

Overview of Māori Teen Pregnancy

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Introduction

This review is a part of a broader research project being undertaken by the Families Commission in relation to teenage pregnancy and 'repeat' teenage pregnancy. The project seeks to answer a number of key questions that have been shaped by the Minister of Social Development in response to what is considered an issue of increasing Teen pregnancies in Aotearoa.

This literature review provides an overview of views related to Māori teen pregnancy. A search on Māori views related to the topic has highlighted that there is a dearth of literature in the area that is grounded within Māori views or approaches and as such a wider search has been undertaken in regards to literature or research that relate to the broader topic of teen pregnancy and Māori.

Very little research has been undertaken regarding Māori cultural views or Māori approaches to what is now defined as teen pregnancy, and therefore this is clearly a key area of research that needs to be considered. We have found no research or literature that relates directly to the notion of 'repeat' pregnancies. A consequence of the lack of in-depth research in this area has been that policy developments in relation to whānau Māori and teen pregnancy have been grounded upon a Western notion of 'family' and the construct of the nuclear family unit within Pākehā social, political, and economic determinations (Morehu, 2005). Where there is little dedicated research related specifically to Māori and teenage pregnancy, generally there is even less where Māori ourselves explore the views of our communities on this matter. This is within a context where key research questions have been prompted in recent years by prominent political debate (Daguerre & Nativel, 2006), as highlighted in a speech by Tariana Turia (2004):

So when Cabinet Ministers sat around tut-tutting the fact that the fertility rate for Māori females aged 13-17 years was 26.2 per 1000, more than five times that of non-Māori, (4.9% per 1000), I objected to their analysis of our fertility

as a problem. If there was respect for our existence as based on kaupapa, the foundation principles of the Māori world, these Ministers may have thought more carefully about the interventions they were seeking to impose.

In order to understand the context of Māori teen pregnancy it is necessary to begin with a general overview of Māori cultural views of whakapapa, whānau and tamariki as practiced within tikanga Māori. This provides an understanding of how wider Māori cultural concepts frame how pregnancy is positioned within te ao Māori, and therefore contextualises an approach by which Māori teen pregnancy may be viewed. It is also important to provide a social and political context of the construction of teen pregnancy more generally and how that context determines the types of responses that we see within Aotearoa presently. As such, the second section of this review explores western historical constructs of teenage pregnancy and the influence of those historical discourses upon current explanations and responses to teen pregnancy.

Once having established the historical constructions of teenage pregnancy, section three moves to contemporary research within Aotearoa that includes some discussion about Māori teenage pregnancy. This section has a particular focus on exploring the dominance of Western research as the basis for understanding teenage pregnancy, and the limitations of such research. Where there is little research directly related to Māori and teenage pregnancy, we found this also appears to be the case in regards to other Indigenous Peoples. Section four provides an overview of a limited amount of literature that relates to the views of Indigenous Peoples about teenage pregnancy within their communities in North America. Finally, section five gives an overview of literature by Māori about Māori and teenage pregnancy. Although the literature or research that has been undertaken by Māori in this area is sparse, what does exist provides a clear understanding that teenage pregnancy must be viewed within a wider political, economic, social, and cultural context, and that in doing so, exposes that the dominant deficit approach used by many researchers does not in fact provide an accurate picture of the current position of Māori teenage parents.

Te Ao Māori

This review commences from understanding the place of whakapapa, whānau and tamariki from a Māori perspective. This provides the reader with an overview of the cultural template within which teen pregnancy must be understood. The place of pregnancy and birth is clearly central within a whakapapa based society. The nurturing of future generations is fundamental to the collective survival and sustenance of such societies. As such, a general discussion of the place of whakapapa, whānau and tamariki may elucidate some of the underpinning reasons why teenage parenting has not historically been a point of issue within te ao Māori, the Māori world. Furthermore, it may give insights into a point that has been laboured by contemporary researchers, that Māori teenage parents are much more likely than Pākehā teenagers to continue pregnancy through to birth and to keep their child (Dickson, Sporle, Rimene, & Paul, 2000; Woodward, Horwood, & Fergusson, 2001).

Te Ao Māori is a whakapapa based society that is grounded upon the cultural systems and structures of whānau, hapū, and iwi. Each of these terms highlights the significance and centrality of being hapū; that is, being pregnant and giving birth to the next generation. Rimene, Hassan, and Broughton (1998) emphasize this:

The continuation of whakapapa, to continue the lineage of whānau and hence the continuation of hapū and iwi, is central not only to Māori way of life, but is central to the continuation of life itself. Not only is the creation of the next generation essential, but the links the new generation makes with other whānau, hapū and iwi are also important. Whakapapa is maintained and preserved in the process. It is the whakapapa that makes Māori identity unique. (p. 27)

Whakapapa is a cultural and structural foundation for the organisation of whānau, hapū, and iwi in Aotearoa. Within whakapapa we are involved in a complex set of interrelationships. Kathie Irwin (1992) highlights that it is through tikanga Māori that we are able to maintain cultural control over issues of identification (including whānau), with a critical cultural element being that of whakapapa. For Māori, therefore, whakapapa is a fundamental notion through which whānau, hapū, and iwi structures are built and maintained.

Where colonisation has impacted upon the degrees of knowledge that Māori people hold about their own whakapapa, the centrality of this as a means of identification continues. Also, the revitalisation of te reo and tikanga Māori through Māori

educational initiatives such as Te Kōhanga Reo and Kura Kaupapa Māori has meant an increasing number of young Māori have greater access to identifying more strongly with their whānau, hapū, and iwi. When discussing constructions of families in Aotearoa we can not go past the fact that the Indigenous familial structures in this country are based upon whakapapa. The influence of this is significant as it provides a basis for whānau organisation.

Whānau is the basic social unit within Māori society, which may be generally interpreted as an 'extended family' that consists of three or four generations and operating under the guidance of kaumātua (Henare 1988; Te Rangi Hiroa, 1987). Within te ao Māori the whānau is both central and critical. In a contemporary context, whānau has also been defined in terms of 'kaupapa' whānau, which links groups of common interest, or common kaupapa, for example within Kura Kaupapa Māori. Kaupapa-whānau has been presented as a creative response to both the impact of colonisation and the movement of Māori to urban centres (Cram & Pitama, 1998; Durie, 2001; Hohepa, 1999).

As such, whānau is viewed as having both traditional and 'evolved' meanings (Hohepa, 1999). Hohepa (1999) describes these groupings as follows:

Whānau based on unity of purpose rather than whakapapa lines, sometimes termed 'kaupapa whānau' or 'metaphorical whānau', develop around a particular aim or goal. (p. 18)

Both whakapapa and whānau are grounded within notions of relationship, responsibilities, and obligations which enable all adults to take a 'parenting' role for Māori children. What is clear is that within whānau are obligations and responsibilities in regards to collective wellbeing. As Rangimarie Rose Pere (1994) writes:

Loyalty, obligation, commitment, an inbuilt support system made the whānau a strong stable unit, within the hapū, and consequently the tribe. (p. 26)

The terms connected to whānau, such as hapū and iwi as indicators of Māori societal structures, are also critical. More particularly, each of these three concepts and structures (whānau, hapū, and iwi) has a direct relationship to understanding Māori views of parenting.

Within societal structures the term whānau refers not only to an extended family structure, but it also refers to 'the act of birth'. The term hapū refers directly to subtribal groupings, as well as referring to 'being pregnant'. Hence, the link between whānau and hapū is clearly indicated, with whānau as extended family and to birth, and hapū as subtribe and to be pregnant. The term iwi as the indicator of tribal affiliation also refers to 'bone', which relates directly to the links between people, of being related and connected to each other. Therefore, these terms themselves show the high regard in which pregnancy, birth, and human connections are considered within Te Ao Māori. They are what name the key systems of relationships between and within Māori communal structures.

These concepts of whānau, hapū, and iwi highlight the clear relationship between tangata (humanity), the whenua (the earth), and whakapapa (wider collective relationships). The returning of the whenua (placenta) of a newborn child to the whenua (the earth) cements the cycle of relationships within te ao Māori. This cultural practice connects the child to the land and establishes their link to their tribal identities. The disruption of such processes through colonisation is highlighted by Teone Taare Tikao:

When a child is born to the Pākehā, the doctor or nurse usually burns the placenta or afterbirth. The Māori did not do this - it would be against the mana of that child and would destroy its mauri (life principle)...the whenua [placenta] was never burnt, but was carefully buried in the whenua (earth) and I think this is how it got its name, and by this burial the child's mauri and mana is preserved. (Beattie & Tikao, 1990, p. 97)

Returning the placenta to the land is also representative of a cyclical worldview that seeks to preserve an ongoing link from the past to the present. Within te ao Māori there remains a fundamental belief that we are born of the land and we return to the land, which as Beattie and Tikao (1990) highlight, is an expression of the preservation of the mauri (the life force) and mana (the status and standing) of a child which is critical to the preservation of future generations.

Within such a societal context, Māori children took a central place. Māori children are both adored and revered within tikanga Māori (Mcrae & Nikora, 2006; Pere, 1991). According to Pere (1991), such importance may be read within te reo Māori:

Tamariki: Tama is derived from Tama-te-ra the central sun, the divine spark; ariki refers to senior most status, and riki on its own can mean smaller version. Tamariki is the Māori word used for children. Children are the greatest legacy the world community has. (p. 4)

This conceptualisation of the place of Māori children in the world is reflected in a Māori approach to the care and education of tamariki. Arapera Royal-Tangaere (1991) argues that this is a cultural expression of the importance of nurturing the child within an holistic philosophy. The socialisation and raising of Māori children within te ao Māori is clearly contextualised within the structure and practices of 'whānaungatanga' (Hohepa, 1990; Ka'ai, 1990; Makareti, 1986; Pere, 1991; Royal-Tangaere, 1991; Te Rangi Hiroa, 1987).

Whānau has traditionally been the site for socialisation and the passing on of hapū and iwi cultural worldviews (Cunningham, Stevenson, & Tassell, 2005; Durie, 1998; Moeke-Pickering, 1996). Moeke-Pickering (1996) discusses the role of whānau in such processes:

Māori identity was derived from membership and learning within the whānau, hapū, iwi and waka. The individual was able to maintain their sense of belonging through their capacity to whakapapa or find genealogical ties to each of these structures within which certain responsibilities and obligations were maintained. Cultural practices such as language, customs, kinship obligations and traditions were fundamental to the socialization of Māori identities. The tribal structures intertwined with the cultural practices provided the pathways through which Māori identities could be formed and developed. (p. 2)

Whānau provided a wider support mechanism for parenting children within a collective environment (Pere, 1982; Moeke-Pickering, 1996; Cunningham et al., 2005).

Whānau had a collective responsibility to operate as kaitiaki, with specific whānau members being responsible for the passing on of particular knowledge forms. Te Rangi Hiroa (1987) notes that the grandparent generation contributed significantly to the nurturing of children and that this was possible through whānau living arrangements which were enabling of an environment whereby at least three generations cohabited together. Makareti (1986) also highlights the role of intergenerational support in the nurturing, socialisation and education of children

within a whānau context. This aligns to what Rangimarie Rose Pere (1982) describes as an “integrated developmental type of philosophy”, which acknowledges and validates the ‘absolute uniqueness’ of each Māori child within the whānau (p. 2).

It is beyond the scope of this review to delve in depth into the intricacies of te reo and tikanga Māori in relation to conception and pregnancy. However, it has been clearly documented that the state of pregnancy is one that was celebrated and nurtured within Te Ao Māori (Rimene et al., 1998; Norman, 1992; Mikaere, 1995). What is equally clear is that within discussions of whakapapa and pregnancy from within Te Ao Māori, we have not been able to find specific reference to an equivalent concept to that of ‘teenage pregnancy’. We are of the view, therefore, that such a construct is a contemporary Western phenomenon and was not a part of pre-colonial or early colonial Māori society.

The social and political context of teen pregnancy in Western discourse

In the publication *Dubious Conceptions: The Politics of Teenage Pregnancy*, Kristin Luker (1996) provides a critique of the notion that all Teenage pregnancy is inherently a ‘problem’. Luker (1996) argues clearly and precisely that how teenage pregnancy is understood and framed is directly related to the social, political, cultural, and economic context within which it is framed. This is also argued by Holgate, Evans, and Yuen (2006) who contend that governments and the media play a key role in how teenage pregnancy is constructed and how discourses are created.

One difficulty is constructed by the views and attitudes of the wider society to the issue of teenage pregnancy. Nowhere is the negative characterization of young mothers more evident than in the positions adopted by government and media. Whilst the media celebrated social inclusiveness as a cornerstone of public policy, young mothers continue to be cast as undesirables ... in so far as teen pregnancy is deemed unacceptable. (Holgate et al., 2006, p. 4)

Wilson and Huntington (2005) note that Western constructions of ‘adolescence’ did not appear until the late 1800s, with the notion of “juvenile delinquency” also emerging around that period (p. 60). Cook (1985) states that the development of the 1877 Education Act in Aotearoa came as a response to ‘neglect’, ‘homelessness’,

and 'larrikinism' amongst Pākehā children. What is clear is that the construction of children, adolescence and subsequently of teenage mothers aligns closely to western gender ideologies of the role of women as mothers and caregivers, rather than age being of any particular significance.

Similarly, Luker (1996) argues that within colonial America there are three key strands that frame the discussions around teenage pregnancy, which have been influenced by over three centuries of beliefs about early and out-of-wedlock pregnancy. She writes,

The Puritans, for example, were keenly aware of the perils of young love, and expended a great deal of energy trying to keep unmarried young people from yielding to temptation. But even with this level of vigilance, Puritan society had its share of premarital sex, out-of-wedlock births and babies who came along just a little too soon after marriage. The kinds of concerns that troubled the Puritans—the moral problems posed by sex without marriage and the economic problems posed by babies without fathers—are still rife in the United States. (Luker, 1996, p. 15)

Three key strands of concern are identified by Luker (1996, pp. 15-16) as follows:

1. Who is 'too young' to have a baby
2. Childbearing by unmarried women
3. Who is 'fit' to have a baby

The concern of 'who is too young to have a baby' is linked to the construction of age itself. Luker (1996) states that in America, the age differentiation of 'teenager' or 'adolescent' only began to appear in the early stages of the twentieth century. The process of boundaries related to age, therefore, were determined not necessarily by chronological age, but by the social and economic context of the time. For example, in early colonial times, child labour was common and children could commence apprenticeships at the age of six or seven (Luker 1996). Therefore, the role of children was shaped and defined dependent upon the economic need of the family or society of the time. Luker (1996) also indicates that the legal age of marriage itself in early colonial states was often set at the level of English common law, twelve for

women and fourteen for men, with some American states setting the age to as low as seven to ten years old.¹

Pearce (1993) argues that the contemporary discourse of “children having children” is particularly powerful in determining the negative constructions of teenage parents, also noting that the discourse itself is contradictory.

Emphasizing preventing teenage pregnancy by limiting teen sex clearly reflects the notion that teens are children and as children should not be engaging in behaviour that is defined as adult. On the other hand, emphasizing responsible sexual practices accepts teens as adults – at least in the area of sexual behaviour – and seeks in fact to reinforce responsible adult sexual behaviour and choices. (Pearce, 1993, p. 47)

What is clear is that the focus was not one of the age of the mother, but that of being pregnant outside the institution of marriage. Harari and Vinovskis (1993) indicate that a focus on teenage pregnancy is a relatively new phenomena and that teenage pregnancy was not considered a social issue prior to the mid-1970s. In discussing colonial America they note,

Illegitimacy was of considerably more concern to society in earlier periods of American history than teenage pregnancy itself. Religion played a central role in American lives in the seventeenth, eighteenth and nineteenth centuries, and sexual activity and births outside of marriage were considered sinful. (Harari & Vinovskis, 1993, p. 24)

More recently the ‘unmarried mother’ has become viewed as an economic burden upon society. Luker (1996) highlights that within colonial white American communities there were often severe penalties for pregnancy outside of wedlock that included public whippings or lashings, fines, or if possible, “a hastily arranged marriage” (p. 17). As is the case with the concern related to age, Luker argues that the discourses surrounding the concern of the unmarried mother evolved in-line with the social, political, and economic focus of the time. She highlights the following developments in regards to western constructions in the United States:

¹ In Aotearoa, English common law regarding marriage was also enacted until 1939 when the legal age of marriage was raised to the current minimum age, for both sexes, to sixteen years old (Department of Internal Affairs, 2011).

Pre 1800s : Severe penalties including lashings, fines, 'hastily arranged marriages' (also refer Lawson & Rhode, 1993). In some states the denial to men of ability to hold political office. It is noted that this related only to white America as children of mixed marriages or of born of 'slaves' were denied all rights.

Early 1800s: Greater financial responsibility on fathers with economic burden being seen as greater than the moral burden. Attempts to legitimate common-law marriage so that children were deemed legitimate. Developing policies to legitimate and give more protection to children born out of marriage, excluding again children of mixed marriages.

Late 1800s – Early 1900s: Development of the view that children born out of marriage is also a 'social problem' and not solely moral or economic. Women seen as falling "prey to sin and to the devil in the person of men" (Luker, 1996, p. 20). The construction of the idea of the 'fallen woman' and in some religious sectors, that of the 'ruined girl'.

Luker (1996) notes that the Progressive Era saw the bringing together of each of these discourses in a way that has defined current ideas about Teenage pregnancy. This was further added to in the Post World War I era when psychological explanations such as 'sexual delinquency', 'troubled child –parent relationships' and the 'unadjusted girl' replaced the notion of the 'ruined girl'. This shift then added to the existing discourse explanations that were grounded within individual responsibility. What is clear is that current explanations and concerns related to teenage pregnancy are an outcome of the construction and bringing together of a range of historical discourses (Lawson & Rhode, 1993; Luker, 1996).

The social discourse related to who is 'fit' to be a parent is also discussed in some depth by Luker (1996). In colonial America and Britain, early discourse related to the 'fitness' of a parent, were linked to the wider eugenics movement that determined individuals as 'inferior' or 'superior' based upon genetics. This movement aligned with the wider evolutionary thesis promoted by Charles Darwin, and a key author of eugenics was in fact Darwin's cousin, Francis Galton (Gillham, 2009). Relationships between close relations, i.e. incestuous relationships, were deemed to produce "degenerate children" (Luker , 1996, p. 31), and mixed-race marriages in many American states remained unlawful. Other factors that were deemed to define an

'unfit' individual included 'feeble-mindedness', 'lunatics', 'idiots', and 'imbeciles', with these being later expanded to include "the poor or unproductive" (Luker, 1996, p. 33). This led to the imposition of forced sterilisation of those deemed unfit. Luker argues that the discourse of 'fitness' was a part of a wider agenda of social control and attempts to control poverty. The economic underpinnings are clearly highlighted in that most sterilisations performed were on the 'poor', and such an approach continued into the 1960s with the focus then turning upon African American women.² A clear underpinning assumption is that poor (as well as non-white) people are 'inferior' in intelligence, character, and ability to raise children. Luker (1996) notes the dominant discourse expressed in 1920 by a key proponent of eugenics as follows:

... that unwed mothers tended to be young, poor, and unemployed; they were of 'inferior mentality' ... and came from homes of 'bad character'. (p. 37)

What is interesting about the three discourses of concern expressed historically is that the key elements outlined established the underpinning assumptions in relation to how many now frame teen pregnancy, with some of those key elements still being articulated in regards to teenage parents. For example, in a birth cohort study in Aotearoa, the following statement made by Woodward et al. (2001) provides the following 'risk' factors for teenage pregnancy:

Findings revealed that young women characterised by early adolescent conduct problems, poor school achievement, Māori ethnicity, and family adversity were at greater risk of an early pregnancy. (p. 8)

The notions of being 'young', 'poor', 'unemployed', and of 'bad character' alongside the role of race/ethnicity, remain central to the current construction of belief systems about teen pregnancy. Pearce (1993) notes that much of the contemporary discourse focuses upon poverty as central to 'the problem', and in particular regarding black communities this is further emphasised alongside racist stereotypes³. Such approaches, she argues, is a part of what she terms 'underclass theory', and are strongly focused upon deficit notions.

² A clear gap in the analysis provided by Luker is that of the positioning of Native American women. There is no discussion provided at all in relation to the impact of such discourses upon Indigenous women.

³ Again as with the work of Luker (1996) there is no discussion of Native American communities or views.

Historical economic underpinnings are evident in the contemporary construction of the relationship of teenage pregnancy to welfare 'dependency'. Pearce (1993) argues that central to how teenage pregnancy is constructed is "the larger problem of long-term welfare dependency", with dependency itself being defined in relation to gender roles (p. 52). She states:

What is problematic about welfare dependency, particularly long-term dependency, is not that women are dependent, for women are supposed to be dependent on men—first their fathers and then their husbands—but that they are not supposed to be dependent on public income support. (Pearce, 1993, p. 52)

Holgate et al. (2006) argue that whilst the 'concept of risk' have dominated the development of interventions in the area of teenage pregnancy and that in Britain there has been years of research indicating potential disadvantage, there is a need to move beyond 'risk' factors and look at ways of creating better support for teenage parents. They highlight that the impact of poverty is equally evident upon any mothers that are struggling economically and who are unsupported. Where vulnerability is clearly the case, the ways in which interventions are shaped must take into account the development of strategies by which each family unit may achieve a "fair chance of success" (Holgate et al., 2006, p. 3).

Duncan (2007) notes that public discourse in Great Britain construct teen mothers as "a pernicious social problem where mothers, their children and society generally will all suffer" and that this discourse is reflected in policy developments in the area (p. 309). He argues that this "social threat discourse" is framed within a belief that teenage pregnancy "has never been higher" when in fact statistics indicate otherwise and countries such as Great Britain, USA, Canada and New Zealand that are presented as 'high rate' countries have seen a decline (Duncan, 2007, p. 310).

Pearce (1993) also states that there is a need to move away from dominant discourses that reduce teenage pregnancy to a 'problem', and in particular, a need to abandon the notion that teenage pregnancy is 'children having children'. That is, to move to a place where all parents, regardless of age, are valued and supported, and where a focus is on poverty reduction, childcare provision, pay equity, access to health care, and income support.

Wilson and Huntington (2005) highlight that current constructions of teen pregnancy as deficit has come in a political context where there has been a decline in teen pregnancy statistics, indicating that the construction of teen pregnancy as a 'problem' is underpinned by wider ideological beliefs in relation to the role of women and mothering within Western discourse. Such ideological approaches impact significantly on policy developments within this country.

Teenage Pregnancy and Research about Māori

In their article, *Pregnancies among New Zealand teenagers: trends, current statistics and international comparisons*, Dickson et al. (2000) provide an overview of pregnancy trends, including ethnic differences and international comparisons, where the total pregnancy rates for Māori teenagers is three times higher than that of Pākehā teenagers, and birth rates are five times higher for Māori. The difference in birth rates may be reflective of the fact that Pākehā teenagers are much more likely to have an abortion than Māori teenagers (Dickson et al., 2000). The research by Dickson et al. (2000) posits that the higher statistics of Māori teenage pregnancy and birthrates is considered a 'problem' with a range of negative indices being cited as indication that Māori teenage pregnancy is both a result of, and creates, social disadvantage. Such literature focuses upon individual responsibility (or irresponsibility), teenage capacity to make 'good' choices, and family environment or background (Dickson et al., 2000; Woodward et al., 2001). However, they provide little or no discussion of wider structural issues, nor advocate for change in relation to societal views or provisions, and support for whānau involvement.

Indeed, there are clear differences in the literature as to how teenage pregnancy, generally, and Māori teenage pregnancy more specifically, is viewed. Where such statistical information is readily available and provides a basis for an approach that Māori teenage pregnancy is a growing 'problem', it has been noted by Treasury that in fact, teenage pregnancy in Aotearoa has been relatively stable since the 1980s (Jacobsen et al., 2002). As such, a broader question needs to be framed in regards to how teenage pregnancy has come to be constructed as a 'problem' within this country.

It is clear that most literature maintains the notion that Teen pregnancy in Aotearoa is viewed as a 'problem'. This is highlighted in article titles such as, Teenage Pregnancy: Cause for Concern (Woodward et al., 2001). Woodward et al. (2001) provide an overview of teenage pregnancy issues from a sample of 533 participants drawn from the longitudinal Christchurch Health and Development study. Of the 533 participants it is noted that 26% of the sample had been pregnant, and 14% had become parents. The article indicates the impact of teenage pregnancy as follows:

It has been well documented that an early transmission to parenthood has far reaching physical, social and emotional consequences for young women, including an increased risk of antenatal complications and mortality, failure to complete schooling, socio-economic disadvantage, welfare dependence, marital difficulties, maternal depression, and less competent parenting. (Woodward et al., 2001, p. 3)

Furthermore, it is noted that those young women exposed to particular environmental circumstances are more likely to become teenage parents. Those circumstances are identified as:

- Socially disadvantaged family backgrounds
- Parental instability
- Early exposure to young, single motherhood

The article also states that young women who are daughters of single mothers are themselves "at risk of becoming a young (and potentially single) mother" (Woodward et al., 2001, p. 8). However, it is argued by Jacobsen et al. (2002) that teenage pregnancy is more likely to be a marker of "pre-existing problems rather than of the problems directly caused by the time of birth per se" (p. 39).

A particular issue in regards to the Woodward et al. (2001) study is the level of Māori participation. Contact with the authors noted that there were 61 Māori participants amongst the 533 women. Of these numbers, 30 became pregnant and 23 became parents. However, the age range for these statistics is 17-21 years with no indication by the authors of how many participants were actually teenagers (17-19 years old) at the time of their pregnancy. What is clear from such a small sample size, and the fact that the participants are drawn from one specific geographical area, is that there are methodological issues in regards to statistical validity and generalisability to the Māori population as a whole. Yet, in spite of such key issues and lack in the research, Woodward et al. (2001) make broad generalised statements that early

pregnancy rates are elevated amongst those whom identify as Māori. The authors state that using statistical trend analyses, 'Māori ethnicity' was found to be a 'risk factor' in itself in increasing the likelihood of early pregnancy and to becoming a teen parent, yet they then follow with the statement, however, that "these trends failed to reach statistical significance" (Woodward et al., 2001, p. 7).

Woodward et al. (2001) present a fundamentally 'deficit' approach to teenage pregnancy more generally, and to Māori ethnicity specifically. As mentioned earlier, Māori ethnicity is listed as a 'risk factor' for teenage pregnancy along with adolescent conduct problems, poor school achievement, and family adversity. Māori ethnicity itself is thereby posited as an unfavourable 'deficit' variable, in-line with negative popular discourse and stereotypes. No mention is made of the fact that such adverse 'risk factors' are found to increase the likelihood of teenage pregnancy regardless of ethnicity, both in Aotearoa and internationally (Furstenberg, 2003; Luker, 1996; Nash, 2001). Neither is there any consideration of the fact that Māori are systematically and historically disadvantaged, and hence, disproportionately represented in, and affected by, such negative outcomes. To conflate these social and economic adverse variables with Māori ethnicity, and then to infer that 'being Māori' is a risk factor or likely 'cause' for teenage pregnancy is highly contestable (Breheny & Stephens, 2008, 2010; Nash, 2001).

Nash (2001) states that there are three key barriers in regards to quantitative research in the area of teen pregnancy in Aotearoa, these being:

- (i) the privilege given to forms of statistical explanation that favour a positivist over a hermeneutic account, embedded in the practical-theoretical "at risk" concept;
- (ii) the preference for behaviourist and reductionist models that isolate behaviour from its social context;
- and (iii) the support given to an authoritative concept of culture that inhibits recognition of actual and lived cultural practices. (p. 202)

Such barriers, he notes, reduces discussions of teen pregnancy to a deficit model and denies the depth of debate that is required. Nash (2001) argues that what is required is for research in this area to move beyond reductionist frameworks to a "integrated, three dimensional model, of realist social science", that enables more in-depth narrative to sit alongside statistical data, and to inform analysis in a way that includes cultural and structural considerations (p. 210). Although discussion related specifically to Māori and teen pregnancy is limited, Nash (2001) questions who gets

to define what constitutes a social practice as cultural, and emphasises the need for cultural definitions to be included in defining issues.

Indeed the crucial question of who defines teenage pregnancy as a social problem, cannot fully be answered if the voice of those to whom it may well seem not a problem but a solution, is silenced by the failure to acknowledge lived cultures in all their real complexity. (p. 208)

Breheeny and Stephens (2010) critique the construction of ethnicity within research related to teenage pregnancy. They highlight that Māori ethnicity has been presented as “one catalogue of problematic aspects of early childhood along with conduct disorder and low educational achievement, affording a way of indicating culture as problematic” (p. 313). Nash (2001) has also indicating that it is problematic to make assumptions about what constitutes a cultural practice. Data related to Māori and teen pregnancy is regularly compared to that of Pākehā, with the assumption that Pākehā experiences are the ‘norm’ or standard against which other ethnic groups are to be benchmarked (Dickson et al., 2000; Woodward et al., 2001). Breheeny and Stephens (2010) note:

Europeans are unreflexively considered as the population of comparison for Māori and Pacific Islanders to be measured against. The European rate is the standard and the Māori rate is accordingly ‘elevated’, that is, higher that it should be. This comparison of early pregnancy rates is deployed to construct Māori as deficient. (p. 314)

Breheeny and Stephens (2010) also provide an analysis of discourse related to teenage pregnancy that problematises the dominant deficit way in which it is constructed within medical journals in Aotearoa. They state:

The use of terms such as ‘prevalence’, ‘incidence’, ‘rates’ and ‘aetiology’ from a ‘Public Health’ discourse constructs teenage motherhood as a disease. (Breheeny & Stephens, 2010, p. 309; Italics added)

This raises a range of issues in regards to both research methodologies and policy approaches to teenage pregnancy. If teenage pregnancy is constructed as both a social and a medical ‘disease’ then it is approached primarily in terms of an assumed need for prevention and control. Breheeny and Stephens (2010) argue that the construction of teenage pregnancy as a ‘disease’ is then “perpetuated by exposure” and is viewed as “contagious” (p. 310). For example, they highlight that such

discourses as evidenced in scientific medical research such as that by Woodward et al. (2001), promote the idea that:

exposure to young and single motherhood becomes a source of contagion that predisposes young women to early parenthood. (Breheny & Stephens, 2010, p. 310).

As a 'social disease', teenage pregnancy is constructed as both a 'risk' of disadvantage and in terms of 'failure' to complete a range of social expectations.

Breheny and Stephens (2010) state:

The Public Health discourse provides linguistic resources that construct early childbearing as pathological; a pathology that extends to all areas of teenage mothers' lives. This discourse offers a dominant framework for research in this area and additionally suggests a requirement for public health surveillance and intervention to manage individuals (p. 310).

Eugenics discourse is also dominant in deficit based research in the area of teenage parenting (Breheny and Stephens 2010). Breheny and Stephens (2010) highlight that teenage parents are often referred to in the medical literature as 'rearing' their 'offspring', and that by employing a eugenics discourse into the discussion, it entrenches the notion of 'natural selection' (Darwin & Wallace, 1958; Gilham, 2009).

Breheny and Stephens (2010) state:

Teenage motherhood is viewed as a selective process that identifies not the most able but the least desirable (p. 316).

What is particularly problematic in regards to such 'scientific' quantitative studies is that they serve to influence both discourses and policy directions significantly in this country even though a recent discussion paper from The Treasury (Jacobsen et al., 2002) highlights that many studies related to prevention or reducing teenage pregnancy are not "methodologically strong", with many suffering "from the lack of a control group and the lack of pre- and post-intervention data" (pp. 30-40).

Wilson and Huntington (2005) provide a clear critique of the use of western science to give legitimacy to deficit-based approaches in relation to the presentation of teenage pregnancy. They discuss a range of critiques of methodological approaches to the area that raise concern as to the validity of studies related to teenage

pregnancy and that they simply create a “one-dimensional picture” (p. 64). In particular, issues including:

- Small sample sizes and opportunistic sampling
- Sampling bias
- Non-randomised trials
- Lack of comparison groups
- Effects of researcher
- Focus on very young teens
- Lack of or inadequate controls

There is however some indication within both International and National literature that teenage pregnancy has positive impacts from a range of young parents (Arai, 2009; Duncan, 2007; Langley, 2009). There is clearly a lack of providing spaces for teen parents’ voices. Wilson and Huntington (2005) provide an overview of existing qualitative research with teen parents where their voices are more clearly documented. They note that positive developments within such research for teen parents include:

- Positive life changes such as getting off drugs and alcohol
- Reconnecting with their families
- Improved self-esteem
- A sense of direction and purpose
- We’re proud to be parents
- Were keen to be parents
- Found motherhood enjoyable and/or satisfying
- Claimed independence and/or adult responsibilities

Langley (2009) published a series of stories from youth involved in the Kimiora Parents College and gave voice to reflections from teen parents. It is difficult to determine which participants are Māori; however, the general position of those interviewed was that where teen parenting can be difficult for a range of reasons, there was also a positive sense of what it meant to have a child. For example one teen parent made the following statement:

I’ve never had any regrets. I love being a teen mum, I’d never take it back. I’m just so used to it now and it has so many positives. It does have many negatives too but it’s just how you look at things. Some things I do find hard, some of the simple things I can’t do anymore without it being difficult. A quick trip to the shop, or spur of the moment things are hard to manage when you

have a child that needs naps through the day and there's no one home to help watch him for a few minutes. I also find it hard to see all my friends rent nice swanky apartments with friends or their partners, while my partner and I have to get a child-friendly 'house' to rent. Also being a teenager without a child I miss at times... sleep-ins, binge drinking, fast food splurges, weekends away, all those sorts of impromptu things teenagers like to do! But other than that it doesn't bother me much. I love how my life is now and wouldn't change it for the world! (Langley, 2009, p. 14)

Furthermore, a survey with Secondary School students in 21 Teen Parents Units undertaken by Johnson and Denny (2007) focuses on providing information to support a movement towards a "more positive future" for young parents attending teen parent units (p. 5).⁴ Where research indicates that the ability for teen parents to engage in education is restricted, then units such as those surveyed have a clear role in providing opportunities for teen parents that mitigate those restrictions. Teen parenting units in schools provide a structural mechanism to support teen parents and the survey highlights that 64% of participants intended to continue their education and 30% planned to seek employment. This alone is a positive pathway for teen parents. Across the survey, a range of areas of concern for teen parents are raised, including issues of access to health services, smoking cessation, and substance abuse. Johnson and Denny (2007) highlight the need for an approach that is not about 'laying blame' with teenage parents, but which focuses on providing adequate and relevant support systems and resources in place that are enabling of teen parents.

Teenage pregnancy and indigenous peoples

As is the case with literature relating directly to Māori and teenage pregnancy, we have found accessing material related to Indigenous Peoples of other British colonial nations (such as the US and Canada) and teen pregnancy is extremely difficult. The available literature, however, indicates that North American Indigenous youth who become pregnant during adolescent or teen years are significantly overrepresented when compared to their non-Indigenous peers (Archibald, 2004; Garwick, Rhodes, Peterson-Hickey, & Hellerstedt, 2008). Despite this, there are few research studies available exploring Indigenous views on the topic. The literature in the main is from

⁴ Whilst 62% of participants in the survey identified as Māori there is no discussion specific to the views of the Māori teen parents.

non-Indigenous researchers, therefore presenting largely non-Indigenous analyses of adolescent and teen pregnancy. The purpose of this section of the report is to examine some of the key Indigenous research conducted in recent years, in order to develop an understanding of Indigenous perspectives and analyses, which may in turn contribute to a stronger framework for the understanding and analysis of young Māori who become pregnant.

Native Teen Voices (Garwick et al., 2008) reports research undertaken with Native American youth in Minnesota, utilising unique methodologies and analyses, and providing a significant insight into the views of this particular group of Indigenous youth. The key aim of the study was to identify pregnancy prevention strategies based on the voices of Native youth, as articulated by them, through focus-group interviews.

The report highlights several important considerations for those concerned with addressing the increased rates of people who become pregnant in their youth, and the sexual health of youth. In particular, it was noted that those who participated in this study strongly recommended a greater cultural basis for pregnancy prevention:

Participants repeatedly suggested involving knowledgeable, trusted Native family and community leaders in discussion with youth and pregnancy prevention initiatives in part because they understood their life experiences and cultural background. (Garwick et al., 2008, p. 86)

Findings such as this are indicators to those in the field that there is space for a greater emphasis on culturally appropriate sexuality education which indeed could be developed by Indigenous peoples according to both the traditional and contemporary knowledge held within Indigenous families and communities. For Māori in Aotearoa, this might mean providing research funding, intervention planning, trialing, and evaluation to develop new Māori-specific programmes and/or strengthen those that already exist.

Garwick et al.'s (2008) research also highlights the significance of Native American oral traditions as a major teaching and learning methodology with relevance in teenage pregnancy prevention programmes.

Participant's interest in learning about pregnancy prevention through discussion with Native youth and elders reflects a traditional way of learning

through oral tradition in a non hierarchical and relational way ... interest in experiential learning, discussions and Native led programmes points to the potential of developing a culturally sensitive pregnancy prevention intervention using a Traditional Talking Circle format. (p.87)

The notion of teaching and learning through oral traditions is familiar to many Indigenous peoples, including Māori as mentioned earlier (Makareti, 1986; Pere, 1991; Te Rangi Hiroa, 1987). Whilst engaging in a plethora of contemporary teaching techniques, we too have many examples of successful education approaches using the basis of oral teaching methods (Nepe, 1991; Pere, 1982). Pregnancy prevention programmes for Māori could well be enhanced in a similar way to that encouraged in the Native Teen Voices (Garwick et al., 2008) study.

The term 'tino rangatiratanga' is one familiar to many in Aotearoa New Zealand, both Māori and non-Māori alike having come to understand it as being sovereignty, or more specifically, one's right to be self-determining and in control of one's own affairs. It is fitting that the aforementioned study, being one that privileges the voice of Native youth—which typically is relatively silent and often representative of those with little opportunity to take control of their own affairs—indeed uncovers the notion of how Native (self)-determined strategies provide potential solutions to the 'issues' of youth pregnancy.

More Native-led pregnancy prevention discussions and youth programmes.
(Garwick et al., 2008, p. 85)

The request for more Native-led interventions was a key theme that was highlighted from the data collected, and as such, is an indication of the potential for Native American communities to develop and trial their own intervention programmes. As part of an overall sexuality education programme this too could be considered in Aotearoa where we have other examples of the success of Māori-developed and led education systems such as Kohanga Reo and Kura Kaupapa Māori.

In summary, Garwick et al. (2008) have provided an example of the importance of seeking conversations with Native youth themselves in addressing 'issues' such as disproportionate Native adolescent or teen pregnancy rates, in order to determine Native-led interventions that will achieve the desired outcomes. Importantly, the 'desired outcomes' should be determined by Native people themselves, as opposed to the wider Western discourse, 'standards', and constructions of teenage

pregnancy. These lessons, as discussed, have applicability that is useful to our own Māori communities.

A qualitative study conducted recently (Archibald, 2004) on Inuit and teenage pregnancy grew out of recommendations from an Inuit Health Workshop held in 2000 and from a survey of Inuit health centres completed in 2002. This study is significant in its own right, contributing important knowledge about teenage pregnancy amongst Inuit communities and providing recommendations aimed at improving the sexual health of Indigenous youth. It is further significant in that the study is generated by Indigenous peoples, and led by Indigenous peoples in answer to community-identified health priorities. However, it is also important to note that Indigenous health solutions have the potential to be far reaching and indeed benefiting the wider non-Indigenous population.

Archibald (2004) reports that although there are similar difficulties with the collection and reliability of ethnicity data in relation to Native sexual health and teenage pregnancy as faced by Māori (Reid & Robson, 1998), it has been reported that the pregnancy rate for Aboriginal youth are up to 4 times higher than that of the general population, and up to 18 times higher for those under 15 years of age. The question of whether or not teenage pregnancy should be considered a 'problem' is examined in this study in the context of traditional and contemporary Indigenous views of sexual health and pregnancy and indeed family. This again highlights an important consideration for researchers in this field, where we need to be cautious that our research and intervention approaches do not assume a Western framework of analysis that immediately problematises the issue of youth pregnancy. Rather, if our research is more in-depth we create the potential to examine the greater underlying issues that might create the 'problems' young people who are pregnant or parenting may face. As Archibald (2004) states:

Many respondents indicated that pregnancy itself is not as much of a problem as the specific circumstances. For example, if the woman is too young; if she is single; if she does not have the skills or maturity to care for a baby; if she has to drop out of school; if she does not have the money to buy necessities for the baby; if her parents end up caring for the baby; or if she is depressed or overwhelmed by the pregnancy. (p. 8)

Elders included in the study discussed both traditional practices associated with pregnancy and parenting. They identified that traditional ways of living enabled a

much more supportive environment in which young mothers and fathers could raise their children successfully, however they also noted that the communities in which we now live do not necessarily provide for the same support (Archibald, 2004)

Clearly women and men alike were prepared for life in different ways in traditional society facing different challenges and with different supports in the community. Further research into how youth pregnancy and sexual health was dealt with in traditional times could well benefit contemporary Indigenous communities. The challenges we face now and our preparedness to overcome those are indeed different, however, wider Indigenous health research (cf. Durie, 2004; Grieves, 2009; McGregor et al., 2003) provides evidence for the benefits of re-engaging traditional notions of health and well-being in today's world.

Whilst Archibald's (2004) study does not conclude that pregnancy in youth itself is a problem, it does highlight the importance of re-building and maintaining communities, in which children are supported, loved and cared for in ways that are befitting of Indigenous peoples:

The issue of adolescent pregnancy clearly resonated with the people who participated in this study. In addition to concerns for the health and well-being of Inuit children and youth, is a commitment to Inuit culture, values and society. Inuit-specific approaches were proposed along with strategies that are consistent with those being promoted in other regions of the country.
(p.30)

Similar to the Native American study by Garwick et al. (2008), recommendations for intervention and education in teenage pregnancy and sexual health are clearly focused on having an Indigenous basis. It is clear from our own Māori health research that Māori frameworks of health and well-being tend to be more successful in resolving issues of health disparity than other approaches (Durie, 1998). Although this is relatively accepted in a broad sense, the challenge often faced in Aotearoa New Zealand however is a lack of policy, implementation, and monitoring at appropriate levels that support Māori approaches to health.

Both the work of Garwick et al. (2008) and Archibald (2004) are further evidence of the need to be vigilant in our endeavors to enact Indigenous solutions to Indigenous health disparity. This does not mean however that it is as simple as Māori 'getting on with fixing the problem'. Indeed the greater structural and institutional determinants of

health need to also be addressed in order to create an environment in which Māori or Indigenous solutions can be effective. These include addressing the issues that underlie the present situation of Māori being more likely to be living in poverty, be unemployed, and be living in single parent families. Such a situation has been born out of a history of colonization that is shared by most Indigenous peoples around the world and will change only when both systemic and community approaches combating the racism affecting Indigenous peoples health and well-being in colonized societies are undertaken (Harris et al., 2006; Kearns, Moewaka-Barnes, & McCreanor, 2009).

Research by Māori on Māori and Teenage Pregnancy

In contrast to the limitations of much of the existing 'scientific' medical research, the work undertaken by Mantell, Craig, Stewart, Ekeroma, and Mitchell (2004) examining pregnancy outcomes for Māori women highlights some key findings in regards to Māori and teenage pregnancy. As part of a broader study of ethnicity and birth outcomes, Mantell et al. (2004) explore trends for over 65,000 live Māori singleton births during the period of 1996-2001. Their data focuses on three key areas, (i) age of childbearing; (ii) the effect of young motherhood on birth outcomes and (iii) prevalence of small babies – both preterm and small for gestational age (SGA). The research challenges some of the fundamental assumptions made about Māori teen parents, and in particular, Māori teenage mothers. Mantell et al. (2004) state that:

Teenage pregnancy is not a risk factor for adverse outcomes for Māori women once socioeconomic status has been taken into account. For both preterm birth (OR 1.05) and small for gestational age (OR 1.00), teenage pregnancy appears to confer no additional risk when compared to women 30-34. (p. 538)

Mantell et al. (2004) note two possible explanations for this. Firstly, that Māori may be more accepting of teenage pregnancy, which they argue may be reflected in the lower rate of abortions within that age group, and secondly, that having children young “does not confer physiological disadvantage once socioeconomic factors are taken into account” (p. 538). Such findings are significant in terms of future policy development in the area of Māori teenage pregnancy. Mantell et al. (2004) indicate that whilst there may be educational and social implications for young mothers, what is needed is social policy that is focused on putting into place appropriate support systems that enable teen parents to have access to educational opportunities.

Moreover, to ensure that ante-natal care is also able to support teenage parents to achieve the aspirations for themselves and their child.

Māori women have their children at a much younger age, and while this does not appear to impact on their reproductive outcomes, there are few initiatives aimed at reducing the impact that young motherhood has on their education and social development. (Mantell et al., 2004, p. 539)

A recent study (Rawiri, 2007) investigated the role of social support in helping adolescent Māori mothers cope with pregnancy, birth and motherhood. It highlights the importance of social support and the continuation of education noting that by combining the efforts of positive social networks and social support, services can improve the lives of adolescent Māori mothers and their children. Importantly, the study examines and cites traditional Māori views on pregnancy and motherhood in pre-colonial societies:

Māori have always considered women to be important as they are the bearers of all humans. In Māori culture the female womb is called “Te Whare Tapu o Te Tangata” or “The sacred house of mankind”. Women’s primary role within traditional Māori society was to raise their child until they grew to maturity and independence ... support to raise a child was abundant ... her whānau, hapū and iwi were there to support them. Colonisation led to a breakdown in communal living and many Māori mothers could no longer rely on extended support. (Rawiri, 2007, p.13)

As with other Indigenous peoples, the effects of colonization had—and continues to have—radical impacts on the makeup of Māori communities and how we are able to maintain matters of importance such as the raising of children within supportive family and community environments. As the study further describes, there were many ceremonial practices involved in pregnancy and childbirth in traditional Māori society (Rawiri, 2007). Rawiri (2007) argues that as a result of the colonisation process, traditional aspects of Māori motherhood are not as prominent in the lives of modern day Māori mothers or whānau; however, there is a growing resurgence of traditional practices.

Of further significance is the consideration of the values which underpin these practices, and how those have been eroded to impact on how many people now perceive teenage pregnancy. As mentioned earlier, morals and values play a large part in societal views, policy, and interventions surrounding teenage pregnancy. It

could be suggested that the process of colonization has left many Māori bereft of the understandings of our forbears which would have encouraged us to treat any pregnancy and indeed the mother-to-be as precious. Instead, society at large—including some Māori—now views adolescent expectant mothers as ‘a problem’ to be dealt with.

Rawiri (2007) stresses the fact that young Māori mothers and their children are generally represented as negative. However, the lived experiences of teenage mothers within her study indicate that there were many positive outcomes. Rawiri found that appropriate social supports for teen mothers, particularly those encountered in their relationships with other women, were critical to positive experiences.

Social support was highly valued ... support was strongest from female members within social networks; this included mothers, sisters, friends and midwives ... family were also an important source of stable support. Immediate family members were the main source of support. (Rawiri, 2007, p. 135)

Pursuing education was often identified as important to young mothers, yet, this was not always apparent to them until they had children of their own.

Education was identified as the key to improving the lives of young mothers and their children ... Easy access to multiple avenues of education, like apprenticeships and post-secondary school courses, allowed participants to pursue their education when mainstream school did not work for them. (Rawiri, 2007, p.136)

Furthermore, dialogue with peers and others involved in their lives as teen mothers influenced their views of education and participation in programmes.

Experiences with other people, such as midwives, gave participants the aspiration to pursue careers they may not have considered before. Informational support was a large part of the reason why most participants went back to education. Those who attended teen parent units did not initially

want to return to education but did so after personal recommendations, advertisement and word of mouth. (Rawiri, 2007, p.136)

In essence, what this study contributes to the existing literature is evidence of the opportunity to view teenage pregnancy in a more positive light. It is not about encouraging teenage pregnancy however, but rather about considering the potential such pregnancies provide for individuals and communities to broaden our contributions to supporting positive family development. Significantly, this research highlights de-problematising and re-contextualising teenage pregnancy for the benefit of both the children and their mothers.

A number of other recent studies have included discussion of Māori teenage pregnancy within a wider context of Māori youth and sexual health (Gray, 2006; Waetford, 2008; Ware, 2009). The problematisation of teenage pregnancy is often evidenced by the stigma adolescent parents are challenged with. Waetford (2008) argues that the problematisation of teenage pregnancy is often evidenced by the stigma that teen parents are often faced with:

Stigmatisation of teen pregnancy is a huge concern to Māori communities as it further marginalises young pregnant Māori women and deters them from engaging with fertility control agents. (p.47)

It is argued that dominant discourses related to education and pathways for women are interrupted by teen pregnancy and that young mothers therefore that do not follow the predetermined trajectory have “become targets of marginalization and stigmatization” (Wilson & Huntington, 2005, p. 59). The added stigmatization that teenage parents face because of their age (Whitley & Kirkmayer, 2008) can only worsen their experiences, and ultimately, the outcomes for their children.

Clark, Robinson, Crengle and Watson (2006), in their study of contraceptive use by Māori, seek to provide an analysis that includes youth agency, whānau interaction, and wider societal support. What makes this study unique in the range of broader research related to teen pregnancy is that it focuses upon the voices of Māori youth and identifies protective factors that include whānau and the need for support for both Māori youth and their wider whānau. The focus on contextualizing whānau in

regards to the use of contraception by Māori youth is clearly articulated by Clark et al. (2006):

The holistic beliefs of Māori about the interconnectedness of health to the broader whānau (family) environment are consistent with the resilience framework, and a move from blaming individuals to understanding that multiple systems and contexts influence health behaviours of individuals and groups. This positive contextual concept is a vital foundation when promoting the sexual and reproductive wellbeing of Māori youth to avoid stigma and shame frequently associated with sexuality. (p. 6)

In their study related to Māori Infant Care practices and SIDS prevention, Tipene-Leach, Abel, Finau, Park, and Lenna, (2000) found that whānau has a significant role to play in supporting the raising of Māori children. Within the study it was found that for young parents in particular, the main support received was directly from whānau. Comment was made in regard to teenage pregnancy and the need for ensuring that appropriate support is in place.

The influence of whānau members is important to take into account in message and service delivery around infant care practices. Since Māori have a high rate of teen pregnancy and in general tend to have their babies at a younger age they are arguably, more likely to turn to whānau for support. On the other hand, where young mothers are alienated from their whānau they are in great need of support, particularly for the establishment of breastfeeding (Tipene-Leach et al., 2000, p. 35).

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