E HINE

Talking about Māori teen pregnancy with government groups

Anna Adcock*
Beverley Lawton†
Fiona Cram‡

Abstract

Despite improved access to health services in Aotearoa New Zealand there remains a significant socio-economic and health gap between Māori (Indigenous New Zealanders) and Pākehā (non-Māori). E Hine (Girl) is a qualitative Kaupapa Māori (by Māori, for Māori) research project seeking to identify barriers and facilitators to positive health outcomes for young Māori mothers (under 20 years) and their infants. We present the findings of a discourse analysis of six semi-structured interviews with 13 representatives from six government agencies who were asked how their agency catered to the needs of young Māori mothers. Interviews were conducted in Wellington in 2013. First, we discuss respondents’ perspectives on how their agencies work to increase positive health outcomes. Next, we discuss structural issues, such as resource distribution, organization, and “silence”, that may act as barriers to positive outcomes. Addressing these barriers is essential to successfully deliver policies and initiatives that meet the needs of young Māori mothers and their infants.

* Assistant Research Fellow, Women’s Health Research Centre, University of Otago, Wellington, New Zealand. Email: anna.adcock@otago.ac.nz
† Associate Professor, Director of Women’s Health Research Centre, University of Otago, Wellington, New Zealand.
‡ Director, Katoa Ltd, Auckland, New Zealand.
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Introduction
Many socio-economic and health disparities between Māori, the Indigenous people of Aotearoa New Zealand (hereafter referred to as New Zealand), and Pākehā (non-Māori) continue to grow or stagnate (Collins, Ihaka, Tapaleao, Tan, & Singh, 2014; D’Souza, Turner, Simmers, Craig, & Dowell, 2012; Marriott, 2014; Marriott & Sim, 2014; Ministry of Health, 2015b; Simpson et al., 2016). While Māori infant mortality rates are decreasing and life expectancy at birth is increasing (Ministry of Health, 2015a), we need to accelerate the gains that are being made if we want to eliminate these disparities. Higher teen pregnancy rates for Māori women—frequently associated with poor health outcomes for mothers and infants (Health Committee, 2013; Makowharemahihi et al., 2014; Perinatal and Maternal Mortality Review Committee, 2015)—reflect a broader trend in New Zealand of Māori overrepresentation in negative statistics. Māori experience higher incarceration rates, higher unemployment and higher welfare recipient rates, and conversely have lower secondary school completion rates and lower participation rates in tertiary education (Collins et al., 2014; NZCYES, 2016).

The guarantee of citizenship rights to Māori in Article 3 of the Treaty of Waitangi (signed between the British Crown and Māori in 1840) places the onus on government to ensure equity of outcomes for Māori and non-Māori. This includes a responsibility to eliminate the social, health, economic, and other disparities experienced by Māori (Committee on Economic, Social and Cultural Rights, 2012; Reid & Robson, 2007). The Human Rights Commission (2011) has stated, “An unrelenting focus on the elimination of racial inequalities is needed, so that future generations of New Zealanders are free from this blight” (p. 4). There is, however, very little research that turns the gaze back on government agencies to query their views and actions in relation to the equity target associated with Article 3 of the Treaty. The requirement of the New Zealand State Sector Act 1988 that public sector management recognize the aspirations and aims of Māori is instead assessed mostly at arm’s length through the monitoring of disparities. Māori contributions to the identification of needs, priorities and aspirations, policy development, design and delivery of services, and monitoring and evaluation with government agencies also need to be canvassed (Durie, 2004; Ministry of Health, 2008).

In 2001 over 20 Māori staff at government agencies were interviewed as part of the Māori and iwi (tribe) provider success research project (Pipi et al., 2002). Interviewees noted moves to include Māori in policy proposals that affected them, and spoke about Māori views needing to be represented at all levels of an agency. Kaupapa Māori research, conducted by Māori, for Māori, is pertinent to understanding the drivers of Māori inequalities in New Zealand, including those at a policy level, and to reclaiming Māori research space (Lawton et al., 2013).

E Hine (Girl) is a Kaupapa Māori longitudinal qualitative research project, led by the Women’s Health Research Centre at the University of Otago, Wellington, examining the delivery of health services to young Māori women (under the age of 20), as they navigate their motherhood journey. It was given ethical approval by the Central Regional Ethics Committee on 6 October 2010 (ref: CEN/10/09/036). The E Hine objectives are understanding the circumstances surrounding motherhood for young
Māori women, identifying barriers and facilitators to positive health outcomes for them (and their infants), and assessing the impact of relevant legislation and policy. By developing a Kaupapa Māori research project based on the observance of Māori protocols and extensive community consultation, E Hine sets out to legitimize the narratives of young Māori mothers and their whānau (families) and challenge deficit-based analyses. The development of this Kaupapa Māori project is detailed in Lawton et al. (2013).

The Women’s Health Research Centre itself is guided by a kāhui kaumāutua (council of elders) who are tohunga (experts) in tikanga Māori (Māori practices). The kāhui kaumāutua assisted the research team throughout the design and implementation of the E Hine study, including consultation with local iwi, Māori health providers and district health boards (DHBs) at the two sites of study. A rōpū māmā (group of young mothers) was established to advise the research team and help shape the study design. This spirit of co-design holds that young Māori women have the best knowledge about their own lived realities and should therefore be prioritized as key stakeholders. The components of E Hine include interviews with young Māori women as well as with their whānau and other supports in their lives. To better understand the government’s support for young women, interviews were also conducted with government agency representatives to canvas what actions they were taking to ensure equity of outcomes for young Māori mothers and their families. This paper reports on the findings from those key informant interviews.

### Methods

This paper explores the views of 13 key informants (10 female, 2 male, and 1 unidentified) from six government agencies, who were interviewed in Wellington in 2013. Representatives from the Ministry of Health (MoH), the Ministry of Social Development with the Ministry of Youth Development (MSD/YD), the Ministry of Education (MoE), Te Puni Kökiri (the Ministry of Māori Development, TPK), and Housing

### Table 1 Interview talking points

1. Tell me about the role of your organization (and your role within it) and how your organization and the work you do relates to or impacts on pregnant Māori women <20.
2. Tell me about what policies, programmes, and consideration have been given to young pregnant Māori women, and how did these programmes/policies develop?
3. What have been the challenges to develop and/or implement policies/programmes for this group?
4. What have been the enablers/facilitators for developing policy/programmes for this group?
5. How do you ensure that your policies/programmes are responsive to/appropriate for Māori?
6. What would you change about current policies for this group?
7. What funding decisions have been made to implement policies/programmes for this group?
8. Are you working with any other groups or government agencies to address the needs of young Māori whānau?
9. Do you have any thoughts about what we could be doing differently for young Māori whānau?
10. Refer to data/talk from young mothers’ interviews where appropriate (“participants have said this, what do you think, how would you respond to that?” et cetera).
New Zealand Corporation (HNZC) were interviewed following a semi-structured format. Respondents were asked about the role of their agency, and their role within it—specifically, about what work their agency does that relates to or impacts on young pregnant Māori women, and how that work develops, is evaluated, and is responsive to the needs of this group. They were also asked about funding decisions, cross- and inter-agency collaboration, and enablers and challenges to developing policy or programmes for this group (see Table 1 for interview talking points).

Interviews took between 30 and 75 minutes and were conducted in a private space at the interviewees’ workplace. Each interview was audio-recorded with the permission of the interviewee(s), and subsequently transcribed. Respondents were coded with acronyms for their agency and a number (in order to differentiate the different respondents talking in each interview), for example, MoH1. Other potential identifiers have been omitted for confidentiality.

The analysis of the data was informed by the Kaupapa Māori ontological position. This sees Māori as normal—that the Māori world is whakapapa (genealogical ties) that bind people to one another, to their environment, and to the cosmos. Reality is therefore recognized within these relationships, with multiple realities possible as people are responsive to context, community, and kaupapa (agenda) in their whakawhanaungatanga (process of relating to others and building connections) (Barlow, 1991). We also acknowledge that reality is “shaped by social, political, cultural, economic, ethnicity, and gender values; crystallized over time” (Guba & Lincoln, 2005, p. 193). The corresponding epistemological stance legitimates mātauranga Māori (Māori knowledge systems) and critiques power structures in New Zealand that privilege non-Māori (Pihama, 1993). As Tau (2001) writes, “Mātauranga Māori is simply the epistemology of Māori—it is what underpins and gives point and meaning to Māori knowledge” (p. 73).

The interviews were first coded and analysed thematically (Gibbs, 2007), producing concepts related to barriers and facilitators of positive outcomes for young Māori mothers and their whānau under the following interrelated themes: projects and resources, agency organization, relationships, attitudes and knowledge, and accountability. From this initial thematic analysis, we turned to J. P. Gee’s (1999) description of discourse analysis, thinking about what meanings, knowledge systems, relationship building, activities, social goods, and connections were being used and constructed in the interview interactions. As Gee emphasizes, language is always political; it always conveys messages about social and institutional membership. This approach to discourse analysis aligns well with Kaupapa Māori ontology and epistemology, as for Māori, talk is political and agenda setting, and relationship building, while at the same time seeking to uphold the mana (power) of the people involved (Cram, 2006). From the combined analyses, we identified government agency strengths that the respondents saw as facilitating positive outcomes for young Māori mothers and their families, and also structural issues that may act as barriers to those positive outcomes. After presenting the barriers and facilitators, we discuss their significance.

It is important to note that some of the respondents positioned their views as personal and stated that they could not speak “for” their agency, especially when sharing information that might be construed as negative or critical of their or other agencies. In some cases, we have omitted respondent identifiers to help protect confidentiality, as per the guarantee given by the interviewer to key informants.

Facilitators of positive outcomes for young Māori mothers and their families

Respondents listed a number of ways in which their agencies support young Māori parents.
Cross- and inter-agency work (separate agencies working together), specialized case workers/social workers or contact points, pathways (into employment or education), financial support, research projects, and cultural support services were reported as ways in which government agencies attempt to support young mothers and their families. The omission of “Māori” here is of importance—some respondents emphasized that support services are given on a “needs” basis, rather than by ethnicity. Note that the programmes and services described were the ones operating in 2013.

**Cross- and inter-agency work**

All of the agencies represented in these interviews gave cross- and inter-agency work as a potential facilitator of positive outcomes for young Māori mothers and their families. Agencies frequently work together to share information and support whānau. HNZC works with some DHBs with the initiative Healthy Housing, which sees tenancy managers helping certain families—including young parents—learn how to manage their household. The MoE and MSD/YD work together to support young parents with their parenting skills and educational or employment aspirations. Whānau Ora (Healthy Families) is a major cross- and inter-agency initiative led by TPK. It aims to empower whānau through providing health, housing, education, employment, and relationship support. TPK also leads the Supporting Intergenerational Success (SIS) programme, encouraging and supporting young Māori mothers (aged 16–20) into meaningful training and employment opportunities. The information gained from this work is shared with other government agencies.

**Specialized contact points**

Another facilitator of positive outcomes for young mothers and their families reported by respondents from all of the government agencies represented in these interviews is the use of specialized case workers/social workers or contact points for young or vulnerable whānau. As discussed above, HNZC employs tenancy managers to support some families. Through the MoH, mothers identified as having high needs or being vulnerable (although not necessarily young or Māori) can access additional paid antenatal and postnatal contacts with support services. The MoH is also working on a programme specifically supporting young Māori mums. The MoE’s Parents, Families and Whānau Team works specifically with Māori who are underserved by the education system. The MSD/YD employs case workers to work primarily with vulnerable teen parents (not just Māori). Those case workers help to coordinate other services, such as programmes for teen fathers, community volunteers supporting young parents, and former young mothers offering mentoring support to “new” young mothers. For young Māori parents specifically, there is support from kaumātua (elders) who teach skills such as gardening. TPK supports a number of programmes (like the SIS project discussed earlier) that involve specialist Māori support workers working with young Māori mothers and their families.

**Pathways into education or employment**

Supporting young mothers and fathers into further education or employment (through different pathways) was reported by the MoE, MSD/YD, and TPK as a way in which government agencies facilitate positive outcomes for whānau. The MoE offers a range of education options, or “pathways”. Young mothers in some areas can attend teen pregnancy units (TPUs) (attached to mainstream schools), where they can study in class and have their babies attend quality early childhood education centres on site. Young mothers can also complete their schooling via correspondence, or attend a trades academy or Youth Guarantee (vocational pathway) programme. MSD/YD supports
young parents through its NEET (not in education, employment or training) service. NEET is voluntary and offers support for young parents wanting to get into education, employment, or training. TPK supports young Māori mothers into education and employment through their SIS project (as discussed earlier).

Financial support

MSD/YD respondents reiterated the financial support that MSD/YD offers young parents (although not specifically Māori). Young parents (aged 16 to 18) may receive the Young Parent Payment (YPP) benefit and, in doing so, gain the support of service providers who offer “wrap around” services, including budgeting and parenting classes (that the young parents must attend). They can also receive a Guaranteed Assistance Payment, to make sure that the cost of childcare is not a barrier to attending education, training, or employment. While other agencies provide funding for support services, MSD/YD is in charge of welfare benefits in New Zealand, and so this is a key facet of its role.

Research

HNZC were the only respondents to give research as an example of what HNZC is doing to facilitate positive outcomes for young Māori mothers and their families. HNZC has commissioned a study into the health status of its tenants, and also a longitudinal study of applicants and tenants in three sites, exploring the intersection between life circumstances and the need for social housing. While these studies do not target young Māori mothers, according to respondents from HNZC, demographic characteristics will show where the biggest level of need is found—and contribute to improved services for whānau.

Cultural support

Respondents from TPK were the only government group to discuss cultural support in great detail. TPK coordinates the Oranga Whānau (Living Families) assistance programme, which promotes the safety and wellbeing of children in Māori households. The Oranga Whānau programme promotes “mother craft” skills such as nurturing and living skills, and also teaches tikanga (Māori customs) and te reo Māori (language skills). Kaitoko Whānau (Family Support) is another TPK initiative, offering community support for Māori mothers identified as being extremely “high needs” or “hard to reach”. Kaitoko Whānau draws on Whānau Ora (discussed earlier), and involves cross- and inter-agency collaboration, and use of community support services or providers such as marae (Māori community centre) based support—to help battle intergenerational disadvantage and barriers to health and maternity services, including discrimination and social exclusion.

Barriers to positive outcomes for young Māori mothers and their families

A number of structural issues were illuminated in these interviews. Inequitable resource distribution and a lack of accountability for service delivery, disorganization of agencies and agency evaluation, and a silence surrounding “Māori” in the talk of respondents (and in policy emphasis) might act as barriers to positive outcomes for young Māori mothers (and their whānau).

Distribution of resources

Variation in quality of, and opportunities to access, government support services for young Māori mothers across New Zealand was a common theme throughout all of the interviews. Many respondents broached the allocation and retraction of funding for services as an
explanation for such variation. Variation puts some young Māori mothers at an advantage (if they have ease of access to quality services), and others at a disadvantage. The inequitable distribution of government resources may therefore act as a facilitator of positive outcomes for some, while being a barrier for others.

In many instances the variation of resources across the country was framed as a barrier to positive outcomes for young Māori mothers and their families; for example: “There is an equity issue in that if you happen to be in a place you might get a better deal because of where we’ve got the bricks and mortar” (MoE3). MoE3 and other respondents from the MoE, TPK, and MoH talked about resource allocation disadvantaging some whānau—especially those deemed hard to reach. HNZC respondents talked about how housing shortages result in some whānau living in unfavourable situations. However, MSD/YD respondents frequently reiterated the number of choices/resources that young Māori mothers have:

There’s quite a wide spectrum... something for everybody. (MSD/YD1)

There’s a whole raft of things... It’s not that you’re going back to school and that’s the only option... Teen parents engage in a whole lot of other initiatives... There’s a whole lot of parenting programmes. (MSD/YD2)

There’s a sufficient supply [of courses] as far as I’m aware. (MSD/YD3)

These responses indicate a lack of cohesion between the different government groups.

The responsibility for access to and quality of resources was also sometimes placed on service providers. MoE respondents lamented the “decentralized system [of] self-managing schools... [whose] policies or practices that happen at the school level are not transparent” (MoE1), when discussing the stigma attached to teen mothers and the ability of schools to “get away with” informal exclusions. All of the MoE respondents expressed that this is a problem for young Māori mothers and that it is illegal. However, they also positioned this problem as out of the MoE’s control: “The bottom line is that it’s illegal. They shouldn’t, you know, and it’s difficult because it happens under the radar” (MoE3). Likewise, MoH4 stated that DHBs are “supposed to know their population and provide [maternity] services accordingly”, when discussing the expectation that DHBs meet the needs of high need women. However, while the MoH gives DHBs aspirational standards for maternity care and requires annual progress reports from them, “maternity has been a bit hidden” (MoH4). MSD/YD respondents also frequently emphasized that their ministry’s service providers are accountable for services directed towards young parents:

[Providers] should have and do have good awareness of [their] community. (MSD/YD1)

They need to know who’s there... We leave it to the discretion of the provider to identify who they have... We haven’t got hard and fast rules because we trust the professionals... What they do is up to the provider. (MSD/YD2)

One of the key roles... of the providers is to assess the needs... The provider will obviously assess the needs and circumstances of the young person and ascertain what’s suitable for them. (MSD/YD3)

By placing the responsibility of service delivery on providers, government agencies may be held less accountable for outcomes of policies and initiatives.

Respondents also stressed the complexity and difficulty of their work, with a lack of funding being a major factor. MSD, MoE, and MoH respondents emphasized the difficulties encountered due to a lack of funding for initiatives. MoH1 also explained the difficulties that
Changes in information technology have created for their ministry, where data about populations have been lost and so evaluations have been compromised. HNZC1 frequently made a point that “housing is difficult”, and also stated that they are “in a place in [HNZC] at the moment where there’s very little differentiation to target specific groups of people”. This may be polite language for no prioritization for Māori, let alone young Māori mums.

Who is accountable? Respondents suggested that the variation in access to and quality of resources for young Māori mothers is a service problem. However, some respondents also distanced their agencies from accountability, instead positioning service providers and clients as responsible for service delivery and quality. Inequitable distribution of resources may act as a barrier to positive health outcomes for some young Māori mothers, if they are unable to access appropriate services, and especially if there is disinterest in, or denial of, inadequate services.

(Dis)Organization

Respondents expressed that communication within and across teams and agencies can be lacking, and cross- and inter-agency relationships sometimes tenuous. Frequent changes to team and agency organization, and a lack of clear evaluation practices were also flagged as possible barriers to positive outcomes.

Collaborative work was generally described as “supposed to be” (HNZC1 & MoH4), “sort of” (MoH3), and “meant to be” (TPK1) cross- and inter-agency. These are word choices that do not suggest confidence or commitment. Other statements indicate less collegiality, or even friction, between different government agencies. The following examples illustrate this:

MSD has a command and control way of running things . . . they don’t have the right structure . . . again this is my view, cause the minister has got all her fingers in the pies it doesn’t allow her staff the freedom. (identifier omitted)

This is just my view, but we [in the public sector] don’t do it [supporting young mothers] well in the schools. (identifier omitted)

At the moment [MoH] are saying what you’re saying, couldn’t we change our [allocation] system. Well actually no, it would be really dumb to do that because we know it works. (identifier omitted)

While [the MSD/YD YPP programme] is there to connect people with employment it doesn’t seem to work at the moment for these people [young Māori parents]. (identifier omitted)

Although the first two statements were positioned as personal opinion, all four indicate that there is a lack of trust between different government agencies. Some respondents also described their cross- and inter-agency work as conflicted because different agencies have different expectations for young parents.

While some respondents highlighted the difficulty of coordinating cohesive cross- and inter-agency work, TPK respondents frequently reiterated that TPK is a secondary (advisory) agency, having little influence over policy and practice:

We’re not a service delivery agency. So other agencies are responsible for achieving outcomes for that population group whereas we sit alongside them and offer them advice on being effective for Māori, and monitor what they’re doing . . . it doesn’t really matter whether our advice was or wasn’t taken on board. (TPK3)

TPK3 directly asserted that TPK is not accountable for outcomes, and suggested that their advice is not always appreciated or taken seriously by other agencies. This indicates that
Māori development is not seen as a priority worthy of a primary agency, suggesting that Māori development is touted for tokenistic purposes.

Along with differing agency priorities, many respondents expressed frustration at the changeable nature of their work. MoE2 stated that their work is “truly changing all the time”. TPK1 was also candid about frequently changing emphases, especially in regard to ministerial changes, teamed with a lack of communication:

[That] stream has now kind of come to a hiatus. It’s not actually going anywhere. There’s no real work and we’re not attending any meetings. . . . We’ve changed the Minister of Justice so a different emphasis. . . . Because one of the things that happens is that we have a conversation one year with somebody and then nobody knows where it ends up and you think, what happened to that? (TPK1)

These two respondents (MoE2 and TPK1) positioned the changeable nature of the policy world as a barrier to successful implementation. Other respondents talked about “newness”—a by-product of change—as a barrier to being able to provide information on or evaluate work. MSD/YD1 emphasized that their focus has shifted from trying to get young parents into employment to trying to get them to continue education. But because this is “still pretty new”, “still very early”, they do not have any substantial information about it. Respondents from HNZC and the MoH used the expression “early days” to explain restructuring of their agencies, and seemingly to justify a lack of evaluation about current initiatives and studies affecting young Māori families. Some respondents from the MoH and MoE also stated that they had only just taken over certain aspects of their work (they are “new”) and so couldn’t confidently talk about initiative efficiency.

A lack of clear evaluation practice was also evident across the agencies. HNZC1, a team leader on a demographically organized longitudinal study of HNZC clients, could not give any information pertinent to young Māori mothers. MSD/YD respondents could not discuss evaluation of their YPP programme because evaluations are another team’s job, and findings had not been shared yet. MoE1 admitted that there is very “little information available” about the services that TPUs provide young parents, as the Education Review Office does not always assess TPUs. MoE1 also acknowledged that they could not answer “the basic question of are these units meeting the needs of the students who are enrolled in them”. This may point to a lack of evaluation built into their system. MoH4 also disclosed that their agency tends to create more work by not factoring in how to evaluate initiatives—instead, tending to “roll out programmes” because “the pressure is on”. A respondent from TPK expressed their frustration about frequent changes and little evaluation:

And often you find that staff have changed. The project may start with one group or one agency and then with the different restructuring and reviews that are happening across the agency . . . the projects change or stop or move to another priority within the agency . . . and then you ask well what’s happened? And they go, oh no, that’s no longer happening because the policy’s changed or the emphasis . . . So that’s [the] evolution of the policy world. (TPK1)

While TPK1 voiced frustration about changes of direction leading to no follow-up, TPK2 also disclosed that TPK does not always formally evaluate their work. Another respondent, who wished to not be identified, divulged that their minister does not like evaluation, and as a consequence, those who work within that ministry have to “be a bit cunning” to evaluate work without calling it that.

Respondents from all of the government agencies were unable to provide evaluation-based evidence on the outcomes of policy
and initiatives directly affecting young Māori mothers. Frequent changes to agency organization, together with non-existent or disjointed evaluation practices and tenuous agency and cross- and inter-agency relationships, could be viewed as a barrier to effective service delivery, and thus positive health outcomes for young Māori mothers.

Silence

The most profound theme in this study is the silence surrounding questions about race and ethnicity, specifically, about “Māori”, including discussions about potential discrimination:

It’s around risk but what we know of course is that if you’re Māori or Pasifika you’re more likely to be identified and be in those groups. So I think you find with this government that they don’t talk ethnicity but in actual fact if you look at all the statistics, if you look at everything it is all about ethnicity, but the rhetoric around it isn’t. (MoH4)

This silence around “Māori” can be found throughout the data set. MoH4 added that “there’s a bit of a code really because when you say vulnerable what you really mean is Māori and Pacific”. Respondents from the MoH, MSD/YD, and MoE frequently used the term “vulnerable” to talk about young Māori mothers. This is not the only “code” used. Young Māori mothers were also referred to as “high need” or “needy” (MoH, MoE), “hard to reach” (MoH, TPK), “teen mums” (MoH, MoE), “young mums/young parents” (MSD/YD), “that group” (HNZC), “underserved” (MoE), “those . . . having the most to gain” (MoE), and “marginalized” (TPK). Tellingly, the use of these codes allows the absence of the term “Māori” in respondents’ talk. Aside from TPK, who used the term frequently, the other government agency respondents mostly chose to use the aforementioned codes. “Māori” was used only once during the MSD/YD interview, and the other government agencies (excluding TPK) used Māori less than 10 times throughout their interviews respectively, even when being asked directly about young Māori mothers.

There was also a lack of acknowledgement of discrimination, or discrimination was not related to race or ethnicity. HNZC1 reiterated that they are “as fair as possible”—that they treat everyone the same. However, they also mentioned that team leaders and team members can override decisions. This might open up the process to discriminatory practices (positive or negative). HNZC1 also admitted that, from their research, some of the difficulty experienced by families trying to rent in the private market is due to discrimination; however, the only example given was of non-English speakers being discriminated against. MoE and TPK respondents did not directly discuss discrimination, but did raise the issue of social stigma attached to young Māori mothers and TPUs (the MoE example was discussed earlier). TPK2 expressed frustration that they had tried to work with the MoE to create more TPUs, but schools just do not want them. TPK1 also identified a perceived risk associated with treating certain Māori mothers (not necessarily “young”) during their pregnancy or delivery: health providers do not want to provide care because of assumptions about possible complications and also gang affiliations.

Overrepresentation of Māori in the welfare system was recognized by some respondents. However, the significance of this was rarely discussed. MSD/YD did not acknowledge that their YPP welfare scheme predominantly affects young Māori women, who are more likely (than Pākehā) to become mothers before the age of 20 (Statistics New Zealand, 2006). HNZC1 acknowledged that one-third of their clients are Māori, twice the ratio of Māori to non-Māori in the general population (Statistics New Zealand, 2014), but also admitted that they are “not thinking about particular groups to focus on” at the moment.
Discussion

This study, involving 13 participants from six government agencies, provides valuable insight into the perspectives of key informants whose collective work, in various ways, affects the lives of young Māori mothers and their infants. Government agencies are working to mitigate the detrimental effects associated with young parenthood and intergenerational disadvantage through cross- and inter-agency collaboration, longitudinal and demographic studies, initiatives and additional funding and support for vulnerable and high need parents, learning and vocational pathways for young parents, and some programmes specifically designed for young Māori parents. However, there are structural issues acting as obstacles to these goals. Variation in access to and quality of resources (with responsibility placed on providers and clients rather than government agencies), changeable government agency organization teamed with a lack of evaluation methods and tenuous cross- and inter-agency relationships, and an absence of Māori from talk may inhibit the success of policies and initiatives targeting young Māori mothers (and their families) in a number of ways. In particular, there was a lack of dialogue about race and ethnicity issues even though social and health demographics indicate that these often have serious implications for life outcomes (Robson, 2007).

The respondents in this study treated the unequal distribution of government resources as a mere organizational by-product, rather than evidence of discriminatory practices. And, showing a lack of consensus amongst the different government agencies, many respondents admitted that the variation in resources available across the country is unfair to some young Māori mothers, while other respondents denied that this is an issue. Instead, they placed responsibility for access to those (sometimes scarce) resources on clients or service providers. This position promotes “personal responsibility”, and ignores the existence, and detrimental effects, of structural inequalities. It ignores evidence that an unequal distribution of resources leads to social and health inequalities amongst populations (Costa-Font & Hernández-Quevedo, 2012; Friel & Marmot, 2011; Marmot & Bell, 2012). In New Zealand the naturalization of differences and disparities has helped maintain a power imbalance, significantly disadvantaging Māori (Came, 2012; McIntosh, 2005; Smith, 1999; Walker, Eketone, & Gibbs, 2006).

Agency organization, or disorganization, can also be seen as a barrier to positive health outcomes for young Māori mothers and their infants. Frequent changes and tenuous cross- and inter-agency relationships may create a stressful and dissatisfaction environment for workers, who cannot always see the fruition of their work. Respondents’ replies indicated that frequent change to agency organization, direction, and roles potentially leads to frustration, isolation, and paralysis. Add to this a lack of clear evaluation practices and it seems legitimate to question how outcomes are being monitored to effectively measure success and make improvements in the future. Having a ministry for Māori development (i.e., TPK) but ensuring that it has less power than others (as a secondary agency) is an act of symbolic violence akin to saying Māori are less important. As sociologist Tracey McIntosh (2005) points out, there is much eagerness to appear culturally sensitive, “rather than . . . looking at true power-sharing” (pp. 288–289). Power sharing, as McIntosh describes, will require looking at the very values inherent in our public sector and the effects of such on the values and everyday practices of individuals.

In our findings the ethnicity of young Māori women was often absent in the talk of those interviewed. This erasure and trivialisation of “Māori”, and its replacement by more generalized terms alluding to socio-economic disadvantage, has its roots in the last Labour government’s purge or annihilation of “Māori” from its policies following the Foreshore and
Seabed controversy (Geddis, 2009; Smith & Turner, 2012; Te Aho, 2007). The absence of “Māori” in respondents’ talk suggests that Māori are not a priority in policy development. The lack of acknowledgement (of the existence) of racism and discrimination towards Māori also ignores the socio-historic significance of colonization, and the adoption of a social system that excludes Māori ways of being and knowing.

Moewaka-Barnes et al. (2012) identify a number of discourses present in the media in New Zealand. The “One People” discourse is particularly relevant to this research. The erosion of “Māori” from policy is about the refusal of the Crown to bow to any sort of cultural responsiveness—to think that something different might have to happen for Māori, because of cultural foundations. Features of the One People discursive pattern includes “the intransigence about difference; asserting all members should have equal, as distinct from equitable, treatment” (p. 199) and, therefore, that the Indigenous identity, status, and rights of Māori are unimportant and able to be ignored.

The silence around “Māori” within the sector discourses analysed here was filled by code words such as “vulnerable”, “high needs”, and “marginalized”. These words suggest that a culturally free policy response will suffice for these young whānau because their socio-economic needs are the priority, and a generic response will be able to target these needs. This one-size response is then invariably based on Pākehā/non-Māori/mainstream cultural norms and values, and can be seen to perpetuate racist discourse through the normalization of “Whiteness” and the taken-for-granted status attributed to it (Wetherell & Potter, 1992). It assumes that Pākehā need not work on their own cultural competence, as Māori are expected to conform to Pākehā values and norms. While racism may not tend to manifest in overt ways in contemporary society, experiencing even subtle forms of discrimination has been linked to socio-economic and health disadvantage in populations (G. C. Gee, Spencer, Chen, & Takeuchi, 2007). Reducing inequalities in access to, and participation in, health services in New Zealand is crucial if we wish to “close the gaps” between Māori and Pākehā, and adhere to the Crown’s obligations set forth under the Treaty of Waitangi.

The findings from the present research have prompted our advocacy for Kaupapa Māori policy analysis. This is the extension of Kaupapa Māori theory into the analysis of policy, namely, policy analysis undertaken from the standpoint that being Māori is natural, legitimate, and a positive identity construction. Kaupapa Māori policy analysis provides a lens to critique policy, as well as the dominant representations and status quo of Māori within this country that policy reflects (or potentially resists—see TPK in this research).

As noted by Holmes (2011), experiencing social exclusion is likely to discourage citizens from active engagement in the public sector. However, when governments or advocates express a commitment to engagement, the co-creation or design of programmes and evaluation can empower citizens (Holmes, 2011). Farrell and Goodman (2013) describe four principles for a better public sector: better evidence for decision-making, investments in expertise and skill building, closer collaboration with the private and social sectors, and greater engagement and empowerment of citizens. This fourth principle is more than just ensuring that government services are accessible, it is about moving towards participatory government where citizens are actively involved in the co-design and co-delivery of those services. Not only was there a silence in the present research about ethnicity, there was no indication that those talked with sought input from young Māori mothers in the design of policy and programmes, let alone co-designed these with the people who would be most affected. A rōpū māmā provided this type of input into the E Hine project, as we actively sought to understand the lives of young Māori women and ensure that our research would be valid.
Conclusion

There is a marked absence, or silence, in this data sample. An absence of resources for some young Māori mothers, sometimes an absence of organization and evaluation practices in government agencies, and overwhelmingly, an absence of “Māori” from talk and policy priority. The absence of “Māori” from talk, the lack of recognition of discrimination faced by young Māori, and the expectation for Māori working within the public sector to be culturally competent indicate that racial and ethnic divisions are systemic and tied in with the taken-for-granted, Eurocentric values and knowledge systems that pervade New Zealand. The hidden aspect of racism in the public sphere today only illustrates that the normalization of such values is an incredibly efficient mechanism, used to maintain dominant power structures inconspicuously. Equal opportunity “One People” rhetoric places the blame for health and socio-economic disparities between Māori and Pākehā back on Māori. This symbolic annihilation of Māori is damaging. Until we can address the symbolic power imbalance in our society, policy, and initiatives or programmes, endorsing economic and cultural capital gain for Māori will likely be as successful at “closing the gap” as all those that came before.

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Glossary

Aotearoa  New Zealand
e hine  girl
iwi  tribe
kāhui kaumātua  council of elders
Kaitoko Whānau  Family Support programme
kaumātua  elders
kaupapa  agenda, topic, policy, initiative
Kaupapa Māori research  research paradigm based on Māori ideology
mana  power, prestige, influence
Māori  Indigenous New Zealander
marae  Māori community centre, meeting place
mātauranga Māori  Māori knowledge systems
Oranga Whānau  Living Families programme
Pākehā  non-Indigenous New Zealander
rōpū māmā  group of young mothers
Te Puni Kōkiri  The Ministry of Māori Development
te reo Māori  Māori language
tikanga  customs, protocols
tohunga  expert, skilled person
whakapapa  genealogical ties
whakawhanaungatanga  process of relating to others, building connections
whānau
family, extended family
Whānau Ora
Healthy Families cross-, inter-agency initiative
Tamariki Ora
Well Child programme

References


