. By doing that we have built that trust. They express more; they are comfortable to do that.

Maia points out that by sharing her story with whānau she felt she was able to make connections with whānau. These connections encourage whānau to share and engage more throughout the wānanga. Research has found that when whakawhanaungatanga is prioritised, Māori engagement increases in a variety of settings including education (Glynn et al., 2010), pulmonary rehabilitation (Levack et al., 2016) and mental health services (Staps et al., 2019). If whānau are more engaged in the service, it is more likely to contribute to their wellbeing.

Ahorangi shared that initially she was nervous about attending Hapū Wānanga but after the first day she was excited to come back for the second day.

Once we were there, everyone was super friendly. It was just like whānau! And as bubbly and outgoing as I can be I have got a shy side but [the facilitators]

*are all super encouraging. They're just about whakawhānaungatanga! So, that was cool. I think that's what really helps, because I left [the first day] definitely thinking "Oh we're coming back tomorrow, definitely coming back!" *Said excitedly**

The focus on whakawhānaungatanga helped Ahorangi foster a sense of belonging, unity which lead to her continued engagement in the programme.

Facilitator's manner with people helps build whanaungatanga

Whānau who attended Hapū Wānanga were impressed by the loving manner of facilitators. For Rongo, who did not have much experience spending time on the marae, attending Hapū Wānanga could have been an uncomfortable experience for him.

However, he found that the facilitators provided a non-judgemental space where he felt safe to share his opinions:

Once you got in and got settled in and kind of worked out the facilitators and all that. It was pretty cool you know, kick back you know. Have an opinion here and there and don't get judged and all that, so nah it was cool.

Mahuika felt similarly to Rongo. When asked about her thoughts as to how facilitators created a non-judgemental space she believed that facilitator's motivations and intentions were transparent to her and that facilitators genuinely want to help:

I think when you work in that space when you're a midwife or childbirth educator, like you have to have that energy like you know that loving energy. You just felt LOVE, you honestly just felt love, and you just felt like they wanted to help you. You know to gain knowledge and all that.

Bishop (2010) gathered information from conversations with students, families, principles, teachers and kuia to come up with an effective teaching profile which they believed would be helpful for teachers with Māori students. One of the suggestions of qualities to develop was Manaakitanga or genuine caring for students.

Mahuika's comment reflects that she felt that manaakitanga from Rangimarie.

Facilitators, Maia and Rangimarie confirmed that facilitators of Hapū Wānanga do need to be passionate about helping wahine hapū and their whānau. Maia discusses the passion she thinks is required to be a facilitator of Hapū Wānanga:

We have had people come through that just haven't worked. Because their heart isn't in it. It's ticking boxes and as much as yes, we tick boxes at the end of the day, ya know, I mean it's not uncommon for us to be sitting with a wahine after hours, after work. Because we are that passionate you know, it doesn't just stop when they leave the wānanga type thing.

Rangimarie expressed similar sentiments. Having facilitated in several different Hapū Wānanga around the North Island, she has worked with many different facilitators and she emphasises the importance of aroha being the main motivation

There is a midwife that is going to take over from me in Lakes and she is just about the aroha, she is not about the pūtea (money/finances), she is about "I just want to do this because I love the kaupapa (purpose)." And whenever you find educators that are about that, you know you've got the right people in it. Because it is very much aroha (love) based. It's gotta come from your ngakau (heart) from having your heart right it's not about this (money sign with hands) and if you're in for the money and getting paid and it's all about that then you're kinda on the wrong waka (boat/canoe), that's how I feel about it."

Rangimarie, Maia and Rongo expressed their sentiments that if facilitators are passionate about helping wahine hapū and their whānau it is transparent in their actions. Whānau who attend Hapū Wānanga feel safe to express their opinions when they can tell that facilitators are welcoming and passionate about helping them.

Summary

A feeling of unity and belonging both within the family unit and in other social settings is essential for wellbeing in the dimension of whānaungatanga. Whānau and facilitators all shared negative experiences with mainstream antenatal services, which resulted in feelings of being unappreciated and out of place, this is detrimental to the dimension of whānaungatanga. Within Hapū Wānanga, facilitators spent time on whakawhānaungatanga, which allowed participants to feel included and more willing to engage. Facilitators create a safe and friendly environment where whānau feel comfortable and a sense of belonging which is good for wellbeing under the whānanaungatanga dimension.

Whatumanawa: The Open and Healthy Expression of Emotion

Māori healers maintain that emotions and their expression are interwoven with overall wellbeing (Mark & Lyons, 2010). Whatumanawa is the word used for the kidney but also to describe the seat of emotions, the heart, and the mind (Moorfield, 2005). Pere (1997) explains that the whatumanawa dimension of health means that in order to experience emotional wellbeing and therefore general wellbeing, individuals should be encouraged to experience and express their emotions. This section will consider the ways in which Hapū Wānanga encourages wellbeing through the expression of emotions.

Providing a place for pāpā to express their emotions

Maia and Rangimarie spoke of providing pāpā with the opportunity and space to open up and express emotions they are experiencing. They explained that at one point during the wānanga, whānau are separated into two groups, by gender. The pāpā sessions are run by male facilitators from a different community programme that provides support for young fathers.

As a facilitator, Rangimarie described the importance of having a time specifically for Pāpā to gather:

They need that session where they can just be men and let out their reality. [Be]cause sometimes, as women and men, we try so hard for each other to be something different; a something that helps come together. But it's really good when you can be in a space, you can truly just be yourself and you don't have to hold any façade. You can say, "Man, you know what? Being a man really sucks with her at the moment. She is so hormonal. I don't get her!" And then the other men are just like "Bro, I've got the same experience" you know.

Support for pāpā is necessary as fathers often feel overlooked when it comes to being offered support (Edwards et al., 2009; Edwards & Ratima, 2014; Elkington, 2016). Rangimarie believes that providing a time and space where Pāpā can openly express their concerns and receive support from other pāpā is one way that Hapū Wānanga encourages pāpā to express what they are feeling.

Providing a place for māmā to express their emotions

While pāpā had their session, Māmā were given the same opportunity to talk about their concerns and feelings. Rangimarie shared her experience of the māmā sessions:

It's a wahine session where we get to feel vulnerable. We talk about depression, and our moods, and how we feel. We had a few mums talk about their P addictions. It all comes out during that session. And for me, that's truth. That's pono (honest/genuine) time. That's where you get to speak your reality. And that's where we get to be vulnerable in front of one another and open up and share what we really feel.

Rangimarie referred to māmā who have felt comfortable opening up about their drug use during the māmā sessions. Research exists which speaks to the stigma and prejudice that often keeps mothers from opening up and seeking help for their substance use (Stengel, 2014). Nordenfors and Höjer (2017) interviewed 17 mothers who were addicted to alcohol and/or other substances and found that the women emphasised the importance of an informal and trusting relationship with staff where they were not judged. (Latuskie et al., 2019) recommend service-providers offer non-judgmental care through high-quality relationships with service-users. Mahuika felt that Hapū Wānanga facilitators provide a non-judgmental space for Māori whānau who are using substances, by not stigmatising them and validating any efforts to reduce their substance intake:

I know one mum and she ended up cutting down [smoking cigarettes] and she was a full time, straight up, like you know, she couldn't stop and she was like 7 months and she ... cut down to like one or two ciggies a day and that was BIG AS for her! And they [the facilitators] were like it would be cool if you stop but that's fucking mean! That kind of stuff, empowering women and the dad to stop smoking was good.

Mahuika believed that by allowing māmā to talk openly and honestly about their substance use without judgement, facilitators empower whānau to continue to address their substance use.

Maia's experience in the māmā sessions is similar to that of Rangimarie's comments about the māmā session being a time of open and honest expression:

The women have said they really enjoyed that session and it's helped them to gain lots of empowerment and confidence in themselves and you don't have to be okay all the time. As wahine we often fake it till we make it, and the facade is

there but a lot of these girls just felt like they could be real and being real actually helps them be stronger and so yeah that's been awesome. (Maia)

The māmā session is held to allow māmā to talk about sensitive topics that may be emotionally evocative for them. Rangimarie and Maia believed having time to ‘be real’ and ‘pono’ encourages māmā to experience their emotions and express them, which in turn is beneficial under the dimension of whatumanawa and wellbeing.

Asking for support

Parents are not only encouraged to express their concerns within Hapū Wānanga but are encouraged to reach out for support. Nanny Huia explains how she encourages whānau to reach out:

You empower them with all that you can give you know. And just say the door is always open ne (isn't it), pirangi kōrero (want to talk), haere mai ki te kōrero (come and talk). You know you got a Pāpā, you got nice friends that are having lots more children, which you respect, haere tonu (go on), don't be scared to ask for knowledge on the new journey that you're taking with your family. Because the more stressed māmā and pāpā are ayyyye, baby feels the lot!

Nanny Huia suggests, that when parents don't express their need for support it increases stress on the whole whānau. Existing research supports Nanny Huia's thoughts and goes further to say that a lack of social support significantly increases the risk of post-partum depression (Collins et al., 1993; Pao et al., 2019).

Ahorangi recalled that seeking support was a skill that facilitators encouraged at Hapū Wānanga:

They (Hapū Wānanga facilitators) talk about heaps of support, with your whānau. And like you need your time alone, take it! And it's cool having all my Mum and sister and heaps of my friends. So, they come and visit and I'm like "I need my time, you take the baby" and they're all like, "Yup!" (Laughing)

Ahorangi viewed seeking social support as common practice. Seeking social support and being able to express to others when you need support is a protective factor against postpartum mental health issues and in turn wellbeing.

Sharing Reflections

At the end of every wānanga there is an opportunity for whānau to share their thoughts and feelings about their experience at Hapū Wānanga. Similar to the function of a poroporoaki or farewell as described by Barlow (1994), this session provides an opportunity to summarise the meeting and gives the opportunity for each person to express their thoughts and feelings about what has occurred. Maia explained:

At the end of every Hapū Wānanga, we do the feedback and then we sort of open the floor, for 10-15 minutes. And whether we sit there in silence and no-one says anything. We actually haven't had no one say anything [...] And I think it's important for us to be comfortable with silence. Like at first it was uncomfortable for the team. I'm all good with it. Just to let people process. "Do I want to say something, I really want to say something, but I'm whakamā. Aww but they've been so good to me". And they've built up that courage to speak. So, every Hapū Wānanga we do that, and they always stand. There's always whānau that stand. In the very last Hapū Wānanga, last year November, all the dads stood! They spoke either for their wāhine or they just spoke for themselves on something that had an impact on them. So, that's awesome.

Maia's comment reflects the prioritisation of providing a space and time for whānau to express their reflections and appropriately close the wānanga. Maia points out that recently all the fathers stood to say something, which suggests that this is not a normal occurrence. Having each father choose to stand may show how much whānau want to express his thoughts and feelings.

Summary

Exploring and experiencing emotions is an important part of holistic wellbeing. Facilitators of Hapū Wānanga try to create spaces where whānau can feel safe to express their emotions without judgement. Separating the groups was in part to help māmā and pāpā to feel more comfortable expressing difficult emotions in order to address the specific needs of each group. During this time emotionally sensitive topics are discussed such as substance use during pregnancy, postpartum sexual health and seeking social support. At the end of Hapū Wānanga, whānau are encouraged one last time to express their thoughts and feelings regarding the wānanga.

Mauri: Life Force in People and Objects

Mauri is known as the life force of both people and objects (Durie, 1998). Barlow (1994) described mauri as a special energy possessed by Io (a Supreme Being) that exists in all living things, both elements of nature and people. Because the origin of mauri comes from Io and resides in all living things, it connects the physical to the spiritual realms.

The connection to spiritual realms means that through the mauri all people and things share a divine right to existence. This divine right to existence means that all living things should be appreciated and respected, leading one to relate and care for everyone and everything (Pere, 1997). Hodgson (2018) explained that because all birds, trees, rivers and buildings have a unique mauri, all must be respected and taken care of. When people or objects are not respected or taken care of, their mauri is diminished. For instance, if a river becomes polluted or a building is damaged, then its mauri diminishes. Pere (1997) explains that a child's mauri waxes when they feel respected and appreciated by those that care for them and wanes when they are disregarded or neglected.

Well-being under the dimension of mauri is the recognition of the divine life force within all individuals and whānau. Recognising the divine life force in all people leads to each person being treated with respect and appreciation. This section considers how Hapū Wānanga shows respect and appreciation to whānau who attend, thereby allowing their mauri to wax strong.

All are welcome at Hapū Wānanga

Whānau from all different cultures are appreciated and respected at Hapū Wānanga. Even though Hapū Wānanga is a kaupapa Māori service, all are welcome to attend. Those that do attend are invited to share their culture and customs with everyone at Hapū Wānanga. Nanny Huia encouraged everyone to share with the group their family's traditions around maternity practices:

I always maintain, you know, if you are a person of a culture, we want your culture! If you can ring your grandparents, wherever you are, and say how they did things, say something! And I mean, tell us about it! [Everyone's culture is] interesting, what different people ... how different people react to different things aye. It's just interesting. Getting everybody with different ideas, different cultures. It's not a Pākehā way of doing things all the time, it's a wānanga.

Wānanga provides a space for debate, learning and deliberation (Mahuika & Mahuika, 2020). Encouraging whānau who attend Hapū Wānanga to share and discuss their own whānau maternity practices creates a place where their traditions are validated and respected and mauri strengthened.

Allowing whānau to honour and value their own story no matter how different it may be from others is something that encouraged Ahorangi to enthusiastically recommend Hapū Wānanga to her friends. When asked if Ahorangi would recommend Hapū Wānanga to other hapū māmā, she responded with an enthusiastic “Yes!” she explained:

I thought it was amazing! Just being able to learn and go through it with other new mums. And just like seeing the different skills that different people have or don't have. And then learning [skills] in a nice environment ... in a nice and inclusive environment. I definitely am like, "Do it!" Especially cause it's not aimed at just one typical stereotype person. Like it's for anyone, at any age, and any ethnicity"

At Hapū Wānanga Ahorangi felt more accepted than she had in mainstream antenatal classes because whānau who attend are more diverse than the mainstream antenatal class she attended. Acceptance of all people despite their background provides a mauri enhancing environment for whānau.

Hapū Wānanga is non-judgemental.

Facilitators and participants explained that Hapū Wānanga provided a safe non-judgemental service where whānau feel welcomed and respected. Because of her vast experience, Rangimarie has worked with whānau from many different backgrounds:

A lot of mums, they come to [Hapū Wānanga], they're smoking, they're drinking, they're drugging, they're in abusive relationships, they've struggled with gang life, P, you name it and I've worked alongside them as a midwife. Therefore, I know their reality. In addition, when you are able to bring them in to a safe environment where they are with other parents. They don't feel singled out. They are just one of everyone else.

Rangimarie also shared anecdotes of whānau who were able to leave abusive relationships and reduce addictive substances after they attended and engaged in the services offered at Hapū Wānanga. She believed that because whānau are respected and are not made to feel singled out, they are empowered to engage in services and make positive changes in their lives.

Rangimarie's belief is consistent with previous studies that mention that when facilitators are non-judgmental, it encourages people who have experienced barriers to health care such as substance abuse (Doleman et al., 2019; Latuskie et al., 2019; Nordenfors & Höjer, 2017; Radcliffe, 2011) to engage in services.

As a participant of Hapū Wānanga, Rongo was put at ease by the non-judgemental nature of facilitators:

Once you got in and got settled in and kind of worked out the facilitators and all that ... It was pretty cool you know, kickback you know. Have an opinion here and there and don't get judged and all that, so nah it was cool.

Only when Rongo felt comfortable that facilitators were unlikely to judge him and his opinions, did he share his thoughts with the group. Rongo's comment reflects existing literature where Māori service users identified being non-judgemental as one of the most important needs within health care services (Jansen et al., 2008). Facilitators who are non-judgemental show respect for individuals and whānau despite their background or opinion, which in turn creates a mauri enhancing space that facilitates wellbeing.

Hapū Wānanga is adapted to the unique needs of those who attend.

To ensure individuals and whānau from the Lakes area have a mauri enhancing experience, the Lakes Hapū Wānanga works with the community to help meet the needs of those who attend. Sir Mason Durie (2001) maintains that consulting with whānau, hapū, and iwi is an integral part of a kaupapa Māori service.

Maia and Rangimarie spoke to the involvement of the Lakes community (including representatives of Māori services, health organisations, midwives, whānau, hapū and iwi representatives) in consultations to make sure that Hapū Wānanga in the Lakes district caters to the needs of the individuals and whānau who

live in the area. Rangimarie comments on her experience of consulting with the Kia Wana Lakes and Te Arawa community:

What I love about Te Arawa is that intergenerational approach in the community, owning the classes when we first consulted. Initially I've been in other classes, it's like one or two Māori providers may be involved, you might have the marae committee some of them there. But mostly it's DHB funded and DHB run and although this is DHB funded and run, the community's jumped on [the organisation of Kia Wana Lakes Hapū Wānanga].

Consulting with community has allowed Hapū Wānanga to cater its programme to the unique needs of whānau who attend:

[The community has] been very much a part of the consultation processes around who's going to be their speakers, what's their approach, how much reo are we using you know"

Rangimarie shows that the community has ownership and input of what is included in Hapū Wānanga, as it is for the benefit of the unique needs and situation of whānau who live in their community.

On a smaller scale, each Hapū Wānanga session is adapted each time it occurs to meet the needs of the group that attends on the day:

Every group that comes through Hapū Wānanga is completely different! We might have the group one month that is quite loud, vocal, already engaging with each other, building connections, and then we might have a group that is very quiet. And then, you might have groups that are half n half mixed ... mixed bag of lollies type thing. So, we really have to get good at reading the room. -Maia

Facilitators like Maia need to have the skills to adjust and engage all types of people. First time parents want a range of strategies to be implemented within antenatal education in order to suit their preferences and learning styles (Svensson et al., 2008).

The range of teaching strategies that facilitators of Hapū Wānanga use to cater to the needs of whānau is spoken to in the hinengaro dimension. Maia shares some of the techniques they use at Hapū Wānanga to engage as many whānau as possible:

We'll play music, we'll have a different variety of teaching tools, like your visuals and hands on type activities. We have like little competition things where they can win a prize, so it gets them involved

Maia's comment shows the effort facilitators put in to appreciate and work with groups that have unique needs rather than providing a one size fits all service that can be mauri diminishing.

Summary

Facilitators strive to provide a mauri enhancing experience for whānau who attend Hapū Wānanga. A mauri enhancing experience is created through respect and appreciation for all those who attend despite their background or situation. To show appreciation for whānau of all backgrounds, facilitators encourage everyone to share the maternity practices of their whānau and culture. Creating a non-judgemental environment shows respect for those who attend and encouraged whānau to engage more in Hapū Wānanga and the services provided. Facilitators consult with community in order to adapt the Kia Wana Lakes Hapū Wānanga to show appreciation for the different needs of whānau from the community. Each Hapū Wānanga is also adapted to better suit the group, reflecting the commitment of facilitators to provide a mauri enhancing experience for all.

Tinana- Physical dimension

Taha Tinana is in reference to the body or the physical dimension. Wellbeing in the dimension of the tinana means ensuring that physical needs are met for healthy development. Pere (1984) explains that an individual or whānau must receive sustenance for their material and bodily needs. This section will consider the areas of

Hapū Wānanga that cater to the physical development and growth of the baby or whānau.

Hapū Wānanga teaches practical skills for taking care of baby

Hapū Wānanga prepares parents to carry out practical skills such as bathing to help whānau safely care for their baby. Participants are taught about water temperature and practical techniques for bathing baby. During the wānanga, parents learn how to bathe their baby by practicing with baby dolls and baby bath tubs. For Rongo, learning how to bathe a baby was one of the things that stood out for him because he had never done it before. Mahuika and Aorangi already had experience bathing babies, having looked after siblings and cousins before, but they were grateful to practice bathing their baby's tinana.

Breastfeeding is one of the practical skills whānau appreciate learning about at Hapū Wānanga. They learn different ways of holding their baby while feeding and also how to latch the baby on to the breast to feed. Parents learn the difference between a good latch and a bad latch by practicing with a balloon. Maia explained that learning and practicing latching with māmā and pāpā is effective because they remember and apply the techniques taught at Hapū Wānanga. She explained that this was most impressive for pāpā, who do not often get that knowledge:

We've been to homes, just last week, with a whānau who had come to Hapū Wānanga. Baby was only four days old and Mum went to latch baby and Pāpā said, "ooo that looks like a shallow latch babe maybe you should try that again" and she was like, "oh ok." So, he knows! What man knows that aye!? Like a man would just be like "oh he's at the breast that's fine." But he's like "that looks a bit sore I think you should relatch baby." So, it's that sort of thing, knowledge is power and these Pāpā leave with that knowledge.

Both Māmā and pāpā learn how to latch for breastfeeding at Hapū Wānanga which is important because one of the key indicators of whether a baby is breastfed is if there is strong support from the mother's partner (Manhire et al., 2018). Learning about practical skills such as breastfeeding and bathing is beneficial for the wellbeing of whānau and their pēpi.

Hapū Wānanga works with Māori whānau to prevent SUDI

In addition to learning practical skills, whānau learn about the risk factors for SUDI (Sudden Unexpected Death in Infancy). SUDI is five times more likely to occur with Māori babies in comparison to non-Māori babies (CYMRC, 2009). Two of the major risk factors for SUDI are bed sharing and smoking (Mitchell et al., 2017).

Researchers have encouraged antenatal services to better educate Māori whānau on safe sleep practices (Houkamau & Clarke, 2016; Pitama et al., 2015). Hapū Wānanga educates whānau about decreasing the likelihood of SUDI by using a wahakura (a woven flax bassinet), making sure that baby is in a safe position with nothing to obstruct their breathing and by encouraging parents to quit smoking (Mitchell et al., 2017). Safe sleep practices were not common knowledge to Ahorangi before she attended Hapū Wānanga:

[Before Hapū Wānanga] I was just like “yeah, she'll just sleep in the bed with me, like normal, like wouldn't you do that?” ... (Laughing) No!

Before Hapū Wānanga, Ahorangi was not aware of the risks of co-sleeping with her baby. Learning about safe sleep practices enabled Ahorangi to make informed choices to decrease the likelihood of SUDI.

Mahuika worried a lot about SUDI before she attended Hapū Wānanga but she was uncertain of how to prevent it.

I was scared that I wouldn't hear the baby or it would die or get suffocated or all that. But the [facilitators] cover a bit with wrapping baby and the wahakura and all that kind of stuff. They gave us a wahakura so I used that, and the techniques that they showed us for wrapping baby and not putting all these big fat toys around them so yeah that was good. Yeah that was one thing I was a little bit scared about. But they covered that.

The knowledge and skills around wrapping and creating a safe sleeping space helped Mahuika address her concerns about SUDI. Mahuika indicated that they were given a wahakura to create a safe space for baby to sleep. Wahakura (woven flax bassinet for infants) are offered to all whānau who need them. Hapā Wānanga provide the knowledge, skills and resources whānau need to lessen the likelihood of SUDI (Mitchell et al., 2017).

In addition to teaching safe sleep practices at Hapū Wānanga, whānau are also provided with supports to benefit the wellbeing of their tinana and the tinana of their baby. MacFarlane et al. (2018) carried out a case-control study and reported that Māori infants are more likely to be exposed to major risk behaviours for SUDI, smoking during pregnancy and bed sharing.

Facilitators of Hapū Wānanga speak to whānau about smoking and drinking while pregnant. Quit smoking services have a Māori staff member attend the wānanga to educate whānau on the risks of smoking through demonstrations. This demonstration made an impression on Mahuika and Rongo as they were smoking before they attended Hapū Wānanga:

They were actually showing us the effects of smoking and I think it was quite eye-opening for like us smokers, you know. There [were] still a few that didn't

care. But a few of us were like “oh fuck yeah, ok we need to stop that you know or at least cut down.”

The Quit smoking services provided whānau with incentives to quit smoking. If whānau stopped smoking, they received a \$200 voucher to PaknSave or KMart. Rongo and Mahuika engaged with this service and it helped them quit smoking, which benefited their wellbeing and the wellbeing of their baby as it decreased the likelihood of their baby experiencing SUDI.

Summary

The taha tinana is the physical dimension. Teaching parents and whānau practical skills such as bathing and breastfeeding care for the wellbeing of physical dimension of whānau and their pēpi. As well as practical skills, whānau are taught about the risk factors of SUDI and provided support in the form of a wahakura. Knowledge around safe sleeping practices and the harm of smoking is given to whānau and incentives provided for whānau who are able to quit smoking

Chapter Five

Discussion

This study's objective was to explore how whānau experience well-being in Hapū Wānanga as viewed through a Te Wheke (Pere, 1997) framework. In this chapter, I revisit the metaphor of the Te Wheke model that was used in analysing transcripts of whānau and facilitators of Hapū Wānanga. Following this, I will discuss the two main dimensions that contributed to whānau wellbeing in Hapū Wānanga, whānaungatanga and hā ā koro mā ā kuia mā. Then areas, where whānau wanted to learn more, are discussed and followed by the limitations and possible future research options proposed. These findings and the implications will be discussed along with topics that whānau wanted to know more about in Hapū Wānanga. Following this, limitations and suggestions for future research are presented.

In this research, the Te Wheke model was used as a framework for understanding wellbeing. Figure 1 portrays the intertwining of the Te Wheke (Pere, 1997) tentacles; this is an appropriate metaphor for the relationship of the dimensions of wellbeing, as each dimension was interconnected and dependent on one another. Mapping the content of whānau experience onto this framework was helpful as it emphasised that healthcare service providers need to consider holistic interventions when considering Māori wellbeing.

Although each dimension was reflected in the experience of the facilitators and whānau, two dimensions stood out as being most important to whānau experience of wellbeing in Hapū Wānanga. These are whānaungatanga and hā ā koro mā ā kuia mā.

Whānaungatanga

One of the key concepts Pere (1997) mentioned for wellbeing under whānaungatanga is experiencing a sense of belonging. Five out of the six people interviewed reported negative experiences with mainstream antenatal services, and the sixth person reported negative anecdotal experiences. Interviewee's negative experiences with mainstream antenatal care does not directly relate to wellbeing experienced in Hapū Wānanga; however, these negative experiences were brought up without prompt to emphasise the contrast between experiences with mainstream services and Hapū Wānanga. Reasons whānau gave for feeling out of place in mainstream antenatal education were: facilitators did not know how to engage with māori, participants being considerably younger, coming from a lower socioeconomic status, being single, and a lack of whakawhanaungatanga.

Incidents similar to the experience of whānau interviewed for this research are recorded in theses by Simmonds (2014) and Rawiri (2007) and a systematic review by Palmer et al. (2019). Research by Palmer et al. (2019) reviewed 54 studies that investigated Māori consumer experiences of health services and programmes in New Zealand. The researchers found the most frequently recommended actions to improve Māori experiences of healthcare included integrating tikanga (cultural customs) in health services, health literacy interventions, and clinician responsiveness to Māori (Palmer et al., 2019). Simmonds (2014) explains that Māori women who had an uncomfortable experience with mainstream antenatal classes felt culturally unsafe and were less likely to engage in services.

Cultural safety is a framework used mainly in nursing and midwifery to decrease negative experiences of minorities in health care (Papps & Ramsden, 1996). The push for cultural safety in New Zealand, emerged in the 1980s, with the

need to address problems of Māori health and a commitment to biculturalism (Papps & Ramsden, 1996). The Nursing Council of New Zealand (2005, p. 7) describes cultural safety as:

The effective nursing practice of a person or family from another culture, and is determined by that person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action, which diminishes, demeans or disempowers the cultural identity and well-being of an individual.

The experiences of those interviewed for this research represented in the studies mentioned (Palmer et al., 2019; Rawiri, 2007; Simmonds, 2014) would suggest a need to encourage cultural safety in healthcare services but particularly mainstream services.

It was clear from findings that one of the things that fostered a sense of whānaungatanga at Hapū Wānanga was the facilitators. Whānau reported many positive things about facilitators, including their: aroha, humour, openness, welcoming nature, passion for their job and helping others, and the professional knowledge and personal experiences they shared. Findings from this research support previously mentioned research which places immense value on the caring, non-judgemental facilitators who foster genuine relationships with service users (Levack et al., 2016; Oster et al., 2016; Slater et al., 2013). Considering these findings, careful consideration should be given to 1)the characteristics of those who provide health care services for

Māori and 2) and encouraging health care providers to utilise whakawhanaunga practices in order to build a genuine relationship with whānau

Hā ā koro mā ā kuia mā

Another of the dimensions that stood out for whānau was hā ā koro mā a kui mā. Findings from this research showed that whānau treasured learning about traditional practices and that this benefited their wellbeing. This finding is similar to Bennett et al. (2014) who adapted a cognitive Behavioural Therapy CBT treatment programme for Māori living with depression. The programme was adapted to include Māori traditional processes of engagement, spirituality, family involvement and metaphor. Results showed a reduction in mean scores for depressive symptoms and negative cognition (Bennett et al., 2014). This study had no control group so we can not infer that this programme is any better or worse than mainstream treatment, but it did positively affect participants. More research is needed to determine if and how culturally adapted programmes using traditional practices is beneficial to Māori wellbeing.

Findings of this research show the positive influence traditional practices can have for indigenous people who may be less likely to engage in services. Similar research by Gabrysch et al. (2009) looked at the benefits of offering culturally appropriate birthing options for indigenous Ayacucho women, in the south-central Andes. The culturally adapted delivery service was implemented to increase delivery service use by building trust between health care providers and communities and making services responsive to communities' needs (Gabrysch et al., 2009). The intervention allowed women to implement traditional birthing methods such as: delivering in a vertical position, the placenta being carefully handled and handed to the family for burial, the inclusion of family and traditional birth attendants during delivery, the use of Quechua, the native language (Gabrysch et al., 2009). After four

years of implementing this programme, 94% of women chose to give birth in this culturally adapted way (Gabrysch et al., 2009). Findings of this research, like research by Gabrysch et al. (2009) suggest that indigenous women and families prefer culturally adapted programmes and that this encourages engagement in health care services. This supports the literature that suggests incorporating traditional practices and beliefs in health care programmes to benefit Māori.

Parents want to know more about parenting

Whānau had little criticism regarding Hapū Wānanga; given this, suggestions for improvement were meaningful and should be considered. Findings from this research indicate that there were two topics that whānau wanted to know more about, parenting and postpartum mental health.

Whānau and facilitators recognised that the focus of Hapū Wānanga was on pregnancy and childbirth. However, all three facilitators and two participants acknowledged that learning more about parenting is one area where Hapū Wānanga could improve. This finding coincides with research by Barimani et al. (2018) that recorded and qualitatively analysed three antenatal courses in Sweden. They noted topics discussed, how long each topic was discussed, and what questions were asked. Their findings showed that the time and focus was on mostly spent on childbirth preparation, but parents wanted to know more about parenting.

Maia explained that Hapū Wānanga has held postnatal parenting help sessions, but these are sporadic only when funding is made available. Penehira and Doherty (2013) carried out an open trial design of Hoki ki te Rito (HKTR), a culturally adapted parenting programme, with mothers and grandmothers in South Auckland. Penehira and Doherty (2013) reported that the HKTR programme was well received by participants in terms of completion rates and acceptability. There was strong evidence of improvement in the mothers' mental health and decrease in parenting stress.

Additionally, Lakhotia (2019) carried out a Social Return on Investment (SROI) analysis to investigate the impact of the *Ngā Tau Mīharo o Aotearoa* or the Incredible Years Parenting Programme adapted for Māori. An SROI analysis assesses the value of an investment based on the social, environmental and economic impacts. Lakhotia (2019) found that the *Ngā Tau Mīharo o Aotearoa* has a social return investment ration of 3.75:1 so for every \$1 invested into the programme, \$3.75 of value is created meaning over a period of three years if \$484,196.25 is invested, the analysis forecasts that a \$1.8 million value is created. Although this research is specifically relating to *Ngā Tau Mīharo o Aotearoa*, it indicates that there is value in investing in parenting programmes for Māori.

Parents want to know more about mental health

As findings suggest, whānau wanted to know more about postpartum mental health. Mahuika and Rongo were significantly affected by Mahuika's postpartum mental health issues. Both Rongo and Mahuika were unfamiliar with what Mahuika was going through and what they should do about it. Postpartum depression can have lasting adverse effects on both baby and mother. This is supported by a systematic review by Slomian et al. (2019) which included 122 studies that looked at the impacts of post-partum depression on mothers, infants and the mother-child relationship. Findings from Slomian and colleague's (2019) research showed that postpartum depression should be addressed as soon as possible to avoid harmful consequents.

Limitations and Further Research

This research only captured the experience of one pāpā who participated in the programme, which means that males were largely unrepresented within this study. Future research should look at the perspective of more Māori pāpā and male facilitators at Hapū Wānanga so their voice can be acknowledged, and changes can be proposed to better reflect their needs. In a telephone survey by Luketina et al. (2009)

1,721 New Zealand fathers were interviewed. They found that overall, only 20% of fathers had attended antenatal classes and even less Māori pāpā with only 14% reporting attending antenatal education (Luketina et al., 2009).

Future research could explore the reasons why Māori pāpā are less likely to attend antenatal education programmes. Additionally, exploring Māori pāpā experience in antenatal education both mainstream and in Kaupapa Māori programmes would provide important information for service providers to develop programmes to engage Māori pāpā.

In addition to only speaking with one pāpā, there were only three parents in total who were interviewed. While this was acceptable as the aim of the study was to explore the experience of wellbeing in Hapū Wānanga, the findings cannot be generalised to all whānau who attend Hapū Wānanga. Further research could also be carried out with other support people in the whānau to capture their experience of Hapū Wānanga.

The Kia Wana Lakes Baby Service Hapū Wānanga was the focus for this research, yet there are several Hapū Wānanga around the North Island. Each Hapū Wānanga will differ depending on facilitators, resources, community involvement and the needs of whānau. Future research could look at different Hapū Wānanga to give a comprehensive insight into how kaupapa Māori antenatal education affects Māori experience and wellbeing in antenatal services.

This research used the Te Wheke model as a framework for analysis. The Te Wheke (Pere, 1997) model's dimensions emerged during the analysis process, so participants were not explicitly asked about their interpretation of the concepts. One aspect of consideration before replicating this study is to determine how whānau understand and define the dimension of Te Wheke (Pere, 1997). Valentine (2009) did something similar in their research exploring participants understanding of the

term wairua before investigating the relationship between wairua and Māori wellbeing. Understanding whānau conceptualisation of the Te Wheke dimensions would inform how they believed these concepts impact their wellbeing.

Conclusion

Antenatal education can provide benefits contributing to the wellbeing of those who attend (Fletcher et al., 2004). Previous research has shown that Māori are less likely to engage in antenatal services (Moewaka Barnes et al., 2013) and that bicultural programmes may increase Māori engagement (Dwyer, 2009). Hapū Wānanga is a kaupapa Māori antenatal education programme created to cater to the needs and wellbeing of Māori.

Findings emphasised that in comparison to the negative experiences of whānau with mainstream antenatal care, whānau valued their experience of Hapū Wānanga. In part, this difference was due to the aroha and manaakitanga of facilitators and an emphasis on whakawhanaungatanga.

Findings also emphasized the many ways kaupapa Māori aspects were incorporated into Hapū Wānanga, whether through formal welcoming ceremonies, the manner of facilitators, course content or methods of teaching. Whānau were able to feel a sense of empowerment as they incorporated traditional maternity knowledge and practices into their birth plan. In a more broad sense, if health providers are to be successful at engaging Māori service users, they need to cater to holistic Māori wellbeing especially through establishing genuine, non-judgmental and caring connections and providing opportunities for to learn and implement traditional wellbeing practices.

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Appendix A

Recruitment Poster

**Did you attend Hapū Wānanga?
How was your experience?**

**ARE YOU MĀORI?
A FIRST-TIME MĀMĀ?
DID YOU ATTEND HAPŪ WĀNANGA IN THE LAST 12 MONTHS?
IF SO, I WOULD LOVE TO HEAR FROM YOU AND YOUR WHĀNAU
ABOUT YOUR EXPERIENCE!**

Kia Ora My name is Lena
Hawaikirangi. I am a student at
Waikato University. I am doing
my research on Hapū Wānanga
and would love to hear your
thoughts. If you are interested
and would like more
information please private
message me on FB or e-mail
me at
**lh170@students.waikato.ac.
nz**



What is involved?

An **interview** that should
take **between 60-90 mins.**
Your input would be greatly
valued.

Ethical Approval

This research project has been
approved by the Human Research
Ethics Committee (Health) of the
University of Waikato
HREC(Health)2019. For more
information on the ethics contact
the Secretary of the Committee,
e-mail
humanethics@waikato.ac.nz

Appendix B

Participant Information Sheet

Information Sheet (Participants)

School of Psychology
Faculty of Arts and Social Sciences
Te Kura Kete Aronui
The University of Waikato
Private Bag 3105
Hamilton, New Zealand 3240



Kaupapa Māori in Antenatal Education

Who am I?

My name is Lena Hawaikirangi and I am a post-graduate student with the School of Psychology at the University of Waikato. I am doing this research for my master's thesis. My supervisors for this project is Dr Bridgette Masters-Awatere and Dr Carrie Barber. Our contact details are at the end of this information sheet, and you are welcome to contact us for further information regarding this project.

What is the purpose of this project?

The aim of this research is understanding the experience of you and your whānau with Hapū Wānanga. I am seeking to know if Hapū Wānanga provides a kaupapa Māori service that Māori māmā and whānau are satisfied with. At the same time, I am also wanting to know how well the programme is in preparing māmā and their whānau or support people for, childbirth and the first year of parenting. I hope that from your participation we will understand what aspects of the programme are really working well for our people and where improvements could be made in the future.

Why am I being asked to participate?

Because you are Māori and a first-time māmā who has participated in the Kia Wana Lakes Baby Service Hapū Wānanga within the last year. Your involvement in Hapū Wānanga gives you unique insight into the programme. This research project seeks to identify strengths and areas of improvement for Hapū Wānanga specifically as a service for Māori.

What will I be expected to do?

You will be invited to take part in our research by being interviewed. Please feel free to bring up to 3 whānau members into the interview with you. The interview should last between 60-90 minutes.

What happens to the information that I share?

Once I have transcribed your interview, I will send you a copy for you to look over and make any changes you would like to. After two weeks, any identifying details on your transcript will be removed and I will be unable to withdraw all your information from the rest of the data. My research will become publicly accessible via my thesis, a technical report of findings and recommendations will be presented to Kia Wana Lakes Baby Service and the thesis will possibly be submitted to academic publications as journal articles and/or conference presentations. I can also send you a copy of the technical report if you would like one (you can request this on the consent form). All consent forms and information obtained will be kept securely at the University of Waikato until five years after the thesis has been submitted in full, at which point all data will be destroyed.

What rights do I have?

If you decide to participate in my study, then you have the right to;

- Contact me and my supervisor and ask for more information, or ask any further questions you may have about the study

- Have access to a summary of the results of my research, should you wish
- Decline answering questions that you do not wish to answer
- The option to withdraw from the study, you can do this at any point during the interview or up until two weeks after I receive confirmation from you that you have received a copy of the transcript of your interview. If you do decide to withdraw from the study you can simply message me by phone, e-mail, text or private FB message to let me know, no questions asked. If you do withdraw the information you have provided will be deleted in order to respect your privacy.
- Your privacy and anonymity respected by me throughout, and after the research process is completed. This will be upheld by changing your name and any identifying information and keeping your information confidential.

Contact Information

Lena Hawaikirangi (researcher)

lh170@students.waikato.ac.nz

Bridgette Masters-Awatere (primary supervisor)
awatere@waikato.ac.nz

bridgette.masters-

Carrie Barber (supervisor)

carrie.barber@waikato.ac.nz

This research project has been approved by the Human Research Ethics Committee (Health) of the University of Waikato under HREC(Health)2019#86 . Any questions about the ethical conduct of this research may be addressed to the Secretary of the Committee, email humanethics@waikato.ac.nz, postal address, University of Waikato, Te Whare Wānanga o Waikato, Private Bag 3105, Hamilton 3240.

The following services are available to you if you feel you may need them:

Parent Helpline

0800 568 856 Available from 9am to 9pm, Monday to Sunday

Te Aka Matua Kaupapa Services- Lakes DHB

Email: teakamatua@lakesdhb.govt.nz

Phone: (07) 349 9009 (ext. 8829 or 8806) Mob: 027 570 3286 - Maraea Johns, Pou Manukura

(Manager)

Lifeline

24/7 Helpline 0800 LIFELINE (0800 54 33 54) or free text HELP (4357)

The Low Down

Call 0800 111 757 or Text 5626

Plunketline

A free telephone advice service offering advice on child health and parenting issues. Available 7 days a week, 7am–midnight.

Ph: 0800 933 922

www.plunket.org.nz

Healthline

A free 24-hour telephone advice line providing support for parents.

Registered nurses assess health needs and can refer parents to appropriate local services.

PH: 0800 611 111

University of Waikato Human Research Ethics Committee

If you have any questions or queries about the ethical conduct of this research project, you can contact the Convener of the Committee anytime through the email address below.

humanethics@waikato.ac.nz

Appendix C

Participant Consent Form

HAPŪ WĀNANGA PARTICIPANT INTERVIEW CONSENT FORM

Research Project: ~~Kaupapa~~ Māori in Antenatal Education

Researcher: Lena Hawaikirangi

Tēnā koe – Ngā mihi maha ki a koe i raro i te kaupapa o tēnei rangahau.



THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

Please complete the following checklist. Tick (✓) the appropriate box for each point.	YES	NO
1. I have read the Information Sheet (or it has been read to me) and I understand it.		
2. I have been given sufficient time to consider whether or not to participate in this study		
3. I am satisfied with the answers I have been given regarding the study and I have a copy of this consent form and information sheet		
4. I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study up to two weeks after having received my interview transcript. My participation will not affect my standing with Hapū Wānanga and access to their services.		
5. I have the right to decline to answer any interview question.		
6. I know who to contact if I have any questions about the study in general.		
7. I understand that the information supplied by me could be used in future academic publications.		
8. I understand that the interview I am participating in will be audio recorded.		
9. I understand that my participation in this study is confidential and that it is unlikely that I will be identified by any of the information reported.		
10. I understand that I will receive a copy of my interview transcript and can change any information on it for up to two weeks after having received it.		
11. I wish to receive summaries and reports from the project. Preferred contact details: _____		

Declaration by participant:

I agree to participate in this research project and I understand that I may withdraw at any time. If I have any concerns about this project, I may contact The Secretary of the Human Research Ethics Committee (health) of the University of Waikato (humanethics@waikato.ac.nz)

Participant's name (Please print): _____

Signature: _____

Date: _____

Declaration by member of research team:

I have given a verbal explanation of the research project to the participant and have answered the participant's questions about it. I believe that the participant understands the study and has given informed consent to participate.

Researcher's name (Please print): _____

Signature: _____

Date: _____

Appendix D

Interview Schedule for Participants

School of Psychology
Faculty of Arts and Social Sciences
Te Kura Kete Aronui
The University of Waikato
Private Bag 3105
Hamilton, New Zealand 3240



Interview Schedule Participants

These questions are only a starting point. Prompts will be asked if they have not been answered sufficiently in the answers already given. In order to clarify and deepen understanding I may ask questions according to the participant's personal responses. Questions will also be adapted if whānau is present to be inclusive.

Banner 1: Background

First a few questions to ask you about your baby and the pregnancy, to get some context and build relationships

- 1) Please introduce yourself, your pēpi and your whānau?
 - How old is your baby?
 - What was it like finding out you were pregnant?
- 2) How long ago did you attend Hapū wānanga?
- 3) How did you hear about Hapū Wānanga?
- 4) Why did you sign up for it?
- 5) Did you attend Hapū Wānanga with somebody? If, so, what relation were they to you?

Banner 2: Expectations and Barriers

- 6) Before Hapū Wānanga, what were some of the things that you worried about or were uncertain about regarding childbirth? Were these addressed at Hapū Wānanga?
- 7) What stood out to you most about your experience with Hapū Wānanga? Why did these stand out to you?
- 8) Before Hapū Wānanga, what were some of the things that you felt confident about regarding childbirth?
- 9) Was there anything that made it difficult for you to attend Hapū Wānanga? What were these?
- 10) Were there things about Hapū Wānanga that made it easier/convenient for you to attend Hapū Wānanga? What were these and why?

Banner 3: Antenatal education programme

- 11) What were your hopes and expectations for Hapū Wānanga? / What were your whānau's hopes and expectations for Hapū Wānanga?
- 12) Were your hopes and expectations met? If so, How? If not, why do you think this is?
- 13) In what ways did Hapū Wānanga help prepare you for childbirth?

- 14) In what ways did Hapū Wānanga helps prepare you for parenting?
- 15) Can you tell me about any moments where you or your partner, whānau or support person felt empowered throughout the programme?

Banner 4: Kaupapa Māori

There is no one way to be a kaupapa Māori service. Some say it is just a Māori way of doing things and that it normalises a Māori world view. Mason Durie described kaupapa Māori services as including the following:

- *“By Māori, for Māori” or being led by Māori staff with the incorporation of tikanga Māori (Māori values)*
- *the involvement of whānau (family), hapū (sub-tribe) and iwi (tribe) in all aspects of the service, including treatment;*
- *the use of traditional Māori healing practices;*
- *the provision for cultural assessment cultural practices; and whakawhānaungatanga (connectedness between people, often based on genealogical connections)*

- 15) In your eyes, how does Hapū Wānanga incorporate kaupapa Māori? How did this influence your experience?
- 16) Do you feel like your traditions, values and beliefs were respected during Hapū Wānanga? If yes? How so? If not, why not?
- 17) How was the experience for your partner/whānau/support person during Hapū Wānanga?
- 18) Did the content of Hapū Wānanga align with your views about pregnancy and childbirth? How? Or Why not?

Banner 5: Feedback

- 19) What ways could Hapū Wānanga be improved?
- 20) Can you tell me about any moments where you or your partner, whānau or support person felt like you didn't belong during Hapū Wānanga.
- 21) Is there anything Hapū Wānanga could include to help you feel more confident about childbirth? If yes, what would you include? If not, why not?
- 22) Is there anything Hapū Wānanga could include to help you feel more confident about parenting? If yes, what would you include? If not, why not?
- 23) Would you recommend Hapū Wānanga to other hapū māmā and whānau? Why? Or Why Not?

Thank you for your participation!

Appendix E

Information Sheet for Facilitators

Information Sheet (Facilitators)

School of Psychology
Faculty of Arts and Social Sciences
Te Kura Kete Aronui
The University of Waikato
Private Bag 3105
Hamilton, New Zealand 3240



Kaupapa Māori in Antenatal Education

Who are the researchers?

Kia ora, Ko Hikurangi te maunga, Ko Waiapu te awa, Ko Horouta te waka, Ko Ngati Porou te iwi. My name is Lena Hawaikirangi and I am a post-graduate student with the School of Psychology at the University of Waikato. I am doing this research for my master's thesis, and my supervisors for this project are Dr Bridgette Masters-Awatere and Dr Carrie Barber. Our contact details are at the end of this information sheet. You are welcome to contact us for further information regarding this project.

What is the purpose of this project?

The aim of this research is to gain a deeper understanding of your experience as a facilitator with Hapū Wānanga in order to provide feedback. I am wanting to know about your experience in the programme. At the same time, I am also wanting to know how effective the programme is in preparing māmā and their whānau or support people for childbirth and the first year of parenting. From your participation we will understand what aspects of the programme are really working well for people and where improvements could be made in the future.

Why am I being asked to participate?

Because you have a connection to Hapū Wānanga and the Lakes region. Your involvement in Hapū Wānanga gives you unique insight into the programme. This research project seeks to identify strengths and areas of improvement for the KWLBS Hapū Wānanga as a service for Māori māmā and whānau.

What will I be expected to do?

You will be invited to take part in our research by being interviewed. Please feel free to bring up to 3 whānau members into the interview with you. The interview should last between 60-90 minutes.

What happens to the information that I share?

I will send you a copy of the findings and recommendations of the research for you to review. After you have had two weeks to review the findings and recommendations they will be included in a technical report which will be presented to leadership of Kia Wana Lakes Baby Service. The research will also become publicly accessible via my thesis on Research Commons, and possibly submitted to academic publications as journal articles and/or conference presentations. All consent forms and information obtained will be kept securely at the University of Waikato until five years after the thesis has been submitted in full, at which point all data will be disposed of.

What rights do I have?

If you decide to participate in my study, then you have the right to;

- Contact me and my supervisors and ask for more information, or ask any further questions you may have about the study

- Decline answering questions that you do not wish to answer
- The option to withdraw from the study, you can do this at any point during the interview or up until two weeks after I receive confirmation from you that you have received a copy of the transcript of your interview. If you do decide to withdraw from the study you can simply message me by phone, e-mail, text or private FB message to let me know, no questions asked. If you do withdraw the information you have provided will be deleted in order to respect your privacy.
- Findings and recommendations will be sent to you for you to review before it is presented to leadership of Kia Wana Lakes Baby Service
- Your privacy and anonymity will be respected by me throughout the research process.

Contact Information

Lena Hawaikirangi (researcher)

lh170@students.waikato.ac.nz

Bridgette Masters-Awatere (primary supervisor)
awatere@waikato.ac.nz

[bridgette.masters-](mailto:bridgette.masters-awatere@waikato.ac.nz)

Carrie Barber (supervisor)

carrie.barber@waikato.ac.nz

This research project has been approved by the Human Research Ethics Committee (Health) of the University of Waikato under HREC(Health)2019#86. Any questions about the ethical conduct of this research may be addressed to the Secretary of the Committee, email humanethics@waikato.ac.nz, postal address, University of Waikato, Te Whare Wānanga o Waikato, Private Bag 3105, Hamilton 3240.

Parent Helpline

0800 568 856 Available from 9am to 9pm, Monday to Sunday

Te Aka Matua Kaupapa Services- Lakes DHB

Email: teakamatua@lakesdhb.govt.nz

Phone: (07) 349 9009 (ext. 8829 or 8806) Mob: 027 570 3286 - Maraea Johns, Pou Manukura (Manager)

Lifeline

24/7 Helpline 0800 LIFELINE (0800 54 33 54) or free text HELP (4357)

The Low Down

Call 0800 111 757 or Text 5626

Plunketline

A free telephone advice service offering advice on child health and parenting issues. Available 7 days a week, 7am–midnight.

Ph: 0800 933 922

www.plunket.org.nz

Healthline

A free 24-hour telephone advice line providing support for parents.

Registered nurses assess health needs and can refer parents to appropriate local services.

PH: 0800 611 111

University of Waikato Human Research Ethics Committee

If you have any questions or queries about the ethical conduct of this research project, you can contact the Convener of the Committee anytime through the email address below.

humanethics@waikato.ac.nz

Appendix F

Consent Form for Facilitators

HAPŪ WĀNANGA FACILITATOR INTERVIEW CONSENT FORM

Research Project: Kaupapa Māori in Antenatal Education

Researcher: Lena Hawaikirangi

Tēnā koe – Ngā mihi maha ki a koe i raro i te kaupapa o tēnei rangahau.



THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

Please complete the following checklist. Tick (✓) the appropriate box for each point.	YES	NO
1. I have read the Information Sheet (or it has been read to me) and I understand it.		
2. I have been given sufficient time to consider whether or not to participate in this study		
3. I am satisfied with the answers I have been given regarding the study and I have a copy of this consent form and information sheet		
4. I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study up to two weeks after having received my interview transcript.		
5. I have the right to decline to answer any interview question.		
6. I know who to contact if I have any questions about the study in general.		
7. I understand that the information supplied by me could be used in future academic publications.		
8. I understand that the interview I am participating in will be audio recorded.		
9. I understand that my participation in this study is confidential and that it is unlikely that I will be identified by any of the information reported.		
10. I understand that I will receive a copy of my interview transcript and can change any information on it for up to two weeks after having received it.		
11. I understand that I will receive a copy of the evaluation findings and recommendations and that I will have two weeks to review and adjust any comments made by me. Within the two-week review period, if I still feel vulnerable, I will have the option to withdraw the statements which make me feel vulnerable.		
12. I wish to receive summaries and reports from the project. Preferred contact details: _____		

Declaration by participant:

I agree to participate in this research project, and I understand that I may withdraw at any time. If I have any concerns about this project, I may contact The Secretary of the Human Research Ethics Committee (health) of the University of Waikato (humanethics@waikato.ac.nz)

Participant's name (Please print): _____

Signature: _____ Date: _____

Declaration by member of research team:

I have given a verbal explanation of the research project to the participant and have answered the participant's questions about it. I believe that the participant understands the study and has given informed consent to participate.

Researcher's name (Please print): _____

Signature: _____ Date: _____

Appendix G

Interview Schedule for Facilitators

School of Psychology
Faculty of Arts and Social Sciences
Te Kura Kete Aronui
The University of Waikato
Private Bag 3105
Hamilton, New Zealand 3240



Interview Schedule Facilitators

These questions are only a starting point. Prompts will be asked if they have not been answered sufficiently in the answers already given. In order to clarify and deepen understanding I may ask questions according to the participant's personal responses.

Banner 1: Background information to Hapū Wānanga

First it would be nice if we could get to know a bit about your history and background with Hapū Wānanga

- 1) What is your role in the Kia Wana Lakes Baby Service (KWLBS) Hapū Wānanga team?
- 2) How did you become involved with Hapū Wānanga?
- 3) How is Hapū Wānanga different from other antenatal services?
 - a. How is Hapū Wānanga like other antenatal services?

Banner 2: Hapū Wānanga as an antenatal education programme

- 4) If you had to describe Hapū Wānanga to someone who hadn't heard of it before what would you tell them?
- 5) In what ways does Hapū Wānanga help prepare māmā and whānau for childbirth?
- 6) In what ways does Hapū Wānanga help prepare māmā and whānau for taking care of a new-born baby?
- 7) From your experience, what are the significant impacts (these could be positive and negative) that Hapū Wānanga has on the hapū māmā and their whānau?

Banner 3: Hapū Wānanga as a kaupapa Māori service

There is no one way to be a kaupapa Māori service. Some say it is just a Māori way of doing things and that it normalises a Māori world view. Mason Durie described kaupapa Māori services as including the following:

- *"By Māori, for Māori" or being led by Māori staff with the incorporation of tikanga Māori (Māori values)*
 - *the involvement of whānau (family), hapū (sub-tribe) and iwi (tribe) in all aspects of the service, including treatment;*
 - *the use of traditional Māori healing practices;*
 - *the provision for cultural assessment cultural practices; and whakawhānaungatanga (connectedness between people, often based on genealogical connections)*
- 8) What aspects of kaupapa Māori (a Māori way of being) are incorporated in the organisation of the Hapū Wānanga?
 - 9) Does Hapū Wānanga empower Māori māmā? How?
 - 10) Does Hapū Wānanga empower Māori pāpā, whānau and other support people? How?
 - 11) What role does Iwi, hapū and whānau play in Hapū Wānanga

Banner 5: Feedback

- 12) What are the strengths of the Hapū Wānanga?
- 13) What are the areas that could be improved in Hapū Wānanga?
- 14) What makes your mahi as a facilitator of Hapū Wānanga rewarding? Why?
- 15) What could be implemented to improve Hapū Wānanga services?
- 16) Does Hapū Wānanga effect change in the lives of its participants, If so, how? If not, why not?
- 17) How would you like to see Hapū Wānanga develop in the future?

Thank you for your participation.