



**Te Whare Wānanga
o Awanuiārangi**

THE HUIA SINGS: UNDERSTANDING THE LIVED EXPERIENCE OF MĀORI MIDWIVES

**JANIE THOMAS
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*A thesis presented to Te Whare Wānanga o Awanuiārangi in fulfilment of
the requirements for the degree of Doctor of Indigenous Development and
Advancement, Te Whare Wānanga o Awanuiārangi*

DECLARATION

To the best of my knowledge, this thesis contains no material previously published by any other person except where due acknowledgement has been made. This thesis contains no material that I have submitted towards the award of any other degree or diploma within any other university or institution. The findings and opinions in this thesis are my own and are not necessarily those of Te Whare Wānanga o Awanuiārangi. This thesis is stored in the library of Te Whare Wānanga o Awanuiārangi. It is therefore available for future students and researchers to read and reference.

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ABSTRACT

In Aotearoa, midwives lead in providing healthcare throughout the maternity continuum. In 2019, 3,226 midwives had an annual practising certificate, with 317 identified as Māori. This equates to 9.8% of the workforce, or one out of ten midwives (Tupaia & Tahere, 2020). This is a significant deficit of Wāhine Kaiwhakawhānau Pēpi to cater for the cultural birthing requirements of tangata whenua and is set against the changing landscape of Māori birthing rates, which are projected to increase. Annually, approximately 60,000 babies are born. Māori represent 22% of this birthing cohort, and by 2030, the Māori birth rate is forecasted to increase to 33% (MOH, 2019).

In this thesis, the term Wāhine Kaiwhakawhānau Pēpi is purposefully selected to acknowledge Māori midwives who have a Kaupapa Māori worldview. In a Kaupapa Māori context, they hold a unique indigenous worldview and practise from ancestral traditions connected to hapū and iwi. Wāhine Kaiwhakawhānau Pēpi care for birthing whānau in all its diverse forms.

The thesis examines why there is a chronic shortage of Wāhine Kaiwhakawhānau Pēpi today. To understand this, I explore our history, the lifeways of tīpuna and atua, and the traditional practices related to birth before and after the arrival of colonisers. The Pākehā educational pathways and the health sector are analysed as the two major institutions tauira and Wāhine Kaiwhakawhānau Pēpi navigate. Eurocentric governance structures, such as the New Zealand Midwifery Council and College of Midwives, and their relevance to the almost invisibility of Wāhine Kaiwhakawhānau Pēpi in clinical, academic, and leadership roles are also examined.

The concepts of remembering and rebirthing are placed within the thesis as sites of indigenous struggle and celebration. Remembering reflects the embodied process and action by Wāhine Kaiwhakawhānau Pēpi to be Māori and self-determining in the maternity space. Rebirthing is connected to remembering, a never-ending cycle of decolonising the self and as a collective of kaupapa whānau. Rebirthing is a healing movement for indigenous intergenerational birthing trauma. Remembering and rebirthing are purposely written in this way to acknowledge the importance and validity of our own knowledges as Māori as part of the ongoing process of decolonisation.

The communities of Turtle Island, the indigenous geographical area known as North America and Aboriginal and Torres Strait Islander clans from the territories of Australia inform the indigenous context as overseas sites of alignment. Like Aotearoa, both countries have a history of British colonial rule and the taking of their lands, identity, culture and language.

DEDICATION

To my tīpuna, parents and whānau. Your presence, inspiration and guidance have influenced my pathways and shaped who I am today.

ACKNOWLEDGEMENTS

This thesis has opened a doorway to another chapter in my life, an opportunity to learn and grow. Like a bad habit, giving up and considering what is next is hard. This is because of the manaaki, awhi and aroha I have received. The journey began when my dear friend Ngaira Harker asked me if I would consider entering doctoral studies with her. However, life happens and I enrolled at Te Whare Wānanga o Awanuiārangi alone. Nga mihi Ngaira, I am not sure I would have taken this pathway without your support.

I acknowledge the mana wāhine in my whānau past and present. They are all mana wāhine passed down through our whakapapa, Ngāti Rongomaiwahine and our tīpuna from Ngāti Raukawa. At times when I did not believe in myself, I found inspiration and guidance in the photographs I have of my tīpuna. I would imagine their voices and the flow of te reo, karanga and waiata.

A cohort of doctoral scholars became my classmates at noho wānanga for the first two years. They became whānau, sharing kōrero and kai, relaxing at the hot pools to help our bodies and minds unwind in the evenings. I particularly want to acknowledge Jean Te Huia and Irene Brady.

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This thesis would not have been possible without the eight Wāhine Kaiwhakawhānau Pēpi, who openly shared their struggles and moemoeā. I acknowledge the generously shared mātauranga and lived experiences and learnt many things about what it is to be Wāhine Kaiwhakawhānau Pēpi. The learnings include how there is power and strength within the collective as kaupapa whānau, the commitment to uphold birthing tikanga and mātauranga, and go beyond to provide culturally appropriate wrap-around care to birthing whānau.

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Table of Contents

DECLARATION	<i>i</i>
COPYRIGHT	<i>ii</i>
ABSTRACT	<i>iii</i>
DEDICATION	<i>iv</i>
ACKNOWLEDGEMENTS	<i>v</i>
Chapter One – Openings	<i>1</i>
Ko wai au	1
The Huia Sings: understanding the lived experience of Māori midwives.	2
The process of staying native	3
Thesis whakapapa	3
Overview of thesis chapters	5
Atua wāhine as pou	8
My story	9
Conclusion	18
Chapter Two – Casting the net	<i>20</i>
Introduction	20
Aotearoa	21
The changing landscape for Māori	33
Early European birthing and legislative Acts	36
Breaking the spirit	43
Conclusion	46
Chapter Three - The colonising project continues	<i>48</i>
Introduction	48
Pākehā education	49
Education and cultural safety as well-being: the indigenous experience	57
Tangata whenua and cultural safety in Pākehā education	58
Whānau challenges	61
Tertiary education: The Bachelor of Midwifery	62
Health workforce development	62
Contemporary midwifery practise in Aotearoa	64
Conclusion	70
Chapter Four – Sharing the breath and binding the bones	<i>73</i>
Pepeha	73
Introduction	74
Kaupapa Māori methodology	76

Mana Wahine theory	78
Pūrākau theory	80
Indigenous storywork	81
Indigenous rights and research.....	82
Ethical considerations	84
Kaupapa Māori research	86
Kaupapa Māori research in action	88
Gathering the kōrero.....	90
Te mana o te kupu	91
Reflections on the process	91
Profiles of kaikōrero.....	92
The process of immersion	94
Themes	96
My position as wahine Māori and Wahine Kaiwhakawhānau Pēpi	97
Conclusion	98
<i>Chapter Five - Kawa Whakaruruhau, the korowai of protection</i>	<i>100</i>
Introduction.....	100
Kawa Whakaruruhau	103
Talking up to the Crown	104
Talking back to cultural safety	108
Unsafe spaces and places	110
Whakaiti	113
“Nice” racism	119
Microaggression.....	123
Kāwanatanga	125
Conclusion	128
<i>Chapter Six - Kaupapa whānau and Mana Wahine</i>	<i>130</i>
Introduction.....	130
The strength of whānau, kaupapa whānau and Mana Wahine	131
Hau kāinga	132
Expressions of tino rangatiratanga	144
Mana wahine	152
Conclusion	159
<i>Chapter Seven - Rebirthing.....</i>	<i>162</i>
Introduction.....	162
Reclaiming	164

Resurgence	175
Rebirthing	182
Conclusion	189
Chapter Eight - Conclusion	191
Whakataukī	191
Reflection on my thesis journey	191
Brief summary of thesis chapters	192
Overall conclusion / What does this thesis mean?	195
Research strengths.....	197
My contribution to the indigenous research community	197
Recommendations	198
Never-ending beginnings.....	200
References	201
Appendix A - Rangahau Information Sheet.....	214
Appendix B - Participant Written Consent Form	215
Appendix C – Ethics Approval	217

Chapter One – Openings

Ko wai au

Ko Maungaharuru tōku maunga

Ko Tūtira tōku roto

Ko Te Ngarue tōku awa

Ko Tangitu tōku moana

Ko Tangoio tōku marae

Ko Ngāti Tu tōku hapū

Ko Takitimu tōku waka

Ko Ngāti Rongomaiwahine, Ngāti Kahungunu, Ngāti Raukawa ōku iwi

Ko Janie Thomas tōku ingoa

My introduction is an acknowledgement of my tīpuna, whenua, moana and ancestral meeting house that bind me to a space and time and my connection to you. Whakapapa is shared within the pepeha as layers of ancestral lineage and is connected to Whare Tangata as the site of potential whakapapa. In Te Ao Mārama, the Māori world, everything is related; everything has whakapapa through ancestry (Pihama et al., 2023). Whare Tangata is the place of power and sacredness, as the female reproductive function and connection to whakapapa, the creation stories and atua wāhine (Mikaere, 2017)

The pepeha is an important tikanga and is related to mātauranga. In Te Ao Marama, mātauranga represents knowledges and theories that shape Māori philosophy and worldviews, and tikanga is the action behind the thinking ((Pihama et al., 2023; Smith, 2022). Tikanga is the customs and practices that guide the moral conduct and safety of people and how Māori navigate Te Ao Marama. Tikanga is the first law of Aotearoa (Mikaere, 2017; Pihama et al., 2023).

Pepeha connects people through birth, known in Māori as whakawhānau (to make family) and extends to the timeless connection to our lands and wai - the water (Mikaere, 2017; Seed-Pihama, 2019). The significance of our relationships to Papatūānuku and whenua is reflected in the order in which the pepeha flows from the connection to the lands and then finally ko wai au, who you are. Wai is the kupu for who and also for water. Ko wai au can be a question related to who's birthing water you flow from, as Seed-Pihama (2019) states, from whose waters do you descend? This question again links us to whakapapa, whom you are connected to, from Papatūānuku and tangata whenua, the people of the land (Seed-Pihama, 2019).

In Te Ao Marama, birthing is purposefully connected to the whenua. The kupu whenua means land and is the word for the placenta. The tikanga practice is related to returning the whenua (placenta) to the whenua (land) and mother earth, Papatūānuku (Simmonds, 2014). Hapū means sub-tribe, and also, to be pregnant, iwi means tribe and bones. Sharing pepeha is pivotal to who we are as Māori, with essential landmarks connecting us to our ancestors, extended families, sub-tribes, tribes and the whenua.

The Huia Sings: understanding the lived experience of Māori midwives.

The Huia bird was a native of Aotearoa, extinct since the 1920s (Moko-Mead & Grove, 2021). The Huia was known for its prestigious plumage and distinctive call. The Huia Sings, understanding the lived experience of Māori midwives, is the title of my thesis and acknowledges the mana of the Kai Whakawhānau Pēpi who participated, their knowledge and wisdom are reflected in their kōrero. The thesis, at times, is dark, remembering the history of colonised trauma that is ongoing for Tangata Whenua. Throughout the thesis, there is also a sense of lightness, a celebration of the transformative care of whānau by Kai Whakawhānau Pēpi (Māori midwives with Kaupapa Māori worldviews and practises).

The title came late in the thesis journey. I became aware of wanting to celebrate Kai Whakawhānau Pēpi. Until the end stages of my thesis, the working title was 'Maori Midwives a Rare Exotic Species'. The scarcity of Kai Whakawhānau Wāhine resulted from my experience and observation of working in maternity settings. I wanted to acknowledge the

almost absence, silencing, and invisibility of Wāhine Kai Whakawhanau Pēpi. However, the light shines through in the thesis with actions of reclaiming, resurgence, and rebirthing of indigenous practices.

The process of staying native

I live in a colonised reality, and during the process of thesis writing, whilst predominately in English, I keep the presence of my tīpuna close by privileging mātauranga, te reo, and tikanga. This locates my position, worldview, lived experience, and mātauranga as wahine Māori and Wahine Kaiwhakawhānau Pēpi. The process is sometimes a struggle, yet is also cathartic, healing, and transformative praxis.

In the thesis, the intentional use of te reo Māori is privileged where possible. This thesis is a continuous decolonising process of the self, making space and talking up to the taken-for-granted use of spoken and written English. My writing is political and pushes against the global monocultural Eurocentric mindset where only Western knowledge is valid.

I have not included a Māori-English glossary. I justify that the reader should be interested and want to engage and understand the essence of kupu Māori. Therefore, I propose the reader actively seeks out the meaning of Māori words rather than be provided with translation to English, which may result in losing the whakapapa and missing the opportunity to explore the richness and depth of te reo Māori. I want to achieve accessibility for everyone interested in this kaupapa.

Where possible, Indigenous authors have been sourced as a deliberate act. I intend to privilege the knowledge and lived experience of individuals and communities regarded as inferior, marginalised, minority, or other by white society. This thesis respectfully acknowledges indigenous knowledge as legitimate and valid.

Thesis whakapapa

The thesis journey was seeded from observations and inquiries within the spaces that

Wāhine Kaiwhakawhānau Pēpi gather, learn and work. The early building of relationships was grounded in whakawhānau, our connection to each other. A natural progression was to kōrero about our lived experience and journey within the health system and engagement with Pākehā education. From these relationships, my inquiry took shape, and the direction of my thesis became clearer.

Research questions

The research explores the contributing causes of the near absence and invisibility of Wāhine Kaiwhakawhānau Pēpi in the health sector and what strength-based decolonising pathways provide solutions. This inquiry is also centred within the following context.

- The current maternity system, midwifery training and related governance bodies in Aotearoa are examples of colonial structures introduced by the British (Tahere & Tupara, 2020).
- Midwives provide most of the maternity care, and Pākehā midwives dominate the workforce (Tahere & Tupara, 2020).
- Wāhine Kaiwhakawhānau Pēpi are significantly underrepresented in all areas of the profession, from leadership to academia (Tahere & Tupara, 2020).

Aim, purpose, and significance of research

This thesis aims to provide critical evidence that the midwifery education pathway, governance structures, and maternity system providing the landscape Wāhine Kaiwhakawhānau Pēpi navigate are culturally unsafe and are failing Māori aspirations and advancement.

The purpose of this thesis is to contribute to a growing body of knowledge that is written from a Kaupapa Māori and decolonising lens, grounded in the theory and praxis of Wāhine Kaiwhakawhānau Pēpi. Māori scholars provide evidence of our ancestral society, balanced and intact before the coming of colonisers (Mikaere, 2017; Murphy, 2014; Papakura, 1986). For example, there were dedicated tohunga and birth attendants during hapūtanga, birthing, and after birth. However, colonial assimilation processes and the evolution of Eurocentric

midwifery brought to Aotearoa and enforced by Crown law disrupted traditional practices and knowledge. Today, colonial power and control have directly influenced the invisibility and near absence of Wāhine Kaiwhakawhānau Pēpi.

This thesis is an inquiry into the long-standing issue of Pākehā education and pathways into midwifery. Currently, this is the only entry point into midwifery for Māori and this dominant discourse privileges Eurocentric midwifery education, practices and values. The midwifery learning experience, both pre and post-registration, is founded in a Western-orientated colonial program that does not accommodate, acknowledge, or value tikanga, te reo, and mātauranga Māori. As a result, Wāhine Kaiwhakawhānau Pēpi are a minority, which significantly affects the type of experience and outcomes of birthing whānau. The term birthing whānau is used to acknowledge the taonga of whakapapa, past, present and future. And is inclusive of all Māori people and communities.

Within this thesis is the indigenous movement and momentum of remembering and rebirthing involving struggle, the laborious process of releasing entrenched and embodied practices of colonialism. Rebirthing is the return to the self, our original stories of Mana Wahine and birthing from atua wāhine and tīpuna. This thesis also platforms evolving birthing knowledge and practises and the strengthening of the Wāhine Kaiwhakawhānau Pēpi workforce as an indigenous rights and social justice movement.

Overview of thesis chapters

Chapter One - Introduction

Chapter One opens with my pepeha, a formal Māori tradition of introducing where I come from as the landmarks and waterways I belong to.

The research question, aim, purpose, and significance provide the direction for navigating the thesis journey. An explanation of the meaning behind my thesis title is provided and is an opportunity to explore the darkness that exists in the history of Aotearoa, education and midwifery. However, the title also acknowledges the lightness reflected in acts of self

determination and healing of the self as Wahine Māori and Kai Whakawhanā Pēpi. An explanation of the use of kupu Māori is also provided

The final section introduces and privileges the principal atua wāhine of birthing, Papatūānuku and Hine te-iwaiwa, embedded as support pou in my thesis. These pou also represent remembering and rebirthing the history of Aotearoa, sites of celebration and self-determination of tangata whenua. My story is included to provide insight into my position within this thesis.

Chapter Two – Casting the net

The whakataukī, “Ka pū te ruha, ka hao te rangatahi” introduces Chapter Two. In this thesis, it is used to indicate the process of casting out and drawing in literature connected to my kaupapa, from which to build a foundation of inquiry and analysis.

The literature review is approached as a chronological timeline and is presented in two sections. The first section begins with an introduction to pre-colonial Māori society. The traditional practices of maintaining the balance of whānau ora, roles and responsibilities, birthing tikanga and transmission of intergenerational mātauranga. The second section investigates colonial contact, Crown acts of assimilation and the takahi, disturbance and destruction of traditional practices, and how this has impacted the advancement of Wāhine Kaiwhakawhānau Pēpi today.

The thesis applies a comparative analysis of other colonised indigenous communities to identify similarities and differences. In particular, research studies from Turtle Island and Aboriginal and Torres Strait Islander communities are examined as they also have a history of British colonial rule.

In the second section, the changing landscape for Māori introduces the British colonial and imperial presence, an ideology to anchor foreign power in place. The Crown legislation that intentionally created assimilation pathways is discussed, particularly the impact upon traditional birthing practises. The declaration and assertion of rangatiratanga self-

determination by tangata whenua in He Whakaputanga o te Rangatiratanga o Niu Tirenī 1835 and Te Tiriti o Waitangi 1840, are also discussed. These ancestors' treaties endeavoured to form peaceful relationships with Pākēha (those that have genealogical lines from European ancestry) whilst keeping the right to self-determination.

Chapter Three - The Colonial Project Continues

This chapter is centred on systems that maintain the colonial project. This ideology is underpinned by the genesis of colonialism and white supremacy and is experienced daily by tangata whenua. Sites of the colonial project are embedded in contemporary Eurocentric structures linked to midwifery and Pākehā education. Also evidenced in this chapter are sites of indigenous self-determination as privileged exemplars of both struggle and transformation.

Chapter Four - Sharing the breath and binding the bones

The title of this chapter reflects the process of ceremony behind sharing whakapapa, whanaungatanga, and the uniquely indigenous way in which relationships are developed, engaged, protected and cared for during the research process. Mana Wahine and Pūrākau Theory are Kaupapa Māori frameworks, and decolonising approaches are natural and normal to embed in this thesis. This qualitative research involved in-depth interviews with eight Wāhine Kaiwhakawhānau Pēpi in my rohe. Thematic analysis was applied, and three main themes were established.

Chapters Five, Six and Seven - The new net goes fishing.

The new net goes fishing is the process that unfolds in Chapter Five, Six and Seven. This expression illustrates that as a result of thematic analysis alongside traditional practises, new and contemporary forms of learning and knowledge are evolving. Each of these chapters discusses themes, sub-themes and learnings from the mapping and organisation of thematic analysis findings. The three overarching themes identified are:

- Kawa whakaruruhau: Cultural safety as theory and lived experience of Wāhine Kaiwhakawhānau Pēpi (Chapter Five)

- The interconnectedness of whānau, kaupapa whānau and Mana Wahine (Chapter Six)
- Places and spaces of healing and transformative change: The remembering and rebirthing of Wāhine Kaiwhakawhānau Pēpi theory and praxis (Chapter Seven)

Chapter Eight - Conclusion

Chapter Eight will discuss recommendations and future-focused transformative actions to grow and support the prosperity of Wāhine Kaiwhakawhānau Pēpi. Celebrating and acknowledging kaikōrero (this term has been used throughout to refer to the eight research participants who were interviewed for this research) who bring a Kaupapa Māori lens, mātauranga and tikanga into white spaces, transforming the experience of birthing whānau.

Atua wāhine as pou

This thesis privileges atua wāhine, ancestral grandmothers, as pou whose presence and wairua guide my journey as a Māori researcher. Papatūānuku and Hine te-iwaiwa, two atua connected to creativity and birth, are woven throughout the thesis. These atua ensure I do not get lost in that labour and struggle to dismantle and step aside from a colonial mindset. Instead they ground my journey in a mindfulness process of natural approaches, practices that strengthen and build support structures and pathways to remembering and rebirthing the self.

Papatūānuku

In Te Ao Māori the pūrākau of whakapapa is from Papatūānuku as mother, ūkaipō, and nurturer. Papatūānuku is the first female presence at the beginning of creation and humanity, from which birthing stories are seeded (Mikaere, 2017; Murphy, 2014; Pere, 1987; Yates Smith, 1998). The philosophical and spiritual foundation of a society that originates from the story of Te Kore, the world of potential being, to Te Pō, the world of darkness, and the

progression to Te Ao Marama, the world of light, is connected to the status of wāhine Māori and whakawhānau;

The female reproductive organs provide the framework within which the world comes into being. Moreover, the blueprint for the creation of human life is set out in this story. It establishes a cycle repeated with each and every human birth, a cycle within which the female role remains forever central. (Mikaere 2017, pp.27).

The mirror that reflects the well-being of Papatūānuku and the land is the well-being of tangata whenua and for this thesis of Wāhine Kaiwhakawhānau Pēpi.

Hine te-iwaiwa

Hine te-iwaiwa is the principal atua and ancestress of birthing, weaving and the creative arts, providing exemplars of mana wahine and birthing practices to guide the cultural safety of Wāhine Kaiwhakawhānau Pēpi. As the descendants of atua wāhine, we hold embodied whakapapa links to our ancestors. I acknowledge the variations of Hine te-iwaiwa spelling and name by different iwi, Hineteiwaiwa, Hinateiwaiwa.

The teachings from Hine te-iwaiwa are embedded and embodied in birthing. For example, the karakia recited by Hine te-iwaiwa 'Te Tuku o Hine te-iwaiwa' guides the process of whakawhānau (Simmonds, 2014; Yates-Smith, 1998). Hine te-iwaiwa used this karakia for the birth of her child; this practice continues in some birthing whānau as the karakia to draw upon the presence and knowledge of Hine te-iwaiwa. The karakia refers to the upright support structures, the pou traditionally used in weaving that are also adapted to facilitate labour and birthing positions to ease the whakawhānau process and the descent of the pēpi along the birth canal (Simmonds, 2014).

My story

The Whiteness of Midwifery

I love the colour of my skin

Given to me

Breath by breath

My whakapapa kin

I am a Māori

I am a midwife

Two pluses, not two strikes

That is the key locked behind

The whiteness of midwifery

I am stepping out

Calling out

racism

Insidious

Dis-ease

Vibrating

the whiteness of midwifery

consultation codesign are everywhere

is this a joke

I want 'For Māori by Māori with Māori'

I want more than consultation

I want seats at the table

The whiteness of midwifery

Be aware

Mana Motuhake

Tino Rangatiratanga

Is in the air

(Thomas J, 2018)

I wrote “The Whiteness of Midwifery” following a process of reflection concerning my own experience of working in a white midwifery service. I have found it to be a toxic environment, stressful, harmful, and unhealthy for both whānau and Wāhine Kaiwhakawhānau Pēpi.

I am Māori; I have a whakapapa and responsibilities to whānau, hapū, and iwi. This is the context in which I culturally locate myself and define myself as Wāhine Kaiwhakawhānau Pēpi. I have been in the health profession for over thirty years and mentors, both Māori and Pākehā, have shaped my philosophy of hauora. My point of entry into the health sector was after gaining some life experience; this included returning to secondary school to obtain qualifications as a pathway to higher education.

Growing up, my observations of whānau roles were influenced by Western society and the education system who determined this by gender and ethnicity. The role of Māori men was labour and for Māori women - domestic labour (Penetito, 2011; Walker, 2016). In my experience, if you were fortunate to escape or survive the trauma of state school streaming, you could consider the limited aspirations to be a teacher or a nurse.

In the 1980s, alongside a handful of other wāhine Māori, I was accepted into a three-year registered nursing program. We formed a collective kaupapa whānau, supporting each other throughout our training. This support was about manaakitanga and aroha sharing our homes for collaborative study and kai to comfort and fuel ourselves. At that time, there were different shades of being Māori. Some students were clear about their whakapapa and others weren't. I wasn't sure why this was, but on reflection, I understand that people have their own stories about who they are.

Not all of my Māori nursing whānau graduated. In particular, I recall two students who were asked to leave, treated like disposable items. This dismissal did not feel right or ethical. During my nursing training, I experienced the biased and racist ideology Pākehā had toward Māori. For example, a Pākehā nursing student told me I was only accepted because I ticked the box to fill the Māori quota. I was familiar with this behaviour and narrative from my school education. Like a ngāngara, a sense of failure followed me and lingers today concerning my intellectual capability to learn and achieve.

During my formative years as a registered nurse and then as a midwife, I focused on understanding the mechanics of the human body, trying to fit into and survive a Western medical model of health care. This medical model focuses on the technology and science of the individual human body and fails to see a person's wairua. The medical model of health care was exercised with Authoritative Knowledge, the belief that Western knowledge systems are superior to other ways of knowing, for example, indigenous knowledge systems. In the maternity system, this is associated with pathologised childbirth as normal practice (Davis-Floyd & Sargent, 1997; Walsh, 2009; Walsh, 2010).

I was taught by my whānau that to flourish, health care is inclusive of your language and culture, spiritual practises, and whānau around you. Like my state education experiences, I struggled to fit and walk in both worlds as I endeavoured to understand and bring those two worlds together. The school system is representative of society, and how schools shape your identity and embed an inclusive learning environment is a powerful tool (Kukutai & Webber, 2017; Highfield & Webber, 2021). How teachers and students interact influences how Māori students connect positively, feel they belong, and avoid leaving their identity at the door. The right environment is fundamental to academic success in Pākehā education systems (Kukutai & Webber, 2017; Highfield & Webber, 2021).

As a colonising tool of assimilation, the health and Pākehā education systems are modelled on a monocultural worldview, based on the foundations of colonisation and the premise of

assimilation. It is a one-size-fits-all service, with a lack of Māori representation to direct and lead what an equitable, fit-for-purpose service would look like for all people of Aotearoa.

During my first fifteen years in the health sector, my mother and three of my older brothers died. My younger sister was diagnosed with a mental illness and later died from the effects of long-term medication. This is difficult to share as I acknowledge the loss of my whānau members, who should be enjoying life today. However, for Māori, the expectation that you go to the hospital to die is still a reality.

My whānau experienced firsthand the inequity represented in health statistics and that continues to be demonstrated within the health service. In Aotearoa, since the arrival of colonists, Māori have suffered poor health outcomes. For example, Māori are disproportionately represented among the cancers, with poor survival rates. Māori with stomach, liver, pancreas and lung cancers account for 46% of deaths, non-Māori 27%, the renal screening for diabetes is persistently lower for Māori, and access to maternity care services is lower for Māori than non-Māori (Health Quality & Safety Commission New Zealand, 2019). Māori have advocated for services that are designed and delivered by Māori, whereby well-being and health are measured from a Māori worldview (Health Quality & Safety Commission New Zealand, 2019).

I acknowledge that this is a story of loss and grief that too many whānau have endured under the burden of colonisation. As a change agent, my thesis will contribute to research that advocates for health reforms and the transformation of health service provision to positively and significantly contribute to the well-being and the positive experiences of birthing whānau and Wāhine Kaiwhakawhānau Pēpi.

My mother was born in Mahia with eight siblings and was punished at a native school for speaking te reo. Along with my aunties, my mother attended a Māori girl's Catholic boarding school. I would like to think my mother enjoyed the company of whānau more than the foreign education and religious practices deemed necessary.

My father lost his mother at a young age and grew up in Te Wairoa with five siblings. My tīpuna were economically poor, and hardship was a reality of life. My father and grandfather built the roads between Te Wairoa and Napier. While my tīpuna were working, my grandmother would set up camp along the roadside during her hapūtanga. As a consequence, there is whenua buried beside the road. My mother could knit socks by the time she was nine, and as the oldest girl, she looked after her younger siblings.

In my whānau, the connection to the land and sea is a living reality. My Dad knew where to find puha, blackberries, flounder and whitebait. There is longevity in my whakapapa, too. My grandmother lived to her nineties, and my great-grandfather to over one hundred years old. In my childhood, I spent a lot of time with my grandparents. I experienced the essence of aroha, awhi, manaaki of whānau, and what it means to be kaitiaki of Papatūānuku. These cultural values are inherent in who I am and are the foundation of my practice as Wahine Kaiwhakawhānau Pēpi.

Growing up in Ahuriri, our neighbourhood was a perfect example of pepper potting. Introduced in the 1950s and 60s, this concept was a part of the colonial footprint and action of continuing assimilation practises by Pākehā society (R. Waretini-Karena, personal communication, 17th March 2019). The local primary and secondary schools provided my education. The teachers were predominantly Pākehā and rarely invested in a conversation to discuss my academic aspirations or a career pathway with me. Nor did they show interest in understanding my worldview, my whānau, or the history of my tīpuna. I think my teachers had already mapped out my educational pathway based on being Māori. On the horizon, a low-paid job contributes to this country's labour force. My older siblings escaped that profiling and entered into tertiary career pathways. Perhaps this was the role modelling and motivation I also needed to consider an alternate career pathway.

My parents had a strong work ethic, upholding both their day jobs and mahi in which they were accountable to our whānau and hapū for advancing Māori interests. My parents contributed to prosperity and, like many Māori and tīpuna, did not wait for the Crown to honour Te Tiriti o

Waitangi. Māori collectives and hapū demonstrated in their actions the principles of Tino Rangatiratanga and Mana Motuhake. It is from this locality that I humbly approach and write my thesis. I aspire to contribute to a transformative environment for Māori, and from this position, I approach my thesis from a Kaupapa Māori and decolonising worldview.

I have worked in multicultural settings in the United Kingdom with families and colleagues who speak English as a second language. Like the families I was responsible for, we lived away from our homelands, and I understand their longing to have family around them. I admired how families could share language and culture and bring this to the birthing environment. To me, the freedom and right to practise one's culture and customs were natural. My work colleagues became my friends and family, as most lived away from home. I learned from this life experience that we had similar values of keeping and practising our cultural beliefs and practises. Some friends also shared stories about their ancestors and how their country was invaded and lost lives. Although my friends are not Māori, there was a connection, memories, wounds, and scars embedded within the blood and bones of generations of people exploited, impoverished and displaced by war and acts of white supremacy.

Having returned from overseas, I planned to work amongst Wāhine Kaiwhakawhānau Pēpi and birthing whānau. Unfortunately, this moemoeā was brief as I observed a considerable deficit in the Māori workforce both in the clinical setting and in leadership positions. However, this vast deficit appeared to be of little concern to my Pākehā colleagues, and I wondered if they had any idea of the failings to provide health care that was not culturally appropriate and safe. On a personal level, I experienced institutional racism and have heard too many accounts of similar experiences from Wāhine Kaiwhakawhānau Pēpi and whānau. Institutional racism is the term used to describe systematic racism upheld within policies and procedures written from a monocultural mindset and enacted by Crown agencies that privilege the dominant group in society (Pākehā and heterosexual) and disadvantaged minority groups (Came et al., 2020; Cormack in De Souza podcast, October 28th 2021).

The catalyst for my thesis began with asking Māori why Wāhine Kaiwhakawhānau Pēpi were near invisible. Poor representation impacts the right of birthing whānau who seek a Wāhine Kaiwhakawhānau Pēpi with the same cultural values and world views. Compelling research evidence has reported that whānau experience racism and suboptimal care by health professionals who do not have a similar worldview or lived experience (Curtis et al., 2019; Moewaka-Barnes & McCreanor, 2019; Pihama et al., 2017; Ramsden, 2002; Waitangi Tribunal Report, 2019). From this platform, I am committed to examining alternative transformative solutions and to the flourishing sustainability of Wāhine Kaiwhakawhānau Pēpi as kaitiaki of birthing whānau.

The focus of my Master of Midwifery degree is also the backbone of this thesis - privileging the lived experience of participants to inform and improve maternity services. The project was a qualitative study exploring women's experiences and perceptions of maternity care during a traumatic and subsequent positive birth (Paul-Smith, 2013). The study highlighted the importance of building humane relationships from kindness, respect, choice and consent. Health professionals' inhumane practice of power and control over women's bodies was associated with feelings of vulnerability and aloneness, contributing to a traumatic negative experience.

Within the midwifery scope of practice, midwives are expected to provide therapeutic and safe healing relationships. However, I have heard and witnessed accounts of trauma and failure to provide support and care that meets the rights of indigenous people and upholds Te Tiriti o Waitangi. For example, in 2019, Oranga Tamariki attempted to take a newborn baby from a young Māori māmā in the Hastings maternity unit at night whilst whānau and Wāhine Kaiwhakawhānau Pēpi were locked out of the building. This action proceeded without protest from the leadership team within the hospital (J. Te Huia, personal communication 4th April 2019)

My experience and observations conclude that the voice of Wāhine Kaiwhakawhānau Pēpi can be lost, shut down, regarded with mistrust, and skills dismissed as clinically incompetent.

In this thesis, I have intentionally brought forward the knowledge and teachings from atua wāhine, tīpuna and indigenous whakaaro, which are woven together and kept safely within me. These inform and shape who I am today. My wairua, hinengaro and tinana are strengthened with momentum, gathering interest and assertion amongst advocates of Māori maternities. Embedded in Māori maternities are the customs and values of birthing whānau during hapūtanga, whakawhānau, and care of whānau following birth. The remembering and resurgence of karakia, oriori, rongoā, waiata and mātauranga old and new.

The birthing landscape is changing. Birthing whānau are moving away from the dominant Western ideology and there is growing demand for Wāhine Kaiwhakawhānau Pēpi. They are seeking the assertion of cultural values, practises, and the indigenous right to uphold and bring customs into the birthing space. Even within a Eurocentric birthing environment, decolonising movements are growing with the inclusion of tikanga, te reo, rongoā, hapū wānanga, raranga wānanga to make wahakura for safe sleep, and Mama Aroha breastfeeding advocates. These movements carve space for mātauranga, pushing against the limitations of Eurocentric health services and breathing life into and bringing forward world views and lived experiences from Te Ao Mārama.

The growth of research publications by Māori academics focused on improving the whānau experience, strengthening Māori maternities, and increasing the Wāhine Kaiwhakawhānau Pēpi workforce also opens up space, shines a light on, and contributes to a growing interest in practising our indigenous birthing rights (Mikaere, 2017; Murphy, 2014; Simmonds, 2014; Simmonds, 2017; Yates -Smith, 1998). This thesis will contribute to Kaupapa Māori research embedded in a decolonising approach to decenter and dismantle imperialist, monocultural systems and structures that have limited the aspirations of Māori, particularly Wāhine Kaiwhakawhānau Pēpi. In this process comes the opportunity to highlight and celebrate sites of remembering and rebirthing Māori maternities and Wāhine Kaiwhakawhānau Pēpi.

Tangata whenua embody a diverse range of lived experiences, values, and practices; which may be rerekē from mine. The focus of this thesis is Wāhine Kaiwhakawhānau Pēpi from my

rohe. I wish to acknowledge the birthing whānau that I journey with - navigating the landscape of the maternity continuum during pregnancy, labour and birth, and following birth up to six weeks. Following this period, Tamariki Ora services are introduced to the whānau (a Registered Midwife in Aotearoa is qualified to autonomously care for healthy birthing whānau up to six weeks following birth).

I acknowledge the many generous teachings I have obtained from Pākehā. This includes whānau and friends who endeavour to align and be good allies, working together towards decolonisation and transforming change for all, today and future generations.

Conclusion

This chapter has introduced the driving forces and landmarks within this thesis.

It opens with my pepeha, which connects me, as Māori, to the land, the waters, my tribe and my subtribe. The significance of this cultural practice is reflected by placing my pepeha at the beginning of the chapter. The pepeha positions my worldview within the thesis, as Wahine Māori and an indigenous researcher.

In both shades of darkness and light the thesis title intentionally privileges the lived experience and mana of kaikōrero. The shaping of my thesis questions and direction is influenced by kōrero with Wāhine Kaiwhakawhānau Pēpi from my rohe. A summary of each chapter provides the landmarks within the thesis, which are supported by a Kaupapa Māori approach. This is a deliberate attempt to move away from a colonised mind. To close this introduction chapter 'My Story' provides insight into the lived experience and cultural values that inform my thinking and writing.

The title of Chapter Two is 'Casting the net' and reflects the academic process of exploring the literature surrounding this thesis. I have purposefully selected research from Aboriginal and Torres Strait Island communities and Turtle Island as both countries have experienced, and currently experience acts grounded in colonialism.

Chapter Two – Casting the net

Introduction

Ka pū te ruha, ka hao te rangatahi

I close my eyes and picture that undertaking a literature review is like casting a net guided by the eloquence of whakataukī gifted from tīpuna. It is a process of exploration to learn why Wāhine Kaiwhakawhānau Pēpi in Aotearoa are near absent and invisible at all levels of leadership and practice within the maternity system. The whakataukī refers to casting the old worn net aside for a new one. In this chapter, both traditional, new and evolving knowledges are essential, and casting a net is one way of describing the process of gathering research to form a foundation of evidence.

At the forefront of this thesis, as a wahine Māori, I wanted to privilege indigenous scholars as knowledge holders, to treat indigenous world views as valid, talking up to the dominance of Western research approaches of analysing and retelling our world views. From a Kaupapa Māori and decolonising lens, I prioritise gathering literature, pūrākau, and stories from knowledge holders connected to my thesis. In particular, I highlight the writing from indigenous women and, where possible, Mana Wahine writers.

The literature review follows a chronological order. The first section is centred on the period of pre-contact with colonisers. Through a Te Ao Māori lens, this begins with the origins of humankind and the role of atua wāhine and birth attendants when Māori society was intact. Mātauranga and tikanga are discussed as the policies and procedures which support safe, whānau-centric birthing practices.

In the second section, the focus shifts to the arrival of colonisers who intended to eliminate the traditional lifeways of tangata whenua by enforcing legislative acts concerning land dispossession and indoctrination into a Eurocentric ideology of education and religion.

Literature from other indigenous communities is also included to demonstrate areas of alignment.

Aotearoa

A common whakaaro in Māoridom is looking backward towards the future. 'Ka mua ka muri', is a reminder from tīpuna that one needs to learn from the past to guide the future (Elder, 2022). For me, the history of Aotearoa is a starting point to understand and give context to the present moving forward. With this intent, an account of the old ways before the arrival of colonisers provides context.

The importance of indigenous knowledge systems is conceptualised in Māori oral traditions which describe a rich history contained in pūrākau, particularly concerning atua wāhine who were role models of the spiritual, physical, and intellectual status of wāhine, during the human life cycle (Mikaere, 2017; Murphy, 2014; Yates-Smith, 1998). Pūrākau is also representative of tīpuna, and the knowledge and stories connected to Te Ao Māori and whakapapa connections to Papatūānuku. For example, Mana Wahine academic writers refer to the beginnings of time as Te Kore, Te Pō, Te Ao Marama, the realm of cosmology that was the prelude to humanity and whakapapa (Mikaere, 2017; Murphy, 2014; Yates-Smith, 1998).

Distinguished Māori author Patricia Grace (2019) captures the evolution of Te Pō and creation in her writing. This begins with the description of Te Kore as the void, silent and empty, and where Te Pō was birthed;

It was out of this nothingness that Increase and Consciousness, and I, Te Pō, were born. I am aged in Aeons, and I am nights of many nights, Night of great darkness ... long darkness, utter darkness, birth and death darkness; of darkness unseen, darkness touchable and untouchable, and of every kind of darkness that can be.

In my womb lay Papatūānuku who was conceived in Darkness, born in Darkness -
And who matured in Darkness, and in darkness became mated with the Sky.

Then Papatūānuku too conceived, and bore many children among the many long ages of Te Pō (Grace, 2019, p. 33).

Te Pō has been likened to the dark space where Papatūānuku and Ranginui were conceived and the spiritual realm where pēpi embeds and grows within the Whare Tangata. Together

with their offspring, Papatūānuku and Ranginui were enclosed in a tight embrace. This is the first narrative that preceded the birth of humankind (Gabel, 2013). Papatūānuku and Ranginui created many children, whakapapa from the gods, that became the environment and elements of Te Ao Māori (Yates-Smith, 2006). There are tribal variations of these accounts particular to hapū and iwi. For example, the labour and birth journey has also been likened to the transition from Te Pō to Te Ao Marama. In the pre-conceptual state, the Whare Tangata has been likened to Te Kore, and following fertilisation, it becomes Te Pō (Simmonds, 2014). The kupu Whare Tangata represents the house of humanity and is the site of the female reproductive organs from which potential whakapapa is seated. The mana of wāhine Māori and tapu state of the Whare Tangata is seeded from the pūrākau of the creation of the world, humanity and the sanctity of whakapapa (Mikaere, 2017).

More than myths and legends

The many pūrākau of atua wāhine and tīpuna reflect the diversity embedded in whānau and hapū, of mātauranga within Māori maternities, role models of Mana Wahine, and ūkaipō (Gabel, 2013). More than myths and legends, as they have often been positioned through colonialism, telling, sharing, and listening to pūrākau is a method of intergenerational knowledge transmission (Lee Morgan, 2019; Pihama, 2001; Simmonds in De Souza podcast, June 9th 2021). Today, these traditional learning and teaching methods inform the lifeways of both Wāhine Kaiwhakawhānau Pēpi and birthing whānau.

For example, the kupu ūkaipō is discussed by Gabel (2013) and Yates Smith (1998) as the literal translation of the night-feeding breast. However, this does not represent its complex layers and essence of meaning that are connected to the whenua and held within relationships. Ūkaipō is the mother and nurturer within whānau and hāpori. Papatūānuku was referred to as ūkaipō, the eternal mother (Yates Smith, 1998). Maui, the offspring of Ranginui and Papatūānuku, was advised by his brother to return to the mother who provided sustenance at the breast (Yates Smith, 1998). The first ancestral mother is Papatūānuku, our earth mother. She is the first female role model from which atua wāhine descend, who nurtures

us during the human life cycle and to whom we return in death (Gabel, 2013; Yates Smith, 1998). The expression of ūkaipō is connected to those places that provide us with nurturance and sustenance, like our turangawaewae, the places where we have whakapapa links and the right to belong (Simmonds & Gabel, 2016).

The pūrākau of Atua Wāhine play a crucial role in humanity and as role models for whānau. The pūrākau of the creation of the first woman is an exemplar of the sacredness of wahine Māori and birthing. Papatūānuku created Hineahuone from her sexual organs in the fertile area of Kurawaka. The Whare Tangata was placed in its embryonic form into Hineahuone (Yates-Smith, 2006). Reproductive power was the creation of Papatūānuku and was gifted to Hineahuone.

Tāne coupled with Hineahuone, the first woman, created from the Kurawaka the red earth of Papatūānuku (Mikarere, 2017; Murphy, 2012). The sacredness and power of Kurawaka embody the status of wāhine Māori. Distinguished Māori scholar Aroha Yates-Smith explains that Hineahuone was imbued with her autonomous power, inherited from her mother's genital organs (Yates-Smith, 1998, p.127). Through whakapapa, the red clay of Kurawaka is associated with menstrual blood, the matrilineal awa, the river that connects Wāhine Māori to ancestral grandmothers, Papatūānuku, Hineahuone and Hinenuitepo (Murphy, 2012).

Whare Tangata was considered the sanctuary where life flows from, symbolic of the growth and sustainability of whānau, hapū, and iwi, embedded in whakapapa and deemed tapu (Gabel, 2013; Mikaere, 2017). Wāhine Māori were the bearers of whakapapa, the fundamental source of humanity, and due to this status, were revered, valued and received nurturing and protection during hapūtanga and whakawhānau (Makereti, 1986; Mikaere, 2017; Pihama, 2022; Yates-Smith, 2006).

Hinetītama, the first human life, was born as wahine Māori (Mikaere, 2017). When Hinetītama understood that her father and the father of her tamariki was Tāne, she journeyed to Rarohenga and became Hinenuitepō. As a kuia, Hinenuitepō receives those passing onto Te Ao Wairua (Mikaere, 2017; Walker, 2004). The transformation to Hinenuitepō reflects the

celestial ability to be a shapeshifter to pass through the doorways between the worlds (Murphy, 2012). This was a birth rite gifted to Hinetītama. The decision to be in control of one's destiny - to have the strength to determine one's journey - is exemplified in this pūrākau. However, deep sensitivity behind this pūrākau has been miscommunicated at multiple levels in the way it has been told, interpreted and written about through a Western lens (Mikaere, 2017; Murphy, 2012). This narrative ranges from the colonial myth that menstrual flow is parudirty - to the shamefulness of the whakapapa of Hineahuone. Wāhine Māori have carried the burden of this colonial mindset throughout history (Murphy, 2012). Papatūānuku, Hineahuone, Hinetītama and Hinenuitepo are four examples of wāhine role models connected to the creation and end-of-life journey of humanity throughout the life cycle and are significant in Te Ao Māori.

Pūrākau reflect traditional birthing practices and the birth attendants who assisted hapū wāhine and during whakawhānau. For example, there is the pūrākau from Ngāti Kahungunu of Māhinaarangi. The pūrākau tells how Māhinaarangi travelled by foot from Te Hauke, Hawkes Bay, to Tainui. During this journey, Māhinaarangi gave birth, demonstrating strength and endurance, supported by trusted companions and sustained by the whenua and awa (Simmonds, 2014; Simmonds, personal communication, 15th May 2018; Simmonds & Gabel, 2016).

The pūrākau of Māhinaarangi is a present-day exemplar from tīpuna that personifies the wellness and natural ability of wāhine Māori to give birth within the right environment and with suitable attendants present. Whānau, hapū and iwi have their ancestral teachings and birthing knowledge that connects to their specific whenua and the mana of wāhine Māori as Whare Tangata, the house of humanity (Simmonds, 2017).

As I will discuss later in this chapter, traditional Māori birthing practises continued until prohibition was introduced by the Midwives Act, the Tohunga Suppression Act, and Western medicine and ideology. Crown legislative Acts shifted the auspices of birthing from whānau

and hapū, traditional ideology, to the assimilation process of Eurocentric training and medicalisation within hospital settings.

Ngā pepeha a ngā tīpuna - The sayings of the ancestors (Moko Mead & Grove 2002)

The relationship between Papatūānuku and tangata whenua, in particular, wāhine Māori, is embodied and reflected in birthing practices and the care and connection to the whenua (Simmonds, 2014; Simmonds, 2017; Simmonds & Gabel, 2016). The ties that weave wāhine Māori to the whenua are represented in many whakataukī, the ancestor's sayings, which hold a rich depth of mātauranga (Mead, 2013). Whakataukī is used by skilled orators to communicate with their hapū, iwi and on the marae to keep the teachings from tīpuna close and not forgotten (Mead, 2013).

The sayings from ancestors are often minimised by Pākehā and referred to in English as proverbs; however, whakataukī and whakataukī have a depth of meaning that reflects Māori culture, values, theory and philosophy. Whakataukī and whakataukī take many forms and topics include ethics, marriage, and history, with a wealth of understanding and essence sometimes lost in the translation by modern textbook Māori (Mead & Grove, 2002). The following discussion highlights the timeless value of this type of narrative as more than historical relics. Tīpuna shared their understandings and knowledge of their lifeways and the issues they encountered to guide tangata whenua;

Their advice is as valuable today as before. Their use of metaphor and their economy of words become a beautiful legacy to pass on to generations yet unborn. In a sense it is a rare privilege to be able to reach out to the ancestors and touch their minds (Mead & Grove, 2002, p. 9).

The following whakataukī illustrate the complex depth of meaning. The significant whakapapa between whānau and Papatūānuku is not forgotten. “Hoki te whenua ki te whenua” guides us to return the placenta to Papatūānuku, Mother Earth. The status and protection of wāhine are examined in the following whakataukī by Norman (1992), “He wahine he whenua i mate ai te tangata.” This statement personifies the mana of wāhine and the connection to the land that

men will die for. The whakataukī “He atua, he tangata” reflects the connectedness between tangata whenua, atua, tīpuna, and te taiao (Pihama, 2019). These whakataukī are statements from tīpuna concerning the status of wāhine as the living links to whakapapa and Papatūānuku.

Whakapapa

Fundamental to Māori whānau and hapū was whakapapa. In traditional society, whakapapa knowledge and recital of the direct lines of descent would be practised in whaikōrero and linked to other iwi (Walker T., 2013). Walker explains how whakapapa is personified, he states:

Fundamental to the lived experience of whānau is the continuity provided by whakapapa. Not only does it reach back in time and forward into the future to the mokopuna and those yet to be born, it also expands outward on the horizontal plane.

Within this expansive, dynamic, evolving, layered reality is a typology beginning with the individual and expanding to whānau’s widest possible definition, which includes hapū and iwi (Walker T., 2013, p. 115).

Wāhine Māori, as Whare Tangata, were the kaitiaki of whakapapa, the holders of future generations, whānau and hapū, respect and prestige were reflected in the highly regarded and revered status of women (Gabel, 2013),

Centred on relationships and connected to whakapapa is whanaungatanga. The word is focused on whānau and extends beyond the monocultural concept of the nuclear family, often referred to in midwifery. Informed by the guidance and teachings from kaumātua as the living links to tīpuna, the depth of whānau was three or four generations and formed the foundation of Māori society (Mead, 2013; Pihama, 2022). Whānau provides the kinship links and relationships that form the building blocks of social units, guided by kaumātua and social norms (Pihama, 2022). The support base that provides the building blocks of hapū and iwi is embedded in whānau.

The ceremonies, teachings, and gifts connected to Hine te-iwaiwa, the atua wahine of birth and weaving are also present in the ritual of tangihanga (Yates-Smith, 2003). The whāriki made by wāhine are prepared and laid out for the tūpāpaku. Wāhine have a significant role in

tangihanga, leading the mourning and as attendants in the care of the tūpāpaku during tangihanga (Yates-Smith, 2003). As chief mourners, wāhine Māori were puna roimata, a spring of tears. The following discussion by Yates-Smith illustrates the embodied close connection of wāhine to the gift of connecting to the spiritual realm and atua Wāhine. The traditional roles of wāhine during tangihanga are directly linked to the primal atua wāhine of birthing (Yates-Smith, 2003).

The spiritual connection with Papatūānuku and Hinenuitepō also meant that they were able to liaise closely with the spiritual realm through karanga, when the women would raise their voices in a high-pitched tone, calling to the dead. The high frequency of sound was said to be heard by the spirits (Yates-Smith, 2006, p. 79).

Tikanga, procedures and values

The procedures and values of traditional Māori were essential to guide daily life and were also significant in birthing. The following discussion topics purposefully highlight concepts fundamental to birthing. Procedures, customs, and values guided birthing safety principles and practices (Mead, 2013). Whānau followed tikanga as the beliefs and rituals embedded into the social structure of daily life (Mead, 2013). The following definition of tikanga is discussed by Mead:

Tikanga are tools of thought and understanding. They are packages of ideas which help to organise behaviour and provide some predictability in how certain activities are carried out... They help us to differentiate between right and wrong in everything we do and in all of the activities that we engage in. (Mead, 2013, p. 12).

Māori knowledge and tikanga were embedded, actioned and organised to inform behaviour and guide ceremonies during hapū and whakawhānau (Mead, 2013). The tradition of karakia and karanga continues and is recited today during the birthing process to welcome the pēpi into the realm of Te Ao Marama. I have witnessed karanga by whānau and Wāhine Kaiwhakawhānau Pēpi - that is powerful wairua.

Hapūtanga

Hine te-iwaiwa symbolises womanhood, weaving, karakia, and kaitiaki from conception to childbirth (Yates-Smith, 2006; Gabel, 2013). Under the protection of Hine te-iwaiwa and

fundamental to the survival of whānau and hapū was the role of wāhine as the child-bearers of future generations (Gabel, 2013; Simmonds, 2014; Yates-Smith, 2006).

Following the practice of tikanga, a tohunga would be required when there were difficulties conceiving to provide the ceremony of whakatō tamariki, planting the seed of a child (Mead, 2003). The first procedure was karakia to clear the hinengaro of any breaches of law or transgressions. The second procedure was centred on a karakia to awaken the female essence to conceive. A leaf was placed at te morenga o te poho, the area at the bottom of the breast bone (Mead, 2013). Other fertility procedures involved particular trees, stones, or places with karakia and the woman embracing a tree or facing a specific direction during the procedure (Mead, 2003).

In Māori society, the belief was that during hapūtanga, the wairua of the pēpi was activated when the eyes were formed, followed by the development of thinking soon afterwards (Mead, 2003). Following these stages, a human form continues to grow and develop (Mead, 2003). In preparation for ūkaipō, the breasts were treated when wāhine were hapū, mirimiri encouraged the flow of waiū and pēpi were breastfed shortly after birth (Makereti, 1986). From conception, pēpi and tamariki were surrounded by whānau singing oriori about their whakapapa and how loved they were as taonga (Jenkins et al., 2011; Pihama & Lee-Morgan, 2022).

Whakawhānau

Birthing literature before the 1900s evidenced a dedicated birth attendant or a tohunga. Tikanga was adhered to as the policies and procedures that upheld safety and guided the practitioner during whakawhānau. The wāhine from the whānau would be present, mainly if this were the first experience of whakamaemae, labour pains, for the expectant māmā (Makereti, 1986). Labour and birth support included karakia, oriori, rongoā, and mirimiri. Whare Kōhanga were purposefully constructed to provide a separate tapu space during labour and birthing (N. How, personal communication, 5 May 2018; Yeonhee Ji, 2019). The birthing

wahine and her attendants stayed within the Whare Kōhanga until the māmā and pēpi were well enough to return to the whānau (N. How, personal communication, 5 May 2018).

The practice of karakia used during the arduous labour and birth of Tūhuru hūru, the son of Hine te-iwaiwa, has endured and survived colonisation. The karakia is used by wāhine to ease their birthing journey (Gabel, 2013; Simmonds, 2014; Yates Smith, 1998). Within the karakia, reference is made to the pegs used in raranga as support pou to ease and facilitate the journey of the pēpi along the birth canal.

The whenua that connects the māmā to the pēpi through the umbilical cord was of particular significance. The whenua as placenta sustained the growth and development of the pēpi and is not unlike the whenua as the land of Papatūānuku that nurtures and sustains us. It is a natural conclusion that the whenua be returned to the whenua (Mead, 2003). The return of the whenua to Papatūānuku reaffirms the whakapapa ties and neverending relationship between the land, Mother Earth and whānau (Simmonds, 2014). The ceremonial burying of the whenua was tapu as it was deemed a part of the pēpi and tied the Pēpi to its turangawaewae, its roots (Mead, 2003). After cutting, the pito located at the end of the umbilical cord dries, is collected and is often taken to a different site to the whenua within the boundaries of the homelands (Mead, 2003). Tikanga continued with ceremonies and karakia performed by tohunga during the days after the birth of the pēpi. This was important in acknowledging the connection to atua. Karakia were recited to invoke the protection of atua and to ensure the pēpi would be gifted with great knowledge (Mead, 2003).

Korahi, flint or flakes of pounamu, quartz, and obsidian, were traditional tools used by

Wāhine Kaiwhakawhānau Pēpi, shaped into a cutting instrument for the iho of the pito. These tools were kept within whānau and passed down through generations (Kelly, 2008; Makereti, 1986). As an exemplar of best practices today, traditional tools were sustainable, practical, and easy to clean with a lifetime service guarantee.

The teachings and gifts from Hine te-iwaiwa are plentiful, like muka fibre from harakeke. Muka is used to tie the iho, to make whāriki dedicated birthing mats and wahakura, a safe sleep space purposefully crafted for the pēpi. Te Wairoa historian Nigel How explained that muka fibre was intentionally selected for its antiseptic properties, a preventative measure against infection. There was also rongoā to induce an anaesthetic bodily response when a caesarian section was required (Nigel How personal communication, 5th May 2018). Titoki oil was applied to a soft cloth and placed over the pito if there were signs of infection (Makereti, 1986). The pēpi was wrapped in an old soft korowai cloth and slept on a bedding of whariki on the floor (Makereti, 1986).

Under the influence of the hormone oxytocin following the birth of pēpi, breastfeeding facilitated uterine contractions to birth the whenua and assisted with the control of bleeding.

Having pēpi close to māmā, skin-to-skin following birth, supported the initiation of breastfeeding, temperature control, and bonding. In addition, exclusive breastfeeding provided the pēpi with antibodies against disease and was a method of natural contraception and birth spacing between pregnancies.

Lost from generations of birthing whānau through colonialism are the mātauranga and tikanga connected to Kurawaka, menstrual rites and Whare Tangata, as the powerful sites of women's bodies (Murphy, 2012). The sacredness of the birthing process was such a significant event that a Whare Kōhanga was purposefully constructed. Birthing fluids and blood flow were tapu, collected and buried following birthing tikanga and karakia (Nigel How, personal communication, 5th May 2018).

The life stages of Mana Wahine were significant rites of passage. Puberty and menstruation were celebrated formalities into womanhood and childbearing as the continuation of tikanga ceremonies and whakapapa lines from Papatūānuku and atua wāhine (Murphy, 2012). These sacred customs teach me about my roles and responsibilities as a wahine Māori and Wāhine Kaiwhakawhānau Pēpi, my whakapapa to atua wāhine - with tangible and non-tangible environments - and my respect for Papatūānuku. I have the image of an umbilical cord that

attaches me directly to my tīpuna and atua wāhine. I understand this connection has always been there. However, the thesis journey is about remembering and rebirthing the self.

Tapu and noa

The concept of tapu is intertwined with spirituality and the practices of tikanga (Mead, 2013). People are tapu. For example, a person's head was the most tapu part of the body, and all adornments worn on the head, placing these objects near food was considered a breach of tapu. (Mead, 2013; Mikaere, 2017; Walker, 2004). Places and buildings were tapu, including the Whare Tīpuna, Whare Kōhanga, mountains and waterways (Mead, 2013). The loss of bodily fluid and toto is a very tapu state (Mead, 2013). The restoration of balance is related to the state of noa, for example, the health and well-being of a person reinstated following a severe illness (Mead, 2013). In the realms of birthing, a state of tapu was maintained until Māmā and Pēpi were healthy and returned to the whānau and hapū.

Manaakitanga

Mana Tangata is related to care and service, how people are looked after and nurtured. This is of the utmost importance and is reflected in the principle of manaakitanga (Mead, 2013). On the marae, wāhine were involved in the formal ritual of welcoming manuhiri, preparing kai, hospitality, and ensuring whāriki sleeping areas were prepared (Yates-Smith, 2003). These customs are upheld today. Caring for others was at the forefront regardless of harmful acts, taking property, land and all things treasured in Te Ao Māori. The principle of manaakitanga still stands. The visitor is fed and leaves in peace (Mead, 2013). The focus of manaakitanga is extended to the care of birthing whānau and pēpi during hapūtanga, whakawhānau and following birth. All pēpi were welcomed into the whānau and hapū. Puhi having their first pēpi would be celebrated with gifts and special kai, even if it meant travelling long distances. Whatever she craved would be obtained (Makereti, 1986). The intention of providing kai that was requested by puhi was also to ensure the pēpi would be healthy (Makereti, 1986).

Indigenous birthing practices pre-contact with Europeans

Before contact with Europeans, indigenous communities around the world were also practising the teachings and knowledge systems from ancestors to guide the care of pregnant and birthing women. Sky Women from the Iroquois Nation's story is about women's power (Anderson, 2006). Although there are many versions of the Sky Women story, this is about a pregnant woman who falls from another world to settle on Turtles back and is the first storytelling about Mother Earth. Turtle Island is the name given to the region of North America. (Anderson, 2006). Indigenous communities from Turtle Island regarded women as powerful and highly esteemed as the givers of life and mothers (Cull, 2006). Traditionally, the matrilineal lineage was followed within communities (Cull, 2006).

Indigenous Canadian communities in the Northwest territories regarded birth as a community, social, and spiritual event (Davis, 1997). In traditional nomadic Inuit society, the Shaman was respected and considered to be the link to the spirit world (Davis, 1997). Like wāhine Māori, the grandmothers and mothers within the community were the knowledge holders, mentors, and counsellors for pregnant women (Davis, 1997). Inuit women described a birthing structure similar to a Whare Kōhanga. The dwelling was purpose-built for birth, with the presence of a Shaman to recite chants during birthing (Davis, 1997).

The observations made by the childbirth anthropologist Jordan (1997) focused on the indigenous childbirth practices of women from the remote Yucatan region of Mexico. Due to the geographical isolation of this community, ancestral knowledge could be preserved (Jordan, 1997). Childbirth knowledge and customs were held by families and passed on to the next generation, mainly women and birth attendants (Jordan, 1997). Ancestral knowledge included physical, spiritual, and emotional care and decision-making during labour and birth. A part of the care provision for mother and baby was the joint discussion between all those present in the labour and birthing process, with no delegated person holding power and control (Jordan, 1997).

Over the millennia, Aboriginal and Torres Strait Islander communities' traditional birthing practices were deemed women's business (Jones, 2012; Ireland et al., 2011; Ireland et al., 2022). They were rich in spiritual ceremonies centred on the birthplace, connecting the baby to its ancestral lands, cultural identity, and belonging to the land (Jones, 2012; Ireland et al., 2011; Ireland et al., 2022). The senior women within the clan, grandmothers and aunties, played an essential role in supporting and caring for pregnant women. They were the knowledge holders and had the skills to attend to women during pregnancy, labour and birth, and aftercare of māmā and baby (Ireland et al., 2011).

Most women were healthy during pregnancy; no red meat was eaten, only fish and non-meat products. An aboriginal midwife was present during labour and birth, the umbilical cord was cut with a sharp stone, the placenta was buried, and breastfeeding was normal (Jones, 2012). Birthing in the natural surroundings of the bush was a traditional custom (Jones, 2012). During the birth, the woman remained upright, squatting over a prepared hole in the ground containing soft grass, leaves and soft red sand. Massage and holding of the women provided physical and emotional support during labour and birth (Jones, 2012).

Indigenous communities from Turtle Island and Aboriginal and Torres Strait Islander clans had similar traditional practices of pregnancy, labour and birthing care to Māori. The spaces and places where the labour and birth occurred were explicitly prepared. The women of the community were the midwives providing wisdom and guidance during pregnancy, labour, birth and aftercare. There was ceremony and prayer attached to procedures, and the connection to the land was acknowledged and honoured. Indigenous communities held the knowledge and cultural practices from sacred ancestors. Women's status and respect as the next generation's carriers of life and as mothers connected to Mother Earth are reflected in the care and sacredness of birthing.

The changing landscape for Māori

In 1800, the population of tangata whenua was approximately 175,000. However, by the end of that century, a rapid decline was recorded as the population dropped to about 42,650 (Durie,

1997). A significant loss, Durie (1997) suggests that the cause was associated with the Crown's efforts to fragment and destroy the connection to Papatūānuku and the whenua, the traditional cultural practices of Māori and the attempts to make Māori extinct. The major contributors were unrest leading to the Musket Wars and contact with Pākehā, resulting in disease inoculation and starvation (Durie, 1997). Acts of colonisation were implemented, including the confiscation of Māori land, the Native Land Court, and the 1907 Tohunga Suppression Act. Economic well-being and Māori sovereignty were threatened, intensified by trauma caused by the dispossession from whenua. In the early 1800s, Māori land accounted for approximately sixty-six and a half million acres; however, by the end of the century, Māori ownership was marginalised to eleven thousand acres (Durie, 1997). The confiscation of land to accommodate a growing settler population resulted in cultural injury and traumatic disconnection from the foundation of Māori society, the whenua and Papatūānuku (Durie, 1997).

Colonisation in Aotearoa is traumatic and harmful in both the context of the history of the past and the embodied lived experience of today. Mātauranga and tikanga for birthing whānau were almost destroyed by acts of colonisation and assimilation, and the relationships to the whenua, atua wāhine and tīpuna were almost severed.

Under colonial rule, tangata whenua suffered and were deemed inferior and savage by the 'civilised' English (Smith, 1992). Historically, male authority dominated English society, followed by women responsible for children and domestic duties. This foreign hierarchal system was imposed on Māori society (Mikaere, 2017; Smith, 1992). The balance of traditional values and roles in whānau was disrupted and influenced by a colonial mindset. Many Māori men role modelled Pākehā men and ruled the homes with wāhine ranked at the bottom with no status or authority (Mikaere, 2017; Smith, 1992).

Whānau, as the traditional building blocks of Māori society, were threatened by the colonial mindset and introduction of the nuclear family. The modelling of the nuclear family undermined the fundamental values and whakapapa connections that are the basis of whānau well-being,

support systems and prosperity (Pihama, 2022). Whānau connections include three or four generations of an extended family of aunties, uncles and kaumātua as the support networks for parents and tamariki. The nuclear family became the model on which a Eurocentric society was built and did not support the traditional intergenerational living of tangata whenua.

Acts of tino rangatiratanga

He Whakaputanga o Te Rangatiratanga o Niu Tīreni 1835, and Te Tiriti o Waitangi 1840 were attempts by Māori rangatira to form a relationship with the Crown which advocated Tino Rangatiratanga and Mana tangata whenua. Hapū wanted to remain independent and work with the Crown to maintain Tino Rangatiratanga and develop treaty relationships (Jackson, 2017). However, the taking of land and the destruction of culture and language continued; this reflected acts of white supremacy which persist in mainstream society today like a long-term chronic disease (Wilson & Haretuku, 2016; Jackson, 2017; Hayward, 2018; Tupara & Tahere, 2020).

Birthing acts of Tino Rangatiratanga are also part of the history of colonisation in Aotearoa. Some whānau and hapū survived attempts to silence and destroy the teachings and ancestral knowledge of atua wāhine and tīpuna. Colonisation led to the introduction of medical practice, birthing in hospitals, the 1904 Midwifery Registration Act, and the Tohunga Suppression Act of 1907 (Mikaere, 2017; Simmonds, 2017). The quick succession of these legislative acts is significant as both laws endeavoured to embed and enforce an English medical framework. The traditional customs and skills of the tohunga and Māori maternities were particularly impacted (Simmonds, 2017; Yeonhee Ji, 2019). Across generations, birthing rangatiratanga was embodied in the silence of wāhine as acts of passive resistance, keeping their whānau traditions safely hidden within, whilst other whānau have broken the silence by continuing to practise their traditional birthing customs (Simmonds, 2017). In the 1930s, most Māori wāhine had maintained their rangatiratanga by birthing at home (Mikaere, 2017).

Early European birthing and legislative Acts

Before the introduction of legislation in the early 1900s, widowed or married women performed the role of midwife for European families. During this period, there were only a few English-trained midwives in Aotearoa (Stojanovic, 2010). Lay midwives attended the Pākehā population in Aotearoa, a term that describes women without government-recognised formal midwifery training. Lay midwives would learn midwifery skills within an apprentice-mentor partnership by observing their teacher's skills. The midwife was domiciled within and was part of the community attending homebirth. Arriving before the baby was due, the midwife would stay a few days before and after the birth, taking care of the woman and household. Some doctors offered medical services and had ownership of maternity homes. However, the medical profession was not in favour of any involvement or interference by the government regarding the standard or provision of health services (Stojanovic, 2010).

New Zealand Midwives Act 1904

With the process of colonisation in Aotearoa came the formal introduction of midwifery. A Eurocentric concept, a British model of midwifery was brought to Aotearoa and represents another process of assimilation that continues today. The theory and practice of midwifery were considered superior to the traditional birthing practises of tangata whenua. Stojanovic (2010) and Yeonhee Ji (2019) argue that the Midwives Act of 1904 was the primary catalyst behind creating a medicalised ideology of women's childbearing years impacted further by the extension of the culture of nursing that midwifery was considered to be. At this time, formalised Pākehā training programs were introduced to prepare 'nurse midwives' to provide a midwifery service within an environment controlled by the medical profession as the gatekeepers. Between 1905 and 1920, a group of maternity hospitals known as St Helens were established as midwifery training centres in urban areas to accommodate the shift of birthing from the home and whānau setting. At the time, the change to birthing within the hospital setting was also considered a preventative measure in response to the high infant mortality rate

(Stojanovic, 2010). St Helen's midwifery schools were established and later dismantled in 1979 as tertiary institutes became the new learning and training environments.

During this period, tangata whenua experienced and were traumatically impacted by many harmful, colonising behaviours and legislative acts—for example, unlawful land occupation by Pākehā and assimilation into Pākehā education and health systems. Western religion spread as an indoctrinated force believed by colonisers to be superior to Māori customary beliefs and practices (Durie, 1997; Mikaere, 2017). All of these things led to a move away from traditional lands, knowledges and practices and by the 1960s, less than ten per cent of Māori whānau were birthing at home.

Tohunga Suppression Act 1907

One of Aotearoa's most debilitating harmful legislative acts was the Tohunga Suppression Act. Tohunga were specialists in the realm of spirituality and experts in tikanga and mātauranga (Ministry of Justice, 2001). The 1907 Tohunga Suppression Act demonstrates the endeavours by the colonial government to assimilate and subjugate Māori. The legislative ruling prohibited healing practices by Māori experts (Gabel, 2013). This contributed to the partial collapse of traditional mātauranga, tikanga, and kaitiaki practices related to birthing. Intergenerational teaching and learning were also lost by some whānau and hapū (Gabel, 2013; Kenney, 2011; Simmonds, 2017). Furthermore, by the beginning of the twentieth century, Western frameworks of medicalisation began to invade the space of Māori maternities within whānau and hapū, supported by the prohibition of tohunga birthing practices (Mikaere, 2017; Simmonds, 2016; Simmonds, 2017).

Durie (1997) suggests the Tohunga Suppression Act of 1907 had two opposing agendas to address: to prohibit the advancement of Māori sovereignty whilst improving Māori health. During this time, Rua Kenana was a Māori leader who advocated independence and autonomy of tangata whenua with a moemoeā of an Aotearoa free from European occupation. The government considered this ideology threatening, mainly because Kenana had many supporters. Durie (1997) states that the act was supposed to be an attempt to shut down,

silence and imprison Kenana. The following clause was implemented to justify the arrest and imprisonment of Kenana;

Every person who gathers Māoris around him by practising on their superstition or credulity or who misleads or attempts to mislead any Māori by professing or pretending to possess supernatural powers in the treatment or cure of any disease, or in the foretelling of future events, or otherwise, is liable on summary conviction before a Magistrate to a fine not exceeding twenty-five pounds or to imprisonment for a period not exceeding twelve months.... (Durie, 1997, p. 34).

Durie (1997) advocates that improving Māori health was also a focus of the Tohunga Suppression Act of 1907. In an endeavour to turn the tide against the struggles endured by Māori and enhance the health and well-being of tangata whenua, Māori leaders were emerging in the political arena. Maui Pomare, Peter Buck and Apirana Ngata, graduates of Te Aute College, were leaders who could walk in Te Ao Māori and Te Ao Pākēha. This group had the drive to facilitate this change for Māori. The trio advocated for the education, health service and democracy of the government whilst holding the aspiration of preserving Māori identity, culture, and language. As discussed by Durie (1997), the aspirations of these early Māori leaders of improved health, education and economic well-being are still outstanding today.

New Zealand Nurses and Midwives Act 1925

This Act established a Nurse and Midwife Board to govern the registration and training of midwives. However, the medical profession dominated the board. The midwifery profession was a much smaller group than nurses, with no professional body to challenge the changing role of the midwife (Stojanovic, 2010). In the 1920s, the birthing environment was dominated by doctors, with maternal mortality a significant public health concern (Belgrave, 1986). Unnecessary medical interventions during birth by unskilled doctors and poor hygiene techniques causing infection were identified as contributing to maternal deaths. Belgrave (1986) and Stojanovic (2010) argue that this led to the 1925 Nurses and Midwives Act. The authors further state that this act advocated training nurse midwives to improve the outcomes of birthing women.

At the time, maternity services were a lucrative business opportunity for the medical profession. Control was maintained and strengthened by the establishment of the obstetric society. The society campaigned and defined childbirth as an illness requiring professional medical intervention' (Belgrave, 1986). The underlying tensions between the medical professional and midwifery scholarship that continue today can be traced back to this period.

Legislative Acts of white supremacy

Whilst the Crown participated in the signing of Te Tiriti o Waitangi, different meanings were enacted, embedded and grounded in New Zealand's first Constitution Act passed by the British Parliament in 1852 (Ministry for Culture and Heritage Manatū Taonga, 2017c). This legislative act was the first example of formal British rule over Aotearoa and introduced a parliamentary system based on the British Westminster governance model. Voting and elections were held in 1853, and parliament sat for the first time in 1854 (Ministry for Culture and Heritage Manatū Taonga, 2017c). As collective landowners, Māori were displaced and excluded from voting, as only individual landowners had the right to vote (Ministry for Culture and Heritage Manatū Taonga, 2017c).

Durie (1997) identified two acts of the New Zealand parliament that contributed to the inhumane and unjust treatment of Māori as the custodians of the whenua. The 1863 Settlement Act and the Suppression of Rebellion Act allowed the unfair confiscation of traditional Māori lands. These two acts resulted in over three million acres of land being seized. Any suspicion of rebellion led to taking more land (Durie, 1997).

The intent of speeding up the taking of land from tangata whenua was intensified by the Native Land Act 1862 and the Native Land Act 1865 (Durie, 1997). The Māori tradition of customary titles was essentially ignored, and the land was sold (Durie, 1997). These acts of white supremacy severed the connection to the whenua and Papatūānuku and contributed to the collapse of Māori well-being economically, physically and spiritually. The government's dismissal and duty in response to the act of land dispossession, oppression and rapid decline

of the Māori population was to 'smooth the pillow of a dying race' (Durie, 1997; Walker, 2004; Jackson, 2020).

Traditional Māori birthing knowledge and tikanga were almost destroyed by acts of white supremacy. Pākehā distorted and retold the pūrākau of atua wāhine in a way that dehumanised the mana of wāhine, for example, rites of passage into womanhood and birthing tikanga (Mikaere, 2017; Murphy, 2014). The scared flow of menstruation from Whare Tangata as a tohu of fertility and well-being was deemed dirty and shameful by Pākehā. It influenced the mindset of Māori against celebrating womanhood, medicalised predominately by Pākehā men as a disease or illness (Elder, 2022; Murphy, 2014). Birthing whānau were isolated and harmed by culturally unsafe practices in hospitals, by breeches of tapu and noa. For example, whenua were burned and not returned to the whānau, to the whenua and Papatūānuku. The "routine" medical procedures invaded wāhine as Whare Tangata (Mikaere, 2017; Murphy, 2014; Simmonds, 2014; Simmonds, 2017; Yeonhee Ji, 2019). Reclaiming traditional Māori lifeways and whānau birthing by Wāhine Kaiwhakawhānau Pēpi are discussed in subsequent chapters.

Authoritative knowledge and childbirth

The concept of authoritative knowledge was introduced within the health sector by childbirth anthropologist Jordan (1997). It is defined as the shift in power to one knowledge system when more than one worldview or knowledge system exists, disregarding all other ways of knowing. As a result, Eurocentric hierarchical systems of knowledge and power are created, and the dominant discourse becomes embedded into society. Authoritative knowledge becomes normal as society engages, and the system reproduces and reaffirms its validity (Jordan, 1997). The exercising and consequences of authoritative knowledge were present as an act of white supremacy. European colonisers devalued and eroded indigenous knowledge and practises. This is illustrated when Europeans brought their ways of knowing to Aotearoa, which was ruled as superior, evidenced by the New Zealand Midwives Act 1904 and followed by the

Tohunga Suppression Act 1907, a violation of mātauranga and tikanga customary birthing practises.

Analyses of the influence of colonisers upon traditional Māori knowledge and practices are discussed by Simmonds & Gabel (2016) and Gabel (2013). The authors state that from first contact, Europeans assumed authority of knowledge in an attempt to undermine Māori maternities. In addition, historically, the Crown took legislative action to marginalise and control Māori maternities, which were working well and embedded in whānau and hapū (Simmonds, 2017).

The process of colonisation aligns with the concept of authoritative knowledge whereby one society is powerful and dominates with an attitude that Western paradigms of knowledge are superior to indigenous ways of knowing. Tupara (2010) discusses centuries of domination and destruction in Aotearoa by Europeans in an attempt to destroy Māori lifeways represented in Te Ao Māori philosophical frameworks, mātauranga, tikanga and kawa.

Today, layer upon layer of colonial constructs have been preserved within historical legislative acts and continue to contaminate Māori advancement in education, economic well-being and health. For example, the meaning of tangata whenua relates to the local people, born of the land and regarded as an extension of Papatūānuku, with whom Māori have an embodied whakapapa connection and relationship. The whenua historically nourished and provided an economic base for tangata whenua. This equilibrium within Māori society was permanently disrupted by colonisation. The colonisers were responsible for legislative acts of land confiscation. This action removed the underlying foundation that connected Māori to whakapapa and economic wealth, contributing to the overall decline of Māori prosperity and sovereignty (Tupara, 2010; Walker 2004; Jackson, 2020)). Furthermore, the intergenerational trauma and assault endured by tīpuna are present in contemporary Māori society today (Pihama, 2019; Pihama & Lee-Morgan, 2022).

The New Zealand legislative acts that sanctioned and constrained the knowledge and skills of midwives and Wāhine Kaiwhakawhānau Pēpi also reflect authoritative knowledge exercised

by the medical profession, predominately men over women. In the 1900s, childbirth practises changed with the importation of Eurocentric medical practices and the governance of hospitals. For example, before the establishment of maternity hospitals, women were not confined to the bed for birthing. Birthing on the bed became normal even though women instinctively knew it was unnatural. Before introducing a medical model of birth, indigenous birth attendants, including Māori, encouraged labouring women to adopt upright positions. This is known to facilitate the baby's movement, alleviate pain, shorten the duration of labour, and allow more space within the birth canal (Davis-Floyd & Sargent, 1997). Only recently has academic research and obstetrics acknowledged that upright positions in childbirth are beneficial. Tupara and Tahere (2020) are the first Wāhine Kaiwhakawhānau Pēpi to conduct a literature review centred on the Māori midwifery workforce and argue that authoritative knowledge has resulted in cultural injury to both whānau and Wāhine Kaiwhakawhānau Pēpi that engage with the maternity system and state:

Today, the maternity sector stands as an example of the results of colonisation that occur when one society dominates another. Pākehā midwives make up the majority of the midwifery workforce, and Māori women and babies are over-represented in health inequities and negative or sub-optimal maternity outcomes. In addition, Māori women and whānau continue to experience persistent inequities across socioeconomic determinants of health and risk factors that impact on their well-being throughout the maternity continuum. Inequities for Māori women are also likely to be present amongst Māori midwives. Māori midwives are at risk of burnout and could leave the midwifery profession if it remains ill-equipped to properly support them (Tupara & Tahere, 2020, p. 3).

Western thinking as authoritative knowledge is so embedded within a colonised mind of some birthing whānau and Wāhine Kaiwhakawhānau Pēpi that they become displaced and disconnected from Te Ao Māori and traditional birthing tikanga. Spaces and places are founding sites of colonial power; entering and navigating hospital environments can be unsafe. As hostile territory, areas of struggle, predominately managed by Pākehā, where whānau and Wāhine Kaiwhakawhānau Pēpi are given medical instructions on how and where birth should occur. Is a colonised mind a safety measure to avoid cultural injury and harm? Is this a protective and safety measure against colonisation that continues today? However, there remains an innate strength, embodied in acts of self-determination by Wāhine

Kaiwhakawhānau Pēpi and reflected in birthing whānau in order to be healthy and strong, to birth well and without medical intervention (to be discussed in a later chapter).

Breaking the spirit

The harming of Aboriginal and Torres Strait Islanders

Aileen Moreton-Robinson (2020) - a descendant of the Koenpul clan, Quandamooka country, known as Moreton Bay Queensland, Australia - writes about the atrocities experienced by Aboriginal and Torres Strait Islander communities which began with the arrival of the British. In the same way they did in Aotearoa, the British took land to establish their economic wealth, that was, the traditional hunting territories and grounds of the original caretakers. This led to the dispossession of the land, the domination of British rule and forced domestication (Moreton-Robinson, 2020; Burt, 2022).

Similarly to tangata whenua of Aotearoa, Aboriginal and Torres Strait Islander communities regarded their identity, survival and spirituality as connected and tied to the land—a very different mindset to the British approach of taking ownership and colonial rule. As a result, battles were fought from 1788 until the 1930s (Moreton-Robinson, 2020). During this particular period of land dispossession, there were approximately 11,500 indigenous people living in the state of Victoria. One hundred years later, ninety-three per cent of the population had been killed or displaced. In the late 1700s in Queensland, the population of indigenous people was approximately one hundred thousand. By 1901, the population had significantly declined to 26,670 (Moreton-Robinson, 2020).

Lutruwita (Tasmania, Australia) territory was home to the Trwlwulwuy people for over forty thousand years before the British invasion in 1803 (Vanderfeen, 2022). The people fought against colonisation and attempts of genocide. The colonisers told stories that the Trwlwulwuy people were believed to be extinct, a myth (Vanderfeen, 2022). Colonial practices separated people from the land, and their economic base took families and isolated them from traditional customs and language. This was a physical and spiritual assault upon Aboriginal and Torres

Strait Islander communities (Vanderfeen, 2022). The deliberate act of disempowerment and subjugation by colonisers is expressed in the following statement:

As they built their fortress infrastructure to underpin their superiority, through making and keeping records of us, we became the objects of enquiry, intrigue, monitoring, scrutiny, and observation, and not sovereigns in our own lands

(Vanderfeen, 2022, p. 5).

Like Māori, Aboriginal and Torres Strait Islander communities also endured intergenerational trauma connected to losing traditional birthing knowledge and cultural practices. Communities in isolated areas were harder to reach and could practice their customary language and lifeways without threat. In the 19th century, Aboriginal midwives in some parts of the country, particularly remote country regions, were the only skilled birth attendants for their people and foreigners (Jones, 2012).

Acts of white supremacy by health professionals towards Aboriginal and Torres Strait Islander communities were recorded. For example, local hospital care was poor with segregation practices (Jones, 2021). Inadequate treatment and conditions included birthing alone in a shed at the back of the hospital (Jones, 2012). To avoid surveillance, women would also give birth isolated in the bush as a protective measure to stop their babies from being removed from them and placed in a mission home (Jones, 2012). Traditional birthing practices were violated and almost destroyed by the separation of indigenous birthing women from their traditional lands and the knowledge keepers of mothers, aunties and grandmothers (Jones, 2012).

Chamberlain (in De Souza podcast, January 19th 2023) states the health and well-being of Aboriginal and Torres Strait Islanders were better before colonisation when traditional lifeways, customs, practices and communities were intact. However, there are sites for remembering and rebirthing traditional knowledges and practices. Birthing on Country is a healing metaphor used today for the best start in life. It is connected to the revitalisation of traditional birthing practises of the land and kinship ties of Aboriginal and Torres Strait Islander communities. Similar to the process of colonisation of the indigenous people of Turtle Island

and Aotearoa, the arrival of Europeans caused disruption and displacement of Aboriginal and Torres Strait Islanders from their lands and lifeways and almost of the very essence of who they were (Ireland et al., 2011; Williams, in De Souza podcast, June 9th, 2021).

The harming of indigenous peoples in Turtle Island

European relationships with the indigenous people of Turtle Island at the end of the fifteenth century were tolerable. Both groups were able to live without significant conflict. However, the eighteenth century was a time of colonial rule over the indigenous people and the decimation of the population. (Cull, 2006).

One of the most destructive actions by the colonisers was the Indian Act of 1876 in Canada, resulting in a state of dependency. Adults and children were deemed wards of the state, and every aspect of their lives was regulated and surveilled (Cull, 2006). The colonisers deemed the taking over native affairs necessary (Cull, 2006). The indigenous people were considered to be savages and inferior to the colonisers. The land was taken under the premise that uncivilised people could not be landowners, particularly from matrilineal lines (Cull, 2006). Women were labelled as unfit mothers, people were susceptible to Western diseases, and high infant mortality rates overwhelmed indigenous communities (Cull, 2006). Government policies targeted indigenous mothers and removed children from families and clans. Intergenerational trauma was experienced from the taking of children from their loving environments, heritage and cultural practices into industrial and residential schools and, in the 1960s, into state care (Cull, 2006). The Indian Act was instrumental in displacing matrilineal customs, power and authority held by women, and birthing knowledge (Cull, 2006). The strength and resistance of indigenous women were persistent and survived against the historically enforced laws by the State and the Church to assimilate and indoctrinate (Cull, 2006; Lavell-Harvard & Corbiere, 2006).

Intergenerational trauma was experienced by Maori and Aboriginal and Torres Strait Island communities as a consequence of colonialism and continues today (Gabel, 2019; Jones, 2012; Vanderfeen, 2022; Wirihana & Smith, 2019). The long histories of colonial events and

legislative acts against the indigenous communities of Aotearoa, Turtle Island, and Aboriginal and Torres Strait Islander peoples were dehumanising. However, these indigenous communities endeavoured to be guardians of their lands, ancestral teachings, and traditional practices. The nature of the coloniser's mindset was to deem indigenous peoples as different and inferior, treated like savages. However, against unjust treatment and intent to destroy, indigenous communities, particularly indigenous women, have survived with strength and courage.

Clearly we were different. We were not “white” and it showed. However, the historical persistence of our cultural difference generation after generation (despite the best assimilative efforts of both Church and State) is a sign of our strength and our resistance. That we have historically and continually mothered in a way that is “different” from the dominant culture is not empowering for our women, but is potentially empowering for all women (Lavell-Harvard, & Corbiere Lavell, 2006 p. 3).

Indigenous women's birthing practises were taught on their ancestral lands and supervised by the knowledge keepers within the community. The introduction of hospitalisation was a method of surveillance, medical control, and assimilation. However, as advocated by Lavell-Harvard & Corbiere, 2006, there remains a sense of power and self-determination as individual women and as a collective.

Conclusion

This chapter began with the old ways as the traditions and lifeways before the arrival of colonisers. In Aotearoa, the social structures of whānau and hapū were intact, grounded in mātauranga and tikanga, the policies and processes to maintain safety and balance, and these processes were working well.

Māori knowledges, practices and connection to birthing were discussed. In particular, the pūrākau of creation, humanity, and atua wāhine. Mātauranga and tikanga were upheld within whānau and hapū and provided an intergenerational understanding of the roles, responsibilities and the mana of wāhine Māori. As indigenous practitioners, tangata whenua had set policies and procedures that guided social conduct and these tikanga were

underpinned by the values of whakapapa and whanaungatanga to maintain a state of balance of tapu and noa (Mead, 2013).

The arrival of Pākehā led to the intentional dehumanising process of colonisation and pathways of white supremacy. The power and control over whānau, particularly wāhine Māori, were established. British Crown representatives deliberately subjected tangata whenua to displacement from Papatūānuku, the whenua, tikanga, and te reo. This resulted in the disconnection from living a traditional life as whānau and hapū and economic independence. Colonialism attempted to destroy traditional birthing knowledge and skills and the intergenerational transmission of birthing mātauranga.

The histories of Aboriginal and Torres Strait Islander people and the indigenous descendants of Turtle Island also evidenced similar histories. Colonial rule was purposeful and brutal, resulting in atrocities that almost exterminated the indigenous people from Turtle Island and Aboriginal and Torres Strait Islander clans. Land dispossession, the taking of families and the assimilation into religious-based mission homes and schools caused intergenerational trauma, poverty and illness of the spirit and body. Recovery and healing are ongoing.

In Chapter Three, the colonising project continues. The chronological timeline shifts to contemporary times with two main areas of interest that influence the growth and sustainability of Wāhine Kaiwhakawhānau Pēpi. The first area of interest is the education system as the gateway into Pākehā tertiary institutions and the midwifery profession. The second area of interest is centred on the governing structures over the top of Wāhine Kaiwhakawhānau Pēpi as the colonising project continues in Aotearoa. The experience of education and midwifery by indigenous people from other colonised countries is also provided to highlight areas of alignment with the lived experience of whānau and Wāhine Kaiwhakawhānau Pēpi.

Chapter Three - The colonising project continues

Introduction

Chapter Two reflected the old ways. Mātauranga, as the underpinning thinking and knowledge provided guidelines to maintain balance and safety within Māori society. Whakapapa was celebrated, and mana wahine held the potential for human life to flourish within Whare Tangata. Tikanga was the practice to support whānau ora before unethical and unjust colonial power structures were brought to Aotearoa.

Some discussions of indigenous traditions of other colonised countries were examined to identify areas of alignment, including birthing practices, the relationship to the land, natural surroundings, and the connection to the spirit world and ancestors.

Colonial power resulted in the forceful and violent disruption of the old ways. Colonial rule led to the displacement, disconnection, and dispossession from the whenua – Papatūānuku, the first mother of tangata whenua - and the loss of tikanga and mātauranga (Mikaere, 2014). Aotearoa became a colonial state centred on building an economic empire, removing the indigenous rights of Māori documented in He Whakaputanga o Te Rangatiratanga o Niu Tirenī and Te Tiriti o Waitangi. The colonisers intended to destroy traditional Māori lifeways including birthing knowledge and practice (Simmonds, 2019). The experience of the colonial rule upon the Aboriginal and Torres Strait Islander communities and the indigenous people of Turtle Island are also included to demonstrate patterns of white supremacy (Lavell-Harvard & Lavell, 2006).

Chapter Three is centred on contemporary times, particularly the Crown systems that taura and Wāhine Kaiwhakawhānau Pēpi enter. In Aotearoa, the colonising project continues within the maternity system, governance structures, and learning institutes. These are the only educational options available to become Wāhine Kaiwhakawhānau Pēpi - engagement with the maternity system and midwifery governance structures are standard pathways.

The first section of this chapter is centred on the education system within Aotearoa as a significant influence on the success or failure of taurira Māori. The historical impact of an introduced Pākehā education system is analysed as a critical focus of the assimilation and oppression of tangata whenua today. The success of decolonising movements in Aotearoa, including alternative education pathways for Māori, are discussed to highlight that transformative change is possible, in contrast to the long history of Pākehā learning environments. Similarities to the indigenous experience of Pākehā education in other colonised countries are also discussed.

The second half of this chapter centres on the colonising structures within midwifery. The education, maternity and midwifery systems are dismantled to understand why Wāhine Kaiwhakawhānau Pēpi are almost invisible and silent. This includes governance groups presiding over Wāhine Kaiwhakawhānau Pēpi that uphold monocultural frameworks and power in midwifery. This chapter also shares research studies of decolonising practices and self-determination within the birthing space as a collective movement by indigenous communities.

Pākehā education

The disturbance of traditional Māori ways of learning

In this section, past education systems are analysed to give context to the current landscape of Pākehā education and the challenges experienced by Māori, in particular Wāhine Kaiwhakawhānau Pēpi.

The Native Schools Act of 1858 was part of an intentional process to force coloniser culture and values on Māori by removing children from their whānau, culture and language. Schools were places of assimilation whereby the colonisers exercised power and control over the colonised (Smith, 1992). Māori cultural traditions were considered obstructive, and the school curriculum reproduced and taught European history and knowledge (Smith, 1992). Māori were retold and fed their histories from a colonial lens (Smith, 1992).

Before the forced socialisation of children into native schools, teachings - particularly from kaumātua - were fundamental to learning and understanding who you are and your responsibilities to whānau and te taiao (Pere, 1987; Pihama & Lee-Morgan, 2022). Children were raised by a collective of whānau members and were nurtured and loved as taonga, the treasures of future generations (Gabel, 2013; Pihama & Lee-Morgan, 2022). Colonised schooling systems aimed to disconnect children from their traditional whānau structures centred on well-being, nurturing and the intergenerational transmission of mātauranga (Pihama & Lee-Morgan, 2022; Smith, 1992).

The colonial education curriculum in Aotearoa was focused on domestic duties for girls and manual work for boys (Penetito, 2011). As argued by Penetito (2011), this approach was applied as a means of separating Māori and Pākehā children and preventing any aspirations by Māori to excel. Furthermore, Penetito (2011) advocated that the longstanding embedded nature of Pākehā education as the paternalistic gatekeeper surveilled Māori students to ensure they failed and did not advance beyond Pākehā.

From the 1930s, the urban migration of whānau and hapū from their ancestral lands contributed to the disruption of the traditional learning environment, support structures and intergenerational teaching (Mikaere, 2017; Walker R., 2004). Throughout the colonised history of Aotearoa, Māori have protested against the Crown for legislative acts of white supremacy, including the taking of land and the exploitation and destruction of cultural values and customs.

Racism in education

The Māori Participation in Education document commissioned by Te Puni Kōkiri and reported by Jefferies (1997) draws attention to the past climate to which Māori secondary students were exposed. This major study was selected to provide a historical context and identify parallels with more current research. The qualitative analysis investigated the facilitators and barriers to Māori enrolment in tertiary studies and explored pathways to enable students to achieve academic success. The study concluded that the teacher within the education system was a powerful role model and determinant that influenced the failure or success of Māori students.

A recurring theme in student narratives was the negative attitude of teachers and the underrepresentation of Māori teachers to reflect Māori student population (Jefferies, 1997).

Similarly, a study by Thomason and Thurber (1999) also identified the significant deficit of Native American educationalists (less than one percent) within higher learning settings. As determined by Jefferies (1997), teachers need to be able to reflect the student population. Learning environments not conducive to indigenous students contributed to poor attendance and high attrition rates. The impact of poor teacher engagement with students is demonstrated in poor educational outcomes and evidenced by the following statistics: In 1996, forty percent of Māori students left secondary school without formal qualifications in contrast to less than fifteen percent of Pākehā (Jefferies, 1997). Furthermore, Jefferies (1997) noted the disadvantages based on ethnicity. One site of concern was the disparities for Māori in gaining the high entry point required to receive a scholarship towards tertiary education. Pākehā were five times more likely to receive a bursary (Jefferies, 1997).

Other adverse experiences noted by Jefferies (1997) involved discipline. Māori students were more susceptible to discipline measures of suspension or being expelled than Pākehā. In contrast, the approach to learning in Kura Kaupapa environments reported no students receiving this type of discipline (Jefferies, 1997). The success or failure of tauira is influenced by the teacher's commitment to supporting students to excel with kindness and care.

Freire (2005), an educational theorist, expressed through his writing pedagogy, teaching theory and practice of the oppressed. Freire (2005) defined oppression as overwhelming control. Directed by the education system and set within the classroom, the drive is one of domination whereby the teacher controls how and what topics are taught regardless of the student's worldview and lived experience. Common interest is not explored, there is no growth in the relationship, and no invitation for engagement, discussion, or critical inquiry inclusive of the student. The student is regarded as knowing nothing of value and is considered and treated like an empty vessel needing to be filled. In the classroom environment, the teacher imposes and dominates the educational curriculum (Freire, 2005). Freire's theory of

oppression is mirrored in the history of Pākehā education in Aotearoa. The objective was to dominate and rule the classroom, to oppress the aspirations and prosperity of whānau.

Acts of tino rangatiratanga

In Aotearoa, Māori actively petitioned for cultural transformation of the Pākehā education system, and when this failed, a by Māori for Māori stance was taken. In the 1970s, Ngā Tamatoa, a Māori activist movement, protested against the unjust taking of land, advocated for the actualisation of Te Tiriti o Waitangi and ran a campaign to have te reo taught in schools (Smith, 2017; Smith, 2022; Williams, 2021).

Penetito (2011) argued that under paternalistic surveillance, Māori were welcomed into mainstream education; however, to succeed, Māori had to leave behind their cultural identity. Māori were the prime movers that began to investigate alternative educational pathways that acknowledged, embraced and placed cultural identity and a Māori worldview at the forefront. The 1980s Kohanga Reo education movement was positioned as a positive step towards Tino Rangatiratanga, self-determination to provide whānau with a choice of learning environments and to push back against the failure of Pākehā education (Jefferies, 1997).

The Pākehā education system has failed Māori seeking an equal opportunity to succeed. The advancement of Māoridom that recognises Mana Māori is demonstrated in the Kohanga movement. Tino Rangatiratanga was a strong theme throughout the study by Jefferies (1997), a by Māori for Māori approach to address disparities and drive changes within the education system. The ideology is embedded with the concept of self-determination and a Māori worldview whereby te reo and tikanga are normalised and upheld.

In 1999, the first Māori Education Strategy was developed under the mantle of the Ministry of Education. This was partially in response to the recommendations of the earlier findings of Jefferies (1997). The objectives of the Māori Education Strategy (1999) included improving the experience of Māori students in Pākehā education and increasing student success and

flow into tertiary study. Whilst this is a positive strategy, eliminating racism within the system and the classroom is paramount.

A commitment to training Māori teachers to fill the gap would be a step towards improving student experience and academic achievement. Addressing the gap in the level of Māori leadership was also a focus of the Māori Education Strategy (1999); however, the best choice for the position may be compromised by the limitation of experienced Māori teachers. Finally, in an endeavour to meet the goals of the Māori Education Strategy (1999), a robust effort to engage and develop sustainable partnerships with Māori, hapū, and iwi would reflect a willingness to form relationships and engage whānau as steps towards changing the culture of Pākehā education.

I include an extensive discussion of Pākehā education here because potential Wāhine Kaiwhakawhānau Wāhine must achieve the academic entry qualifications to enrol in a midwifery programme. Following enrolment, they need to navigate tertiary institutes to gain academic achievement in environments with a long record of being culturally unsafe and racist (Ramsden, 2016; Tupara & Tahere, 2019). There are parallels between the lack of Māori leadership and academic success in education and the health sector. The question must be asked: is this an intentional strategy of the colonising project followers to keep Māori from advancing their careers and actualising transformational change?

Durie (2001) asserts that the Crown has failed to partner with tangata whenua, as stated in Article 3 of Te Tiriti O Waitangi and Article 15 of the draft Declaration of the Rights of Indigenous Peoples (UNDRIP). The breaches included the inequity of rights and opportunities in education, employment and health care. Tino Rangatiratanga symbolised the right to autonomy and self-determination and was expressed by participants in the previous study by Jefferies (1997). The freedom and choice to fully participate in both the Māori and Pākehā world, particularly for young Māori, was advocated by Durie (2001) and Penetito (2011) to be pivotal to progression in education.

Decolonising education by Maori educators asserted Maori culture and language should be included within the Pākehā schooling system (Morgan, J.L. 2016, Penetito, W. 2002; Smith, L. 1993). The movement to decolonize the Pākehā secondary schooling system with the establishment of Marae ā Kura was one strategy introduced by Māori educators and whanau as a space where te reo, tikanga, and Māori worldviews would be introduced and welcomed into the curriculum to change the culture of Pākehā schooling (Morgan, J.L. 2016, Smith, L. 1993). Māori students in Pākehā schools had a high attrition rate, in particular, Māorii girls who struggle with not belonging and endeavouring to maintain their Indigenous identity (Smith, L. 1993). In the past and currently, this has contributed to the midwifery health workforce and training of wahine Māori.

The first Hui Taumata Mātauranga: Māori Education Summit occurred in 2001 and was attended by hundreds of Māori and representatives from the government wanting to change the longstanding deficit of Māori being failed by the education system. Hui participants included teachers, academics, and whānau. In addressing the education system, the main objectives identified were:

- Māori to have the right to live as Māori with exposure to te reo and tikanga. whānau, hapū and iwi to partner with the education sector to enable Māori youth to have access to Te Ao Māori.
- Prepare Māori youth to successfully engage on a global platform as citizens of the world.
- Māori advancement in education as a conduit to improved economic prosperity and health standards (Durie, 2001).

The objectives were considered interconnected rather than achieved in isolation, with successful education as the driver. For example, Durie (2001) described that fluency in te reo in the absence of preparation to enter a pākehā work environment would be a disadvantage. Reviewing best educational outcomes may be more meaningful if comparison studies with

other Kura Kaupapa or indigenous youth were analysed rather than limited to Māori and Pākehā (Durie, 2001). Data collection resulting in common themes and paradigms unique to indigenous societies could inform future education strategies. Given the recommendations from earlier studies of the learning challenges and enablers of indigenous students, meeting the objectives set at the Hui Taumata Mātauranga and evaluating long-term educational outcomes for Māori youth will only result in success if a synergy of collaboration, goodwill and respect is invested into the relationship between Māori, the Crown and the education sector.

Durie (2006) reported on the proceedings of the Hui Taumata Mātauranga in its fifth year of investigating the achievements and deficits of Māori youth in education. It highlighted the conflict that can develop between parents/teachers and students/teachers, which may have intergenerational links to the trauma of colonisation (Durie, 2006). Unresolved conflict is negative, and its accumulative effect impacts the student's potential to grow and engage. This adverse pathway in learning may contribute to leaving school without qualifications, as reflected in studies by Jefferies (1997), Partington et al. (1999), and Nikora (2002). An alternative positive approach to engaging whānau was discussed by Durie (2006). Engaging both the whānau and the teacher to invest in building a relationship centred on the student's aspirations was proposed. To normalise success and shift the mindset from a deficit model of educational outcomes for Māori to focusing on the potential of young Māori (Durie, 2006).

Durie (2006) asserted the concerning experience of students underachieving in literacy and numeracy, highlighting the need to investigate why the education system failed Māori at the secondary school level. The importance of relationships between Māori, the Crown and the education sector advocated in 2001 by Durie is asserted again in the 2006 report.

In 2012, Te Puni Kōkiri (Ministry of Māori Development) published a report on young Māori education and employment. The report acknowledged the relationship between Māori achievement in education and the benefits to whānau health and socioeconomic development as identified by Durie in 2001. By age sixteen, one in four Māori students had left school, thirteen per cent leaving with no qualifications, while Pākehā school leavers accounted for five

per cent (Te Puni Kōkiri, 2012). In addition, Māori remained underrepresented in degree-level enrolments and were more susceptible to discontinuing after the first year (Te Puni Kōkiri, 2012). The pathway to qualifying as a Registered Midwife is through tertiary education. This is dependent on achieving a level of academic achievement at secondary school level. This report indicates clearly how the education system at all levels contributes to the near invisibility of Wāhine Kaiwhakawhānau Pēpi in the midwifery workforce at all levels.

A different pathway

In Aotearoa, changes in the school curriculum are slowly evolving. For example, on 12th September 2019, Prime Minister Jacinda Ardern announced on TVNZ that the following subjects would be taught in Pākehā schools and kura;

- The arrival of Māori to Aotearoa.
- First encounters and early colonial history of Aotearoa.
- Te Tiriti o Waitangi / Treaty of Waitangi and its history.
- The colonisation of and immigration to Aotearoa, including the New Zealand Wars.
- Evolving national identity of Aotearoa in the late 19th and early 20th centuries.
- Aotearoa's role in the Pacific.

This new curriculum was planned to be embedded into Pākehā schools and Kura Kaupapa by 2022 and informed by historians, Mana Whenua and iwi (Beehive.govt.nz). Jackson (2017) advocated that honest kōrero between Māori and Pākehā about a collective vision that looks towards a future embedded in Te Tiriti o Waitangi is also required.

A collective decolonising response to Pākehā education is reflected in the success of rangatahi in Māori-medium kura. Māori whānau success is measured in the values and practises demonstrated in the resurgence of te reo, of tikanga, and mātauranga Māori (Pihama, 2019). Pihama explains that the revival of te reo is part of a larger kaupapa;

We cannot separate language from our healing of historical trauma, or the resurgence of our weaving traditions from our knowledge of Matariki or our understanding of how to heal our waterways, of how to fight for the rights of our people, our languages, our knowledge, our lands, our maunga, our moana (Pihama, 2019, p. 193).

Māori-medium education is part of a more significant movement in Aotearoa. It is part of the self-determination expressed in TeTiriti o Waitangi to live freely and unashamedly as Māori.

Wāhine Kaiwhakawhānau Pēpi are also part of this revival.

Education and cultural safety as well-being: the indigenous experience

The concept of cultural safety is not unique to the health sector, and the fundamental principles can be applied within the domain of the education system. Research by Partington et al. (1999) builds on the essential attributes required by non-indigenous teachers to engage Aboriginal and Torres Strait Islander youth in the classroom setting from observations reported over twenty years. Key features included a non-biased, non-racist, kind and respectful approach to delivering education to indigenous high school students. Partington et al. (1999) commented that the poor educational outcomes of youth were partially due to the failure to apply cultural safety measures within the schools' philosophy as a replacement for the dominant authoritative knowledge. Setting aspirational student goals was enabled by restructuring education delivery. A constructive relationship between the indigenous community and schools was essential for restructuring the culture and curriculum (Jefferies, 1997; Partington et al., 1999).

A research study by Thomason and Thurber (1999) also recognised the challenge of recruiting and retaining Native American students in higher education, identifying similar obstacles experienced by other colonised societies. The researchers acknowledged that the educational environment was grounded in Eurocentric values and systems, unlike the social context of an indigenous worldview embedded in customary systems and kinship ties. Therefore, a change in the learning environment was required to increase the recruitment and retention of indigenous students. The authors advocated for more indigenous lecturers who could provide

mentorship, pastoral care, and support for students, particularly students living away from home. In addition, faculty training in cultural awareness and the presence of indigenous representation at enrolment interviews for entry into university was advocated to prevent cultural biases (Thomason and Thurber, 1997).

Aligned with the experience of taurira Māori, colonised societies abroad were also experiencing the long-term disparities of an education system devoid of cultural awareness, as evidenced in an Australian study by Gray and Beresford in 2008. Furthermore, negative experiences within the domains of the education system persisted, resulting in high attrition rates at secondary school and poor uptake of tertiary education (Durie, 2001; Jefferies, 1997; Jefferies, 1999; Partington et al., 1999).

Tangata whenua and cultural safety in Pākehā education

Aotearoa nursing and midwifery education curriculum was introduced to cultural safety in the 1980s by leading Māori nurse academic Irihapeti Ramsden (Ramsden, 2016; Te Rau Matatini, 2018). However, embedding cultural safety into Pākehā education was challenging for both Māori and Pākehā. In this context, nurses and midwives were exposed to exploring their values, practises and prejudice and its negative influence on the treatment of others unlike themselves (Ramsden, 2016). In essence, the principles of cultural safety come from the viewpoint that all people should be treated humanely with dignity and respect. Cultural safety will be discussed further in chapter five, Kawa Whakaruruhau.

Increasing Māori enrolment into higher education and successful completion is regarded as a pathway to improving Māori health status, economic and social well-being (Durie, 2001). Mauri ora, as discussed by Durie in 2001, details the essence of Māori well-being. The complex and interwoven connection to the health of the whenua, awa and moana is fundamental to the health and economic well-being of Māori. Advancements in education, employment, and socioeconomic well-being also mirror the wellness of the whānau, hapū and iwi. Durie (2001) advocated enabling Māori students to be authentic and Māori in the classroom in order to be proud and successful. This is also supported by researchers Bishop and Merryman (2009),

who advocated tauira Māori added diversity and richness to the quality of the learning environment.

In 2002, Nikora et al. were commissioned by the Ministry of Education to report on the status of recruitment and retention of Māori enrolment into tertiary institutions. The authors commented on an improvement in the number of Māori enrolled in tertiary education. In 1994, there were 20,201 enrolment. This increased to 29,513 in 2000. However, diploma qualifications accounted for 66.6%, while degree and postgraduate qualifications contributed to 33.4%, indicating that Māori remained underrepresented at this level of credentialling. Of note was a gap in capturing younger Māori to engage in tertiary studies. Eighteen to twenty-four-year-olds represented 15.3% of enrolments compared to Pākehā 30.6%. Research evidence would suggest that both Pākehā tertiary and secondary education environments failed to provide a safe, culturally appropriate learning space to prepare Māori students to advance in tertiary education.

In Aotearoa, Penetito (2011) asserted the need for Māori values and traditions to be integrated into Pākehā education, drawing attention to the education curriculum focused on subjects transcribed from European and British schooling curriculums. For example, issues in history and economics centred on colonisation, economic asset development and capital gain. Penetito (2011) argued that a more substantial presence in education that is inclusive of a Māori worldview was fundamental to changing the traditional practice of teaching topics and values from a foreign country. This argument is supported by previous researchers reporting that Māori students are culturally safe and engaged in learning that acknowledges and is connected to being Māori (Jefferies, 1997; Partington et al., 1999; Durie, 2001).

Nikora et al. (2002) noted that enrolment in wānanga based learning was gaining momentum. The success of wānanga was evidenced by expanding the curriculum to include a postgraduate study to the master's level. In addition, the developing interest and growth for alternative academic pathways for Māori suggest that indigenous knowledge and learning environments were in demand.

A longitudinal study by Bishop and Berryman (2009) aimed to improve the success of Māori students in secondary school and to provide teachers with instruction on how to engage with student potential. Students, whānau and teachers were interviewed from 33 high to low-decile schools. The interviews provided insight to understand the student's experience. Characteristics of the teacher were noted, particularly those that directly impacted increasing student potential. For example, narratives from students would repeatedly communicate that teachers who taught with a negative attitude towards Māori created a foundation for building a negative relationship. This was deemed a breach - of not acknowledging and accepting the student as Māori and further disabling students from participating fully in the school curriculum (Bishop & Berryman, 2009). Conversely, a teacher with a positive attitude that acknowledged Māori students as unique and worthy of contributing as equally as Pākehā was reflected in the student's positive attitude.

The study by Bishop and Berryman (2009) represents recurring themes from earlier research, including disengagement with teachers with a negative approach and discriminatory treatment contributing to absenteeism. However, teachers who adapted their behaviour in the classroom identified that student success was connected to role-modelling cultural safety traits of trust, respect and non-judgemental behaviour.

Te Kawa Whakaruruhau Progress

Providing excellent health care to eliminate Māori health inequities requires addressing institutional racism and providing culturally safe respectful care (Curtis et al., 2019; Ratima M. et al., 2006). To achieve health equity, Curtis E. et al. (2019) discuss Kawa Whakaruruhau, focusing on cultural safety. As a social justice movement requiring transformative action, cultural safety is defined as: "a focus for the delivery of quality care through changes in thinking about power relationships and patient's rights." (Papps & Ramsdane, 1996, cited in Curtis et al., 2019). This also requires the health practitioner to reflect on their practice, power, privilege and biases and how this impacts health inequities. Additionally, healthcare organisations and

authorities need to be accountable for critiquing cultural safety performance (Curtis et al., 2019).

Whānau challenges

A supportive and stable home environment is conducive to positive learning. Whānau is an integral component of student motivation and success. The role models within the whānau, like teachers, are in a powerful position of influence regarding how the student views their self-worth and education. The narrative from the qualitative study by Jefferies (1997) suggested some Māori early school leavers viewed this as an opportunity to leave an unsafe home although disadvantaged, unprepared and vulnerable to crime and further abuse. Alternatively, the determination of some taurira Māori to succeed or follow other whānau members' steps was an incentive to reach their goals of entering higher education. For some resilient students, doing well and enrolling in tertiary education was seen as an escape route from an abusive home and motivation to advance beyond the social and economic deprivation of siblings and parents (Jefferies, 1997).

Whānau living with economic deprivation were susceptible to high attrition rates in Pākehā secondary schools (Jefferies, 1997; Partington et al., 1999). Government-funded services for eliminating inequity related to the social determinants of health are necessary for some whānau. The disconnect between education, health, and social services responsible for strengthening whānau in need is difficult to navigate and is ineffective when working in isolation. Developing an overarching Māori policy focused on the educational potential and the wraparound of support services for whānau was advocated as an alternative to services operating in silos. (Durie, 2006). Eliminating the daily stress of some whānau with support from sustainable wraparound services gives whānau the freedom and capacity to engage and enjoy education.

The profiling of taurira Māori and failure in Pākehā education continues and is supported by educationalist Blank's (2021) research for more than two decades.

Tauira Māori continue to fail, and the gap continues to widen. Evidence and solutions were presented by Blank (2021) to the Ministry of Education and met with disapproval by the Māori education group manager. Blank (2021) suggests that this behaviour by Māori within crown departments results from a colonised reality. Whānau were highlighted as the cause of the high failure rate of tauira Māori. Working extensively across health, justice and the education sector, Blank (2021) advocated that this rhetoric is incorrect.

Blank (2021) suggests that teachers' behaviours are unintentional and advocates for the connection we all have to each other as humans, humanity, and the attributes of kindness and compassion. However, it is hard to fully accept and digest this proposal when Māori are overrepresented in deficit statistics over decades which results in focusing on Māori as the problem, not the chronic failings seeded from colonisation (Partington et al., 1999; Durie, 2001; Penetito, 2011; BERL, 2019). This is connected to institutional racism in the health and education system and reflected in the near invisibility of Wāhine Kaiwhakawhānau Pēpi.

Tertiary education: The Bachelor of Midwifery

In Aotearoa, five universities provide midwifery programs, two in the South Island and three in the North Island. Entry criteria are University Entrance, National Certificate of Education Achievement (NCEA) Level 3, including thirteen credits in biology and chemistry. The programme is full-time for over four years, and annual fees range between \$7,809 and \$10,000. Rapua te Aronga-a-Hine, a literature review of the Māori Midwifery workforce by Tupara & Tahere (2020), showed that between 2008-2018 there were 1,445 tauira Māori in a midwifery programme, of which only 230 completed. Over the same period, 1,395 European and other students completed their midwifery program. During this eleven-year period, Tauira Māori made up just fourteen per cent of potential additions to the midwifery workforce.

Health workforce development

The analysis and planning of the national health workforce began in the 1970s. Over the following twenty years, political changes impacted how invested the government of the day

was in addressing the widening gap in health inequity between Māori and Pākehā and the disparity in the workforce with an underrepresentation of Māori health professionals. Government changes also influenced the work environment, and business models were applied to health services, creating a fragmented and siloed workplace for health professionals (Ministry of Health, 2003). During the 1970s and 1980s, there was lost ground with no specialist working group focused on workforce development (Ministry of Health Reports, 2002 & 2003). Instead, the responsibility was predominantly passed onto health sector employers already tasked with balancing the health budget against health service provision (Ministry of Health Reports, 2002 & 2003).

Historically, the health sector has accommodated the transient global movement of health professionals into Aotearoa to address shortages in the workforce and the movement overseas of locally trained health professionals. In the 2003 Ministry of Health report by the Health Workforce Advisory Committee (HWAC), the authors acknowledged that a high percentage of overseas-trained health professionals was a tradition to address the workforce shortages. However, there is concern that at the beginning of the new millennium, the education system and midwifery training institutions still needed to provide a health workforce reflective of the indigenous peoples of Aotearoa. The practice of accepting foreign health professionals over a robust, focused commitment and drive towards investing in growing our own has widened the gap with traditional practice and contributed to the present shortages of health professionals. The Ministry of Health HWAC Report (2003) published strategic goals driven by Māori wanting change in the systems and processes responsible for building the workforce. The strategy aimed to:

- Capture the interest of Māori secondary school students to engage with health via vocational guidance counsellors.
- Create a pathway to promote the interest in health sciences as a positive choice for Māori secondary school students in preparation for entering the health professional pipeline.

- The formation of collaborative partnerships between the Ministry of Education, the Ministry of Health, the District Health Boards and training institutions to support the increased uptake of Māori students

The Workforce Development Taskforce was established in 1970 by the Ministry of Health (Ministry of Health HWAC Report, 2003). Of note is that a member of this task force was a representative of the New Zealand College of Midwives (NZCOM). This participant remained the representative for midwives for many years. However, there has been no significant change to increase the capacity and cultural safety of the Māori midwifery workforce. The NZCOM has failed for over forty years to implement effective and sustainable strategies to support and increase the Māori midwifery workforce, which is currently severely compromised.

From 2015 to 2019, the number of Māori midwives has not increased and has been reasonably static; twelve years was the average time spent in the workforce during this period (Tupara & Tahere, 2020). Between 2008 and 2018, 1,445 Māori were enrolled in a midwifery training programme, with 230 completed. This equates to an 84% attrition rate, a significant loss of 1200 Māori potential Wāhine Kaiwhakawhānau Pēpi leaders. Furthermore, there is no robust data from the midwifery schools to explain why (Tupara & Tahere, 2020).

Contemporary midwifery practise in Aotearoa

In the 1990s, a paradigm shift occurred. The New Zealand midwifery profession became an independent and unique service that continues today in contrast to midwifery services in other Western countries governed by the medical profession. For example, in Aotearoa, changes were orchestrated by both the public voice and influence alongside midwives who expressed dissatisfaction with the medicalised model of childbirth (Gilliland et al., 2006). Historically, obstetric teams led and controlled the fragmentation of maternity care and medical intervention within the hospital setting, and the midwife's role was delegated to assisting. This led to the introduction of a social midwifery model focused on women-centred care and a wellness approach to pregnancy and childbirth (Gilliland et al., 2006).

The Nurses Amendment Act 1990 was a benchmark reform that enabled midwives to be autonomous practitioners and independently provide continuity of care from conception to six weeks postpartum for healthy women and their babies. The midwifery service remains state-funded and is considered economically more viable than the past model of care based on a general practitioner's funding model (Kenny, 2009). In 1989, midwives moved away from the umbrella of the Nurses Association and established the New Zealand College of Midwives (NZCOM).

New Zealand College of Midwives (NZCOM)

The NZCOM was established in 1989 to represent the midwifery profession, midwifery students, and women's health. Underpinned by a philosophy of partnership and women-centred care, pregnancy, birth, and becoming a mother was deemed a normal life event for most women (Gilliland et al., 2006). As a result, some midwives stayed within the hospital environment, while others moved to community settings as Lead Maternity Carers (LMC) independent midwives.

The NZCOM is membership-based and provides a professional framework to guide midwifery practice. Historically, the NZCOM have had limited engagement with Wāhine Kaiwhakawhānau Pēpi, given that we are tangata whenua and are underrepresented in the workforce. The Māori birth rate is forecast to increase, and Wāhine Māori and pēpi are overrepresented in the statistics for adverse outcomes related to childbirth (Te Tāhu Hauora, Health Quality and Safety Commission, 2021). Tragically, Wāhine Māori are also overrepresented in maternal suicide (Te Tāhu Hauora, Health Quality and Safety Commission, 2021).

In recognition of Te Tiriti o Waitangi articles, Kenney (2011) and Simmonds (2017) challenge the New Zealand midwifery model of care and philosophy of partnership, protection and participation, in particular, the almost absent honouring of mātauranga Māori, Māori maternities, and Wāhine Kaiwhakawhānau Pēpi. The language NZCOM uses reflects a monocultural approach to the philosophy and role of the midwife. Traditionally, both the

Midwifery Council and New Zealand College of Midwives have used language that is Eurocentric and does not represent Māori worldviews. For example, the word whānau is a richly layered structure of extended family living together, which may include kaumātua, aunties and uncles, it doesn't refer to the nuclear family.

Western paradigms dominate and are embedded in the New Zealand midwifery philosophy, for example, the term 'woman-centred care'. The term is situated within the dynamics of the nuclear family, a Western ideology at odds with the Māori world view of whānau, which is inclusive of the wider extended family of aunties, uncles, and nannies who are all significant members with essential roles (Kenny, 2011; Mikaere, 2017; Pere, 1987; Pihama et al., 2021).

Ten standards of practice govern midwifery in Aotearoa. Kenney (2011) highlights Standard One; the midwife partners with the woman, with a minor footnote including woman/wahine baby and whānau. The positioning of the footnote signals how Māori are marginalised, and a Eurocentric worldview is placed at the centre.

There are four midwifery competencies to accommodate the requirements of Te Tiriti o Waitangi. The first addresses the discourse of cultural safety, of which Kenney (2011) debates the authenticity and understanding of the competencies. For example, self-reflection by the midwife is advocated as a tool for cultural safety. This conflicts with Banks and Kelly's (2015) study of the nursing profession. The philosophy of nursing positions the patient at the centre. The authors comment that cultural safety relates to the recipient's experience of nursing care. It provides clients with the power to comment on practices and contribute to the achievement of positive health (Banks & Kelly, 2015, p. 27). This statement centres on the patient receiving healthcare and their privileged experience whilst, in midwifery, attention is given to the midwife's experience.

Te Tau o Te Whare Kahu, Midwifery Council of New Zealand (MCNZ)

The Midwifery Council of New Zealand was formed in 2003 and is the statutory authority and regulatory body that sets and monitors standards of midwifery practice, professional conduct,

and education on behalf of public safety. The MCNZ governs midwifery and sits under the New Zealand government's Health Practitioners Competence Assurance Act 2003 (MCNZ, 2022).

The responsibilities of the MCNZ are;

- Set and define the midwifery scope of practice.
- Approving and monitoring pre-registration Pākehā educational midwifery programs.
- Registering midwives.
- Issuing annual practising certificates.
- Setting regulatory standards for clinical and cultural competence and ethical conduct.
- Assessing and monitoring competence, fitness to practise and conduct.
- Setting ongoing competence programs.

The MCNZ is currently reframing the midwifery scope of practice to reflect a profession that embeds Te Tiriti o Waitangi in practice (MCNZ, 2022). The front-facing organisation of the MCNZ is changing with the placement of a tangata whenua co-chair alongside a Tangata Tiriti co-chair (MCNZ, 2022). It is too early to comment on how this relationship between tangata whenua and the Midwifery Council will influence the care and growth of Wāhine Kaiwhakawhānau Pēpi.

Ngā Māia Māori Midwives Aotearoa

Established in 1993, Ngā Māia is the national body centred on birthing mātauranga and tikanga, tangata whenua, birthing whānau and Wāhine Kaiwhakawhānau Pēpi. The kaupapa of the organisation is whānau-centred and advocates the preservation of mātauranga in pregnancy and childbirth. Discrimination, institutional racism within the health sector and gaps in the midwifery education curriculum were the catalysts for the formation of Nga Māia.

(Tupara, & Tahere, 2020). It is significant to note the establishment of Nga Maia four years after NZCOM. I would advocate that the establishment of Nga Maia was a social justice action, a kaupapa Māori collective to connect across the motu. Regular hui were to provide Kawa Whakaruru cultural safety and tikanga, to discuss strategies to address racism in the workplace and to support the growth of tauira.

Currently, regional hubs meet regularly to provide a supportive space for Wāhine Kaiwhakawhānau Pēpi, tauira and birthing whānau and to discuss professional issues, including advancing culturally responsive health services and the well-being of whānau. In addition, an annual Hui a Tau is hosted by Nga Māia and is an opportunity for members to discuss areas of interest and advancement. Throughout the history of Ngā Māia and the NZCOM, kōrero regarding strengthening Māori maternities, the Wāhine Kaiwhakawhānau Pēpi workforce and the ongoing deficit of senior Māori in leadership have only recently evidenced some change, with a Wāhine Kaiwhakawhānau Pēpi as chairperson.

The first literature review of the Māori midwifery workforce by Wāhine Kaiwhakawhānau Pēpi was by Tupara and Tahere (2020). The researchers confirmed that Wāhine Kaiwhakawhānau Pēpi have been underrepresented at all levels of the profession. The following statement reflects the hostility that develops within colonial institutions and the oppression of governance structures and mirrors the complexity of coming together as Nga Maia Māori midwives embedded colonial behaviours;

The same Māori midwifery voices are given airtime, resulting in a misuse of power, narrow consultation, and exclusion of the views of most Māori midwives. Conditions are set for disharmony among Māori midwives, distrust in leadership and decision-making processes, an absence of succession planning, and concerns about transparency of information, funding activity, and direction (Tupara & Tahere, 2018, p. 31).

Turanga Kaupapa

The absence of a framework to address the requirements of cultural safety within the midwifery profession led to the development of Turanga Kaupapa by Henare and Tungāne Kani. To guide care and relationships with tangata whenua, Turanga Kaupapa is a set of Māori

concepts and the only recognised cultural framework acknowledged by the MCNZ and NZCOM. The ten principles are:

1. *Whakapapa: The wahine and her whanau is acknowledged.* Fundamental to the structure of whanau and hapu as the continued line of direct descent. Wahine Māori as *whare tangata* hold the potential of whakapapa (Kenny, 2009; Walker, T. 2013).
2. *Karakia: The wahine and her whanau may use karakia.* To recite ancestral or ritual chants, a prayer (Te Aka Māori Dictionary)
3. *Whanaungatanga: The wahine and her whanau may involve others in her birthing programme.* Traditionally, the focus was on relationships through whakapapa. In contemporary society, whanaungatanga can be expressed as a collective of individuals not related through whakapapa, for example kaupapa whanau (Mead, 2003).
4. *Te Reo Māori: The wahine and her whanau may speak Te Reo Maori*
5. *Mana: a birthright from the ancestors.* The dignity of the wahine, her whanau, the midwife and others involved is maintained. Related to manaakitanga, the leadership of how people are looked after, cared for and nurtured.
6. *Hauora: The wahine and her whanau's physical, spiritual, emotional and mental wellbeing is promoted and maintained.* The health of the whānau and hapū, including economic prosperity, physical and spiritual wellbeing (Mead, 2003).
7. *Tikanga Whenua: Maintains the continuous relationship to land, life and nourishment.*
8. *Te Whare Tangata: The wahine is acknowledged, protected, nurtured and respected as Te Whare Tangata (the "House of the People").* Wahine Māori are *whare tangata*, the sacred place where the potential for whakapapa is sited.

9. *Mokopuna: The mokopuna is unique, cared for and inherits the future, a healthy environment, wai u and whanau. Grandchildren as taonga-treasures* (Te Aka Māori Dictionary).

10. *Manaakitanga: The midwife is a key person with a clear role and shares with the wahine and her whanau the goal of a safe, healthy, birthing outcome. The way whānau and hapū show respect toward each other and through care and support* (Te Aka Māori Dictionary).

Implemented in 2007, Turanga Kaupapa is not exclusive to Māori. The principles extend and can be applied to all communities in Aotearoa (Kani, T. personal communication, 11th August 2021). Ngā Māia endorsed Turanga Kaupapa, and since its introduction in 2007, there has been no research evidence by NZCOM or the MCNZ to demonstrate the accountability or commitment of midwives to apply Turanga Kaupapa in practice.

In Aotearoa, Turanga Kaupapa is the only representation of tikanga and Te Ao Māori values in maternity care provision. Cultural safety practices remain poorly understood and applied. Kenney (2011) argues the absence of a Te Ao Māori worldview in the partnership model that underpins midwifery and consequently contradicts professional competencies, ethics, and practice standards. The midwifery model is monocultural and culturally unsafe for whānau (Kenney, 2011). It is founded on colonial structures embedded in power where the dominant society rules, with policies and systems that are influenced by policies and systems originating from British migration (Tupara & Tahere, 2020).

Conclusion

Tīpuna valued matāuranga knowledge, thinking and learning systems that included studying seasonal patterns to determine when to plant and harvest food, star systems for ocean navigation, and rongoā practises for healing. However, Pākehā almost destroyed Māori knowledge, deeming it inferior to Western healthcare science and Pākehā education. The education and health systems are founded in institutes predominantly governed and controlled

by Pākehā and are therefore unable to fully understand Māori ways of knowing. Authoritative knowledge is regarded as superior by a paternalistic Western paradigm. Institutional racism pervades Pākehā education and the health systems and is a determinant of inequity that impacts the advancement and well-being of whānau, hapū and iwi. Of note is the insidious nature in which Western ideology becomes the everyday accepted practice almost to the point where Wāhine Kaiwhakawhāna Pēpi become anaesthetised and numb to assimilate and survive in the world of monocultural midwifery.

It takes four years to grow a midwife. My experience with midwifery is that it is a collection of skills and knowledge acquired over time far beyond the preparation grounded in tertiary education. In Aotearoa, a mentorship period is required after graduation as the midwife transitions from a student to a professional registered midwife. For some Wāhine Kaiwhakawhānau Pēpi, this is a long journey of struggle and hardship. As a result, Māori are a minority, negatively impacting the opportunity to grow our leaders.

Tupara & Tahere (2020) conclude that a commitment and drive demonstrated by workforce development that started in the 1970s as a strategy of growing our own would have contributed to resolving the longstanding recruitment of overseas midwives. Furthermore, foreign health professionals often do not understand Aotearoa's history of colonisation and assimilation and how this has contributed to Māori inequity in education, health, employment and the justice system. Currently, recruitment advertising is targeted at overseas midwives, and this endeavour sustains the historical practice of colonisation by allowing Pākehā to invade Māori birthing spaces and to dilute the Māori midwifery presence towards extinction. However, Māori maternities continue to hold sites of Tino Rangatiratanga led by birthing whānau and Wāhine Kaiwhakawhānau Pēpi.(Simmonds & Gable, 2016)

Chapter Four is titled 'Sharing the breath and binding the bones'. This title describes the connections made with kaikōrero, their whakapapa, voice and expressions. Pūrākau and Mana Wahine are the Kaupapa Māori theories embedded in the thesis, purposefully selected

to privilege Wāhine Māori. Kaupapa methods and methodologies provide ethical guidance and a decolonising thought space to engage with the narratives of kaikōrero.

Chapter Four – Sharing the breath and binding the bones

Pepeha

Ko Papatūānuku toku Whaea

Ko Ranginui tōku Matua Tāne

Ko Aotearoa tōku Tūrangawaewae

Ko Hine te-iwaiwa te Poutahu

Ko Hineītama te Pou Tokomanawa

Ko Hinenuitepō te Pou Tuārongo

Ko Māori tōku ingoa

(Kahukiwa, 2018, p. 31).

I have placed this pepeha by Robyn Kahukiwa as a starting point to reaffirm and align with the genesis of my being. The pepeha locates me in a time and space seeded by atua wāhine and herstories. This chapter intentionally places the pepeha at the beginning as a reminder that I also position myself as wahine Māori engaged in a lifelong decolonising process. It is a lifelong commitment that is part of my professional and personal everyday self. My writing today is also about researching the original stories to maintain a connection to whakapapa, the link to tīpuna and atua. To maintain a relationship to the teachings and moemoeā of atua wāhine and the pou within this thesis, Papatūānuku and Hine te-iwaiwa. The pepeha is also an introduction to Kaupapa Māori frameworks, the Pūrākau method, the teachings held in herstories and the connection to Mana Wahine theory discussed in this chapter.

Introduction

Sharing the breath and binding the bones mirrors my connectedness and relationships with the multiple kaikōrero and my responsibilities as wahine Māori, Wahine Kaiwhakawhānau Pēpi and indigenous researcher. Tikanga is also embedded in sharing the breath and binding the bones as Māori values, beliefs, traditions and customs shape how Wāhine Kaiwhakawhānau Pēpi manaaki and awhi each other as kaupapa whānau. In my research, the practices and whakaaro passed down from tīpuna, and atua have a presence and hold a safe space. Sharing the breath and binding the bones reflects a space of intimacy through privacy, karakia and whanaungatanga, keeping myself and kaikōrero safe, validated and heard.

This chapter is centred on the indigenous action and thinking that is decolonising research. The thesis engages a Kaupapa Māori framework and methodology. As a wahine Māori involved in research, it is a natural approach to connect to Kaupapa Māori frameworks, Pūrākau and Mana Wahine theory because they are familiar concepts which I connect to and understand. The decision to decolonise is intentional and essential. Embedded in this thesis, Kaupapa Māori research methods provide the code of conduct through tikanga, methodologies and theoretical frameworks which create a space and platform to privilege Wāhine Kaiwhakawhānau Pēpi, herstories, storytelling as Pūrākau, praxis and mātauranga as Mana Wahine theory.

My thesis aims to investigate why there is a chronic shortage of Wāhine Kaiwhakawhānau Pēpi today. In effect, why are Wāhine Kaiwhakawhānau Pēpi nearly invisible? To provide context, the casting of the net in Chapter Two and the colonising project outlined in Chapter Three was a process of inquiry and analysis to dig down into the histories of Aotearoa. This began pre-contact with non-Māori and described cultural traditions, tikanga and Mana Wahine - how birthing practices were passed on and maintained. The focus then shifted to contact with non-Māori and the intentional disturbance by colonisation, describing its impact upon Māori traditional society and birthing practise as the colonial project continued. This stage

examined the current status and sustainability of Wāhine Kaiwhakawhānau Pēpi, the governing structures and colonial behaviours that continue to oppress Māori aspirations and prosperity. A comparative review of other indigenous communities' lived experiences of colonisation was included in the literature review to illustrate areas of connectedness.

Casting the net was necessary to examine and understand the historical consequences of colonisation upon the present-day deficit of Wāhine Whakawhānau Pēpi. Kovach (2010) explains that the context behind going forward is about looking back into our histories as indigenous peoples. The phrase acknowledges the legacy of colonial influences upon indigenous communities, particularly the exploitation and severe harm caused by the misuse of indigenous land rights, intellectual property, and traditional cultural practices.

The goal of my thesis is solution-focused, strength-based and supported by evidence in the literature and herstories of kaikōrero, illustrating that we have our answers to transforming change.

As stated earlier, the thesis investigates why Māori midwives are almost extinct, in particular Wāhine Kaiwhakawhānau Pēpi as a collective that embeds Māori world views, tikanga, and mātauranga into their mahi and everyday lives. The following research questions are areas of interest to the thesis and guide my kōrero with Wāhine Kaiwhakawhānau Pēpi:

1. What is your experience of training and working with Pākehā institutions?
2. What are the insights of Wāhine Kaiwhakawhānau Pēpi regarding the current maternity system? Is it deemed culturally safe? If not, why not?
3. What are the alternative sustainable strategies and solutions to transform the care, training, leadership and sustainability of Wāhine Kaiwhakawhānau Pēpi?

To follow are the key principles of Kaupapa Māori praxis and theory that are embedded in the thesis.

Kaupapa Māori methodology

Kaupapa Māori methodology has its roots planted in te reo, tikanga and mātauranga Māori (Smith, G H., 1997) and has a critical part to play in the resistance against colonisation, as a research framework that guides indigenous social reform from struggle towards transformation (Smith, 2003; Smith, 2022; Smith, 2012). Furthermore, Pihama (2001) states that Kaupapa Māori research methodology normalises and advocates for tikanga, kawa, and te reo Māori. Kaupapa Māori methodology is connected to the indigenous decolonisation movement to advance whānau and hapū well-being. On a global scale, decoloniality is not an abstract ideology belonging to indigenous communities distant from Aotearoa. There is an urgency today for the survival of minority communities and indigenous peoples (Smith, 2012). The urgency is fundamental to pursuing freedom, independence and social justice (Smith, 2012). Kaupapa Māori research stands alone as an indigenous right, with a code of conduct developed by Māori and meaningful to Māori (Pihama, 2001; Pihama, 2010). The underlying six principles deemed crucial change factors of Kaupapa Māori methodology began in the te reo revitalisation movement (Smith, 2003; Smith, 2022). The following principles are embedded and applied in my thesis:

- Tino Rangatiratanga: Māori assert autonomy and control over their lives and cultural well-being. This includes choices and decisions that reflect the social, political and economic aspirations of Māori. Historically, indigenous worldviews have been surveilled and used in research as examples of primitive lifestyles compared to mainstream society (Feodoroff, 2022; Walters, 2021; Smith, 2012). For Māori, the memories of harmful treatment enacted by western researchers are remembered today. In this thesis, I embed tikanga and respect in the care of the participants I interview (kaikōrero) and how I use literature throughout my thesis. This thesis is an opportunity to take up space belonging to indigenous people, and the research methods used are distinctly Kaupapa Māori.

- At the forefront and centre of Kaupapa Māori theory is the principle of acknowledging and validating the lived experience and theory of indigenous people. Praxis draws attention to the struggle and movement of transformative change that are seeded in Kaupapa Māori approaches. Praxis also reflects the indigenous practice of identifying what is not working, what systems are broken and the cycle of continued improvement. The process is informed by practice at the work interface and the theory behind the lived experience. The movement is ongoing with stages of struggle, change and transformation (Smith, 2022).
- Occupying and taking back a research space in a cultural context that connects to the lived experience of Māori communities. This thesis blends the praxis and theory of Wāhine Whakawhānau Pēpi, tikanga and mātauranga, positioned within a Māori centric worldview. I have intentionally approached kaikōrero, who are all Māori within my rohe.
- A shared and collective philosophy that connects with Māori aspirations politically, socially, economically, and culturally. I am connected to all the kaikōrero in the mahi we do and as a collective of wāhine Māori, we have common ground. We have all worked within maternity systems and experienced Pākehā midwifery education.

Kaupapa Māori theories speak to an indigenous pathway free from the gaze and domination of Western research hegemony, underpinned by science, authoritative knowledge and its origins in imperialism and colonialism (Smith, 2012; Smith, 2021; Smith, 2022).

My thesis is an opportunity to push back, carve out, create more space to platform, and contribute to decolonising indigenous research. Traditionally, tīpuna explored, analysed, and theorised, and the ideology of transformation was at the forefront of building a better life for future generations (Pihama, 2022; Smith, 2012). This drives my everyday practice and writing.

Mana Wahine theory

As a wahine Māori, it is a deliberate choice that I advocate and select Mana Wahine theory to guide my thesis. It directly connects to an indigenous cultural context and affirms wāhine Māori world views and lived experience as a sovereign right. Mana Wahine theory platforms, privileges, and celebrates herstories, tikanga and mātauranga, old and new (Pihama, 2001; Pihama, 2022). To illustrate the depth of meaning behind Mana Wahine, I draw attention to the cultural paradigm of mana and wahine, influenced by the teachings of the principal Mana Wahine academic, Leonie Pihama (2001). This distinguished knowledge holder deconstructs the meaning of Mana Wahine, an essential process to understand as the whakapapa of the kupu and its connection to my thesis.

Pihama (2001) explains that wahine is generally translated as woman. However, the English translation is a reductionist view and lacks the depth of meaning reflected in te reo. Wahine is further defined as two words to give a richer Māori understanding. Wā can relate to the different life stages or passages in time and space and Hine to the female essence (Pihama, 2001). From birth, the other life passages and complex relationships are acknowledged in the following terms: kōtiro, hine, tamāhine, wahine, whaea, and kuia (Pihama, 2001). The English transliteration of wahine to woman is dismissive, devoid of the many complex layers of relationships and roles held by wāhine within Māori society (Pihama, 2001).

In Aotearoa, during the 1980s and 1990s, Western feminism had been a dominant platform and voice of women and was argued by wāhine Māori scholars to be not representative of wāhine Māori lived experiences and worldviews. As change agents, wāhine Māori scholars occupied space in Pākehā university environments and pioneered spaces for Mana Wahine theories to be grounded, developed and grow (Irwin, 1992; Te Awekotuku, 1992; Smith, 1992). To provide cultural equity in a Pākehā and male-dominated academic environment, Māori scholar Ngahuia Te Awekotuku (1992) was involved with a group of wāhine Māori academics in pioneering the introduction of a Kaupapa Māori Wāhine studies course. The connection to Mana Wahine theories is evidenced in the aims of the course, the privileging of wāhine Māori

cultural knowledge, a place to wānanga, and a space to engage in research that is informed by diverse Māori world views and lived experience (Te Awekotuku, 1992). The following statement by Kathie Irwin (1992) reaffirms the connection and process in the telling of herstories, the understanding of our world views and the struggle that is part of the journey of wāhine Māori;

We don't need anyone else developing the tools which will help us to come to terms with who we are. We can and will do this work. Real power lies with those who design the tools – it always has. This power is ours. Through the process of developing such theories we will contribute to our empowerment as Māori women, moving forward in our struggles for our people, our lands, our world, ourselves. (Irwin, 1992, p. 70)

Irwin (1992) advocates a critical analysis of the journey from traditional Māori society. In particular, the effects of colonisation and presence in contemporary society are fundamental to understanding our journey as wāhine Māori. In understanding Wahine Māori theories, an iwi-focused journey allows freedom to explore the tikanga and kawa practised by that region, which may be different to another iwi and avoids the assumption that all knowledge and customary practises of wāhine Māori are the same across Aotearoa (Irwin, 1992).

An iwi-focused journey, as advocated by Irwin (1992), reaffirms my research approach to bringing together a collective of Wāhine Kaiwhakawhānau Pēpi from Ngāti Kahungunu to privilege the praxis and lived experience of wāhine Māori from my rohe. From a Māori lens and my thesis journey, I would argue that feminism is a Western construct and not from a traditional Māori worldview. The mixing of feminism with wahine Māori is an example of how Pākehā concepts are placed over the top of Māori worldviews.

The whaakaro aligns with my learnings; Mana Wahine frameworks come from tīpuna and are an acknowledgement and celebration of the uniqueness of wāhine Māori and roles within whānau, hapū, and iwi (Simmonds in De Souza podcast, June 9th, 2021). These frameworks originate from atua wāhine and cosmology, as pūrākau, and tell us about our essence, strengths, skills, and the innate ability to be knowledge keepers. The origins are ancient and grow from Papatūānuku, the whenua, and herstories from Hine te-iwaiwa and Hinenuitepo.

Although Mana Wahine is ancient in origin, its application as Kaupapa Māori theory is relatively new (Simmonds in De Souza podcast, June 9th, 2021).

Pūrākau theory

Contemporary indigenous storywork methodologies provide freedom to reclaim and develop cultural frameworks that are meaningful to indigenous people and communities' lived experiences and worldviews. Pūrākau theory is a genre of indigenous storywork and decolonising approaches centred on Māori narrative. I engage Pūrākau theory, founded by Dr Jenny Bol Jun Lee-Morgan, in my thesis as an indigenous storytelling methodology central to unpacking, exploring, understanding and learning from kaikōrero (Lee-Morgan, 2016).

To understand the depth of meaning illustrated in deconstructing the kupu pūrākau, Lee-Morgan (2019) explains that pū is the root or base and rākau the tree or stick. In our relationships and teachings from our trees, the pū represents the original stories from atua and tīpuna. From the pū, centric growth rings represent past and present generations, the intergenerational connection to our past, present and future (Lee-Morgan, 2016). The depth of pūrākau as relational is endless. The interconnectedness is illustrated in the following whakapapa, Papatūānuku, mother earth nurtures and sustains Tāne Mahuta, atua of the forest, creating the first woman and humankind (Lee-Morgan, 2019). As indigenous people, tangata whenua are closely connected to pūrākau about our creation stories and histories, shaping how we engage in relationships with our natural environment and how our world views are informed. Within pūrākau are the frameworks of learning, healing and well-being as whānau and hāpori. Critical to our cultural identity as Māori, storymaking and storytelling genre ranges from traditional and contemporary waiata, moteatea, whakairo, whakataukī, and pūrākau.

Contemporary approaches to pūrākau as methodology are discussed in the meaning-making and storytelling by Seed-Pihama (2019) in the context of reclaiming the whakapapa of kōrero ingoa, who we are and where we come from. Kōrero ingoa is advocated by Seed-Pihama (2019) as a decolonising movement by whānau to normalise the gifting of Māori names to

tamariki. A historical story is also told of how changing Māori children's names to English was a colonial tool, a display of the power to erase the cultural identity of a whānau (Seed-Pihama, 2019). In reclaiming ingoa Māori, there is a reconnection to Te Ao Māori, an indigenous birthright and healing of past trauma.

After a long period of colonised education and influenced by a monocultural health system, I am growing aware of how these two major Crown agencies domesticate (through policies and procedures) tangata whenua to be quiet and fit in. However, this thesis journey has allowed me to return again and again to ancestral teachings as sites of well-being and ways of reclaiming indigenous sovereignty. Pūrākau theory is best suited to my thesis as it has roots in whakapapa and mātauranga Māori world views, customary practices, and ideology gifted to us by our atua and tīpuna (Lee-Morgan, 2016). Like the rākau and concentric growth rings, new ways of developing research from an indigenous lens are evolving. Pūrākau theory is a tool to support the reclamation of both our sacred and contemporary stories, to make sense of our world, and to contribute to mātauranga Māori as our present-day decolonising selves. This action is a deliberate pushback in response to the retelling of indigenous stories by Eurocentric researchers. As discussed by Waretini-Karena (2019), by its very nature, Pūrākau theory is grounded in Māori epistemologies, how we know things, that are complex and rich in layers that interconnect stories. Therefore, in essence, it is foreign and unlike western epistemology. In this thesis, I apply Pūrākau theory to investigate the whakapapa of historical events and connectedness to present-day world views and lived experiences expressed by kaikōrero, to dive deeply, to understand the essence of what has contributed to the current deficit of Wāhine Kaiwhakawhānau Pēpi and what transformative solutions are possible.

Indigenous storywork

Indigenous storywork is ancient and has its genesis in traditional storytelling and meaning-making to provide life lessons and knowledge about human behaviour, relationships, responsibilities, and cultural practices (Archibald et al., 2019; Smith, 2019). Storytelling is diverse and in-depth, connected to the customary practices of indigenous peoples. It is a

method of recording historical events, a tool for teaching and learning and expressing culture and identity (Archibald et al., 2019). Indigenous storymaking and storytelling provided guidelines and knowledge related to the environment and everyday life. In contemporary indigenous research, the phrase storywork was introduced by distinguished academic Jo-Ann Archibald (2019). Indigenous storywork is a decolonising methodology, a platform to provide freedom to tell our stories from our lived experience and worldview and address the history of colonial invasion and behaviour, the taking (without permission) of traditional stories and retelling them from a dominant white lens (Smith, 2019).

From a methodological perspective, Jo-ann Archibald's (2019) storywork embeds the following four principles to guide the ethical conduct of the researcher: respect, responsibility, reverence, and reciprocity. Known as the Four R's, the principles are a guide to preparing the researcher for cultural engagement with storytellers (Archibald et al., 2019). There are similarities between these principles and Kaupapa Māori ethical and cultural practices. For example, manaakitanga, how we mindfully prepare, look after and care for each other to uphold the mana of whānau and hāpori engaged in research. Archibald et al. (2019) share the historical footprints left behind by colonisers in the mistreatment of indigenous stories;

With an objective façade of research and an assumed position of racial superiority (sometimes with benevolent intent) on the part of the researcher, the story-takers and story-makers usually misrepresented, misappropriated, and misused our indigenous stories. More than a theft of cultural property, this "research" was an intellectual, cultural, and spiritual invasion (Archibald et al., 2019, p. 5).

As an indigenous researcher, I am mindful not to repeat the history of colonisation, of which research was a critical tool used to take herstories and twist them around - a mistreatment of whānau still remembered today.

Indigenous rights and research

As set out in Chapters Two and Three, tangata whenua in Aotearoa have been subjected to a long colonising history that has been harmful and exploitative through the colonisers' acquisition of land and the forceful assimilation into Western education, religion, and culture

deemed superior to Te Ao Māori. (Jackson, 2018; Murphy, 2014; Pihama, 2019; Smith, 2012). Throughout the world, colonisation included studies by Western researchers, of which indigenous communities have experienced ongoing embodied trauma (Kovach, 2010; Smith, 2012; Pihama & Smith, 2023). Examples of atrocity and harm are reflected in the following practises of white supremacy and scientific racism: blood sampling for genetic studies without consent in Canada (Kovach, 2010), race research of Sāmi people during the 1920s and 1930s, including the measurement of skulls in Norway (Feodoroff, 2022) and the collection of heads and scalps from the First Nations People of America for money (Orange, 2018). Māori have also been impacted by a long, harmful, violent history of colonisation and Eurocentric research (Murphy, 2014; Pihama, 2016; Smith, 2012).

Māori ways of determining research frameworks and approaches are actions of resistance and decolonising. They are whānau, hapori and hapū driven to return to an indigenous balance, remembering and reclaiming both contemporary and traditional cultural values and practises. The United Nations Declaration on the Rights of Indigenous Peoples, UNDRIP (Taonui, 2018), is the advancement, recognition, and safekeeping of indigenous intellectual property and knowledge. The Declaration has been implemented in countries where First Nations people have sought redress to colonisation acts and provides guidelines across indigenous research environments (Taonui, 2018). Article 31 of the UNDRIP states;

1. Indigenous peoples have the right to maintain, control, protect and develop their cultural heritage, traditional knowledge and traditional cultural expressions, as well as the manifestations of their sciences, technologies, and cultures, including human and genetic resources, seeds, medicines, knowledge of the properties of fauna and flora, oral traditions, literature, designs, sports and traditional games and visual and performing arts. They also have the right to maintain, control, protect and develop their intellectual property over such cultural heritage, traditional knowledge, and traditional cultural expressions (United Nations Declaration on the Rights of Indigenous Peoples. (un.org, pp.22-23).

In 2007, the United Nations General Assembly adopted UNDRIP following a long history of over twenty years of drafting by indigenous peoples to have the document come to life (Jackson, 2018). To enact and give effect to the 46 Articles, Taonui (2018) warns that tangata

whenua should be vigilant in keeping UNDRIP intent alive and State agencies accountable for breaches of indigenous rights. As an indigenous researcher, UNDRIP provides a template for a cultural lens on best practices and ethical considerations to be discussed in the next section.

Ethical considerations

From the 1980s and 1990s, to safeguard against cruel and racist histories, indigenous communities have determined, defined and informed the research community on safe research practices (Kovach, 2010; Smith, 2012; Pihama, 2016). Research is not a new concept; leading Māori academic Linda Tuhiwai Smith (2012) states that indigenous communities have been researchers for centuries, testing knowledge and theories, methods, methodologies, and ethical guidelines. For example, Māori ancestors were the original researchers investigating where the best and safest sites to build a pā were, stargazers and wayfarers researching the seasonal changes, built sea vessels and voyaging navigational tools, rongoā as medicines for healing and well-being (Nigel How, personal communication, 5th May 2018; Smith, 2012).

Historically, western research dominated the platform, privilege and authority of knowledge over indigenous theories, applying a foreign lens to study and interpret indigenous world views (Kovach, 2010; Smith, 2012; Pihama, 2016). Western research findings have been deemed the truth against which everything else was supposed to be compared (Kovach, 2010; Pihama, 2016; Smith, 2012; Smith, 2021;). The accumulation and ownership of knowledge, exploitation and benefit of one knowledge system - and, therefore, knowledge holders - whilst oppressing another contributed to the maintenance and growth of western hegemony. The issue of hegemony is addressed in storytelling by indigenous scholar Shawn Wilson (2008) and concerns Coyote's journey in search of a university education as a pathway to a better life. Coyote selected 'Native Studies', hopeful to learn from native Indians, however all the teachers were white. Coyote concluded from this odd phenomenon,

If white guys teach all the courses about Indians and they teach in the way white people think, then to find Indians teaching the way Indians think, all I had to do was give up 'Native Studies' and join the White Studies program!." (Wilson, 2008, p. 18).

Wilson (2008) argues that this narrative highlights the insidious nature of dominant Western academics occupying the space of indigenous research and the assimilation process that results in the teaching of indigenous knowledge by non-indigenous people. Indigenous researchers have embedded ethical principles of respect, self-determination, land, language, culture, and intellectual property protection to prevent harm to participants and communities (Pihama, 2016; Smith, 2012; Smith, 2022; Smith, 2012).

As advocated by distinguished thought leader Linda Tuhiwai Smith (2012), on a global scale, the indigenous communities' ethical principles align with Māori worldviews. He Whakaputanga 1835 and Te Tiriti centre on the self-determination of tangata whenua. Katene and Taonui (2018) explain that this is critical to the well-being of indigenous communities and the state;

They are descendants of the first or earliest occupiers of land. They number 350-500 million people, embody 90 per cent of the world's cultural diversity, and occupy 20 per cent of the Earth's land mass. Indigenous peoples have rich and ancient cultures, and view their social, economic, environmental and spiritual systems as interdependent, and have beliefs that are crucial to the sustainable development of the Earth. Indigenous peoples are among the world's most vulnerable, marginalised and disadvantaged groups. (Katene and Taonui, 2018, pg14).

What does the declaration mean to me as a wahine Māori and indigenous researcher? The UNDRIP (2007) is essential for me to understand and embed into my evolving understanding of the many layers of indigenous expression and the right to social justice and freedom. In terms of indigenous human rights, the expertise and guidance of Katene and Taonui (2018) will be embedded into my thesis, in particular, the following principles the declaration asserts;

- the individual and collective rights of indigenous peoples, as well as their rights to culture, identity, language, employment, health and education
- the rights of indigenous peoples to self-determination, the free, prior and informed consent over their heritage and culture, and the development of their territories and natural resources
- the rights of indigenous peoples to maintain and strengthen their own institutions, culture and traditions and to pursue their development in keeping with their own needs and aspirations

- discrimination against indigenous peoples is prohibited and promotes their full and effective participation in all matters that concern them, and their right to remain distinct and to pursue their visions of economic and social development.

(Katene and Taonui, 2018, p.15.)

Kaupapa Māori research

Kaupapa Māori research speaks to the evolving theories, methods and methodology seeded from ideologies connected to the original teachings from atua, tīpuna and te ao Māori. This is a renaissance movement at the interface of indigenous research, a remembering and rebirthing in contemporary times. The phrase Kaupapa Māori is an indigenous worldview integral to the movement, led by Māori as a decolonising tool, as resistance to the colonial history and hegemony of New Zealand and the Crown (Henry & Pene, 2011). Kaupapa Māori has its origins in the 1980s te reo Māori language revitalisation and activist movement that resulted in the development of Te Kōhanga Reo and Kura Kaupapa Māori educational pathways. Kaupapa Māori is seeded and led by tangata whenua and concentrated on the transformational movement of indigenous social justice (Lee-Morgan, 2016; Smith, 2022; Smith, 2012).

Through Kaupapa Māori approaches to research as whānau, hapū and hāpori, knowledges and practices have grown in many areas of resistance in spaces and places where traditionally Western ideology dominated. For example: as kaitiaki of the natural environment, centring Māori concepts and worldviews in the delivery of models of care to incarcerated whānau and the embedding of ancestral knowledge into the nurturing environment of tamariki well-being (Fisher, 2022; Pihama & Lee-Morgan, 2022; Waretini-Karena, 2023).

As a Māori researcher, I locate and position myself in the space of te ao Māori and approach my thesis from this locality. I have selected ethical considerations, research methods and theories linked to my lived experience, knowledge, cultural beliefs and practices. My approach is unlike hegemony grounded in the domain of Western ideology and science and its association with harmful historical practice against indigenous peoples. I intentionally apply a Kaupapa Māori lens to deconstruct western ideology and as a tool to explore and understand

the connections and influence of colonialism on present-day Māori society, in particular, upon Wāhine Kaiwhakawhānau Pēpi.

Kaupapa Māori research is politically linked to UNDRIP, the Māori struggle for rangatiratanga, and the indigenous movement of social justice activism (Haitana et al., 2020; Smith, 2012; Smith, 2022). To identify as an indigenous activist or leader in parts of the world is life-threatening (Smith, 2012; Smith, 2022). Indigenous cultures and languages are becoming extinct, and climate change is threatening the livelihood of indigenous communities. The holistic well-being of indigenous peoples is tied to the well-being of the land. It is urgent, and the solutions for all communities remain at the forefront of decolonising methodologies and indigenous research (Pihama, Simmonds, Waitoki, 2021; Smith, 2022). This whakaaro extends out to the title of my thesis and the underlying message related not only to the over-surveillance and survival of the marginalised but also to the near extinction of Wāhine Kaiwhakawhānau Pēpi.

Kaupapa Māori research contributes to the momentum by indigenous communities to take up space traditionally actioned, claimed and held by western academics. As an indigenous framework, Kaupapa Māori research has grown in its own right. The nuances of Kaupapa Māori influence my thesis methods and methodology and the ethical guidelines for engaging with Māori are articulated in the following principles by one of the thought leaders of Kaupapa Māori approaches to research, Graham Hingangaroa Smith (2017);

- It is a for Māori by Māori philosophy and approach.
- Privileges and validates the importance of Māori knowledge systems, language, and culture as fundamental to Māori identity.
- Arising from struggle and movement towards mana motuhake, tino rangatiratanga, and transformational praxis.

As a Māori researcher, Kaupapa Māori methods and methodology are organic because they are an indigenous research approach unique to Māori. Kaupapa Māori research aligns with my cultural practises and values: respectful, meaningful, absent of harm and deemed beneficial and transformative.

Kaupapa Māori research in action

Leading Māori knowledge holders Graham Hinangaroa Smith (2022) and Linda Tuhiwai Smith (2012) discussed the following Kaupapa Māori ethical principles that are embedded as a guide to my engagement with kaikōrero and during the process of thematic analysis;

- Aroha ki te tāngata, respect for people. Participants determine where and when they would like to meet. Western research has been a dirty word in indigenous history, and I am mindful that there is still much healing to be done. Therefore, I intentionally endeavoured to hold a space of aroha and manaakitanga, comfort and privacy. Planning and organisation are required to ensure the right time and space are available. The nature of the mahi is also a consideration. I am aware of the time taken up with kaikōrero, particularly given that a day in the life of Wāhine Kaiwhakawhānau Pēpi can be demanding and long hours. With kaikōrero often on call, planning in advance and checking to ensure they were available was necessary.
- Kanohi kitea acknowledges the importance of face-to-face engagement. Relationships are built from the process of whakawhānau, focused on relating well to each other and making connections. To settle into the process, the tikanga of sharing kai during kanohi ki te kanohi interviews was important. Koha for kaikōrero was thoughtfully considered, and before leaving, a personal gift was given to acknowledge the sharing of the breath and the binding of the bones.

The tikanga behind kanohi ki te kanohi is underpinned by establishing whakapapa links, how people enter into relationships with the world, with people, and in life (Mikaere, 2017; Pere, 1987; Pihama, Simmonds, Waitoki, 2021). Whakawhānau is a process of engagement that

acknowledges the mauri in all whānau coming together, including tīpuna, kaitiaki and atua (Pihama & Lee-Morgan, 2022). Kanohi ki te kanohi brings a connection and presence to the kōrero to share insights and learning from a unique lens as wāhine Māori and Wāhine Kaiwhakawhānau Pēpi. It is also an opportunity to kōrero about how herstories will be safely stored and respectfully treated. This is significant as kaikōrero are sharing their whakapapa and knowledge.

Interestingly, due to Covid restrictions, kaikōrero were comfortable moving to a Zoom platform. Perhaps even more so when restrictions are placed on whānau, the connection is more poignant, even if virtual. This new way of developing whakawhānaungatanga demonstrates how Māori adjust and evolve new tikanga. My original research plan included interviewing kaumātua; however, I made the decision during the preparation for COVID restrictions to not place my elders at risk of illness.

The following guidelines developed by Smith (2012) are embedded into my role as a Māori researcher and are fundamental in my practice of building and maintaining relationships;

- Titiro, Whakarongo, Kōrero. To be present and attentive, to watch, listen, then wait and find an appropriate place to speak, although, during interviews, I wanted to jump in to disrupt silent spaces and kōrero. My analysis of the interviews was that the energy and mood would change. At times, the energy was charged with a sense of freedom to be unrestricted and uncensored. The tone of the kōrero was intense with urgency and, at other times, a cathartic expression and release. I often agreed with kaikōrero work experiences and whakaaro of transforming whānau experience and our own as Wāhine Kaiwhakawhānau Pēpi.
- As the researcher, affirm and acknowledge the kōrero of things said and unsaid (Pipi et al., 2004).
- Manaaki ki te tāngata. to share, host, look after and be generous to kaikōrero. (Smith, 2012)

- Kia tūpato. Be mindful, cautious, and culturally safe, and do no harm. Transparency and cultural sensitivity are significant factors central to collecting and collating data. Be mindful of how the findings are handled and kept safe with the mana of wāhine intact. (Smith, 2012)
- Kaua e takahia te mana o te tāngata. Do not trample on the mana of people. As a lived experience I know the feeling I have in my puku from cultural injury and as wahine Māori endeavour to provide aroha and manaakitanga, to be a good host. (Smith, 2012)
- Kaua e mahaki. Be humble; do not show off your knowledge. This is a reminder to refrain from replicating the thinking and behaviour behind authoritative knowledge. (Smith, 2012)

Unlike traditional western research paradigms wrapped in authoritative knowledge, power and ownership of literature, Kaupapa Māori methods and methodology place the care and respect of people and communities at the forefront.

Gathering the kōrero

There are eight kaikōrero, ranging from recently entering the workforce to over twenty years of service to whānau and hapū. To gather kōrero from both novices and experts with a diverse range of years of experience was intentional. I did not include tauira Māori enrolled in a midwifery program. My reasoning is drawn from my observation and experience working with tauira, who were often burdened by the stresses of a heavy academic workload and whānau obligations. I propose that as research participants, tauira may feel vulnerable and, therefore, restricted from fully participating, needing to censor or suppress their kōrero.

Recruitment was from my network of Wāhine Kaiwhakawhānau Pēpi within my rohe. Active recruitment began following the ethical approval of my research proposal from Te Whare Wānanga o Awanuiārangi. Kaikōrero were contacted in person, by phone, or by email, to kōrero about my kaupapa and invited to participate. Information sheets about my kaupapa and consent forms were emailed, and meeting times were organised. The participants were

invited to question any areas from the information sheet and consent form that required further explanation.

I planned a schedule of interviews to take place over four months. This accommodated the transcribing of kōrero following the completion of each interview. Four participants were interviewed kanohi ki te kanohi. Covid 19 restrictions mandated by the Ministry of Health prevented me from conducting interviews as planned, and I decided to continue the interviews via Zoom. Although disappointed that I could not hold the remainder of the interviews kanohi ki te kanohi as the ideal Kaupapa Māori method, I felt it was essential to keep the momentum going for this particular stage of the thesis and also accommodate an extended timeframe adjusting to working and living with Covid restrictions. All kaikōrero consented to record their interviews for storage in a dedicated password-sensitive computer file.

Te mana o te kupu

The above phrase is intentionally used to respectfully acknowledge this collective of mana wahine—the willingness, honesty, and sometimes the underlying mamae that kaikōrero expressed. The richness and depth of what was said and unsaid were therapeutic and reaffirmed the surrounding literature and my own lived experience.

Reflections on the process

At this thesis stage, I reflect on the research approach, data collective methods and the analytical process. I had decided early on in the thesis journey to interview Wāhine Kaiwhakawhānau Pēpi from my rohe. I was particularly interested in shining a light and celebrating the lived experience of this whanau collective from the region that I whakapapa to. However, I also felt a huge responsibility to be a kaitiaki, to protect and care for korero that was shared, by respectfully and attentively listening to Kaikōrero, and to capture the essence of what was shared in my writing.

The data collection phase was scheduled to be kanohi ki te kanohi, a kaupapa Māori approach that allows whanaungatanga to be established, karakia could be recited to open and close our

kōrero, and the sharing of kai. My experience was that there was no sense of time and each interview would have a natural ending. I felt there were opportunities to freely manaaki and awhi, care for and support Kaikorero face to face. Kaikorero were given the freedom to choose where the interviews would be held. One interview was at my home, and two at the homes of kaikōrero and one on the marae. The interview at the marae was particularly memorable as kaikōrero shared the stories of atua wahine and tīpina connected to her marae. I could sense the pride and joy shared in the kōrero. The other four interviews were conducted by zoom. I prefer kanohi ki te kanohi interviews rather than interaction via a screen. I was grateful that kaikōrero adjusted to a zoom platform and I sensed this was an important opportunity for kaikōrero to share their lived experience as Kai Whakawhānau Pēpi.

The analytical process was a circular journey, returning to the kōrero many times until I could picture who was talking. At times, it was difficult to read and digest the darkness of the content related to colonisation and trauma, and in contrast, shining through was the light, as actions of self determination and healing.

Profiles of kaikōrero

My initial approach of not using the names of kaikōrero has changed. My initial thinking behind this decision was connected to the risk of being identified and the potential for ridicule and harm of participants by other midwives and colleagues I did not want to cause any harm to this hapori of mana wahine Māori associated with their truth-telling and the risks of being identified, hence the reason to keep their identities hidden. However, further into the thesis journey Kaikorero were contacted and asked if they would like to choose a pseudonym or personal name. Six decided to allow me to use their names and two aliases. To follow is a brief overview of kaikōrero;

Poppy

A seasoned, experienced, deeply committed Wahine Kaiwhakawhānau Pēpi with over 25 years of service to whānau. In the following statement, the inspiration to enter into this vocation is clear;

I started nursing training in 1988 with an introduction to obstetrics, loved it and went on to midwifery training five years later.

Kiley

Kiley started her midwifery journey in 2007, inspired by the stories shared by a good friend about becoming a midwife and her own birthing experience - wanting to support and guide māmā with their birthing potential.

He Mokopuna o Hinekorako

This Wahine Kaiwhakawhānau Pēpi with over 20 years of service to whānau, loved being hapū and ecstatically sought guidance and advice from her Nannie. The powerful relationship between kuia and moko and the intergenerational transfer of knowledge and tikanga was shared;

I completely trusted Nannie and documented birthing tikanga. Finally, I was approached by a cousin to become a whānau midwife.

Pareārau

Driven by her own birthing experience, Pareārau became Wahine Kaiwhakawhānau Pēpi to provide access to a Māori midwife who had a Kaupapa Māori approach. This was initiated by the experience of being unable to find a Kaupapa Māori midwife during her hapūtanga.

Ginny

Ginny was called back by whānau to begin her journey, this Wāhine Kaiwhakawhānau Pēpi has served whānau and hapū for many years and is well known by hāpori and whānau.

Anahera

From an early age, Anahera always wanted to help people. She attended the birth of her younger brother, and had māmā and pēpi around her growing up. The midwife for her birth had an inspiring approach to care. All of these things led to the decision to become Wahine Kaiwhakawhānau Pēpi. Anahera recently entered the workforce.

Char

Char became Wahine Kaiwhakawhānau Pēpi due to her own negative birthing experience. She wanted to provide a different experience for young māmā and whānau and has recently entered the workforce.

Crissy

Over ten years of practising as Wahine Kaiwhakawhānau Pēpi, Crissy was driven to change the maternity system in which she had experienced trauma. Curious to understand how her grandmother would know when birth would occur, years later, she understood Nannie would read the phase of the moon.

The process of immersion

Analysing data in Kaupapa Māori research requires a mindful immersion into the kōrero, the lived experience and the social-cultural context that contributes to a worldview unique to kaikōrero. With this understanding and to privilege and give voice to kaikōrero and inform my research inquiry, Braun and Clarke (2012, 2019) thematic analysis was undertaken. Like learning te reo, looking and listening is an active, mindful process repeated until a connection is made and embodied. In this thesis, the connection occurs through analysing and understanding one's worldview and the similarities and differences in whakaaro expressed by kaikōrero. My rationale for using Braun and Clarke's thematic analysis is that it focuses on and validates the spoken word and the research participants' worldviews.

From an indigenous lens, the process of thematic analysis is also similar. Indigenous thematic analysis represents a decolonising approach to qualitative research that centers indigenous ways of knowing, being, and doing in the analytical process. Unlike western approaches,

Indigenous thematic analysis acknowledges the holistic and relational nature of Indigenous knowledge systems (Wilson, 2008). This methodology emphasises the importance of stories, oral traditions, and cultural protocols in understanding and interpreting data (Kovach, 2009).

Key principles of Indigenous thematic analysis include:

1. **Relationality and Reciprocity:** Indigenous research methodologies are founded on the principle that all things are related and interconnected (Smith, 2021). The analysis process respects these relationships and acknowledges the researcher's responsibility to their community and participants (Wilson & Hughes, 2019).
2. **Cultural Safety and Protocol:** the analysis must be conducted within appropriate cultural frameworks and protocols, ensuring that indigenous knowledge is protected and respected (Rigney, 2006). This includes acknowledging the role of Elders, traditional knowledge holders, and community protocols in the research process.
3. **Story-based Analysis:** indigenous thematic analysis often works with narratives and stories, recognizing them as valid sources of knowledge and understanding (Archibald, 2008). The analysis process respects the wholeness of stories rather than fragmenting them into disconnected themes.
4. **Decolonising Perspective:** the methodology actively works to challenge colonial research practices and centre Indigenous worldviews (Tuhiwai Smith, 2012). This includes recognising the impact of historical and ongoing colonisation on research practices and data interpretation.

In my thesis, thematic analysis was purposefully considered the best process of making meaning from the kōrero. Braun and Clarke (2012) define thematic analysis as a systematic approach to identifying, organising, and offering insight into meaningful patterns that emerge to reveal themselves as themes. This is an active process of immersion, surrounding oneself in the kōrero and looking for commonalities of shared meanings and experience, a

neverending process to understand what is familiar to how a kaupapa is expressed and talked about.

Thematic analysis is also about the storywork within the storytelling, positioned and situated within the kōrero, to create and make meaning from the stories. This requires a thoughtful and reflective approach, whereby I became deeply immersed in the kōrero, the nuances of where the kōrero was deeply expressed and the silences (Braun & Clarke, 2019). While this is a Western approach, as a research method for my thesis, thematic analysis allows freedom to be creative and explore the kōrero with a Māori centric lens. Directed by the guidance of Braun and Clarke (2012, 2019), the following steps were undertaken:

- Warming up to the kōrero, a process of listening, transcribing, reading and rereading transcripts as soon as possible after the interview. Noticing, highlighting and making rough notes from kōrero of interest to my kaupapa.
- Gathering kōrero into data sets as codes: building descriptive and interpretive summaries closely connected to the kōrero and research question.
- Searching for themes: an active process of creating themes and sub-themes from the commonalities expressed in the kōrero and, like creating a jigsaw, putting the pieces that fit together into storytelling pictures.
- The naming of themes and their connection to each other.
- Writing and analysis was a circular process of visiting and revisiting the other steps.
- Revealing the findings as chapters.

Themes

Initially, I had an overwhelming sense of responsibility to protect and care for the kōrero shared by kaikōrero. Sometimes, a kupu, or knowing behind the story as Wāhine Kaiwhakawhānau Pēpi, would jump across the transcripts and be signposted as themes.

The following chapters are informed by the themes revealed during the immersion into the process of thematic analysis:

- Kawa Whakaruruhau

This theme is centred on cultural safety, the lived experience and its effect on the well-being, sustainability and growth of Wāhine Kaiwhakawhānau Pēpi.

- Whānau, kaupapa whānau and Mana Wahine

These themes represent the synergy between whānau, kaupapa whānau and Mana Wahine.

- Rebirthing

The last theme celebrates remembering, reclaiming, resurgence and rebirthing. Actions of self-determination, tikanga and mātauranga, an ongoing transformative birth sovereignty movement led by Wāhine Kaiwhakawhānau Pēpi.

My position as wahine Māori and Wahine Kaiwhakawhānau Pēpi

My experience of this thesis journey is likened to the unknown territory associated with my observations of a wahine and her first pregnancy and growth as a māmā. Pregnancy is a time of learning, awareness and change. This thesis is about seeking the guidance and knowledge of atua and tīpuna and embedding both old and new knowledge and teachings into my journey. This process has influenced my whakaaro and practice as Wahine Kaiwhakawhānau Pēpi, and I feel like I have a strong bond with kaikōrero. I understand I am not alone in the struggle to grow our workforce and provide the best maternity services and experience for birthing whānau. The similarities and differences shared by kaikōrero influenced and shifted my worldview. I laboured to capture the essence of kaikōrero. I endeavoured not to harm or trample on their mana by meaningfully reflecting on the importance of herstories. Like whānau engaged in the care of māmā and pēpi, I have a sense of responsibility to protect and keep the kōrero safe to reflect the essence of herstories, both the mamae and the demonstrations of rangatiratanga.

Sharing the breath and binding the bones is an expression of whanaungatanga. The closeness I experienced with kaikōrero, atua and tīpuna, I have become more aware of the need to draw upon karakia, guidance from tīpuna and kaitiaki. In my study space I have pictures of tīpuna, my whakapapa, close by as I link my writing and whakaaro to the past, present, and future. The discovery and understanding of the mamae and strength is the human condition of colonised indigenous communities. I draw comfort in the healing from my surroundings and all the gifts of Papatūānuku and Hine-te-iwaiwa. atua wāhine and tīpuna are rongoā called upon at times when it has been difficult to digest the colonised history of tangata whenua and expressions of mamae from Wāhine Kaiwhakawhānau Pēpi. Moreover, there are expressions of transformational change, joy, faith and commitment in one's mahi and as a collective.

Conclusion

Sharing the breath and binding the bones is the title of this chapter and reflects the complex layers of relationship and connection between myself and kaikōrero. The title also illuminates the relationships and tikanga as ceremonies that are the foundation of Kaupapa Māori research frameworks and my thinking and actions. It also celebrates freedom and rangatiratanga, the right to embed indigenous methodologies and methods underpinned by the teachings gifted by atua, tīpuna and indigenous scholars. Sharing the breath and binding the bones is about whakapapa and whanaungatanga, to open up a space placing the mātauranga and mana of kaikōrero at the forefront. The process of sharing and binding between myself and kaikōrero is ongoing and part of the thesis journey.

Mana Wahine theory and Pūrākau indigenous storywork as a methodology provide a platform to privilege kaikōrero and make meaning from the herstories as an indigenous right - to draw forward mātauranga that are expressions of Mana Wahine. Furthermore, as a Māori researcher, I have consciously positioned a Kaupapa Māori approach of resistance as a tool to decolonise my mind and as a framework to investigate and apply a social justice lens to expose systems of oppression and racism.

As a Māori researcher, He Whakaputanga and Te Tiriti and the indigenous rights centred on UNDRIP provided a template to align with ethical guidance and conduct to keep me grounded and humble. This is also a reminder of the indigenous researcher's responsibility to keep oneself and participants safe and cared for.

The next chapter introduces the first theme, Kawa Whakaruruhau, cultural safety from a Māori worldview. This is grounded in the pioneering work in the nursing and midwifery sector by Irihapeti Ramsden in the 1980s-1990s. Over forty years since the introduction of Kawa Whakaruruhau, the lived experience of cultural safety by kaikōrero is explored. This is necessary to understand what is working well and what needs to change to ensure Wāhine Kaiwhakawhānau Pēpi and birthing whānau are safe and free to be unashamedly Māori.

Chapter Five - Kawa Whakaruruhau, the korowai of protection

Tipuna

Your breath is my Breath

Ever present, always there

Pono Tika Aroha

Movement within my blood, bone and skin

He Korowai tēnei

Woven into me and around me

This is my poetry and is purposefully placed at the beginning of Chapter Five. I wrote it to draw forward the strength and support of my tīpuna as I explore Kawa Whakaruruhau. In these results chapters I draw from kaikōrero, literature and my own experience to draw forward the learnings that this research offers. Kaikōrero voices are formatted with italicised text to emphasise their words and their koha into this rangahau.

Introduction

This chapter is focused on Kawa Whakaruruhau for two principal reasons. The first is that cultural injury was and is an everyday experience in the workplace, clearly expressed by kaikōrero as breaches to their mana, tikanga and mātauranga. The second reason is the connection to violations, strongly evidenced in research and everyday experience, which result in Wāhine Kaiwhakawhānau Pēpi engaged in the health and Pākehā education system moving away or leaving the profession (Curtis et al., 2019; Waitangi Tribunal Report, 2019; Pitama, 2021, Ramsden, 2002; Ramsden, 2016; Tupara & Tahere, 2020). Kawa Whakaruruhau is commonly translated as cultural safety. However, the depth of meaning is

lost in translation, like the kupu whānau reduced to the nuclear family. Kawa Whakaruruhau relates to the freedom to practise cultural traditions important to the health of Māori, tikanga, te reo, matauranga, and whakapapa. The depth and significance of meaning for tangata whenua are embedded in customary practises of protection and balance to maintain mana and hauora tinana, hauora wairua, hauora hinengaro and hauora whānau.

Kawa Whakaruruhau was seeded from a decolonising movement in the nursing and midwifery sector. It began in the 1980s, with a tohu by tangata whenua to raise awareness that Māori nurses, Wāhine Kaiwhakawhānau Pēpi and taura experienced culturally unsafe practices by professionals within the health sector (Ramsden, 2016; Roberts, 2019). Kawa Whakaruruhau is about Māori sovereign rights, as declared in He Whakaputanga o Te Rangatiratanga o Niu Tirenī and Te Tiriti o Waitangi. However, the power held by health professionals and the relative powerlessness experienced by birthing whānau, Māori nurses, and Wāhine Kaiwhakawhānau Pēpi is ongoing. As a social justice movement, Kawa Whakaruruhau in action is about addressing the effects of colonisation.

Pioneered by Dr Irihapeti Ramsden, from Ngai Tahu and Rangitāne (1946-2003), a Māori nurse and thought leader in the late 1980s, Kawa Whakaruruhau also represents the mātauranga, rituals and ceremonies, the cultural practices of Māori receiving care and as health professionals within the health system (Aperahama et al., 2023). The concerns raised by Māori led to the introduction of Kawa Whakaruruhau, a korowai of protection, delivered as cultural safety into mainstream nursing and midwifery training programs. The objective was to improve the delivery of care and outcomes for whānau seeking health services and the experience of Māori health professionals (Ramsden, 2002; Ramsden, 2016). Unfortunately, the endeavours of Irihapeti Ramsden and good allies to embed cultural safety into the health system have not played out well in Aotearoa and mirror the experience of marginalised communities and indigenous people in other colonised countries (Williams in De Souza podcast, June 9th 2021; Wilson, 2021; Niles in De Souza podcast, Jun 9th 2021). Internationally, health care continues to produce inequities and racist treatment of indigenous

and marginalised people; their world views of cultural safety are poorly understood and often disrespected by health professionals, including midwives (Williams in De Souza podcast, June 9th 2021; Niles in De Souza podcast, June 9th 2021). In Aotearoa, an ongoing issue in the health sector is the low numbers of Māori health professionals to cater for the cultural requirements of tangata whenua; this absence contributes to delays in seeking healthcare, cultural injury and the suboptimal state of the health sector that birthing whānau and Wāhine Kaiwhakawhānau Pēpi navigate (Simpson, 2020; Waitangi Tribunal Report Wai 2575, 2019).

To understand and privilege the pioneering movement of Kawa Whakaruruhau, this chapter begins with a discussion of its origins and the vision as intended by Irihapeti Ramsden. Today, cultural safety continues to be a component of midwifery training and in the scope of practice. It is a legal requirement for regulated professionals, including midwives (Tupara & Tahere, 2020). Compared to clinical competence, cultural competence lacks rigour, resources and monitoring (Tupara & Tahere, 2020).

Following on from the pioneering mahi of Irihapeti Ramsden and allies, the focus moves to the following themes, whakaiti, representing the experience of being belittled by colleagues, leaders, educators and Wāhine Kaiwhakawhānau Pēpi. The theme of “nice” racism as a soft approach reflects behaviour that looks well-meaning in intent but sabotages the progression and growth of Wāhine Kaiwhakawhānau Pēpi. The next theme is microaggression, as the many ways that weathering occurs from cultural injury and the resulting embodied trauma. The final section of this chapter highlights the theme of kāwanatanga, the governance structures and systems designed predominantly by Pākehā that come over the top of Wāhine Kaiwhakawhānau Pēpi and are culturally unsafe. This is represented as acts of white supremacy, preventing the advancement and growth of the Māori workforce. This creates a toxic environment whereby Wāhine Kaiwhakawhānau Pēpi are challenged to take a stance, an active position. The expenditure of energy to push back, is often observed and labelled as angry or aggressive behaviour. Alongside Kawa Whakaruruhau, there is a social justice movement to disrupt racism, transform spaces and embed a Kaupapa Māori worldview. This

process highlights the decolonisation of the self and Wāhine Kaiwhakawhānau Pēpi as a collective of kaupapa whānau.

Kawa Whakaruruhau

During the 1970s-1980s, there was a groundswell of resistance amongst Māori in the education, justice, and social services sector in response to broader oppressive historical Crown governance and social systems (Ramsden, 2002; Ramsden, 2016). In the health sector, Māori nurses also gathered to voice the impact of a system failing Māori seeking health care and a culturally safe environment (Ramsden, 2002; Ramsden, 2016). However, since the introduction of western legislation and medical models as superior, the effects of colonisation and Te Tiriti o Waitangi breaches remain in the health system (Simpson, 2020, Waitangi Tribunal Report Wai 2575, 2019).

Kawa Whakaruruhau represents a Māori lens and understanding of what is culturally safe for whānau. Pākehā values and practises also include cultural safety from a different lens and understanding. During the 1990s, Dr Irihapeti Ramsden (2002) introduced cultural safety into the nursing and midwifery curriculum in the context of the history of Aotearoa, colonisation, and Te Tiriti (Ramsden 2002; Ramsden, 2016). Cultural safety education provides a complete picture of how this contributes to health inequity, racism and the increased morbidity and mortality of tangata whenua (Ramsden, 2002; Ramsden, 2016). In addition, the curriculum allowed students and teachers to understand the privilege and power dynamics between the health professional and patient (Ramsden, 2016).

The workforce is predominantly Pākehā, seeded from the era of Florence Nightingale. A change in the curriculum, mindset, and how the program was delivered to reflect contemporary Aotearoa was argued to be necessary to address the ongoing effects of colonisation and breaches of Te Tiriti o Waitangi. (Ramsden, 2016). This approach also provided a complete picture of health inequity and the increased morbidity and mortality of tangata whenua compared to Pākehā (Durie, 2012; Wilson & Haretuku, 2016). The shift in education focused

on changing the nursing culture (Ramsden, 2002; Ramsden, 2016). At this time, two issues were at the forefront :

- The safety of Māori people training and practising as nurses and midwives.
- The safety of Māori receiving care and treatment for an illness.

(Ramsden 2002; Ramsden, 2016)

The following kaikōrero shared her experience of kaupapa whānau, the shared commitment to change the culture of midwifery training to reflect a te ao Māori worldview and a proposal to establish a midwifery program;

In 1994-1995, a hui was held. Māori nurses attended with Māori academics present at Raukawa (Te Wananga O Raukawa). Academic leaders did not see it...did not understand what a midwife did. We have not made any progress, [we] need others behind Māori midwifery leaders to push that.

[It] would be wonderful to wānanga, to spread the word, to take back hapū and iwi knowledge. [This would] raise the esteem for family graduating, [knowing they] have generations whakapapa behind them - wouldn't our students blossom...

Poppy

For many years, tangata whenua have had the solutions to transforming the healthcare of whānau, including the autonomy to teach and learn in culturally safe environments and provide customary practices related to hauora across the lifespan. Even after many years of service to whānau, the commitment and energy remain, the vision of celebration and the strength in the collective to be unashamedly Māori.

Talking up to the Crown

The Waitangi Tribunal was created in 1975 by the Treaty of Waitangi Act in response to the hundreds of complaints against the Crown (Came et al., 2020). Representatives of the Crown provided a legal process by which breaches of Te Tiriti could be heard and recommendations made (Came et al., 2020). The complaints brought to the Crown by tangata whenua today are

linked to the unresolved claims made by tīpuna following the signing of Te Tiriti o Waitangi in 1840 (Hauora, 2019; Came et al., 2020).

Stage One of the Waitangi Tribunal Hauora report, Wai 2575, was the first step in investigating health services for tangata whenua. This inquiry centred on primary health services and Te Tiriti o Waitangi breaches and highlighted systemic racism (Waitangi Tribunal Report, 2019; Came et al., 2020). The privilege afforded to one group of society at the expense of the well-being of Māori was significant. (Waitangi Tribunal Report, 2019). Māori health organisations had been underfunded for over a decade, with less than 0.1% of health funding allocated to Māori health services. Health expenditure since 2012 was \$200 billion, with no significant improvement in the burden of disease and mortality of Māori (Waitangi Tribunal Report, 2019). The ability to provide health care for Māori most in need has not been addressed and is impacted by the lack of funding according to need. The findings from Wai 2575 included that the Crown was aware of these failings and did not take action to address them. (Waitangi Tribunal Report, 2019). The tribunal recommended an urgent inquiry into the extent of underfunding since 2000 within a limited time frame of January 2020. Additional recommendations were the application of a wider lens and the determinants of improved health outcomes, including the chronic intergenerational impact of underfunding and the establishment of a Māori Health Authority (Came et al., 2020). Kaikōrero had the solutions to training and growing a workforce that meets the cultural requirements of birthing whānau;

Look to other learning models of success. The results from Kōhanga Reo, Te Wharekura are outstanding. [You] can't deny that the environment, that support, growing up strong in your culture and who you are has a big impact on being supported to follow your goals and achieve them.

He Mokopuna o Hine Korako

[We need] to have Māori educators. Our institutions [should] be founded on values that are innate and dear to us, help us feel supported and safe. [That would provide] the inspiration to carry on, that would be a big start - and [being] paid to study.

Pareārau

[We need] training incentives and funding, to stay in and finish. [We could run] hui regularly on the marae, talk to the whānau and tāne during promotions. Encourage tāne to speak. As Wāhine Kaiwhakawhānau Pēpi, be open and available to support.

Poppy

All kaikōrero had solutions to address Kawa Whakaruruhau and the chronic shortage of Wāhine Kaiwhakawhānau Pēpi. Māori-led learning spaces where whānau are active participants and paying tauira during training would be a fairer and more equitable start.

The WAI 2575 Report stated the Crown failed to meet the obligations in Te Tiriti o Waitangi to be transparent and demonstrate the performance of health services for Māori. In particular it highlighted poor methods of data collection and underreporting. Research analysis recommended the Crown implement performance indicators as monitoring tools to strengthen relationships with tangata whenua, be more transparent, and have clear accountability pathways (Came et al., 2020).

The Waitangi Tribunal WAI 2575 claim found a comprehensive system failure of the whole health sector to comply with Te Tiriti o Waitangi and commitment to achieving health equity for tangata whenua (Waitangi Tribunal, 2019). The approaches to health policy were deemed outdated, requiring reforming the three P's: protection, participation, and partnership. The involvement of mana whenua in the decision-making, design and delivery of health policy was inconsistent and breached Te Tiriti rights of tino rangatiratanga and mana motuhake (Came et al., 2020). Of concern, the tribunal noted the poor representation of Māori within the health workforce (Waitangi Tribunal WAI 2575 Report, 2019).

Establishing an independent Māori health authority was a significant WAI 2575 recommendation. The norms of te ao Māori would define the new authority. The recommendations included shifting the focus to Māori decision-making at all levels and an integrated approach with all Kaupapa Māori organisations working towards the same goals and with the same values. The application of a wide lens on the social determinants of health was recommended to bring together mental health, child health, general health, te reo,

mātauranga, tikanga, kōhanga reo, kura kaupapa, wharekura, housing and other indicators of Māori well-being (Waitangi Tribunal WAI 2575 Report, 2019).

Māori health inequity aligns with breaches of human rights. Tangata whenua are denied the same standard and access to health care afforded to Pākehā. Cultural injury and racism are well embedded in the health system and need to be addressed urgently by the Crown and health services to transform the experience and outcomes for Māori (Came et al., 2020). The urgency is also required for the sustainability and growth of Wāhine Kaiwhakawhānau Pēpi as kaitiaki of indigenous birthing in Aotearoa. Kaikōrero share the reality of growing the workforce and keeping native;

Even if we've got Māori midwives, it's very difficult to be an educator in an institution, because you have to have at least a Masters degree. It's so hard to get through your degree, let alone take that extra time, and not earn and continue with that study ... Then once they have graduated, then, how are we going to keep them in the profession. [This is a] huge part to play in how we sustain systems as well.

Pareārau

How do we do a 360 and go back to what was working really well for our people - bringing the past into the present? How do you do that – [because] through colonisation, [we are contesting against] mainstream models, institutionalism, gauntlet of systems, processes, people, politics, power, control...in Māori as well.

Kiley

Kaikōrero highlight the challenges that are about being Māori - how tertiary education is a privileged space and colonial systems have control. What would our tīpuna have done? Tīpuna would wānanga - a method of gathering to kōrero and problem-solve. Bringing this method back today as collective support is required to debate and decolonise systems, where a big-picture approach can be dismantled into achievable goals.

The evidence from the Waitangi Tribunal Priority Haumarū Report (2021) highlighted the Crown's responsiveness to Māori during the Covid 19 pandemic. The Haumarū Report (2021) demonstrated significant gaps in providing culturally appropriate service and care to whānau and Māori health professionals. The priority report was deemed urgent, and claimants

included interested parties representing tangata whenua and the Māori Council. The Crown's vaccine strategy and protection framework (traffic light system) were of concern. Two main issues were the poor quality of ethnicity data to inform an equitable vaccine rollout and the at-risk age group. The health needs of tangata whenua were not fully considered in the vaccine rollout, particularly rangatahi, as a larger younger population with higher rates of morbidity and mortality at a younger age than Pākehā. The haste taken by the parliamentary cabinet to roll out the protection framework placed Māori at a disproportionate risk before Māori were safely prepared (Haumarū, 2021). The Waitangi Tribunal Haumarū Report (2021) findings included disregarding the advice given by Māori health experts, MOH, and iwi leaders to the parliamentary cabinet. There are similarities in the findings between the Waitangi Tribunal WAI 2575 Report and the Waitangi Tribunal Haumarū Report (2021) with breaches of Kawa Whakaruruhau, Te Tiriti o Waitangi, tino rangatiratanga, mana motuhake, and ōritetanga. At the highest level of democracy in Aotearoa, the cultural safety of tangata whenua was breached.

Talking back to cultural safety

Introducing cultural safety was a brave act by Dr Irihapeti Ramsden (2016) in a nursing environment seeded from a Victorian ideology. The notion that there were gaps in the education of teachers, student nurses and midwives was challenged many times (Ramsden, 2016). Cultural safety became a public narrative in the media by nursing students and Pākehā, who debated the need to change education and care delivery. Dr Ramsden explains;

There was little question that the students who were entering nursing courses and had been educated in New Zealand (the majority) were fixed in their views on race relations and the locus of power. The power clearly lay with Anglo-derived middle to upper middle class members of New Zealand society and not with Māori or other marginalised groups of people. (Ramsden, 2016, p. 14)

The idea that Aotearoa was a democratic, multicultural society was a familiar narrative of students and broader society. Some of the responses that Dr Ramsden (2016, pp. 12) highlights are still heard today;

- “We are all the same in New Zealand.”
- “What is different about Māoris?”
- “Why should they have more than us?”
- “We are all one people, I grew up/went to school with Māoris and they were the same as we were.”
- “Māoris have special privileges that we don’t such as scholarships.”
- “New Zealand is a multicultural society; what about all the other cultures?”

This type of rhetoric is a common ideology of Pākehā society still held today across all sectors and reflected in things like the ‘One New Zealand’ movement, narrative on reverse racism and challenges to gains made by Māori (Jackson, 2020; Johnson, 2020; Mutu, 2023). These narratives fail to recognise minority groups like tangata whenua, who are often profiled and stereotyped. The following statement from an interviewee with Dr Irihapeti Ramsden clearly defines the experience of multiculturalism:

I hate multiculturalism ...yes I do ... I hate it. Hate to me is a very powerful word. Because what multticulturalism does, it actually demeans people. I always say that for us Pacific Islanders it makes us into the hula girls, and the chop suey and rice kind of sentiment, like that’s what we are right across the board ... If we are all the same, how come you are rich and I’m not? (Karl Puloto-Endemann)
(Ramsden, 2016, p. 12)

In Aotearoa, Dr. Irihapeti Ramsden (2016) strongly advocated for change and evolution of the nursing and midwifery models to represent tangata whenua and other marginalised communities. For example, the code of ethics was challenged in an address to the New Zealand Nurses Organisation. The code was underpinned by a philosophy dominated by an English model of white privilege and not a reflection of all people living in Aotearoa. This still occurs today as one in ten midwives are Māori, and most health professionals are Pākehā, strengthened by reliance on filling the

workforce with foreigners occupying powerful positions, designing and leading the health sector ((Tupara & Tahere, 2020; Waitangi Tribunal WAI 2575 Report, 2019). The membership of the NZCOM, for example, was 3,572, of which 391 (10.9%) identified as Māori. There are not enough Wāhine Kaiwhakawhānau Pēpi to offer culturally responsive care to whānau in leadership roles and at decision-making tables, and often the Wāhine Kaiwhakawhānau Pēpi we do have are doing all of these roles and are overstretched. Kaikōrero explained the experience of working with white privilege in the health sector and the hardship of starting as a new graduate;

We were broke, [but] had to travel long distances, you had to have a good car, tyres, petrol, rego, cell phone – [all] brand new in those days. I was in debt probably the first 10 years, and lonely. I was the only Māori midwife in the team. [There were] strange group dynamics - shouting over the top of everybody else, they were certainly privileged, [with] beautiful homes [and] didn't have to worry about the bank balance, anything like that. In the end I used to take a wahine who I trusted to the meetings, [I] just really needed somebody to help me navigate the group dynamics.

He Mokopuna o Hinekorako

Being on shift, as soon as you walk in the door someone is always talking about racism, reverse racism or the Treaty of Waitangi. My response is that it's not my responsibility to give you a kōrero on that.

Anahera

Wāhine Kaiwhakawhānau Pēpi had all experienced unsafe spaces and places. Seeking the manaaki of like-minded Māori was a standard practice of Kawa Whakaruruhau.

Unsafe spaces and places

The first literature review conducted by Māori midwives Tupare and Tahere (2020) focused on the experience of the maternity continuum by whānau, taura, and Wāhine Kaiwhakawhānau Pēpi. The following issues were highlighted, which are also related to breaches of Kawa Whakaruruhau:

- Since the signing of Te Tiriti in 1845, Māori have been the minority, subjected to colonisation and assimilation policies, and this is also reflected in the maternity continuum.
- Both wāhine Māori and Wāhine Kaiwhakawhānau Pēpi experience persistent inequities across socioeconomic determinants of health that impact their well-being.
- Wāhine Kaiwhakawhānau Pēpi are susceptible to burnout and could leave the workforce if the maternity system remains culturally unsafe.
- There has been no research to investigate the workforce patterns of Wāhine Kaiwhakawhānau Pēpi.
- High attrition rates of tauira Māori are poorly explained, and current data regarding the progression of tauira Māori was challenging to access.
- Bullying behaviour by both Māori and Pākehā in midwifery and leadership roles and underfunding have contributed to the exhaustion of Wāhine Kaiwhakawhānau Pēpi.
- Rongoā and traditional birthing practises are regarded with scepticism, with control and authority assumed by midwifery structures as to how they are applied in practice.
- Compared to clinical competence, cultural competence is poorly monitored and lacks rigour, although it is a legal and professional requirement of health professionals.

Tupara and Tahere (2020) advocate for transformation whereby inequity experienced by birthing whānau and Wāhine Kaiwhākawhānau Pēpi is eliminated, and the midwifery profession is Te Tiriti o Waitangi compliant. Furthermore, dismantling the current Pākehā education pathways and maternity environment with a more significant investment in embedding culturally safe practices, accountability and addressing breaches of Kawa Whakaruruhau is urgently required. The following kaikōrero discusses the consequences of a culturally unsafe workforce;

The impact of not having enough Māori midwives in the hospital system is that the care experienced by whānau is determined by staffing levels. On a good day you may have somebody who cares for our whānau, who is open to, for example, having our whānau have a say or trying to understand where whānau are coming from. You don't get that practice everyday.

Pareārau

Basic cultural safety principles that are common maternity breaches include putting a mimi container, nappy, or blood products on a kai table. From a Māori perspective, mixing tapu and noa is culturally unsafe, and when this is not understood and respected, tikanga is breached. For example, not long ago, I attended a birth with a Pākehā midwife, and she gave me a flannel for the perineum, which I declined to use. We had a kōrero about it afterwards, and the midwife talked about how a flannel is used all over the body. I replied that for Māori, toto and whare tangata are sacred. Therefore, to maintain cultural safety, we had designated flannels. The midwife appeared perplexed and to further explain, I used the illustration of how I wear glasses and through which I see my worldview. Informed by the teachings from whānau, tīpuna and atua, using the same washcloth that is used in other areas of the body was offensive.

In the maternity sector, some things have changed; wānanga spaces and places provide an indigenous lens of hauora during hapūtanga and beyond as a wrap-around service for birthing whānau, and health promotion pamphlets are available in te reo Māori. The reclamation of the practice whenua ki te whenua, taking the placenta home to be returned to the earth and Papatūānuku, is a common practice in Aotearoa. I acknowledge that some things have changed, but these are not reflected in a change in experience for Wāhine Kaiwhakawhānau Pēpi. The changes that have occurred have been led and driven by Māori. There have been no significant changes to the hauora and cultural safety of birthing whānau and Wāhine Kaiwhakawhānau Pēpi (Curtis et al., 2019; De Souza, 2004; MOH, 2019; Wilson, 2021). In this context, Wilson (2021) advocates that cultural safety is a fundamental concept of health care and requires a radical mind shift away from a degree of apathy in nurses (I would also extend this to midwives). New narratives of partnership, a change in mindset and behaviour

is required to embed and build respectful and humane relationships with Māori. In the next section, the focus will move to sharing the experiences of whakaiti by Kaikōrero.

Whakaiti

A strong theme from Kaikōrero was the experience of whakaiti, of being belittled and put down by colleagues. Research evidence has identified that racist behaviour within the health sector has a weathering effect and can contribute to illness and a shortened life expectancy for Māori (De Souza, 2021; Walters, 2021). The everyday lived experience of whakaiti by tauira and Wāhine Kaiwhakawhānau Pēpi was clearly expressed throughout the interviews. Kaikōrero reflected on their midwifery training and shared experience;

I didn't think much of my training, [we started with] plenty of Māori, huge numbers of Māori...quarter of the way through there's a big drop off, there's another big drop off by halfway.

Crissy

The following kōrero was the response when asked why this had occurred, tauira were told;

You're not going to make it. There's no way you'll ever make it.

Crissy

This oppressive behaviour is a method of keeping Māori as other and in the margins.

Pākehā education institutions are culturally unsafe environments for tauira. Research evidence (BERL, 2019; Penetito, 2011; Smith, 2012), my own experience, and the lived experience of kaikōrero and tauira have affirmed this. Since the arrival of Pākēha, the failure to support generations of Māori to achieve their potential has been evidenced by Māori academics (Durie, 2012; Mikaere, 2017; Penetito, 2011; Walker R., 2016). Māori have survived, persevered and succeeded despite these challenges. Ginny explains Māori models of success;

When I remember ... talking to some of these girls doing the Māori midwifery program, they were really enjoying what they were doing. That was because Tainui had stepped up. They actually were the ones, the iwi, that were encouraging them. That was the only reason it worked was because of Becky (Māori midwifery tutor) and another Māori

tutor there as well. I got my registration in 1997 from Waikato. I was lucky because the midwife I had was Māori. I was in the right place at the right time.

This kōrero is an example of how iwi interest and the presence of Māori tutors delivering for Māori has made a difference. We know what we need, what works and how to get there.

Recent research centred on the journey of rangatahi Māori through Pākehā education gives insight into the deeper patterns and forces that influence their pathways, particularly socioeconomic barriers (BERL, 2019; Penetito, 2011; Smith, 2012). The research findings from this project also align with previous studies that identified the challenges and enablers experienced by taura Māori and other indigenous students (Jefferies, 1997; Durie, 2012; Penetito, 2011). In Aotearoa, rangatahi Māori are the fastest-growing population cluster. However, economic harm is common, and wāhine Māori are even more significantly disadvantaged in income. There is a current income gap of 2.6 billion per year for Māori. Choosing the right pathway is a critical touchstone in moving out of poverty and into the benefits of living a good life with economic stability (BERL, 2019). The whakaaro of taking our tīpuna with us, future generations, and the intergenerational change to move to financial stability are explained by Pareārau;

I'm fortunate to be where I am in terms of the success that I've had in the education system, that success is not mine alone - this has been a revolution, to getting someone in our whānau to achieve. It has been years, generations in the making to get whānau to move from poverty to thriving in Aotearoa. I believe its intergenerational change.

Similar to the health system, the education sector is driven by systemic bias – it benefits some and not others. Educators with deficit thinking and negative behaviours are potentially causing lifelong trauma (BERL, 2019). Zero tolerance for this behaviour and a rewiring of the education system must be addressed to provide an environment that is culturally safe and committed to Māori success (BERL, 2019). This rewiring also needs to occur in the health sector to enable a shift in behaviour and thinking – this is the next institution that taura Māori enter as Wāhine Kaiwhakawhānau Pēpi. The urgency for this cannot be emphasised enough as all kaikōrero experienced whakaiti, an everyday occurrence with comments like;

Oh my gosh how are you passing?[They] always looked at like you're not going to pass
Anahera

I got taken out of placement because I didn't have nice enough clothes. And straight away we said: Did she [the kaiako] help)? No. OK, was she Pākehā? Yes. OK that's probably why.

Crissy

Wāhine Kaiwhakawhānau Pēpi have the same training and receive the same qualifications as Pākehā however, this is not enough to be granted equal status. Like birthing whānau, Wāhine Kaiwhakawhānau Pēpi practice and presence are policed and over-surveilled. In the following kōrero, there is a sense of vigilance that is required;

[I've] done the same mahi, I give quality care and my practice is still questioned. It's a look or a feeling.

Anahera

Similarly, underlying the following kōrero, the practice of skin privilege is reflected. The further from whiteness you are, the more surveillance and breaches of cultural safety;

I felt culturally unsafe, and so what do we do? Like our consumers [whānau] do in the maternity system we leave

Pareārau

I'm either going to stop midwifery or I need to move away. I can't keep doing this. I am so degraded.

Kiley

This sharing of kōrero is about breaches of Kawa Whakaruruhau, the many experiences of Wāhine Kaiwhakawhānau Pēpi that cause cultural injury, weathering of the self; hauora hinengaro, hauora wairua, hauora tinana, become weak and ultimately break. Leaving the workforce is a decision that is not taken lightly. I have heard of experiences with underlying mamae from wāhine Māori that have contributed to the decision to leave midwifery and take a break or another pathway. This is not an uncommon result of racist harm, feeling isolated from your own, and being under surveillance in culturally unsafe environments. Like kaikōrero, during my career, there have been many times when I have wanted to leave and have left,

come back repaired and prepared to be a change agent, to challenge racist behaviour and surround myself with like-minded hāpori and good allies. Research by Te Huia, J. (2020) involving Māori midwives, aligned with my analysis and identified institutional racism, colonisation, social disparities, and lack of Wāhine Kaiwhakawhānau Pēpi as the four most commonly encountered challenges to their mahi and to whānau in their care.

In the following kōrero, the treatment experienced by Māori in a culturally unsafe environment is presented as an obstacle when trying to enter into a midwifery training program;

This does not apply to you [was the response when enquiring about midwifery training]. I was already feeling like they were shutting me down. [I did] karakia before I left [in preparation for the interview]. I felt like, no - I am on a pathway, and you're the only person standing in my way, so please step aside.

He Mokopuna o Hinekorako

Acts of rangatiratanga were commonly expressed to push back and talk up to an education and health system grounded and grown from colonial ideology. However, occasionally good things happen. For example, whakapapa connections are conduits to open up and clear a pathway for wāhine partnered with the determination and drive to overcome barriers and fulfil a calling to be of service to your whānau and hapū. The insight, vision, presence, and final decision of kaumātua are expressed in the following kōrero;

During the interview process, one of my kuia from home was on the selection panel. As soon as she saw me, she said "You're in, dear". That was it. The [hospital representative], can't remember her name, but she was kind of, you know put in her place.

He Mokopuna o Hinekorako

The survival and sustainability of tauira depend upon role models demonstrating cultural safety attributes to ensure they feel welcome to participate unashamedly as Māori. The following kaikōrero expressed wanting to be a midwife like the one she had for her birth as a young wāhine. As a role model, the midwife was able to take the lead, advocate, and guide.

My midwife pointed me in that direction, she planted the seed. My midwife ... everything that she demonstrated, I wanted to be.

Anahera

Decolonising action against breaches of Kawa Whakaruruhau is part of being Māori, for yourself and whānau. Struggling against Pākehā is a given. However, with your own, it is a difficult challenge;

[It is] debilitating when you have to justify and rationalise things to your own. You can understand it and keep it in its place when it's tauīwi, but when it's your own

... so much harder.

Kiley

The experiences of kaikōrero within a colonial reality facing challenges from other Māori is difficult and more harmful because your own people are doing it. The following example reflects this;

Keep in mind - I may not get on with a whānau. Being turned down by your own, [after] years and years of white midwifery was a shock, [but some] whānau wanted to stay with them.

Poppy

When searching for your own as a Māori māmā wanting to replicate a previous positive birthing experience with Wāhine Kaiwhakawhānau Pēpi, disappointment can lead you towards your training;

She was a Māori midwife but she wasn't in terms of her practice and being there was no Kaupapa Māori throughout her care for me

Pareārau

Kaupapa Māori represents a practice and belief that embraces te reo, whakapapa, mātauranga and tikanga, and it is an approach driven with, by and for Māori. Kawa Whakaruruhau is the Māori understanding of what is culturally safe for whānau. This does not mean the midwife has to be Māori to be culturally safe. It is the basic underlying attitude of respect, open-mindedness and care and how this is demonstrated in practice, not just at the workplace but in the home. A series of podcasts by Dr Ruth De Souza (2021) discusses the

topic of Kawa Whakaruruhau and colonialism in the area of birthing and justice. Dr Donna Cormack (2021), a guest on the podcast, discussed how transformative change can improve the health of Māori. A significant shift in mindset needs to occur, starting with an understanding and acknowledgement of the colonial history of Aotearoa, the attempt by Pākehā to destroy Māori and how this is represented in the socioeconomic outcomes for Māori today (Cormack in De Souza podcast, October 28th, 2021). Cultural safety requires everyday work on the self to understand biased behaviour and how this may influence the profiling and harm of people different to oneself. This is followed by action to contribute to a system that does more than make things better, not to deliver a system in a certain way that continues to benefit Pākehā, but to be part of a movement that rebuilds a transformative system that lifts the well-being and cultural safety of all people in Aotearoa (Cormack in De Souza podcast, October 28th, 2021).

Te Tiriti O Waitangi is the blueprint and guide that sets out the type of relationship tīpuna envisioned with Pākehā, a future that was not grounded in acts of colonisation (Jackson, 2016; Walker, 2016; Tupara & Tahere, 2020). Proceeding Te Tiriti, in 1835, He Whakaputanga o Rangatiratanga o Niu Tirenī declared self-determination, rangatiratanga, Māori sovereignty connected to the whenua, tikanga, whānau and hapū (Jackson, 2020). Today, Te Tiriti o Waitangi is referred to as the founding document of Aotearoa that was to guide tangata whenua and Pākehā to live in balance. However, although outdated terms, many Crown organisations refer to the Treaty of Waitangi as partnership, protection, and participation. This reduces the whakaaro Māori of Te Tiriti o Waitangi values of tino rangatiratanga and mana motuhake. The breaches of Te Tiriti and Kawa Whakaruruhau experienced by Wāhine Kaiwhakawhānau Pēpi are shared in the following kōrero;

There are a lot of barriers that need to change. The Te Tiriti o Waitangi paper ... when its delivered to you from a Pākehā lecturer ... There were lots of times where I wanted to just up and leave and walk out...

Char

If you get somebody who is open-minded and aware of who they are, what they bring to the table, then they provide some sort of care for our people. If we look at their cultural safety best they can provide is average care.

The dynamics of Māori health, as explained by Durie (2012), are much more than physical. Traditionally, illness of the body was viewed from a Western biomedical model. For Māori, hauora extends to the well-being of wairua, hinengaro, whānau, tinana and the whenua. Living in a te ao Māori world and participating in a Western world as tangata whenua is challenging when cultural responsiveness is poor. This has a weathering effect on the sustainability and well-being of Wāhine Kaiwhakawhānau Pēpi (De Souza, 2021; Walters, 2021). The following section is centred on "nice" racism, a behaviour that is deeply embedded in midwifery culture.

"Nice" racism

This theme is about the judgements and stereotypes behind the racist behaviour and narratives that are played out in the current midwifery system. In everyday practice, kaikōrero identified and expressed the many ways that "nice" racism is revealed and how it is an oppressive behaviour afforded to some from a privileged space.

I have been influenced by the writing of the American anti-racist activist Robin Di Angelo (2021), an author who writes about "nice" racism connected to white progressive racist harm. The author describes the insidious traits of white progressives, people from an educated background, middle or upper class, who have travelled and attended workshops about racism but do not regard themselves as racist. For example, white progressives talk about having colleagues or friends who are not white but have not extended this relationship to an invitation to share lunch at their homes or social gatherings. In addition, progressive white people do not challenge or seek change to the status quo that maintains their privilege.

The following kaikōrero share their experiences;

It is a bit of racism. I don't think they understand what they are doing, been around for so long, it's just stayed like that.

Anahera

To be honest we're only comfortable with our own.

Ginny

*We are there when they need us and we go because we're going for the whānau
that's a lot of it, and then when we've played our part, it's put away*

Crissy

In my experience, typical examples of “nice” racism include being asked to do karakia at meetings and then ignored for the rest of the hui (being there in a tokenistic sense); cultural labour, for example, being asked to write a mihi for a senior colleague; looked at to explain the behaviour of whānau; and observations of the changes in behaviour and care by midwives with whānau that have tā moko. The following Kaikōrero shares;

I was asked by the hospital to present about muka tie. They believe they should have their own supply of it. I said “No”, but I was happy to come in and talk about the use of muka tie, storage, safe use and practice, letting them know this is not its rightful place. Its rightful place is out in the community where it flourishes - if you wanted to make it you would go and learn.

But even though I'd said that, they still afterwards said “So how do we get this in the DHB?” ...Even if you said it to them in their face “This is not where it belongs, it belongs with the people”, still they said “So how do we get this in here.”

Crissy

The absence of Kawa Whakaruruhau is expressed in the above kōrero as the disregard by some midwives and well colonised Māori concerning tikanga and taonga - in this context, how wahakura and muka tie are treated like a commodity. Further kōrero with Wāhine Kaiwhakawhānau Pēpi around this topic raised my whakaaro and awareness. For example, in my region, wahakura is available for whānau Māori as a safe sleep device. One of the Wāhine Kaiwhakawhānau Pēpi highlighted the practice of handing out wahakura like we do nappies, absent of the whakapapa, mātauranga and tikanga weaved into this taonga. This practice also extended to the availability and use of muka ties.

Exercising self-determination, as gifted from tīpuna, is exemplified in the action of reclaiming wānanga from a Kaupapa Māori platform for birthing whānau, having control over the places and spaces in which we gather and in the exchange of knowledge. Wānanga is the rightful place where raranga should be introduced along with kōrero about our birthing tikanga and

pūrākau of atua wāhine (Pihama, 2019). The challenges of bringing tikanga, like muka tie and wahakura, into contemporary health settings are deep and complex. There is a knowledge gap when Pākehā do not understand or respect that this is a taonga, not a nice commodity, a trend, or a tick box requirement deemed to meet the cultural needs of whānau.

The embedded nature of “nice” racism within the health sector and the path of least resistance taken for survival is shared in the following kōrero;

Hearing what Māori midwives had to fight for made me reflect and let it flow over me. I thought I had actually done OK. I have been immersed in it [the maternity system] for years, I just went along with it.

Poppy

Robin Di Angelo (2021) discusses the increase of radical white progressives and white supremacy during the presidency of Donald Trump (2017-2021), which grew and has extended out to Australia and Aotearoa. The 2019 Christchurch Mosque tragedy exemplifies radicalised white supremacy and how life-threatening this ideology is to minority communities and indigenous people. At the time of the tragedy, it was difficult for mainstream society to understand how this could have happened in Aotearoa, a country deemed to be peaceful and socially progressive, where everyone gets along with their neighbour. During this time, a friend was working at Christchurch Hospital and described how brown-skinned nurses and midwives were too afraid to walk to their cars. I discuss this to highlight that white supremacy is a significant issue in Aotearoa. Furthermore, the following statement from STIR (Stop Institutional Racism collective) and NZPHA (members of the Public Health Association) highlights the embedded everyday culture of racism in Aotearoa. This was a catalyst for producing a briefing paper for a national action plan against racism and is reflected in the statement from STIR and NZPHA;

The Christchurch mosque shootings in March 2019 reminded everyone that racism is well-established in our people, our institutions, and in a national culture that was built on colonial injustice. Tangata Whenua continue to experience chronic and acute racism, as do other racialised communities within Aotearoa.

(STIR, 2021, p. 5).

Colonial behaviour, racism and breaches of Kawa Whakaruruhau sit alongside each other. Collectives like STIR are taking action to eliminate racism within Crown organisations. A briefing paper to address the government was developed by anti-racism practitioners from Aotearoa. The paper provides recommendations to feed into a national action plan. It aligns with the Matike Mai movement (Mutu & Jackson, 2016) and He Puapua (a strategic plan to achieve Constitutional Reform in 2040). The action plan calls for higher standards of compliance to Te Tiriti o Waitangi by Crown agencies, accountability for racist behaviour, and inclusion of the lived experience of tangata whenua and marginalised people to inform change (STIR & NZPHA, 2021).

As a new graduate, the following kaikōrero shared how she struggled with the underlying patterns of “nice” racism in the first year of practice;

I struggled, [because I was] put in lots of situations where new grads shouldn't be. But it was like non-compliant whānau. [I was told] you will be good to go and talk to that whānau and I was like, Why? [There were] lots and lots of situations where that happened. [The response from other midwifery staff was that] “They will relate to you.”

As a new grad [you] sort of do what you're told but when I look back on it actually I had a real crap new grad year. My mentor [who was Māori] got into a lot of discussions with management about why they were putting me in those situations and their answers were, “It would be good experience.”

Char

It takes four years of education and clinical experience to grow into a midwife, another year with a mentor to support and advise a new graduate, and many more years of learning and growth to mature. Like lateral violence, “eating your own”, which starts early – this refers to destructive behaviour and power dynamics. I have heard this phrase used in my career where newly qualified midwives are not cared for by the midwifery profession. It is a term used to describe the unethical treatment by midwives, predominately with skin and race privilege and the misuse of power resulting in the harm of other colleagues. This behaviour is also about authoritative knowledge with colonial roots, whereby Eurocentric logic is deemed superior, and all other ways of knowing are disregarded (Jordan, 1997). Lateral violence also occurs when Māori doing well are pulled down by other Māori, a behaviour not from the teaching of

atua and tīpuna. Instead, it is seeded from colonisation (Elder, 2022; Walters, 2021). However, sites of decolonising actions were expressed by all kaikōrero.

Linked to “nice” racism is microaggression, the next theme to be discussed, the trauma and harm that can occur, and decolonising indigenous practises that continue to grow and maintain traditional cultural values.

Microaggression

Introduced over 50 years ago, microaggression continues to be theorised in both the Western and indigenous worlds (Sue et al., 2007; Walters, 2021). Like “nice” racism, the foundations of microaggression are connected to colonial power, skin and racial privilege. Microaggression is an everyday experience. Sue and colleagues’ (2007) research focused on the effects of racially motivated microaggression and people's health, particularly the interventions required to reduce the behaviour. Microaggressions in everyday life are verbal, what you say or do not say, how you say it, your behaviour as represented in your body language, the actions you do or do not take, and environmental. For example, the token Māori at a hui, or dial a pōwhiri, is a term to describe how tangata whenua are used like a commodity (Sue et al., 2007). Connected to the harm microaggression causes, cultural safety education asks health professionals to examine their biases and prejudices and how this is played out to influence policies, the clinical environment, a hui, or the classroom (Ramsden 2016). Of significance is the negative impact on marginalised people and the ongoing collective action required to change this harmful practice (Sue et al., 2007),

From an indigenous worldview, microaggression is discussed by indigenous thought leader Karina Walters (2016, 2021). As a dis-ease of historical trauma, microaggression weathers away indigenous people, intentionally wearing away the spirit, body and mind. This is affirmed by my own lived experience and kaikōrero, resulting in periods of burnout and wanting to leave the profession. However, Walters (2021) advocates indigenous people have done well, placing buffers as protective mechanisms against microaggressions, like whānau, whakapapa and whenua connections, tikanga, and te reo. In theorising indigenous health models and with

a healing lens, Walters (2021) transcends historical trauma and reminds us to return and look towards the moemoeā and teachings from atua and tīpuna. Examples of this are evidenced in the movement away from western health models that are not working for Māori to things such as Mahi ā Atua (Kopua, 2022), an indigenous approach to hauora hinengaro, the research and practice by Dr Lily Fraser (2021) to introduce kai to whānau that our tīpuna were eating to address diabetes, and Te Whare Pora, a Kaupapa Māori model of hauora during hapūtanga (Te Huia & Cram, 2022).

The following kōrero explains the everyday experience of working in a monocultural environment and maternity system where microaggression is seeded. In the following context, the experience of attending an antenatal class is shared;

There wasn't even anything for whānau. There was mainstream. I went to that mainstream [but] I couldn't say, oh, I remember this and I remember that. So given that - I don't think it was very powerful... so to combat that, the solution is providing some services for the Māmā and Pāpā and their whānau so that then it prepares them.

Crissy

Kaikōrero always endeavoured to provide culturally safe environments for whānau, offering services from Kaupapa Māori places and spaces. Microaggression in the context of the kōrero from Wāhine Kaiwhakawhānau Pēpi, research evidence, and my own experience affirm that the everyday lived experience is connected to historical trauma. The assimilation processes of education and the health system are structures designed to disconnect and destroy whānau, tikanga, te reo, and displacement from the whenua. These systems are intentionally designed to build relationships of dependency and oppression of indigenous people. Both tangata whenua and Wāhine Kaiwhakawhānau Pēpi must seek services from Crown institutions as this is currently the only pathway, although culturally unsafe with poor outcomes for Māori. The final theme in this chapter is Kāwanatanga, the governance structures seeded from colonisation that come over the top of Wāhine Kaihakawhānau Pēpi.

Kāwanatanga

In the context of Te Tiriti o Waitangi Article 1, kāwanatanga relates to the understanding by Māori that the British had the right to have a government and rule over their people (STIR& NZPHA, 2021). Kāwanatanga is represented as raupatu, the countless harmful breaches by the Crown against tangata whenua since the signing of Te Tiriti o Waitangi in 1840 (Pihama, 2019). Today, these breaches are maintained within the broader context of oppressive government policies and procedures. The Midwifery Council and the College of Midwives represent Crown governance structures over the top of Wāhine Kaiwhakawhānau Pēpi that often do not authentically accommodate Te Tiriti o Waitangi. The following kōrero reflects how the current midwifery model is from a Eurocentric lens and works well for whom it was intended. The burden of being Māori and leaving behind your whakapapa when entering into midwifery as a survival mechanism is shared;

It's OK to be Māori. We have students go through their training without owning the fact they have some. It is OK to proclaim you're Māori...

Poppy

I have also heard this kōrero – tauira who do not want to identify as Māori. The reasoning for this decision is to avoid microaggression and not to be singled out or given a hard time while training.

The Midwifery Council and the College of Midwives are Pākehā institutions that set the foundations upon which the midwifery model in this country is built. Both institutions determine the curriculum, practice, and professional standards which Wāhine Kaiwhakawhānau Pēpi must adhere to while training and as health professionals. Currently, there are no other indigenous pathways. As gatekeepers, the Midwifery Council and College of Midwives have breached the responsibilities advocated in Te Tiriti O Waitangi. In relation to Article 1, the power imbalance sits with the majority making decisions for Wāhine Kaiwhakawhānau Pēpi. Article 2 is about the Māori voice, leadership, and control, as represented in tino rangatiratanga. This requires Māori to have a presence, access to resources, and a voice at

the decision-making table. Article 3 represents օritetanga, normalising ethical practice and relationships in the pursuit of equity, and Article 4 acknowledges wairuatanga, the spiritual dimension. How can the Articles be upheld without an equity lens or Māori caucus to effect change? The lived experience of Wāhine Kaiwhakawhānau Pēpi does not reflect a Te Tiriti-based relationship with the Midwifery Council and the College of Midwives. Historically and currently, there is a poor representation of Māori in the leadership and governance of these institutions that hold moral and ethical authority. Kaikōrero were asked if the midwifery institutions were suitable for Wāhine Kaiwhakawhānau Pēpi. A clear response was no, as reflected in the following kōrero;

One size does not fit all.

Poppy

You have to say that [we follow the midwifery scope of practise] because thats what we have to do as a profession, follow all these guidelines, but sometimes it doesn't actually fit ... our hapū māmā.

Anahera

I knew it didn't work for our people [midwifery and maternity system] because its not meant to.

Crissy

To address the current midwifery education, training, and competencies, kaikōrero shared the moemoeā to have transformative change that is Wāhine Kaiwhakawhānau Pēpi and whānau led;

[I would like to see] professional competency achieved without any burden.

He Mokopuna o Hinekorako

[Imagine] standing outside our custom built Māori birthing unit

Char

To maintain the current pathways, the dominance of Pākehā in leadership and governance is required. The way in which skin and race privilege is formed and the history of Māori profiling and presence in Pākehā education and the health system intentionally maintain power and

colonial ideology. They are culturally unsafe spaces for tangata whenua, including Wāhine Kaiwhakawhānau Pēpi and birthing whānau as shared in the following kōrero;

[Racism] starts well before people enter the profession of health. Their senses and their perceptions of Māori, whether they are Māori or not, is being formed from the moment they're born in this country. By the time they reach health we're trying to undo some perceptions which are very hard when they're lifelong perceptions. The education system, media, there's everything that contributes to racism in New Zealand. The perception of Māori and the value of our language, the value of our people. There's the perception out there that Māori can't achieve, [that they're] not as smart as everybody else.

Pareārau

The past and present lived experience of Māori is reflected by kaikōrero. Their narrative expresses the disregard and othering of tangata whenua across society driven by Pākehā politics and media platforms. It is a mindset with behaviour traits linked to white supremacy. Kaikōrero highlighted the power imbalance in society and how it is carried into the education and health sector. Since the arrival of Pākehā and colonisation, the process of addressing historical trauma, cultural safety, and healing has been ongoing.

Wāhine Kaiwhakawhānau Pēpi shared many experiences of racism. However, they still had the energy to maintain their values. For example, the following kaikōrero illustrates the decolonising actions to embed principles of Te Tiriti o Waitangi;

One of the biggest things for me driving me this year is tino rangatiratanga - self-determination for our people - regaining that, reclaiming that, for us as Māori midwives.

Kiley

As tangata whenua, Wāhine Kaiwhakawhānau Pēpi are pushing back against Eurocentric midwifery, exercising their indigenous sovereign right to self-determination. The following kōrero expresses the desire to care for our own and leave behind the responsibility of mothering Pākehā midwives regarding their professional responsibility to meet midwifery practice requirements of cultural safety and Te Tiriti o Waitangi;

It's not my job to fix all of you, not my job to make you culturally competent, teach you reo. If you do not understand then you need to find out how you [can] understand.

Kiley

In Aotearoa, the midwifery and education systems are culturally unsafe for Wāhine

Kaiwhakawhānau Pēpi. However, a strong feature that came through the shared experience of kaikōrero was their commitment and strength, exercising indigenous sovereignty in both their own way and as a collective. To have the opportunity to witness this was a privilege.

Conclusion

The Māori concept of Kawa Whakaruruhau, as a korowai of protection, was pioneered by thought leader Dr Irihapeti Ramsden and colleagues over 40 years ago. In Aotearoa today, breaches of Kawa Whakaruruhau remain largely unresolved and are reflected in the Waitangi Tribunal WAI 2575 Report (2019) and the Waitangi Tribunal Haumarū Report 2021 (Curtis et al., 2019; De Souza, 2004; De Souza, 2016; MOH, 2019, Wilson, 2021).

Guided by kaikōrero, my own lived experience, and research evidence, the following themes were discussed: whakaiti, “nice” racism, microaggression, and kāwanatanga. The findings evidenced the everyday encounters of racism experienced by Wāhine Kaiwhakawhānau Pēpi. A strong sense of rangatiratanga and mana motuhake were expressed in decolonising processes and actions to push back. However, to push back requires the expenditure of energy against oppressive, racist behaviour. This can come at a cost, a weathering effect upon hauora wairoa, hauora hinengaro, hauora tinana, and hauora whānau. Survival can mean leaving the profession, or who you are as wāhine Māori, and pursuing the pathway of less resistance to survive a training program and maternity system that is culturally unsafe.

Kaikōrero all expressed views on current midwifery education, model of care and maternity systems that fail to meet the cultural requirements of Wāhine Kaiwhakawhānau Pēpi and birthing whānau. There was a sense of being over-surveilled and oppressed. The requirements of Crown systems is poorly understood and enacted to maintain rangatiratanga and mana motuhake as our tīpuna intended in He Wakaputanga o Te Rangatiratanga o Niu Tirenī me Te Tiriti O Waitangi. This is an intentional strategy. There is an overrepresentation

of Pākehā within the Midwifery Council, College of Midwives and leadership, predominantly designing and delivering systems from a colonised ideology.

Although the education and maternity sectors were considered to be toxic environments, Kaikōrero were all endeavouring to bring Kaupapa Māori services, te reo, and tikanga to whānau and for themselves as a collective. There is a whakaaro that we, as Māori, know what we need and how to provide it. All kaikōrero articulated this - having whakaaro and moemoeā to transform the education and clinical experience of Wāhine Kaiwhakawhānau Pēpi and birthing whānau. Furthermore, Kaikōrero had a strong commitment to Kaupapa Māori worldviews, their whānau and personal lifeways, from becoming active members of their hapū and marae, learning te reo, practising rongoā, whāngai of mokopuna, and as whaea.

The next chapter is focused on three major themes: Whānau, kaupapa whānau, and Mana Wahine. These themes relate to how Wāhine Kaiwhakawhānau Pēpi theorises, practises and sustains their oranga, well-being.

Chapter Six - Kaupapa whānau and Mana Wahine

Ehara taku toa i te toa takitahi

engari he toa takitini

Pāterangi, Ngāti Kahungunu

Introduction

This whakataukāki opens Chapter Five to acknowledge the fundamental essence of whakapapa, whānau, kaupapa whānau and Mana Wahine, all examples of collectives. In the chapter, these are the key concepts that I explore. This chapter presents hau kāinga as the first theme, beginning with the pūrākau of atua that set the origins of whānau. The traditional structure of whānau was the social and ethical frameworks that maintained balance and safety in Māori communities. A comparative analysis of traditional society and the colonial experience of indigenous communities from Aboriginal and Torres Strait Islanders and Turtle Island is discussed to identify areas of alignment. The second theme is expressions of tino rangatiratanga and seeks to illustrate how whānau influences and shapes ethical conduct and tikanga, the worldview by which Wāhine Kaiwhakawhānau Pēpi apply their theory and practice. The final theme connects the strength of kaupapa whānau and Mana Wahine. This collective movement is centred on the teaching, learning, and sharing of moemoeā, lived experience, theory and praxis as mana wahine.

The Māori concept of Kawa Whakaruruhau was the central theme of Chapter Four. Cultural safety is commonly used and refers to Pākehā values and practises in the health system. Under the umbrella of the midwifery profession, the cultural responsiveness of Pākehā training institutes and governance structures was explored. In particular, Kawa Whakaruruhau reflects the well-being and safety of Wāhine Kaiwhakawhānau Pēpi and the genuine application of Te Tiriti o Waitangi in health and education policies. Racism is a shared experience connected to

the absence of a relationship of equal power and respect between Māori and Pākehā. Intentional oppressive frameworks, hidden within midwifery policy, governance, and leadership structures, prohibit tino rangatiratanga and the transformative growth of Wāhine Kaiwhakawhānau Pēpi. The cultural values and practises of Māori, as Kawa Whakaruruhau, were poorly understood and not respected by Pākehā.

The strength of whānau, kaupapa whānau and Mana Wahine

Indigenous people have similar understandings and values that hold firmly to traditional social systems and ethical frameworks of whānau, the strength of connections through whakapapa and whānaungatanga (Jackson, 2020; Mead, 2003; Simpson, 2017; Williams in De Souza podcast, June 9th 2021). Although I use kupu Māori to express kinship, responsibilities, and roles, I acknowledge these are understood through different languages. This was relational to the balance, function, and mana of whānau members. Women were autonomous, held positions of authority as leaders and knowledge keepers and were regarded to have sacred power as whare tangata, bearers of the generations to come (Mikaere, 1994; Simpson, 2017; Yates Smith, 1998).

Traditional Māori society was intact and in balance. Wāhine Māori had roles and responsibilities that reflected status and mana. Following colonisation, this was disrupted by assimilation processes that demeaned and devalued this balance (Mikaere, 2017; Pihama, 2001; Pihama, Simmonds, Waitoki, 2021). Today, the mana of wāhine, as gifted from atua wāhine and tīpuna, is being reclaimed from acts of colonisation. These acts were seeded by British heteropatriarchy and sought to oppress wāhine traditional and rightful place (Mikaere, 2017; Pitman, 2023). The marginalisation and oppression of mana wāhine enforced and reproduced in the past are ongoing (Mikaere, 2017; Pihama, 2001; Pihama, Simmonds, Waitoki, 2021).

Contemporary indigenous communities and midwives exercise the sovereign right of traditional birthing practices. Reclaiming traditional practices is a movement of indigenous communities from Aotearoa, Aboriginal and Torres Strait Island, and Turtle Island.

Communities strengthen and reconnect ties to Mother Earth, the land, ancestors, and spirituality (Simmonds in De Souza podcast, June 9th 2021; Simpson, 2017; Williams in De Souza podcast, June 9th 2021). The teachings from atua, tīpuna, mana wahine and mana whānau influenced the practice of He Mokopuna o Hinekorako;

How we work with whānau [is that] they all come to us. That's the thing I love about the role - meeting everybody at that time in their lives, [where you are invited to] stop and wānanga bringing forth the next generation, asking what does that mean to you? What are your dreams? What do you need right now and how can we support you to achieve those dreams? [That is their] birthright as whare tangata, [to] inherit everything our tīpuna have left them

Despite colonisation, the intergenerational transmission of knowledge from kuia to moko shaped and influenced how kaikōrero provided care for whānau. He Mokopuna o Hinekorako shares the teachings from her kuia;

What did my kuia have in her day? Feeling that [she was] valued as whare tangata, bringing life forward. [She was] restricted from some things, she got the best of kai - guided by her mother, [if her] feet were swelling - haere ki te moe ... [she had a] hapū around her to make sure she was well. [She would be on] hands and knees scrubbing the floors, helping baby to get in the best position.

Our tīpuna had their mātauranga about hapūtanga, whakawhānau, and after-birth care, which was shared from generation to generation. Today, Wāhine Kaiwhakawhānau Pēpi know that birthing on hands and knees is often an instinctive position taken by the māmā for birthing and is an optimal position in terms of opening the diameter of the pelvis and assisting descent of the pēpi. It is only much later, during contemporary times, that textbooks have confirmed this and birthing lying down on your back was discouraged. Restrictions on activities and kai during hapūtanga are a safety measure to maintain the well-being of māmā and pēpi. These precautions continue today.

Hau kāinga

The traditional ways

Pre-colonial Māori worldviews were guided by the original instructions from atua and deeply embedded into the everyday life and knowledge systems held by whānau (Mead, 2003;

Mikaere, 1994; Yates Smith, 1998). The tikanga of whānau was grounded and woven into the natural connectedness to all living and non-living things, the natural order of the universe, and the balance that needed to be maintained for the well-being of whānau and hapū (Jackson, 2020; Mikaere, 1994; Pihama, 2019).

Whakapapa formed the traditional social structure of whānau and provided the foundation from which hapū and iwi are seeded (Makereti, 1986; Mikaere, 2017). Wāhine Māori were celebrated as whare tangata, and the strength of the whānau was in the tapu links of whakapapa that bound whānau members to each other, atua, tīpuna, te ao Māori, the whenua, past, present and future generations (Makereti, 1986; Mead, 2003; Mikaere, 2017). The balance and integrity of whānau were grounded in tikanga, the first law of Aotearoa (Mikaere, 2017; Pitman, 2022). The practice of tikanga was essential for survival and related to the whānau functioning together for the group's holistic well-being (Mikaere, 2017; Pihama, 2019). Collaboration and strength were maintained, and “so pivotal was the whānau to Māori life that the notion of individual choice was generally considered to be of secondary importance” (Mikaere, 2017, p.55).

Kiley shared how she felt robbed of the teachings from her tīpuna and the growing awareness that there are innate customs that are embodied;

It's not until I've had kids and I use terminology, say things, do things and my kids say "What does that mean?" did I realise actually how much Māori, you know, kaupapa I actually had.

Pareārau also explains the innate teachings from tīpuna and genesis that influence practice;

You still have Māori midwives who are colonised but they still even provide more than non-Māori because of their lens. You may have a Māori midwife for example [who] does not speak Māori, hasn't grown up on Māori, doesn't know the intricacies of karakia, but there are some things innate in that upbringing that are still there.

Taking your shoes off at the door - for those of us who haven't had the privilege of learning tikanga they may not know why they're taking shoes off at the door, but it's innate in them because that's what they've done and seen.

There's a deeper tikanga under that around [how] it's a place of Rongo and you wouldn't bring any dirt from the space of Tumatauenga out there into your whare. Lots of Māori don't know but actually we just take our shoes off - that's a part of manaakitanga and respect.

Traditionally, whānau included three generations, kaumātua and kuia, the knowledge keepers from whom the transmission of mātauranga was enacted (Mead 2003; Walker 2004). The elders were also the mentors and carers of mokopuna. Adults and tamariki formed the second and third generations, potentially comprising twenty to thirty whānau members. Tamariki were taonga, cherished, well cared for and loved by adults who were regarded as their mātua, taking on the role of māmā and pāpā when parents were working. Kaumātua and kuia had an active role in the upbringing of mokopuna, and when elders were ill or individuals were sick, they were cared for by the whānau (Mead, 2003: Walker R., 2004). In other words, whānau is a collective that stretches deep and wide and is not a translation for family.

Pihama and Te Nana (2019) affirmed that the foundation of te ao Māori is whānau, with tamariki and mokopuna at the centre. This was in response to the ‘Hands off Our Tamariki’ Māori protest against the taking of tamariki Māori into Pākēha state care. The whakatauki “Matua Rautia’ was used by Pihama and Te Nana (2019) to illustrate that tīpuna saw all tamariki cared for by hundreds of parents. This continues today; as tangata whenua, it is our collective responsibility to look after tamariki, mokopuna and whānau. Wāhine Kaiwhakawhānau Pēpi endeavour to keep whānau traditional values and practices at the forefront; however, it is challenging in a monocultural midwifery setting with opposing work ethics;

I could not go back on call 24/7 - and your colleagues expected that of you, the College (NZCOM) expected that of you [in the early days]. Coming to work in a rural DHB, I found it to be most satisfactory practise for me, because of that security - financial, emotional, spiritual, physical, also another Māori midwife was there providing that culturally appropriate care and aroha for our whānau, that was wonderful.

He Mokopuna o Hinekorako

Well-being is achieved when amongst your people. The shift from working in isolation with colleagues who do not have the same worldview was significant for kaikōrero. The presence of another Wāhine Kaiwhakawhānau Pēpi with similar values and practices and Mana wahine in action is shared;

What I've observed now [and in the] last 25 years [is] where I see Māori midwives thriving - in an environment where they feel that they're working well with whānau, [and have] got collegial support from another Māori midwife.

He Mokopuna o Hinekorako

[I have seen the] empowerment of wāhine through wāhine – [celebrating] something I did myself, my body, my babies together. To be able to do it as a career [and] support other women to feel strong, empowered through the birth process - I wish all women felt like that, that purpose

Kiley

Developing kaupapa whānau working together through the birth process creates power in the collective and a healing space for each other. There is also a sense of the lived experience of Wāhine Kaiwhakawhānau Pēpi and birthing whānau that is more than a career. There is the spiritual element and a connection to ancestors. Indigenous people have rich and diverse ways of understanding and practising well-being. However, the common thread is the connection to ancestors and healing (Pihama & Smith, 2023). Healing of ourselves is part of the more considerable discourse related to restoring balance and the well-being of past generations, the whenua and taiao, our lands and the environment (Pihama et al., 2023). The restoring of balance is also connected to the healing of inter-generational trauma, of the self and hāpori, by exercising tino rangatiratanga, and in the context of birthing, strengthening Māori maternities in theory and praxis (Pihama et al., 2023). The freedom and self-determination to bring the world of te ao Māori, tikanga and mātauranga into the whānau birthing space changes the intergenerational trauma connected to colonisation - the colonial history of enforced medical practises and whitestream authoritative knowledge (Pihama & Smith, 2023).

Before colonisation, wāhine Māori had the same status as tāne Māori, with role models stretching back to atua ancestral teachings and knowledge (Mikaere, 2017; Murphy, 2014; Pihama et al., 2021; Yates-Smith, 1998). Mikaere states;

This form of social organisation ensured a degree of flexibility for women not possible within the confines of the nuclear family. The presence of so many caregivers, enabled women to perform a wide range of roles, including leadership roles. Iwi histories that have been handed down orally from generation to generation present a picture of a

society where women and men featured in all aspects of life, and fulfilled all manner of roles. (Mikaere, 1999, p. 9).

It is clear from history that wāhine Māori occupied critical leadership positions in traditional society, positions of military, spiritual, and political importance. Wāhine Māori held these positions within whānau and hapū, standing alongside tāne. Within the traditional structure of whānau, there was no division of responsibilities based on gender. This was imperative to maintaining the balance of whānau and hapū (Mikaere, 1994; Pitman, 2021). The following kaikōrero expresses how communities are categorised and grouped according to skin colour and race.

Working in a large tertiary hospital, [patients were] ethnically diverse. To cope, [the hospital] compartmentalised whānau according to ethnicity, Cook Island Māori, Fijian, Indian, Māori.

Kiley

Māori academics argue that colonisation fundamentally disrupts the traditional structure and social system of whānau (Mikaere, 2017; Pihama et al., 2021; Pitman, 2023). This was further strengthened by intentional colonial acts that resulted in the isolation, oppression, loss of cultural identity, transmission of knowledge, tikanga, te reo, mātauranga, and the connection to atua and whenua (Mikaere, 2017; Pihama et al., 2021). The objective of English law was to assimilate and oppress Māori; for example, the Tohunga Suppression Act 1907 prohibited Māori from practising and participating in traditional knowledge systems connected to healing and the environment (Durie, 2012; Pitman, 2023). Legislative acts caused significant disruption and loss of economic wealth, connection to whenua, whānau structure, the transmission of Māori knowledge, and status of wāhine Māori (Mikaere, 1994; Mikaere, 2017; Pitman, 2022; Pitman, 2023). However, despite the violations of colonisation, kaikōrero had kaumātua and kuia role models;

The love and respect admiration I had for her [my kuia. She was] positive, nurturing - as a wahine who stood on her marae for everybody. [She was a] kaikaranga bringing

whānau together, being at the birth of mokopuna or soon after, getting to know her mokopuna - those things she took very seriously

He Mokopuna o Hinekorako

Māori worldviews and methodologies were considered inferior to western knowledge by Pākēha and belief systems of race, gender, and class ideologies. A part of the colonial assimilation plan was to introduce foreign supremacist belief systems of Christianity and formalised western education (Durie, 2012; Mikaere, 2017; Pihama et al., 2021; Pitman, 2023). Mikaere explains the underlying power of white missionaries who came to Aotearoa;

Aside from being credited with the introduction of Christianity to Aotearoa, Marsden was also responsible for the establishment of the first mission school in 1816, thereby signalling the start of a lengthy missionary campaign to 'civilise' Māori through a zealous combination of schooling and church (Mikaere, 2016, p. 50).

English assimilation processes intentionally and systemically destroyed the fundamental structure and tikanga of whānau (Jackson, 2020; Mikaere, 2016; Pitman, 2022; Williams in the De Souza podcast, June 9th 2022). This occurred due to language theft, land theft, and forced assimilation through education and Christianisation.

Harm against Aboriginal peoples

There are similarities between the colonial experience and trauma among indigenous women of Turtle Island, Australia, and Aotearoa (Jackson, 2020; Mikaere, 2017; Niles in De Souza podcast, June 9th 2021; Williams in De Souza podcast, June 9th 2021). Aboriginal harm included dehumanising indigenous women's lifeways and traditions, considering them savage and dirty, cutting away their status to be reduced to the bottom of an enforced Eurocentric class system. These colonised countries were taken and ruled by white heteropatriarchal power structures. The effects are largely felt today as economic deprivation, loss of land and cultural identity. Traditional clan structures were intentionally dismantled, women's status and leadership were destroyed, and their roles were confined to the house and children, with men more in the public zone. This social structure has caused harm by destroying traditional gender roles and balance (Mikaere, 2017; Simpson, 2017; Williams in De Souza podcast, June 9th

2021). As a result, historical and intergenerational trauma continues through a forced colonial system foreign to our original teachings and instructions from ancestors (Pihama et al., 2021; Simpson, 2017; Walters, 2021).

Further evidence voiced by indigenous knowledge holders is that the destruction of traditional social systems and the status of women has resulted in a memory loss of indigenous ways of knowing and being (Jackson, 2020). Mikaere's (1994) comparative analysis of the colonised women's experience refers to the writing by Native American activist Paula Gunn Allen (1992). As argued by Paula Gunn Allen, the collective loss of memory was a colonial act whereby women's status was redefined and conceptualised by colonial white males with a heteropatriarchal lens. Furthermore, the English language was used as a weapon against indigenous women and mothers, dehumanising their status with language like "squaw", "savage", and dirty (Mikaere, 1994; Pihama, 2019; Simpson, 2017). Indigenous women were also objectified as if not human, seen as overtly sexualised, something to be used or taken (N.Simmonds, personal communication, 12 May 2022). The status of indigenous women in the community and as landowners was seen as a threat to the colonial gendered and heteropatriarchal culture (Pihama et al., 2021; Simpson, 2017; Yates Smith, 1998).

Indigenous mothers in Canada were deemed unfit, losing their children, land, and status as sacred bearers of bringing the next generation into the world (Bedard, 2006; Shahram, 2017). Specific colonial actions and legislation enforced upon colonised indigenous people were a harmful and painful method of removing one's identity and culture (Shahram, 2017; Williams in De Souza podcast, June 9th 2021). The well-being of whānau before the arrival of colonisers and the destruction that followed is reflected in the following kōrero;

[In those days there was] healthy lifestyle, a lot of joy, laughter. Nobody was homeless or without a bed, clothes on their back or kai in their puku. Marae were alive and thriving, everybody could have a role, [although they were] not perfect, with a whole lot of Pākehā evils - alcohol, the effects of trauma after the war, violence.

He Mokopuna o Hinekorako

The recovery of whānau wellness and balance is part of the history of Aotearoa and other indigenous communities impacted by colonisation, past and present.

A common practice in Aotearoa and Turtle Island is forcefully removing babies and children from their whānau and clan. This is an intentional act of suffering to break down the traditional structures embedded in indigenous communities of kinship ties and traditional customs of mothering. Historically, removing the identity and cultural essence was further impacted by changing children's indigenous names, cutting hair, removing traditional clothing, and indoctrinating them into English religion and schooling (Pihama, 2019; Walters, 2021; Williams in De Souza podcast, June 9th 2021). Residential schools were also charged with destroying the fundamental family unit that kept indigenous communities strong (Walters, 2021). The Indian Act of 1876 and the Sexual Sterilization Act were two of the most dehumanising laws against indigenous women in Canada (Shahram, 2017). A system of dependency on the Canadian state was initiated by the Indian Act of 1876, whereby the indigenous people were deemed wards of the state. Shahram states that this Act;

It helped solidify predominant conceptualisations of indigenous people as inherently inferior and incapable of independent thought... By defining indigenous women as legal nonpersons until 1951, and making their Indian status dependent on their matrimonial status, the Indian Act completely destabilised the indigenous woman's place in society (Shahram, 2017, p. 17).

The human right to be indigenous, to give birth, and to become an inter-generational family was taken away by Canadian legislation and this was also the experience of birthing communities from other colonised countries (Shahram, 2017; Simmonds, 2014; Williams in De Souza podcast, June 9th 2021). Government policing to restrict the freedom of indigenous women to become mothers was enacted through legislation to enable forced sterilisation. Between 1929 and 1972 in Canada, involuntary surgical sterilisation was intended to prohibit women with mental illness and later women deemed intellectually impaired to parent. It was also applied to indigenous women (Shahram, 2017). Sterilisation is violence against women

and a method of genocide. It is a deliberate act by colonial governments to destroy indigenous communities (Leahy, 2015; Walters, 2021).

Similar to Aoteroa, in Australia and Turtle Island, indigenous birthing practises and the environment were sacred. The space was wrapped in ceremony and celebration. The woman was prepared for birthing and to become a māmā by knowledge holders, grandmothers and aunties. There was ceremony for pēpi and for their introduction into the clan. Like the ongoing colonial experience for Māori, the enforced foreign Western medical models over-surveillance of indigenous women and birth attendants intentionally destroy their right to practise cultural values and beliefs. In contemporary society, indigenous people are still expected to comply with colonial systems and processes without acknowledging their own kinship, knowledge systems, values and practises (Pihama, 2019; Simmonds, 2014; Simpson, 2017; Williams in De Souza podcast, June 9th 2021). The following kaikōrero explains the experience of seeking your own people for support within hostile environments;

[There was] no support in the team. In the community, Māori midwives wrap around me, that was big for me. [I was] looking, searching [in the hospital] for places of safety, [but they were] not there, not safe. [There was] no confidentiality. [I was] thrown under the bus.

Kiley

My job is not worth sacrificing [my] mana. I felt culturally unsafe and my mana was on the line, the mana of my whānau, the mana of my mother and my father

Pareārau

The spaces where refuge and cultural safety are expected, for example amongst your people and good allies, are more harmful when they are unsafe.

Destroying whānau and Mana Wahine

In Aotearoa, within mainstream society, there is a deliberate erasure of the racialised history of indigenous pregnancy and birthing. The enforced colonial healthcare model developed and led by white men based on a violent history of obstetrics and gynaecological services is part

of Aotearoa's colonising history (Cormack in De Souza podcast, October 28th 2021). The subjugation of wāhine as whare tangata, the birthplace of humanity, is a colonial act of indigenous harm. Furthermore, Mikaere (2017) explains the redress of injustices against wāhine Māori was brought forward to the Waitangi Tribunal to be addressed in the Mana Wahine Claim. The claim is centred on the alleged treaty breach by the Crown's failure to protect the mana and rangatiratanga of wāhine Māori (Mikaere, 2017).

The inhumane treatment of wāhine within the health system of Aotearoa continues. It is not that long ago in history that experiments were conducted at National Womens Hospital: unconsented vaginal examinations under anaesthesia, the inhumane care of incarcerated women in labour, and the taking of Māori pēpi in maternity settings (Cormack in De Souza podcast, October 28th 2021). There is also a colonial practice of over-surveillance and medical policing. The further away from whiteness people are, the closer they are surveilled (De Souza, 2021; Cormack in De Souza podcast, October 28th 2021). People's bodies are policed, and the way indigenous and minority communities maintain health during pregnancy and birthing is measured against Pākehā standards (Cormack in De Souza podcast, October 28th 2021). This includes the experiences of Wāhine Kaiwhakawhānau Pēpi walking alongside whānau. Kaikōrero shared their everyday experiences of oppression in the maternity and midwifery systems and their responsibility to be advocates and protectors of whānau:

Whānau [who] missed two appointments [are] then handed over [to find another midwife]. I'm like 'No, she still needs care', I mean they don't take into consideration the Māmā and all her responsibilities. You know, [they want to] make sure their baby's growing well, but there's lots of other things going on in their lives that, you know, 20 minute appointments just do not cut it. "Non-compliant wahine" [is how they document this in medical records], I hate seeing that.

Char

[There were] periods from my midwifery journey of thinking I've been robbed. I felt so much more Pākehā than I ever did Māori, [I] had to process and realise it was colonisation, it did that. I have to reconnect to reclaim not just for myself but for my own children.

Kiley

In Aotearoa, the experience of whānau and Wāhine Kaiwhakawhānau Wāhine during birthing and pregnancy is a broader representation of the inequity and racism experienced by tangata whenua in mainstream society. To move forward, a reckoning needs to occur about who and how health services were developed in this country, followed by a process of dismantling systems and a shift in mindset for radical change to provide healing, transformational healthcare for everyone. The maternity environment can be a lonely, unsafe space for Wāhine Kaiwhakawhānau Pēpi employed by the District Health Board (DHB), as reflected in the following narrative:

In 1996, I started midwifery. There were eight Māori midwives, only four [of whom are] practising now, [they have] gone into other fields or out of the profession. [It] continues today – [there is] only one Māori midwife in the DHB.

Poppy

As a Māori health professional, there is a strong sense of responsibility to provide kaupapa Māori care for birthing whānau. This is a driving force and a precursor to burnout. Poppy explains;

In the team I work in, only myself [is Māori]. We need more Māori or increased hours to reflect the needs of a high Māori population. I try to see all the Māori when I work - on my one day until the next week.

Currently, within the Midwifery Council, there seems to be an endeavour to change the public-facing ideology of midwifery, with the engagement of a tikanga advisor and the application of Te Tiriti o Waitangi as a foundation within the organisation and governance structures (Midwifery Council, 2021). Since 2021, the council has been reviewing and updating its regulatory frameworks regarding the midwife's scope of practice. It provided a link to the United Kingdom and Ireland as references for defining the midwifery scope of practice (Midwifery Council, 2022). This highlights that ties in the organisation are still founded on colonial ideology. There is no unlearning of Aotearoa colonial history or willingness to flip the gaze and develop a framework based in and more inclusive of tangata whenua and other marginalised communities.

The revised midwifery scope of practise document references midwives needing to engage in the resources provided, for example, Māori concepts of ako, whānau, and tikanga. There is no information about how midwives will be regulated or accountable and how this will be employed in their everyday practice to demonstrate understanding and commitment to changing the racialised frameworks and behaviour in midwifery.

There is also the tendency by Pākehā to reframe Māori concepts to fit their worldviews and lived experiences (Simmonds & Carlson, 2022). The Māori whakaaro of whānau is an example of how this is often still reduced to be another word for nuclear family. The kupu whānau is rich and deeply laden with whakapapa, whanaungatanga, and kaupapa whānau. Collectives of people that come together with a common objective or goal are termed kaupapa whānau, for example, tauira Māori who form a collective to awhi and manaaki each other. All participants interviewed voiced the challenges of learning and working in a midwifery environment dominated and powered by Pākehā. The dismissal of seeking what is essential to tauira Māori, kaupapa Whanau and Wāhine Kaiwhakawhānau Pēpi, is articulated by Char:

I definitely struggled with it [midwifery training]. I signed up to go through the Māori pathway through Wintec but [in the end] there was no Māori pathway. I filled out my application to go that way, got accepted, started the degree.

I got told that there actually wasn't enough Māori staff to take the other side of it so I just went "You need to take it off the website". We had to find out why we weren't on the other course, the pathway didn't even exist. [There was] no correspondence from Wintec to say "We're not offering that anymore", [they] just threw us in the class with everyone else. We've come all this way to Hamilton for this and there's nothing.

The organisation, commitment, and vision to journey with kaupapa whānau are expressed in this narrative. Choosing a Māori-centric option and having it taken away without consultation disregards the mana and cultural values of tauira Māori. Kaikōrero expressed both Pākehā midwifery education and the midwifery model as not meeting the cultural values and practises of birthing whānau and Wāhine Kaiwhakawhānau Pēpi;

If we compare the system [maternity] to other countries, [there are] good points. However when comparing the maternity system against what we had as tangata whenua, from our ancestors pre-colonial, [we are] not doing that great.

Pareārau

We still need to work in the system. Our people are still going to be in that system. Get the voice of the people. [It] needs to be bigger than a feedback form -that aint going to cut it.

Kiley

Wāhine Kaiwhakawhānau Pēpi all voiced the everyday challenges they encounter in the workplace and had the solutions to provide a better, safer maternity system for all people.

Expressions of tino rangatiratanga

The process of unlearning

Teachings from atua wāhine provide a life map for wāhine Māori. The valued status of whare tangata is held within traditional beliefs, as reflected in the creation pūrākau. Te Kore and Te Pō, the darkness likened to the womb, is where the potential lies for humankind, a space connecting the past to the present and the future (Mikaere, 1994; Mikaere, 2017; Yates-Smith, 1998). The map of the birthing process is reflected in the birth of the pēpi of Papatūānuku and Ranginui into the world of light, te ao marama. Traditionally, wāhine Māori, in their roles and status, hold significant links to atua such as Papatūānuku, the first mother, ūkaipō, nurturer of all (Mikaere, 1994; Mikaere, 2017; Yates-Smith, 1998). Papatūānuku was the original birthing mother and received her offspring at the end of the life cycle (Yates-Smith, 1998). In contemporary times, the transmission of Māori knowledge continues despite suppression due to forcefully imposed colonial values and practises. The teachings from atua wahine Hine te-iwaiwa provides a profound knowledge of karakia and tikanga in childbirth closely connected to raranga, the sea and the moon - guidance which is still considered valuable in theory and practise, and contextualised by kaikōrero interviewed:

My grandmother on my Dad's side, she was around us because she came to live with my Dad. My cousin would visit and she was a midwife. She would say to Nan "Im going now, I will talk to you later... got to go look after this wahine, she's in labour I'll see you soon". Nan would say "I'll see you tommorrow." So she would say things like that - they were always intriguing things to me. It wasn't till later I figured that out that she would read the moon, thats how she would predict what would happen. Nan was always right.

Crissy

Intergenerational whānau living provides opportunities to witness and learn from kaumātua. The memories and impressions shared by kaumātua are pathways to reclaiming and building our ways of being and seeing the world, shaping theory embedded in whakapapa and tikanga that we take with us into practice;

I've only ever worked within my tribal boundaries [with] Nannies and Kuia involved, recognising our tīpuna stories. [When] working alongside another Māori midwife from the same takiwā, [we] developed a wānanga for our Māori whānau to come to, started making ipu whenua, sharing kōrero about our own birth experience, including our partners. I realised [this] was an important way of working.

He Mokopuna o Hinekorako

We have the answers to developing Māori maternity services for whānau and hapū at the right time, place, and with the right people. Restoring the healing and balance of mana wahine and mana tāne, and of stories from the whenua, atua and mana whenua for future generations.

Te ao hurihuri

Tangata whenua experience of harm from the assimilation processes of English schooling, Christianity, displacement from the whenua, and poverty are still embodied, remembered and felt in Māori communities today. However, the recovery of the traditional whānau social structure and systems is undergoing a reclamation process through decolonising practices. An example of this is in the whānau structure within the Papakāinga movement. The kaupapa of papakāinga is a social living model that ties whānau to whakapapa and the whenua with kaumātua, kuia, mātua, and tamariki living closely together.

Indigenous women from Aotearoa, Australia, and Turtle Island have had similar colonial histories of loss, having their status, sovereignty, and knowledge systems nearly destroyed. Traditional knowledge and practices to maintain women's health, birthing, and child care were considered unclean, superstitious, and inferior (Murphy, 2014; Mikaere, 2017).

Western health and education models are centred on the nuclear family and the success of the individual. However, endeavours have been made to correct this ideology and address persistently poor outcomes for Māori in health and education (BERL, 2019; Durie, 2012). The

two long-standing monocultural midwifery institutions appear to be changing, perhaps an endeavour to represent a more Te Tiriti o Waitangi compliant look. Recently, the New Zealand Midwifery Council appointed both a Māori and a Pākehā as co-chairs, and NZCOM has had a Māori president for several years. What profound difference this will make to reflect a culturally appropriate and responsive collective is still yet to be seen. Kaikōrero all shared views of the present institutions that come over the top of Wāhine Kaiwhakawhānau Pēpi, regulating their practice and representing mainstream ideology. A common theme was that this was not working;

Everyone talks about us, New Zealand, having a world class maternity system. I don't disagree with that but we're comparing it with other Western systems. I don't debate the fact that we've got a world class maternity system but for Māori, I think it could be better. When you think about that melting pot of a population that we host, the diversities of culture that we care for - if it was a system that was better for Māori, would it not be better for everyone?

Pareārau

Kaikōrero expressed their whakaaro of what a different midwifery and maternity care pathway would look like for Māori. Wānanga was advocated as an alternative learning environment that is inclusive of whānau in diverse forms, a shared experience and ownership of a kaupapa that was essentially led, provided, and informed by whānau and hapū. Wāhine Kaiwhakawhānau Pēpi had many solutions to the current mainstream midwifery profession. The following kaikōrero shared clear instructions and guidance for mainstream midwives challenged by their professional responsibility to apply Te Tiriti o Waitangi in their everyday practice;

All you midwives need to wānanga, eat some kai, talk about the hard stuff...then sleep next to those people you just had an argument with.

Kiley

Wāhine Kaiwhakawhānau Pēpi had fundamental support systems to awhi and manaaki that were inherently centred within whānau. The safety net and strength that is provided by the whānau at home was essential rongoā for Wāhine Kaiwhakawhānau Pēpi. The ability to

debrief and let go when surrounded by a korowai of aroha and hold to your self-determination was expressed in the following kōrero;

At home [I] release that, to maintain [my] own sense of worth and pride. Let it go, don't give up what you believe to be right ...

Poppy

A common feature from the research evidence investigating the success of taurira Māori was whānau support (Jeffries, 1997; Durie, 2012; Nikora et al., 2002). The wrap-around of whānau at home to support the study journey of taurira was a determinant of success and, alternatively, failure. The following kaikōrero explains:

I didn't think much of the training. [I did] some training here, then I went to Waikato because thats where my strongest support was, with my children.

Crissy

Pākehā institutes who focused on addressing inequity, creating strength-based pathways towards success, and including whānau, provide the best outcomes for taurira Māori (Bristow et al., 2016). Research from Otago University concluded that a health workforce should reflect the broader society in Aotearoa, including Māori from all schools and kura, however, this cohort is grossly under-represented (Curtis et. al. 2012). The researchers stated that the absence of Māori students was mirrored in higher learning institutes across Aotearoa and internationally (Curtis et. al. 2012). Aligned with kaikōrero, changing the delivery and experience of taurira was a focus of the research centred on a culturally responsive first-year health sciences program. The curriculum was whānau centric and included whakawhānaungatanga, manaakitanga, and ako. This kaupapa Māori approach led to increased numbers of successful taurira Māori. Of significance was the increased entry into the most challenging programmes of medicine and dentistry (Bristow et al., 2016). However, kaikōrero highlighted barriers linked to the separation and distance from whānau and the financial burden of enrolling in a programme;

I know a lot of women, Māori women, who would like to study, who I think would be great midwives. But not having an income and having time to leave the whānau to go and study is impossible, actually impossible.

Pareārau

There are so many Māori māmā I have come across that have wanted to be a midwife, [but] you have to choose between your family or the degree.

Anahera

Earlier studies evidenced that whānau presence and support were critical to the educational advancement of tauira Māori (Jefferies, 1997; Durie, 2012; Nikora et al., 2002). However, this must be partnered with culturally responsive Pākehā learning environments. For example, inviting whānau to be involved in the curriculum and governance structures and having kaiako from your community (Jefferies, 1997; Durie, 2012; Nikora et al., 2002). International research also had similar recommendations of a culturally safe learning environment with non-racist mentors and the provision of pastoral care (Partington et al., 1999; Thomason & Thurber, 1999; Gray & Beresford, 2008).

The study of the Pākehā education journey of tauira Māori between the ages of eleven and twenty-five was researched by BERL (2019). The objective was to understand the forces that shaped their journey, the options, pathways, and destinations, and to remove barriers put in their way to success.

Like health services, the education system works well for some, but not all (Smith, 2012; Nikora et al., 2002, Penetito, 2001). The BERL report highlighted that generations of Māori were disadvantaged. Similar to earlier studies, tauira Māori were left behind, profiled as non-achievers, and their pathway determined in advance by educators, without equal access to choice, and against socioeconomic disadvantage. Significantly, tauira Māori who completed their whole school journey in Māori medium schooling had higher achievement levels compared to tauira Māori in Pākehā schooling (BERL, 2019). There are parallels of similarity between a failing education system and the health services that Māori engage in. The

pushback for services that are by Māori, for Māori and with Māori are evidenced in the success of tauira Māori shared by Pareārau;

St. Josephs Māori girls college has 100% Māori roll. The markers of success which are western, such as the NCEA grades and percentages of passing is up there with the best private schools in New Zealand, in the top 5. We're not dumb – [although] that's a perception still highly held in a lot of New Zealand schools

This kōrero is evidence that Māori success is achievable with the right support and in the right environment. Dismantling the racial frameworks within Eurocentric society is a process of unlearning and reclaiming the history of Aotearoa. It requires an acknowledgement and change of mindset, coming together and working towards a balanced and fair society.

All kaikōrero entered midwifery with a mixture of life experiences, expressing a sense of responsibility to whānau. Their experience highlighted the expression of witnessing life passages and mothering, as whaea. The linear traits of whānau were already embedded well before becoming Wāhine Kaiwhakawhānau Pēpi. The following kaikōrero reflects on their experience of whānau and whakapapa:

It stemmed from when I was a child. I always wanted to help people. I was there when my mum gave birth to my little brother, one of my most treasured memories of my childhood. I just wanted to help her. [This] carried on throughout my lifetime, I always had babies around, mums around...

Anahera

The past negative experience of inequity and racism experienced by Wāhine Kaiwhakawhānau Pēpi also contributed to determining the direction of career pathways. In te ao Māori, what we hold as most dear, the whenua, whānau, tikanga, and te reo, are challenged. The following kōrero expresses the grief and loss experienced and, alternatively, the raising up to stand in the light of our tīpuna to make a difference for whānau;

I got to this path through my own experience of care. I became hapū in 1993. I didn't know about midwives, from my own experience there was distrust between myself and my family doctor after my experience and her [the GP] not believing me. That's when I thought, gee I wonder if other māmā get this ... I'm going to do something about it.

I had presented late in the afternoon after feeling tightenings, beginning signs of labour, I'm really not sure. [The GP] told me - these were her words – "You need to

harden up, go home and take Panadol.” I went home and laboured all night and had a premature baby in the morning. [The GP] got there after the birth she said “What the hell have you been doing?” I started thinking ... This is what other Māmā endure, quite possibly a lot of us.

Crissy

Both negative and positive experiences of Wāhine Kaiwhakawhānau Pēpi shape and inform their theory and practice, particularly the values of whakapapa and whānau. This can be at odds with the life experience and privilege of Pākehā in mainstream society. For example, at the beginning of the COVID-19 pandemic, the restriction on the number of whānau was enforced during the labour and birth process. At the end of life, on the journey to Te Ao Wairua, there were hospital restrictions on who could be present, resulting in whānau dying alone in the hospital when COVID-19 positive. This was harmful and against cultural norms and spiritual protocols.

The influence and status of wāhine in determining the life pathways of whānau members is demonstrated in the following kōrero;

One of my whānau worked in the maternity ward. She said “You need to come off the forestry and go and do your training”. She told me – “You are coming home”.

Ginny

This narrative demonstrates the knowledge and belief held by whānau, focused on who will be best suited and has the best attributes to travel this pathway.

Kaupapa Whānau

Kaupapa whānau is a term applied to a collective of people with shared philosophies, objectives, and moemoeā (Pihama, Simmons, Waitoki, 2021). The Kōhanga Reo movement is an example of a kaupapa whānau, with drive and determination to reclaim te reo in traditional language nests for tamariki (Smith, 2012). The Kōhanga movement was a kaupapa Māori commitment, a revolution that transformed education pathways (Smith, 2012). In a significant act of mana motuhake and tino rangatiratanga, Māori led the way forward to revitalise te reo, establishing Kōhanga Reo, Kura Kaupapa and Whare Wānanga. Kaikōrero

also create spaces and places where mātauranga, tikanga, and te reo are normalised. Kiley voices this;

[I am] reclaiming what is rightfully mine, sharing the love, what our stories are, whakapapa, engaging with kaumātua, learning stories [and] our history.

Pihama (2019) speaks of whakapapa as the cultural footprint that guides Māori to understand themselves and ancestral relationships. This worldview also informs our relationships with each other, building complex layers. These layers stretch to whānau, hapū, and iwi (Pihama, 2019). In the context of the Midwifery Council and College of Midwives, Wāhine Kaiwhakawhānau Pēpi have very different values, practices, and ways of forming relationships. The following Kaikōrero explains the juxtaposition that birthing whānau and Wāhine Kaiwhakawhānau Pēpi experience;

We are Māori, with different cultural backgrounds [to Pākehā]. We have the same knowledge but as far as care and engagement, our cultural values are totally different. That's where the big gap is I think.

Anahera

Tension arises when ideologies are not understood, minimised, reframed, and controlled by Pākehā. All of the Wāhine Kaiwhakawhānau Pēpi had formed kaupapa whānau relationships of awhi and manaakitanga with each other in safe spaces, seeking whānau who have a similar lived experience, stepping outside of the maternity system for acknowledgement and support. A natural progression of whānau values to stretch out into the workplace or the learning environment is the trait of Māori success and keeping well. Oranga as well-being is about connecting with like-minded people and good allies, building learning communities as kaupapa whānau (Smith, 2012). The following Wāhine Kaiwhakawhānau Pēpi discusses the endurance of hard work, kaupapa whānau as a tauira collective, and the commitment to awhi and manaaki each other;

It was the other students, my support people - or else I would not have been able to accomplish the competencies the [training] required for me to get through.

Crissy

The action of kaupapa whānau to awhi and provide manaakitanga as tauira is an acknowledgement of the teachings that our tīpuna practised and maintained within whānau. Tangata whenua know what we need to succeed and how to provide care for each other. Individual success is not a traditional teaching in Māori society. It is about the belief that you are the embodiment of tīpuna and part of a whānau. The commitment to awhi and manaaki continues beyond the prescriptive role of the midwife;

It's so tiring, very tiring advocating for whānau. Just being a midwife would be so easy [but] it's all the extra support needed, it's the other stuff that is tiring. It's all the social work. We don't fit in tick boxes [so] we try to put those barriers down. A lot of things that we Māori midwives do for our whānau, sometimes it's a big no-no in the system. We do go over and beyond to allow our whānau access to better healthcare.

Char

Against the hardship and trauma of a colonising society, Wāhine Kaiwhakawhānau Pēpi endeavour to change the experience of whānau.

Mana wahine

Myth-takes

What indigenous people had to swallow, believe, and set in their minds about themselves because of colonisation are myth-takes (Jackson, 2020). The belief that indigenous women are unsuitable mothers is one of many examples. The fundamental structure of whānau formed pre colonisation. Māori society was about the balance of roles and status. Mana wāhine, mana tāne was a traditional societal structure (Mikaere, 2017). The harm experienced by indigenous communities' traditional family structure results from sustained colonial acts of the past, enacted, remembered, and carried forward into the present as myth-takes swallowed and endured by the colonised (Pihama, Simmonds, Waitoki, 2021; Simpson, 2017; Walters, 2021).

English society was built upon imperialism and power, dominated by white males. This mindset was brought to Aotearoa and other colonised countries (Smith, 2012; Simpson, 2017;

Walters, 2021). Similar to the experience of wāhine Māori, the Indian Act of 1876 and its subsequent revisions introduced by the Canadian government, had a devastating impact on the status of indigenous women (Simpson, 2017). Until 1951, under the power and influence of the colonial government, indigenous men were placed in leadership positions within communities. Indigenous women could not vote or hold positions on tribal councils until 1951. The racist harm behind this type of law is still embedded in contemporary colonial society (Simpson, 2017). Like the traditional structure of whānau and hapū, the Canadian colonisers almost destroyed kinship values and structures. The footprints of colonial power are embedded in the maternity system and are the catalyst for change;

[I] try to make a difference for young Māori māmā who didn't know they could choose their midwife - someone who was at the same level as them, not someone who you felt was looking down on you while you were having a baby.

Char

Simpson L (2017), an indigenous thought leader from Turtle Island, writes about her ancestors, the Nishnaabeg women, who were autonomous leaders and economically independent, threatening the coloniser's ideology of heteropatriarchal gender-based roles modelled by Christianity. Indigenous women who exercised their sexual autonomy were stereotyped with labels of sqaws and savages. The introduction of education and reform schools were also expressways to assimilate indigenous communities, removing children from their mothers, aunties and grandmothers. Kinship ties were severed, and traditional customs and language were lost. Simpson L (2017) described this colonial practice as cultural genocide. The colonial act of removing children from their clans was also a common practice in Australia. The stolen generation is a term used to illustrate the methods of removal and assimilation by colonial forces (Simpson, 2017; Walters, 2021; Williams in De Souza podcast, June 9th 2021).

Leading Māori knowledge holder Linda Tuhiwai Smith (2012) states colonialism was an outpost of imperialism and refers to Hawai'ian academic Haunani Kay Trask's account of the destruction that the explorer James Cook brought to Te-Moana-Nui-a-Kiwa, the Pacific

Islands, including capitalism, Christianity and disease. Colonisers in Aotearoa destroyed tangata whenua lifeways, knowledge systems, and customs of traditional indigenous society (Pihama et al., 2021; Smith, 2012). Wāhine were cast down to the lowest level of colonial society. The balance of whānau structure and the mana of wāhine was largely destroyed. The coloniser's assimilation processes attempted to remove the essence of wāhine Māori and its connection to te ao Māori.

Māori become marginalised as other, on the fringes of Pākehā society (Smith, 2012). The myths created by Pākehā, swallowed, digested, and believed by Māori reach back in history. Both education and Christianity were the leading builders and drivers of myths (Jackson, 2020; Mikaere, 2017; Smith, 2012; Simpson, 2017). The following kaikōrero shares the insidious nature of myth-takes as part of the colonial project;

I understand that [inheritance of] dysfunction, as I've realised how colonised my mum was. I was just by default.

Kiley

Since the beginning of colonisation and European dispossession of indigenous peoples' self-determination, whenua, and tikanga, the colonisers have produced myths (Jackson, 2020). The colonisers have defined history and continue constructing and reshaping our pūrākau and lifeways. The origins of myths are explained in the following statement:

The fact that colonisation necessarily involved the brutal taking of indigenous peoples lands and lives has also been reframed and justified in stories that range from pseudo-scientific and legal rationalisations to blatantly racist presumptions (Jackson, 2020, p.133-134).

The diverse methods employed to create myths are constructed and held in the reframing and retelling of traditional pūrākau, of wāhine toa and atua wāhine (Smith, 1992; Smith, 2012) Pākehā presented mythology as altered stories, predominantly centred on atua tāne and male roles (Smith, 2012). The negative, harmful impact of myths is illustrated from a mana wahine lens. Kaikōrero described how myth-taking persists and has impacted upon Māori;

[We need] to see promotion of being a Māori midwife - its OK to proclaim your Māoriness. It's OK to be Māori. [We] have students go through their training without owning the fact they have [whakapapa Māori].

Poppy

To leave behind your whakapapa, tīpuna, and mana because of feeling unsafe or unable to connect to te ao Māori reflects how tangata whenua are negatively impacted and influenced by colonial ideology. The following kaikōrero shared her struggle to remain Māori in a system that expects you to behave in a certain way;

I remember putting [this] comment in a reflection in my first year of studying - I said to one of the midwives that I was working with, "I don't know how I'm going to do this because the way I talk in general is quite different to how I need to talk to a doctor". You know, stuff like that, or just different people in general. I've been so misunderstood so many times.

Anahera

The health system is a microcosm of mainstream society and dictates acceptable behaviour. Mainstream media and society maintain the myths regarding tangata whenua. However, Whaea Rose Pere (1987) explains that Māori values and whānau structure have not entirely disappeared and have survived colonisation. Raised on the remote rural whenua of Waikaremoana, Whaea Rose retraced her childhood memories of whānau members working together, without roles being influenced by gender biases and with a shared philosophy of survival. The influence of colonial ideology was absent. There was no division of responsibilities and roles from the birthing of pēpi and ongoing care to working on the whenua (Pere, 1987).

Myth-taking continues today in contemporary society. In Aotearoa, the over-surveillance and belief that wāhine Māori are unfit mothers and unable to be prosperous as Wāhine Kaiwhakawhānau Pēpi is seeded in history. Colonised people have historically been described as savage, absent of mind or intellect (Smith, 2012). In Aotearoa, this was established with the arrival of colonisers and endorsed by legislative acts of colonisation. The 1904 New Zealand Midwives Act, closely followed by the 1907 Tohunga Suppression Act, are examples

of colonial law, the introduction of medical ideology, the institutionalisation of well-being, subjugation, and assimilation of Māori (Gabel, 2013; Kenney, 2011). Both acts forced tangata whenua away from settings of traditional healing and prohibited the practice of rongoā connected to hapū and whakawhānau that had been working well for generations of whānau (Gabel, 2013; Kenney, 2011). Multiple legislative acts were passed to oppress tangata whenua, including kaitiaki over the whenua. This disrupted Māori authority of lifeways, whānau, taonga, te reo, and the transmission of mātauranga Māori. Similar dehumanising acts of colonialism were experienced by indigenous communities in Australia and Turtle Island (Niles in De Souza podcast, June 9th 2021; Simpson, 2017; Smith, 2012; Walters, 2021).

Karel Williams (2021), an aboriginal midwife from Australia, was interviewed by Ruth De Souza, an academic and advocate of birthing freely without racism and trauma within health systems. As the only indigenous midwife in her workplace, Karel Williams (2021) experience was not unlike that voiced by kaikōrero, including a bullying culture swimming in racism across the maternity continuum. They didn't want to change their behaviour, and she eventually left the profession (Williams in De Souza podcast, June 9th 2021). Similarly, the burden of working within a racist environment and the impact upon your mana as Wāhine Kaiwhakawhānau Pēpi is expressed in the following kōrero

If your mana is being threatened, it's a really horrible place to be in. And so what do we do? Like our consumers do in the maternity system, we leave. This was the exact reason why I didn't keep a promotion that I had - because my mana was on the line, that position wasn't worth me sacrificing my mana to continue.

Pareārau

The unsafe position of wāhine Māori and Wāhine Kaiwhakawhānau Pēpi working in a mainstream institution is challenged daily. kaikōrero expressed that it was whānau and kaupapa whānau that provided sustenance and healing to continue.

The recurrent Pākehā ideology that plays out in the media is the debate of sexism regarding mārae tikanga (Mikaere, 2017). The misunderstanding that wāhine have a lesser standing in the pōwhiri process is an example of the methods used by Pākehā to undermine mana wahine

and disrupt the balance of tikanga on the marae. The following statement clearly demonstrates the power held within colonial ideology;

The Crown typically denied responsibility for the exclusion of Māori women from the political sphere, instead blaming what it judged to be inherent sexism within Māori society. Closely allied to this was the tendency of Pākehā feminists to follow the Crown's lead, claiming that Tikanga denigrated women. (Mikaere, 2017 p 11)

As myth-takers, Māori are often vulnerable to this type of Pākehā ideology, as Pākehā come over the top of Māori customary practices by not allowing whanau, hapu and iwi to determine protocols for themselves. This was obvious at the passing of Moana Jackson, Māori activist, leader of decolonisation, and esteemed intellectual, his wish was to have wāhine Māori stand on the paepae. Local hapū members of Matahiwi Marae agreed to uphold his wishes, remembering that tīpuna wāhine from Ngāti Kahungunu spoke on the paepae. This did raise controversy and was given air time in mainstream media again, covering the topic of the rights of women. However, there remains a longstanding absence of Pākehā respect for marae tikanga. This is a kōrero that should be held within Māoridom.

Mana

Mana is multi-dimensional. It is both tangible and intangible, underpinned by the teachings from atua and an in-depth understanding of tikanga (Pihama, 2019). Mana is also intertwined with whakapapa, as descendants of atua Māori, gifted with mana from birth. Pihama (2019) uses an example from academic Jenny Lee-Morgan of how mana is displayed daily. The concept of manaakitanga, how we care and relate to each other, as whānau or as collectives, kaupapa whānau, represents mana. Pihama explains:

Manaakitanga is, in essence, the affirmation and enhancing of mana through the processes and practises that we undertake in the care and nurturing of others; the respect and generosity that we show others; and the reciprocity that is embedded within that practice (Pihama, 2019, p. 192)

All kaikōrero expressed manaakitanga, demonstrated as embedding Māori values and practises to inform their care of whānau and each other. The lived experience and worldview

of Wāhine Kaiwhakawhānau Pēpi would often conflict with the mainstream midwifery education and midwifery model of care. A common theme from the interviews of kaikōrero was the commitment to change a midwifery model and maternity system that is not whānau-centric and led by Māori.

Mana wahine in action

The teachings and learnings from tīpuna are layered within te reo, tikanga, and mātauranga to guide our ethical conduct within kaupapa whānau (Pihama, 2019). At the intersection of Māori cultural values, practises, and knowledge also lies the understanding and responsibility to work together, to restore balance, and the sense of mana that is held within the collective (Pihama, 2019).

Within kaupapa whānau are examples of mana wahine, to stand, take action and grow (Pihama, 2019; Smith, 2012). For example, the protest and activism to protect the whenua of Ihumātao in 2019 was led by wāhine. Interestingly, the whakaaro that the public-facing protection of Papatūānuku was represented by wāhine Māori. In history, mana wahine are remembered and exemplified – such as the image of Whaea Whina Cooper holding hands with her mokopuna on the hikoi from Northland to Parliament to protest against the taking of Māori land (Walker, 2004). Whaea Whina Cooper and Princess Te Puea were given as examples of wāhine Māori leaders who brought people together as collectives to exercise tino rangatiratanga, a natural discourse of Māori to determine what is right.

Further back in history, in 1893, Ngā Komiti Wāhine was established within the Māori parliament. Ngā Komiti Wāhine represented wāhine Māori to give a voice and presence and address what was essential to wāhine (Pihama, 2019). In theory and action, mana wahine is not new. It is ancient and gifted from tīpuna (Pihama, 2019; Simmonds in De Souza podcast, June 9th 2021). Mana wahine can have connections with the Western ideology of feminism. However, Simmonds (2021) explains that the origins are tied to atua wāhine as examples of our roles, knowledge, and values as wāhine today. Kaikōrero expressed their own whakaaro about what mana wahine looks like and means to them;

[Mana wahine is] sharing our pride and what Māori are doing out there. [We] open up our hui and celebrate Māori doctors, midwives, nurses, teachers.

Poppy

The solidarity of coming together as Māori and standing with mana is the essence of being free without the burden of the effects of colonisation. Poppy shares her experience;

How Māori do you have to be? Particular whānau with the reo were humble and respectful of the skills I brought [despite not being able to speak the reo]. I was able to be comfortable in who I am and what I can bring.

Mana wahine as an individual and a collective is defined as;

Mana wahine is a term for [use by] Māori women - much like a moko kauae. [It describes] someone who's proud of who they are, you know your own worth. It's not age defined ...some sort of strength in terms of their belief. I think of our rōpū as Māori midwives: 100% mana wahine as a collective.

Pareārau

The sense of tino rangatiratanga was central to healing from historical trauma. All kaikōrero were inspiring in the decolonising workspace they had created for themselves and birthing whānau. Their drive and commitment to te ao Māori included taking the journey into te reo, actively participating in hapū and marae development, and caring for whānau, pēpi and mokopuna.

Conclusion

This chapter explored the whaakaro concerning the historical and traditional structure of whānau and the practices that link traditional values and ethical frameworks of whānau today. The connectedness to Wāhine Kaiwhakawhānau Pēpi and kaupapa whānau was also explored and acknowledged as a collective community with the same kaupapa and moemoeā as intended by tīpuna. The final theme was the embodiment of mana wahine as determined by this collective of Wāhine Kaiwhakawhānau Pēpi. The experience of colonised indigenous people from Australia and Turtle Island was also included as a comparative analysis. The lived experience of indigenous people provided insight and parallels, including the dispossession of land, culture, and language and movements of decolonisation.

All participants expressed the significant role of whānau, both traditional and contemporary forms, in their professional and personal lives. The whānau and kaupapa whānau environments were places to download the stress of working in a Eurocentric racist environment. Healing and sustenance were fundamental to survival. Wāhine Kaiwhakawhānau Pēpi had relationships of connectedness and whakapapa that were healing of wairua, tinana, hinengaro and breeches to mana.

Today, there is a reductionist view by Pākehā of how far whānau stretches beyond the Eurocentric understanding of a nuclear family (Hohepa, 1999; Pihama, Simmonds, Waitoki, 2021). From a monocultural lens, this can exclude whānau expertise and Kaupapa Māori leadership in designing and providing education, health care, and Crown governance structures.

As a result of land dispossession and assimilation into English culture, throughout the colonial history of Aotearoa, Māori have been myth-takers disconnected from the lifeways and teachings of tīpuna. There is a myth that the midwifery system in Aotearoa is the best in the world, setting a gold standard for other countries to adopt. However, all Wāhine

Kaiwhakawhānau Pēpi voiced that the midwifery system failed to meet their worldviews. In their everyday lives, Wāhine Kaiwhakawhānau Pēpi had to navigate and endure the burden of colonial discourse, past and present, within the education and maternity system simply because they are Māori and wāhine.

Aotearoa has a long history of colonisation, and despite this, tangata whenua have continued to sustain and build sites of resistance. The final theme of mana wahine represented the theorising and actions by Wāhine Kaiwhakawhānau Pēpi, expressions of mana motuhake and tino rangatiratanga, what was important to them and the whānau they cared for. This brings together mana wahine as a kaupapa whānau, notably how it is theorised and enacted within the collective.

The final themed chapter is entitled Rebirthing as a celebration of whānau and Wāhine Kaiwhakawhānau Pēpi, a journey of decolonisation and transformation.

Chapter Seven - Rebirthing

Introduction

*'We are going to emancipate ourselves from mental slavery
because whilst others might free the body, none but ourselves can free the mind.'*

Marcus Garvey speaking in Menelik Hall, Sydney, Nova Scotia, 1937

I intentionally begin with these words, reflecting my journey throughout the thesis and as a connection to the themes presented in this chapter. Marcus Garvey's words are best remembered in the Redemption song by Bob Marley. Both men used their platforms as political activists against acts of white supremacy. The words are about returning to the self, free from oppression, a sense of struggle, freedom, emancipation, and a journey towards transformation. Marcus Garvey's words are entwined with this chapter's themes: remembering, reclaiming, resurgence and rebirthing, an embodied, enacted process determined by indigenous people. In particular, this study is about the land, culture, language, and knowledge systems gifted from tīpuna, woven into Wāhine Kaiwhakawhānau Pēpi everyday lives. I have highlighted remembering, as the spark to ignite the fire in the belly, and rebirthing, as the return to the healing and decolonising self.

Chapter Six centred on the theme of whānau from its traditional whakaaro Māori roots to the contemporary understanding of kaupapa whānau. All kaikōrero expressed whānau as a fundamental component of their everyday lives, providing manaakitanga and aroha as sustenance and healing. Furthermore, tikanga and mātauranga, founded in the teachings from atua and tīpuna and embodied in whānau, provided a lens to shape and guide the theory and practice of Wāhine Kaiwhakawhānau Pepi. Grounded within whānau was the expression of mana wahine, a birthright seeded from tīpuna that embeds our tikanga, and the many ways that mana wahine is expressed. The lifeways of all kaikōrero evidenced this through the

strength and advocacy for each other as a collective and the whānau they cared for, continually seeking ways to transform the well-being of whānau. This was a touchstone to creating, growing, stretching out and shaping services to meet the needs and aspirations of whānau Māori. In action, this required pushing back against a Eurocentric midwifery model that does not fit the lived experience and world views of whānau Māori. The indigenous experience of people from Turtle Island and Aboriginal and Torres Strait Islanders was included to explore the teachings and similarities of families within colonised communities.

Rebirthing is the title of this chapter. It is my understanding of the energy, commitment, and pathways of decolonisation, required for the movement away from Eurocentric ideology. It is the struggle against the pushback from Pākehā within the education and maternity system. Decolonisation occurs through rebirthing and involvement in various social justice movements, by Māori, for Māori, with Māori. In this chapter, rebirthing is embodied, spoken, and written about by indigenous peoples with a history of colonisation to demonstrate areas of alignment. In particular, taking action and involving decolonising pathways connected to cultural understandings, beliefs and practises centred on birthing.

In the context of this thesis, rebirthing is about living freely as tangata whenua, respectful of the cultural differences with Pākehā and not an oppressed or assimilated version of whiteness. In Aotearoa, ancestral declarations and treaties - He Whakaputanga o Te Rangatiratanga o Niu Tirenī, Te Tiriti o Waitangi and the United Nations Declaration of the Rights of Indigenous People (UNDRIP) - are footprints and frameworks to guide the ethical conduct of people in all communities.

Rebirthing is also reflected in the role of kaitiaki, the kōrero from Wāhine Kaiwhakawhānau Pepī and the bodily process of whakawhānau, an expression of the body, mind, and spirit, a movement requiring energy and strength, surrender, and healing. These are the phases of emancipation and transformation that I have witnessed as wahine Māori and Wahine Kaiwhakawhānau Pepī.

Reclaiming

Reclaiming is the first theme to be discussed and speaks to the Māori autonomy of actions and thought spaces that are indigenous and gifted from tīpuna. The voices of kaikōrero shared different experiences and ways of reclaiming their independence, social justice and self-determining rights as wāhine Māori and Wāhine Kaiwhakawhānau Pēpi. As part of the process of asserting indigenous rights, the following narrative was shared by Kiley;

[I am] reclaiming what is rightfully mine...to be free, to acknowledge the mamae and then move forward, to not be ashamed or feel not Māori enough. Reclaiming [is] supporting everybody wherever they are, journeying together, bringing others along with us.

This kōrero expresses the harm of assimilation and the insidious nature of colonisation, dulling the mind and robbing the self and the sense of belonging as Māori and the resulting experience of mamae. The gift of aroha, forgiveness, compassion, and the determination to be free and reclaim the self was also shared by kaikōrero. Sharing aroha remains and includes others regardless of the history of pain, suffering, and loss. However, the moemoeā, the vision of an indigenous space for Wāhine Kaiwhakawhānau Pēpi and birthing whānau away from a hospital setting, is still attached to a sense of being surveilled;

We've had so many kōrero, dreaming of [a custom Māori birthing unit] detached from the hospital.

Char

The following kaikōrero discusses one of the models of reclaiming a te ao Māori kaupapa of birthing and healing;

I knew [the maternity system] didn't work for our people. It's not [that] it's broken – it's not meant to. So to combat that, the solution is providing some services for the māmā and pāpā and their whānau so that it prepares them for that hapūtanga. [One example is] māmā making muka tie for herself. It's rongoā for her as she prepares it, theres so many benefits from it, even her hinengaro, its all a process that's where it belongs.

Crissy

Moving away from a maternity environment and reclaiming a te ao Māori setting provides an indigenous, decolonising, and healing space - a safe space that is whānau-centric and

celebrates mātauranga. Leading wahine Māori academic Linda Smith (1992) asserts there are many pathways to reclaiming ourselves and Te Ao Māori, from the study of cultural traditions, te reo, and tikanga as practised by tīpuna, redress of historical oppression to the evolution of mātauranga as new knowledge and practices. In the process of reclaiming, there is remembering and resistance against a long history of colonial domination. Indigenous women were oppressed and marginalised as 'other' by white supremacists, and this harm continues today (Smith, 1992). Reclaiming is part of decolonisation and indigenous social justice movements against this ideology (Smith, 1992).

Paulina Feodoroff (2022), Skolt Sāmi, from the Nordic region of Europe, uses her expertise in film, art, and writing to tell her people's history and reclaim the right to ancestral lands and traditions. The Sāmi people were related to their tangible and non-tangible environment, including the land, rivers, and animals they lived with. Feodoroff (2022) shares how her family could live alongside the land as caretakers connecting to the environment, knowing when the seasons changed, the behaviour of deer and fish, and when food could be harvested. As the original carers of the land, Sāmi communities have knowledge and awareness of the climate change occurring in the Arctic and the answers to caring for the environment and stopping global warming. Through the medium of art, Feodoroff (2022) uses this platform to push back, take up space against colonisation, and advocate for reclaiming Sāmi land and culture. Like other communities throughout history, Sāmi have endured the dispossession of their traditional land and lifeways. Feodoroff deeply expresses the intergenerational harm, suffering, and loss;

In my family, in my tribe: death of sisters and a brother, death of healthy genes, death of a generation of young men who killed themselves after the massive land losses. All family, all kin. Death of my own family areas, now all waste lands of nickel smelter - an area of total destruction – death of those structures that connected us with our own lands. No more going to summer places in Holmengrā, as Norwegians call it now. No more passing our sacred sites. Death of all my elders. Death of traditional law. (Feodoroff, 2022, p 179)

Feodoroff (2022) shared that as a teenager, her father would not participate in making traditional costumes Māāccuk, wanting to silence and bury the reclaiming of this practice from her father's generation. The dismantling of this ideology, whereby the pain is so deep that it stops the connection to ancestors, language, and traditions, was a necessary action. Feodoroff understood her father's efforts to keep the next generation safe and protect his children from inheriting past traumatic memories.

Reflecting on the writing by Feodoroff (2022) and my connection to ancestors, I have photos of my tīpuna and one of my mother at a Māori girl's catholic school reunion close to my writing desk. I paid attention to what they were wearing in the photos. My great, great, great, great grandmother was in Western clothing. In another photo, her daughter wore a korowai, and her daughter had a moko kauae. My mother was in a group photo where most women wore hats. The images are purposefully positioned to gaze closely and represent periods of colonisation. In this thesis journey, I am reminded and often ask myself what colonisation was like for them. As a native speaker, I had rarely heard my mother kōrero Māori, and I have concluded that this was a form of protection, not unlike Feodoroff's (2022) understanding. My siblings and I were given English names and attended Pākehā schools with the best intentions. My whakaaro regarding my schooling is that it was a planned strategy by my parents to not be punished and harmed as they were.

Tangata whenua and Wāhine Kaiwhakawhānau Pēpi are reclaiming birthing spaces. The following kaikōrero reflects on the title and the scarcity of Kai Whakawhānu Pēpi, with earlier endeavours to establish a Māori lead training program;

I like the fact you have identified the rare existence of Māori midwives. In 1996 [when I] started midwifery, there were eight Māori midwives, only four [of whom are] practicing now.

Poppy

In the 1990s, Wāhine Kaiwhakawhānau Pēpi had the solutions to advancing and strengthening the Māori midwifery workforce and addressing the harmful experience of

birthing whānau. Thirty years on, resistance continues. Wāhine Kaiwhakawhānau Pēpi and whānau continue to reclaim birthing tikanga and learning spaces that are Māori led.

The significance of the role of indigenous women is mirrored in the compilation of writing in a book titled *“Until Our Hearts Are On the Ground”* (Lavell-Harvard & Lavell, 2006). The title is from a Cheyenne proverb that speaks to the invasion and conquering of an Indian nation. The battle is over once their women's hearts are on the ground. The title demonstrates the power and strength held and embodied by indigenous communities and the role of women as the sacred bearers of the generations to come. All the writers are women expressing the indigenous right to birth as their ancestors did, a reclaiming of traditional practices. Aligned with the indigenous women's history in Aotearoa was the coloniser's authority to dictate and surveil acceptable role models of behaviour, including care during pregnancy, birth, after birth, and mothering;

Clearly we were different. We were not “white” and it showed...That we have historically, and continually, mothered in a way that is “different” from the dominant culture, is not only empowering for our women, but is potentially empowering for all women. (Lavell-Harvard & Lavell, 2006, p. 3).

Within the narrative is a position of solidarity absent of skin and race privilege. Despite enduring the intergenerational trauma of colonisation, indigenous women from Turtle Island have survived, held onto their customs, and openly shared the powerful potential of coming together.

Kaikōrero openly and deeply shared the many ways of reclaiming te reo, tikanga, and mātauranga, the methods used that brought te ao Māori frameworks into their own lives and their practice supporting the journey of whānau. This included wānanga environments for learning and sharing rongoā, tikanga and te reo.

Ginny explains;

To be honest, we're only comfortable with our own, most of us have the same background. [My] grandfather taught me my work ethic, taught us young [how to take care of ourselves] if we go into a place [where the] wairua is not right. Babies were

miscarried, things like that [and] I knew what I was meant to do. When she [the wahine] is hapū, you treat her like a queen. She is the reason why the rest of us are here - being where tangata. Pākehā midwives may not understand what birth is to Māori.

Just how different Māori world views are from Pākehā, particularly the respect and care of wāhine Māori as where tangata is clearly expressed. Also evidenced in this kōrero was the natural connection to and role of kaitiaki that Wāhine Kaiwhakawhānau Pēpi uphold. The transmission of intergenerational knowledge passed on from koro to mokopuna is evidenced as a guide to the safekeeping of wairua, hinengaro and tinana. This is translated into praxis as the ability to embed the care of our people, places, and culture into our everyday lives. The responsibility is to ensure that, as much as possible, tikanga is upheld in the care of the living and those journeying to te ao wairua. Since He Whakaputanga o Te Rangatiratanga o Niu Tireni, Māori are always moving on, pushing back against Crown systems, creating space and reclaiming self-determining rights as tangata whenua (Jackson, 2020).

Acts of decolonisation - reclaiming spaces

Matariki is approaching at this time of writing, and I acknowledge the passing of whānau and te ao Māori scholars - in particular, the passing of Moana Jackson, uri of Ngāti Rongomaiwahine and Ngāti Kahungunu, a leader for Māori to live our best lives for Te Tiriti o Waitangi based futures and transformation. The ongoing harm experienced by whānau at the hands of the Crown is a dehumanising process and a societal problem. The more it continues, the more it becomes normalised across generations and society. This impacts the well-being and prosperity of whānau, hapū, and iwi.

Māori scholar Ani Mikaere spoke at the tangi of Moana Jackson (2022), explaining his genius and how Jackson could take complex ideas and dismantle the concepts to enable the rest of us ordinary people to understand, apply them to our life experiences, reclaim spaces, and grow. In reclaiming spaces, decolonisation is among the many topics Moana Jackson, activists, and academics shared as a transformative movement and vision for all peoples

(Simmonds, 2011; Simpson, 2017; Smith, 2012; Williams in De Souza podcast, June 9th 2021).

To give full effect to decolonisation, understanding Aotearoa history and monocultural processes that consistently push back against tangata whenua rights need to be acknowledged, with a shift in mindset (Jackson, 2020). Historically, the Crown systems established since the signing of He Whakaputanga o Te Rangatiratanga o Niu Tirenī and Te Tiriti o Waitangi have intentionally denied Māori of their humanity and the same equitable outcomes and privileges as Pākehā in health, education, justice, and economic well-being (Davis, 2022). Before colonisation, tangata whenua traversed the oceans as traders, had agreements to conduct business in foreign countries, and maintained independent economic stability (Nga Puhi Speaks, 2012). Dispossession of whenua, te reo, and tikanga by Crown acts of colonisation erodes and continues to harm, living with economic deprivation, unemployment, and landlessness. Wāhine Kaiwhakawhānau Pēpi had the solutions for changing a monocultural delivery of training and maternity services, bringing a whānau-centric approach to the care of tauira Māori.

Similar to the reclaiming of tikanga by the participants in this thesis, at local, national, and international levels, indigenous scholars, practitioners, activists, and trailblazers involved in decolonisation theory and praxis are working to create spaces. (Pihama et al., 2021; Walters, 2021; Williams in De Souza podcast, June 9th 2021). This is an individual and collective movement to disrupt and decentre whiteness in an otherwise monocultural world. The following kaikōrero shares the essence of working with your own in a monocultural hospital environment and the everyday burden that develops as a result of breaches of tikanga;

It's a look, language, humour – [we have] grown up with it, [it's] the way you are. The nappy on the kai table hits you in the heart, [they] can't see that's offensive. Some try, we have got a lot of foreigners, [but] even our kiwi ones some don't want to know.

Poppy

Reclaiming space is a continuous process for kaikōrero. Small gains are made, which is significant considering Pākehā dominate the midwifery workforce and birthing environment.

In research and reclaiming space, pathways and opportunities are developed for Māori and other indigenous people to be themselves and exercise their self-determining rights unashamedly. For example, as wahine Māori, Linda Smith's academic works provide a decolonising space and guidance for conducting research. In Aotearoa, an example of decolonising theory and praxis is the movement of revitalising the Māori language and alternative learning pathways that have now spread across the motu in kura and wānanga. Kaupapa whānau pushed back and talked up to the dominant occupation of monocultural education systems and the white gaze embedded in society, failing to advance tauira Māori. Tauira, immersed in Māori medium learning environments, have all their education steeped in te ao Māori. Whare wānanga provides an opportunity for tauira, like me, with a background of education in Pākehā environments, to learn and engage, to fully embrace te ao Māori and decolonise the mind. He Mokopuna o Hinekorako shares her whakaaro about suitable learning environments and the bond that is created;

Wānanga learning environments are a natural approach - to awahi and manaaki each other and connections after training.

Throughout Aotearoa, there have been Pākehā activists who demonstrate attributes of good allies working alongside Māori, dismantling the ideology of colonisation and focusing on social justice for Māori. In the 1980s, Robert Consedine allied with Irihapeti Ramsden as professional colleagues and educators, presenting Treaty of Waitangi workshops (Consedine & Consedine, 2012). Ramsden presented to Māori and Consedine to Pākehā. This was an essential way of working and building bridges of understanding amongst your people. The strategy to work together and present in parallel forums resulted from early learnings for both Māori and Pākehā involved in treaty education (Consedine & Consedine, 2012). The complexity of human nature and the effects of colonisation are reflected in learnings from the early days of treaty workshops. Consedine R. (2012) discusses the misunderstanding and

tension that developed between Māori and Pākehā when coming together, whereby individuals tended to adopt roles:

‘Angry Māori’ attack the Pākehā system. ‘Defensive Pākehā’ respond that Māori have not taken the opportunities available to all. Māori who want to be accepted try to smooth all the issues over. ‘Pleasant Pākehā’ who want to help, try to make everyone feel comfortable. ‘Assertive Māori’ challenge individual Pākehā. ‘Inarticulate Pākehā’ feel caught between a rock and hard place. (Consedine & Consedine, 2012 pp 185-186)

I can identify the behaviours described in the workplace I have attended hui amongst Pākehā and Māori, with uncomfortable silences and undertones of racism. Most frustrating for me is the Treaty workshops in the workplace with no ongoing reflection, accountability, the building of equitable relationships, and learning opportunities. My experience of Treaty workshops is that they do not leave a lasting impression, a shift in mindset to inform practice and actions of decolonisation. Meaningful and practical Treaty workshops have the potential to heal the racist harm endured by birthing whānau and Wāhine Kaiwhakawhānau Pēpi and transform a healthcare system predominantly powered by Pākehā and overseas professionals.

Good allies work alongside indigenous people, aligned in a shared goal of working towards reclaiming a fair and ethical society. Reflecting on her experiences as a beginning researcher, Simpson (2017) shares her teachings and gives an example of a good ally when working on an environmental project with elders, which has informed and shaped her research ethics and practice:

Paul did something that has stayed with me and has always informed my approach to working with communities and to research. He was invited into the community to do a specific task, which in the end he delivered, but he actively and continually divested himself of the false power the academy bestowed upon him when he drove onto the reserve. He asked the Elders if they thought the project was a good idea. They said it was. He asked them how best to proceed. They told him. He asked them if they would be the decision makers. They agreed, and then they were, and he got out of their way. (Simpson, 2017, pg 13)

In Aotearoa, reclaiming a balance of power and control whereby tangata whenua and Pākehā live together in a fair, equitable society is asserted by the organisation STIR (Stop Institutional

Racism). The organisation is focused on Te Tiriti Based Futures and Anti-Racism in Aotearoa. A collective represented by Māori and Pākehā blended as good allies to work towards eliminating racism in the public health sector and building a fair, equitable society. The organisation includes public health professionals, activists and scholars who deliver training and advocacy to stop racism and embed Te Tiriti o Waitangi to guide relationships.

The racism experienced by tangata whenua is so deep that it stops whānau from seeking future health care. The following Wahine Kaiwhakāwhānau Pēpi explains the harm that occurs when whānau does the right thing by attending the diabetes clinic;

Diabetes [services] don't fit Māori. I see lots of māmā go into depression after being seen. I don't want to come and see them - I come out of there [and] I can't even eat
Crissy

I think there are two different [health] systems in Aotearoa. There's the Māori and non-Māori.
Crissy

The whānau space is often the first place that hauora is discussed. If the experience of health services is negative, this can influence other whānau members' decisions about seeking health services. The 'In Pursuit of Māori Health Equity - Evaluation of the Māori Influenza and Measles Vaccination Programme' report for the MOH (Wehipeihana et al., 2022) evidenced the importance of the whānau experience when choosing to vaccinate. In particular, the findings from interviews with whānau concluded that by Māori, for Māori, with Māori services are critical in the care of whānau and that funding needed to deliver health services be directly accessible. Char explains her whakaaro;

I definitely agree [services should be Māori led]. That's the only way we are going to get better. There's a major mistrust of the system that goes back generations. There's a lot of ground work that needs to be done, and I feel like Māori will only start doing that with other Māori providers. [I] still feel like there is a long way to go, still a lot of hard mahi that needs to be put in for us to get where we need to be.

Decolonising movements in Aotearoa offer a pathway to a better society. Christine Herzog and Veronica Tawhai (2020) presented an online session hosted by STIR regarding their experience of decolonising spaces, teaching Te Tiriti O Waitangi in Crown institutions and communities, and how to effect change in your everyday life. The presenters discussed both the challenges and milestones in their mahi and had similar experiences, including;

- More Te Tiriti trainers are needed to address the volume of mahi needing to be done.
- Without evidence to demonstrate long-term change, movement, and sustainability, people return to their everyday lives.
- Some people attending the workshops come with an attitude of having to be there as a professional requirement.
- Participants leave with some change in mindset, although there is no evidence to confirm ongoing actions that reflect a cultural change.

Herzog and Tawhai (2020) explained that the ongoing mahi that needs to occur to effect a movement of long-term positive change in society to reflect Te Tiriti o Waitangi remains outstanding. There was a decline in interest by participants following the workshops with almost no ongoing communication, and Herzog and Tawhai (2020) explain the possibility that participants at their workshops were not fully committed to implementing change in the workplace.. The investment in the follow-up of participants was an identified gap, in particular, workplace structural supports to effect change, ongoing commitment, growth and sustainability.

A query by Herzog and Tawhai (2020) concerned the possibility of the workshops being used as a tick box exercise, a professional registration requirement. A typical response by participants includes being made to attend, a mindset that Māori are getting too much, taking land back, and a “What do I have to give up?” attitude. My past professional experience is that there is implicit and explicit bias by Pākehā that is connected to white privilege, power, and

racism. The following narrative illustrates how racism plays out in the workplace and influences the type of health care offered;

[Racism can be conveyed by] a look or a comment. An old midwife due to retire commented on whānau with a facial tattoo and wearing gang colours. I would say "They are not all like that, some are my whānau, they are still a family in need. They need to receive the same care as everyone else. Sit and listen to what they want, try and make it happen - what is important to them."

Char

This kōrero is an example of the everyday behaviour of some Pākehā midwives and speaks to the continuing journey and defense by Wāhine Kaiwhakawhānau Pēpi on behalf of themselves and whānau. Herzog and Tawhai (2020) advocated for more than just a one-off Te Tiriti workshop to achieve a cultural mind shift. The mahi and contact with participants required ongoing relationships built over time.

The tick box attitude identified by Herzog and Tawhai (2020) is similar to my observation of Pākehā attendance at a function involving Te Tiriti and tikanga, for example, the absence of understanding Māori customs at a pōwhiri. During the welcoming ceremony on the front row of the paepae, a Pākehā man representing the DHB leadership team checked his phone and later walked out during the proceedings. On another occasion, a large contingent of DHB representatives came to Te Wairoa to hear mana whenua kōrero about the mamae their whānau had experienced in the health service. A leadership team member appeared to be working on her laptop and not fully present and engaged in the kaupapa.

Strategies to distance the opportunity to shift monocultural behaviour towards Te Tiriti based communities in Aotearoa are platformed by political leaders to influence and sway mainstream society. For example, the National Party leader Christopher Luxton was interviewed on the Breakfast Show (TV1, 25/05/22) concerning the recent budget release by the Labour Party. Luxton commented on the shortages of nurses and advocated a green list pathway for overseas health professionals to meet chronic staffing shortages like the system in place for overseas recruitment in Australia and Canada. However, this type of action and advocacy on national TV as the right thing to do may contribute to the long-term gap in providing a workforce

reflective of Māori and other marginalised people. Repeating behaviours of white privilege and recruiting from other colonised countries will only further impact the current racist and inequitable health system. Crissy shares her experience;

[I have witnessed] māmā and pāpā [being] undermined. The system pulls up any little thing it can. We just have people [some Pākehā midwives] in the system, it's their own personal vendetta to destroy families - but where are the people for them [to support them]? I just think there's a lot more dumbing down than there is picking up.

Crissy

Crissy's korero expresses whakaiti as the "dumbing down" behaviour and undermining of whanau seeking health care. There is an absence of whakamana- by health professionals, to be a good host, culturally safe, respectful and kind.

Te Tiriti-based workshops have the potential to be part of the health service's truth-telling, decolonising and healing movement. This includes the intergenerational trauma connected to the dispossession of land and culture and acts of genocide (Pitman, 2023; Herzog & Tawhai, 2020). A typical response by Pākehā is that historical trauma happened in the past, in history, and is not ongoing today (Jackson, 2020). However, Herzog and Tawhai (2020) comment that it is only through Te Tiriti o Waitangi education that a more critical understanding of how Pākehā power and white supremacy operated in history and how it is maintained in contemporary society that insight, action, and change will occur.

Resurgence

The next theme is resurgence and my understanding of how it is connected to indigenous peoples, Wāhine Kaiwhakawhānau Pēpi, thought spaces and social justice movements. Resurgence involves the expenditure of energy. Having conversations, shaking up and dismantling racism and acts of white supremacy in Aotearoa requires energy. Resurgence is also about changes in how Māori and Pākehā care for each other and present as a nation. The blueprints of He Whakaputanga o Te Rangatiratanga o Niu Tirenī and Te Tiriti o Waitangi provide a pathway for change. More recently, the Declaration on the Rights of Indigenous Peoples (UNDRIP) is a roadmap for constitutional reform by 2040. The changes required to

achieve constitutional reform and the actualisation of Te Tiriti o Waitangi and UNDRIP are provided in the He Puapua document (Charters et al., 2019).

The indigenous experience of colonisation is remembered as acts of dispossession of land, war and oppression, disconnected from cultural values, practises, and native languages (Simpson, 2017). Over time, the struggle is part of the indigenous movement of resurgence (Simpson, 2017). Acts of resurgence involve remaining indigenous within a colonial society, looking toward the teachings and guidance from ancestors, cultural practices, language, and relationship to the environment (Simpson, 2017).

History tells us that tīpuna made treaties before colonisation, representing agreements and relationships between whānau, hapū and iwi (Jackson, 2020). The treaty objectives included restoring balance following war, trade agreements nationally and internationally, and establishing whakapapa. It was always connected to the whenua, writing on the land. Jackson explains the meaning and process bound in treaties:

In the intimate politics of those relationships, new and old stories could then be told. Treaty-making was often included in such stories because it has always been part of the political and diplomatic process. In Ngāti Kahungunu the process is called mahi tūhono, the work that brings people together. To treat is to honourably seek or mend relationships. (Jackson, 2020, p.142)

Indigenous communities from Turtle Island and Australia Torres Strait Islanders share similar experiences to tangata whenua from Aotearoa, connected to ancestral lands and the resurgence of cultural practices and language (Jackson, 2020; Simpson, 2017; Walters, 2021; Williams in De Souza podcast, June 9th 2021). The relationship of the land and indigenous people is held in stories and resurgent in our everyday decolonising practices connected to learning and expressing oneself through the ancestor's songs, language, art, ethics and governance systems, birthing, parenting, and death ceremonies (Simpson, 2017). Wāhine Kaiwhakawhānau Pēpi expressed resurgence in various ways to bring forward a te ao Māori framework. The following example is shared in the context of a different training environment;

It would have to be a safe place [which you could] go to anytime, meet regularly - even weekly. [There would be] hui to talk about anything, and students supported by other Māori midwives, like a kōhanga.

Crissy

Māmā birthed in whare kōhanga, a dedicated birthing environment, before the erosion of this practice caused by colonisation. The whare kōhanga was the unique environment whereby māmā and pēpi were treasured, safe, protected, and nurtured. The concept of whare kōhanga is also used as a te reo infant language nest and is the right environment for aroha, growth, and learning. When Wāhine Kaiwhakawhānau Pēpi meet with whānau there is a difference in care;

Yeah there is [a difference in care], although we teach the same things, talk about the same things, we talk about it in a different way - explaining things to suit māmā and pāpā

Crissy

In the Māori world, the pepeha is a traditional custom of introductions, seeded from the first stories of Papatūānuku, our ancestral mother. The landmarks, including the moana and maunga on Papatūānuku, are recited in pepeha. The sharing of whakapapa is the ongoing custom that ties whānau and hapū to each other and the land (Jackson, 2020). This is rerekē, different, to the methods and ideology of Pākehā. In introductions, my experience is that where you live and what you do is essential to Pākehā to reflect economic wealth and self-importance. For example, when I returned from overseas, I visited the local maternity unit and met the Director of Midwifery (DOM). The DOM discussed the challenges of providing midwifery care to Māori living in a particular suburb. I was familiar with this type of rhetoric in the past. However, it is still uncomfortable to hear.

Footprints and New Pathways

He Whakaputanga o Te Rangatiratanga o Niu Tirenī and Te Tiriti o Waitangi documents were the blueprints and vision of tīpuna to guide the conduct between Māori and Pākehā. To live in Aotearoa as a nation whereby Māori have autonomy over their lives in a fair and prosperous

country. In contemporary times, He Whakaputanga and Te Tiriti are kept at the forefront of endeavours by Māori collectives to advocate, advance, and actualise the honouring of what tīpuna had intended for their descendants, that is, for Māori to have self-determination over their own lives (Charters et al., 2019).

The many ways that the current Eurocentric values and mindset within the health and education sector are failing Māori were evidenced by kaikōrero. The following kōrero is about fitting into a Eurocentric education and health system and the solutions to a different pathway;

There's no school in Hawkes Bay, we have to travel. We have to leave our whānau, can't have a job on the side to support our families. [We] have to up and leave for weeks at a time, pay for transport and accommodation. It was very difficult

Char

Its what we've been taught to do - you have to try to fit to succeed. A Māori based tikanga - thats what we need, thats a part of us. [It] doesnt have to be speaking te reo, that sort of thing. It could be understanding whakatauki and whakatauāki - and understanding those were for us - they have messages. Lift the māmā up ... its about feeding their mana positive information that they are doing well

Crissy

It just doesn't fit. [There is] no easy fix unless we run under our own umbrella, fully pull away and set up, we need to be under our own umbrella following what we know works for us

Anahera

Wāhine Kaiwhakawhānau Pēpi expressed the energy and commitment to stand up and push back - a resurgence of living as Māori in their mahi and at home, a resurgence of tikanga, mātauranga and te reo, to build and grow practises and spaces belonging to Te Ao Māori. Since the signing of He Whakaputanga and Te Tiriti, Māori political movements are also a sphere of resurgence, with momentum and a journey towards constitutional change (Mutu & Jackson, 2016).

The lived experiences of Wāhine Kaiwhakawhānau Pēpi are part of a wider expression of indigenous self-determination In Aotearoa. He Puapua is the document that sets out a plan of action to achieve constitutional reform (Charters et al., 2019). This plan outlines the steps

required to live together as a nation. A breakthrough and break away from the standard policies, approaches, and societal norms dominated by Pākehā. The vision set out in He Puapua embeds He Whakaputanga and Te Tiriti, documents that represent the self-determining rights of tangata whenua to practise tikanga as Māori law, and also the realisation of UNDRIP, to be woven into the constitutional reform of Aotearoa, a vision of transformational change by 2040 (Charters et al., 2019).

The Waitangi Tribunal Report Wai 2575 (2019) and the Simpson Report (2020) outlined the grievances and chronic failings of the health service and have influenced significant system and process reforms to include Te Tiriti o Waitangi and Māori participation at leadership and governance levels. The formation of Te Aka Whai Ora, Māori Health Authority, is an example of a movement towards a Māori-centric lens to address inequity and improve the strategic planning of health services. Changes within the Hawkes Bay DHB have allowed the inclusion of Māori cultural advisers to contribute to the shaping of health services along with kaumātua, bringing expertise in mātauranga, tikanga, and te reo to an environment where whiteness was the standard.

The report of the 'Cultural Responsiveness Review of Maternity Services at Hawkes Bay District Health' (Andrews et al., 2021) centred on the experience of birthing whānau, Wāhine Kaiwhakawhānau Pēpi, and hauora Māori providers. The report was highlighted in the local newspaper (Hawkes Bay Today 23/06/2022) and covered the regions of Napier, Hastings, Central Hawkes Bay, and Te Wairoa. The review was commissioned by the Population Health sector of the HBDHB in an endeavour to improve the quality of care and cultural experience of whānau who engage with the maternity service. The Cultural Responsiveness report contained 42 recommendations regarding maternity services and care delivery to whānau Māori. The Hawkes Bay Today newspaper highlighted that the negative experiences outweighed the positive experiences of whānau. In particular, the report identified discriminatory practices directed at wāhine Māori and consistent failings to meet the cultural requirements of not only whānau Māori but also other minority ethnic groups, Asian, Pacifica,

and Indian people (Hawkes Bay Today 23/06/2022). The report recommendations were to be embedded into clinical practises and maternity policies to improve the quality of care and cultural experience of birthing whānau. The following comment was of particular concern;

“Hapū wāhine felt that the support for themselves and their whānau was lacking. Some discussed the lack of information on their rights, the processes and decisions made about them and their baby, and not being communicated with appropriately.”

(p. 8)

This statement contradicts the image that health care in Aotearoa should be given with kindness, care, and respect, and absent of racism. The real possibility of whānau and Wāhine Kaiwhakawhānau Pēpi receiving suboptimal care in the health system is confirmed. The results from the research conducted by Māori midwives and indigenous birth rights advocates also align with these findings (Buzzacott in De Souza podcast, May 5th 2022; Canty in De Souza podcast, May 11th 2022; Tupara & Tahere, 2020; Williams in De Souza podcast, June 9th 2021).

As Wāhine Kaiwhakawhānau Pēpi in my day-to-day mahi in Te Wairoa, I have not received any formal clinical or cultural supervision and have yet to hear of others in the region being offered this support. A comment in the Cultural Responsiveness Report was that Wāhine Kaiwhakawhānau Pēpi interviewed were still traumatised by the 2019 attempt to uplift by Oranga Tamariki. In my thesis, the lived experience is also evidenced in the following narrative shared by kaikōrero regarding the 2019 attempted uplift;

The saddest thing [is that] Māori came to try and take baby away, and the lies and - trickery to take baby away. The Māori midwife [ends up] taking the hit from other staff, [she was] locked out [from the DHB. That is] stabbing her in the back. The Māori midwife did not have support from management

Poppy

I am unaware of any significant changes in how the maternity service has changed following the review. For example, this is reflected in the absence of care for the whenua following birth. In Te Wairoa, the midwives received a package of whenua left in the Hastings maternity freezer for several months. The whenua belonged to Te Wairoa whānau, who had birthed at

Hastings maternity. I had a kōrero with one of the midwives in charge, who apologised, explaining how busy they had been, and asking if I could suggest better ways to avoid this in the future. The gap in cultural awareness was evident. For me, as wahine Māori, my world view is that the whenua is part of the māmā, pēpi, and belongs to whānau, not separated from them, and should be returned as soon as possible, not several months later.

The kōrero shared by participants in my thesis had identified similar failings as in the findings from the cultural responsiveness review (2021) and also aligned with research centred on the Māori workforce, the experience of Wāhine Kaiwhakawhānau Pēpi and birthing whānau (Tupara & Tahere, 2020; Te Huia, B. 2020, Te Huia, J. 2020). Kaikōrero had voiced the failings of the current midwifery teachings, philosophy of care, and health services designed by and for Pākēha society. However, also shared in the kōrero was a sense of resurgence, the energy and vision to conceptualise and actualise solutions to improving whānau-centric care and the well-being of themselves;

[We need people] getting on the waka - whānau ora, hapū ora, growing leaders, changing the tide. Kōhanga reo, kura kaupapa, whānau coming out [and being] nurtured and educated in that way - knowing that they are Māori, wanting to birth Māori, live Māori - it's a great privilege to be part of.

Also, [we need to care for] Māori impacted by intergenerational trauma - including Māori midwives - whānau who have been suffering through all the trauma that's been put on us ever since the arrival of Pākehā. How [do] we work with those whānau – because they all come to us.

He Mokopuna o Hinekorako

Cherisse Buzzacott, a Mparntwe (Alice Springs, Australia) aboriginal midwife, and Lucinda Canty, a black nurse-midwife from the United States, were guests on a series of podcasts by Dr Ruth De Souza (2022) on birthing and social justice. As health professionals, both midwives experienced racist behaviour within the maternity system. Cherisse Buzzacott (2022) shared her personal experience of maternity care and how she had purposefully arranged for a white midwife to advocate and care for her. This was a protective measure against the racist treatment of a vulnerable indigenous woman and her family.

Lucinda Canty (2022) has a career in health stretching over twenty-nine years and entered into nursing believing that her colleagues could not be racist. I can relate to this ideology. My childhood was founded on acts of aroha and manaakitanga, caring for each other was normal. However, Canty's personal experience and the findings from her PhD concluded that racism and white supremacy were part of the institutional structure of the education and health system. Canty interviewed black women about their experience of care throughout the maternity continuum. The participants shared that they were often categorised by health professionals informed by assumptions, biases, and racism. This had a direct impact on the type of care offered and received. A common finding from Canty's thesis was labelling black women as uninterested in their pregnancy care. Delays in accessing optimal treatment and health literacy information resulted in trauma and harm. These health professionals were change agents supporting and advocating for the minority groups they represented and for pregnancy care and birthing experiences determined by the needs of the communities they were connected to.

Rebirthing

I have purposefully positioned rebirthing as the final theme in this chapter as a celebration gifted from tīpuna for action, change, and transformation of the indigenous self. It is their ancestral moemoeā and vision for us, is forward-thinking and contextualised from remembering our pūrākau, ancestral teachings, and customary practises. To follow, is my understanding of rebirthing as the process and connectedness to reclaiming and resurgence. There is no order in the process or how the journey unfolds as each self-determining theory and praxis is relational, interconnected and ongoing. Rebirthing was a whakaaro held by all the participants, inclusive of Māori-led models of care, birthing spaces, and learning environments, a practice accessible for all whānau and Wāhine Kaiwhakawhānau Pēpi. Indigenous social justice movements in the birthing space locally, nationally and internationally have been working to exercise self-determination and control as experts in their lifeways, struggles and aspirations (Simpson, 2017)

Alongside whānau, the rebirthing of mātauranga situated in the birth space is an act of self-determination and sovereignty by Wāhine Kaiwhakawhānau Pēpi. As kaitiaki, kaikōrero explicitly expressed this as their territory. Rebirthing is a return to remembering the authentic self, the living connection to kaumātua, the whenua, and tīpuna for guidance and teaching. This process is also about evolution whilst returning to the embodiment of ancestral roots with a lens focused on today's world, space, and time. It is not a return to the old ways. This cannot be fully achieved in its purest essence, it was almost destroyed by acts of colonisation. However, as evolution continues, there are new and old ways woven together, brought forward and actualised in te ao hurihuri.

Wāhine Kaiwhakawhānau Pēpi endeavour to provide care that is connected to whānau and tikanga-based rebirthing processes. However, conflict with Pākehā health professionals is an everyday experience in maternity spaces governed by colonial systems (Andrews et al., 2022; Simmonds, 2014; Simmonds & Gabel, 2016; Tupara & Tahere, 2020). This can conflict with the whānau-centric care by Wāhine Kaiwhakawhānau Pēpi. This wears down and wears away the self, wairua, hinengaro and tinana. The following kōrero illustrates how aggression escalates quickly, mainly when Māori māmā are not heard and respected and how Wāhine Kaiwhakawhānau Pēpi intervene with aroha:

That girl [sixteen year old māmā wanting to take her baby home], she was treated like [she was], looked down on. [The doctor said] “No, you’re not taking that baby”. The māmā just saw fear and anger - she started swearing, went to go forward and I stepped in between the doctor and midwife, just held her and said “Bub just calm down its going to be ok”. That girl told them “I’m taking my baby.” The midwife said “No you’re not. We are going to call the social worker.” [They] went that far to stop her, I was totally disgusted with them. That kid was instrumental and the reason why I went to go and do my midwifery, come home and look after my whānau

Ginny

The Wāhine Kaiwhakawhānau Pēpi commitment to keeping whānau safe and cared for is strongly expressed. Ginny went to the birth of this pēpi alongside the mother of the teenage māmā. When asked if the maternity system had changed over the years, Ginny stated,

I think the safest place is your house. [We] should have a whare out in the community and the midwives can be looked after, we need to have that rest, we were [safe in] a whānau team.

The physical distance between the white spaces and white gaze set in the maternity environment also indicates the length and absence of connectivity between te ao Māori and Pākehā maternity services. There was no kōrero from Wāhine Kaiwhakawhānau Pēpi to demonstrate meaningful relationships between Māori and Pākehā. A moemoeā of an alternative birthing environment and training space that is safe and away from harm, a rebirthing of an environment like whare kōhanga, Māori led and whānau-centric was advocated;

*Standing outside our custom built Māori birth unit we've had so many kōrero
dreaming of it detached from the hospital
Char*

Rebirthing was also an expression of Māori learning environments and training, disconnected and away from the academy and hospital setting, where a Māori worldview is normalised. The following kōrero explains the backstory to this whaakaro;

There are so many Māori māmā I have come across that have wanted to be a midwife. [However, reflecting on training], it is very separate. They get taken away from them [whānau] all the time. How its been set out, [you are] isolated from other tauira, alone, not feeling comfortable.

Pākehā space don't work, [it's] not our comfort zone. Take us back to our marae to learn - that would just be number one. Be on your tūrangawaewae where your nannie birthed, learning about midwifery in the places where it was born. Especially for Māori - we connect that way. Everything is so much easier to learn in a space that is ours.

Kai is always important and you can do all of that on a marae. Wānanga based learning [is a] huge pull for Māori to be able to come in. At the marae, your whānau can come too - a natural respect of the way you treat others. Manaaki and aroha all entrenched in our marae

Anahera

In this space, kaumātua, Wāhine Kaiwhakawhānau Pēpi and tauira would celebrate, immersed in our tikanga, te reo, mātauranga, and ways of doing things on the marae. This is an ideal setting to build connections between whakapapa and tīpuna teaching, where our ceremonies can occur and healing takes place, rebirthing what our responsibilities are to each

other and te ao Māori. It is a safe space to kōrero and understand how colonisation has changed us and continues in today's ongoing systems and structure. Alternatively, it is space for decolonising wānanga as a pathway of rebirthing.

Te Whare Pora o Hine te-iwaiwa (TWP) reflects a rebirthing environment and antenatal care model. This was a gathering place in Heretaunga for birthing whānau to meet, learn, and participate in raranga. It is an example of how Māori-led services can be successful as a change maker. It is a site that affirms the transformation of health provision that is culturally meaningful and delivered from a decolonising lens. Closing the equity gap, TWP also provides a te Aa Māori space for hauora (Te Huia & Cram, 2022). The evaluation report of TWP outlined the critical lessons learnt and future forward thinking that can be transferred to other hauora services (Te Huia & Cram, 2022);

- Collaboration, vision, and co-design led to a purpose-built space.
- Weaving together the mātauranga Māori of raranga provided an environment to connect, tīpuna, pūrākau and hapū māmā.
- Expert in raranga to be remunerated appropriately.
- The consideration is to have an NZQA qualification available for hapū māmā.
- The ability of the Māori health provider to respond to feedback from whānau. To identify where change is needed and what is transformative

The Toronto Aboriginal Birth Centre on Turtle Island is also an example of indigenous rebirthing (Tabobondung et al., 2014). A collaboration of elders, knowledge keepers, indigenous midwives and good allies came together for the project's groundwork. Birth is considered a transition, passing through the doorway from the spirit realm into the physical world. In this project, the involvement of the community, indigenous ceremonies, and ways of living were essential objectives. The rebirthing of cultural customs was reflected in the birth centre philosophy and environment (Tabobondung et al., 2014). As the caregivers of their community, indigenous midwives were in a space of belonging to rebirth themselves.

Misconduct - cultural appropriation

Aboriginal academic scholar Chelsea Watego has a background as a health worker and is upfront and public, speaking and writing against the ongoing racism and white supremacy experienced by Aboriginal and Torres Strait communities. In particular, Watego uses her platform as an indigenous woman to advocate for equity, self-determination, and social justice. In a podcast (2022) with Paul Daley from 'The Guardian' Australia, Watego was interviewed about her book '*Another Day in the Colony*'. Watego explains the book was intended for an Aboriginal audience; however, was not at the exclusion of white people. When Watego was asked how she felt about white people reading the book, she explained further that her thinking and writing were primarily centred on engagement with her people, aboriginal people. Similar to the actions of Watego, the following kōrero is about tino rangatiratanga as self-determination and autonomy within Māori maternities;

Value wāhine Māori - reclaiming, supporting everybody wherever they are. Model that for whānau - taking back and bringing te ao Māori into the space. The present system is not fit for Māori

Kiley

Rebirthing is about keeping the whānau and the self safe, decolonising the maternity system by bringing whānau, tikanga, karakia, rongoā, and te ao Māori to the space.

Watego explains the actions behind writing for her people. This decision was grounded in the lived experience of seeing academic and creative work with an emancipatory agenda being used to accommodate a white audience, to appraise, perform and be domesticated, resulting in a loss of indigenous power. In changing the power structure, Watego (2021) explains that white people can come and listen on their terms, but do not have a seat at the table where space is reserved for Aboriginal people. Watego states that white people do not engage at the table but have the opportunity to listen and learn. Furthermore, Watego says this is to stop the embedded behaviour of colonised white people; their history and behaviour come from a place of no boundaries, and everything is for the taking.

A similar stance was taken by black American academic Lucinda Canty (2022) when organising support and discussion meetings for nurses of colour. The sessions were a space to share their stories of struggling with racist behaviour in the hospital setting and taking forward-thinking action. An essential feature of the meetings, stated by Canty, was that white nurses were not allowed to speak; the space was held exclusively for nurses of colour. (Canty in De Souza podcast, May 11th 2022).

Canty (2022) and Watego (2022) are from minority communities that carry the burden of being at risk of the biases and stereotypes of a white supremacist society. As academics, both women are taking action against racism from their workplace platforms and the communities they represent and live in - rebirthing in ways that are sovereign to themselves and their communities. Both academics have moved away from white society's dominant colonial ideology and rules.

As expressed by kaikōrero, the moemoeā of a separate Māori-led birthing space and training is an active movement away from culturally unsafe colonial systems that deny tikanga, te reo, and tino rangatiratanga. This would be a rebirthing of a Māori way of being, away from harm and racist behaviour. Whilst a moemoeā, it is a significant mindset of activism that is talked about and, from there, comes to fruition. However, as stated by Watego (2022), white people as colonisers have a history of taking from indigenous people. For whānau and Wāhine Kaiwhakawhānau Pēpi, cultural appropriation is an ongoing threat, and the safeguarding of te ao Māori territory needs to be vigilant.

Aligned with Māori, the rebirthing movement in other colonised countries is led by indigenous communities engaged with celebrations and ceremonies, a remembering and connection to their ancestors, the natural environment, and storytelling written on the land (Buzzacott in De Souza podcast, May 5th 2022; Moreton-Robinson, 2020; Simpson, 2017). For example, birthing on country is an Aboriginal and Torres Strait Islander term that describes remembering and rebirthing indigenous practices connected and belonging to a community and the land (Williams in De Souza podcast, June 9th 2021). Birthing on country was a pushback and

movement against medicalised practices. The indigenous communities from Turtle Island and Australia living in remote rural areas were fragmented, with māmā expected to leave their community at least a month before their due date and birth in distant hospitals with strangers. This separation from the community contributed to losing indigenous traditions related to pregnancy and birthing practises (Buzzacott in De Souza podcast, May 5th 2022; Dawson, 2017; Williams in De Souza podcast, June 9th 2021). Bio-medical birthing models deemed superior to indigenous knowledge replaced traditional birthing practices. Before the trauma of colonisation, Aboriginal and Torres Strait Islanders' health and well-being were superior to that of Europeans (Chamberlain in De Souza podcast, Jun 19th 2023).

Simpson (2017) identifies the vulnerability of indigenous people exposed to knowledge systems founded in colonisation partnered with the continuous white gaze in Pākehā institutions, such as universities and hospitals. Caution is necessary and requires a constant process to decolonise the mind and decentre whiteness, to hold fast to one's indigenous self, body and knowledge. Rebirthing is about struggle and is part of the continuous push against white supremacy; Simpson (2017) states:

Struggle because we are occupied, erased, displaced, and disconnected. Struggle because our bodies are still targets for settler colonial violence. Struggle because this is the mechanism our Ancestors engaged in to continuously rebirth the world."

(Simpson, 2017, pg 21)

The struggle is also reflected in the following kōrero:

[Midwives] say who's good enough to be a parent and who isn't. These māmā this is what they experience, lots of broken families

Crissy.

In this context, rebirthing is connected to the struggle to be free and independent as indigenous people (Simpson, 2017). To continue this action carried from the past into the present as the rebirthing of indigenous social justice and self-determination over ourselves, of ancestral traditions and in the effort to honour indigenous treaties, the connection to the land and the environment.

Conclusion

This chapter explored the indigenous social justice movement at the intersection of remembering, reclaiming, resurgence, rebirthing and the ongoing process of transformation of Wāhine Kaiwhakawhānau Pēpi. It is a shift in mindset and lens, a continuous journey of unlearning and decolonising the self, returning and reconnecting with the original instructions from tīpuna and the evolution of shaping old and new mātauranga. The experience of other colonised indigenous communities was also included to explore similarities of connecting to cultural teachings and the journey of rebirthing.

Wāhine Kaiwhakawhānau Pēpi, whānau, indigenous communities, and minority groups have a similar experience of white supremacy and its genesis in colonisation. However, reclaiming and resurgence is a powerful driving force for freedom, self-determination, and nationhood. Indigenous midwifery as an expression of sovereignty is happening across Aotearoa, Turtle Island, and Australia (Simmonds, 2017; Simmonds in De Souza podcast, June 9th 2021; Tabobondung et al., 2014; Williams in de Souza podcast, June 9th 2021). Since He Whakaputanga o Te Rangatiratanga o Niu Tirenī and Te Tiriti o Waitangi, reclaiming and resurging cultural traditions have been ongoing and continue today.

On Turtle Island, the resurgence of indigenous pregnancy and birthing practices has reconnected communities to truth-telling stories, the ceremony of becoming a mother, and the role of indigenous midwives as caregivers. It is also a political act of self-determination, remembering, reclaiming, resurgence, and rebirthing. Indigenous midwifery is a political stance decentering whiteness by moving away from the bio-medical frameworks embedded in obstetrics and the ideology of white midwifery. Attempts to destroy indigenous practises of birthing by acts of colonial power were part of the more extensive process of land alienation, enforcement of white occupation, and the prohibition of cultural practises and indigenous language (Mikaere 2003; Tabobondung et al., 2014).

As change agents and kaitiaki of birthing Wāhine Kaiwhakawhānau Pēpi generously shared their kōrero. They reflected the importance of the lived experience, manaakitanga and aroha

for each other and the whānau, The moemoeā to have a kaupapa Māori curriculum, wānanga, and where kōhanga were clearly expressed. Despite what some describe as a toxic workplace environment and the obvious racism, the faith and vision for transforming whānau care was outstanding.

Chapter Eight - Conclusion

Whakataukī

Mā te rongo, ka mōhio

Mā te mōhio, ka mārama

Mā te mārama, ka mātau

Mā te mātau, ka ora

*From listening comes knowledge, from knowledge comes understanding, from
understanding comes wisdom, from wisdom comes well-being*

I open this chapter with a whakataukī to reflect on my thesis writing experience - the listening to kōrero and what is spoken of in the written word; the digestion that occurs as the understanding is embodied, and the development of a body of knowledge; the healing dances, sometimes familiar, at other times unknown, and learning new steps towards transforming praxis and ora, well-being

Reflection on my thesis journey

This thesis journey has been a process of decolonising theory and praxis - of remembering and reaffirming the belief that atua and tīpuna left a blueprint and pathway to healing and transforming ourselves as Tangata Whenua. The context of this journey was specifically Wāhine Kaiwhakawhānau Pēpi, birthing whānau, and kaupapa whānau. This is a continuous cycle of disruption and struggle, renewal and rebirthing - always in the direction from darkness into the light of transformation. The literature review talks about these things, which are reflected in the lived experience of kaikōrero.

Brief summary of thesis chapters

Introduction

My pepeha was placed at the beginning as a formal Māori introduction to my whakapapa, the lands and waterways, and the tribe I belong to. Sharing pepeha is a traditional method of introducing the self. The title of my thesis intentionally acknowledges and celebrates Kai Whakawhānau Pēpi where possible. The thesis alludes to the invisibility of Wāhine Kaiwhakawhānau Pēpi, which led me to investigate the two colonial institutes that tauira and health professionals must navigate, the education and health system. The introduction of the research questions, aim, purpose and significance was provided to set the direction of the thesis. Atua Wāhine Papatūānuku and Hine te-iwāiwa had a presence during the thesis journey as support pou and connection to the philosophy of Kai Whakawhānau Pēpi.

Literature review

The literature provided critical evidence of the policies and procedures that guided ancestral society and maintained a balance within whānau, hapū and te taiao. Mātauranga and tikanga of hapū, whakawhānau, and after-birth care also provided a blueprint to keep birthing whānau safe and healthy. Dedicated birthing attendants with specialist mātauranga and tikanga were present during and following the birthing process. They held knowledges and practices to keep birthing whānau safe. The literature review evidenced that Māori society was balanced and intact.

Following the arrival and subsequent colonisation of Aotearoa by Pākehā, who deemed themselves superior and had brought what they believed were a superior culture and values, tikanga and mātauranga were systematically and intentionally disrupted and suppressed. The contact with colonisers led to forced assimilation, disruption, and takahi of ancestral lifeways. The attempts of disconnection to Papatūānuku and displacement from the whenua, te taio, te reo, mātauranga, and tikanga were most significant. The social structure of society was fundamental to whānau well-being, with tikanga embedded in the roles and responsibilities

and as the balance within whānau. Tīpuna held ancestral knowledge, including tikanga and mātauranga, passed down from generation to generation to guide the care of birthing whānau. These cultural practices were almost destroyed by colonialism, authoritative knowledge deemed superior, colonial institutions and acts of white supremacy.

Today the colonial project continues, highlighted by the institutions maintaining colonial power in contemporary society. The monocultural lens that shapes midwifery training and practice contributes to the underlying inequity of opportunity and access to education and the health system for Māori. Today, assimilation processes are maintained in the policies and strategies of Pākehā education, a Eurocentric health sector and midwifery governance structures that oppress the growth and advancement of Wāhine Kaiwhakawhānau Pēpi.

Literature from other colonised indigenous communities was reviewed to identify areas of alignment, particularly the territories of Turtle Island and Aboriginal and Torres Strait Islander communities. The research evidenced similar accounts of colonial British rule and exploitation, the taking of land, the trauma from the loss of belonging to the land and natural environment, and the brutal destruction of the spirit, mind, body and sense of belonging.

Methodology

The title of Chapter Four, 'Sharing the breath and binding the bones', reflects the methods and methodologies with their genesis in Kaupapa Māori frameworks. Māori praxis and theory privilege and validate the participant's voice, worldview, and lived experience. As an indigenous methodology, Kaupapa Māori research is an approach to making sense of our world, to shape and develop our philosophical underpinnings and research paradigms. Mana Wahine and Pūrākau Theory are the Kaupapa Māori theoretical frameworks embedded in this thesis. This gives a voice to Wāhine Kaiwhakawhānau Pēpi, whose presence is being suppressed.

The research included in-depth interviews with eight participants. An indigenous approach to thematic analysis was engaged to reveal patterns and themes. Further investigation

established three significant themes: kawa whakaruruhau, kaupapa whānau and mana wāhine, and rebirthing.

Themed chapters

Chapter Five centred on kawa whakaruruhau, a decolonising movement pioneered by Māori nurse academic, Irihapeti Ramsden, over forty years ago. Māori nurses and midwives use kawa whakaruruhau as a cloak of protection and as what counts as cultural safety. There is no willingness to build culturally safe communities in today's education and health sectors. The everyday experiences of cultural injury caused by unsafe cultural practices voiced by Wāhine Kaihakawhānau Pēpi were discussed. Sub-themes included whakaiti, the belittling of tangata whenua including Wāhine Kaiwhakawhānau Pēpi, “nice” racism as the everyday actions that look well-meaning from the outside and microaggression as accumulative harm. Kāwanatanga was the final theme in this chapter and represented the governance structures that surveil and regulate Wāhine Kaiwhakawhānau Pēpi. Despite this, sites of self-determination and power occur as kaupapa whānau collectives.

Chapter Six explored concepts of whānau, kaupapa whānau and the connection to mana wahine. Whānau provided support, comfort, and the transfer of knowledge from kaumātua to inform the theory and practice of Wāhine Kaiwhakawhānau Pēpi. Mātauranga and tikanga were highly valued and treasured, influenced, guided and shaped kaikōrero. All kaikōrero shared expressions of mana wahine connected to kaupapa whānau as social justice movements of tino rangatiratanga and mana motuhake for the collective and as individuals. Their greatest strength came from their whānau, kaupapa whānau and birthing whānau, providing sustenance and healing.

Chapter Seven is centred on rebirthing and reflects the embodied journey of the self, a rediscovery and reconnection to the teachings of tīpuna and atua wāhine. Rebirthing is also part of the social justice movement embedded in our histories as tangata whenua, mā Māori, mō Māori, ki a Māori. As Wāhine Kaiwhakawhānau Pēpi, rebirthing is a connection to the land, culture, language, and knowledge systems gifted from tīpuna that are woven into our everyday

lives and, as kaitiaki, the responsibility as protectors and carers of ancestral treasures. Living in a colonial reality, rebirthing is a never-ending cycle of decolonisation. A process of remembering, reclaiming, and resurgence, celebrating traditional, new and evolving knowledge and praxis.

Overall conclusion / What does this thesis mean?

The thesis is new and important, giving Wāhine Kaiwhakawhānau Pēpi a voice, visibility, and direction to provide culturally safe care for whanau. It is an opportunity to celebrate our birthing taonga, matauranga, in old and new ways that have survived assimilation to inform who we are and our practice. Wāhine Kaiwhakawhānau Pēpi stated that we have the tools to provide a Kaupapa Māori service for whanau, including having our training, birth facilities and governance structures. Te Tiriti o Waitangi tells us that Māori has the sovereign right to determine our prosperity.

I propose that Māori are not entering midwifery training programmes and graduating because of the consequences of colonialism in Aotearoa. Furthermore, the current midwifery experience is embedded in Western-orientated, inequitable and culturally unsafe colonial institutions.

Education and health systems are sites of colonial power. Consequently, they are culturally unsafe, are rooted in inequity, and are failing Māori. Pākehā tertiary learning institutes are the only gateway and pipeline towards entry into midwifery. These are the sites that Māori taurira must navigate to become Wāhine Kaiwhakawhānau Pēpi. Currently, there is no other choice for taurira Māori.

There have been some recent changes with the appointments of Wāhine Kaiwhakawhānau Pēpi in the Midwifery Council and New Zealand College of Midwives. Still, these institutions are grounded in colonial foundations. Meeting the obligations of the Articles of Te Tiriti o Waitangi is commonly cited by these two institutions. However, this fails to make a significant difference to cultural responsiveness in the care of birthing whānau and Wāhine

Kaiwhakawhānau Pēpi. There is also no professional accountability for behaviours and actions resulting in cultural injury and Te Tiriti o Waitangi breaches. As a consequence, birthing whānau and Wāhine Kaiwhakawhānau Pēpi are unsafe in the maternity system. They can be used in a tokenistic way and experience policing of their practice by colleagues.

Due to the lack of sufficient numbers of Wāhine Kaiwhakawhānau Pēpi in the workforce, birthing whānau have limited access to kaupapa Māori services. Pākehā midwives predominately lead birthing places as white spaces with a disconnection to Māori cultural values and customs. In these monocultural environments, whānau lived experiences and ways of being are not privileged but looked down upon. The emphasis is on Wāhine Kaiwhakawhānau Pēpi and birthing whānau to fit in with the service rather than provide culturally appropriate care.

The strength and wisdom of indigenous communities in maintaining the traditional lifeways and ancestral birthing practices are upheld and sometimes hidden to avoid cultural misappropriation. Sites of self-determination are part of the past and the present lived experience of Wāhine Kaiwhakawhānau Pēpi. This is evidenced in the decolonising actions within birthing spaces trail blazed, held safe and practised by them. Despite entering these institutions, Wāhine Kaiwhakawhānau Pēpi survived and contributed to changing the care system to accommodate the cultural requirements of birthing whānau. As mana wahine, the remembering and rebirthing of old and evolving mātauranga and tikanga was demonstrated by kaikōrero.

The indigenous peoples of Turtle Island and Australian Aboriginal and Torres Strait Islander communities align with decolonising birthing actions in Aotearoa. Birthing spaces were sites of remembering and rebirthing of ancestral knowledge, languages and customs.

In the broader context of whanau ora Wāhine Kaiwhakawhānau Pēpi provide Indigenous knowledge, healing and wellbeing to whanau—an essential role in the provision of choice and care (Kaupapa Māori services) across the maternity continuum. The maternity service is a Pākehā system that has a long history of racism, harm, and inequitable outcomes for Māori.

Whanau ora originates in Kaupapa Māori values and customs from tipuna, as a pathway to prosperity.

The lived experience and world view of Wāhine Kaiwhakawhānau Pēpi is different to Pākehā and creates tensions in the workplace. Māori are treated as inferior and looked down upon, whakaiti and Pākehā dominate in how services are delivered. My personal experience and kiakōrero confirm this.

Research strengths

My research contributes to a body of Kaupapa Māori knowledge. Decolonising methodologies are unique to and privilege indigenous peoples whose ancestral ways have been subject to colonisation and suppression. A Kaupapa Māori approach, led by Māori for Māori with Māori, is a method of investigation and critical analysis to reveal and displace oppressive Western knowledges as sites of power and control. The focus shifts to social justice, which endeavours to be radical and transformative.

The research gathered evidence from two sources: the literature review and the lived experiences of the Kaikōrero. The literature review set the scene for how colonisation has disrupted and suppressed the tikanga and mātauranga of traditional birthing practices and the roles of birthing whānau and Wāhine Kaiwhakawhānau Pēpi. This has resulted in their near invisibility in clinical, educational and leadership roles across the maternity continuum. The experiences of the Kaikōrero reflect the colonised reality Wāhine Kaiwhakawhānau Pēpi and birthing whānau live with.

My contribution to the indigenous research community

This thesis contributes to the privileging of indigenous world views as research on our terms, using theoretical frameworks that have their genesis from ancestors, our lands and the environment. Historically, Western study of indigenous peoples has been unkind, disrespectful and traumatic. This has resulted in marginalising indigenous ways of knowing and being. This

research contributes to the movement towards an indigenous research landscape developing, growing, and validating indigenous praxis and theories.

The research investigates the challenges and insights of Wāhine Kaiwhakawhānau Pēpi in my rohe as they navigate colonial systems and culturally unsafe spaces while holding to their culture and customs, working to provide culturally appropriate care to birthing whānau. This research contributes to the indigenous midwife's body of knowledge and provides evidence to strengthen and support the development of culturally safe systems and spaces.

Recommendations

Te Tiriti o Waitangi states that Māori have Tino Rangatiratanga, the self-determining right to design, build and provide training and care services for Tangata Whenua. Collective action is required as support by strong networks, kaupapa whānau, and strong relationships with other international Indigenous groups.

All health professionals within the system need to be held accountable for breaches of Te Tiriti o Waitangi, to stop harming Māori. The maternity system needs to be designed to stop harming Māori, rather than addressing it after the event.

To provide real choice, more Wāhine Kaiwhakawhānau Pēpi workforce is needed. To enable whānau to decide what sort of support they require. When there are more Wāhine Kaiwhakawhānau Pēpi there is a stronger presence and, as a collective harder to marginalise.

This thesis highlights several areas where change is needed and aligns with other research conducted by Wāhine Kaiwhakawhānau Pēpi.

Say No and stop trying to make the current systems better

Stop waiting for the health and education systems to become culturally safe and embody Te Tiriti in their thinking and actions. There is overwhelming evidence that the current health and education systems are failing Māori. They function to suppress Māori mātauranga and tikanga by imposing coloniser values and expectations. In the literature and experience shared by

kaikōrero, there was a common theme to provide independent wānanga and birthing places that are kaupapa Māori, by Māori, for Māori, with Māori.

Establish a Māori Health Professionals Authority

Establish a Māori health professionals' authority, with our governance structures, protecting mātauranga and tikanga, to sit alongside Te Aka Whai Ora, the Māori Health Authority, with an independent Māori caucus overseeing professional standards and certification to practice. This would provide a choice for Māori where currently, there is no choice. The Māori Health Professionals Authority would also be responsible for growing the Māori workforce and advancing leadership roles and succession planning.

Joining forces with good allies

Build a relationship with iwi Māori Partnership Boards as spheres of influence. They are the primary source of whānau voice and work with Te Aka Whai Ora to influence regional health strategies. Working with them could lead to kaupapa Māori wānanga to train new Wāhine Kaiwhakawhānau Pēpi alongside birthing places to be established in each region.

Align with longstanding Māori organisations like the Māori Womens Welfare League and Māori Wardens who share an interest in safe and well whānau.

This thesis also highlights opportunities available in the form of game-changing recommendations:

- Implementing a strategy to build a Wāhine Kaiwhakawhānau Pēpi wānanga-based training, for Māori by Māori, across the motu with local mātauranga and tikanga embedded into the program. Whānau and hapū involvement are integral to succession planning and success.
- At an early age get students at school or kura interested in the pathway towards becoming Wāhine Kaiwhakawhānau Pēpi. Along with whānau and hapū, support Wāhine Kaiwhakawhānau Pēpi going out to schools and kura to promote training and the essential role that they play. Create demand so whānau want to become one.

- Wāhine Kaiwhakawhānau Pepi to establish a Kaupapa Māori governance board with hapū, whānau and Wāhine Kaiwhakawhānau Pēpi from across the motu as a representation of all our communities and with autonomy over our processes and guidelines, grounded in the teachings from tupuna..

Never-ending beginnings

“The answers are within ourselves” is a whakaaro expressed in Māoridom to reflect a self-determining approach to the daily challenges of living in a monocultural society. There are sites of disruption expressed by kaikōrero, kaupapa whānau collectives, and in indigenous principles, values and thinking. Research evidence demonstrates our communities have the answers and actions to address cultural inequity and oppressive State systems. Despite living in a colonial reality and the challenges of Pākehā education and the Eurocentric health system, as kaupapa whānau, kaikōrero continue transforming the experience of birthing whānau and themselves.

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Appendix A - Rangahau Information Sheet

Rangahau Title: Māori midwives: a rare exotic species

Lead Kairangahau: Janie Thomas (Ngāti Kahungunu, Ngāti Raukawa, Ngāti Rongomaiwahine)

Rangahau Kaupapa: In Aotearoa, tapuhi play a leading role as kaitiaki of Māori birthing practises, catering for the cultural requirements of tangata whenua. Of 3,572 midwife members of the New Zealand College of Midwives only 116 identified as Māori, a further 275 midwives identified Māori as their second or third ethnicity. This is set against the Māori birthing rate which is projected to increase from 22% to 33% by 2030 (MOH, 2019). The rangahau investigates the causes of the near invisibility of Māori midwives in leadership, education and clinical settings, and the transformative solutions that would lift the mana of birthing whānau and support the sustainability of the tapuhi workforce.

Your involvement

To inform the rangahau, as a participant your kōrero will provide experience which will be audio taped or video recorded with consent.

Overview of the questions for participants

What is your experience and reflections of the New Zealand maternity system and is it culturally appropriate and safe for tapuhi and tangata whenua?

What solutions would increase the workforce, transform, and sustain tapuhi?

What would a kaupapa Māori kura look like for tauira, whānau, hapū, and iwi.

Appendix B - Participant Written Consent Form

Name of participant:

I have recieved a copy of the rangahau kaupapa outlining the project – Māori midwives: a rare exotic species. Any questions I have relating to the rangahau have been answered to my satisfaction. As a participant I understand that I can ask at anytime for a further explanation about the rangahau and that I can withdraw my kōrero up until the formal writing as a thesis.

Your kōrero will remain anonymous if you request. I will work closely with you to ensure that you are comfortable with how it is to be used and presented.

Your rights

By giving your consent to participate you have the right to:

Withdraw from the rangahau at any time until the formal writing as a thesis

Request for the erasure of any kōrero you do not wish to be used in the thesis within a reasonable period of time after our kōrero

Please complete the following checklist by a tick [√]	Yes	No

I consent to working collaboratively with Janie to review all the kōrero during the rangahau process		
I would like the video/audio recording, transcript to be returned to me upon completion of this rangahau		

Participant:

Researcher:

Signature:

Signature:

Date:

Date:

Contact

Contact Details:

Details:

Appendix C – Ethics Approval



TE WHARE WĀNANGA O
AWANUIĀRANGI

11/02/2021

Student ID: 2191474

Janie Denise Thomas
19 Richmond Street
Maraenui
Napier 4110

Tēnā koe Janie,

Tēnā koe i roto i ngā tini āhuatanga o te wā.

Ethics research Committee Application Outcome: Approved subject to minor modifications

The Ethics Research Committee met on Wednesday 03rd February 2021 and I am pleased to inform you that your ethics application has been approved subject to some minor modifications being made, or questions answered.

The Chair of the Ethics Committee will sign off your ethics application after they are satisfied that the changes made, or responses address what is outlined in the feedback sent to you.
The committee commends you on your hard work to this point and wish you well with your research.

Please contact your supervisor, Professor Paul Kayes, as soon as possible on receipt of this letter so that they can answer any questions that you may have regarding what changes need to be made, or clarify any of the questions, as they have had a copy of the feedback as well. See below for feedback.

Once you have worked with your supervisor to respond to the changes or questions regarding your Ethics application, the application will need to be sent to your supervisor to the email address below.
Please ensure that you keep a copy of this letter on file and use the Ethics Research Committee document reference number **EC2021.04** in any correspondence relating to your research, with participants, or other parties; so that they know you have been given approval to undertake your research.

If you have any queries relating to your ethics application, please contact us on our free phone number 0508 92 62 64; or email to ethics@wananga.ac.nz

Nāku noa, nā

Kahukura Epiha
Ethics Research Committee Administrator

Feedback from Ethics Research Committee:

1. *Section B, (11). Suggestion:
Ngā Maia Māori Midwives is a collective and is a Registered Charitable Trust. Student answers 'no' to requiring ethical approval from this organisation. A letter supporting the research would be beneficial. Although Charitable Trusts are for public benefit, they still have Trustees so gaining support from the Trustees could alleviate any negative future comebacks.*
2. *Section C, (17). Verbal consent is not appropriate for this study. Change to informed consent.*
3. *Student has provided a consent form so the verbal consent has no place in the application.*

Supervisor Name: Professor Paul Kayes

Supervisor Email: Paul.Kayes@wananga.ac.nz

WHAKATĀNE
13 Domain Road
Private Bag 1006
Whakatāne 3158
New Zealand

Telephone: +64 7 307 1467
Freephone: 0508 92 62 64
Facsimile: +64 307 1475

TĀMARI
(AUCKLAND)
Building 1
19 Lambie Drive
Papatoetoe

Auckland 2104
PO Box 79035
Manurewa City Auckland 2341
Telephone: +64 9 260 4107
Facsimile: +64 9 263 5119