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# Cultural safety and the birth culture of Maori

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## Introduction

This article will explore some of the traditional cultural concepts around pregnancy and childbirth for Maori. An overview of traditional Maori birthing practices will be given and the importance of whakapapa will introduce the reader to the cultural reality for Maori in terms of whānau. The effect of colonisation will be discussed in terms of the introduction of a hospitalised maternity system and the outlawing of traditional home birthing for Maori. Evidence now suggests that the logic which underpinned the establishment of hospital-based maternity systems is burdened with inconsistencies that have had a devastating impact on Maori. The dominance of the medical profession such as obstetricians and general practitioners in maternity care will be discussed. The consumer driven movement for choice such as woman-centered practices, by Maori for Maori services and cultural safety within mainstream services will be discussed in relation to major socio-political issues and influences.

## Traditional Maori birthing

Several authors offer accounts of traditional practices related to childbirth (Walker, 1990; Durie, 1998; Nuku, 2001, Palmer, 2002). A key theme they each discuss involves the burial of the whenua back to Papatuanuku the Earth Mother soon after the child is born. This special link with Papatuanuku is evident with the dual meaning given to the term *whenua*. Whenua can mean 'land' as well as the placenta that feeds the child within the womb. The philosophy here is that through this process Papatuanuku will continue to feed and sustain the life of all humanity. There are variations in this practice which change from one tribal area to another. The following account therefore needs to be considered as a small part of a wider subject which is still being discovered.

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New Zealand's history prior to the arrival of Europeans is constructed from oratory recounts. These recounts were subject to the imagination of the story teller, which could often be influenced by their personal belief. Best's (1929) beliefs for example, suggested that Maori were very religious, and had a great fear of the supernatural. This was in keeping with his British view of the world where the Christian god was to be feared at all costs and nature was a commodity to be controlled by humankind.

Durie (1998) on the other hand believed that early Maori were connected to the environment in which they lived. They relied on nature for their survival and developed complex rituals and traditions to keep their own needs and that of mother earth in balance. They believed bountiful crops were the result of pleasing the gods, and retribution for transgressions against the gods usually resulted in death. Because of their closeness with nature, and their reliance on becoming one with their surroundings, personification of their gods through the naming of mountains, rivers and special places also ensured an account of time and events.

Just as Christian children learnt that humankind originated from Adam and Eve in the Bible, Maori children had recounted to them that the beginning of the world stemmed from Ranginui, the Sky Father and Papatuanuku the Earth Mother. The world existed in perpetual darkness until the two were forced apart by their children, allowing the light to appear for the first time. Both accounts emphasise the role of women as mothers, nurturers, protectors of the young, and propagators for the future. Men are generally perceived as the hunters, warriors and protectors of the family.

Pregnancy and childbirth were considered a normal part of Maori society. Young women observed and contributed to these processes, learning and role modelling each stage of the passages into womanhood. It would have been considered unusual for a female adolescent not to have a clear idea of what to expect with her first pregnancy, given the high level of support and education that was available to her. Her socialisation involved an understanding of her sexuality and the importance of *whare tangata* or the storehouse of humankind. The reproductive parts of her body were described in this way, since the *whare tangata* conveyed the importance of women in terms of their capacity to produce future generations.

With this in mind women were very careful to avoid situations where they may have become infertile. Certain rites and *rongoa* (remedies) would be taken to either prevent conception or assist fertility (Makereti, 1938). Once she became *hapū* or pregnant, there would be great celebration. This was because the term *hapū* not only described pregnancy but also the sub-tribe of an *iwi* (tribe). The connection was instantly made between the physical state of infant gestation and the continuation of her people. The celebration would also be for the preservation of *whakapapa* or genealogy. The concept of *whakapapa* is still considered by Maori to be important today as it brings together the connection of kinship groups and a sense of belonging to those groups. A child's *whakapapa* would always be conveyed to him or her, as this knowledge also carried an expectation that he or she would contribute to the ongoing development of the collective.

A woman was considered *tapu* (a safety mechanism to protect her and her unborn child) during pregnancy and childbirth. Extra precautions were taken to ensure the spiritual and

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physical development of the infant were not compromised. These included a restriction on activities such as food gathering practices especially in the sea and waterways, limitation on eating certain foods and a requirement to eat some of the best food available. Procedures for care usually involved a woman's own mother, grandmother/aunt and other female relatives. The use of rongoa and mirimiri (massage) were important components to prepare the woman's body and check the infant's position.

During the birthing process a woman would be taken to a special birthing house or whare kohanga (Durie, 1998). It was constructed for this sole purpose and usually destroyed about six weeks postpartum. This ritual confirmed the completion of the tapu process and also facilitated the practical intent of removing any signs that a birth had taken place; a useful strategy if the hapū were required to make a hasty retreat because of a pending war party. The potential invaders would not possess evidence reflecting the numbers of people in the hapū, thereby limiting the chances of capture.

During childbirth the tapuhi or midwives used a range of techniques to assist the woman. They included karakia (prayer), waiata (songs), laughter, story telling, rongoa, mirimiri and warm baths. The woman would not lie down during labour, preferring to be in a squatting position. As well as the knees of the tapuhi, two vertical posts were constructed to assist her to brace against. Upon delivery the baby would have remaining excretions removed by the tapuhi by taking a deep inward breath over his/her mouth. As the baby took its first breath a pronouncement to the world could be heard 'Tihei mauri ora!' (It is the breath of life!). It is at this moment that the baby is considered to receive a spirit connecting him or her eternally with a tipuna (ancestor).

The pito (umbilical area of the baby) would be treated, the baby washed and wrapped. Mirimiri would be performed on the woman until the whenua was delivered soon after. It would then be checked to ensure it was intact. A kete (flax-woven bag) or epu (clay pot) would house the whenua and parapara or meconium until it could be buried at a later date.

## **Colonisation of Maori birth practices**

With European contact Maori birthing practices became eroded. New diseases, land confiscations, war, legislation and Christianity all had a pervading effect on Maori in all aspects of their life. By 1900 the Maori population was at an all time low: 42,000, a reduction from 200,000 in 1769 (Pool, 1977).

Diseases such as gonorrhoea and syphilis and poor living conditions created high levels of sterility for Maori women. For those that gave birth, infant mortality was high, with one in four babies dying during their first year of life (Pool, 1991). The mothers also suffered from increasing rates of pre-eclampsia, post-partum haemorrhage and maternal death during childbirth (Palmer, 2002). Legislation such as the Midwives Registration Act 1904 and the 1907 Tohunga Suppression Act prevented tapuhi from continuing to practise traditional birthing within Maori society. The birthing and healing knowledge of tapuhi and tohunga (experts) became undermined, with only minimal information in existence today. A comparison can be drawn from the witch hunts in Europe during the 17th and 18th centuries, whereby midwives were considered witches and burnt at the stake.

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A major turning point for Maori women and the Maori population in general came from reforms introduced by Maori members of Parliament, namely, Apirana Ngata, Maui Pomare and Te Rangihiroa (Peter) Buck. They set about to address the high mortality rate by focusing on Western methods of hygiene, sanitation and medication (Durie, 1998). Several obstacles impeded progress in the early 20th century such as the ethnocentric values of the government and key people such as Truby King, founder of Plunket. Together they considered the rearing of a healthy British population to be the priority as opposed to improving the local population (Palmer, 2002).

Maternity care was now the domain of the Education Department's Child Welfare Division under King (Olssen, 1981). Hundreds of independent maternity homes provided childbirth services throughout the country. Some 78% of European women were having their babies in a hospital compared to 17% of Maori (Donley, 1986). The Commission of Inquiry into Maternity Services in New Zealand, 1937 described Maori birthing 'involving kneeling or squatting that was not allowed in hospitals, where beds were considered more civilised'. European women also did not want to share services with Maori and they travelled great distances to avoid this experience (Palmer, 2002).

By the 1940s the Obstetric Society began to gain power within hospitals and claimed that childbirth was a pathological condition that required medical intervention. This led to the introduction of pain relief and prolonged bed rest within the maternity ward. The hospitalisation of childbirth was not an attractive option for Maori women. Reasons included the strangeness of hospital staff, prohibition of whanau support, enforcement of the lithotomy position, separation from the baby, giving birth in a place where people die, the burning of the whenua and disrespect for spiritual health (Palmer, 2002).

## **The situation today**

Throughout the 20th century medicalised childbirth procedures gained momentum and became routine. By the 1960s all Maori births took place in a maternity hospital and maternity care was free (Palmer, 2002). Towards the end of the century, however, women, midwives and pressure groups such as La Leche League and the New Zealand Home Birth Association were dissatisfied with the obstetrician dominated system of care. Their efforts culminated in:

- The establishment of the New Zealand College of Midwives in 1989;
- The reinstatement of direct-entry midwifery programmes (they were abolished in 1957); and,
- The introduction of the Nurse Amendment Act 1990 (allowing them status as fully independent providers).

For Maori women, they overcame:

- Potential physical genocide in the 19th century, through the efforts of key Maori leaders and health professionals; and
- Cultural genocide in the 20th century, with the:
  - Advent of te kohanga reo (Maori language nests) for pre-school children;
  - Introduction of the Maori Language Act 1987 which recognised Maori as an official language of New Zealand; and

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- Passing of the Treaty of Waitangi Acts 1975 and 1985 which acknowledged health as a 'taonga' or treasure for Maori.

The challenge in the 21st century is for Maori women to have their birth practices validated and not violated through the culturally safe practices. Several approaches will assist in achieving this goal and result in a healthy population of Maori women, children and whānau. Two of the major approaches include:

### **1. By Maori for Maori services**

There is growing evidence that the 'by Maori for Maori' approach of health care delivery is being sought by many Maori within New Zealand. Despite this demand there are only about 60 Maori midwives registered in New Zealand (NCNZ, 1996). There are, however, a number of community, marae-based health clinics and independent Maori midwifery services to provide ante and postnatal care alongside other health services. Most initiatives have firm links with local iwi and strong networks with national groups such as Maori Women's Welfare League, general practitioners and district health boards. With the implementation of Primary Health Organisations (PHOs), Maori providers will need to re-negotiate their terms of reference with other providers so that they retain their autonomy and independence while providing seamless care for women.

### **2. Implementation of cultural safety**

Today health professionals appear surprised when they ask a Maori woman if she would like a Maori midwife to care for her and the response is 'Oh it's ok, you're fine'. It must not be forgotten that during the period from the signing of the Treaty of Waitangi until the health reforms of the 1990s, Maori were told that they did not have any choice when it came to maternity care. They may appear shocked that they are actually asked this question. The fact that informed choice was offered is important. This emphasis on informed choice needs to be genuine and not just a cursory mention of local Maori providers. The woman will need to be well versed in this decision, as she would with any other matter requiring informed choice. Regardless if the woman chose to stay with mainstream services or a Maori provider, an understanding of the significance of culture on her health practices is important. With the framework of the Treaty of Waitangi and its acknowledgement of the special relationship between Maori and the Crown, there are strategies in place to ensure culturally safe practice. They include:

- The principles of Protection, Partnership and Participation (Durie, 1998);
- The Maori Health Strategy (King, 2002); and,
- Cultural safety guidelines (NCNZ, 1996).

## **Conclusion**

Traditional Maori birthing practices have been eroded not only by the medicalisation of childbirth in New Zealand, but also through the attrition of Maori cultural values and the invalidation of tapuhi and tohunga through legislation. As the founding document of Aotearoa, The Treaty of Waitangi provides assurances that Maori will achieve the same level of wellness as non-Maori, and guarantees Protection, Partnership and Participation in the delivery of health services for Maori.

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Maori need to be encouraged to access the services that best meet their needs, be it a Maori initiative or mainstream services. Within the current environment of PHOs Maori initiatives and other health providers are required to collaborate. This can only be of benefit for Maori women and future generations of healthy whānau.

### **Whakatauaiki/Proverb**

Ko te whenua te wai-u mo nga uri whakatipu.

The ability of the land to sustain human life is likened to the milk from a woman's breast for infants.

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