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Exploring the Experiences of Young Māori Mothers

A thesis

submitted in partial fulfilment

of the requirements for the degree

of

Master of Applied Psychology in Community Psychology

Department of

Arts, Law, Psychology and Social Sciences

at

The University of Waikato

by

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2024

Abstract

This thesis explores the lived experiences of three young Māori mothers (aged 16 years old) in Aotearoa, New Zealand, focusing on their strengths, challenges, and resilience. By employing a Kaupapa Māori methodological framework, the research aims to reframe narratives about young Māori mothers towards a strengths-based perspective, advocating for protection and nurturing Māori whakapapa. Using qualitative methods, the study explores the pūrākau (stories) of three young Māori mothers attending a teen parent unit in Waikato.

The study highlights how, by living within both individualistic and collective realms, these young mothers actively challenge stigma, assert their worth, and develop unique underlying strengths. The findings, structured around emergent themes from their collective experiences, reveal a dichotomy: these young mothers must navigate the individualistic pressures and high expectations of motherhood while also drawing strength from collective responsibilities upheld within their whānau and supportive community services. Despite facing significant societal stigma and systemic barriers, the mothers demonstrate immense strength. Their resilience is grounded in whānau connections, proactive self-care, and engagement with taiao, wairua, and tino rangatiratanga—processes that also support intergenerational healing.

This research underscores the importance of culturally responsive support systems that honour Indigenous knowledge and collective well-being. It offers insights for reorienting policy and practice to empower young Māori mothers, recognising their tino rangatiratanga and transformative agency by embracing their multifaceted realities.

Ko wai ahau

Ki te taha o tōku Pāpā *My father's connections*
Ko Pā Rangiora te maunga, te iringa kōrero *Pā Rangiora is the mountain the talk of the
bodies who have passed on*
Ko Waikotekote te awa *Waikotekote is the river*
Ko Mamaru te waka *Mamaru is the canoe*
Ko Ngāti Kahu te iwi *Ngāti Kahu is the nation*
Ko Matirahurahu te hapū *Matirahurahu is the kinship group*
Ko Kēnana te marae *Kēnana is the marae*

Ki te taha tōku māmā *My mother's connections*
Ko Taranaki te maunga *Taranaki is the mountain*
Ko Tāpokapoka-a-tawhiki te moana *Tāpokapoka-a-tawhiki is the ocean*
Ko Aotea te waka *Aotea is the canoe*
Ko Ngāti Ruanui te Iwi *Ngāti Ruanui is the nation*

My connections
Ko Maungatautari te maunga *Maungatautari is the mountain*
Ko Waikato te awa *Waikato is the river*
Ko Tainui te waka *Tainui is the canoe*
Ko Tainui te iwi *Tainui is the nation*
Ko Ngāti Korokī Kahukura te hapū *Ngāti Korokī Kahukura is the kinship group*
Nō Kemureti ahau, ki Kirikiriroa tōku
kāinga noho *I was raised in Cambridge and live in
Hamilton, where I call home.*

Acknowledgements

The first word that comes to mind is inspiration. I am deeply grateful to the incredible young mothers who participated in this research. Your stories were not only moving—they were motivating. Through our kōrero, I gained insights, aspirations, and lessons that have enriched my own journey in motherhood.

To the team at He Puaawai, thank you for your support, advocacy, and manaakitanga throughout this project. Your commitment to uplifting young mothers created the space for this kaupapa to take shape.

To my partner, my patient and steadfast right-hand, you have carried me through the hardest days. Thank you for listening, for grounding me, and for helping me breathe when the weight of motherhood, mahi, and study felt overwhelming. Your constant support and care have helped me stay well and whole.

To my tamariki—my heart, my drive, my why. You are the reason I rise each day with determination. Your presence in this world reminds me why our whakapapa must be protected, why our voices must be heard, and why the future must be shaped differently. This work is for you and because of you.

To the mothers in my life who continue to help me grow, thank you. A special acknowledgement to my mum: your guidance, support, and belief in me have carried me through more than you know.

To my supervisors, Rewi Nankivell and Professor Bridgette Masters-Awatere, thank you for walking alongside me in this journey, for your insight, encouragement, and guidance.

Finally, I honour those who came before me and those who will come after. This mahi stands on the shoulders of many, and I remain forever grateful.

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Glossary

Māori	English
Aotearoa	New Zealand
Aroha	Love, sympathy, affection
Hapū	Pregnant, subtribe
Hauora	Well-being
Hawaiki	Ancient homeland in Māori culture
He Puaawai	Teen parent unit in Waikato
He Whakaputanga o Nu Tireni	The Declaration of Independence of the United Tribes of New Zealand
Iwi	Nation
Kai	Food
Kanohi ki te kanohi	face to face
Kapa haka	Māori performing arts
Kaupapa Māori	Māori research methodology
Kāwanatanga	Governance
Kīngitanga	Māori king movement/monarch
Koko	Grandfather
Kore	Nothing, zero, nil
Korekore	Complete darkness
Kotahitanga	Unity
Kura kaupapa	Māori education school
Māmā	Mother
Mana	Power, prestige, sense of self, status, control
Mana ake	Strong sense of self, positive identity, expression of authority, status, influence
Mana whenua	Indigenous people of the land
Manaakitanga	Caring, sharing, hospitality, respect, support
Māori	Indigenous people of New Zealand
Moana	Beach
Oranga Tamariki	Ministry for Children
Pākehā	Descendants of Europeans
Papatūānuku	Earth mother

Pēpi	Baby
Pūrākau	Storytelling, legends, story
Rangatira	Leader, chief(s)
Ranginui	Sky father
Rāranga	Weaving of threads, various forms of methodologies
Taiao	Nature, environment
Tamanuiterā	Sun
Tangata Te Tīriti	Partners of the Treaty of Waitangi
Tangata Whenua	Indigenous people of New Zealand
Taonga	Treasures or gift
Tapu	Sacred, prohibited, forbidden, under atua protection
Te Ao Māori	Māori worldview
Te Kōhanga Reo	Māori language preschools
Te Pō	Night
Te Tīriti o Waitangi	The Treaty of Waitangi (Māori version)
Te Whakameinga	Chiefs of the Confederation
Te whare tangata	The womb, the house of humanity
Tiakitanga	Stewardship, guardianship
Tikanga	Customs, laws, protocols
Tino rangatiratanga	Self-determination, authority, sovereignty
Tīpuna	Ancestors
Wāhine	Women
Waiata oriori	Lullaby
Wairua	Spirituality, spiritual essence
Whakamā	Shy, diminished, embarrassed
Whakapapa	Genealogy, past, present and future generations, layers,
Whakataukī	Proverb
Whakawhanaungatanga	Process of building relationships
Whānau	Family, extended family, or extension of a person, to give birth
Whanaungatanga	Connection or reciprocal relationships
Whenua	Land or placenta

CHAPTER ONE: Introduction

This chapter outlines the intention of this thesis by establishing my positionality within the research and introducing the intricate cultural, historical, and political contexts that shape its purpose. Grounded in my lived experiences as a Māori mother and researcher, I share my whakapapa and reflect on how Māori cosmology and centering indigenous epistemologies offer alternative ways of knowing and thinking.

Ko Wai Ahau (Who Am I?) My Personal Positionality

My name, Cindy-Joe Theresa Aroha Shepherd, represents the first narrative that precedes my physical birth. Elkington (2011) describes this stage as *atuatanga-i-mua*, meaning the beginning of our identity. The formation of my name is part of the cosmological aspect of whakapapa, or genealogy, from which I come. The story behind my name provides insight into the significance of my existence. I was named after my maternal grandfather, Koko Robert Joseph Tutere Tuwhakaheke Rangihaeata, commonly known as Joey, which explains the name 'Joe'. Theresa was derived from my maternal grandmother's middle name, nana Cecilia Theresa Philomena Tumoana.

Based on my mother's emotional connection during her pregnancy, I was named Aroha (love/sympathy). She recounted the story to me when she was *hapū* (pregnant) with me. She would take matters into her own hands, tending to the garden to ensure her vision was realised. Her love for her surroundings and her belief in her ability to connect with her environment went beyond quantifiable measures or conditional limitations. Through my mother's story, I have been able to capture the essence of aroha and how aroha can be seen and felt in different ways.

My paternal family name is Shepherd. Growing up with my mother, I was not as connected with my father's side of the family and did not know much about my father's

whakapapa (genealogy). However, in 2021, my paternal grandfather, Albert Shepherd (Arapeta Hapa), passed away and was laid to rest at Kēnana urupā. His tangihanga (funeral) took place at Kenana marae, which I attended. This was my first time visiting my marae and meeting my whānau (family) from Ngāti Kahu, Matirahurahu.

During my visit, I gained valuable insights about my marae, ancestors, and extended family. For many years, I believed that our grandfather Albert had been adopted into the Shepherd family. However, after reconnecting with our extended relatives, we discovered that he was adopted by his father's sister, who raised him. Originally named Hapa, the Shepherd family changed their surname during my great-great-grandfather's time; as my cousin explained, this practice was common back then.

Acknowledging my name reflects whakapapa (genealogy) by passing down names, preserving wairua (spiritual essence), and maintaining emotional connections before being born into the physical realm (Elkington, 2011). Explaining my name offers insight into my world, representing the layers and connection to my whānau and whakapapa (past, present, and future).

Being a Māori Mother and Researcher: Navigating Indigenous Identity and Academia

I am the mother of three wonderful children. My 14-year-old son attends a kura kaupapa high school, loves hip-hop, cars and basketball. My 11-year-old daughter enjoys various activities, including sports, art, gaming, creative writing, and kapa haka (Māori performing arts). Meanwhile, my youngest daughter, who is 7, is incredibly determined and innovative, passionate about nature and the arts. I see my children as having unique 'superpowers' due to their different perspectives on the world. In my attempts to highlight my children's strengths and individuality, my experiences within social and mainstream communities often result in my son, who is autistic, and my 11-year-old daughter, who has

attention deficit hyperactivity disorder (ADHD), being perceived as deficient, disruptive, or abnormal.

My motherhood experiences within mainstream services have not been the best. At 21, I became a single mother and raised my son in a predominantly Eurocentric suburb. I often felt pressured to conform to the prevailing power dynamics of Western societal norms and struggled to meet the expectations of motherhood. I frequently felt judged and was often viewed as another statistic. This perception stemmed from my experiences when accessing public healthcare services, where the staff seemed more concerned about interrogating me about safety and showing concern regarding my age and being Māori. These reflected biases tied to negative stereotypes associated with Māori parents and are often perpetuated in media sources like news coverage (Maydell, 2018). Consequently, I developed a constant fear when accessing healthcare systems. I dreaded engaging with healthcare staff, as their lack of empathy led me to question my worth and capability as a mother.

For much of my life, I felt ashamed of my Māori heritage and distanced myself from it. This distancing reflects the power imbalances in the social and environmental influences that shaped my childhood and young adulthood. My previous goals and ambitions were driven by a desire not to become another statistic; I aimed to be seen as “a good brown Pākehā” to receive quality treatment and validation as a ‘good mother’ (Houkamau, 2010; Schmidt et al., 2023).

Reflecting on my challenges, I recognise that these experiences have enabled me to develop numerous strengths (Hokowhitu, 2009), including adaptability and resilience. Identifying what connects me with my whānau (family) and taiao (nature) fosters unity and gives me a robust sense of self. Discovering the rangatira, or the element that binds my whānau, helps maintain my grounded existence.

This perspective inspired me to reconnect with Te Ao Māori (Māori worldview) and embrace my culture without embarrassment. Understanding my identity through experiences and relationships has given me the confidence to embrace being Māori. It has deepened my appreciation of fluidity, poetry, and the openness to new ideas, which is naturally inherent in Māori culture. Embracing my Māori identity without strict rules has redefined what it means to 'be' (Mika, 2014).

Through my journey as a Māori mother, I have realised the importance of highlighting our strengths while recognising the strengths we develop in our everyday lives during difficult times and adversity (Hokowhitu, 2009). My experiences have inspired me to focus on the challenges faced by young Māori mothers, who are often labelled as problematic by society (Sheeran, 2019; Breheny & Stephens, 2010; Owens, 2022; Lawton et al, 2016; Lawton et al., 2013; Adock et al., 2016; Wilson & Huntington, 2006). The combination of my personal experiences and my desire to advocate for young mothers inspired the initiation of this thesis and my efforts to transform societal norms to protect and support whakapapa, which encompasses the past, present, and future generations.

Historical and Social Context: Precolonial and Colonial Realities

Before the 19th century, traditional Māori child-rearing practices viewed children as taonga (treasures) from atua (spiritual beings) and tīpuna (ancestors), raising them with immense care, affection, and a profound sense of responsibility (Herewini, 2018). Children were nurtured through aroha (love) rather than punitive discipline (Pihama et al., 2016; Jenkins & Harte, 2011).

Knowledge and cultural values were transmitted orally through pūrākau (storytelling), waiata oriori (lullabies), and whakataukī (proverbs). Young wāhine were well-versed in birthing practices and te whare tangata (the house of humanity), with early motherhood seen as a normal and valued life stage that contributed to the continuation of whakapapa

(Mahuika, 2019). Child-rearing was a collective endeavour, with whānau playing an essential role in ensuring cultural immersion and holistic support (Cram et al., 2021; Albert, 2020).

Before large-scale colonisation took hold, Māori leaders responded to growing disorder caused by foreign settlers by asserting their political authority. This assertion of mana motuhake was formalised through He Whakaputanga o te Rangatiratanga o Nu Tireni (1835), the Declaration of Independence, which affirmed the sovereignty of hapū and unified Māori under a collective authority to protect their lands, people, and tikanga (Mutu, 2021; Waitangi Tribunal Report, 2014). This foundational declaration, followed by the signing of Te Tiriti o Waitangi in 1840, was intended to secure mutual recognition and protect Māori autonomy. The Māori version of Te Tiriti o Waitangi—upheld by the Waitangi Tribunal—outlined a constitutional partnership (Te Heuheu Tukino VIII & Orange, 2017; Matike Mai, 2016):

- Article One – Kāwanatanga (Governance): Māori granted the Crown the right to establish a government to oversee British subjects. This did not equate to full sovereignty or the surrendering of Māori authority (Te Heuheu Tukino VIII & Orange, 2017).
- Article Two – Tino Rangatiratanga (Sovereignty/Authority): This guaranteed Māori absolute authority and self-determination over their lands, homes, and all treasured things (taonga katoa), and required fair processes for land transactions (Te Heuheu Tukino VIII & Orange, 2017).
- Article Three – Ōritetanga (Equity): Māori were promised the same rights and protections as British subjects, affirming equal citizenship without relinquishing cultural identity (Te Heuheu Tukino VIII & Orange, 2017).

- Article Four – Wairuatanga (Spiritual Freedom): Though not written, this article was orally agreed upon and widely recognised. It affirmed Māori rights to freely practice their spiritual beliefs alongside Christianity (Orange, 2011).

Despite these assurances, colonisation soon intensified, and the Crown repeatedly breached both He Whakaputanga and Te Tiriti. Land alienation, suppression of te reo Māori, and systemic exclusion from health and education continue to impact Māori wellbeing (Waitangi Tribunal, 2019). Recent political rhetoric has further distorted the meaning of tino rangatiratanga, reframing it as a universal right rather than a constitutional recognition of Māori authority, undermining the original intent and fuelling racially divisive narratives (Human Rights Commission, 2023; Jones, 2023).

Colonisation disrupted traditional practices, introducing Western knowledge systems that positioned Indigenous worldviews as inferior (Grosfoguel, 2013). Grounded in doctrines like the Doctrine of Discovery (Mutu, 2019), colonial frameworks marginalised Indigenous peoples and redefined knowledge through a Eurocentric lens. Stereotypes constructed under imperial ideologies portrayed Māori as irrational and uncivilised, justifying colonial domination while elevating Western norms as universal (Houkamau, 2010).

The Native Schools Act (1867–1969) enforced these narratives, particularly targeting Māori girls for assimilation into passive, domesticated roles (Jenkins & Matthews, 1998). The imposition of heteropatriarchal structures, where men held most of the authority and heterosexual norms were promoted as natural, further marginalised Māori women, displacing traditional social roles and disrupting communal care systems (Arvin et al., 2013). Such policies dismantled collective whānau responsibilities, eroded leadership roles, and altered the gendered balance of Māori society (Mutu, 2019).

With colonisation came Christianity and the promotion of nuclear family models, which displaced traditional Māori kinship systems (Jenkins & Matthews, 1998). In the 20th

century, state-led assimilation and urban migration policies further fragmented whānau support structures (Houkamau, 2010). Young Māori mothers in urban environments often faced racism, poverty, and surveillance from welfare agencies (Manuka, 1994; Cram et al., 2021). This stigmatisation reframed young motherhood as problematic, especially through a Western lens focused on individualism and economic productivity (Wilson & Huntington, 2006).

Rectifying the Injustices: Embracing Partnership and Duality

In contrast, Māori creation narratives offer a paradigm grounded in relationality, duality, and spiritual depth. While iwi and hapū hold unique traditions, many trace life to Hawaiki—a cosmic, spiritual origin (Henare, 2001). Io, the supreme being, initiated creation from Te Korekore, the realm of potential, where nothingness is fertile with possibility (Marsden, 2003 as cited in Mika, 2014; Lilly, 2018). The emergence from Te Pō (darkness) into Te Ao Mārama (world of light) reflects a dynamic process of becoming, informed by interdependence and balance (Pipiri & Body, 2013).

This duality is embodied in concepts such as:

- Hapū: meaning both "to be pregnant" and "subtribe," symbolising the generational and political continuity of whakapapa (Kolo, 2024; Herewini, 2018).
- Whenua: meaning both "land" and "placenta," illustrating the life-giving connection between people, place, and ancestry (Kolo, 2024; Albert, 2020; Mika, 2014).
- Whānau: meaning both "family" and "to give birth," emphasising collective care and the generative process of kinship (Kolo, 2024; Pere, 1994; Cram, 2011).

These concepts affirm a Māori worldview in which physical and spiritual, individual and collective, coexist in balance. They challenge Western compartmentalisation and heteropatriarchal norms that undermined Māori women's traditional roles. Decolonisation

requires the dismantling of imposed systems and the restoration of Indigenous knowledge (Fanon, 1961).

In contrast to deficit narratives that frame early motherhood as a social problem, te ao Māori upholds the birth of a child as the continuation of whakapapa. This thesis does not promote early parenthood; rather, it challenges institutional responses that stigmatise young Māori mothers and reclaims their mana through a whakapapa-centred, strengths-based lens.

The Design of the Thesis

The design of this thesis is inspired by the concepts of whakapapa (genealogy) and whanaungatanga (relationships). These concepts have shaped my approach as an Indigenous researcher, predominantly influenced by Western paradigms. Therefore, throughout this thesis, I embrace the collision of multiple realities and knowledge from both Western approaches and kaupapa Māori and indigenous scholarship.

As a researcher, I play an active role in the research process; my interpretations, experiences, realities, and positionality contribute to the structuring of the research and the presentation of participant's voices. In academia, there is often an emphasis on a 'one-way' approach to research, which is typically objective and positivist (Grosfoguel, 2013). This approach promotes an individualistic perspective where researchers should be separated from their research due to the western belief that objectivity is non-biased (Smith et al., 2012; Hopner & Liu, 2021). I intend to move away from this perspective and embrace inclusivity, reinforcing the essence of inclusiveness, whakapapa (origins and evolution of lineage), and whanaungatanga (relationships) (Mika, 2020).

The Aims of the Research

This thesis aims to provide a platform for young Māori mothers to share their experiences, highlighting their strengths and resilience against marginalisation and stigma.

Specifically, this research seeks to understand the unique strengths of young Māori mothers and how they overcome challenges. By doing so, it aims to dispel stereotypes and discrimination, raise public awareness, educate communities, and transmit knowledge to social and health settings that often perpetuate stigma (Rodat, 2020).

My research is profoundly informed by Kaupapa Māori methodologies, drawing on core Māori values such as whakawhanaungatanga, tino rangatiratanga, tiakitanga, rāranga, mana whenua, and kanohi ki te kanohi (Goodwin, 2022; Stevenson et al., 2020; Smith, 2006; Lawton et al., 2013). These values underpin the chosen methods: photo-elicitation, a visual approach for participants to express their realities (Sanchez et al., 2019; Bronfenbrenner, 1977; Reupert et al., 2022; Minthorn & Marsh, 2016); pūrākau (storytelling), which validates lived experience as legitimate knowledge (Lee, 2009; Renfrew, 2022); and Interpretative Phenomenological Analysis (IPA), a qualitative approach for understanding individual meaning-making from lived experiences (McCormack & Joseph, 2018; Dhunna et al., 2021). The methodologies were designed to reframe deficit-based observations of young mothers by highlighting their strengths and adaptations, and to evaluate the effectiveness of public agencies in addressing their specific needs, focusing on both immediate support and long-term well-being.

The research aims to answer the following questions:

1. What factors contribute to the success of teenage Māori mothers, and how can they be supported in achieving these success factors?
2. How do Māori teenage mothers overcome challenges in their parenting journey?
3. How can service providers improve their support for Māori teenage mothers, their babies, and whānau?

Overview of Thesis Structure

- **Chapter One:** Outlines my positionality and the development of the thesis, which focuses on young Māori mothers.
- **Chapter Two:** Reviews relevant literature on young Māori mothers in social and health settings.
- **Chapter Three:** Details the theoretical methodological framework, specifically focusing on Kaupapa Māori values and principles.
- **Chapter Four:** Outlines the practical methods used in the research, including data collection and analysis, and addresses ethical considerations.
- **Chapter Five:** Presents the findings in two parts: part one is the pūrākau (stories) and the journeys of three young Māori mothers, and part two presents the key themes that emerged from their experiences.
- **Chapter Six:** Connects these findings to the literature review and addresses the research questions, noting study limitations and areas for future research.
- **Chapter Seven:** Summarises the key ideas and includes my reflections on the thesis.

Summary

This chapter has laid the foundation for the thesis by locating the research within my personal and cultural positioning, as well as within the broader historical and political landscape of Aotearoa. Drawing from kaupapa Māori values and an intersectional framework, I have explored how precolonial Māori worldviews positioned in collective care, relationality, and whakapapa, were disrupted through colonial systems of knowledge, education, and governance. I have shown how the signing of He Whakaputanga and Te Tiriti o Waitangi initially affirmed Māori sovereignty, yet were later breached, contributing to systemic inequities that continue to affect young Māori mothers today. By situating these realities alongside Indigenous cosmologies and ontologies, I argue that restoring mana to

young Māori mothers requires a deliberate centring of Indigenous ways of knowing and being. This chapter provides the cultural, historical, and philosophical grounding for the research and sets the stage for the literature review that follows.

CHAPTER TWO: Literature Review

Building on the research journey and personal lens articulated in Chapter One, this thesis focuses on critically analysing existing scholarship. This chapter examines the literature about teenage mothers, specifically focusing on young Māori mothers in Aotearoa, New Zealand. It highlights the necessity of understanding the social determinants and inequalities that young Māori mothers encounter.

Negative perceptions of teenage motherhood, often pathologised in Western industrialised countries, leading to long-term challenges for young parents are reviewed. Highlighting the influence of colonial ideologies on societal norms and the dissemination of knowledge. Historical factors such as motherhood expectations and heteropatriarchy have profoundly impacted the social fabric, affecting Māori communities (Mathews & Jenkins, 1998; Arvin et al., 2013; Houkamau, 2010).

Young Māori Mothers in Aotearoa, New Zealand: Demographics

Aotearoa, New Zealand, has a total population of 4,993,923, of which 978,246 individuals identify as Māori (19.59%). Notably, rangatahi Māori (Māori youth) aged 0-24 make up nearly half (46.54%) of the total Māori population (Stats NZ Regional Council areas, 2023). In 2023, the Waikato region's population was estimated at 498,771, with Māori individuals numbering 137,742 (28%). Within Waikato, rangatahi Māori aged 0 to 24 years constitute almost half (47%) of the Māori population, totalling 64,833 individuals (Stats NZ Regional Council areas, 2023). As of September 2024, 6,399 births were recorded in the Waikato region, of which 2,532 (28%) were Māori infants (Stats NZ Infoshare Live Population and Births, 2024).

The prevalence of teenage parenthood in Aotearoa has declined by 55% since 2012 (Stats NZ, 2023a). Nevertheless, this rate remains high in comparison to other Western

developed nations, with Māori and Pasifika communities facing disproportionately higher rates of teenage pregnancies (Oranga Tamariki, 2019). In 2023, teenage Māori mothers represented over half (65%) of the total teenage motherhood population, in contrast to their non-Māori counterparts (35%) (Stats NZ Births & Deaths, 2023).

The Global Context of Teenage Motherhood and Western Perceptions

Adolescent parenthood is widely acknowledged as a significant issue on both global and national scales (Breheny & Stephens, 2010; Lewis et al., 2009; Banks, 2008; Owens, 2022; Sheeran et al., 2019; Adcock et al., 2016; Wilson & Huntington, 2006). Historically, teenage pregnancies, particularly in late adolescence (ages 16-19), were not a new phenomenon in Europe. For much of human history, it was common and socially accepted for girls to marry and have their first children in their late teens (Kirchengast, 2012).

The stigmatisation of young parenthood in European societies is a complex issue, evolving from a common practice to a significant social apprehension. For example, in the United States, both overall and teenage fertility declined throughout the 19th and 20th centuries, as part of a global demographic shift driven by lower child mortality, urbanisation, later marriage, and smaller family sizes. Smaller families contributed to better health outcomes and improved women's social and economic roles (Santelli & Melnikas, 2010).

As neoliberal frameworks came into the 20th century with the expansion of education and career pathways for women from the mid-1970s, delaying childbearing became the societal norm, leading to young motherhood being increasingly viewed as problematic in Western contexts, framed by concerns of appropriate age and perceived individual responsibility (Schmidt et al., 2023).

The societal perception of teenage motherhood, therefore, tends to be negative, often resulting in the assumption that young women who become mothers are not contributing to society and are therefore seen as unfit and deviating from established social norms (Banks,

2023; Sheeran et al., 2019; Owens, 2022; Breheny & Stephens, 2010). These social norms are considered accepted rules of behaviour, adherence to which can have positive or negative consequences and are linked to developing and maintaining expectations of motherhood (Schmidt et al., 2023).

In Western Industrialised Education Rich Democratic (WEIRD) countries (Canada, Aotearoa, New Zealand, United Kingdom, United States and Australia) (Schmidt et al., 2023), research predominantly employs objective and positivist frameworks that often portray young mothers as subjects of inquiry. These frameworks emphasise their situations as atypical and deviating from societal expectations (Wilson & Huntington, 2006; Pihama, 2011; Lawton et al., 2013). Findings indicate that young parents in these contexts often face long-term challenges, including reliance on social benefits, developmental and health risks for their infants, a higher likelihood of school dropout, and experiences of poverty and socioeconomic deprivation (Lawson et al., 2013; Sheeran et al., 2019; Sedgh et al., 2015; Marie et al., 2011; Singh et al., 2001; Jutte et al., 2010; Paranjothy et al., 2009; Breheny & Stephens, 2010).

Cultural Expectations of Motherhood in Western Societies

Assumptions about motherhoods "abnormality" reflect cultural expectations prevalent in Western societies, fundamentally located in social structures shaped by heteropatriarchy and neoliberalism (Arvin et al., 2013). These ideological frameworks promote an emphasis on individual responsibility and market participation (Wilkinson, 2011).

Wilson and Huntington (2006) highlight that young mothers are often viewed as outside of Western societal norms, which prioritises economic and social status. This perspective frames young mothers as reliant on welfare and experiencing social exclusion. Social inclusion typically involves participation in the labour market, allowing individuals to benefit from and contribute to society, thereby improving their economic status and social

status. As Schmidt et al. (2023, p. 59) note, there is an "...increasing dedication to neoliberalism, with the ideal citizen being constructed as an active, self-responsible, and self-optimising subject and an adult worker."

Thus, Western values are constructs shaped by neoliberal frameworks that influence the 'motherhood system.' According to Wright and Meadows (2009), a system is a collection of interconnected elements that generate patterns, with interconnected components and information flowing within it. Over time, systems develop patterns and behaviours, making it challenging to evaluate and address the strengths and barriers young Māori mothers face (Espiner et al., 2021; Wilson & Huntington, 2006). This systemic behaviour perpetuates certain outcomes, including fostering success, strengths, and challenges (Wright & Meadows, 2009). Therefore, the 'motherhood system' portrays mothers as pivotal in a broader system that shapes the social, cultural, spiritual, and psychological aspects of navigating the strengths and challenges young mothers face as they strive to be exemplary citizens in society.

Schmidt et al. (2023) conducted an extensive systematic research review from 2001 to 2021, identifying five societal expectations defining a 'good mother' in WEIRD countries:

1. **Attentiveness to children's needs:** Mothers are expected to gather information and recognise cues to effectively support their child's development, adopting an individualised approach. As Javadifar et al. (2016, p. 150) state, mothers should be able to "find the existing strategies and select the proper one(s) to solve the problems. Therefore, she should learn more about the baby's characteristics and behaviours and the way the baby expresses her needs and utilise her own potentials, such as her planning ability, etc., to exert better control over her life circumstances."
2. **Responsibility for child's healthy development:** This includes providing access to nutritious food and breastfeeding after birth. Breastfeeding is strongly advocated as a crucial aspect of motherhood (Schmid et al., 2023, 2024). McBride-Henry (2010)

explores the strong societal pressure on women in Aotearoa, New Zealand, to breastfeed, noting, "...women in New Zealand experience strong societal pressure to breastfeed their infants, with little recognition for the associated difficulties.

Ironically, women also experience strong pressure to stop breastfeeding children beyond a relatively young age, despite well-documented evidence of the benefits of prolonged breastfeeding" (McBride-Henry, 2010, p. 1). This pressure leads many mothers to feel that failing to breastfeed successfully is a failure to themselves, their babies, families, and society.

3. **Adherence to Western values emphasising participation in the labour market:**

Mothers are expected to balance professional activities with parenting responsibilities, ensuring job commitments do not interfere with family responsibilities or diminish time and energy for children (Schmidt et al., 2023; Gillies, 2005; Schmidt et al., 2024).

4. **High degree of control over body, mothering performance, and children:** Mothers

are expected to be self-aware in both personal and public spheres, seeking positive validation as 'good mothers' from external sources such as public attitudes, family members (McBride-Henry, 2010), work colleagues (Johnston & Swanson, 2006), other mothers and parents (DeGroot, 2021), health providers (Howarth et al., 2011), and social media (Chae, 2015; Archer & Kao, 2018; Jarvis, 2017). Jarvis (2017) discusses social media's dual nature in motherhood, providing support but also reinforcing norms, leading to 'mother shaming' and unhealthy comparisons (Chae, 2015; Archer & Kao, 2018).

5. **Contentment and happiness with maternal role:** Mothers are expected to display

happiness in their maternal role, viewing complaining as a sign of inadequacy and personal failure (Schmidt et al., 2023).

Understanding Stigma and Its Effects on Young Māori Mothers

Goffman (1963) defined stigma as "blemishes of individual character" that discredit individuals in their social environment. Societal expectations and moral attitudes influence stigma (Bostwick et al., 2023). Rodat (2020) notes that stigma happens when traits are devalued, and stereotypes are formed, leading to discrimination and the assignment of specific social identities. Teenage pregnancy and parenting are often stigmatised due to negative evaluations and assumptions about promiscuity, irresponsibility, and dependency (Stevenson et al., 2020; Ellis-Sloan, 2014; Wilson & Huntington, 2006).

Both Pākehā and Māori teenage mothers experience stigma (Sheeran et al., 2019). Māori teen mothers face additional challenges due to social and economic factors, as well as racial discrimination (Adock et al., 2021; Lawton et al., 2013). Their age and ethnicity serve as prominent identity markers that are used to judge and stigmatise their parenting abilities (Sheeran et al., 2018).

Stigma often causes individuals to hide their struggles for fear of judgment and negative stereotypes. In response, those who experience stigma can develop protective mechanisms to cope and maintain their self-esteem (Rodat, 2020). Rodat (2020) outlines seven common protective mechanisms that individuals employ as coping strategies in the face of stigma.

1. Correcting perceived flaws: Altering characteristics or dissociating from stigmatised groups.
2. Avoiding stigmatising situations: Evading contacts and social interactions where stigma might arise.
3. Internal distancing: Disconnecting from expectations and tasks associated with areas of life that trigger stigma.

4. Compensating: Developing unexpected or exceptional skills.
5. Forming in-group relationships: Seeking strong identification within their group for protection against low self-esteem.
6. Externalising viewpoints: Challenging and rejecting prejudices.
7. Creating accepting environments: Striving to establish surroundings that accept their stigma.

Ultimately, stigma restricts young mothers' rights to self-determination and access to essential support services in areas such as finances, caregiving, health, education, and employment (Huntington & Wilson, 2006; Cram et al., 2021). The persistent stigmatisation of teen parenting also shapes government responses through neoliberal rhetoric, which emphasises individual responsibility and frames early childbearing as detrimental to educational and employment opportunities, thereby undermining responsible citizenship (Cram et al., 2021; Ware et al., 2017).

Destigmatising Social and Health Intervention Strategies

Destigmatisation involves actively eliminating negative stereotypes, rejecting discrimination, and appreciating marginalised groups by recognising individuals as multifaceted rather than defined by a single 'abnormal' trait (Rodat, 2020). This goal is pursued through legislative changes, public campaigns, and education at various social levels (Rodat, 2020). Critically, destigmatisation also prioritises the resilience and sovereignty of Indigenous communities, acknowledging their strengths in overcoming systemic inequities (Hokowhitu, 2009; Arvin et al., 2013).

Research consistently shows that the healthcare system in Aotearoa, New Zealand, presents significant challenges for Māori mothers, their pēpi (babies), and whānau (families) (Stevenson et al., 2020; Cram et al., 2021; Lawton et al., 2013; Lawton, 2016; Makowharemahihi et al., 2014; Lee & North, 2013; Espiner et al., 2021; Kolo, 2024; Adcock

et al., 2016). Higher illness and mortality rates among Māori are directly linked to poor healthcare access, hostile environments, systemic racism, and poverty driven by neoliberal policies (Makowharemahihi et al., 2014; Lee & North, 2013; Espiner et al., 2021; Reid & Robson, 2007; Cram et al., 2021).

Within the literature on intervention strategies, a critical understanding of the historical and systemic factors, particularly the persistent breaches of Te Tiriti o Waitangi (as detailed in Chapter One), is consistently emphasised (Howarth et al., 2013). These historical efforts at colonial violence and the systematic dispossession of Māori land and resources continue to create formidable obstacles for young Māori mothers, who often face unique challenges in a society that has marginalised their rights and identities (Cram et al., 2021; Adock et al., 2021).

Bronfenbrenner's ecological model (1977) offers a comprehensive framework for understanding how interconnected levels, from governmental policies to community services and social systems, impact individual behaviours and outcomes. This model is particularly useful for organising and evaluating health promotion interventions, emphasising the importance of context. Eriksson et al. (2018) further stress that effective health interventions must be culturally sensitive and relevant to specific community needs. Policies require a thorough analysis of contextual factors, especially concerning the Indigenous Māori population, necessitating genuine co-partnerships in both methodologies and health interventions to ensure cultural appropriateness and impact.

Child-rearing can be viewed as a shared responsibility, influenced by socioeconomic status, political factors, community support, and systemic barriers, demanding a collective approach to children's upbringing (Ruepert et al., 2022). In this context, Sanchez et al. (2019) advocate for blending Indigenous and Western approaches, emphasising Indigenous values in

health interventions and calling for cultural reparations and the incorporation of Indigenous knowledge to address historical injustices and promote healing.

Moreover, Espiner et al. (2021) identified barriers Māori face in accessing healthcare, including challenging environments and racial stereotyping. While tackling normalised historical racism is difficult, utilising Te Tiriti o Waitangi as a foundation can guide policymakers and healthcare leaders in addressing structural racism (Espiner et al., 2021; Stevenson et al., 2020; Ritchie, 2020). Stevenson et al. (2020) further highlight the lack of Māori values in maternal healthcare, leading to inadequate treatment for whānau, directly correlating this absence with breaches of Te Tiriti o Waitangi:

- Manaakitanga aligns with kāwanatanga (Article 1), ensuring respect for cultural practices.
- Tino rangatiratanga aligns with Article 2, highlighting the lack of Māori control in Eurocentric healthcare systems.
- Whakawhanaungatanga aligns with Article 3, emphasising the Crown's duty to protect Māori rights and ensure equal opportunities, noting that current healthcare systems offer limited collaboration.

Summary

This chapter critically reviewed literature on teenage motherhood with a focus on young Māori mothers in Aotearoa, New Zealand. It examined how Western, neoliberal, and heteropatriarchal ideologies shape dominant perceptions of early parenthood—often portraying young mothers as deviant, dependent, and socially unfit. The chapter discussed how colonial and systemic inequities continue to influence the lived realities of young Māori mothers, who face intersecting forms of discrimination tied to age, race, and socioeconomic status.

A key focus was placed on the stigma surrounding teenage motherhood and how this contributes to structural and social exclusion. The review highlighted the cumulative impacts of colonisation, breaches of Te Tiriti o Waitangi, and the marginalisation of Māori knowledge in healthcare, education, and social systems. Cultural expectations of motherhood, particularly in WEIRD societies, were examined alongside the ‘motherhood system,’ revealing how societal norms construct narrow definitions of the ‘good mother.’

Strategies for destigmatising young Māori motherhood were explored, including the use of kaupapa Māori approaches, culturally grounded healthcare, and collective parenting frameworks.

CHAPTER THREE: Methodology

Building on the critical insights gained from the literature review in Chapter Two, while Chapter Three will establish a methodological framework to outline the theoretical approach taken, arguing for a culturally responsive methodology essential for genuinely exploring Indigenous phenomena. It advocates for an approach that moves beyond conventional objective research paradigms to foreground reflective practice and authentic relationship-building, aiming to balance power dynamics and support research by Māori for Māori and with Māori (Goodwin, 2022; Smith, 2006:2012).

Kaupapa Māori Methodology

Kaupapa Māori methodology is central to this thesis, providing a framework inherently connected to Māori worldviews and epistemologies. At its core, Kaupapa Māori is about validating and prioritising Māori knowledge, values, and perspectives, emphasising the importance of cultural integrity and autonomy. This methodology actively challenges and resists colonial structures and discourses, seeking to create spaces where Māori voices and experiences are heard, respected, and empowered (Smith, 2006, 2012; Mika, 2014).

Employing Kaupapa Māori methodology, this thesis explores the intersections between identity, culture, and social structures, acknowledging the profound impact of historical and contemporary influences on Māori communities. By grounding the research in Māori concepts and principles, such as whakapapa, whanaungatanga, manaakitanga, tiakitanga, rāranga, tino-rangatiratanga, pūrākau, mana whenua, and kanohi ki te kanohi, a holistic and inclusive approach is facilitated to understanding and addressing the complexities faced by Māori individuals and communities (Goodwin, 2022; Lawton et al., 2013; Smith, 2006).

Kaupapa Māori methodology is not static; it is dynamic and adaptive, allowing for the incorporation of new insights and perspectives that align with Māori ways of knowing and being (Mahuika, 2019; Nepia, 2012). This flexibility ensures that the research remains relevant and responsive to the evolving needs and aspirations of Māori, fostering an environment of continual growth and transformation (Smith, 2006; Goodwin, 2022).

Utilising the Whakapapa Framework

Whakapapa represents the essence of our existence, encompassing our identity, knowledge, and origins. It grounds us, connects us, and provides us with purpose (Te Rito, 2007). Mika (2014) describes "whakapapa" as a "genealogy layered in a physical sense," suggesting a deep connection to the earth and nature. The term can be broken down to 'whaka' meaning 'to become,' and 'papa' meaning 'earth.' This concept illustrates the spiritual connection between our physical existence and the genealogy of Papatūānuku (Earth Mother) and Ranginui (Sky Father).

Consequently, whakapapa serves as a foundational element linking Māori people through an acknowledgment of the past, present, and future connections among land, people, non-human elements, spirituality, and language. Mahuika (2019) further defines 'whakapapa' as a framework, a hierarchical organisation of processes that facilitates knowledge transfer from generation to generation. In this context, everything has a 'whakapapa', a collection of layers passed through generations.

Indigenous knowledge emphasises the concepts of 'movement and motion' as expressed through language and observations of nature and the environment (Evans & Uruamo, 2012; Duran & Firehammer, 2008, 2010; Thiong'o, 1986). This perspective acknowledges that all things are not static but are instead in a constant state of change over time, fostering adaptation and regeneration, highlighting the adaptable and compatible nature of the whakapapa framework.

Rebalancing Power and Relationships through Whanaungatanga

The concept of complementary dualism, as discussed in Chapter One, plays a crucial role in understanding Māori values, particularly in relation to the whanaungatanga process undertaken during this research. This dualism is illustrated through the relationship between Papatūānuku and Ranginui, where both entities have distinct identities yet are interconnected; one cannot exist without the other (Williams, 2016). This cycle of reciprocity informs my understanding of sustainable practices, highlighting the importance of balance and unity over disparities.

The essence of whanaungatanga is evident in the collective operations of Māori communities, where the well-being of the group is prioritised over individual success (Hodgetts et al., 2020). This principle encourages collaboration, resource sharing, and mutual support, culminating in a robust network of interdependence. Importantly, whanaungatanga reflects bonds formed through shared experiences, values, and aspirations, serving to bridge divisions and promote a more inclusive and harmonious society (Goodwin, 2022; Hodgetts et al., 2020). Kanohi ki te kanohi (face-to-face engagement) was included in the whanaungatanga process, as Hoskins (2010) expresses: "the relationship of kanohi ki te kanohi, meeting the other person face to face, is the basis of human relationships. To face one another is to enter into an engagement—or intersubjectivity."

Manaakitanga

Manaakitanga refers to the reciprocal sharing and caring between the recipient and the provider, which enhances and acknowledges the mana of both parties (Stevenson et al., 2020; Makowharemahihi et al., 2014).

In this research, I expressed manaakitanga by ensuring that stakeholders and mothers were treated with care, creating a respectful and welcoming environment. This involved providing kai (food) and necessary resources to facilitate their participation.

Tiakitanga

Tiakitanga correspond to the core principles of guardianship and stewardship (Goodwin, 2022). In my research, I embraced the value of tiakitanga by honouring and respecting the voices of the participants. This approach ensured that my analysis aligned with the principles of whanaungatanga and guided my ethical commitment to maintaining the anonymity and security of participants' data.

Tino-rangatiratanga

Tino-rangatiratanga does not have a direct translation in English, often described as self-determination, sovereignty, independence, and autonomy (Te One & Clifford, 2021). It also encompasses Māori control over Māori lives and Māori knowledge. The term can be broken into two parts: “ranga” (to weave) and “tira” (a group or community). From a Māori perspective, leadership depends on a leader’s ability to weave a community together, recognising the different strands within a group (Mikaere, 2010, as cited in Te One & Clifford, 2021, p. 2). In this context, a leader can be a person or entity that brings people together to share responsibilities, goals, and aspirations.

Tino-rangatiratanga can also be expressed through mana ake, described as “the development of a positive identity and appreciation of one’s absolute uniqueness, while maintaining a balance between individual and group identity” (Pere, 1988:91, as cited in Love, 2004, p. 25). Mana is understood as empowerment (Love, 2004), authority, status, and power (Mutu, 2021), and is fundamental to Māori culture (Mutu, 2021, p. 270).

A diminishing aspect of tino-rangatiratanga can be represented by whakamā, a complex concept encompassing various meanings that can lead individuals to feel diminished, often described as “a sense of powerlessness and the exposure of this lack of power and status by an individual or group with more power” (Smith, 2019, as cited in Knight, 2021, p. 135).

Drawing on complementary duality, tino-rangatiratanga works with hauora (Māori well-being), meaning “the breath of life” (Te One & Clifford, 2021, p. 4). In this research, hauora refers to the interconnected elements contributing to the well-being of young Māori mothers, their babies, and their whānau, encompassing quality of life, relationships, taiao (the environment), tinana (the physical body), and wairua (spirituality) (Durie, 1998; Te One & Clifford, 2021).

Mana Whenua

“Mana whenua underpins the mutual relationship between the people of the land and the land itself” (Love, 2004, p. 27). In this thesis, I sought consent from a cultural advisor, Wiremu Puke, representing the land where I was conducting my research. Wiremu Puke not only provided consent but also offered insights regarding the nature of the research. Smith (2006) emphasises the importance of following the principles of tikanga, suggesting that research conducted on mana whenua should make the researcher's intentions clear to the local community. Additionally, Lawton et al. (2013) point out that studies involving young Māori mothers often stem from deficit observations and neglect the perspectives of local communities.

Rāranga

Rāranga is the weaving together of compatible methodologies from Māori and Western paradigms. Goodwin (2022) depicts this as the integration of diverse methods that reflect the complexity of lived realities. This research draws upon rāranga to create a multi-layered approach that honours relational knowledge and enhances the overall responsiveness of the research design, which includes interpretative phenomenological analysis, photo elicitation and pūrākau.

Interpretative Phenomenological Analysis (IPA)

In addition to kaupapa Māori principles, this research draws on Interpretative Phenomenological Analysis (IPA) as a complementary Western methodology. IPA is a qualitative approach that seeks to understand how individuals make sense of their lived experiences, and is well-suited for exploring the nuanced realities of young Māori mothers. This method focuses on meaning-making through in-depth engagement with participants' narratives, aligning with kaupapa Māori goals of favouring my lived experiences and cultural insights. While kaupapa Māori is grounded in Māori epistemology and relational ethics, IPA offers a framework for rigorous and reflective thematic analysis, allowing the voices and narratives (pūrākau) of participants to be interpreted in a way that honours their worldviews and expressions of tino rangatiratanga (McCormack & Joseph, 2018; Dhunna et al., 2021; Healey, 2018).

Photo Elicitation

Photo elicitation was chosen to complement the kaupapa Māori methodological approach and to support participants in expressing their experiences visually and verbally.

Martin (2013) highlights that Indigenous perspectives on visual materials align with decolonising practices, echoing Thiong'o's (1986) views on linguistic politics and racism, and providing an interpretative layer that enhances understanding. Photography balances

objectivity and subjectivity, as the photographer frames the image, which becomes central to the analysis (Morgan, 2005, as cited in Martin, 2013).

Photo-elicitation allows participants to share their experiences in "their own words" and amplifies the storytelling or pūrākau aspect of participants (Martin, 2013; Renfrew, 2022). The photographs selected by mothers illustrated their individual concepts of strength and success, frequently linked to feelings of happiness and a sense of purpose, also providing insight into the challenges they encounter. This method aligns with Indigenous ways of understanding (Azzarito, 2023; Minthorn & Marsh, 2016) and enhances dialogue between researcher and participants, fostering discussions that revealed additional experiences linked to the contexts in which they were taken, uncovering strengths that the mothers might not have initially recognised.

Pūrākau

In kaupapa Māori, pūrākau plays an important role in the transmission of knowledge in Māori culture, serving as a vessel for conveying levels of knowledge, values, and traditions across generations. This practice establishes a connection between the past and the present, ensuring the ongoing vitality of Māori tradition (Lee, 2009). As such, pūrākau is recognised as a legitimate tool for Indigenous ways of knowing, empowering participants to affirm their experiences as meaningful knowledge.

In the realm of Indigenous research, pūrākau is examined through the lens of the indigenous bricoleur (Lee, 2009; Renfrew, 2022), a researcher who creatively adapts a variety of methodological tools and approaches to suit the cultural and contextual needs of their study.

In this research, pūrākau functioned as a methodological approach, allowing participants to articulate their experiences and aspirations while exploring their personal narratives that are critical for understanding their identities and their interactions with the

environment. This method facilitated deeper engagement, revealing participants' strengths, challenges, and adaptive strategies, and underscored the interconnectedness of individuals within their communities.

Hokowhitu's (2009) existentialism complements pūrākau by focusing on lived experiences and individual freedom, reflecting both cultural identity and personal agency. By integrating existentialism into pūrākau, the study highlights the role of personal choice in the construction of identity and meaning, showcasing the dynamic interplay between cultural context and individual existence. This integrated approach enables a nuanced exploration of themes such as freedom and responsibility, ensuring that pūrākau remains a powerful medium for conveying and preserving the voices and experiences of participants.

Summary

This chapter outlines the methodological approach guiding the research, grounded in kaupapa Māori and supported by complementary Western methods. Kaupapa Māori forms the foundation, centring Māori ways of knowing, being, and doing. Key values such as whakapapa, whanaungatanga, manaakitanga, tiakitanga, and tino rangatiratanga shape the ethical, relational, and cultural integrity of the research.

The whakapapa framework acknowledges the layered, spiritual, and intergenerational nature of knowledge, while whanaungatanga and kanohi ki te kanohi guide trust-based engagement. Mana whenua was honoured through consultation with local iwi, ensuring the research was grounded in the whenua and its people.

Methodological weaving (rāranga) brings together kaupapa Māori with Interpretative Phenomenological Analysis (IPA), allowing for deeper exploration of participants lived realities. While kaupapa Māori anchors the research culturally, IPA supports a structured, thematic approach to interpreting meaning, experience, and adaptation from participants' perspectives.

The methods of photo elicitation and pūrākau were used to support the rich tapestry of participant-led storytelling. These approaches reflect Māori cultural practices and offer insight into how young Māori mothers define success, navigate adversity, and express identity and strength through this method. Together, these uphold Indigenous voice, relational ethics, and culturally grounded knowledge throughout my research process.

CHAPTER FOUR: Methods and Ethics

Extending upon a kaupapa Māori methodological framework established in Chapter Three, Chapter Four discusses the practical implementation of this research. In this chapter, I will detail the specific methods employed, from participant engagement and data collection to analysis, alongside the ethical considerations that guided my interactions with the participants, ensuring all procedures upheld principles of respect, integrity, and safety (Smith, 2006).

Recruitment and Participants

The recruitment process was initiated by approaching He Puaawai, a dedicated teen parent unit located in Waikato. He Puaawai provides essential educational pathways (NCEA) and holistic support services to young parents from various schools in the area (He Puaawai, 2024). This collaboration was established to access a population of young Māori mothers relevant to the research.

The initial engagement involved a whakawhanaungatanga session (relationship-building session) with the mothers attending the teen parent unit, the lead teacher, and other relevant stakeholders. During this session, I introduced myself and provided a broad overview of the research objectives, emphasising my aim to support the teen mothers at He Puaawai (further details available in the Recruitment Information, Appendix One). All attending mothers, regardless of their ethnicity (Māori, Pākehā, and Tauīwi), participated to ensure a collective understanding of the research scope and to foster an inclusive environment.

Participants were actively encouraged to voice their expectations and any concerns regarding the research process. The feedback received during this session was crucial in refining the research design, making it more responsive to the participants' needs and

preferences. The visual aspect of the research, in particular the use of photographs, resonated positively with the participants, as it offered a creative and tangible way for them to articulate their journeys as teen mothers. Upon the session's conclusion, the research design received full approval, allowing the recruitment process to commence without requiring further adjustments.

Following the initial session, I sent the Participant Information Sheet (Appendix Four) to the lead teacher at He Puaawai, who granted permission to recruit participants directly at He Puaawai (see Recruitment Permission Form, Appendix Three). Recruitment flyers (Appendix Two) were then distributed to mothers at He Puaawai.

Purposive sampling was employed to select participants who were rangatahi wāhine Māori (young Māori women), had given birth before the age of 20, and were currently above 16 years old. Initially, five participants were selected with the lead teacher's assistance, ensuring their relevance to the research focus.

During a subsequent session, the five selected mothers and I engaged in further discussions about the research. We thoroughly reviewed the Participant Information Sheet (Appendix Four) and invited additional feedback. During this session, which lasted approximately 40 to 60 minutes, we also discussed the anonymity of their information and offered them the choice to select their pseudonyms, which they preferred.

Of the initial five participants, two withdrew from the study: one due to other obligations and another because of technical difficulties with camera photos. Ultimately, three participants completed the study. All three mothers attended He Puaawai. Two participants had given birth at the age of 14, and one at the age of 16. At the time of the study, all three mothers were 16 years old. Participant demographics are summarised in Table 1 below.

Table 1: Participants' Demographics

Participant	Ethnicity	Age	Age when gave birth	Children	Relationship status
Heavenly	Māori	16	16	1x girl	single
Chardonnay	Māori	16	14	1x boy	partner
Lucy	Māori	16	14	1x girl	biological father

Research Instruments and Data Collection Methods

A one-on-one whanaungatanga session (with the option of a support person) was conducted on-site at He Puaawai with each participant, lasting approximately 30 to 40 minutes. During this session, participants once again received a verbal explanation of the research and the tasks involved. To ensure clarity on the scope of photos, I provided visual examples (see Appendix One for photo examples). Participants were given two weeks to take photographs, from which they would select up to ten preferred ones for discussion during the subsequent photo-elicitation interview (refer to the Procedure Sheet, Appendix Five).

Each participant was provided with a digital camera and received instructions on its usage and the process for uploading photos. They also provided consent via a consent form to participate in the study (Appendix Seven) and a separate photo release consent form (Appendix Nine), allowing the use of their selected photos in research, publications, and public spaces. My email address was provided for participants to send their preferred photos during or after the two-week period, prior to their interview.

Photo Elicitation Interviews

Consent was obtained from the lead teacher to conduct the photo-elicitation interviews on-site at He Puaawai (see Appendix Ten). These interviews were semi-structured and audio-recorded, with each session lasting between 40 and 60 minutes. One mother emailed her chosen photos, which I printed for discussion. The other two mothers shared their photos directly from their phones and cameras during their sessions.

Each interview began with a brief whanaungatanga session to help the mothers feel comfortable and establish rapport (refer to Appendix Five). Following this, participants were presented with a consent form for their participation in the photo-elicitation interview (Appendix Eight). Once consent was signed, the audio recording commenced, and I referred to a set of semi-structured questions to guide the photo-elicitation dialogue (see Appendix Six).

Due to technical issues with the cameras, participants were unable to send through some photos they had taken. As a result, some photos were not able to be included in the findings. Additionally, participants spoke about photos that held the same significance and meaning within their narrative. The number of photos taken and used by each participant is detailed in Table 2 below.

Table 2: Number of Participants Photos Taken and Usage

Participant	Photos taken	Photos used
Heavenly	9	8
Chardonnay	4	3
Lucy	7	5
Total	20	16

Interpretative Phenomenological Analysis (IPA)

This research utilised IPA to delve into the participants' narratives and reveal underlying themes and patterns (Healey, 2018). The analytical process was conducted in three distinct, yet overlapping, phases.

Phase One: The first phase involved an in-depth engagement with the data. This began with repeated readings of the interview transcripts and attentive listening to the audio recordings to become familiar with the content. Each transcript was examined separately, forming a case-by-case analysis. This process was followed by exploratory noting, where I made descriptive comments about the participants' explicit content, linguistic comments

about their use of language, and conceptual comments about the overarching ideas. These notes were crucial for formulating each participant's individual pūrākau (stories), which are presented in Part One of Chapter Five.

Phase Two: In the second phase, I revisited all transcripts and repeated the exploratory noting process from Phase One. The interpretative aspect of IPA, involving a double hermeneutic process, was central here, as I interpreted participants' perceptions of their world to uncover deeper meanings (McCormack & Joseph, 2018). My established positionality and the rapport built during whanaungatanga sessions significantly aided in understanding each mother's unique perspectives within this interpretive framework. These detailed notes helped identify emerging themes, which were then grouped into superordinate themes using mind mapping (Appendix Eleven). The mind maps were subsequently refined to develop the five key findings, forming new broad themes that represent the collective experiences, discussed in Part Two of Chapter Five. An example of exploratory notes and emerging themes is shown in Table 3.

Table 3: Exploratory notes and emerging themes example

Theme	Sub Theme	Notes	Quote
Tino Rangatiratanga	<ul style="list-style-type: none"> • Motivation and Ambitions • Sense of Purpose 	Self-determining aspect to taking steps that can improve her and her baby's future and overall quality of life	...I learnt not to let it get to me cause the only reason I'm doing this so I can get to school. I just want to get an education.

Phase Three: The first and second phases overlapped with the third, which involved making explanatory notes and highlighting the descriptive, linguistic, and conceptual aspects of the participants' experiences. In this phase, I synthesised the findings from the individual pūrākau and the emerging themes across participants. This involved identifying strengths (as defined by participants' definitions of success), examining their challenges, and

understanding their adaptations to overcome these obstacles. By applying IPA, I uncovered the nuanced and multifaceted ways the participants conceptualised and navigated their strengths, challenges, and adaptations (McCormack & Joseph, 2018). This method provided rich insights into the participants' subjective experiences, allowing for a comprehensive understanding of existing support systems that influence their well-being and identifying areas in services that need improvement. These comprehensive findings are discussed in Chapter Six.

Ethics

All participants provided informed consent to participate in the research before the one-on-one whanaungatanga sessions commenced (Appendix Seven). Participants also provided specific consent for photo-elicitation interviews (Appendix Eight) and photo releases (Appendix Nine), allowing their photographs to be used in the research, publications, and public spaces. As outlined in the consent forms, participants retained the right to withdraw from the study at any time up until three weeks after receiving their transcript and three weeks after their interview. Any information collected prior to withdrawal was included in the study only if they explicitly agreed; otherwise, interviews were removed.

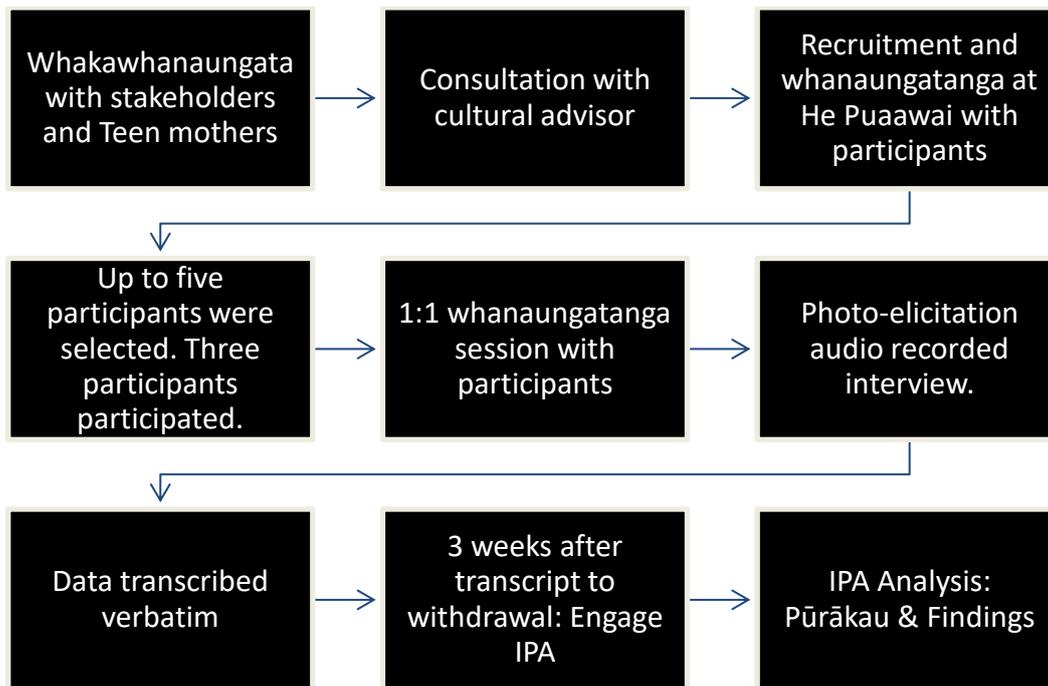


Figure 1: Overview of Research Methods Process

Summary

Chapter Four outlines the practical methods and ethical considerations that guided this research, following the Kaupapa Māori methodological framework. The chapter details the recruitment of three young Māori mothers from He Puaawai teen parent unit, the use of photo elicitation interviews, and the application of Interpretative Phenomenological Analysis (IPA) to explore participants’ lived experiences. Photo elicitation supported creative self-expression, aligning with kaupapa Māori values of whanaungatanga and pūrākau. Data collection was grounded in respectful, face-to-face engagement and gave participants agency over how their stories were shared. Ethical practices ensured informed consent, anonymity, and participant well-being throughout the process. IPA was used to analyse each participant’s narrative, identifying themes of strength, motivation, and adaptation, which informed the findings presented in the next chapter.

CHAPTER FIVE: Findings

Following the methods and ethical protocols established in Chapter Four, this thesis now shifts its focus to the rich data gathered and analysed. Chapter Five presents the findings of this research, offering a nuanced exploration of the experiences shared by the young Māori mothers. Utilising IPA, the chapter is divided into two parts: Part One presents the inspiring journeys and pūrākau (stories) of the individual mothers, and Part Two discusses the overarching key themes that emerged from their collective experiences. As discussed in Chapter Three (Methodology), the pūrākau approach allows for a rich, narrative presentation of each mother's journey, positioned in a kaupapa Māori paradigm, before moving to a thematic analysis that draws out commonalities across their diverse experiences.

Part One: The Inspiring Journeys and Pūrākau as Young Māori Mothers

Part One provides insights into young Māori mothers' life experiences, encompassing their definitions of success, strengths, challenges, and the adaptations they navigate. Each mother's pūrākau is presented, interwoven with their photographs, to offer a distinct and authentic portrayal of their pregnancy and motherhood journeys. This approach honours their unique narratives while illustrating their resilience and tino rangatiratanga (self-determination).

Chardonnay's Pūrākau and Journey as a Young Māori Mother

Chardonnay welcomed her baby boy at Waikato Hospital at 14 and is now 16. She is determined to achieve her educational goals at He Puaawai and aspires to become a social worker or counsellor, driven by a desire to support and inspire others.

Chardonnay's strengths and successes are evident in her commitment to spending quality time with her baby and partner. Supported by her partner and whānau, her motivation

to achieve her future goals and aspirations is profound. Additionally, she demonstrates resilience and maintains a spiritual connection to past loved ones during times of uncertainty.

However, Chardonnay's journey has faced significant challenges. As a young Māori mother, she confronts societal stigma associated with her age and status, which can lead to feelings of isolation and judgment. Her past experiences with domestic violence also developed feelings of whakamā (shame/embarrassment). However, she now recognises her right to a safe environment, which she has found with her current partner. Chardonnay continuously finds ways to restructure her life to meet her son's needs and work towards a brighter future.

“He’s My Main Reason for Everything”



Figure 2: Whānau day out at the beach, “he’s my main reason for everything”

As Tamanuiterā (the sun) shines down on māmā holding onto her baby boy's hand, their shadows are reflected in the glistening moana (sea) with their toes in the warm black sand within ki Whaingāroa whenua (land). The image evokes a calming and timeless sense of motion, representing the unquantifiable bonds and connection to taiao (nature), māmā, and pēpi.

Chardonney articulates her profound love and the central motivation for all her actions: her baby. This deep connection is reflected in their family outings to their favourite beach spot, a place of calm and quality time with taiao (nature) and the moana (sea). She describes it as "That's like a calming place for me. It's just spending time with them."

Her partner plays a fundamental role in providing consistent support and love for her and her baby. His dedication is evident through their prioritisation of family time, particularly on weekends:

"We always go there because Sundays are the only time that we actually see each other properly. Because [partner] works all the time. And you know, by the time he gets home, we're already asleep, so we always take Saturday and Sunday."

Chardonney's current partner has embraced the father figure role, creating a safe and nurturing environment, as she affirms, "He [partner] loves him. My son calls him dad and everything. He [baby] loves him." Their reciprocal support system, extending to her parents, showcases a network of whānau that actively participates in raising her child, aligning with collective child-rearing practices.

Chardonney's past relationship with her baby's biological father was marked by domestic violence and emotional abuse. During her pregnancy, she endured significant mistreatment, including physical violence. She recounted instances where her ex-partner physically hurt her and expressed feeling lost and unable to stand up for herself: "...he dragged me by my hair up the driveway. He gave me a hiding, and then that's when I left." The distress was compounded by her ex-partner's mother attempting to circumcise her son without her consent. Chardonney reflected:

"At the time I didn't know how to speak up for myself, I was really lost. I think if my mum wasn't there, I wouldn't have said

anything. Because I'm normally really shy. I don't know how to stand up for myself or for my son back then. I was a bit lost when I first had [baby]. I didn't know what to do.”

These experiences highlight the vulnerability of young mothers to abusive relationships and the significant role of family support in asserting tino rangatiratanga and seeking safety.

Chardonney’s journey through this challenging period helped her recognise the importance of a safe and supportive environment, which she now experiences with her current partner. Her difficult past has ultimately contributed to her strength and determination to build a better future for herself and her baby.

“I just feel he still looks after me in some ways”



Figure 3: Double Rainbow, a reminder from Uncle

“He iti te hau marangai e tū te pāhokahoka” “There may be a little storm, but in the end, there is a rainbow” (Mohi, 2013)

As depicted in the whakataukī (proverb), rain is necessary for the existence of a rainbow, a metaphorical concept encouraging the development of strengths in facing challenges and adversity. Chardonney's strengths are developed during times of uncertainty. She takes a photo every time she sees a double rainbow, feeling a connection to her uncle, who has passed. This spiritual connection with her loved ones gives her a sense of strength and certainty when feeling lost:

"OK, so my uncle used to look after me when I was younger. He passed away. But the day that he died, there was a double rainbow... Whenever I feel a bit lost or anything. I always see a double rainbow, so to me, it's just like he's still with me".

This demonstrates the significance of whakapapa (genealogical connections) and spiritual well-being through resilience.

Chardonney also recounted a time of feeling uncertainty during her pregnancy, exacerbated by negative experiences with healthcare staff. She was treated differently and not given a room when she was nine centimetres dilated, having to sit on a chair and hold back from pushing despite the urgent need: "I get treated a lot differently. When I was pregnant. They actually didn't give me a room. I was 9 centimetres dilated, and there was no room there. I was sitting on the chair, and I needed to push. I was pushing, and I was trying [to hold it in], but you just can't. I was trying not to push because they told me don't push, your not ready. Then they finally got me over in a room..." This blatant lack of manaakitanga (care and kindness) and respect for her bodily autonomy contributed to her distress and feelings of devaluation.

Chardonney's interactions with healthcare staff, particularly these negative experiences, have impacted her sense of competence and self-worth as a mother. This aligns

with the concept of systemic stigma that undermines the tino rangatiratanga of young Māori mothers in institutional settings. She shared her emotional toll:

"Sometimes I feel sad, because sometimes I doubt that I'm not doing the best for my son or like I'm not doing what a parent should be...Sometimes I feel like crying when people don't [acknowledge] me as his mum."

This reflects the internalisation of negative societal perceptions of young mothers (Schmidt et al., 2023). Despite these overwhelming challenges, Chardonney's positive interactions with healthcare professionals in Huntly were essential in helping her rebuild her confidence and sense of competence. By providing respect, empathy, and practical assistance, these professionals highlighted the significant impact that culturally responsive and supportive care can have:

"The doctors in [Huntly] they're really good. They treat me [in a way] like an adult...I wish everywhere was like that. They actually helped me find this school, and they treated me like I was his mum..."

Chardonney's positive experiences with Māori practitioners further reassured the importance of normalising Māori social structures within healthcare systems. These structures include collective support, respect for whānau, and acknowledgment of cultural practices and values. When healthcare professionals in Huntly engaged with Chardonney respectfully and empathetically, they underscored the potential for culturally appropriate care that aligns with Māori ways of being:

"They're Māori, they're so good to me...Even when I was pregnant, they would talk to me [not like a kid] but [in a way] I didn't know what I was doing...even one of the guys that did my

blood test for me, he was like, how old are you? And I was like, oh, I'm 16. And he's like, my daughter's 15, and she's having a boy. I was like that's so cool.”

This demonstrates the power of whanaungatanga and non-judgmental interactions in affirming a young mother's identity and competence.

“People Just Look at Me Differently”



Figure 4: Riding on the public bus to school

“Whaia te iti Kahurangi ki te tuohu koe me he maunga teitei, ki nga whetu rawa” “Seek the treasure that you value most dearly, if you bow your head, let it be to a lofty mountain”

Chardonay demonstrates perseverance and endurance while riding the bus, embodying the whakataukī about striving to reach her goals despite facing judgment and name-calling. As a young mother, Chardonay grapples with pervasive societal beliefs and often finds herself the target of teasing and gossip, particularly among her peers. The bus

ride, a routine part of her daily life, becomes a battleground filled with whispers and glances that make her feel isolated and judged (Owens, 2022). This highlights the external manifestations of stigma (Goffman, 1963) and its impact on the daily lives of young mothers, as they are viewed as deviating from established social norms (Banks, 2008).

She faces numerous challenges resulting from negative stereotypes associated with being a young mother, which often suggest ideas of promiscuity and sexual desirability, unfair labels that can be demoralising (Ellis-Sloan, 2014). Her experiences on the bus were particularly distressing:

"They're the same age as me and people just look at me differently. I got called a whore on the bus. In my head, I'm like, this is the only person I've slept with...For a time, I stopped coming to school cause I was crying a lot because it was hurting my feelings a lot."

These experiences of being ridiculed by others her age compound the difficulties she faces, adding to the emotional weight she carries as she navigates societal expectations of the 'ideal mother' in public spaces (Schmidt et al., 2023).

The challenges extended to managing her baby in public: "When baby was young, I struggled a lot with keeping him quiet on the bus, so he'd be crying. And, you know, people complain, I get that. But it was, so stressful. I'd be, trying [to tend to him] and breastfeed him. And I'm trying not to cry in front of people. I stopped for a little bit just cause it was getting a bit too much for me." This vividly illustrates the pressure to conform to the 'good mother' ideal (Schmidt et al., 2023) and the compounded stress of public scrutiny.

However, Chardonay's resilience and determination to pursue education shine through. After a temporary break from school, she returned with newfound confidence and understanding of her baby's needs:

"But then I came back. It was a lot better because I think I learned to be a mum. The time that I stopped I learned what my baby wanted, like the different cries. So it was easier for me to keep him a lot calmer."

This demonstrates her developing maternal competence and adaptability. Her perseverance is rooted in her aspirations for her baby and whānau. She highlights her commitment: "We get up at 5:30 and walk to town at 6:00 in the morning, just to catch our bus to come to school. [It] takes a while with baby and things. I want to go to university because well, my parents want all their children [to go], but none of them have. I want to be a councillor or a social worker." This speaks to her tino rangatiratanga and her breaking of intergenerational patterns by pursuing higher education, driven by her love for her son.

Lucy's Pūrākau and Journey as a Young Māori Mother

At 14, Lucy gave birth to a beautiful girl at Waikato Hospital. Despite discovering her pregnancy during her last trimester, her partner provided unwavering support. Now 16, Lucy is determined to complete her studies at He Puaawai and is exploring options at Wintec or university, aspiring to become an accountant and own multiple homes one day.

"Kotahi karihi nāna ko te wao tapu nui a Tāne"

"The creation of the forests of Tāne comes from one kernel"

This whakataukī metaphorically represents nurturing and growth, mirroring Lucy's journey as a young mother. Lucy embodies its essence by illustrating that creation begins from a single seed, ultimately leading to a flourishing forest of hope and love. The small, consistent steps Lucy takes each day, whether self-care routines, quality time with whānau, connecting with taiao (nature), or caring for her daughter, reflect her larger ambitions and dreams for her baby and whānau. Her determination and resilience serve as the fertile ground

for her aspirations to grow, ultimately creating a legacy of strength and inspiration, grounded in whakapapa, for her future generations.

“With Every Pump I Did, It Felt Like I Was Succeeding”



Figure 5: Producing breast milk for her baby.

Lucy’s determination to succeed as a young mother is palpable. Her feelings of success after pumping breast milk reflect her resilience in overcoming the poor experiences she had with maternity healthcare staff, who often made her feel incompetent when it came to breastfeeding (Stevenson et al., 2020; Makowharemahihi et al., 2014). She described deeply unsupportive interactions:

"When I was at the hospital the ladies were teaching me how to latch. They were quite aggressive, they would push her head. I just didn’t like the way they would handle her. And they acted like I didn't know what to do, even though I didn't. But they still would laugh at me if I did something wrong when it came to feeding her."

This again highlights a profound lack of manaakitanga within the healthcare system, which undermines a young mother's developing confidence and tino rangatiratanga.

Despite these experiences, Lucy transformed her challenges into strengths, ultimately achieving success. Each successful pump served as a testament to her abilities and a step toward fulfilling her expectations of motherhood (Schmidt et al., 2023): "I struggled to breastfeed... But with every pump I did, it felt like I was succeeding in something because it was really hard for me to produce breast milk and latch her on. I had to sit there [from] the morning to the afternoon to be able to get a full bottle." This demonstrates her commitment to fulfilling societal expectations of 'good motherhood' and her resilience in the face of systemic barriers.

“I Value Being an Active Mum”

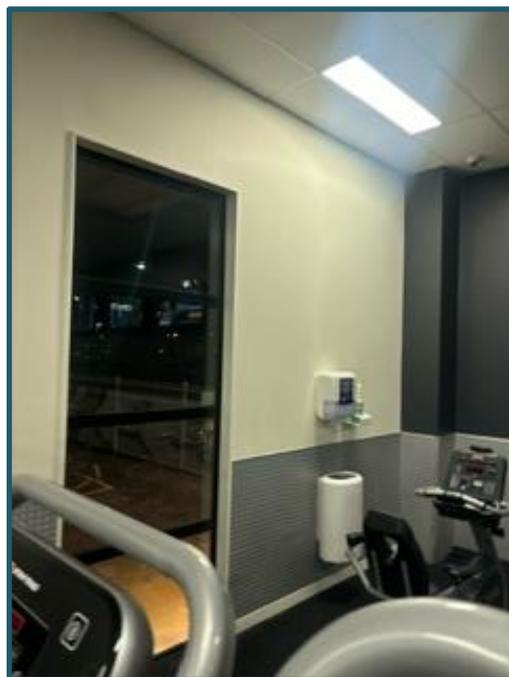


Figure 6: Regular visits to the gym, five times a week.

Lucy found that going to the gym was an important part of her self-care routine. Her best friend's support was invaluable, as their joint workouts boosted Lucy's motivation and

transformed the experience into a social and enjoyable activity, also providing personal time.

She explained her motivation:

"So that's the gym I go to. I chose it because [of the] values. ... I value being an active mum and making sure I'm in a good shape for my baby... I go with my best friend. So like, she motivates me and also just having time to myself."

This illustrates her proactive approach to self-care and whanaungatanga as a protective mechanism (Rodat, 2020) against the challenges of new motherhood. After having her baby, Lucy experienced a significant drop in energy, feeling sluggish and unmotivated to engage in daily activities:

"My energy was so bad after having baby. I felt like I had to be in bed constantly. Before I went to the gym, I felt really sluggish like I had no like motivation or energy to do anything. And that affected how I was as a parent because I wasn't going out as much for [baby] or doing anything."

Lucy's early encounters with social workers were particularly stressful and confusing. They insisted on their involvement due to her young age, creating anxiety about the potential involvement of Oranga Tamariki (OT) services:

"Once I had the baby, the social workers came in. They told me that I had to have a social worker, or else OT would get involved. So, if I had a social worker, it would keep OT away because of my age. I was confused why OT would even be involved. And they're like, oh, because of your age, you know, OT is already looking at us. Because I'm young and I just had a baby."

This highlights the punitive and controlling nature of state intervention in the lives of young mothers, often perpetuating a deficit-based view (Ellis-Sloan, 2014) and undermining their tino rangatiratanga.

Despite these challenges, Lucy showed resilience in transitioning into motherhood. After her teacher at He Puaawai informed her of the benefits of exercise and physical activity, Lucy took proactive steps to improve her physical and mental health by joining a gym:

“...one of my teachers are talking about how the gym helps with mental health and stress and physical health and energy. So I decided to join.”

This routine helped her regain energy, enhance her mental well-being, and establish a sense of structure in her daily life. Ultimately, her dedication to health and wellness enabled her to better care for her baby, embrace her new role as a mother, and gain a sense of control over her life.

“I Just Feel It’s Important to Connect with Nature”



Figure 7: Whānau walks and connection with nature

Lucy's love for reconnecting with taiao (nature) was crucial in her journey as a new mother. She cherished spending quality time with her partner and baby outdoors, which allowed her to re-energise and take a break from stressful environments. This time also provided her with the mental space to think, process, and simply be present in the moment. Moreover, these nature walks facilitated her baby's connection with the natural world, fostering a sense of calm and belonging:

"So this is when [baby] was like 6 months, we would go on walks because I feel like it's important, to just connect with nature but also be out and about with her."

This highlights the importance of environmental connection within a Māori worldview for well-being and stress management. After six months of giving birth, Lucy gradually accepted her new role as a mother. The initial transition was challenging due to the demands placed on her by social workers and the lack of control she felt over her own life:

"It took until maybe six months to feel like I could actually be peaceful with her. I was constantly having meetings every single week. And always going out to places to do what my social workers had asked me or midwives or Plunket ladies. And I felt like I couldn't actually just stay home and be with my baby."

This further illustrates the overbearing nature of the 'motherhood system' and external interventions that restrict a young mother's autonomy and natural bonding process. During the challenges of motherhood, Lucy found strength by connecting with nature, with the support of her social workers. These outings provided her baby with enjoyable experiences and helped Lucy find peace and fulfilment in her role as a mother.



Figure 8: Whānau day out at the zoo

"That's my family we were at the zoo. I quite like moments like these where we get to go out somewhere and not just go on walks. Because [baby] likes paying attention to little details, and she loves animals. So we got a year pass every year for the zoo. So we can take her whenever we have time to."

Outdoor activities and regular visits to the zoo helped Lucy and her baby connect with the natural world while providing a break from their daily stresses. These experiences were crucial in helping Lucy embrace her new role as a mother and regain control over her life:

"If, being at home was stressful, we had something going on or someone was sick. It's nice. Go out and get fresh air together. we feel more relieved [from] everything, like if we have something going on or if we have stress."

Lucy's proactive engagement with taiao served as a protective mechanism (Rodat, 2020), mitigating the impacts of stress and enhancing her well-being.

Heavenly's Pūrākau and Journey as a Young Māori Mother

Heavenly bravely gave birth to her beautiful baby girl at 16. As a single mother, she is determined to complete her qualifications at He Puaawai and pursue further studies to become a midwife or nurse. Heavenly has a passion for helping and advocating for other young or single mothers who need support and understanding.

“Mō tatou, ā, mō kā uri ā muri ake nei”

“For us, and our children after us.” (Ngā Tahu)

This whakataukī reflects Heavenly's journey through her connection with her grandmother and her baby, highlighting the steps she takes to ensure healing across past, present, and future as she expresses, "...generational curses. It's something I'm trying to break." This personal motivation, grounded in whakapapa and a desire for positive intergenerational change, drives her tino rangatiratanga.

A pivotal part of Heavenly's journey has been her grandmother, who has been her primary source of strength and guidance since she was two years old. Heavenly also values the assistance she receives from He Puaawai, which offers significant help through its services, resources, and teachers. Heavenly is ambitious and committed to providing her baby with a stable and nurturing environment.

“My Baby is My World”



Figure 9: Heavenly and her baby girl

Heavenly's ambition is profoundly motivated by her baby girl. Her desire to succeed academically and pursue her goals to be a midwife or nurse is fuelled by her love and responsibility for her daughter, creating a strong sense of purpose:

"I think my baby is my world. I feel like if she wasn't here, I'd probably still not be in school. I don't think my goal to be a nurse or a midwife would still be there if she wasn't here."

This statement encapsulates the transformative impact of motherhood and highlights her pursuit of an 'ideal citizen' role within a neoliberal framework (Schmidt et al., 2023), but on her own terms. The support from her nan (grandmother) has been instrumental in her journey, empowering her to overcome challenges and embrace her role as a young mother with courage and resilience.



Figure 10: Heavenly's nan and her baby – “My nan, definitely my biggest support”.

"My nan, she's definitely my biggest support with the baby and with everything else. She has been here since I was two. She loves baby. She supports me on everything. And so, yeah, I feel like that's a good relationship to have. She's my mum. I don't have a mum, so she is my mum."

This quote demonstrates the power of whanaungatanga and manaakitanga within extended family networks, serving as a buffer against societal pressures.

Heavenly's journey as a young mother is further marked by her determination in navigating her baby's health challenges. Faced with her baby's skin condition, which doctors struggled to address effectively, Heavenly took matters into her own hands. Her proactive approach involved extensive research into non-steroidal treatments, demonstrating her commitment to her daughter's well-being.



Figure 11: The creams Heavenly researched to help her baby's skin condition.

“...these specific creams definitely helped a lot of research went into that. So, she has a specific kind of skin condition. It's called seborrheic dermatitis. I saw an article saying that they don't need steroids for that type of skin condition... I researched everything before I put on my baby...obviously not trusting Google, but if I see an article, I like to research it to see if it's obviously right...So these ones actually help the skin to improve more.”

This showcases Heavenly's tino rangatiratanga in taking agency over her child's health and seeking knowledge beyond conventional sources, even when distrusting the medical system. Heavenly and her nan navigated the complexities of healthcare. As

Heavenly's nan is her biggest support, she exemplifies the importance of support systems, reinforcing the concept that "it takes a village to raise a baby" (Reupert et al., 2020).

"[They] Would Disregard My Opinion"



Figure 12: Regular hospital visits for baby's skin condition

Heavenly's proactive efforts, however, were often met with resistance and dismissal from hospital staff. Despite her thorough research and commitment to her daughter's health, she faced the frustration of having her opinions and methods disregarded by certain medical professionals. The struggle with the healthcare system was a significant emotional burden. Heavenly recounts her experiences with healthcare staff who undermined her during their numerous hospital visits. This nurse not only ignored Heavenly's insights and preferred methods of care but also made her feel devalued as a mother and an individual:

"...one of the most struggles I went through as a first-time mom. [baby] been in hospital five times with eczema, and every time I wait, I feel like there was a Pacific nurse there would disregard my opinion and disregard my wishes of how we did it at home. I feel like she would disregard that. And disregard me as a human being."

This is a clear example of how institutional practices, lacking whakawhanaungatanga (relationship building) and manaakitanga (care and kindness), perpetuate systemic stigma (Stevenson et al., 2022) and undermine the tino rangatiratanga (self-determination) of young Māori mothers. Heavenly's experiences as a young mother navigating the healthcare system were fraught with frustration and feelings of inadequacy. She noted:

"There are some good doctors there, but there are a few staff members who don't acknowledge me at all...or not us as a group, like a team...it's very frustrating and hard because, you know, I'm here to ask for advice on how I can manage my baby's eczema."

As a result, she experienced feelings of inadequacy and unworthiness in her role as a mother to her baby. Furthermore, healthcare staff listed her grandmother as the primary guardian on forms, further diminishing Heavenly's role: "...Victoria clinic. They put my nan under my baby's guardian; I felt like that was a hit to me. Because obviously they know my age and stuff and I felt like they just thought my baby would go to my nan." This exemplifies how ageism within the 'motherhood system' disempower young Māori mothers and reinforce a deficit-based perspective.

The power dynamics surrounding age and motherhood often lead society to assume that older individuals are more deserving of authority, which undermines Heavenly's tino rangatiratanga as a mother. Despite being a young mother, she is acutely aware of these dynamics, particularly due to her experiences with Oranga Tamariki (OT), formerly Child Youth and Family Services (CYFS). This reflects the historical systemic challenges that Māori have faced, where state intervention has often disproportionately affected Māori families (Houkamau, 2010).

As a result of these past experiences, Heavenly feels constrained when it comes to addressing the mistreatment she encounters from healthcare staff. She worries that expressing her frustrations could be perceived as confrontational, potentially leading to negative outcomes, such as OT becoming involved. This could create a risk of her baby being taken from her, especially given the influence of social media and the experiences of other parents with OT:

"My nan took care of it because I don't really want to be confrontational and get angry and stuff because I'm scared they'll ring CYFS. That's a big thing for me. On TikTok, this girl's baby had spinal bifida, and they took the baby off them because they thought they were abusing the child that had spinal bifida. So that's like really, the one thing that like concern me is CYFS because we've had a bad road with CYFS."

This fear underscores the pervasive impact of historical injustices on Māori families, demonstrating how surveillance and control limit the tino rangatiratanga of young Māori mothers.

“Being Young and Being Māori”

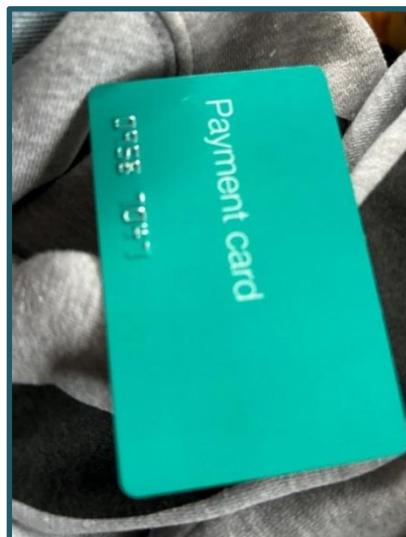


Figure 13: Heavenly Payment Card

Navigating the complexities of welfare assistance and the use of a payment card can be a challenging experience, particularly for young, Māori mothers like Heavenly. The societal stigmas and stereotypes associated with being on welfare often amplify feelings of embarrassment and inadequacy (Cram et al., 2021). For Heavenly, relying on government assistance is uncomfortable, especially when public perceptions are unkind.

The physical act of using a payment card at the supermarket, a mundane task for most, becomes a source of anxiety. Feeling that some might judge her for receiving welfare adds layers of strain to her daily life. These experiences highlight the intersection of age, cultural identity, and socioeconomic status, and the societal expectations of the role of a mother (Schmidt et al., 2023; Sheeran et al., 2019):

"My payment card. That's one of the most embarrassing things just for a teenager, especially going to [supermarket]...and being Māori too, I just think oh, there's another Māori [on the] benefit, you know. And just people that know me, like [supermarket], they know that I used to work at [location], and now I have a baby on the benefit, it's [not the day for this]."

This vividly portrays the burden of intersecting stigmas (Sheeran et al., 2018; Adcock et al., 2021), forcing Heavenly to navigate public spaces with heightened self-consciousness. Despite feeling embarrassed, Heavenly recognises the advantages of having financial support for herself and her baby. She discovers a way to navigate her situation by learning to manage money effectively, ensuring she can meet her baby's needs adequately:

"my more positive side is, I think it's good to have money for me and baby. Especially if it's on a benefit it's pretty good that I can

just go out and grab stuff for baby, grab stuff for me. So, yeah, I'm pretty grateful for that.”

This demonstrates her practical resilience and adaptation. Heavenly appreciates the budgeting courses provided by Youth Services, the Blue Light, which have equipped her with the skills to manage her finances better. Knowing that she can access funds for her baby's necessities at places like Baby Factory and Baby City Warehouse gives her a sense of relief and stability. The anticipation of eventually transitioning to direct bank deposits adds a layer of hope and motivation. In her words, “I get quite a bit. I was really surprised... It’s pretty good where we can spend it for baby...” This sentiment highlights how the payment card, despite its associated embarrassment, plays a crucial role in her ability to provide for her child and herself, navigating a complex 'motherhood system'.

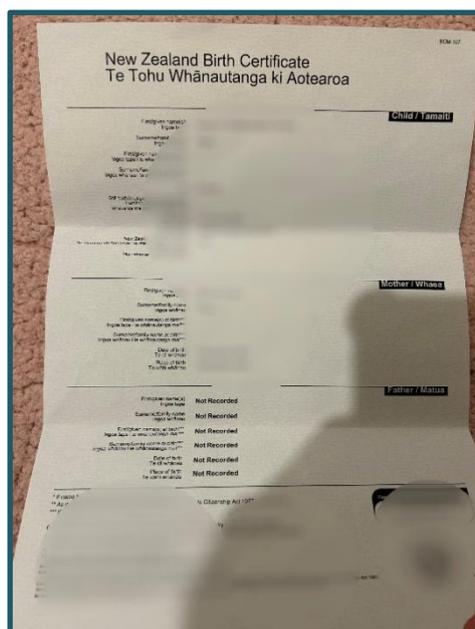


Figure 14: Heavenly’s baby birth certificate, no father recorded

Along with other negative stereotypes of being a young Māori mother, Heavenly feels discomfort around being a single mother as well. Her feelings of having no father in the picture are attached to negative outcomes for her baby, as well as not being aligned with the ideal motherhood and hetero-paternalistic traits of Western society (Arvin et al., 2013;

Schmidt et al., 2023). This highlights the pressure to conform to heteronormative family structures. She expressed significant shame regarding her baby's birth certificate:

"I feel like having no father recorded. It is a bit shameful for me. Going back to the GP, when I had to put it in, I felt really embarrassed. That baby's dad is not on there. So it's definitely embarrassing for me, and obviously being Māori, that stereotype, a Māori teen mum doesn't have a dad in [the] picture. And those statistics. Where dad's, not in the home. And the child is like, you know, playing up and stuff. So I feel like, yeah, that's differently [a shame] for me, just for me personally. I haven't really found a way to deal with the shame. I just break down and cry"

This personal experience exemplifies the intersection of racial stereotypes and heteropatriarchal expectations of family, which can lead to internalised stigma and emotional distress (Rodat et al., 2020).

Heavenly experienced significant emotional distress due to postpartum depression, compounded by societal stigma and personal shame associated with being a young Māori mother: "I also had postpartum depression, like real bad, too." Heavenly found solace and support in her whānau, particularly her nan, who provided her with the space and time needed to heal and reconnect with herself:

"... it was mainly my nan and some of my family. I feel like they let me have just that time to myself where I could just be myself...just having alone time with myself and doing what was normal before having a baby."

This again demonstrates the protective role of whanaungatanga and strong family bonds. One key factor in overcoming her postpartum depression was breastfeeding, which created a special bond between her and her baby:

"For me, breastfeeding was definitely one of the ones that made me overcome it because it was obviously a special bond with you and your baby."

This highlights the positive impact of maternal bonding on mental well-being and her alignment with one of the key 'good mother' expectations (Schmidt et al., 2023).

“My Independence – I Just Feel Proving People Wrong”



Figure 15: Heavenly's independence

Achieving her driver's licence marked a significant milestone in Heavenly's journey towards independence. Despite the challenges and societal stigmas she faced, this accomplishment served as a testament to her resilience and determination. For Heavenly, acquiring her driver's licence was more than just a practical necessity; it symbolised personal growth and the ability to overcome obstacles, aligning with her tino rangatiratanga.

The freedom that came with driving allowed her to better provide for her baby, access essential services, and participate in community activities. This newfound independence also

instilled a sense of confidence and self-worth, proving to herself and others that being a young, single Māori mother does not preclude one from achieving significant goals:

"My driver's licence was probably the biggest accomplishment that I had as a teen and a solo mum. I feel like that was one of my biggest accomplishments. I feel just proving people wrong like you can be a single mum and do these things like get your licence, get a car, get a job [and] come to school. I feel that it might empower some people like, you know, like single mums, you can get your licence".

This directly challenges deficit-based stereotypes and embodies a resilience-based approach to challenging stigma. In her journey towards achieving her goals, her independence provides her with a sense of empowerment and enhances her determination. This drive motivates her to take the necessary steps to create a brighter future for herself and her baby by completing her studies at He Puaawai.



Figure 16: He Puaawai a supportive network.

He Puaawai offers a supportive environment for young Māori mothers, helping them strengthen their determination and independence. This safe space acknowledges their worth

as mothers by supporting their decisions, encouraging them to express their opinions, and allowing them to feel comfortable asking for help and support. Heavenly believes that He Puaawai can be a transformative space for young Māori mothers:

"I feel like teachers here definitely support you 200%. Especially, in stuff that you don't know, if you haven't been learning in and if you dropped out of school [at] 13/14 coming here, being a single parent is definitely [good]...Some girls in here, [are] 22. I feel like that's so cool, being over the age of 18 and you can still come to school and get your NCEA levels."

This highlights He Puaawai as a key community resource that fosters manaakitanga and whanaungatanga, enabling young mothers to pursue their tino rangatiratanga through education and personal growth.

The school nurse at He Puaawai embodies empathy and manaakitanga, offering vital support to Heavenly and her baby. When Heavenly raised concerns about her baby's skin condition, the nurse promptly referred her to a specialist: "...she knows straight away. OK, I'll put in about the genetics. She said she'll put in something to hurry that up, to speed it along...We need to get into paediatricians because of babies [and] our condition." This compassionate action addressed the immediate health risks and reassured Heavenly that she and her child were receiving attentive care. The nurse's commitment emphasises the holistic support system at He Puaawai, where the well-being of both mother and child is prioritised.

Heavenly advises other teen mothers seeking a second chance at education and personal growth to join He Puaawai, emphasising its critical role in fostering resilience and independence. "So, if you're a teen out there, come to He Puaawai if you live in Hamilton," she concludes.

Summary of Part One

Part One of this chapter presented the individual pūrākau of Chardonnay, Lucy, and Heavenly, offering significant insights into their unique journeys as young Māori mothers. Each narrative highlighted their remarkable resilience and expressions of tino rangatiratanga as they navigated the complexities of early motherhood. Their stories revealed a powerful love for their children, which motivated their pursuit of education, career goals, and aspirations to break intergenerational cycles.

While each mother faced significant challenges, such as societal stigma related to age, relationship status, or welfare use, experiences of domestic violence, and disempowering encounters within healthcare and social services, they consistently demonstrated strength and determination. This resilience was grounded in whānau and partner support, intentional self-care, and strong connections to wairua (spirituality), whakapapa (ancestral ties), and taiao (the natural world). Together, these pūrākau underscored the transformative nature of motherhood and the strength of young Māori wāhine

Part Two: Emerging Themes from Collective Experiences

While each pūrākau offers a unique and powerful account, they also reveal compelling common threads. Building on these individual narratives, Part Two of this chapter now brings these insights together through a thematic analysis of the collective experiences. This section explores the shared challenges, strategies, and sources of strength that shaped the journeys of these young Māori mothers, providing a deeper understanding of the patterns that emerged across their stories.

Theme 1: Community Services: Navigating Systemic Support and Surveillance

This theme explores the dual nature of formal support systems for young Māori mothers, offering both crucial resources and imposing often-stigmatising surveillance. Participants consistently recounted experiences with community organisations, social workers, and healthcare services that, while providing necessary aid, simultaneously subjected them to scrutiny and control, reflecting broader paternalistic approaches to youth and Indigenous welfare.

The Nurturing Embrace of He Puaawai Teen Parent Unit: He Puaawai emerged as a vital and predominantly positive institutional space for these young Māori mothers. It actively challenges the disengagement and stigma often experienced by young parents by offering accessible educational pathways (NCEA) and fostering a sense of community. The consistent "200% support" from teachers, as articulated by Heavenly, underscores an environment rooted in manaakitanga, where learning extends beyond academics to encompass emotional and practical support. The school's role as a "second home" and teachers as "counsellors" highlights a holistic approach that prioritises whanaungatanga,

nurturing the mothers' self-worth and combating feelings of isolation that might otherwise lead to withdrawal from education and social participation.

The provision of integrated well-being services, such as Plunket, counselling, and the school nurse's proactive health referrals, further exemplifies He Puaawai's commitment to the holistic hauora of both mother and child. This comprehensive, culturally responsive model serves as a stark contrast to other less supportive systemic interactions.

Social Workers and Oranga Tamariki: In contrast to the supportive environment of He Puaawai, the participants' encounters with social workers and the presence of Oranga Tamariki (OT) were fraught with stress and confusion. These interactions typically commenced immediately post-birth, characterised by an authoritative tone and the implicit threat of state intervention if compliance was not met. Lucy's experience of being told a social worker was mandatory "or else OT would get involved... because of your age" explicitly reveals the systemic ageism and paternalistic assumptions embedded within these services.

This immediate scrutiny, lacking in prior communication or transparency, embodies a lack of manaakitanga and undermines the mother's tino rangatiratanga. The fear of OT involvement, rooted in historical state interventions that disproportionately affected Māori families, creates a pervasive climate of anxiety, turning intended support into a form of surveillance and control that limits the mothers' autonomy and natural bonding process with their babies.

The rigid demands and constant meetings imposed by social workers, as described by Lucy, further contribute to feelings of being overwhelmed and disempowered, revealing how neoliberal policies (Cram et al., 2021), aimed at responsible mothering, can inadvertently erode maternal well-being and agency. While isolated positive instances of social worker support were noted, such as facilitating a zoo pass for family outings, these exceptions

highlight the potential for a strengths-based, manaaki-informed approach often overshadowed by systemic deficits.

The Blue Light Youth Services: Blue Light Youth Service represents another facet of systemic support, offering financial aid and skill development to young mothers. However, this assistance often comes with restrictive conditions, such as mandatory budgeting and parenting courses before direct bank transfers are permitted. The use of a "payment card" until these courses are completed, as described by Heavenly, becomes a visible marker of dependency, amplifying feelings of whakamā and reinforcing the societal stigma associated with welfare reliance.

Furthermore, the organisation's inflexibility regarding missed appointments, particularly when mothers face genuine caregiving challenges, demonstrates a lack of manaakitanga and a failure to adapt to the practical realities of young motherhood. This highlights a critical disconnect between the intent of support services and their actual delivery, often creating additional burdens rather than alleviating them.

Theme 2: Whakamā: Navigating Shame and Societal Judgment

This theme whakamā permeates the mothers' experiences, particularly in the context of their pregnancies and reliance on welfare. The delayed disclosure of their pregnancies, often until the final trimester, was largely driven by an overwhelming fear of judgment and a sense of having done something wrong. This whakamā acted as a significant barrier to accessing early maternal support.

Furthermore, the public visibility of receiving welfare, particularly through a payment card, compounded feelings of embarrassment, forcing mothers like Heavenly to confront deeply ingrained racial stereotypes of Māori welfare dependency. The profound shame associated with her baby's birth certificate not listing a father highlights the internalisation of heteropatriarchal norms and the burden of statistical stereotypes about Māori single mothers.

This whakamā, exacerbated by past traumatic experiences (e.g., intimate partner violence), can lead to social withdrawal, educational disengagement, and profound emotional distress, manifesting as crying and breakdowns, revealing the psychological toll of systemic stigma.

The fear of state intervention (Oranga Tamariki) if they assert themselves or express frustration further restricts their tino rangatiratanga, forcing them into a self-silencing position to protect their children.

Theme 3: Motherhood expectations: Confronting Stigma and Societal Disregard

This theme captures the experiences of stigma, stereotypes, and discrimination faced by young Māori mothers due to the intersection of their age, ethnicity, and motherhood status. These experiences manifest as public judgment and systemic invalidation, revealing how dominant Western and colonial narratives undermine their sense of self-worth and parental competence.

The Burden of Otherness and Public Opinion: Young Māori mothers are frequently subjected to intense public scrutiny and age discrimination, particularly in Eurocentric social and religious spaces. Chardonay's experience in a church, being told she would "go to hell" for being a young, single mother, exemplifies the severe moral judgment and heteropatriarchal expectations imposed by dominant societal norms.

This public condemnation extends to daily encounters, where mothers are "looked at differently" by peers and labelled with derogatory terms, highlighting the social exclusion they face. The pressure to conform to Western ideals of motherhood, especially regarding public attitude and the presentation of a contented infant, creates immense emotional stress, as Chardonay described her struggle to keep her baby quiet on the bus while "trying not to cry in front of people." This constant surveillance and judgmental gaze illustrate how young

Māori mothers are othered and required to navigate public spaces burdened by the weight of societal disapproval.

Challenges in Healthcare Settings: Within healthcare services, the mothers consistently experienced systemic invalidation and a profound disregard for their parental authority. Practitioners often bypassed the young mothers, directing communication and attention to older whānau members, thus diminishing their role as primary caregivers. Chardonnay and Heavenly's experiences of doctors speaking directly to their mothers/grandmothers about their children, or Heavenly's grandmother being listed as the primary guardian, are potent examples of ageism that diminishes young mothers of their tino rangatiratanga.

This institutional disregard, often perceived as a lack of manaakitanga, cultivates feelings of invisibility, inadequacy, and unworthiness, leading mothers to internalise doubts about their competence. The frustration with insufficient medical advice for their babies' conditions and the "aggressive" and "laughing" behaviour of nurses during breastfeeding support (Lucy, 2024) further underscores a systemic failure to provide empathetic, culturally responsive care. These interactions reinforce existing power imbalances, leaving mothers feeling disempowered and frustrated, and ultimately contributing to their reluctance to seek necessary support.

The positive experiences were with culturally responsive Māori practitioners. They demonstrate the transformative power of whakawhanaungatanga and non-judgmental care in affirming a young mother's identity and competence.

Theme 4: Hauora: Holistic Well-being

This theme encapsulates the multifaceted approach young Māori mothers take to maintain their hauora (holistic well-being), integrating Western practices with connections to tinana (body), taiao (nature), wairua (spirituality), and whānau (family and relationships). It

demonstrates their active agency in fostering a balanced and thriving life for themselves and their children despite external pressures.

Tinana: Young Māori mothers contend with significant societal pressures to conform to Western ideals of post-partum beauty and youthful appearance, often leading to struggles with body image and unhealthy coping mechanisms. Chardonay's experience of "after I had a baby, I really struggled with food because I didn't look the same as I did before" and feeling "embarrassed" by her stomach illustrates the impact of these ideals on self-perception and mental health.

However, this theme also highlights their resilience and agency in redefining tinana. Chardonay's reframing of stretch marks as "my son's first drawings" signifies a powerful act of self-acceptance and love. Lucy's dedication to maintaining an "active mum" lifestyle through regular gym visits, supported by her best friend, demonstrates a proactive pursuit of physical and mental well-being that promotes both personal health and optimal caregiving for her baby.

Connecting with Taiao: Reconnecting with the natural environment emerged as a vital source of rejuvenation, stress relief, and profound whānau bonding for these mothers. Walking in nature and visits to places like the zoo provided essential breaks from stressful home environments and the demands of motherhood, allowing for reflection and mental space. Lucy's assertion that it's "important to just connect with nature but also be out and about with her" underscores the intrinsic value placed on taiao for collective well-being. This connection facilitates deeper bonds between mother and child and serves as a powerful coping mechanism against stress, as Lucy found relief when "being at home was stressful." Taiao functions as a sanctuary, offering a culturally grounded space for emotional regulation and fostering a sense of calm and belonging that contributes significantly to their holistic hauora.

Nourishing Wairua: During times of uncertainty and confusion, young Māori mothers often found comfort and certainty through connections to their wairua (spirituality). This manifested in various ways: Chardonnay's consistent sightings of double rainbows as a spiritual sign from her uncle provided reassurance and a sense of being cared for, illustrating the significance of whakapapa and connections.

Heavenly expressed the loss of her koro (grandfather) just two days before her daughter's birth:

"My koro's tangi definitely really hurt me because he died 2 days before she was born, so I really wanted him...But I came to terms with it because that side of my koro's whānau got to meet her. And so that was pretty cool."

This experience demonstrates how connecting her daughter with her koro's whānau facilitated Heavenly's process of coming to terms with the loss, highlighting the healing power of intergenerational connection.

Furthermore, Lucy's turn to Christianity and Bible reading illustrates a search for spiritual belief as a source of personal grounding and well-being as she expresses: "...just at the moment I read the bible... I want to go to a Christian Church...I like just believing in something. I feel like it's good for myself, to just have belief".

Whānau and Relationships: The collective nature of whānau and relationships emerged as an indispensable cornerstone of these mothers' Hauora. Whether biological or chosen, whānau provided critical support systems that extended beyond immediate caregiving to encompass emotional, practical, and even financial assistance. Heavenly's nan, who has been her "biggest support" since childhood and now acts as her "mum," exemplifies the profound role of extended whānau in providing stability and unconditional love.

The shared responsibility in raising children, mutual encouragement for future ambitions, and prioritisation of quality time together (e.g., attending partner's games, family dinners) highlight the strength of whanaungatanga. This robust whānau support acts as a buffer against societal judgment and systemic challenges, fostering resilience, confidence, and a sense of belonging that is fundamental to the mothers' well-being and their ability to thrive.

Theme 5: Tino Rangatiratanga: Asserting Self-Determination and Agency in Motherhood

This theme explores how young Māori mothers actively embody tino rangatiratanga in their daily lives, demonstrating resilience and agency in overcoming challenges and shaping their futures. It highlights their proactive efforts to challenge societal norms and unrealistic Western expectations, asserting their right to define their own motherhood journeys (Stevenson et al., 2020).

Sense of Purpose: For these young Māori mothers, their babies became a profound source of purpose and an unwavering motivation to achieve their ambitions and break intergenerational cycles. Heavenly's powerful statement, "My baby is my world. I feel like if she wasn't here, I'd probably still not be in school... generational curses. Something I'm trying to break," articulates how motherhood transformed their trajectory, instilling a sense of responsibility rooted in whakapapa.

This profound love and commitment drive their determination to pursue education and career aspirations (e.g., nursing, social work, accounting), actively challenging societal expectations that often limit young mothers' futures. Their daily sacrifices, such as Chardonay's 5:30 am walks to catch the bus for school, vividly illustrate their tino rangatiratanga in action, demonstrating a dedication to creating brighter futures for themselves and their children.

Growth and Learning Through Everyday Triumphs: The journey of motherhood is framed as a continuous process of growth and learning, where everyday challenges become opportunities to assert tino rangatiratanga and develop essential parenting skills. Establishing routines, particularly around sleep, proved demanding but ultimately empowering, as expressed by Lucy:

‘The one thing I struggled with the most is sleep time...Putting her on independent sleep was really hard, and I remember that setting boundaries and routines are good. Having a routine with her will make it easier, even if it doesn't seem easy right now. It'll eventually get easier. every time she's, like, gone to sleep, It's like an achievement, and I feel relief’.

Lucy's reflection on setting "boundaries and routines" for her baby, and each successful sleep becoming an "achievement," highlights the resilience and perseverance required. These small victories reinforce their commitment and underscore the practical lessons learned in navigating the demands of parenting. Furthermore, engaging in activities that support their baby's development, as stated by Lucy:

“We have like heaps of children books lying around the house, and we've made it important that [baby] reads with us, since she was born because me and my partner both enjoy reading and my inlaws think it's really important that you have to read. And I learned from all my parenting courses that I've been to that reading can help [with] child development”.

This consistent commitment to reading demonstrates their proactive approach to creating a nurturing environment. Such active engagement with their maternal roles signifies

their self-determination in embracing parenthood and ensuring their child's holistic development.

Embodied Independence: Gaining independence emerged as a significant act of empowerment, particularly for solo mums. Heavenly's achievement of her driver's licence, which she considered her "biggest accomplishment" as a teen and solo mum, symbolises a powerful reclaiming of control over her life. This milestone, beyond practical utility, represents "proving people wrong" and challenging deficit-based stereotypes about single mothers' capabilities. Her desire for financial independence, to save for a car and eventually her "own house, just me and baby's little space"—further illustrates her commitment to securing a stable and self-determined future.

This drive to achieve personal milestones, from obtaining identification to managing finances and researching their child's health conditions (as Heavenly did for her baby's skin condition), unequivocally demonstrates their tino rangatiratanga in shaping their lives and defying societal expectations. Their assertive declarations, like Chardonnay's "Just treat us normal. Don't judge me; you don't know me," and Lucy's reframed identity as a young mother, stating:

“But now when I look at it. I feel like it's a good title to say that I'm a young mum and I'm still in school and my child's in school and I have almost all my levels”.

Both expressions serve as explicit acts of challenging stigma and affirming their value.

Ambitious and Goals for Intergenerational Change: The mothers' collective ambitions and goals serve as a powerful testament to their forward-looking tino rangatiratanga. Their determination to pursue further education (university, Wintec) and enter professional fields like nursing, midwifery, social work, and accounting not only aims to

provide better futures for their children but also to break intergenerational patterns of limited educational attainment within their whānau. Heavenly's aspiration to be the "first person in my family to be a nurse or something like that" embodies this commitment to positive intergenerational change.

Additionally, Heavenly's motivation to become a midwife or nurse, driven by her negative experiences in healthcare, demonstrates a profound desire to use her lived experience to "empower" other young mothers, extending her tino rangatiratanga into advocacy and systemic change. This collective drive reflects a powerful assertion of their right to self-determination, not just for personal gain, but for the betterment of their whānau and wider community.

Summary

Part Two synthesises the collective pūrākau of the three young Māori mothers, revealing shared experiences of resilience, cultural strength, and resistance to stigma. While formal systems such as social work and welfare often imposed surveillance and judgement, spaces like He Puaawai provided mana-enhancing support that affirmed identity and potential. The mothers' journeys were marked by whakamā linked to societal judgement and welfare stigma, which often led to silence, withdrawal, and self-doubt.

Despite these challenges, the young mothers confronted public scrutiny and institutional disregard with determination. They maintained hauora by drawing strength from tinana, taiao, wairua, and whānau, integrating practices with everyday self-care. Their expression of tino rangatiratanga was evident in their parenting, pursuit of education, and aspirations to break intergenerational cycles. Collectively, their stories reflect not only the impact of systemic barriers but also the transformative power of love, identity, and self-determination.

CHAPTER SIX: Discussion

The previous chapter presented both the individual pūrākau and shared themes that emerged from the lived experiences of three young Māori mothers. These findings illuminated the challenges, strengths, and acts of tino rangatiratanga that shape their realities. Building on these insights, this chapter provides a comprehensive examination of the complexities inherent in the research questions, drawing on the nuanced insights and emergent themes from the study's findings. The overarching objective is to critically address the following questions, aiming to reframe and deepen our understanding of the pervasive stigma and entrenched societal beliefs encountered by young Māori mothers:

1. What factors contribute to the success of teenage Māori mothers, and how can they be supported in achieving these success factors?
2. How do Māori teenage mothers overcome challenges in their parenting journey?
3. How can service providers improve their support for Māori teenage mothers, their babies, and whānau?

By rigorously investigating these pivotal questions, this discussion seeks to illuminate the unique experiences of young Māori mothers, challenge the enduring stigma and discrimination they face, and identify actionable strategies for fostering more effective and culturally responsive support systems for them and their families.

Strengths and Successes of Young Māori Mothers and Existing Support Systems

Acknowledging the strengths and successes of young Māori mothers necessitates understanding the support systems that cultivate and sustain these attributes (Lopez, 2008). This section addresses research question one: What factors contribute to the success of

teenage Māori mothers, and how can these individuals be effectively supported in achieving these objectives?

The experiences of the young Māori mothers in this research illustrate that their strengths frequently arise from their ability to integrate their roles as mothers while simultaneously pursuing their aspirations (Rodat, 2020; Sheeran et al., 2019). The resilience, determination, resourcefulness, adaptability and commitment these young Māori mothers demonstrate towards their children and their futures are fundamental to their achievements (Lopez, 2008; Linley & Harrington, 2006).

Young Māori mothers in this research define their success by optimising their abilities that align with certain western social norms of motherhood (Schmidt et al., 2023). The strengths and successes exhibited by young Māori mothers can be drawn from the principles of tino rangatiratanga, motherhood expectations, community and hauora which display a notable capacity to balance their responsibilities, often discovering innovative methods to harmonise their aspirations with their parenting duties to overcome the pressures of achieving motherhood expectations and western societal norms (Lopez, 2008; Schmidt et al., 2024).

I created a detailed diagram inspired by Bronfenbrenner's ecological model (1977) and Sanchez et al.'s indigenous cyclical model (2019). This diagram serves as a visual representation of the interconnected factors that contribute to the strengths of young mothers, emphasising the essential support systems needed to nurture and promote the success of young Māori mothers.

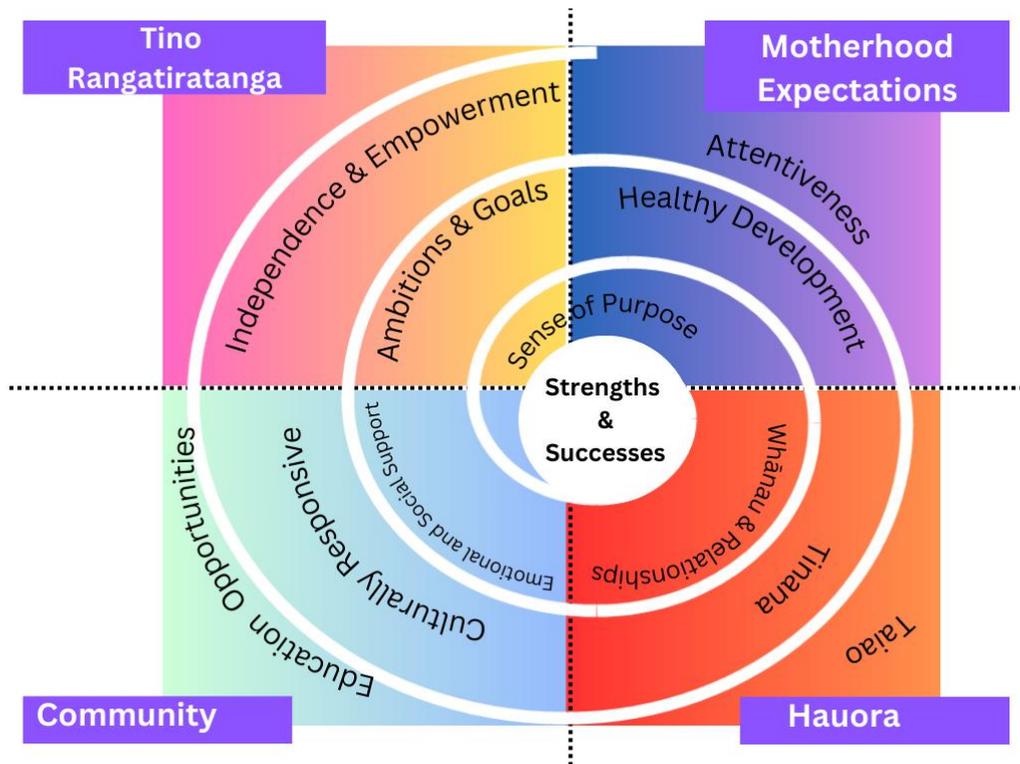


Figure 17: *Ecological and Cyclical Influences on Strengths and Success for Young Māori Mothers*

The spiral illustrated in the accompanying figure represents the ripples that emanate from a central point. Indigenous worldviews conceptualise human development not as a linear progression but as a cyclical process characterised by continuous learning and growth (Elkington, 2013; Sanchez et al., 2019). At the core of this spiral are young Māori mothers' "strengths and successes," which embody the values upheld in their roles and responsibilities as mothers. These values radiate outward and influence various aspects of their lives while simultaneously being shaped by those influences.

The four quadrants symbolise critical analytical dimensions derived from the findings, illustrating the interconnected factors that dynamically emerge from the mothers' experiences. These elements are interpretively associated with: 1) Tino Rangatiratanga: Asserting Self-Determination and Agency in Motherhood, 2) Hauora: Holistic Well-being, 3) Motherhood

expectations: Confronting Stigma and Societal Disregard, and 4) Community Services: Navigating Systemic Support and Surveillance

A key factor contributing to the strengths and successes of young mothers is their sense of purpose, which is often motivated by their children. This sense of purpose impacts various parts of their lives, helping them form realistic expectations of motherhood. It also prompts them to seek supportive resources and services that aid their growth and accomplishments (Sanchez et al., 2019; Reupert et al., 2022).

For young Māori mothers, this sense of purpose is shaped by their relationships with whānau (family) and significant others, showing the shared responsibility in raising children (Houkamau, 2010). According to Houkamau (2010), before colonisation, Māori society was organised around community and tribal structures. Māori tribes managed their ancestral lands and shared resources, with individual identity closely tied to fulfilling social responsibilities within whānau (extended family), hapū (sub-tribes), and iwi (tribes). Fulfilling obligations to whānau is crucial for personal identity, and upholding communal values fosters social acceptance and a sense of purpose.

The support provided by whānau is underscored by the findings, which demonstrate that relational support enhances the hauora (well-being) of young Māori mothers. This support encompasses emotional guidance and practical assistance, including caregiving and financial resources. For instance, one mother articulated the critical role of her grandmother as a support system, highlighting the importance of emotional and physical assistance in meeting her child's needs. This underscores the value of grandparents in fostering a sense of security while nurturing future generations (Jenkins & Harte, 2011; Herewini, 2018). Such networks are essential for mitigating the challenges and pressures associated with young motherhood, enabling these mothers to navigate their responsibilities with increased resilience and confidence (Pihama, 2011; Houkamau, 2010; Jenkins & Harte, 2011).

Furthermore, the findings from this research indicate that community services and resources, such as the He Puaawai Teen Parent Unit, reinforce the principle of collective responsibility by providing essential emotional support and resources. These services ensure that young mothers have access to healthcare advice and guidance, securing the quality provisions necessary for their well-being and that of their infants. A study conducted by Sanchez et al. (2019), entitled "It Takes a Village to Raise a Child," examines the collective approach to child-rearing within community contexts and underscores the dichotomy between individualistic and collective responsibilities (Kagan et al., 2019; Houkamau, 2010).

For instance, the findings show expectations placed on mothers to conform to western ideals of motherhood are largely influenced by an individualistic framework that frequently necessitates maternal participation in educational programmes designed to promote personal development and enhance child-rearing practices. Therefore, young Māori mothers strive to participate and ambition to enhance their maternal instincts by cultivating skills and confidence through their interactions with community services, resources, and extended family support. This engagement strengthens their sense of purpose and reinforces the understanding that child-rearing responsibilities are a shared endeavour.

Schmidt et al. (2023) highlight that societal norms dictate that mothers should be attentive to their children's needs and skilled at recognising various cues. This is particularly relevant for young Māori mothers who navigate the complexities of motherhood. One mother recounted her journey in learning to recognise her baby's cries; as she became more adept at interpreting these cues, her competence in addressing her child's needs grew. This ability enhanced her caregiving skills and encouraged her to pursue her educational goals and future aspirations.

Furthermore, the capacity to breastfeed successfully unequivocally fosters a profound sense of achievement, especially as mothers strive to conform to the dominant breastfeeding

culture prevalent in Aotearoa, New Zealand (McBride-Henry, 2010). This aligns with Schmidt et al. (2023), who underscore the prevailing motherhood expectation that mothers are singularly responsible for ensuring healthy access to essential resources for their child's optimal development. The study by McBride-Henry (2010) further highlights Aotearoa New Zealand's robust promotion of breastfeeding as the unequivocal "gold standard" for healthy child development. Such pervasive societal expectations exert significant pressure on new and expectant mothers to meticulously meet these critical responsibilities. When young mothers successfully fulfil these expectations, they experience a profound, often internalised, sense of accomplishment, which critically helps them to navigate the inherent challenges of motherhood with enhanced confidence and a bolstered sense of self-efficacy.

Aspects of Hauora, such as tinana, illustrate how mothers have developed strengths in regular exercise, helping them cope with the pressures of motherhood. This perspective aligns with Schmidt et al. (2023), who suggest that mothers are expected to maintain a high degree of control over their bodies, their mothering performance, and the well-being of their children. For instance, one mother expresses that she values being an active mother so that she can ensure she is physically and mentally active to engage with her baby.

Access to culturally responsive and safe healthcare contributes to the success of supporting young Māori mothers (Stevenson et al., 2020; Cram et al., 2021). Healthcare providers who understand and respect Māori cultural values can foster trust and deliver the necessary medical and mental health services. This support assists young mothers in navigating the emotional and psychological challenges of motherhood, creating a positive environment for both mothers and their children (Espiner et al., 2021; Stevenson et al., 2020).

Community services significantly influence the strengths and success of young Māori mothers, providing essential resources that empower them to pursue educational and career opportunities while ensuring their children receive proper care. Developing aspirations and

future goals is crucial for the success of young Māori mothers, facilitated by support from He Puaawai teen parent unit in educational and career opportunities. These opportunities enable them to build a better future for themselves and their children, breaking cycles of disadvantage and creating pathways to success. By continuing their education and securing stable employment, these mothers can provide better opportunities for their children to thrive. These community-driven initiatives take a holistic approach, addressing the immediate and long-term needs of young Māori mothers and their children (Jenkins & Harte, 2011).

The strengths and successes of young Māori mothers are evident in their planning and execution of pathways to achieve their ambitions and goals. Javadifar et al. (2016) describe how mothers are encouraged to utilise their potential, such as planning abilities, to gain better control over their life circumstances. For instance, the young mothers in this research are motivated to navigate public perceptions by completing their studies and engaging in essential activities like parenting courses and financial education.

Owens (2022) highlights the paradox between neoliberal political ideology and meritocratic social constructs, which emphasise individual responsibility in personal choices and the importance of economic independence. This framework encourages mothers to work toward their goals and ambitions, which are highly valued in Western social networks and encourages them to strive to balance the dual expectations of being a mother while also achieving economic self-reliance (Schmidt et al., 2023; Owens, 2022).

Challenges and Adaptations of Young Māori Mothers: Navigating Systemic Barriers and Personal Growth

Exploring teenage mothers' challenges and adaptations answers research questions one and two. This highlights how these young women navigate various obstacles, harnessing their strengths and relying on their support systems. They develop and sustain their

adaptations through resilience and resourcefulness to manage the complexities of their circumstances.

The challenges of young Māori mothers are complex and involve personal, social, and economic factors (Stevenson et al., 2020; Cram et al., 2021; Espiner et al., 2021). They often struggle with the pressures of meeting the expectations of ideal motherhood, navigating relationship dynamics, and dealing with social stigma, discrimination, and stereotypes associated with being a young mother (Schmidt et al., 2024).

Young Māori mothers frequently encounter numerous social and economic challenges that can significantly impact their lives. These pressures manifest through societal stigma and marginalisation, often undermining their experiences and capabilities. Participating in financial and parenting programmes helps overcome their adjustments to motherhood expectations. However, these tend to contradict the collective approach in which political societal demands require individual responsibility for overcoming economic and maternal struggles as meritocratic ideologies continue to exacerbate through political movements (Owens, 2022; Cram et al., 2021; Schmidt et al., 2023).

In a predominantly Eurocentric society, they struggle with unrealistic expectations of motherhood (Schmidt et al., 2024), which can leave them feeling isolated and overwhelmed (Stevenson et al., 2020). The transition into motherhood surfaces overwhelming experiences and challenging realities that young Māori mothers often face through their pregnancy journeys.

The mothers in this study were unaware of their pregnancy understandings. Albert (2020) explains that in pre-colonial times, young wāhine (women) gained a thorough understanding of childbearing by observing older generations. This learning process was integral to their development and was supported by their whānau (family), hapū (sub-tribe), and iwi (tribe). Wepa and Te Huia (2006, as cited in Albert, 2020) note that it was uncommon

for a young woman to enter her first pregnancy without knowing what to expect. Education regarding pregnancy, sexuality, and the functioning of reproductive systems was well established among young wāhine, receiving encouragement from their whānau. However, due to continual colonial structures that reinforce and maintain hetero-patriarchy and hetero-paternalism (Arvin et al., 2013), this knowledge has often been lacking.

As a result, young women adhere to societal norms that discourage discussions about reproductive health and sexuality. Misogynistic perceptions of the roles of young women further complicate this issue, as young mothers in this research report being whakamā (shame or embarrassment) about sharing news of their pregnancies. Therefore, transitioning into motherhood adds pressure as they adjust to the new reality of being young mothers.

Society frequently characterises young motherhood as a significant source of disruption and concern (Banks, 2008; Sheeran et al., 2019; Owens, 2022; Breheny & Stephens, 2010). This perspective is further amplified by the intrusive involvement of social workers and Oranga Tamariki services, which necessitate their presence in the lives of young mothers. Such constant oversight introduces an additional layer of stress, compelling these mothers to conform to the expectations established by institutional systems to demonstrate their capability to care for their children.

The situation is particularly precarious for young Māori mothers, who often endure heightened anxiety regarding the potential removal of their infants by social services. Due to the historical colonial violence and institutional racism within social services (Pihama et al., 2016), the mothers express that their experience with social services has been poor and has caused mistrust. This sense of apprehension is further amplified by the relentless scrutiny and elevated expectations set by political and social systems, resulting in an environment where these mothers may feel perpetually judged. Although the primary intention of involving

social workers and Oranga Tamariki is to provide support, their presence is frequently perceived as intrusive and judgmental.

Consequently, these young mothers navigate a challenging environment, striving to meet formidable standards while ensuring the safety and well-being of their children. The pervasive atmosphere of ongoing evaluation and pressure can engender feelings of inadequacy and helplessness, thereby complicating an already significant and meaningful journey of motherhood.

The findings indicate that young Māori mothers experience a sense of whakamā related to their identities as both 'young' and 'Māori' (Sheeran et al., 2019). This disconnect often arises from systemic power imbalances and societal influences that favour hetero-patriarchal values, including those propagated by social media, which impose specific norms and expectations. As a result, these mothers may struggle to embrace their cultural identity and feel alienated by colonial narratives shaped by societal standards (Schmidt et al., 2024; Wilson & Huntington, 2006). One mother expresses embarrassment about being a young Māori solo mother, reflecting paternalistic and patriarchal ideologies that highlight the stigma of absent fathers within the family unit. The impact of Western societal structures and political frameworks is internalised by young Māori mothers, making it challenging for them to embrace their new roles as mothers (Mika, 2014).

A vital aspect of their adaptation involves introspection, reflecting on their strengths and willingness to learn and grow through daily experiences (Hokowhitu, 2009). Access to supportive community resources, such as He Puaawai and their whānau, fosters confidence and helps them redefine their sense of self, aiding in reclaiming their identity in a world that often marginalises being young and Māori.

Furthermore, the findings reveal that mothers face pressures from motherhood expectations, coupled with demands related to participating in workshops and programmes

for parenting and financial education. These pressures, alongside the complex dynamics of relationships and environmental stressors, pose significant challenges for mothers attempting to meet these expectations. They seek solace in taiao (nature), where they can find calmness and reconnect with the present moment by spending quality time together.

The findings indicate that social stigma, stereotyping, and biases are predominantly maintained within healthcare settings. Young Māori mothers often face troubling biases that exacerbate their struggles. They frequently encounter judgment and criticism from healthcare providers, who, influenced by negative stereotypes associated with Māori parents (Houkamau, 2010), lack the empathy and understanding necessary for compassionate care. This judgmental approach not only undermines young mothers' confidence but also leads to feelings of demoralisation, resulting in an overall negative healthcare experience. These results align with multiple studies on access to and delivery of healthcare services (Stevenson et al., 2020; Cram et al., 2012; Lawton et al., 2013; Makowaremaihi et al., 2014; Lee & North, 2013; Espiner et al., 2021; Kolo, 2024).

The young Māori mothers in this research navigate challenging experiences by embracing aspects of wairua, which offer them certainty and strength. They find comfort in honouring the memories of their loved ones who have passed away or through a belief in a higher power. Moreover, services that integrate Māori values and offer holistic support can effectively address the unique challenges these young mothers face in a culturally sensitive way. Such services are essential for enhancing their resilience and equipping them with strategies to overcome the disparities they encounter (Stevenson et al., 2020; Kolo, 2024).

Improvements Needed to Support Young Māori Mothers

The findings indicate that there is a need for improvements in services to better support and normalise Māori social structures and values (Stevenson et al., 2020). The results show that mothers often feel pressured by Western expectations of motherhood, which can be

overwhelming and, at times, unrealistic. These prevailing expectations focus on individual responsibility in parenting practices, reinforcing neoliberal and meritocratic ideologies (Cram et al., 2021; Reupert et al., 2022; Crawford-Garret et al., 2021). When these ideologies dominate, they can contribute to factors that diminish Māori well-being.

Therefore, a political movement is necessary in shifting harmful and colonial structures by informing and educating social and health settings that continue to maintain stigma and marginalisation towards young Māori mothers.

In addition, Stevenson et al. (2020) and Espiner et al. (2021) argue, healthcare services can provide cultural responsiveness to improve access and delivery of health services for young Māori mothers. This aligns with past research and emphasises the need for more effective political movements to reduce stigma and discrimination. It is essential to acknowledge different perspectives on health and well-being, integrate Māori values, and promote te Tiriti o Waitangi as a guide for political actions (Stevenson et al., 2020; Ritchie, 2021). Ritchie (2020) notes that te Tiriti o Waitangi is essential for fostering a comprehensive understanding within educational systems, promoting shifts from Eurocentric paradigms towards embracing te Tiriti o Waitangi. This shift can be necessary for greater awareness and understanding, particularly through anti-racism education, to fully appreciate Māori worldviews and the partnership envisioned by te Tiriti o Waitangi (McMeeking et al., 2023; Nelson et al., 2018; Jones, 2000).

The high rate of teenage pregnancy is predominantly Māori and Pacific, who are more likely to turn to whānau for support (Pihama, 2011); improvements are needed to strengthen whānau support by ensuring whānau have access to support services that will help them socially and economically and healthy. These improvements aim to address underlying challenges within problematic systemic institutions and create a supportive, respectful, and

effective system for the well-being of young Māori mothers and whakapapa (Espiner et al., 2021).

Political Movement to Destigmatise Young Māori Mothers

In this study, results showed young Māori mothers often experience intersecting identities being young, a female, Māori and a mother and often encounter stigma and discrimination, which can adversely affect their mental health and access to essential services throughout their pregnancy, birth, afterbirth and parenting journeys.

Cram et al. (2021) indicate that many young Māori mothers are reluctant to engage with services because they feel judged for being young mothers. Colonial narratives have shaped the societal norm surrounding the ideal age for motherhood; however, Māori women have historically been young mothers, even before colonial forces-imposed heteropatriarchy and hetero-paternalism (Cram et al., 2021; Arvin et al., 2013).

Owens (2022) and Whitley & Kirmayer (2008) underscore the importance of changing societal attitudes toward young parents. Policies and practices may prioritise reducing the stigma that young Māori mothers face by adopting a multifaceted approach. This approach may tackle societal attitudes, offer support, and foster positive narratives through education. For instance, destigmatising young Māori mothers involves raising awareness about their unique challenges and strengths. Therefore, policies may aim to provide a balanced historical narrative in education by highlighting both Māori achievements and challenges and shifting away from deficit-focused perspectives on Māori history (Rodat, 2020).

Social services, including social workers and Oranga Tamariki, may evaluate their protocols for engaging with young parents. Modifying political practices may ensure that the expectations placed on young mothers are relevant to their specific situations and circumstances, prioritising the well-being of both the mothers and their children, rather than

imposing an authoritative approach (Ellis-Sloan, 2014). This aligns with Article Two of Te Tiriti o Waitangi, which states that Māori have the right of tino rangatiratanga (self-determination, sovereignty or authority). This means that Māori can have authority over their taonga (treasures), which includes the well-being of their tamariki (children) and mokopuna (grandchildren).

The findings in this research indicate that young Māori mothers have had poor experiences with social services, leading to a mistrust of these systems. They often feel obligated to comply with processes without their voices or rights being heard. Therefore, policies may consider Māori leadership to determine the processes and protocols for young Māori wāhine (women) during their pregnancy journeys, childbirth, and parenthood.

Cultural Responsiveness in Healthcare Services

This research highlights the experiences of young Māori mothers in Aotearoa, New Zealand, underscoring the importance of integrating Māori values into maternal healthcare practices. This emphasises the need for transformative changes within Aotearoa, New Zealand's healthcare systems. The findings align with research by Stevenson et al. (2020), which identified three primary values—tino rangatiratanga (self-determination), manaakitanga (reciprocal sharing and caring), and whanaungatanga (relationship building)—that could enhance maternal healthcare practices for Māori mothers.

Implementing these values in maternal healthcare can enhance support networks for young Māori mothers and ensure their cultural context and needs are respected. The involvement of whānau is also highlighted as crucial for providing support, especially for breastfeeding and other infant care practices.

Ensuring cultural responsiveness in healthcare services involves understanding and integrating these values into everyday practice. For example, healthcare providers can foster tino rangatiratanga by involving young Māori mothers and their whānau in the decision-

making processes related to their care. This can be achieved through the acknowledgement of young Māori mothers as the valuable point of focus for the well-being of their pepi (Stevenson et al., 2020; Kolo, 2024; Cram et al., 2021; Espiner et al., 2021). This requires the mothers to feel that they are supported by regular consultations and creating an environment where their voices are heard and respected (Stevenson et al., 2020). As such, this is shown through Chardonnay's experience with Māori practitioners who treated her with respect and normalised her age and being a Māori mother.

Manaakitanga can be demonstrated by building trust and showing genuine care, which helps to enhance the mana of both the mothers and the healthcare providers. This reciprocal relationship can be fostered through personalised care plans that acknowledge each mother's unique needs and preferences. As such, this can enhance empathy, in which the young Māori mothers in this research express their experiences of a lack of empathy from nurses and doctors.

Whanaungatanga can be strengthened by recognising the importance of young Māori mothers as valuable for their pepi well-being and requires healthcare staff to acknowledge the mothers of this importance. To effectively implement these values, healthcare professionals can be encouraged to receive training on Māori cultural practices and values. Ongoing education and culturally responsive training can help bridge the gap between healthcare providers and Māori mothers, ensuring that care is both respectful and effective (Ritchie, 2020).

Furthermore, healthcare policies can reflect these cultural values by supporting initiatives that promote cultural safety and responsiveness. This includes funding for programmes that integrate Māori perspectives into healthcare practices, as well as policies that address systemic barriers faced by young Māori mothers. Prioritising cultural responsiveness in healthcare services may create a more inclusive and supportive

environment that meets the needs of all mothers. As Stevenson et al. (2020) express, integrating Māori values is compatible with all mothers, families and whānau and can be a beneficial practice for healthcare staff.

Strengthening Whānau and Community Initiatives Support

Whānau, relationships, and community services, such as the He Puaawai teen parent unit, play a crucial role in supporting young Māori mothers. However, there is an urgent need to enhance and formalise these support systems. Families and whānau frequently step up to advocate for young mothers, especially in instances where they encounter discrimination due to their age.

To effectively combat this issue, initiatives can be designed as a transformative approach that directly addresses the deeply rooted institutional racism and bias towards being a young mother is prevalent in social and health sectors. By fostering such initiatives, can work towards improving access for whānau to supportive systems that are vital for their well-being and empowerment (Reid & Robson, 2000).

Limitations and Further Research

This research, while providing valuable insights, has several limitations that should be explicitly considered:

- **Exclusion of Public Agency Perspectives:** This study consciously excluded the voices and perspectives of public agencies directly involved in health and social services that are responsible for providing support to whānau, māmā, and pēpī. Future research could gain a more comprehensive understanding by including these critical viewpoints.
- **Limited Father and Whānau Perspectives:** The study was limited to the perspectives of the young mothers themselves, therefore excluding the voices of fathers and other whānau members who play crucial roles in the parenting journey.

Their insights are invaluable for fully understanding complex family dynamics and support systems.

- **Underexplored Service Provider Viewpoints:** The viewpoints of youth services staff and healthcare providers were not fully explored. Gaining a deeper understanding of their protocols for disseminating information, obtaining informed consent, and building meaningful relationships with young mothers and their families would provide further critical insights into service delivery and support gaps.
- **Age-Specific Participant Inclusion:** This research only included participants over the age of 16. Further research is needed on mothers under the age of 16 to specifically assess the financial assistance they receive for their babies and their overall family support. Such research could reveal significant gaps in available resources and inform targeted strategies to improve the holistic well-being of these very young mothers and their whānau.
- **Focus on Existing Agency Integration of Indigenous Values:** This research was limited to exploring the perspectives and attitudes of public agencies regarding the integration of Indigenous values. Future research could actively delve into how these agencies perceive and operationalise indigenous values, which could help identify what truly works for all involved in transforming service delivery to support young mothers more effectively.
- **Limited Scope on Sexuality and Reproductive Health Education:** This research was limited to exploring broader education related to sexuality and reproductive health systems in Aotearoa, New Zealand. Further research is needed to specifically focus on whether Indigenous values and frameworks are genuinely implemented in these critical areas for young wāhine, as well as to gather youth perspectives directly on these topics.

Summary

This chapter critically examined the key findings of the study in relation to the original research questions, offering insights into the strengths, challenges, and systemic barriers faced by young Māori mothers. It highlighted how participants displayed tino rangatiratanga through resilience, aspiration, and proactive parenting, often drawing on cultural values, whānau support, and services like He Puaawai to navigate motherhood.

The discussion explored how these mothers adapt to societal and institutional pressures, including judgment from healthcare and social services, by nurturing hauora (holistic well-being) and building self-efficacy. However, challenges persist, particularly around systemic surveillance, stigma, and the internalisation of colonial motherhood expectations.

Drawing on kaupapa Māori principles, the chapter called for more culturally responsive healthcare, service reform, and a political movement to decolonise narratives of young Māori motherhood. It also emphasised the need to strengthen whānau-centred initiatives and include Indigenous values across health and education systems. Lastly, the chapter outlined key limitations and proposed future research directions to deepen understanding and advocacy for young Māori mothers and their whānau.

CHAPTER SEVEN: Conclusion of the Thesis

The objectives of this research are to establish a platform for young Māori mothers to share their experiences and express their perspectives, recognising their strengths and resilience amid ongoing marginalisation and stigma within their communities. This study highlights the unique strengths and challenges faced by young Māori mothers by employing photo-elicitation to explore their experiences, with an emphasis on pūrākau as a vital means of valuing their knowledge. The aim is to diminish the stigma associated with them and evaluate the immediate support services and long-term well-being, seeking to identify areas for improvement to better serve young mothers.

The study emphasises the necessity of a more inclusive and supportive approach that values indigenous knowledge, as well as the significance of whakapapa and whanaungatanga in the lives of these mothers. It advocates for the integration of Māori worldviews and practices into support services and policies to more effectively meet the needs of young Māori mothers and their whānau, underscoring the importance of indigenous knowledge as a sustainable framework that can benefit both Māori and non-Māori teenage mothers in Aotearoa, New Zealand (Stevenson et al., 2020).

This research calls for a departure from the negative stereotypes and biases that often marginalise young mothers and draws focus on their resilience, adaptability, and contributions to their communities. This research concludes in reforming societal norms, challenging unrealistic expectations of motherhood, and fostering an equitable and supportive environment for young mothers in Aotearoa, New Zealand.

My Reflections and Ending Statement

This thesis has been a profound source of inspiration for me. By drawing on the experiences of these remarkable young women, I have come to appreciate the critical role of

indigenous knowledge and practices in nurturing and supporting all mothers across Aotearoa, New Zealand. The emphasis on whanaungatanga and whakapapa has reinforced my understanding of the interconnectedness within our communities and the importance of supporting one another through the journey of motherhood. Consequently, I advocate for an inclusive and supportive societal approach that honours the unique contributions and strengths of balancing different knowledge and norms in motherhood. Gaining insight into the stories of these young Māori mothers has broadened my perspective and inspired me to actively contribute to creating an equitable environment for whakapapa.

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Appendices

Appendix One: Recruitment Information

(note photos presented in this information sheet are owned by myself)

EXPLORING THE EXPERIENCES OF YOUNG MĀORI MOTHERS



**Creating a supportive and safe
community for whānau and whakapapa**

Ko wai ahau:

Ko Maungatautari me Taranaki ōku maunga

Ko Waikato me Tapokapoka-a-Tāwhiki ōku awa

Ko Tainui me Aotea ōku waka

Ko Tainui me Taranaki ōku iwi

Ko Ngāti Koroki Kahukura me ko Ngāti Ruanui ōku hapū

Ko Cindy-Joe Shepherd tōku ingoa

- Master of Applied Psychology in Community Psychology, University of Waikato
 - Lives in Kirikiriroa/Hamilton
- Interested in Māori/Indigenous protection and interests, social justice, cultural studies, and children/youth/women's wellbeing.

Research Information

Purpose of the Research

- To amplify mother's voices and share their experiences.
- Highlight the strengths and resilience of mothers and whānau.
- Explore the challenges and barriers faced by mothers and whānau.
- Highlight how to improve government and public services.

My Role as the Researcher

- Listen, understand, and acknowledge the voices of mothers and/or whānau.
- Ensure the anonymity and privacy of volunteers.
- Maintain ethical and cultural standards to ensure respect and integrity of volunteers and research.
- Ensure the research is mana-enhancing (strengths-based) and Tino-rangatiratanga (right of self-determination) is encouraged.

	<ul style="list-style-type: none"> • Provide necessary supplies for the volunteers. • Explore collaborative research to make meaningful contributions towards bringing about societal and/or political changes.
<p>Processes of the Research</p> <ul style="list-style-type: none"> • Whanaungatanga and connection • Voices are amplified through photos • Mothers take photos to articulate their experiences. • Researcher-volunteer (whānau/support person) audio-recorded interviews to explore experiences through the photos taken. 	<p>Role of Volunteers</p> <ul style="list-style-type: none"> • Time to take photos for the research. • Take photos that capture experiences or feelings about motherhood, including the strengths and challenges. • Availability for one one-on-one interviews.

Samples of Photos

Includes: creative, symbolic and metaphoric.

Example 1: Photos cannot reveal the identity



Example 2: Metaphoric or Symbolic



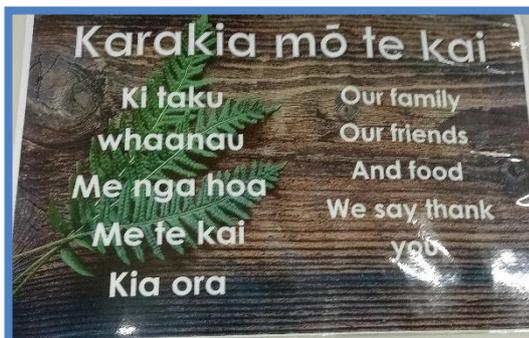
Example 3: Public Buildings



Example 4: Landscapes or Nature



Example 5: Words or Quotes



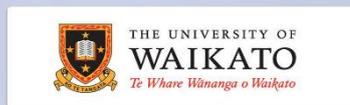
Example 6: Objects



Photos that will not be included in the research.

- People or faces that may expose the person's identity.
- Private property, buildings or spaces.

Appendix Two: Recruitment Flyer



HE MEA NUI TŌ REO! YOUR VOICE MATTERS!

INVITATION TO VOLUNTEER IN RESEARCH!

“EXPLORING THE EXPERIENCES OF YOUNG MĀORI MOTHERS.”

What is the Research about?

This research aims to amplify your voices in expressing the strengths and challenges of motherhood. Your participation can help contribute to improving support services. Your consent will be obtained before any involvement in the research.

What will you do?

- 1 x up to 1hr one-on-one with myself for a whanaungatanga or meet-up session to go over the research
- Take photos or drawings to capture your experiences
- 1 x up to 1hr 30 mins one-on-one audio-recorded interviews with me to discuss the photos you have taken

Who can volunteer?

- Participation is entirely voluntary for Māori mothers ages from 16 to 20 years old
- Have access to a computer and the internet – for uploading photos and sending photos to me.
- Have time to take photos and interviews

Where & when?

- Interviews will take place here at He Puaawai
- Our first one-on-one whanaungatanga or meet-up is set for August.
- You will be taking photos in September.
- Audio-recorded interviews are scheduled to take place in September.



If you are interested in volunteering, you can let Gillian know or contact me directly:

Cindy-Joe Shepherd

Email: cs488@students.waikato.ac.nz

Appendix Three: Recruitment Permission Form

UNIVERSITY OF WAIKATO
DIVISION OF ARTS, LAW, PSYCHOLOGY & SOCIAL SCIENCES

RECRUITMENT PERMISSION FORM

Name of location for recruitment: He Puaawai Teen Parent Unit, 72 Ellicott Road, Nawton, Hamilton, Fraser High School.

Name of Lead Contact: Gillian Cotter

I have received a copy of the Information Sheet describing the research. Any questions I have relating to the research have been answered to my satisfaction. I understand that I can ask further questions about the research at any time.

When I sign this form, I am indicating that I give permission for the primary researcher, Cindy-Joe Shepherd, to recruit Māori teenage mothers at the He Puaawai Teen Parent Unit at Fraser High School.

Lead Contact:	<u>Gill Cotter</u>	Researcher:	<u>Cindy-Joe Shepherd</u>
Signature:	<u>[Signature]</u>	Signature:	<u>CindyS</u>
Date:	<u>22.05.24</u>	Date:	<u>20/05/2024</u>
Contact Details:	<u>g.cotter@fraser.school.nz</u>	Contact Details:	<u>Cs448@students.waikato.ac.nz</u>
	<u>021846148</u>		<u>0211317697</u>

Appendix Four: Participant Information Sheet

“Exploring the Experiences of Young Māori Mothers”

Rangahau - The Research

This study has been specifically designed to facilitate the sharing of your experiences as a young Māori mother and to enhance the empowerment of your voice. By recounting your stories, you will greatly contribute to our understanding of your strengths and resilience and the social, economic, and cultural factors that impact your experiences. The goal is to evaluate the efficacy of government and public agencies in providing necessary support to you, your whānau, and your babies, with the aim of enhancing services to support teenage Māori mothers. It is important to note that your participation in this study is entirely voluntary and will not impact your relationship with He Puaawai. You will not be receiving any financial assistance for this research either.

Ko wai ahau – Who is the researcher?

The interview researcher is Cindy-Joe Shepherd, a Community Psychology Master's student at the University of Waikato, supervised by Rewi Nankivell.

Whanaungatanga – Meet-up Session

For our first step, I will arrange a one-on-one whanaungatanga session, where you can bring your whānau or a friend along. This session will be informal and focus on building connections, discussing the research, and outlining your responsibilities. I will provide a digital camera and guide you through its use. During this session, you will need to sign two consent forms. The first form is to confirm your willingness to participate in the research and to ensure your understanding of the research activities. The second form grants permission to use your photos or images for research purposes and in public domains.

Wānanga - The Photo-Elicitation Interview

Our next step is the interview. Photo elicitation means a casual conversation in which I ask you questions about the photos you've taken, and you describe them to me. Your experiences and insights as a young mother are valuable. They can help us understand your strengths and strategies for navigating motherhood and improve support services. The interview will be semi-structured to guide the conversation, and I may ask follow-up questions

- 1) What emotions or thoughts are evoked when you observe this photograph?
- 2) Do you possess any photographs that portray experiences or emotions that elicit joy or excitement?
- 3) Are there any photographs that highlight the strengths of your experiences as a mother?
- 4) Do you have any photographs that capture the challenges you encounter?

Tukanga kōrero - Information Collected

The interview conversation will be audio recorded. This recording will be transcribed into a written record and used, along with other collected information, to prepare my final research thesis. As part of my master's research at the University of Waikato, this work will also be submitted for grading. Upon completion, the final research thesis will be uploaded to the University of Waikato Research Commons, where it will be accessible to the public, and it will also be presented at conferences.

Tikanga matatika - Your rights

I will protect your privacy using fictitious names instead of real ones during research. Your story and perspective are of the utmost importance, and I will take all necessary measures to ensure the confidentiality of your shared information.

You can withdraw from the research within three weeks after your photo-elicitation interview and within three weeks after receiving your transcript. If you withdraw, please inform the primary researcher, me or contact Gillian. If you choose to withdraw, I will promptly remove any information you have provided. Please note that it may be more difficult to make changes after four weeks as data analysis may have already started.

You will be asked to complete an ethical consent form at the beginning of the interview. This form offers two options: the opportunity to review the interview transcription and to receive a copy of the finalised research findings. Additionally, you will receive a signed copy of the consent form for your records.

"Your well-being is very important to us. If you feel uncomfortable or need support, please don't hesitate to let me or Gillian know. I will contact Gillian, who can help you see your regular nurse or counsellor at He Puaawai."

Whiwhi kōrero - Findings of the Research

The findings of the research will be available after submission is complete. If you are interested in receiving a copy, tick the option on the consent form, and I will email it to you. Additionally, I will come onsite to present the findings using an infographic presentation at He Puaawai. A digital copy of the research will be provided to the He Puaawai Teen Parent Unit, who will retain ownership.

Tangata whakapā – Contact

If you have further questions or concerns, you are more than welcome to contact me. You can also contact my supervisor, Rewi Nankivell, or Professor Bridgette Masters-Awatere, the University of Waikato Director of the Community Psychology Programme. Contact details are given below.

Primary Researcher: Cindy-Joe Sheperd	Email: cs448@students.waikato.ac.nz
Supervisor: Rewi Nankivell	Email: rewi.nankivell@waikato.ac.nz
Director of Community Psychology Programme: Professor Bridgette Masters-Awatere	Email: bridgette.masters-awatere@waikato.ac.nz

This research project has been approved by the Human Research Ethics Committee (Health) at the University of Waikato as HREC(Health)2024#25. Any questions or concerns about the ethical conduct of this research may be sent to the Secretary of the Committee, email humanethics@waikato.ac.nz

Appendix Five: Procedure Sheet

Participants who are interested in taking part in the research will be scheduled for their first one-on-one "whanaungatanga" session or meet-up. Before the scheduled session, participants will be emailed the 'Participant Information Sheet' (Appendix Four), along with the session dates and times, and two consent forms (Appendix Seven and Appendix Eight). This will give them time to review the forms before the session. Hard copies of these documents will also be provided during the session.

One-on-one Whanaungatanga or Meet-up Session

The whanaungatanga or meet-up session, which aims to ensure comfort and security, will take place at He Puaawai Teen Parent Unit, where the mothers attend school on weekdays. It will be held in a designated room, providing a quiet and familiar environment. The session will be scheduled for a maximum of one hour.

At the beginning of the session, whanaungatanga will be initiated. Through a reciprocated conversation, I will share my background and explain my intentions and the research objectives. This will help establish a connection and build trust with the participants.

I will distribute an 'Recruitment Information' (Appendix One) and discuss the research aims, objectives, purpose, methodology, as well as the roles of both the researcher and the participants. I will emphasise the participants' crucial role in shaping the research by providing examples of the types of photos that can be included in the study, as well as a brief statement outlining the images that will not be included.

Participants will be requested to capture up to 10 pictures over a period of two weeks, reflecting their strengths and challenges. To ensure a clear understanding of the research and their significant role in it, I will encourage participants to provide feedback or ask any questions they may have.

Upon receiving their feedback and confirming their willingness to proceed, I will provide the participants with a consent form (Appendix Six) to participate in the research, as well as a permission form to use their photos (Appendix Eight). After both the participant and I have signed the consent forms, I will provide the participant with a digital camera and provide instructions on its usage and the process of uploading photos. Additionally, I will share my email address so that participants can send their top ten preferred photos to me during or after the two-week period for the photo-elicitation interview.

Photo-elicitation Interview

Once I receive all the photos from the participants via my University of Waikato email account, I will securely store them on my laptop. Subsequently, I will proceed to print the photos using my personal printer, taking the necessary precautions to safeguard the privacy and security of the data. Each image will be meticulously labelled with pseudonyms to correspond with the participants they belong to, ensuring the protection of their identities. I will maintain a list of participants' names alongside their respective pseudonyms, which will be stored securely on my laptop, accessible only to me.

Afterwards, I will contact the lead contact, Gillian Cotter at the He Puaawai teen parent unit to coordinate and schedule suitable dates and times for the participants to participate in a photo-elicitation interview.

Once I receive the necessary dates and times, I will send an email to each participant with their scheduled appointment and remind them to review the Participant Information Sheet (Appendix Four) from the last email prior to the meeting in order to refresh their memory about the interview.

I will also attach a copy of the consent form (Appendix Eight) that they will need to sign before the interview begins, I will also mention that I provide a copy of the consent form for them to sign. The interviews will be conducted individually between the researcher and participant. Participants may choose to have family members or support individuals present if desired. These interviews will follow a semi-structured format and are expected to last approximately 1 hour and 30 minutes. They will take place in a dedicated room at the He Puaawai teen parent unit, similar to the whanaungatanga sessions.

Introduction

At the beginning of the interview, refreshments will be provided, and the conversation will be initiated in a whanaungatanga or connection-building manner to establish a sense of comfort for the participant.

Next, the printed photos that the participant wishes to discuss and a hard copy of the "Consent Form to Participate in Photo-Elicitation Interview" (Appendix Eight) will be provided. The purpose of the interview will be explained, we will go over the Participant Information Sheet (Appendix Four). Encouragement will be given for any questions the participant may have, ensuring a full understanding of the interview's purpose before signing the consent form.

Once the participants feel comfortable and ready to proceed, they will be asked to sign the consent form. Following their signature, the interviewer will affix their own signature to the form. During this phase, the interview questions will be presented, and the recording will initiate. Throughout the process, a comfortable and respectful environment will be maintained for the participants.

Ending

Please remember to express gratitude to the participant. Additionally, inform the participants about their rights to withdraw, including the timeframe for withdrawing after the interview and after receiving their transcript. Allow time for a debrief to ensure the participant is comfortable after the interview, or let them talk about anything else to help them feel at ease before they leave. You can also ask participants if they would like the teacher to join in the debriefing. Lastly, remind them of the benefits of their contributions and how this will help future mothers and babies. Welcome them to take the snacks and beverages with them before leaving.

Appendix Six: Research Instrument

Final Photo-Elicitation Interview Questions

The photo-elicitation interview aims to converse with the participants in exploring their experiences and feelings using visuals to represent their memories, struggles, thoughts, and emotions. Storytelling and oral transmission are essential for passing on knowledge and will be central to photo-elicitation. The research design will prioritise a whanaungatanga and casual conversation style of data collection. I will use the following questions to help facilitate the interview and retrieve data related to the research objectives.

- 1) Can you tell me what this photo means to you?
- 2) What feelings or thoughts come up when you look at this photo?
Prompts:
 - Can you share more about the moment or feeling you experienced when you took this photo?
- 3) Do you have any photos that reflect experiences or feelings that bring you joy or excitement?
Prompts:
 - Can you elaborate on why this photo makes you happy?
- 4) Are there any photos that reflect the strengths of your experiences as a mother?
Prompts:
 - Can you tell me more about what makes you feel successful?
 - What goals do you have for you and your baby, and what will help you achieve them?
- 5) Do you have photos that capture the challenges you experience?
Prompts:
 - Can you talk more about how you feel when you overcome these challenges?
 - What kind of support services have helped you with these challenges?
 - What do you hope to see or expect from support services to help support you and your baby?

Appendix Seven: Consent Form to Participate



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CONSENT FORM TO BE A PARTICIPANT IN THE RESEARCH

Name of person interviewed: _____

I have received a copy of the Information Sheet describing the research project. Any questions that I have relating to the research have been answered to my satisfaction. I understand that I can ask further questions about the research during my participation.

When I sign this consent form, I give permission to participate in the research. After receiving the photo device, I will have up to two weeks to take ten photos that will be used for a photo-elicitation interview.

[I understand that my identity will remain confidential in the presentation of the research findings]

Participant :	_____	Researcher :	_____
Signature :	_____	Signature :	_____
Date :	_____	Date :	_____
Contact Details :	_____	Contact	_____
	_____	Details :	_____
	_____		_____
	_____		_____

Appendix Eight: Consent to Participate in Photo-Elicitation Interview



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CONSENT FORM FOR PARTICIPANT PHOTO-ELICITATION INTERVIEW

Name of person interviewed: _____

I have received a copy of the Information Sheet describing the research project. Any questions that I have relating to the research have been answered to my satisfaction. I understand that I can ask further questions about the research at any time during my participation and that I can withdraw my participation at any time up to three weeks after the interview. If I choose to receive a copy of my transcript, I can also withdraw participation up to three weeks after I receive it. I can also choose to edit parts of my transcript if I wish.

During the interview, I understand that I do not have to answer questions unless I am happy to discuss the topic. I can stop the interview at any time and ask to have the recording device turned off at any time.

When I sign this consent form, I will retain ownership of my interview, but I give consent for the researcher to use the interview for the purposes of the research outlined in the Information Sheet.

[I understand that my identity will remain confidential in the presentation of the research findings]

Please complete the following checklist. Tick [✓] the appropriate box for each point.	YES	NO
<i>[I wish to view the transcript of the interview.]</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>[I wish to receive a copy of the findings.]</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>[Other?]</i>	<input type="checkbox"/>	<input type="checkbox"/>

Participant : _____
 Signature : _____
 Date : _____
 Contact Details : _____

Researcher : _____
 Signature : _____
 Date : _____
 Contact Details : _____

Appendix Nine: Consent Form for Photo or Picture Release



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PHOTOGRAPHY / PICTURES CONSENT FORM

By signing this form, you agree that the photos or pictures you provide will be used in the research study for research purposes.

I, _____, consent to having my photos or pictures used for the purposes of the research.

I, _____, give my consent for my photos or pictures to be used in the publication of the research and public spaces.

Participant:

Researcher:

Signature:

Signature:

Date:

Date:

Appendix Ten: Permission to Conduct Interviews at He Puaawai.



Gillian Cotter <g.cotter@fraser.school.nz>

To: Shepherd, Cindy-Joe (Student)



Mon 5/27/2024 12:48 PM

Kia ora e hoa,

As discussed, we are happy for you to conduct your interviews here at He Puaawai. We will make a space available to you on the appropriate dates.

Ngaa mihi nui,
Gill

Gillian Cotter, B.A (Hons), Grad. Dip. Teach., M.Phil (Hons)

Leader of Curriculum, He Puaawai Young Parents' Centre
Fraser High School
Te Kura Tuarua o Taniwharau

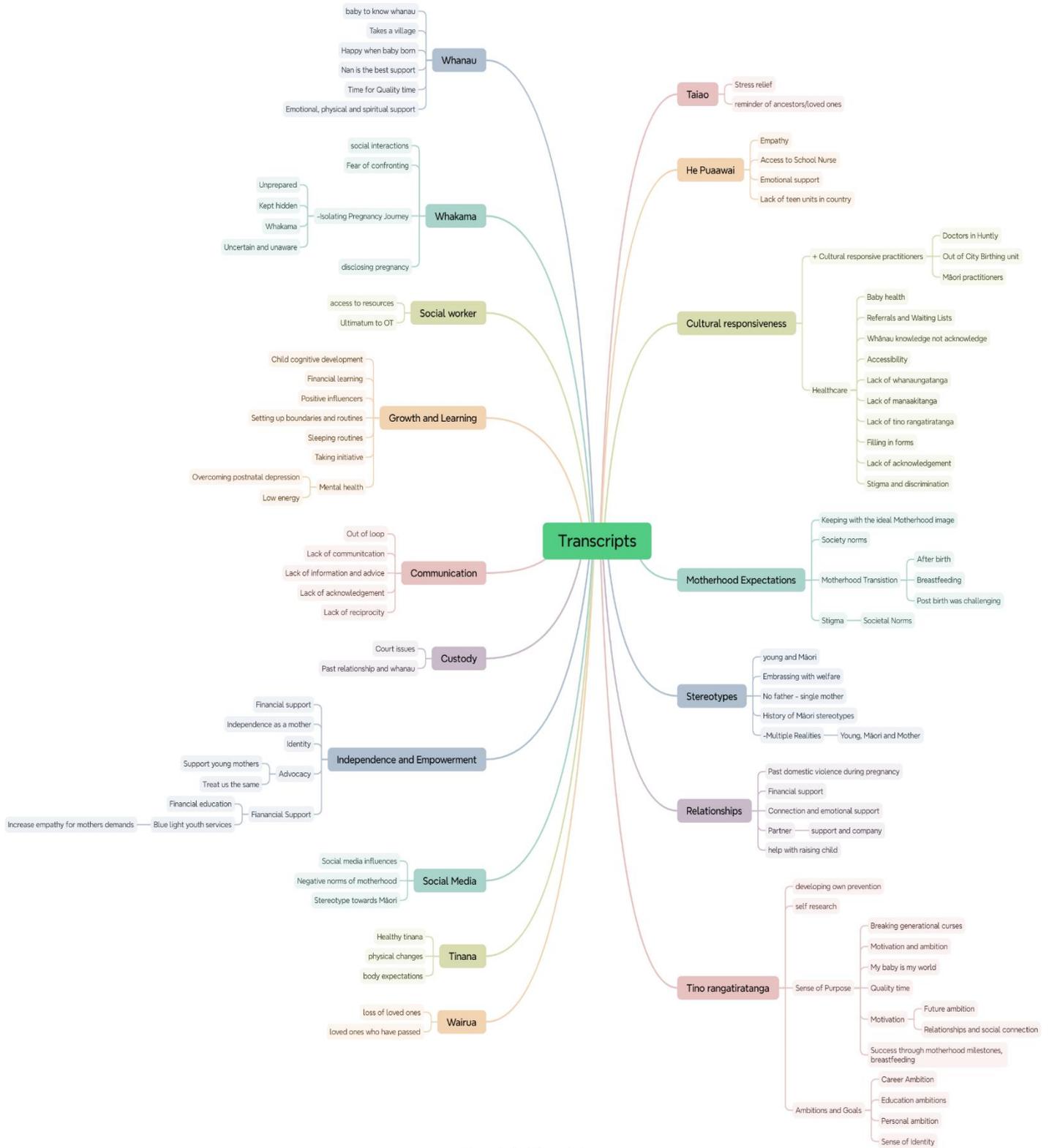
021 846 148

"Kia tupu, kia hua, kia puaawai"

To grow, to prosper, to flourish



Appendix Eleven: IPA Analysis



Presented with xmind

Appendix Twelve: Key Themes and Sub Them

