FOR THE PHD DEGREE IN INDIGENOUS STUDIES

WĀHINE MĀORI, MENOPAUSE AND THE HARAKEKE MODEL

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Declaration

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

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Abstract

This research aims to deepen understandings about wāhine Māori cultural constructions of menopause. This knowledge intends to give back to wāhine Māori, what is rightfully hers through (re)claiming and making visible the mātauranga embedded in her understandings and experiences of menopause. This knowledge can also inform policy and practice amongst healthcare providers, so that wāhine Māori experience more equitable healthcare services. The Harakeke model of menopause and wāhine Māori, is a framework that can be used to reflect wāhine Māori perspectives of growing older and menopause. The constructs of the Harakeke model are Mātauranga, Mana wahine, Tikanga and Pepeha. These constructs and the model are explored and reflected through the processes of this study. Through a review of the literature, the thesis highlights what backgrounds the aims of the research, alongside a review of current research and other issues that position wāhine Māori and her experiences of menopause. The thesis also discusses how Kaupapa Māori, Mana wahine and Pūrākau methodology guided the research project. The thesis further considers a wāhine Māori centric approach to menopause, which is discussed in relation to the Harakeke Model of menopause, including some of the challenges wāhine Māori face during menopause but also in ways that are uniquely Mana wahine. Wāhine Māori understandings and experiences of menopause are an important and missing contribution in the epistemology of what constructs her hauora. Wāhine Māori understandings and experiences of menopause are also missing from the existing literature and policy responses around menopause.

Mihi

E aku rangi paruhi,
E aku huia kaimanawa,
E aku toka tū moana
E kore e ea i te kupu ki te whakamihi atu.
A beautiful day, my people who bring me warmth
My greatest treasures
My people that stand as rocks in ocean against the coarse tide
There are no sufficient words to thankyou.

Ko te oranga te tangata, ko te oranga te whenua,
Ka karapinepine te pūtoto.
Life is in the people and life is in the land
The assembling of flesh to create woman

He wāhine he whenua e ngaro ai te tangata.
Me ko Te Ao Kapurangi
e tū nei ki ngā maihi
For woman and for land have essential roles that mankind would be lost without.
As if you were Te Ao Kapurangi
Standing on the mast of the house

Me ko Papatūānuku e takoto nei
Me aro koe ki te hā o Hine-ahu-one
As if you were earth mother laying beneath us
Pay heed to the breath of life-women

Te mana o te wāhine
ki roto kē
kiato te kakano
ka wana te kakano
ki roto ko te whare tangata
The mana of the women
Comes from the inside
The seed is safe
The seed comes to life
Inside the house of humanity
Ka tō te rā

Haruru te whenua
Mā te wāhine ka ora ai te Iwi
When the day ends
And the land rumbles
It is for the women that the tribe survives

Nei noa ngā kupu
Whakamihi i ngā wāhine
Kia rangitira, he taniwha hikuroa
These are the words
Of thanks to women
To make them a chief, and who are of great mana

The ideas and visions that are discussed in this thesis are drawn from the wāhine research partners. Their strength, manaaki, humility combined with proudness, power and beauty were central to this thesis and allowed it to organically grow, without you gifting me your open honest open kōrero and time this research would not have happened.

I send humble gratitude and karakia to the magnificent Atua and tūpuna who have guided me in this writing. Some of you have appeared in my thoughts, some in my physical spaces, some of you in my day and night dreams, helping me to put the pieces of this puzzle together, guiding me in this journey over the last several years. Over these years our whānau have had the tangi of those gone far too soon and through these years I have seen us continually looking for hauora and justice. We have also had whānautanga, and the arrival of my first mokopuna, the full circle of life.

I am very grateful to my outstanding supervisors, Naomi Simmonds, joined by Hokimate Harwood and Mera Penehira for a time. I believe it takes a special person to provide the guidance and manaaki required for a PhD, each of you are valuable beyond measure to this work. Naomi, you have been a tower of support in ways that were always mana enhancing and enlightening for me. I can't thankyou enough, it has truly been a privilege to have received that support from you. Your mātauranga, your awhi, your wairua, gentle yet strong, not telling me what to do but guiding me in this process of understanding the never ending beginings of whapakapa, guiding me in what it is to be a Mana wahine researcher; clearly there was some divine intervention here.

I would like to acknowledge Te Aka Whai Ora, Māori Education Trust and Te Rau Ora for the scholarship support and Te Whare Takiura o Manukau for their support in providing me with time to write and research this kaupapa. In particular the library staff, who assisted with my many requests for Journals, Articles and Books. My work colleagues have also been a source of consistent encouragement, ngā mihi nui ki a koutou katoa.

I have an amazing group of wāhine friends who also have loved me, supported me, and allowed me to not be fully present over the last few years, such is the all-consuming PhD journey. You keep me and my whānau going, you made this journey so much easier knowing you had our back.

To my mother, I love you, you have given me so many beautiful gifts, including the whakapapa I hold, whatever magic brought me to you, I am so grateful for. To my husband Tony, thank you for working on my dream with me, and to my children, my 3 amazing, smart, beautiful daughters. Mia, my beautiful potiki, your patience and way with words is stunning, thankyou for sharing your te reo Māori mātauranga with me in the mihi that this PhD begins and ends with, watching you grow in to your own considered and passionate person is quite literally and beautifully Mana wahine in action, Chelsea you are the best mother to my moko, it is everything to be his Nan and see you become this beautiful wāhine, and mother, Kiani, your kind gentle aroha is a korowai to me, you have taught me much about kindness and compassion. Thank you all for choosing me to be your Mum, I hope you continue to grow and be proud and unapologetic wāhine Māori and keep walking in the pathway of justice for our people, as our tūpuna did, however and whatever it takes.

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Chapter One

Introduction

Wāhine[1] Māori[2] are the Indigenous women of Aotearoa, a place where the processes of imperialism and colonisation were responsible for severing the cultural markers of wellbeing (Mikaere, 2017; Pihama, 2001; Simmonds, 2014; Smith, 2012). Often wāhine Māori are forced to navigate the colonial spaces that occupy her understandings of hauora, the meanings she and others attribute to herself, and the relationships that she has with the world (Mikaere, 2019). Traversing these spaces is complex, as the privileging of western[3] ideology and the social class and power that sit alongside that are implicit in the reproduction of colonial ideologies which continue to attempt to interrupt and marginalise wāhine Māori lives (Moeke-Maxwell, 2005; Simmonds, 2011). Deconstructing and decolonising these spaces in Aotearoa is also difficult, as colonial attitudes are deeply entrenched and continue to be reinforced today. For example, western biomedical models predominantly frame understandings and experiences of menopause for all women; as such, the unique way that culture influences these experiences is largely ignored (Astbury-Ward, 2003; Coney, 1994)[4]. In Aotearoa, the paucity of research regarding wāhine Māori interpretations of health and the influence of how culture mediates wāhine Māori understandings and experiences of menopause reinforces western paradigms of health and wellbeing for wāhine Māori (Lawton et al., 2008). In this Introduction Chapter I discuss the following: the aims and significance of the research, an overview of the methodology and theoretical foundation of the research, and an overview of the thesis. Next,

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1 Female, women, feminine, women, females, ladies, wives – plural form of wahine. (Te Aka Māori Dictionary, 2024). I discuss this term in more detail later in this Chapter.

2 'Māori' is the term used to refer to the Indigenous population of New Zealand. Simmonds (2014) notes that this word is problematic because it has only been since colonisation that Indigenous people in New Zealand have had to describe themselves as such. Prior to colonisation, people were known by their hapū (grouping of whānau) and Iwi (grouping of hapū) connections. Simmonds (2014) and Pihama (2001) use the term as a political concept to identify tangata whenua (people of the land) and not to reinforce Māori as a homogenous population, as do I. Mike Tavioni considers Māori as having a prefix of "Mā" being pure and a suffix "ori" meaning return, essentially a pure people who move about and who return to Hawaiki (The Moanan, 2024). I discuss the term wāhine Māori again later in the Chapter.

3 I do not use capital letters where it might be expected to; I do this intentionally as a way to interrupt the hegemony carried through language. I discuss this concept further later in the Chapter.

4 Despite this information being 33 odd years old, it remains relevant today and highlights the lack of research carried out in Aotearoa about menopause over this time. Like other PhD students, I have used a balance of old and new references to inform the literature. Older references often highlight the lack of progress in this field at the time of writing.

however, I discuss some of the definitions of menopause and the whakapapa of the Harakeke model of menopause.

According to Lawton (2013), menopause is the stopping of menstruation, or periods, which, for those who live long enough, is a natural event in every woman's life. It is accompanied by hormonal changes that signal the cessation of fertility in a woman. Lawton (2013) states that women "run out of the follicles (which produce the eggs) in the ovaries. These follicles make most of the female hormone oestrogen (or estrogen), in the form of oestradiol" (p. 10). The lack of oestrogen is the medical explanation for the cause of menopause. Lawton (2013) states that there are three main stages in menopause, the first being perimenopause, which is the period of time prior to menopause (typically 2-3 years). This time of women's reproductive cycle is when women's bodies are naturally transitioning towards infertility or menopause (Lawton, 2013). The second stage is menopause, which occurs when women have not had a period for 12 consecutive months, and the final stage is post menopause, which is the period following menopause (Lawton, 2013).

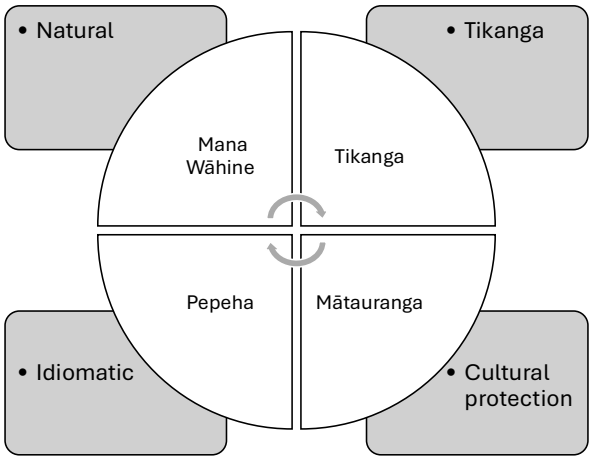
My own previous research carried out about Indigenous women's understandings and experiences of menopause found that both commonalities and diversity exist in Indigenous women's accounts of menopause, and that these experiences are also mediated by culture (Bullivant et al., 2022). That meta-ethnographic research explored how menopause is understood across various Indigenous cultures by synthesising eight qualitative research studies. Bullivant et al. (2022) research identified four key metaphorical themes—Natural, Cultural Protection, Freedom, and Idiomatic—that reflected the menopause trajectories of Indigenous women. Bullivant et al. (2022) then mapped these global Indigenous metaphors onto a Māori framework, aligning them with the concepts of Mana wahine (Natural), Mātauranga Māori (Cultural protection), Tikanga (Freedom), and Pepeha (Idiomatic)[5]. These concepts were presented in the Harakeke model of menopause, utilising the Harakeke plant as a visual aid (Bullivant et al., 2022).

The present research has further developed these concepts through qualitative primary research interviews, using Kaupapa Māori methodologies and the pūrākau of 15 ruahine who have traversed or who are traversing ruahinetanga. The present research examines the various ways in which culture constructs and reconciles ruahinetanga, drawing on insights gathered from

[5] I continue to explain and discuss these concepts in further detail throughout the thesis.

interviews with the research partners[6]. The analysis of data from these interviews generated subthemes that guided both the development and the continued evolution of the Harakeke framework [7]. These themes and subthemes are fluid and there is no doubt in the researcher's mind that future iterations of this model will emerge. It is highly likely that it will continue to be shaped and shape ruahinetanga; such is the trajectory of knowledge. Figure One provides an outline of the themes identified in the first iteration of the Harakeke model. In Figure Two, we can see how the concepts in the model have developed as a result of this research.

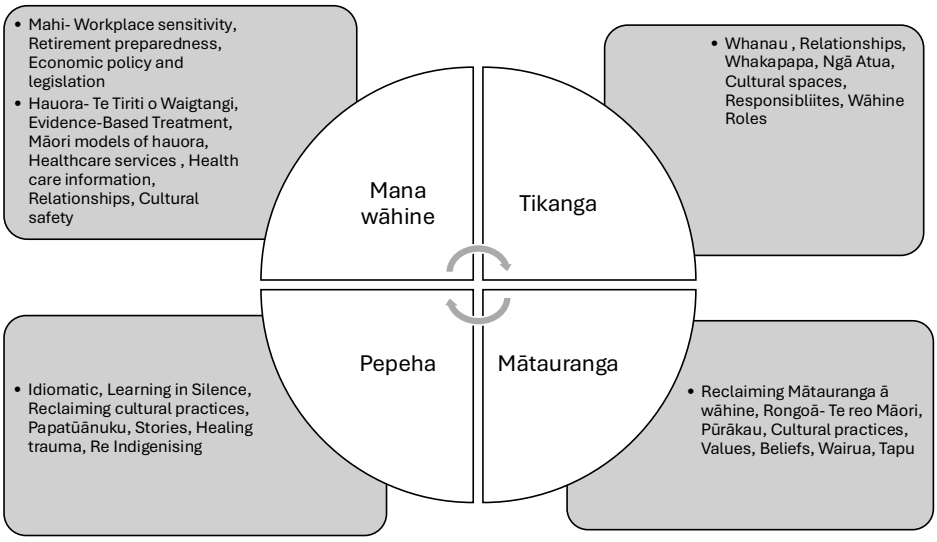
Figure 1 Themes and Subthemes in Harakeke Model Iteration One



[6] This research uses the term 'research partners' to acknowledge the contribution of the wāhine Māori in the rangahau process. This is discussed further in Chapter Three.

[7] While some literature distinguishes between frameworks as conceptual structures and models as operational representations, this study treats them synonymously due to their overlapping function in reflecting the themes and subthemes of the research.

Figure 2 Themes and Subthemes in the Current Harakeke Model

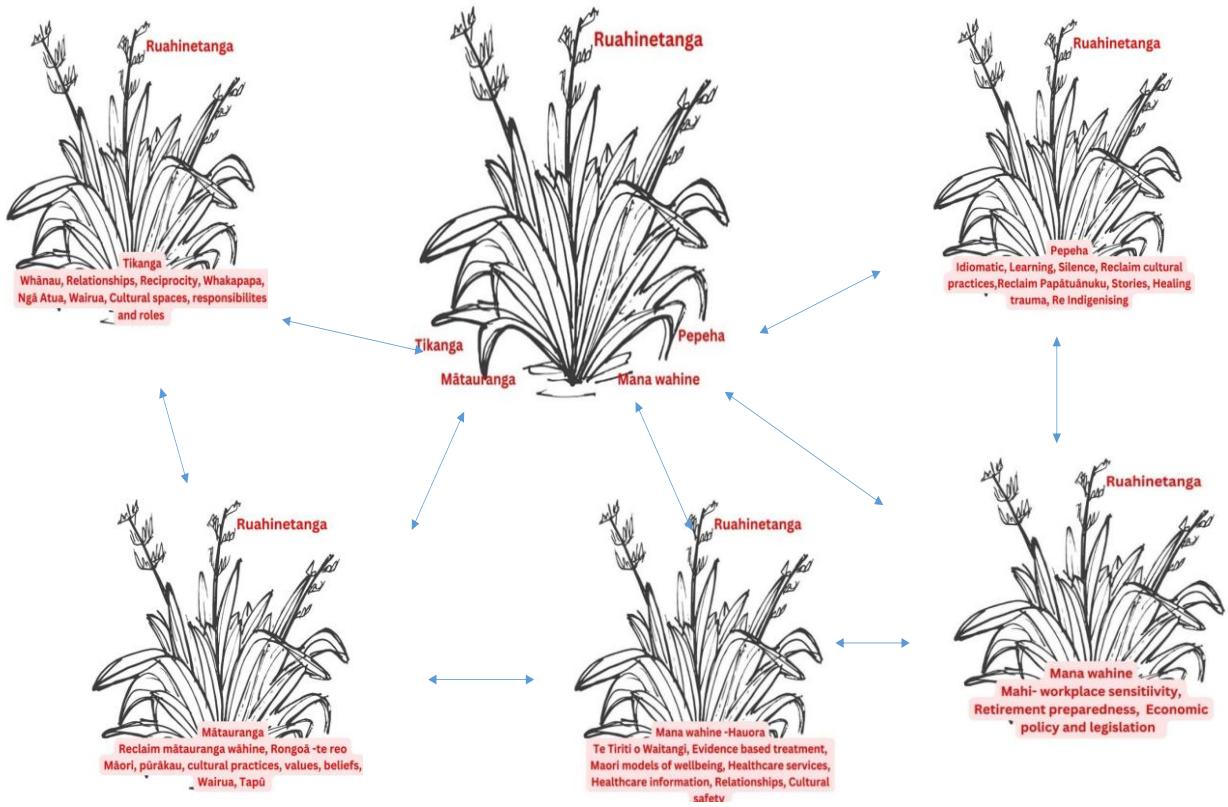


Harakeke was used as the framework for the model because it is a dynamic plant with a multiplicity of uses in te ao Māori; for example, for making baskets for carrying food, lines for fishing, mats for sleeping, and lashings for waka (Hutchings, 2004). Furthermore, the Harakeke has been used across many research spaces as a framework that provides a gateway to te ao Māori values such as whānau and whanaungatanga (Hutchings, 2004). Such cultural values are implicit in the conceptualisation of the Harakeke model of menopause for wāhine Māori. Te ao Māori concepts make up the roots of the Harakeke in this model, which grow into the flax leaves above the whenua, signifying the rich conscious experience and understandings of ruahinetanga. Importantly, these concepts are not intended to be definitive or binary; they are drawn from the research findings and intend to contribute to building a body of understanding about wāhine Māori and menopause through a Mana wahine lens.

The constructs and metaphors in the Harakeke model of menopause for wāhine Māori must be discussed in a reciprocal circular manner, as they are interlinked. Essentially, these metaphors interact with each other and produce both common and unique understandings and experiences of menopause for wāhine Māori. The reciprocal nature of this framework can be likened to the Whare tapa whā model of wellbeing, which suggests that several dimensions (i.e., psychological, spiritual, social, and physical factors) are essential for wellbeing and simultaneously reinforces the holistic nature of Māori culture (Durie, 1998). Figure Three provides a pictorial representation of the development and the fluidity of the model, where each subtheme and theme interacts with the other. I discuss these concepts separately in each of the

discussion Chapters Five to Nine. However, it is important to remember they remain interlinked.

Figure 3 Fluidity of the Harakeke model



This type of research is urgent. Statistics show that Māori women experience significant health disparities in Aotearoa (Manatū Hauora, 2023; Waitangi Tribunal, 2019). For example, there are substantial disparities seen in incidence and mortality rates between Māori and non-Māori women regarding cervical cancer, where wāhine Māori are twice as likely to be diagnosed with cervical cancer and three times as likely to die from the disease (Manatū Hauora, 2019). We see disparities experienced by wāhine Māori across a broad range of socioeconomic indicators (Manatū Hauora, 2019). Clearly, it is long overdue for a realignment of the privileged dominant knowledge systems that currently perpetuate across society and in healthcare services.

There is ample evidence that Māori models of wellbeing have been beneficial to achieving Māori hauora (Durie, 2004; Ramsden, 2002; Waitangi Tribunal, 2019; Wilson et al., 2019). Ideally, the Harakeke model of menopause will also be one such model that enables the building of a body of knowledge about menopause that comes from an emic position so that mātauranga wāhine and experience sit equal to western women's knowledge in contrast to

being subject to it. At the same time, the Harakeke model can contribute to improved equitable hauora for wāhine Māori by challenging the western medical definitions of menopause that dominate policy and practice in health and social sectors and wider understandings of menopause in Aotearoa.

Aim and Research Questions

The purpose of this research is to explore the perspectives of wāhine Māori experiences and understandings of menopause. These perspectives will be used to gain a deeper understanding and (re)claim a body of mātauranga about wāhine Māori experiences of menopause. Drawing on the lived experience of 15 wāhine Māori, I highlight some of the tensions and the potentialities in reclaiming ruahinetanga through Mana wahine concepts. In doing so, I hope to contribute to scholarship that challenges the dominant hegemonies faced by wāhine Māori, while validating and centring mātauranga Māori, and in particular mātauranga nō ngā wāhine Māori.

The inclusion of wāhine Māori perspectives of menopause can contribute to the policies that inform health and social policy in Aotearoa and provide more equitable outcomes for Māori women across a range of measures, one being health. This information can also contribute to global scholarship about the experiences of menopause amongst Indigenous women.

Therefore, the aims of this study are:

1. to study the cultural constructs of menopause for wāhine Māori,
2. to (re)claim and build a body of knowledge about menopause that comes from an emic position, so that mātauranga wāhine Māori and experience sit equal to western women's knowledge and are not subject to,
3. to understand how the Harakeke model can contribute to equitable policy and practice in healthcare services for wāhine Māori.

Specifically, through this study, I attempt to answer the following questions:

1. What are wāhine Māori beliefs, understandings, and experiences of menopause?

2. What becomes important for wāhine Māori who are going through or have gone through menopause?

3. In what ways could the Harakeke model be developed to gain a deeper understanding and (re)claim wāhine Māori beliefs, understandings and experiences regarding menopause?

Significance

This research is unique, as there are few other available bodies of literature regarding the cultural constructions of menopause among wāhine Māori. Moreover, certainly, none that use the constructs in the Harakeke model of menopause for wāhine Māori. For some wāhine Māori, colonial and western narratives about menopause and reproduction have contributed to the silencing of traditional knowledge, keeping such kōrero suppressed or unseen (Murphy, 2011). However, when we name, talk about, and record wāhine Māori experiences and understandings of menopause, we begin to (re)claim mātauranga, and we open ourselves to the gifts that embody Māori culture. We also lift wāhine Māori tino rangatiratanga and honour our other Te Tiriti o Waitangi obligations that accommodate Māori interests. Deconstructing the prevalent menopause knowledge systems that are universally applied to all women is an important and valuable contribution to research in Aotearoa. This type of research can also challenge the barriers and cultural biases that wāhine Māori experience by improving government policy and the responsiveness of its services to equity and cultural safety through improved understandings of what constitutes hauora for wāhine Māori transitioning through menopause from a te ao wāhine Māori lens.

Overview of Methodology

The methodologies that frame this research process enable a body of knowledge about wāhine Māori experience of menopause. Kathie Irwin (1992)[8] suggests that Māori methodologies create Māori theories, which are necessary to understand our Māori selves in the non-Māori world we live in. Without these types of methodologies, tangata whenua will continue to understand themselves either as others see them or as what they see around them in a world that privileges western values (Irwin, 1992). Therefore, Māori methodologies are

[8] Like other Mana wahine theorists (Murphy, 2011, Pihama, 2001, Simmonds, 2014), at times I use authors' first and last names when I am citing their work. I do this, as their work has been transformational in decolonising Māori lives. I do not personally know a number of these Mana wahine scholars; however, Johnston and Pihama (2019) note that as Māori women we all have connections with land, relationships within spirituality and that we are also connected through whakapapa. Linda Smith (1992) further notes that Māori women are related to each other not just because we are women but because we are part of a complex genealogical template. It is with these concepts in mind that I humbly use both first and last names of authors at times in the thesis.

particularly relevant to the aims of this research project. The methodologies that inform this research are Kaupapa Māori, Pūrākau, and Mana wahine methodologies, which are summarised below and discussed in detail in Chapter Two.

Kaupapa Māori research validates and reinforces Māori ways of knowing and therefore directly challenges western ideology as being the only ideology possible (Smith, 2012). In this research, Kaupapa Māori methodology is applied to strengthen understandings about wāhine Māori experience of menopause through the framework of the Harakeke model of menopause for wāhine Māori. For Māori researchers, Kaupapa Māori methodology frames the aims, the questions, the processes, the interviews, the analysis, and the presentation of research carried out (Smith, 2012). Kaupapa Māori methodology is the overarching principle of this project's research process.

The use and recognition of te reo Māori in this thesis support Kaupapa Māori theory, which affirms the centrality of language as a means to express culture. The marginalisation of te reo Māori has resulted in unequal power in the maintenance and production of knowledge in Aotearoa. These complex ideologies are "imposed on this land but have no roots here" (Pihama, 2001, p. 24), suggesting that we must take note of the many layers of oppression that we experience in our lived realities. This thesis usage of te reo Māori intends to engage with one such layer; each time te reo is used, it reminds me, and hopefully the reader, of the ways colonisation, gender, race, and class continue to intersect in complicated ways. As such, initially I was hesitant to provide any translations of te reo Māori; however, on reflection, I have put english translations in parentheses because I want to support Indigenous women who might be reading it and who do not understand te reo Māori. Indigenous women who are transitioning through menopause and, due to the busyness of this time of life, often are "time"[9] poor.

Therefore, I have provided a glossary of te reo Māori terms used in this thesis. At times, however, footnotes are used where more information is required, and at other times, I have discussed the meaning of the words in detail in the body of the text. I have used Te Aka Māori Dictionary (2024) or Manatū Taonga (2025) to provide these translations where needed. Linda Tuhiwai Smith (2012) suggests that one way to privilege te reo Māori in writing is to draw purposeful attention to it, for example by bolding or italicising te reo Māori words and text. She also suggests that in doing this, one might also contribute to the ongoing "Othering" of te

[9] Regarding how time is considered in a western way, a topic I discuss in Chapters Six and Seven.

reo Māori. Leonie Pihama (2001) elects to use footnotes in her thesis, while Naomi Simmonds (2014) uses glossaries to express the multiple meanings in te reo Māori in her work. Naomi also notes that others have suggested that incorporating smatterings of te reo Māori does little to protect the integrity of te reo Māori. These are some of the complexities involved for Māori scholars to meet the demands of using te reo Māori in the academy.

The use of glossaries, footnotes, and the like further highlight the complexities when english language is used in te ao Māori, a process that is influenced by our own world view. For example, the term "we" might be problematised as having universalising or essentialising notions, while te reo Māori understandings of the word "we" are dependent on the context in which it is being used (Pihama, 2001). In te reo Māori, "mātou" means "we"; however, when using this word, it does not include the person being spoken to. "Tātou" is another way to use "we", and it means all present physically, spiritually, culturally and politically (Pihama, 2001). I use the term "we" throughout the thesis, not to assume a universal position but one that refers to being part of a collective that is diverse in nature.

Similarly, I use english language to insert myself into the thesis by using the term "I". Again, this does not intend to elevate myself in the writing or reduce the contributions of others, such as the research partners or other research and scholarly work. I use this term because in some parts of this thesis I have written about matters that are deeply personal, and thus I cannot easily disengage from the topic. I believe this is because I am a wahine Māori, and my wairua will not allow it. Additionally, from a kaupapa Māori perspective, the concept of "I" exists within collective positioning. Furthermore, Leonie Pihama (2001) does not accept academic demands that require researchers to write objectively in the third person and, consequently, write themselves out of the text. I also situate myself from this position, for it has been for far too long that wāhine Māori knowledges have been interrupted in this way.

At this point, it is important to consider the layered meanings of the word wahine. Pihama (2001) suggests that 'wahine' generally means 'woman', whereas 'wāhine' (with the use of the macron) means 'women'. However, Pihama (2001) also notes that 'wahine' or 'wāhine' do not carry the same culturally embedded meanings as the terms 'woman' or 'women' in the english language. Wahine and wāhine incorporate understandings and meaningfulness to the time and spaces that Māori women move through; wāhine also considers relationships, roles and connections across this journey. It is also important to note that Mana wahine implies the collective, without the need for a macron to pluralise the term (Simmonds, 2014).

In this thesis, I use the terms ‘wahine’, ‘wāhine’, ‘wahine Māori’, ‘wāhine Māori’, ‘woman’, ‘women’, ‘ruahine’, and ‘female’ interchangeably. Yet I have found in the writing of the thesis that translation between english and te reo Māori terms and using te reo Māori terms mutually has not always been an easy task. There are times when trying to explain what a te reo Māori phrase might mean does not fully capture its full meaning in english (i.e., Māori women, wāhine Māori); however, I have tried my best to do a reasonable job. For ease of reading, a number of te reo Māori words are sometimes used interchangeably with english words; this is intended to avoid repetitive use of the same word. Similar prose has been used by other Mana wahine theorists in Aotearoa[10]. Furthermore, this thesis delves deeper into surface prose, often using lowercase letters where a capital letter would ordinarily be used. This is a purposeful attempt to remove some of the power relationships between words and meanings. For example, when writing about non-Indigenous people, I use european and not European, or in the way I write state and not State. Finally, in the writing of this thesis, I have intentionally woven literature throughout the discussion, as opposed to a single literature review Chapter.

This research project’s methodology is also anchored to Pūrākau. Lee (2009) suggests that researchers cannot ignore socio-political contexts when carrying out research, and to this point supports the role pūrākau has in enabling a bridge that connects research methodologies in culturally relevant ways. Pūrākau also considers the myths and legends that are implicit in te ao Māori. For example, in philosophical thinking, epistemological constructs and cultural codes of conduct are central to Māori identity (Lee, 2009). Furthermore, pūrākau is a traditional narrative method where information is transmitted between people and across generations and, therefore, is an important method of communicating the lived realities of wāhine Māori (Mikaere, 2019). Pūrākau, accordingly, is an ideal method for wāhine Māori to share their lived experiences of menopause in this research, providing a conduit between the cultural values embedded in te ao Māori and the modern lived realities of wāhine Māori.

Finally, this research is also underpinned by Mana wahine methodology. Mana wahine methodology facilitates wāhine Māori to (re)claim and celebrate our herstories. Simmonds (2011, 2014) argues that the application of Mana wahine methodologies in research challenges dominant hegemonies that “Other” wāhine Māori and enables a space where mātauranga nō ngā wāhine Māori is at the centre and legitimised.

[10] See, for example, Aroha Yates-Smith, Naomi Simmonds, Leonie Pihama, Kathie Irwin, Linda Tuhiwai Smith, Ani Mikaere and Ngahuia Murphy.

Overview of Thesis

Chapter One introduces the research and discusses the constructs of the Harakeke model of menopause for wāhine Māori. Chapter one also discusses why Māori models of health, such as the Harakeke model, are a significant step towards improving equity for wāhine Māori. The research proposed suggests that unlocking a body of knowledge about wāhine Māori experience and understandings of menopause, in conjunction with the Harakeke model of menopause, is an important step to provide equity for wāhine Māori.

Chapter Two provides a literature review and background information regarding how culture constructs health, how knowledge has been influenced by colonisation and hegemony, how this knowledge situates the positioning of wāhine Māori, and how these concepts are implicated in her experiences of health, wellbeing, ageing, and menopause.

Chapter Three considers the methodological approaches used in the research. The methodologies discussed are Kaupapa Māori, Pūrākau and Mana wahine. The method used is kanohi ki te kanohi semi-structured interviews, guided by the interview schedule in Appendix Three. A discussion of reciprocal and refutational thematic analysis is provided to illustrate how the themes that emerged in the data contributed to the themes and subthemes, which consequently informed the constructs of the Harakeke model. This Chapter also considers how the whakapapa of the kupu "Pūrākau" can provide a structure for research design that is distinctly grounded in te ao Māori. Finally, this Chapter provides space for reflexive research practice through the methods employed in the research process.

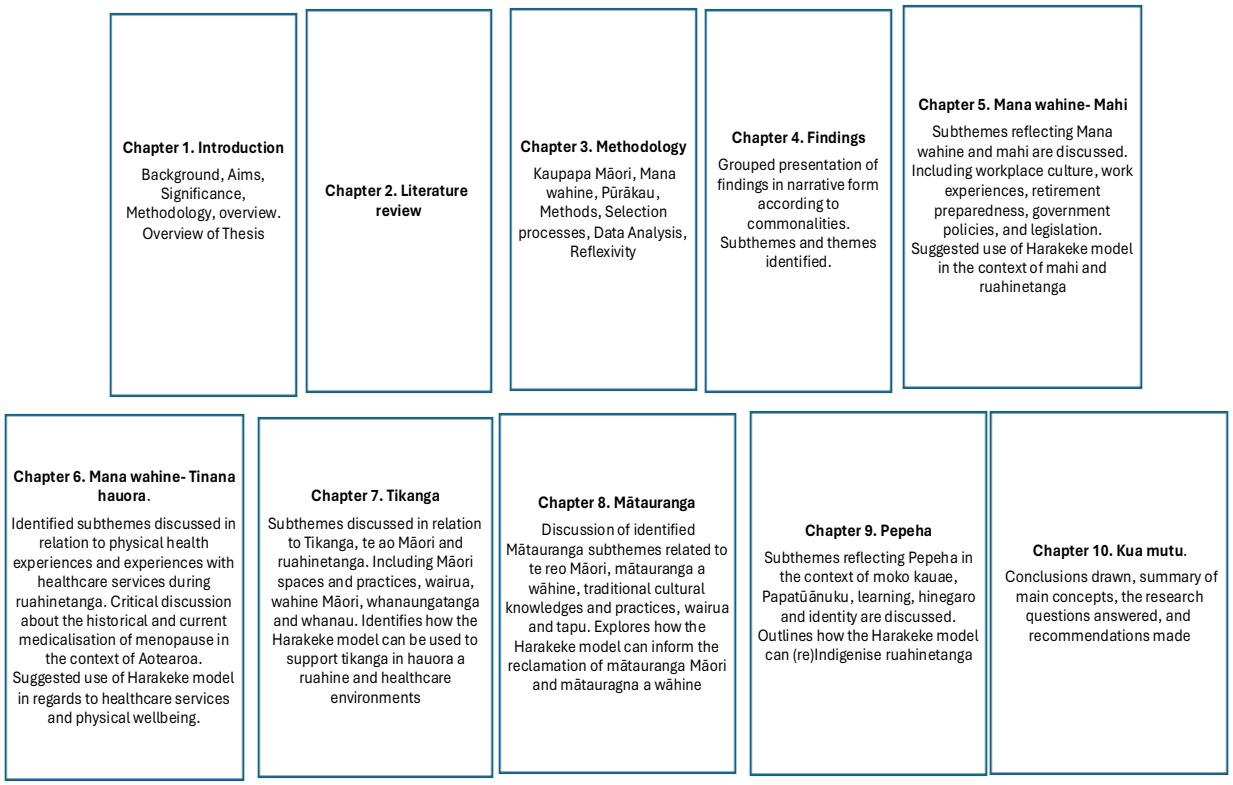
Chapter Four highlights the need to amplify the voices of research partners in the thesis, drawing attention to their experiences and understandings of menopause. Their kōrero are not only data points undergoing analysis but are integral to developing the research narrative and the research pūrākau about ruahinetanga. Dedicating this Chapter to the lived experiences, insights, and expertise of wāhine Māori during this time of life is one way that this rangahau can potentially transcend some of the power dynamics seen in westernised research, fostering a more equitable and inclusive kaupapa Māori methodological approach. Additionally, this approach ensures that the research partners' voices and their lived experiences are central in how knowledge arising from this research is constructed and produced. For these reasons, I have not thought it appropriate to critically discuss or interpret data here; a critical discussion of the themes will be presented in future Chapters. Finally, in the writing of this Chapter, the research partners' voices have been grouped and positioned following thematic analysis.

Chapters Five through Nine of the thesis provide a detailed critical analysis of the thematic findings from the research. Each Chapter is grounded in evidence gathered from the research partners and details how the Harakeke model of menopause can serve as a framework to reflect wāhine Māori perspectives and experiences of menopause. Additionally, these Chapters offer recommendations that I hope are valuable to the reader. These Chapters will include an introduction, a review of the literature, a critical discussion on how the findings from the interviews align with the literature, a discussion on how the findings are situated within the Harakeke model of menopause, and a conclusion. Importantly, in these Chapters I intend to explore further the works of Rangatira wāhine Māori in the academy. For example, Aroha Yates-Smith, Ngahuia Te Awekotuku, Naomi Simmonds, Leonie Pihama, Kathie Irwin, Linda Tuhiwai Smith, Ani Mikaere and Ngahuia Murphy are some of the Rangatira wāhine whose works are important forerunners to this project and whose works frame the research writing process. Chapters Five through Nine also each address the third aim of this research: exploring how the Harakeke can contribute to healthcare services for wāhine Māori. This aim was thoughtfully developed during the research process, as it became clear that healthcare services and providers alone do not offer a complete solution for supporting wāhine Māori through the transition of menopause and in nurturing their overall wellbeing.

In this way, the development of the Harakeke Model of menopause intends to reclaim wāhine Māori experiences of menopause in ways that are connected to whenua, Atua, mana, wairua, mātauranga, tikanga, whakapapa and Mana wahine. These Chapters intend to celebrate, (re)claim and provide space for wāhine Māori and their understandings and experiences of menopause, highlighting the ways wāhine Māori in this research navigated this time of their lives using te ao Māori values and consequently avoided the negative narratives usually associated with menopause.

Chapter Ten consolidates the main arguments of the thesis and revisits the research objectives. I also discuss areas for further research regarding this topic. Importantly, in this Chapter, I remind the reader that the Harakeke model of menopause for wāhine Māori is fluid, each aspect connected through layers to the other, and in this way, the layers contribute to what heals and nurtures us through this journey. While this thesis is one iteration of menopause and wāhine Māori, I hope it creates a space for ongoing discussion and consideration of this topic, as well as Mana wahine more broadly. Figure Four below provides a summary of the Thesis structure.

Figure 4 Summary of Thesis Structure



Chapter Summary

This Chapter introduces the topic of the thesis and considers the whakapapa of the first iteration of the Harakeke model, which was produced using secondary research sources. The Chapter has also highlighted how the Harakeke model has evolved from its initial iteration to the present model, based on the qualitative interview data gathered in this research. I have outlined the research aims and questions. These primarily aim to build a theoretical and conceptual wāhine Māori body of knowledge regarding experiences and understandings of menopause. This body of knowledge intends to theorise and (re)claim our understandings and knowledge about our menopause journey. Secondly, such knowledge can inform the Harakeke model, which can consequently contribute to informing government policy and healthcare practice through reframing the pervasive understandings about wāhine Māori and menopause that currently operate in Aotearoa. Importantly, this is not the only function of the model; the model can also provide wāhine Māori a reference as to what ruahinetanga is for some and what it might potentially mean for herself. The foundations of this epistemology lie in Kaupapa Māori, Pūrākau and Mana wahine methodologies.

These concepts are further discussed throughout the thesis, as stated in the thesis overview. I have also provided a discussion of some of the complexities and intersections in the writing of an Indigenous thesis, for instance, the steps I have taken to privilege Māori positioning in the

writing as a way to reframe the common privileging of western discourse and academia. The next Chapter provides a detailed review of the literature and considers the multiple contexts that inform women's understandings and experiences of menopause.

Chapter Two

Contextual literature review

This Chapter considers key topics that provide an overview of the literature to enable an understanding of (1) the local and global contexts that impact Indigenous women, including Māori women in Aotearoa, (2) the role of pervasive western models of health and inequitable societal structures in Indigenous women's health outcomes, and (3) how culture influences and mediates women's experiences of menopause. In future Chapters, I weave other relevant literature into the discussion, which reflects the literature pertinent to the findings of the research and which informs the Harakeke model of menopause and wāhine Māori.

Indigenous health context

The United Nations estimates that there are approximately 370 million Indigenous people worldwide (Jackson-Pulver et al., 2010). The shared colonial history of Indigenous nations has severely impacted the health status of their Indigenous women (Jackson-Pulver et al., 2010). We see Indigenous women across the globe featured poorly in health and wellbeing statistics. For example, Aboriginal women in Australia have a higher incidence of cardiovascular disease and cancer than their female non-Indigenous Australian counterparts (Jackson-Pulver et al., 2010). First Nations women in Canada are six times more likely to die of cervical cancer compared to their non-Indigenous people (Halseth, 2013). Globally, Indigenous people have a shorter life expectancy than non-Indigenous people; however, the gap is closing (Jackson-Pulver et al., 2010). The implications of these demographic trends are that more Indigenous women will experience menopause or live longer post-menopause (Chadha et al., 2016). A longer lifespan, coupled with poorer general health and wellbeing outcomes, indicates the need for evidence-based research that reflects Indigenous women's realities.

Aotearoa New Zealand population context

The New Zealand Māori total population estimate in June 2020 was 850,500, with just over half of this population (426,800) identifying as female (Stats NZ, 2020). The Māori population grew at a rate of 2.3% from the previous year; however, Māori are still a minority in Aotearoa (17%), where the estimated resident population on 31st March 2020 reached five million (Stats NZ, 2020). Māori women's birth rate was higher than any other ethnic group in

2017, with 90 births per 1000 women of reproductive age (Figure NZ Trust, 2021). These data indicate that the Māori population in Aotearoa is growing.

The ongoing systemic colonisation processes that are entrenched in Aotearoa's health, justice, political, and social systems coincide with the negative statistics seen in the Māori population in Aotearoa (Walker, 2016). It is well documented that wāhine Māori are disproportionately represented in poor health and other outcomes (Manatū Hauora, 2023). The colonising history of Aotearoa and the maintenance of bias that reinforces the dominant group's norms, while isolating minority group values and experiences, must be discussed to provide additional context to the health and social statistics where wāhine Māori feature poorly. These ongoing processes of colonisation, coupled with the unconscious and conscious biases of health practitioners, permeate the health system of Aotearoa and shape the wāhine Māori experience of healthcare services (Houkamau, 2016).

Colonisation

Colonisation is a political and economic process in which one nation believes it has the right to take control over another nation, both politically and economically (Came, 2012). Colonisation was a process of the british empire's expansionism, supporting capitalist economies and requiring resources to enable the expansion of british territories across Europe, Africa, and the Pacific (Came, 2012). Colonisation processes destroyed Indigenous knowledge, identity constructs, ways of living, ways of dressing, ties to land, understandings of spirituality, language, and culture that were deeply embedded in the lives of the Indigenous people (Came, 2012). For this reason, england was essentially well recognised as a superpower for many years, resulting in the rise of western dominance and Indigenous subjugation. The effect of colonisation on some 370 million Indigenous people across the globe has destroyed the very fabric of Indigenous people's lives (Came, 2012).

Colonisation is achieved through a number of means – mass immigration, violent invasion, or by using tools of imperialism such as treaties and annexation (Came, 2012). Irwin (2022) states that whether this was achieved through the gavel (i.e., judicial processes, legislation) or the gun (i.e., murder, war), the end result is still the same. For example, Australia's Indigenous people were colonised through a declaration of terra nullius, where their land was deemed unoccupied, despite estimates of the Aboriginal population being upwards of 200,000 and the land being occupied for some 50,000 to 60,000 years (Featherstone, 2006; Pettit, 2015). Further examples can be seen in Canada, where matriarchal societies and matrilineal knowledge systems were replaced by patriarchal systems (Halseth, 2013), and in Hawaii, where the unlawful attempt to

overthrow the Hawaiian Kingdom by the US in 1893 led to the 1898 US annexation, causing the Native Hawaiian people to lose their ability to be self-determining (Kauanui, 2008). Te Tiriti o Waitangi was intended to protect Māori people in Aotearoa from such effects; however, successive governments failed to uphold the intention of Te Tiriti meant that the Indigenous people of Aotearoa also became a colonised nation of people (Mutu, 2019). A common thread in these countries' experience of colonisation highlights the significant consequence of colonial influence on gender construction and women (Halseth, 2013; Kauanui, 2008; Mikaere, 2019).

In Aotearoa, a more insidious tool of colonisation included english clothing habits (Lange, 1999). The change towards the new way of life in Aotearoa during the 1850s included adopting new clothing norms (Lange, 1999). Māori would mix european clothing with traditional wear, which became a favourite target for Pākehā[11] critics to signal an incompleteness in Māori people (Lange, 1999). Additionally, there are reports that the lack of Māori uptake in adopting european clothing was linked to poor health outcomes in Māori, suggesting that because Māori wore traditional clothing, they were more susceptible to respiratory disease (Lange, 1999). An over-exaggerated claim when we look more broadly at the situational context of Māori in the late 19th century (Lange, 1999). Such opinions highlight the beginning of implicit associations held by europeans regarding a Māori deficit of character that continues today.

Depopulation in the 19th century was a significant part of the Māori experience, largely due to the impact of diseases that the settler population had brought to Aotearoa, to which Māori had no immunity (Durie, 1998; Moewaka-Barnes & McCreanor, 2019). While estimates of the rate of depopulation vary, Lange (1999) reports that during the 1850s, the Māori mortality rate was at least 48 per 1,000, and life expectancy at birth was less than 20 years of age. The decline observed in the Māori population is consistent with the prevailing attitudes and context of this time. For example, Pākehā expressions about Māori mortality centred around the cultural and physical absorption of Māori within the Pākehā population. Such absorption had been at the heart of british colonial policy since the 1830s (Lange, 1999). Statements such as Māori were "melting away…they are not lost, they are merging into another and better class" (Lange, 1999, p. 56) are evidence of the accepted understanding that as one race expanded, inevitably the other decreased. By the middle of the 18th century, it was common to speak of the Māori population decline as something that was part of the natural development of the physical order (Lange, 1999). Darwin's reflection regarding the decline in the Māori population following his

[11] A New Zealander of european descent, the term possibly was first applied to english-speaking europeans living in Aotearoa. According to some, the term is a shortened form of *pakepakehā*, which is a Māori rendition of a word or words that they remembered hearing in a chant from early foreign sailors for raising their anchor (Te Aka Māori Dictionary, 2024).

visit to Aotearoa in 1835 noted that "there appears to be some...mysterious agency generally at work. Wherever the European has trod, death seems to pursue the aboriginal" (Lange, 1999, p. 57). It is well accepted that Darwin's theory of evolution positioned the European race as strong and noble and Māori as weak and inferior (Came, 2012; Mutu, 2019).

In Aotearoa, disease, land confiscation, destruction of the economic base, unjust legislation, and systemic discrimination are actions of colonisation that have had adverse consequences on the physical, social, and emotional determinants of health, and though these initial processes are historic, these actions continue to shape the contemporary realities of Māori in Aotearoa (Came, 2012). The time is long overdue for a realignment of the current value placed on western paradigms, including the western health knowledge systems, that are so often in conflict with traditional Indigenous knowledge foundations.

Dominant cultures

The colonisation of Aotearoa ensured that te ao Pākehā (the Pākehā world) became the dominant culture. This culture reflects the patriarchal values that have become institutionalised in Aotearoa (Smith, 2012). Marshment (1997) reports that patriarchy literally concerns the rule of man. Patriarchal ideology has led to the subjugation of women, and consequently, women have lacked the power to determine their own definitions that lie outside patriarchal constructs (Marshment, 1997). Additionally, the definitions that frame women within patriarchal ideologies reinforce the hegemonic discourse, thus affirming the dominant group's ideologies as the norms of society (Mikaere, 2019). We see evidence of this in Aotearoa, where the meanings attributed to all women are defined according to western women's norms; often these are the patriarchal norms that uphold male interests over female interests (Mikaere, 1994, 2013, 2019). The acceptance of these androcentric ideologies reproduces the continued subordination of women and maintains the current status quo of power relations and male-dominated influence. Gill (2008) suggests that the reproduction of hegemonic values has been internalised and contributes to women's self-identity. Similarly, Mikaere (2019) reports that these values have distorted and infiltrated Māori women's self-perception, even though they are in stark contrast to the roles and values afforded to Māori women prior to colonisation. Today, the lens through which many wāhine Māori see and understand themselves is a colonial one.

Constructions of womanhood

Technologies of femininity refer to the behaviours and rituals necessary to conform to western gender values regarding women (Bartky, 1998). These technologies of femininity become self-policed and are akin to Foucault's description of disciplinary power, which,

though invisible, socially and privately regulates women's behaviour according to the western discourse (Bartky, 1998). Realistically, women have very little choice in avoiding the disciplinary power that exists in society because western ideology regarding women is privileged and ever-present (Bartky, 1998; Fenercioğlu, 2017). Any attempts to resist these ideologies are punished socially (i.e., discrimination) and personally (i.e., poor self-esteem), reflecting the lack of social power that women have (Bartky, 1998). This dominant, pervasive discourse fails wāhine Māori, who become further marginalised when they consciously or unconsciously participate in the western ideology that constructs women. Yet, feminist scholarship suggests that such ideology is socially constructed and therefore built according to the desires of those who hold social power – the western male (Bartky, 1998; Fenercioğlu, 2017; Gill, 2008; Wolf, 1990).

The contrasts between these types of understandings and traditional understandings of wāhine Māori are stark. For example, the role of women in Māori cosmology, the need for balance and cohesion in the collective nature of te ao Māori, and wāhine Māori roles in leadership and honouring her sacredness in maintaining whakapapa and mātauranga Māori (Mikaere, 2017). Navigating the complex spaces between te ao Māori and the consequences of defying the norms of a hegemonic society reflects the lived experience for many wāhine Māori.

The production of knowledge

The production of knowledge in Aotearoa is a by-product of historical annexation and colonisation, leaving a society that privileges western knowledge and values over others (Walker, 2016). The production of knowledge in Aotearoa is informed by relationships of power, constructed by the dominant group, which gives it validity and privilege over other forms of knowledge or ways of knowing and understanding (Bunkle, 1992). These relationships of power are also implicated in how knowledge is produced and determined by situational contexts and ideologies that change over time (Bunkle, 1992).

For example, social constructionism is a perspective that draws concepts, or what is known as truth, from the historical and cultural aspects of phenomena; these are widely viewed as naturally occurring (Conrad & Barker, 2010). On further examination, however, they are not natural but constructed by the dominant group's values (Conrad & Barker, 2010). Disappointingly, mātauranga Māori has been purposely left out of the production of knowledge in Aotearoa. One example can be seen in the retelling and recording of pūrākau, where the role of Atua wāhine has been subjugated to support androcentric values (Mikaere, 2019; Yates-

Smith, 1998). For example, the Te Aka Māori Dictionary (2024) highlights the incorrect interpretation of the meaning of ‘Atua. They define Atua as an:

> Ancestor with continuing influence, god, demon, supernatural being, deity, ghost, object of superstitious regard, strange being – although often translated as ‘god’ and now also used for the Christian God, this is a misconception of the real meaning. Many Māori trace their ancestry from atua in their whakapapa, and they are regarded as ancestors with influence over particular domains.

Our Atua can underpin the way Māori rationalise and perceive the world. They have both invisible and visible representations; they are not, however, associated with christian or any other religious beliefs.

Western health systems

One central area where dominant knowledge systems are implicated in marginalising wāhine Māori in Aotearoa is the health system. An analysis of the construction of knowledge in western medicine also considers the role of social constructionism and the social constructs that inform knowledge. Constructionist views are helpful in explaining western medical models and the knowledge systems that currently operate within the health system (Timmermans & Haas, 2008). For instance, women’s health is framed by constructions of femininity (Fenercioğlu, 2017; Hockey, 1993). Constructions of femininity can include subjectivity, subjugation, and emotion, and as such, women’s experiences of health have often been rejected (Coney, 1994; Sebring, 2021). For example, in Aotearoa the Cartwright Enquiry found, after examining the practices at National Women’s Hospital, that women’s real concerns about their health were dismissed while the administration of doctors’ agendas was privileged (Bunkle, 1992). Women who attended National Women’s Hospital for healthcare had their valid concerns relegated to a deficit in their psychology and a part of feminine insufficiency and therefore largely ignored (Bunkle, 1992). A further example can be seen in the medicalisation of childbirth. Hockey (1993) and Simmonds (2014) report that women’s rational emotions and the experience of childbirth have been pathologically redefined, and in this process, women have been disempowered, allowing western medical discourses to dictate how women should experience birth and broader meanings of health and wellbeing. Women’s health in Aotearoa is implicated in the western attributes and standards of knowledge which are consistently applied, and these standards have added to the poor health of women, and particularly of wāhine Māori.

For many years, both Indigenous and non-Indigenous women's natural reproductive functions (of which menopause is a part) have become medically regulated (Bartky, 1998; Bunkle, 1992; Sebring, 2021). Conrad and Barker (2010) report that medicalisation occurs when human experiences become defined as medical problems in terms of illness or disease. When medicalisation occurs, the medical discourse influences individual behaviours, shapes subjective experiences of embodiment, sways identities, and comes to authenticate medical intervention (Conrad & Barker, 2010; Sebring, 2021).

The values that the western health system in Aotearoa legitimises do not provide equity in health outcomes for wāhine Māori (Ellison-Loschmann & Pearce, 2006, Waitangi Tribunal, 2019). The same can be said for other Indigenous women in countries where health systems predominantly rely on western medical models (Chadha et al., 2016; Parton, 2015). Within healthcare systems in colonised nations, dominant ideologies produce compliance to hegemonistic values that further distance Indigenous women's understandings of themselves (Halseth, 2013).

Culture and hauora

Determinants of health include the socio-cultural meanings of wellbeing and of illness and therefore include the role of culture in wellbeing and illness, the variable cultural meanings seen in diverse understandings about health or disease aetiology, suitable treatment options, and how health or illness is self-managed (Halseth, 2013; Shaw et al., 2009). Social construction approaches to health and illness foreground several key concepts, including the fluidity of knowledge frameworks, social interaction, and shared cultural traditions (Shaw et al., 2009). Social construction approaches also consider how knowledge is inextricably linked to power, causing certain illnesses to have particular social or cultural meanings embedded in them. We see this in western social constructivist views regarding menopause, which have constructed menopause as essentially a negative experience (Bullivant et al., 2022; Conrad & Barker, 2010).

Cultural identity and hauora

Numerous authors have validated the link between a strong cultural identity and health (Durie, 1994; Houkamau & Sibley, 2010; Walker, 2016). Identity is described as a person's understanding of themselves in their social world (Houkamau & Sibley, 2010). Indigenous populations have specific cultural constructs that inform their sense of cultural identity and which support wellbeing. For example, First Nations people consider land to be integral to their identity and health, as land represents the interconnections between physical, spiritual,

symbolic, and social aspects of their culture (Halseth, 2013). Similar cultural constructs are identified in Māori concepts of identity, which are strongly connected to land and are also explained in terms of sociocentrism (Houkamau & Sibley, 2010). Sociocentrism acknowledges that Māori identity is inextricably linked to social and cultural contexts that centre upon relationships (Houkamau & Sibley, 2010). Durie (1994) makes a similar point, highlighting the importance of interdependence, connections, and commitment to whānau as essential to Māori cultural identity. These concepts are the essence of cultural identity; they strengthen the principle of balance in all things that are essential for health and wellbeing (Mikaere, 1994, 2017, 2019). Therefore, cultural identity is an essential construct in how wāhine Māori understand and experience health and menopause.

Culture and menopause

Socio-cultural norms and belief systems shape the construction of menopause; as such, women's experience of menopause varies amongst different cultures (Astbury-Ward, 2003; Bullivant et al., 2022; Chornesky, 1998). Similarly, society's attitudes towards menopause differ within cultures, with some cultures viewing menopause as a rite of passage for women and a time where their status is promoted in families and communities. Other cultures view it as an event in women's lives that requires medical intervention (Chornesky, 1998).

Research with Mayan women from Guatemala, Botswana women in Africa, and First Nations women in Nova Scotia, Canada, indicates that menopause is understood and experienced as a natural event associated with normal development through the lifespan (Loppie, 2004; Stewart, 2003; Tlou, 1990). For example, among Batswana women, three major themes are considered in her socio-cultural context, experience, and understanding of menopause. The first understanding about menopause is ke tlholego (a natural event ordained by God), the second is that menopause provides relief from bother (i.e., finances and menstruation), and finally, Batswana women see menopause as freedom from pregnancy (Tlou, 1990). Similarly, Indigenous women from these countries reported that their knowledge about menopause came from their grandmothers, mothers and sisters or from observing and talking to other women, also highlighting the lack of trust in healthcare providers that Indigenous women from these nations have around menopause (Loppie, 2004; Stewart, 2003; Tlou, 1990).

Self-care treatments, framed by culture, are also identified in First Nations, Mayan, and Batswana women. These include the use of plants, culturally specific rituals, beliefs and behaviours that encompass spiritual faiths and a common sense of acceptance of any physical symptoms associated with menopause without treatment (Loppie, 2004; Stewart, 2003; Tlou,

1990). Essentially studies carried out with Batswana, Mayan and First Nations perimenopausal women indicate that due to the busyness of Indigenous women's lives, often in an environment of political, cultural and socio-economic subjugation, they had other things to worry about rather than the physical symptoms associated with menopause (Loppie, 2004; Stewart, 2003; Tlou, 1990). For example, Tlou (1990) notes that a traditional Batswana proverb, "mosadi notshe o tshola le mariga (a woman, like the honeybee, provides even in winter)" (p. 57), reflects the multiple roles and responsibilities held by Batswana women in a context of multiple outside stressors.

When necessary, cultural codes of conduct guide self-care strategies for Indigenous women transitioning through menopause. Such as that identified in the Batswana idiomatic saying and practice of "Go nna mo kgewding (go nna = to be, mo kgweding = in the moon)" (Tlou, 1990, p. 71). This phrase describes the way Batswana women seek traditional medicine according to the moon phases; these phases are also used to estimate her monthly menstrual periods. We also see that cultural habits frame the practice of Mayan women in the exchange of pre-menopausal traditional clothing for peri-menopausal attire (Stewart, 2003). Mayan women also describe symptoms of menopause as being related to supernatural understandings of their spirit animal; thus, spiritual intervention is necessary (Stewart, 2003).

Non-Indigenous women have been reported to experience a significant amount of stress during menopause, compounded by the prevalent cultural norms of youth-oriented culture, which presents menopause as associated with age and loss (Astbury-Ward, 2003; Chornesky, 1998). These understandings can be linked to the imperial historical (and persisting) positioning of women's primary function as reproduction, alongside other forms of objectification of women (Chornesky, 1998). Given these pervasive societal views, it is not surprising that many women approach menopause with apprehension. As there is limited documented evidence regarding how wāhine Māori experience and understand menopause, dominant western views about menopause are reinforced for all women (Bullivant et al., 2022).

Feminist discourse

For decades, feminist movements have challenged the discourses that subjugate women (Coney, 1994; Sebring, 2021). For example, the prevalent menopause discourse in the 1940s was framed around endocrine deficiency arguments, suggesting that menopause required women to psychologically adapt to her regressive biological processes, where "she had reached her natural end, her partial death as a servant of the species" (Coney, 1994, p. 57). Then, in the 1960s, understandings that women's "true feminine nirvana lay in the home" (Coney, 1994,

p. 57) framed the explicit roles assigned to women based on her sex. Middle-aged women who were dissatisfied with this role were prescribed psychotropic drugs to cure any symptoms of anxiety, lethargy, insomnia, and irritability (Coney, 1994). These women were also given a psychiatric diagnosis of involutional melancholia, a midlife depressive disorder associated with dissatisfaction and the end of her ability to conceive children (Coney, 1994; Lawton, 2013). Despite ongoing feminist critique of the sexes and analysis of the medicalisation of women's bodies, these theories continue to underpin the biomedical reductionistic pathophysiological models of menopause that are widely adopted in society, including within the medical profession (Bullivant et al., 2022; Fenercioğlu, 2017; Voda & Ashton, 2006).

While feminist theories and movements have improved the position of women considerably[12], Coney (1994) notes that feminist menopause theory is in itself problematic. For example, the biassed and disabling language that describes menopause in the literature is reflected in the repeated use of the words 'decline', 'deficient', 'low levels', 'disease', 'irritable', 'emotional', and 'replacement therapy' (Coney, 1994; Fenercioğlu, 2017). Against the consequences of these negative medical stereotypes, feminist attempts to change the narrative to one that insists on natural normalcy have led to describing menopause in a way that often does not reflect the reality of women's lives (Coney, 1994; Bullivant et al., 2022). Feminists have in part contributed to an ideology that endorses menopause as a period of spiritual awakening and that the experience is trouble-free and an enjoyable transition through the ages. However, for women who live in a world where ageing and racism are relentless processes of stigmatisation and disqualification, and for women who encounter difficulties with menopause, reconciling her experience with this piece of feminist ideology can run the risk of denying her actual experience.

Feminist movements regarding menopause alert our consciousness to oppression, sexism, and the medicalisation of women's bodies. However, the intersection between Māori feminism and western feminist movements is also problematic. Several Indigenous feminists have critiqued the white feminist sisterhood and the role they have in "Othering" wāhine Māori through white feminist theories that silence women who sit outside the dominant group (Smith, 2012). For instance, Māori feminist Ngahuia Te Awekotuku has called for Indigenous models that consider what issues are relevant to Indigenous women agitating for change, while also considering that these issues are both diverse and specific at the same time (Irwin, 1992). Similarly, Donna Awatere, also a strong advocate for tangata whenua rights, has argued that

[12] I provide a discussion of the ways white women's feminism has been less advantageous for Indigenous women in Chapter Two and other parts of the thesis.

even when feminist issues are the same, wāhine Māori experience of that issue differs from Pākehā women's experience, again highlighting the need for a distinct wāhine Māori feminist discourse (Simmonds, 2014).

Building a body of knowledge and health literacy

To build a body of knowledge that is informed by evidence, wāhine Māori understandings and experiences of menopause need to be explored. When we discuss the role of culture in the construction of menopause, consideration must be given to whether Indigenous women have literacy within their own subjective understanding and experiences of menopause framed by their cultural identity, values, and beliefs, while simultaneously having low health literacy amongst the prevalent westernised health understandings and practices around menopause. These western understandings predominantly inform evidence-based practice initiatives for all women, where the emphasis is on making the health service user more compliant with current health system determinants and ignoring the bodies of knowledge that Indigenous women may have. Given that Manatū Hauora (2023) states that health literacy is essential for improving equitable health outcomes and that Māori are reported to have low rates of health literacy, there appears to be a significant gap in where and how the healthcare system validates and supports mātauranga nō ngā wāhine Māori and ruahinetanga.

Tino rangatiratanga is a principle of Te Tiriti o Waitangi that Manatū Hauora demands of its healthcare providers (Manatū Hauora, 2023). Te Tiriti o Waitangi, often described as New Zealand's founding document, was signed by tangata whenua and the colonisers in 1840 to legitimise the social-cultural and political future of tangata whenua and tauiwi (non-Māori) living in Aotearoa (Durie, 1998). Tino rangatiratanga is the essence of Article 2 of Te Tiriti o Waitangi. It promises Māori the ability to have full, exclusive, and undisturbed control over taonga. Health is recognised as taonga in te ao Māori (Durie, 1998). Tino rangatiratanga is essential for ruahine so that she can navigate her health and wellbeing journey as she sees fit.

Chapter Summary

A discussion of the literature that is relevant to the research has been provided in this Chapter. It has shown how colonisation has had and continues to have wide, devastating effects on wāhine Māori. From the pervasive constructions of what it means to be a Māori woman in Aotearoa to the production of knowledge that dominates our health system, wāhine Māori are invisibilised. The values of patriarchy that have subjugated women's experiences are also seen in the medicalisation of women's natural reproductive cycle, including menopause. Wāhine Māori knowledge regarding her experience of ruahinetanga is not reflected in the literature to

date. Feminist literature has also highlighted the hegemonies that are implicated in menopause discourse; however, this has not always been helpful for wāhine Māori. It is clear from this literature review that if wāhine Māori are to truly hold tino rangatiratanga over her own experiences and understandings of ruahinetanga, more research must be done. The topics discussed in the literature review suggest that wāhine Māori knowledge and experience should not lie outside her control; as an Indigenous woman of Aotearoa, her knowledge, experience, and positioning should at least be equal to her western counterparts. Such epistemologies can improve equity for wāhine Māori. The next Chapter discusses the methodologies and methods of the research in detail. It also provides a reflexive aspect to how this research was conducted.

Chapter Three

Methodology

Kaupapa Māori methodology development began in the 1970s as an attempt to challenge the status quo of research methodologies and the consequent construction and production of knowledge which privileged western ideology in Aotearoa (Wirihana, 2012). This movement aimed to foreground the impact of colonisation on Indigenous people and to contest the position of Indigenous subjectivity in research (Wirihana, 2012). Kaupapa Māori research methods, such as Mana wahine and Pūrākau theories, encourage Māori researchers to give testimony to Māori versions of research in Māori ways for Māori purposes (Smith, 2012). These actions move away from the non-Indigenous research agenda, which, for many years, implicated Māori subjugation, Māori definition(s), and the devaluation of te ao Māori (Smith, 2012).

Indigenous research by non-Indigenous people has been a method of colonialism and significantly harms Indigenous peoples both locally and across the globe (Prior, 2007; Smith, 2012). For example, the New Zealand Institute for Environmental Science and Research reported that they identified a genetic polymorphism associated with increased levels of the MAOA gene in Māori people, leading to claims that a warrior gene existed in Māori populations (Perbal, 2013). Rather than paying attention to the intergenerational trauma perpetrated through the processes of colonisation, assimilation and inadequate institutional systems, this research was used to explain high rates of violence in Māori communities (Hook, 2009). There has been strong opposition to and criticism of these findings, with Hook (2009) suggesting that, based on the science of eugenics, this type of research contributes to the continued subjugation and disempowerment of Māori people in Aotearoa and perpetuates the colonial agendas of western supremacy.

The validity of presenting such knowledge as truth when those in power have produced it is not acceptable. Epistemologies such as these have refined and cemented western methodologies, which have, for many years, been the authoritative discourse in research and the construction of knowledge (Prior, 2007; Smith, 2012). It is therefore not surprising that for Indigenous people across the globe, research has silenced their voices and had detrimental consequences. Kaupapa Māori, Mana wahine, and Pūrākau methodologies are the methodologies that are employed in this research project; these methodologies directly challenge western-dominated research discourses.

Methodologies

Smith (1990) highlights several key features of Kaupapa Māori research methodology. These include:

Tino rangatiratanga – the principle of self-determination and autonomy to control our own Māori culture and Māori aspirations.

Taonga Tuku Iho – considers how cultural aspiration demands that te reo, tikanga, and mātauranga are legitimate and valid discourses when carrying out research.

Ako Māori – centralises Māori paedagogy in teaching and learning and developing theories of knowledge.

Kia piki ake i ngā raruaru o te kāinga – requires that Kaupapa Māori research must have positive benefits and effects for Māori moving towards socially just outcomes, which acknowledge Māori success in the face of the challenges that confront tangata whenua in Aotearoa society. This principle highlights the need to insulate Māori communities from negative perceptions and disadvantages resulting from mainstream research.

Collective philosophy or Kaupapa – considers the collective vision and purpose of Māori communities. This principle goes beyond the research project alone to how the research may contribute to Māori communities' overall aspirations.

Whānau – sits at the core of Kaupapa Māori methodology. Whānau acknowledges how whakawhanaungatanga is essential in te ao Māori and how the relationships Māori have with one another and the world are important for the researcher to nurture. The researcher must be cognisant of the responsibility they have in the relationship and their connections to the research partners and the research project.

Āta and Te Tiriti o Waitangi are two further principles of Kaupapa Māori research. The principle of Āta also considers the nurturing and building of relationships, guiding understandings of wellbeing and engagement with Māori (Pohatu, 2013). Āta negotiates the boundaries that create safe spaces, ensuring that time, respect, reciprocity and transformation are inherent in relationships, alongside providing the space for planning and strategising in Kaupapa Māori research (Pohatu, 2013). Te Tiriti o Waitangi provides a pathway through which Māori can critically analyse and challenge the status quo while simultaneously affirming tangata whenua rights in the research process (Pihama, 2001).

Lee (2009) suggests that using traditional narratives or Pūrākau to vocalise and embody our experiences as Indigenous people is not a new phenomenon. However, we can see how, through

the processes of colonisation, wāhine Māori traditional narratives have been silenced and re-presented in ways to suit the hegemonic discourse, thus perpetuating the deficit positioning of Māori women. Smith (2012) reports that the experiences of wāhine Māori have consistently been written out of historical discourse. This is also true in the retelling of Māori traditional creation stories (Lee, 2009; Mikaere, 1994, 2017). For example, an accurate account of the pūrākau about the creation of the world for Māori can be seen in Hannah Maxwell evidence to the Waitangi Tribunal in the Mana wahine claim. She states:

> Rangi embraced Papa, and the world remained in darkness. Ka moetahi Ranginui raua ko Papatuanuku. One of their sons, Tane, the 'Atua' of forests, separated Rangi and Papa to allow the light to penetrate the darkness and provide space for himself and brothers Tangaroa, Tawhirimatea, Rongomatane, Haumietiketike, Whiro and others who lived in the tight embrace of darkness. It is on the basis of this genealogy that all things of the world are related – the trees, the fish, the birds, the insects, the butterflies, stones, rocks, the small plants, turehu, the male elements and female elements of the heavens, those who live under the sea, and people. The excruciating pain from Papatuanuku was heard the moment light came into the world and is likened to the karanga of the women on their sacred whenua, Papatūānuku. The separation caused Papatūānuku to bleed, and this bleeding created kokowai, the sacred ochre of Kurawaka…Tane took some earth from Papatūānuku, from Kurawaka, and kneaded, shaped and fashioned Hine-ahu-one. He took aspects of his brothers who were tied into her human form and took her as his wife. This was the physical creation of the female element that originated in Papatūānuku. (Waitangi Tribunal, 2021b, p. 1-2)

Of all that was created from this separation, people were the most important. Theirs is the highest degree of being and the highest form of tapu (Waitangi Tribunal, 2021). Hine-ahu-one and Tane firstborn is Hinetitama; she is the dawn and the first true human (Waitangi Tribunal, 2021). As time passes, Hinetitama discovers that Tane is not only her husband but also her father; knowing that this breaches the laws of tikanga and tapu, she changes from an earth-dweller into Hine-nui-te-pō, the Goddess of the night and death, where she remains waiting for her mokopuna.[13]

[13] The word 'mokopuna' can also be broken down into the prefix 'moko' – meaning the designs that we wear on our face or body, which have been put there according to traditional protocol and which carry deeply personal meanings – and the suffix 'puna' – meaning a spring of water. Pere (1997) notes that mokopuna are the blueprint of the spring of water, essential for life. When we look into a spring of water, we see our reflection

While there are differences which align to individual tribal kawa in the recall and presentation of te ao Māori tribal stories of creation, what we have seen is that the very foundations of this Māori pūrākau have been changed so they more represent christian creation narratives where Eve was formed from one of Adams ribs, placing her in a secondary subordinate role (Lee, 2009). Furthermore, Berys Heuer's (1966) interpretation of Hine-nui-te-pō parallels the biblical account of Eve's 'eating of the forbidden fruit.' Heuer places "emphasis upon women as destructive," further demonising female reproductive organs by describing them as "whare o te mate, the house of misfortune and disaster" (p. 10).

Patricia Grace, well-known author of Māori history and storying, acknowledges that changes can and do occur in pūrākau because pūrākau are dynamic and living traditions shaped by everyday life (Kinnane, 2014). What this highlights is that pūrākau are both collectively and individually shaped for wāhine Māori. Therefore, when discussing the diverse experiences of Indigenous people, Indigenous research cannot be reduced to singular approaches, such as those of positivism and empiricism – the mainstays of Western research methodology (Lee, 2009). Using Pūrākau in this thesis as a research methodology creates a space for wāhine Māori to share their lived experiences of growing older and menopause, to write ourselves back into the research discourse and to not be interpreted through a monocultural lens nor judged from a western epistemology.

An alternative way that Pūrākau can be used in the research comes from Rebecca Wirihana. Wirihana (2012) utilises pūrākau in her thesis by incorporating the translation of the kupu "pūrākau" into her research analysis. Understanding pūrākau in this way provides a deeper, more profound meaning to the foundations of the kupu and extends the meaning of pūrākau beyond that of legends, stories of creation, cosmologies, and narratives. In Wirihana (2012) thesis, following discussion with kaumātua, the kupu "pūrākau" was broken down to:

'Pū' means 'source'.
'Rā' means 'light' or 'sun'.
'Ka' meaning past, present and future
'U' meaning from within

This research project applied the whakapapa of the kupu "pūrākau" and used the translations to guide the research process and design. "Pu" considered the sources of the research methods, including selection, ethics, and research design. "Pu" also considered ruahine as the source of the research and therefore ensured that she and her stories were protected and treated

and the markings on our skin (both the seen and unseen, a concept I discuss in Chapter Eight); thus, mokopuna are a continuation of us as Māori people, a reflection and continuance of our ancestral lines.

accordingly. For example, the sharing of wāhine Māori stories regarding their experiences and understanding of menopause may be a deeply personal account. Therefore, the use of whakawhanaungatanga enabled important connections that supported the telling of her story while strengthening our connections as wāhine Māori.

"Rā" shines a light on wāhine Māori experiences and understandings of menopause, enabling their knowledge and experience to sit parallel to western knowledge rather than being subject to it. Through collecting data and the data analysis processes, Rā reveals the experiences and understandings of wāhine Māori. "Rā" also considers the results of the data analysis and how these results might be published and shared with the research partners and broader communities. Through these research processes, "Rā" enables emancipation for the research partners and their lived experiences of menopause. Wāhine Māori experience, and the manifestation of their mana through the mana-enhancing processes of Pūrākau and Kaupapa Māori methodologies, are understood by the researcher as being essential in building the body of knowledge through the concept of "Rā". Such knowledge can drive initiatives that provide equity for wāhine Māori. Other research has also employed the Pūrākau methodology in this manner (Wilson et al., 2019).

The Kaupapa Māori and Pūrākau frameworks used in this research have already been discussed. Mana wahine is the final framework discussed here in relation to "Ka". "Ka" considers the reciprocal nature of the past, present and future (Wirihana, 2012). These concepts are fundamental to te ao Māori. I would suggest that research itself is an example of past, present and future epistemologies and, therefore, the methodologies that guide the research process are implicit in the future theories of knowledge that evolve to become theories of being. Mana wahine methodology is therefore an expression of the concept of "Ka". Mana wahine broadens the scope of Kaupapa Māori theory by identifying what it means to be Māori and female, making visible the narratives and diversity of wāhine Māori that can transform their lives in culturally meaningful ways (Simmonds, 2014). Smith (1992) frames Mana wahine methods around four projects: the Whānau Project, the Spirituality Project, the state Project, and the Indigenous Women and white Women Project. These projects are informed by the social, political, and cultural discourses that make up the lived realities of wāhine Māori (Simmonds, 2011).

The Whānau Project considers how wāhine Māori identity and sense of belonging are embedded in whakapapa and therefore are tied to whānau (Smith, 1992). The Spirituality Project is also fundamental for wāhine Māori, as it acknowledges Māori values by recognising the inextricable link between the spiritual and the physical. Understanding wairua this way

contrasts with western understandings of spirituality, which are heavily instructed through christian theology. Yates-Smith (1998) reports that the consequence of sanctioning only one group's understanding of spirituality has led to the marginalisation of wāhine Māori wairua across many contexts and spaces.

The state project considers the structural barriers that prevent the emancipation of wāhine Māori. At the centre of the state are the political discourses which privilege western ideologies. According to Smith (1992), these ideologies have oppressed wāhine Māori in every way. These assumptions position wāhine Māori within a patriarchal, imperial and colonial discourse (Irwin, 1992). The state role in the injustices enforced by successive colonial governments, as well as the historic and continuing colonisation of tangata whenua, is also considered in the Mana wahine methodology (Smith, 1992). Simmonds (2011) insists that decolonisation is a critical strand of Mana wahine methodology. Using Mana wahine theory to challenge and deconstruct the dominant assumptions that inform state policies, we can begin to challenge the hegemony that we see operating in our society and in our institutions of health, education, justice, and beyond.

Finally, the Indigenous and white Women's Project considers how white women's feminism, while in parts is useful, has further contributed to disempowering wāhine Māori. The Indigenous Women's project is particularly relevant to this research, to challenge how white women's experiences dominate, silence and ostracise wāhine Māori reproductive processes and practices. The privileging of white women's experience and its application to all women has had a direct impact on wāhine Māori knowledge and health (Simmonds, 2011). Through our experiences of marginalisation and through the processes of colonisation, wāhine Māori internalise a sense of shame and never being quite enough.

The projects discussed are grounded in Mana wahine methodology. They are relevant to this research because when a body of knowledge is built that deconstructs and reconstructs actual wāhine Māori understandings of menopause, we can identify where and why wāhine Māori needs are not being addressed. For example, in the healthcare system in Aotearoa, wāhine Māori and their experiences are consistently defined and recreated within a western medically framed discourse (Simmonds, 2011, 2014). This research attempts to demonstrate why it is not enough to 'know' that wāhine Māori have the poorest health and other outcomes across a range of indicators, without understanding the reasons behind these disparities and without having a plan for change. This research also suggests that what is needed are healthcare practitioners and healthcare systems that provide the space for and embed the experiences and

understandings of wāhine Māori regarding health and wellbeing, particularly in relation to this research, her experience and understanding of menopause.

Applying the "U" from the kupu pūrākau considers how "U" determines the meaning from within. The research project endeavours to reflect wāhine Māori experiences of menopause from an emic position, a position that deconstructs dominant ideologies about women and menopause. "U" also inserted the researcher into the research project and speaks to the ethical conduct required in the research process, alongside the role of myself as an Indigenous female researcher and how reflexively I can contribute to building a body of knowledge that empowers and strengthens wāhine Māori. "U" therefore, requires the researcher to address her positionality in the research process. Firstly, determining my positionality is challenging for me, as I have had somewhat limited access to the culture I was born into, and I often wonder if I am Māori enough or if I know enough to be considered Māori. Mikaere (2017) discusses at length how ultimately whakapapa is all that is necessary to be authentically Māori; however, the fact remains that navigating the complexities arising from a cultural disconnect has been traumatic for our whānau. Cutting this perhaps familiar story of urbanisation and the associated anxieties it brings short, we (my mother, my tamariki, my mokopuna and I) are grateful to be able to (re)claim our cultural connections. However, right now as I/we traverse both Pākehā and Māori worlds, and given that my ancestry is also Pākehā, I cannot reconcile one way of being without recognising the other. As a fair-skinned Māori, I have not experienced discrimination based on my skin colour in colonial environments. In fact, I would say this has been a protective measure, and because of this, I have been able to walk with relative ease in these Pākehā spaces at times, albeit hiding. I am excited to see emerging research about the benefits of mixed ethnicity. For instance, Gillon et al. (2023) note that being of mixed ethnicity has many advantages, including being able to identify multiple aspects of a situation where other monocultural people might only see one.

My positioning is also situated in 30 years of experience as a Māori Registered Nurse. Across this time, I have seen significant change in our healthcare system, but it has not been enough. The fact is that wāhine Māori are continually failed by a colonial system of health where her needs are not met. Finally, my positioning stems from being a female who is (re)claiming her culture and who is growing older and experiencing the changes of transitioning from one stage of life to the next, with all that this entails in the world we live in today. I continue to discuss my positionality in other parts of the thesis.

Smith (2012) reports that thinking reflexively ensures that the researcher is constantly engaged in the history, theory, and practice of being a Māori woman engaged in research. Reflexive

thinking involves a personal and critical analysis that challenges the personal and cultural beliefs that construct our knowledge (Timmins, 2006). Reflexivity is one way of challenging how one form of knowledge is privileged over another (Rumbold, 2014). It is through reflexivity that I position myself in carrying out this research.

Methods

This section describes the methods I used in the research. The methods are grounded in the principles and understandings of Kaupapa Māori, Pūrākau, and Mana wahine methodologies.

Research partners

Whakawhanaungatanga is the core principle guiding the selection of 15 Māori women research partners, aged 48 to 80, who have experienced or are currently experiencing menopause. Whakawhanaungatanga is a Kaupapa Māori principle of research and is a means used to ensure that wāhine Māori voices are at the forefront and are protected in the study. Snowballing was also used to recruit research partners; snowballing involves one participant suggesting another who may be interested in participating in the study (Loppie, 2004). Therefore, whakawhanaungatanga was used to select personal acquaintances of the researcher to participate in the study, and snowballing was used to further recruit other wāhine Māori research partners. Additional research partners were selected through social media platforms.

As Kaupapa Māori rangahau emphasises the importance of relationships, community, and cultural integrity, snowball sampling aligns nicely with leveraging existing social networks, allowing researchers to connect with participants through trusted intermediaries. This approach fosters a sense of safety and trust amongst those engaging in the research. However, one of the concerns I had about using snowballing as a recruitment method was the potential for sampling bias, as I am aware that existing social networks often result in a homogeneous sample that lacks diversity. I also had some concerns about whether the original research partners would be willing to refer others. However, the way snowballing occurred through sharing the information sheet and poster (Appendix Two and Four) helped mitigate this, alongside informed consent processes, transparency, and whakawhanaungatanga with those who were referred in person.

One issue with applying the results of a small study that makes generalised assumptions is that erroneous assumptions ignore diverse realities and can marginalise groups of people. Moser and Korstjens (2018) report that in qualitative research, the sample size should be appropriate

to ensure that rich information about the research's purpose is collected. Therefore, sample size is secondary to the meanings and epistemology generated in the in-depth descriptions and valuable information drawn from the research process. Due to time frame requirements and the fact that the research partners are a relatively homogeneous group, it was expected that 15 research partners would reach the saturation required to meet the research aims. Furthermore, from a Mana wahine perspective, smaller numbers gave the researcher the time needed for each individual so as to more completely understand their whole story. This approach also enabled an analysis that found similar threads across the stories, allowing a broader focus rather than only looking for common experiences to be representative.

Interview processes

Research partners who met the selection criteria and consented to be involved in the study were asked to complete a written consent form (Appendix One) and given comprehensive written information about the purposes of the study (Appendix Two). This was also discussed verbally with the research partners prior to conducting the interviews. Time was made available to discuss any questions or concerns.

The research design used semi-structured interviews, carried out kanohi ki te kanohi, online or via written response, to focus on and elicit their experiences and understandings of menopause through discussions guided by the interview schedule (Appendix Three). The research partners were required to attend four points of contact, in total, over a two-year period. The first point of contact was to discuss the requirements of the research and gain informed consent. The second was when the first interview was carried out. The questions in the interview schedule were designed to enable the research partner to pūrākau about her lived experience of menopause. The third point of contact was where the research partner and the researcher discussed the interpretations made from the original interview and any changes or additions to be made in the women's pūrākau. The fourth point of contact was to present the findings and ensure these findings resonate and accurately reflected the research partners lived experience of menopause. Each research partner was offered individual interviews.

One of the weaknesses identified in the semi-structured interview is that, because it relies on a verbal exchange between the researcher and participant, communication barriers may arise (Newton, 2010). One way to mitigate this is to ensure that those involved feel comfortable and safe in interview spaces. The use of cultural protocols, such as karakia, whanaungatanga, and kai, was observed during the interview process to enhance open communication and create safe

spaces in this research. Additionally, the space and location of the interviews were where the person being interviewed felt most comfortable.

The interview schedule was also a method to supply the information needed to answer the research questions. It intended to spark conversations between the researcher and the research partner, ensuring that the interview sessions were productive and considerate of the research partner's time. Bearman (2019) suggests that the interview schedule method can impede the study if the foundations of the schedule do not elicit the rich information necessary from the research partners for the research. Therefore, the interview schedule underwent rigorous evaluation prior to the research being carried out to ensure that the data collected could be used to measure the validity of the Harakeke model of menopause for wāhine Māori. This evaluation has been done through the supervisor-researcher relationship. Additionally, Bearman (2019) reports that effective schedules must include prompts that are meaningful to the research partner and generate deep, nuanced thoughts and descriptions of the area under study. I have attempted to do this with a preamble prior to the actual research questions and by ensuring that the interview schedule is considerate of the diverse meanings that underpin ruahinetanga.

Interviews were conducted in English; te reo Māori was used at the discretion of the research partner. As a te reo Māori learner myself, if I did not understand the korero, I would ask for clarification. Most research partners, however, spoke english with smatterings of te reo. It was as though during the interviews we were both supporting each other in this journey of reclaiming our reo. For one ruahine who is a fluent speaker, I would start the interview in te reo, during the space of whakawhanaungatanga. For instance, we started with "Kia ora, kei te pehea a koe, whaea", and she would reply "Kia ora e hoa, kei te ngenge ahau" or "Kei te pai au"[14]. This type of korero would carry on; however, when it came to the kaupapa, the language would change to mainly english. Another partner, at the end of the interview, following our closing karakia, highlighted the irony of using the karakia "Ki a tau", which is more of a christian karakia to use. After our korero, she thought it strange that we reverted to a westernised karakia after having such an in-depth korero about Mana wahine, matauranga and tikanga Māori. Therefore, I believe it is crucial to acknowledge the complexities that many wāhine Māori face in relation to (re)claiming te reo Māori. The suppression of te reo Māori is a deliberate act of colonisation, aiming to diminish our mana, tino rangatiratanga, identity and culture. Such systemic erasure has left intergenerational scars and whakamā, particularly among wāhine Māori who have borne the brunt of cultural and language dislocation. To truly honour and support wāhine Māori, it is essential to approach the topic of language loss with

[14] Greetings, how are you? I am tired or I am good.

empathy and sensitivity. In this way, the "option" to use te reo Māori was not formalised but, ā wahine ki te wahine, implied.

Analysis

Reciprocal and refutational thematic analysis were applied to the research partner's pūrākau to identify similarities and differences in their narratives. These findings contributed to and further developed the constructs of the Harakeke framework of menopause for wāhine Māori. The research partners' narratives were recorded and translated verbatim, with all identifying data removed to protect the privacy of those involved in the research. Similar themes identified in the transcripts were colour-coded and documented on a matrix (Table One).

Table 1 Analysis of Data Matrix

Themes/ Research partners	Mana wahine	Tikanga	Mātauranga	Pepeha
1	Experiences of menopause in the workplace	Karanga	Pūrākau, ceremonies and Mātauranga Māori	Moko kauae
2	Policy and legislation	Whanau	Mātauranga wāhine-Atua	Comparisons
3	Retirement preparedness	Time for self	Whakapapa Atua	Learning in Silence
4	Paid and unpaid work	Whakawhanaungatanga	Te reo Māori	Papatūānuku
5	Menopause symptoms	Freedom	Tapu and Noa	Wairua
6	Menopause treatments	Māori spaces	Wairua and te wa	Hinengaro
7	Surgical intervention			Identity
8	Healthcare experiences			
9	Physical wellbeing			

It is important, when interpreting data, that the researcher's bias does not influence the findings. Historically, research bias has suffocated wāhine Māori realities, leaving a legacy of knowledge that defines women's experience through a non-emic lens (Pihama, 2001). The research partners must retain control over the interpretations so that they make sense to them. This issue is mitigated in this study, as any interpretations drawn from the analysis were shared and discussed with the research partners, and consent was gained before including this data in the thesis.

Results

The dissemination of results is also considered key in research methodology (Whittemore & Knafl, 2005). It is my intention to share the results with the research partners. It is important that result dissemination includes a means for research partners to know how they have contributed to (re)claiming the mātauranga that is embedded in wāhine Māori experiences of menopause and celebrate what is rightfully theirs. The results may be presented to healthcare providers, and publication of the research in local and international journals is also possible.

Ethical considerations

Ethical considerations are discussed in detail in the Te Whare Wānanga o Awanuiārangi Ethics application, which sits alongside this research (Appendix Six). Key indicators of ethical conduct are that the research does no harm, that the research is a mana-enhancing experience for the research partners and that the dissemination of results is also considerate of this. These indicators reflect the principles of tika (non-maleficence) and manaakitanga (beneficence), where the welfare of the research partners and their communities is prioritised (New Zealand Nurses Organisation Code of Ethics, 2019). Kaupapa Māori, Pūrākau, and Mana wahine methodologies, in conjunction with ethical Kaupapa Māori principles, serve as central guides in this research project. Ensuring that the researcher has expert support and engagement to foreground the research so that te reo Māori and tikanga were consistently applied throughout the research process culminated in valuable information that is transparent and useful and addresses further ethical considerations.

Method reflexivity

At this point, I would like to examine my reflexive positioning regarding the research methods used in this rangahau. The process of collecting, organising, and (re)presenting, writing, analysing, discussing, editing, and submitting what constitutes the understandings and experiences of menopause for 15 wāhine Māori aligns to what Naomi Simmonds (2014) refers to as the labour of research. The labour of research considers how we keep the integrity of the research partner's voices so that we ensure that the mana and tapu of each wāhine Māori whakaaro is unique but also in the context of being a collective group of women who whakapapa Māori (Simmonds, 2014). The labour of research considers how these unique and collective stories provide for nuanced meanings in the diversity of experiences and understandings of ruahinetanga. The labour of research encompasses all aspects of the research

process, including recruiting, collecting, analysing data, writing, editing, and rewriting the thesis content. The labour of research also points to what has been a sometimes painful, sometimes empowering, and sometimes frustrating journey for myself and, at times, for the research partners who have taken the time to pause and reflect on the realities of their lived experiences. Some of the injustices in their lived experiences for themselves, their ancestors, their whānau and mokopuna, perhaps contribute to these frustrations. Yet in this pause, one is also hopeful and has agency. For some, neither I nor they anticipated that some of the emotional aspects of doing this research would be quite so raw.

These realities favour the use of Kaupapa Māori and Mana wahine methodology to map the methodological processes that managed the information collected and the way this information was used. For example, the methodological processes undertaken in analysing the information were framed within the concepts of decolonisation, reclamation, Indigenisation, tino rangatiratanga, whakawhanaungatanga and manaakitanga. This section of the Chapter provides a reflexive aspect to the method and research process. It discusses the research format of partner recruitment, the importance of whanaungatanga, methods of data collection, rangatiratanga in relation to information, and what I consider to be cosmic events that coincided with the research process.

Whakawhanaungatanga

Reflecting on how the 15 wāhine Māori came to partner in the research begins with how they became involved, which was partly done through whakawhanaungatanga. Whakawhanaungatanga was key in engaging research partners and a key principle of the research process. Whakawhanaungatanga emphasises the many ways in which relationships are negotiated. A Mana wahine approach to whanaungatanga considers the roles, positions and the responsibilities that exist in relationships which connect wāhine Māori in powerful and meaningful ways (Pihama, 2019). Cultural understandings and the embodiment of whakawhanaungatanga include an unspoken but implicit commitment to other people through the building and nurturing of relationships (Simmonds, 2014). Mana is deeply embedded in these relationships. It is through our interactions with each other that mana is recognised, acknowledged, enhanced or diminished (Pihama, 2019). Consequently, how we operate and move within these relationships can be mana enhancing or mana diminishing, a constant reminder to me in the ways I navigated whakawhanaungatanga in this research project. Whakawhanaungatanga facilitated research partner engagement and relationship building in this research by sharing my PhD journey with Māori and non-Māori women who were previously known to me. From here, these wāhine would recommend someone, tell me how to

contact someone, or express interest in participating in the research themselves. On receiving recommendations to recruit other research partners, I did not make the referrer aware of whether I followed their suggestion or not; I did this to preserve confidentiality.

As I have mentioned, there were several wāhine involved in research who were previously known to me. Simmonds (2014) notes that previously established relationships with research partners are not unusual for Māori researchers. However, during the course of this research, some unanticipated variations and considerations emerged within these relationships. Simmonds (2014) refers to this as the development of a research relationship. She notes that conflicting roles can occur in this relationship. In the context of this research, one conflict I initially faced was some hesitancy in asking my female Māori friends to participate in the research. I did not want to appear as though I was using them for information or taking advantage of our relationship. I had concerns that our relationship, or that I, would appear fraudulent, which was something I wanted to avoid. These conflicts can be related to insider versus outsider researcher relationships. Linda Smith (2012) writes about the experience of insiders as researchers. She notes that insider research:

> It has to be as ethical and respectful, as reflexive and critical, as outsider research. It also needs to be humble. It needs to be humble because the researcher belongs to the community as a member with a different set of roles and relationships, status and position. (p. 140)

This rang true to my experience. I wanted to make sure that my research needs did not compromise the relationships I had with these wāhine. The dynamics at play here, however, were interesting. For instance, one person who I had privately been thinking would be great to interview but was hesitant to ask, as it could overstep the boundaries of our friendship and cause negative implications in our relationship in the future, said to me, once I had gotten over being whakamā, that she would love to be involved; she could not believe her kōrero would be valuable, and she was honoured by the invitation.

One of the concerns I had about using snowballing as a recruitment method was the potential for sampling bias, as I am aware that existing social networks often result in a homogeneous sample that lacks diversity. I also had some concerns about whether the original research partners would be willing to refer others. However, the way snowballing occurred through sharing the information sheet and the poster (Appendix Two and Four) helped to mitigate this, alongside careful, transparency, and whakawhanaungatanga, for all wāhine referred.

In this way, these pre-existing relationships were transformed by the research. We got to know each other on a deeper level, which, in itself, led to continuous reflexivity in our relationship,

both within the context of the research and outside of it. For instance, I was cognisant of the need to keep information disclosed to me in the research within that space and not raise it in other forums. Equally, the information shared was, at times, private, intimate, and emotional and ranged from sad to happy. This range was perhaps more significant than if it had been drawn from people previously unknown to me. The fluidity between friends and research/researcher/research partner relationships, Simmonds (2014) suggests, is inherent in the principles of whanaungatanga and the responsibilities which reflect reciprocity, manaaki and aroha. These are important points to consider in terms of reflexivity, as they underpin the power relationships between the researcher and the research partners. It is with this in mind that I consider the participants to be partners in the research and refer to them as such.

These relationships also take into account the principles of anonymity and consent in the research process. For example, according to Smith (2012), consent is given less for specific research projects and their questions but more for the researcher and their credibility. Anonymity of all the wāhine Māori who partnered in the research was maintained. Some information shared was deeply personal, and it was important to protect privacy. The privacy and confidentiality of health information are reflected in the Nursing Council of New Zealand Code of Conduct (2012) for Registered Nurses. Again, through critical reflexivity, I considered how my professional identity as a Registered Nurse might influence the trustworthiness of the research relationships. Thus, it was essential for me to ensure that the relationships were based on trust, pono, tika, and aroha, and that these concepts were continually negotiated and upheld. Moreover, although these are intangible concepts, they were continuously embodied in the continuity of our relationship.

One method of recruiting was social media. A poster (Appendix Four) was created and shared on two Facebook sites. The first was a Māori academic, previously known to me, and the second was a Ngā Ringa Awhina Facebook page (Māori Nurse Alumuni- Manukau Institute of Technology). There was some interest in the research on this second forum, but no potential people were recruited. This lack of recruitment possibly speaks to the intimate nature of the topic, where wāhine Māori are not comfortable discussing issues of a personal nature with a stranger, or the pervasive colonial views about menopause being associated with decline and deficit, or it might highlight the hesitancy that Māori are known to have regarding research, given what Moana Jackson describes as the perils of research, which have, largely, not been of any benefit for Māori people (New Zealand Drug Foundation, 2009, 8:22).

The first forum garnered considerable supportive comments, with several wāhine Māori expressing interest in participating. In total, six wāhine Māori were recruited from this forum.

At this point, I had already interviewed nine wāhine Māori, and although I might have been able to recruit more research partners from this forum, I made the decision that 15 wāhine Māori would be the maximum number due to the large volume of data being collected. The six wāhine Māori selected from this forum were the first six to respond to the post. Messages were relayed to other wāhine Māori who showed interest, thanking them for their interest but saying that I had reached capacity. I would like to think that this is a sign of an increased interest in wāhine Māori experiences of menopause. Reflexive practice considers that this might also be due to the endorsement of the Facebook post owner or my professional identity as a Registered Nurse. The increased interest also might point to the need for a much larger study about this kaupapa.

Prior to the formal interview, I contacted each person, some kanohi ki te kanohi, some on the phone and others through social media messaging services and email. We discussed the research and what their involvement would look like, then reviewed the information sheet and consent form. Establishing these connections prior to the actual questioning interview considers the Mana wahine foundations of the research (Simmonds, 2014). Similarly, once information sharing and consent had been gained, a copy of the interview sheet was sent to the research partners, and they were able to provide written responses, which four preferred to do. Three of these wāhine Māori, after providing a written response, were interviewed to follow up on the answers to their questions. Sending out the interview questions prior to the actual interview meant that each person had time to consider the questions and respond in detailed ways. Interviews were undertaken at times and locations suitable to them.

In the end, six wāhine Māori who partnered in the research were previously known to me, and nine were not. Table Two below summarises the demographics, recruitment and the way the research was responded to by those wāhine Māori who partnered in this research.

Manaakitanga

Manaakitanga reflects the support and care of the research partners. Other ways manaakitanga was embodied in the research included a mihi, the use of te reo Māori, whakataukī, karakia, and koha, to ensure the process followed tikanga and provided a safe and nurturing space for the wairua to flourish during the interactions. These practices contribute to making and strengthening whakapapa and whānaungatanga connections in the research process (Simmonds, 2014). Manaakitanga was also demonstrated by allowing the research partners to choose where, when, and how they would like the interview conducted, as well as whether they would like anyone else physically present during the interview. There were several options for

participation, including kanohi ki te kanohi kōrero, online interviews, written responses, and telephone interviews.

Table 2 Demographics Recruitment and Data Collection Methods

Partner	Age	Children	Iwi	Recruitment Method	Data collection method
1 AYS	69	Yes	Te Arawa, Tainui, Takitimu, Horouta me Mataatua	Snowball	Phone and online Interview
2 PW	67	Yes	Ngā Puhi	Whānaungatanga	Online interview
3 NP	65	Yes	Ngati Awa, Tuhoe, Ngati Rangitihi	Whānaungatanga	Written response
4 AY	63	Yes	Te Aupouri, Ngati Kuri	Whānaungatanga	Kanohi ki te kanohi interview
5 LN	54	Yes	Tūhourangi, Te Arawa	Snowball	Written response and kanohi kit e kanohi interview
6 HH	67	Yes	Hapū Te Uruahi Iwi Ngati Porou	Snowball	Written and kanohi ki te kanohi interview
7 TE	70	Yes	Tainui	Whānaungatanga	Kanohi ki te kanohi
8 LK	58	Yes	Ngāpuhi (Ngāti Manu, Kōhatutaka), Te Whakatōhea, Ngāi Tai ki Tōrere	Social media	Online interview
9 CG	53	Yes	Ngati Whakaue	Social media	Written and kanohi ki te kanohi
10 KS	56	Yes	Ngati Pikiao Te Arawa	Whānaungatanga	Kanohi ki te kanohi interview
11 RH	56	Yes	Ngati Porou Nga Puhi	Social media	Online interview
12 TC	54	Yes	Nga Puhi	Whānaungatanga	Online interview
13 LM	58	Yes	Ngati Whatua	Social media	Phone interview and kanohi ki te kanohi
14 GH	65	Yes	Ngati Porou	Social media	Online interview
15 DLR	67	Yes	Ngati Porou	Social media	Online interview

The kanohi ki te kanohi interviews were done in the home or at a café over tea or coffee and kai. The online interviews were conducted from the research partner's homes, either in private or, for some, whānau were in the background. I always enquired if they were comfortable with having whānau listen to their kōrero, and all were. In fact, one wāhine Māori, whose daughter was in the room, noted that it would be good for her daughter and son-in-law to hear the realities of what it has been like for her to go through this part of her life cycle. Others, however, preferred a more private space to answer the interview questions. Interview locations are an

important factor to consider; the where of an interview sets the tone of the interview (Simmonds, 2014). Therefore, time needed to be taken to ensure that the interviews, conducted in person, online, and via phone, made the space and the research partner comfortable. For some, this meant making sure they were familiar with the Zoom or Teams functionality or checking that the time agreed was still suitable.

There were a variety of reasons for interviews to be conducted online. Firstly, it was more convenient for the research partner, who was often working while maintaining their whānau and community commitments, to connect online at times suited to their busy lives. Online interviews enabled involvement in the research without imposing on their demanding schedules. Secondly, and importantly, the timing of the interviews came at the tail end of the global COVID-19 pandemic. It was important, when we consider the vulnerabilities of the research partners age and the associated health disparities, which we know about within the Māori population, that protecting their hauora was essential. Online interviews reduced the possibility of contracting COVID-19. Finally, the research partners were located across Te Ika-a-Māui[15] and, although it was not considered at the time of the interviews, a dire need soon became apparent through the research regarding reducing the impact of pollution on Papatūānuku, given her importance in sustaining the wellbeing of wāhine Māori, both during menopause, pre-menopause, and beyond. Retrospectively, online interviews reflected this.

Online interviews meant that, although I was not physically in the research partner's space, I was still intruding on their space. I could still see the rooms they were in and hear the noises in their homes, and vice versa. Similarly, kanohi ki te kanohi interviews conducted in the home added another dimension to the interview. Simmonds (2014) notes that there is a power tied to being able to view the home and personal items of research partners, which may influence the researcher's perception of the people engaged in the research. I saw this come to life in one interview where the Tino Rangatiratanga flag[16] hung on a research partner's wall, and another

[15] Now widely known as North Island of New Zealand. The pūrākau of Te Ika-a-Māui begins with Murirangawhenua, a ruhaine who was Māui the demigod's grandmother. She is old, blind and dependent on her relatives to bring her food. Māui tells his whānau that he will take food to her, yet instead he hides from his kuia and discards her food until she is nearly starved. At this point he reveals himself and asks for her jawbone. He asks for this because her jawbone has powerful knowledge. Despite his behaviour Murirangawhenua gives him her jawbone, as she too has powerful abilities to know what the future holds for Māui and her descendants. Maui uses the jawbone to fashion a hook with which he fished up Te Ika-aa-Māui, or the North Island of Aotearoa (Sharman, 2019).

[16] Murphy (2011) suggests that the tino rangatiratanga flag represents Māori cultural, social, political and economic autonomy, and is a powerful symbol of gender balance. She states that the "black represents Ranginui, the primordial sky father and the divine male element within the universe. The red represents Papatūānuku, the primordial mother, and the divine female element. The white koru unfurling between them represents the divine child, renewal, and regeneration within the realm of Te Ao Mārama, the physical world of light" (p. 5). As such this flag also represents an essence of tino rangatiratanga which is less about Māori

wahine Māori who pointed out her Maramataka calendar. Seeing these items seemingly reinforced some of their kōrero. I think this is important to recognise in terms of making sure the kōrero of other wāhine Māori, whose personal items I did not see, are not seen as less authentic. Similarly, my own personal items on display may have influenced the research partners understandings of who I am and how they engaged with me. These concepts demonstrate the inseparability of the researcher and the research, as well as the physical spaces of the research (Simmonds, 2014). I think it provides a richness to the research, perhaps making this part of the research process less formal, one that is perhaps preferable to conducting interviews in a sparse room with monotone walls.

Semi-structured interviews were mostly used in the interview process. Interviews and online methods are commonly used and supported in qualitative research. Dunne et al. (2005) note that semi-structured interviews can largely ensure the interview process is increasingly directed by the research partners, and this appeared to be the case here, with each interview providing a wealth of detail and rich information. The scheduled interview questions prompted conversation which further developed organically. For example, some would recommend resources they had used or resources that I might find useful. When needed, other questions were asked to ensure that I had a good understanding of what the wāhine Māori were trying to express. The length of time for the interviews was approximately 1-1.5 hours, depending on how long the research partners needed.

Tikanga

Tikanga was followed during the interview process; for instance, karakia was carried out prior to and at the end of the interview. Sometimes the interviews raised some deeper conflicts for the research partners. When this occurred, follow up interviews were offered with supportive advice around where to find additional support or information. Sometimes, these issues went beyond the scope of the research; however, whānaungatanga and the commitment to care for one another transcended the boundaries of the research. One example was when the research partner had not been given sufficient information about a prescribed medication, I provided her with some resources and referral information. Other times, the maemae and trauma caused from poor healthcare services meant that some wāhine did not know what procedures had been conducted on them. Support and information were required about how to address this. At other times, the kōrero would focus on children or mokopuna and the most

autonomy and more about a balance between gendered bodies and generations of people, of who live within the balance of all that lies between te ao Mārama and te ao Pō (Murphy, 2011).

affordable place to go for doctor's appointments. Possibly because I am a Registered Nurse, people often ask for advice and information about their health and wellbeing. It is something I am accustomed to, and though it might be beyond the scope of the research question, such interactions reflect the needs of manaakitanga, tikanga and whakawhanaungatanga.

Tikanga was also followed through koha. Interestingly, when I asked for their address to send a koha, some responded that koha was not necessary, despite my persistence. I hope that this reflects some of the whanaungatanga and manaakitanga developed across the research process. For those who agreed, a small gift was sent as a token of appreciation for their involvement in the research. (Figure Five)

Figure 5 Koha Gift

Tino rangatiratanga

All interviews (except written responses) were audio recorded. Online interviews were audio and video recorded. One considerable benefit of online interviews was that they were able to be recorded, which made the task of transcribing content somewhat easier, as the sound quality was better than recordings in the kanohi ki te kanohi interviews. Similarly, the benefit of the written responses meant that transcription was less labour intensive. Once the information collected was transcribed and analysed, copies of the findings were sent to the research partners. Feedback was mostly positive, although some individuals did not respond. Some feedback was brief, and one research partner felt that aspects of her transcript were too identifiable. Once I had removed that data, she was happy with her transcript[17]. Evidence of feedback from this stage in the research can be seen in Appendix Five. This process ensured that the research partners maintained tino rangatiratanga over their data and information.

Future issues to consider, which ensure tino rangatiratanga is empowered for the wāhine Māori who consented to be involved in the rangahau, will be to contact them regarding securing their

17 I have not included this feedback in the Appendix to preserve privacy and reflect her tino rangatiratanga over her information

consent prior to any publication of the findings. This was addressed in the consent form as we must consider how things change across the life cycle journey of menopause. The research partners remain the owners of the information they have shared. I believe these actions reflect the principles of tikanga, manaakitanga, tino rangatiratanga and whakawhanaungatanga.

Finally, I consider it to be some divine intervention that led the wāhine Māori to join this research. One example of how whanaungatanga and cosmic intervention led to a particular wahine Māori involvement in the research was through having a conversation with a friend in Rarotonga about my PhD topic. She replied, "Oh wow, you know who you should contact is… She would be great." She sent her a message then and there, and a reply came through immediately. "Get her to call me tomorrow", which I did, and the rest is a beautiful series of kōrero that provided a wealth of perspective in this research. This wāhine Māori is a pioneer of Mana wahine and mātauranga nō ngā wāhine Māori. I was in awe of her mana and her mātauranga, so I was afraid she would think I was out of my league doing this topic; however, she was so open and supportive of the kaupapa, and me, that my fears were soon alleviated, and we dived deeply into her experiences and understandings of ruahinetanga. It all seemed to fall naturally into place. I also see it as divine intervention that I shared this kōrero not only with this ruahine but all the ruahine who partnered in this research with me. The meanings in our kōrero and the experience go far beyond the boundaries of this rangahau.

The synthesis of the Harakeke Model

Thematic analysis was conducted by analysing the data and colour-coding similar research partners statements and sentiments. The grouping of these themes and the research partners statements has been transcribed into the Findings Chapter. The data collected was then synthesised to further develop the framework of the Harakeke model of menopause, which is critically discussed in Chapters Five to Nine. These themes and subthemes can be seen in Table Three, the key themes are visually represented in the Harakeke model in Figure Six.

Chapter summary

The guiding methodological approaches and their theoretical background used in this rangahau were discussed in the first part of this Chapter. These approaches are founded upon Kaupapa Māori, Mana wahine and Pūrākau principles. In this section, I have also begun to locate my positionality, which I revisit at several points in future Chapters. This first section of the Chapter also provides details about the systems and discourses used in this rangahau,

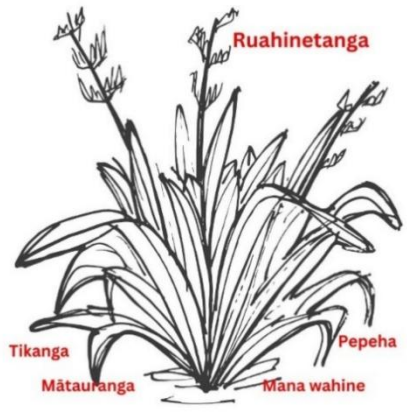
including the method of the rangahau such as the interview processes, data analysis, and ethical considerations.

Next, I discussed a reflexive aspect of how the method was conducted. Through reflexive practice in this rangahau, I remained sensitive to the ways in which I, as the researcher, am positioned and how that positioning may shape the collection of data and the analysis of that data in the labour of research. I have also discussed how Pūrākau, Mana wahine and Kaupapa Māori principles of rangahau were upheld in the labour of research. These principles are reflected in the recruitment strategies, ways of engagement and semi-structured interview processes, which ensured ethical practice and analysis of the data. I hope it highlights the importance of preserving relationships, manaakitanga, tikanga, mana, and tino rangatiratanga in research processes, and how grateful I am to these wāhine for sharing their stories. It is their kōrero that informs the framework of the Harakeke model. The next Chapter writes the research partners pūrākau into this thesis.

Table 3 Data analysis themes and sub-themes

Theme	**Sub themes**
Pepeha	Papatūānuku, moko kauae, identity, hinengaro, silence, learning
Mātauranga	Te reo, pūrākau, mātauranga wāhine Māori, tapu, wairua and te wa
Tikanga	Karanga, wairua, time and space, tikanga and wāhine Māori, whānau
Mana wahine	Mahi, workplace sensitivity, retirement preparedness, Te Tiriti o Waitangi frameworks, economic policy and legislation, hauora tinana

Figure 6 Wāhine Māori and the Harakeke model of menopause



Chapter Four

Large sections of this Chapter are embargoed to protect the Indigenous Data Sovereignty of the research partners. Further information can be discussed with the author @ ruahinetanga@gmail.com

Findings

This Chapter presents the findings of the rangahau, using the research partners' pūrākau about their experiences of menopause. Here in this Findings Chapter, I incorporate the voices of the research partners, and by purposely doing so, I aim not only to enrich the research findings but also to validate their experiences, acknowledging them as co-creators of factual scientific knowledge based on their lived realities. This practice contributes to the decolonisation of research methodologies by disrupting the silencing of Indigenous women's voices, and therefore, I hope to foster a more just and representative academic discourse.

The decision to allocate a distinct section for women's voices stems from a commitment to Mana wahine research methodologies, which emphasise the centrality of marginalised voices in knowledge production. By dedicating space to the experiences and perspectives of wāhine Māori, I aim to honour their lived realities and ensure their voices are not subsumed within broader analyses in this Chapter. This approach aligns with Mana wahine theory, which posits that marginalised groups possess unique insights that are crucial for understanding power dynamics and societal structures. However, the voices of the research partners have been organised and presented according to the thematic analysis outlined in Chapter Three. This approach ensures that the findings are not only a collection of individual perspectives and experiences but have been synthesised into coherent themes that reflect the collective experiences and insights of the research partners. The findings of the rangahau have been further organised in a way that allows the subthemes identified in the research partners' kōrero to contribute to the four overarching themes of the Harakeke model of menopause: Mana wahine, Tikanga, Mātauranga Māori, and Pepeha. Each theme in the writing of this Chapter begins with a summary of the concepts, followed by the research partners' kōrero.

As much as possible, the research partner's rangatiratanga over her knowledge has been maintained. I have presented the findings that follow by transcribing excerpts of the research partners' kōrero, which is written in italics. I have also provided the research partners

anonymised initials and age at the end of their kōrero in parentheses; this is my attempt to provide some clarity in the grouping of the themes drawn from each wahine kōrero while maintaining their anonymity. Their Iwi affiliations and other demographic data can be found in Table Two. Through their pūrākau, they describe their own experiences, values and understandings which are woven into their lived realities of menopause. As each theme contributes to a construct of the Harakeke model, an epistemology of wāhine Māori experiences and understandings of menopause is created. The findings and meanings behind the model have been verified by the research partners because, ultimately, it is their understanding that needs to be represented. I am aware that often the researcher finds what they seek to find; hence, to add to the validity and reliability of the Harakeke model, research partner verification of the constructs and construction of those constructs was essential.

Mana wahine

Women who partnered in this research identified their own understandings and experiences of the Mana wahine discourse. They spoke about ways they considered the realisation of their tino rangatiratanga:

[redacted]

[redacted]

Mana wahine concepts are consistently seen in the research partners' kōrero. In each section of the findings, we see some of the ways that wāhine Māori are reclaiming this space. These ways are largely self-managed and initiated.

Menopause and mahi emerging themes- Challenges and paid work

Work was also spoken about in wāhine pūrākau. The evidence regarding paid work and socio-economic disparities among wāhine Māori is clear. These disparities are primarily driven by the gender and ethnic pay gap. However, they also exist within the wider workplace environment, as we see in the research partners' kōrero about their experiences during menopause in those environments. For example, the challenges that come along with being a single wāhine in the workplace and the necessity of paid work, in terms of being able to have better futures, were common findings. These themes are reflected in their kōrero:

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

These pūrākau highlight the lack of support and understanding about menopause in their respective workplaces and how they exercise their mana in ways that recognise the inappropriateness of the environment while trying to preserve their own wellbeing.

Menopause and mahi emerging themes -Workspaces

Several wāhine recalled some of the challenges about being the only or one of a few wāhine Māori in their places of work. In this context, even without menopause symptoms, the workplace is seen to disempower ruahine. Again, we see in the comments below how, in their own way, they challenge the favoured colonial values that largely conflict with affording women power, and particularly wāhine Māori power:

[redacted]

[redacted]

[redacted]

We see here that the ceremonial practice of karakia and the way one wahine Māori attempts to preserve the tikanga and the meaning of karakia result in an english prayer being said, while at the same time, the employer holds meetings without beginning with karakia. What this highlights is the lack of tikanga in the workplace from a te ao Māori standpoint. It is evidence of the dominant workplace values, which do not reflect Māori cultural protocols or authenticity but are wheeled out on occasions that suit the dominant group's needs. The processes of colonisation these wāhine Māori continuously face in the workplace are complex; their actions are evidence of how they quietly exercise their tino rangatiratanga and, in their own way, challenge the favoured colonial values which largely conflict with affording women power and, in particular, ruahine power. It would seem these types of values operate in these wāhine Māori work environments.

The consequences of working in such an environment can, and are, impacting the health and wellbeing of the wāhine in this research. For instance, one research partner notes that:

...I do not take care of my personal wellbeing. Now, I have to take high blood pressure tablets to keep "well" and lately have tried to drink more water and sleep longer, eat better, and get involved in exercise, which are things I need to activate. I know that I am overweight, and I am on medication for high blood pressure. I need to think about ways to improve my sleep patterns and my overall wellbeing, as it is now becoming critical for me. My whole family had cancer and were heavy smokers. My mother had breast cancer and died from lung cancer. I was the only member of my family that didn't smoke at all (HH, 67)

What is particularly concerning here is that it appears that this wāhine is linking her own health issues to the experiences of her whānau. This victim-blaming approach is often applied to Māori when poor health outcomes are considered to be the result of poor behaviours; thus, the barriers we see in the structural and socioeconomic determinants of health are void of any responsibility for the Māori health disparities present in Aotearoa (Curtis et al., 2023). I argue that these daily processes of "colonisation that manifest themselves wherever we turn in this country" (Jackson, 2011, p. 73) are directly implicated in disparate health and wellbeing outcomes for wāhine Māori. It also seems entirely possible that the research partner's experience of the symptom of menopause is exacerbated due to their workplace environment, where western values are privileged, and wāhine Māori are isolated, where tokenism exists, and wāhine Māori experiences are not validated.

Menopause and paid work – emerging themes

A common theme in this research reflected that wāhine Māori need to work. Irrespective of their work environment, paid work was identified as important, with most feeling as though they would need to work beyond retirement age, with concerns raised about their preparedness for retirement. Most research partners who were already beyond retirement age were still employed in paid work. For example:

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

It is not surprising, in today's society, in an environment of neoliberalism, that these wāhine are concerned about their financial readiness for retirement. There are many policies of the state that come to influence the lives of these wāhine and their whānau, hapū and Iwi. Some of these policies, when critically analysed, appear to have a central focus on women's financial value, disguised through language that emphasises their potential and support. I discuss some of these policies in the next Chapter, such as Te Mahere Whai Mahi Wāhine, the Women's Employment Action Plan (Manatū Wāhine, 2022). However, in this rangahau, a key theme

reflecting the reality of the wāhine lives is that they are concerned about their preparedness for retirement.

Menopause and Tinana Hauora – emerging themes

Health was a further important factor for the wāhine who partnered in this research. It appears that menopause and ageing prompted them to think about their physical wellbeing more than when they were younger, and they began to use a variety of ways to empower their physical wellbeing:

[redacted]

[redacted]

It is also not surprising, given structural inequities seen in the healthcare system and the ongoing processes of colonisation which permeate wāhine Māori lives, that we see poor health statistics which show that wāhine Māori carry a high burden of comorbid disease. Perhaps this is the reason why we see here that some wāhine Māori struggle with aspects of their physical health. For some, as they age, we see them become increasingly concerned about their wellbeing and begin to access medical or health services for support.

Menopause symptoms – emerging themes

The diversity seen in how women experience symptoms of menopause provides an example of the plasticity of the menopause journey. For some women, their symptoms caused severe mental distress, such as suicidal ideation. For some, prolonged physical symptoms and others had no symptoms at all, to the point they were not quite sure at the age of 70 years whether they had been through menopause or not. Heavy bleeding was reported in more than half of the research partners. Approximately one-third of research partners experienced brain fog, hot flushes and sweating, palpitations, sleeplessness and tiredness, pain due to cramping, and changes in mood. Anxiety, headaches, and psychological pain were also reported by approximately one quarter of the women in this study:

[redacted]

[redacted]

[redacted]

[redacted]

These symptoms are debilitating; the wāhine Māori are frank and forthright here about their discomfort and the impact menopause has had on their wellbeing. Irrespective of cultural nuances, menopause is closely tied to the physical ageing process. Age and the associated health issues reflected in these pūrākau are concerning for these wāhine Māori. Pre-existing health issues were possibly exacerbated by menopause, and this may have added to the level of anxiety these wāhine Māori experienced with their wellbeing. Several wāhine spoke of the emotional toll menopause has had on their wellbeing. Whether this emotional turmoil has occurred at this time in her life due to menopause or due to broader life stresses (as we see in the necessity of having to work within toxic workplace environments that affect wellbeing) is difficult to pinpoint; however, these wāhine chose to speak about it in relation to their menopause journey at the time of the interview.

Menopause Treatments HRT-MHT – emerging themes

There was a range of interventions to alleviate menopause symptoms offered by healthcare services, some of which were beneficial and some unclear. Several wāhine reported positive associations with the use of Menopause Hormone Treatment (MHT)[18], enabling more freedom and less anxiety about heavy bleeding. MHT did not provide these benefits for all the women in this rangahau. Some had heard about the risks associated with MHT and refused it or were sceptical about its use. Worryingly, several wāhine did not appear to receive the care or information required to be able to make informed decisions about their healthcare. This issue is not new in Aotearoa; Māori health has been on the periphery and inadequately addressed for centuries (Allport et al., 2018; Cormack et al., 2018; Curtis et al., 2023). It is not surprising,

[18] Hormone replacement therapy for peri- or post-menopausal women is now referred to as Menopause Hormone Treatment (MHT) in western medical discourse to differentiate it from hormone replacement for other endocrine conditions, e.g., growth hormone replacement.

therefore, that this marginalisation, coupled with the socio-economic disadvantage that contributes to health outcomes, results in wāhine Māori reporting a significant number of health concerns and looking for treatment for these. Here, the research partners voiced their experiences about seeking treatment:

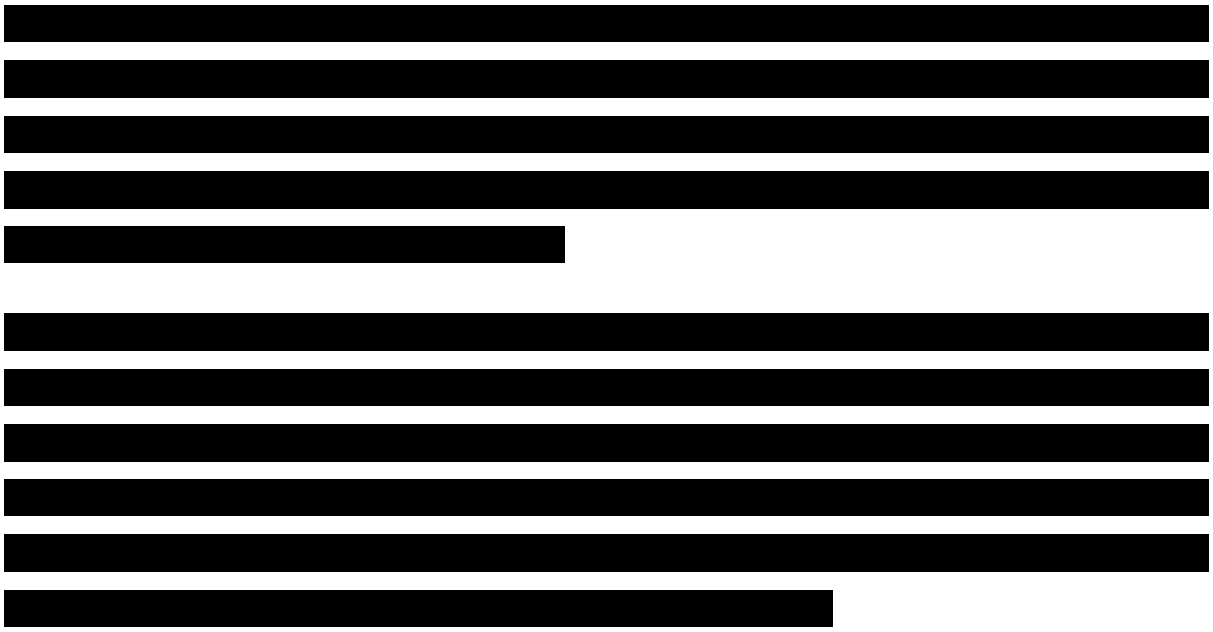
[redacted]

As we see here, some doctors do not offer alternatives to MHT, and some appear to downplay the risks associated with MHT. Consequently, wāhine do not feel as though they receive sufficient information or support from their doctor about MHT or available alternatives to MHT. They also question the doctor's credibility when it comes to menopause. MHT is one aspect of menopause treatment; when it is prescribed, it is monitored within strict biomedical

models. For some, it has been instrumental in managing the symptoms of menopause; however, we also see here that the research partners have firm and diverse opinions on the use of MHT. Irrespective of these different opinions, it appears that when seeking support, the health service provider and the information they provide are often not helpful or missing.

Surgical intervention – emerging themes

For some, surgical intervention was a form of treatment for menopause. The research partners who had hysterectomies acknowledge the pain associated with that decision, the uncertainty and the feelings associated with the loss of te whare tangata:[19]



The emotional and spiritual connection that these wāhine Māori speak about is framed by the cultural understandings Māori have about the sacredness and mana of wāhine, as her whare tangata provides the link to previous and future whakapapa. Wāhine Māori are revered in te ao Māori and credited for creating the first human, and we see the greatness and legacies of wāhine Māori in many of our creation stories. The changes brought about by having a hysterectomy are tied to these wāhine Māori senses of self. Sadly, some did not receive adequate or clear

[19] The whare tangata contains significant cultural meanings in terms of whakapapa, which provides for our connections to the divine and future generations, a concept I discuss at several points in the thesis and in more detail in Chapter Seven. Aroha Yates-Smith (1998) research further highlights how te whare tangata is also known as te whare o aituā (the house of destruction), framed upon the pūrākau about the death of Māui. What these contrasting concepts reflect is wāhine Māori power in life and death and in creation and destruction.

information or believed that the decision was not their own, and there was a lack of kōrero about how the procedure might make them feel, beyond the physical aspect:

[redacted]

Conceptualising experience as not normal[20] and being unsure of what procedure has been performed points to where and how one fits into discussions about menopause. Women who have had surgery (hysterectomy and possibly tubal ligation) appear to be excluded from what is considered "normal" menopause. It is particularly concerning that wāhine tino rangatiratanga in these locations (healthcare services) is not being acknowledged, that she is not empowered with the knowledge needed to understand and make decisions about managing her menopausal symptoms and hauora. At the risk of repeating myself, healthcare services appear to lack cultural insight into the significance or meaning of te whare tangata. I think this reflects broader attitudes towards Māori wellbeing in our healthcare services. Attitudes that have been constructed and reinforced by the medical profession about te ao Māori and wāhine Māori from a deficit essentialist perspective.

Healthcare experiences – emerging themes

Traditional Māori health practices have been, and are, severely impacted by colonisation. Starting in the early 1800s, colonisation led to widespread cultural decay, resulting in the abandonment of many social structures and cultural practices that had safeguarded and nurtured Māori health for almost a thousand years (Kingi, 2007). Today, here in this rangahau, we see much scepticism about the value of healthcare services for wāhine

[20] Both Fenercioğlu (2017) and Coney (1994) note that normal menopause is often portrayed as a pathologically deficient condition requiring medical intervention; thus, menopause is redefined as a health hazard to be treated, rather than a natural life stage. She also highlights how societal attitudes towards ageing women, especially those without children, contribute to the stigmatisation of menopause.

Māori trying to access treatment for menopause, with the attitudes and behaviours of the healthcare professionals negatively influencing their experience:

[redacted]

[redacted]

[redacted]

[redacted]

Cost is frequently cited in these wāhine voices – the cost of having to pay for something that is not helpful. This point is important; should a cost be attached to something half the population experiences, particularly when we know that globally the menopause industry is valued at over USD 21 billion (Hunter, 2024). There is also, perhaps, well-founded scepticism of a system which produces and profits from its use to such an extent (Wood et al., 2025). The wāhine Māori interviewed also felt that their health service providers' level of knowledge was limited and not oriented towards her experience of menopause symptoms. In one way or another, health professionals pathologised her experience, recommending unnecessary advice that did not reflect the realities of her life, rather than working in collaboration and partnership in their approach.

Menopause and Tikanga

In the Harakeke model, tikanga refers to the positive aspects of menopause, of which, despite what the findings thus far have discussed, there are many. Broad understandings of tikanga were apparent in the research partners' kōrero. Themes emerged that considered the cultural values and beliefs about changing wāhine roles, both at the marae and within social relationships and life experiences as they age and transition through menopause. In this way, the concepts discussed were a type of rongoā for the research partners on their menopause journey. Midlife change and age were mostly viewed positively, as a gift of time: time to think about one's own needs, health and happiness, rather than feeling pressured or that time is running out for what they might have done in their youth. In this way, time became an ally, where wāhine could slow down and reflect on their needs and embody tino rangatiratanga while coming to understand and know themselves in new ways.

Tikanga emerging themes – The Gift of Karanga

Karanga was a way that the wāhine Māori who joined this rangahau expressed meanings of tino rangatiratanga. We can also see in the research partners' kōrero about karanga the way karanga shapes their understandings of wellbeing during menopause, as we see below:

[redacted]

[redacted]

These wāhine speak of karanga as a special and consequential example of how Māori cultural protocols are embodied in the changing roles of wāhine as she transitions through menopause. The mātauranga and tikanga seen in the karanga have a meaningful and positive influence on her wellbeing. They also point to an understanding of karanga being less about something concrete and tangible and more about moments of significance, which positively affect wellbeing. The space where karanga is carried out, the marae, is a place of safety; it is a place that sits outside of western domination, a place where balance and tikanga are alive and thriving. Here, wāhine expectations about karanga are nurtured and supported, learnt from other wāhine, where the skill of the karanga is passed to you in a way that allows you to be unapologetically who you are, immersed in the aroha of our tūpuna and strengthened by our whakapapa connections. There was, however, also diversity in the research partners' kōrero about karanga being something that sits with ruahine alone:

...Karanga, important in wellbeing, I feel strength, and it is empowering for me. Something to really treasure in our culture; no other culture has this. I think it's important to follow the protocol on the marae. Here, kuia do the karanga; younger wāhine can learn it. I even see moko (mokopuna) learning it, but the way we do it is that kuia take the role (LK, 58)

...In my whānau, anyone who wants to do karanga can do it. My experience of karanga was nurtured by my tūakana and Mum, and I had to get the nod from my tūakana before I could do it. Rangatahi today will ask me questions about the karanga I do. They want to give it a go. I manaaki whoever is interested in karanga like my whānau did to me (TE, 70)

... I have concerns when I see young girls doing the pō karanga. I think at this age the world is your oyster, my Nannie never encouraged me to do that as a young girl, she knew that there is a time- wa tika to do it. She was putting safety around the karanga; it's a tapu thing, and you want to make sure you do it right (PW, 67)

Tikanga emerging themes – The Gift of Whānau

These kōrero about karanga and tikanga were framed within whānau and other social relationships during their menopause transition. Social relationships materialised as having relevance for the wāhine Māori who partnered in this study. Through discussions about what was important to them during midlife and beyond, they identified what their most significant social relationships were, as well as meaningful aspects within those relationships. Whānau

relationships surfaced as being central in discussions with these wāhine Māori, who look forward to both the support of and sometimes the responsibility for, their children and mokopuna throughout their elder years. There are, however, obvious exceptions to this rule. Māori people tend to stay connected to their hapori and, mostly, remain in close contact with whānau members as they age (Allport et al., 2018). These whānau situations can contrast with Pākehā culture, where children are often expected to leave home and seek independence outside of the family (Huygens et al., 2003). Almost all wāhine Māori in this research highlighted whānau as being significant in discussions around what became important to them during their menopause years:

[redacted]

[redacted]

Tikanga emerging themes – The Gift of Yourself

For some wāhine Māori, however, whānau relationships needed to be balanced with the need to have time to focus on the self. In this way, whānau relationships can present as a double-edged sword where conflicting expectations, whānau dynamics and diverse whānau situations compete. I discuss the findings here in relation to how these wāhine Māori yearn for balance both within whānau relationships and outside of them during their ruahinetanga:

[redacted]

[redacted]

Tikanga emerging themes – The Gifts of Others

In this research, the wāhine Māori who were involved noted that their social networks also expanded in other ways during midlife, particularly in relation to sharing experiences with women who share common backgrounds, but also in other ways. These wāhine Māori highlighted the advantages and values of Māori culture and the benefits, opportunities and hopes that the cultural matrix that te ao Māori holds for them. They see Māori culture as a place for growth, balance and wellbeing, a place that offers them a foundation for mutual support and shared experiences with other wāhine Māori:

[redacted]

[redacted]

Tikanga emerging themes – The Gifts of Māramatanga

Many research partners felt a sense of freedom from monthly bleeding as one of the physical benefits of menopause. Those who wanted to, were able to participate in situations from which they were once restricted during their menstrual cycles. Women's enhanced comfort with themselves also represents a gift of menopause, which is viewed as a milestone towards increased power and wisdom as elders. These gifts were often not anticipated; several wāhine Māori feared menopause because of what they had heard or seen from other women in wider society and negative views about menopause and ageing:

[redacted]

[redacted]

Menopause and Mātauranga Māori

Mātauranga in this rangahau considers the way that mātauranga Māori is a protective factor in the wāhine Māori journey through menopause. Those who partnered in this research spoke about the impacts of these contexts on her knowledge and experiences about menopause. They spoke about what it was like to grow up in these contexts and the influence this had on them, as well as how particular mātauranga came to protect and nurture their wellbeing across the menopause years. For the wāhine in this research, there was a synergy between mātauranga Māori, which enhances the wellbeing of wāhine Māori during menopause, and how the wellbeing of wāhine also strengthens the reclamation of mātauranga Māori. However, knowledge about wāhine Māori understandings and experiences of wellbeing and menopause was seen to be heavily influenced by the socio-political context, which, in Aotearoa, is firmly embedded in hegemonic discourses.

Mātauranga emerging themes - Discourse and Ruahine Bodies

We see several examples of this hegemony in the research partners' kōrero:

[redacted]

[redacted]

Mātauranga emerging themes – Pūrākaū

Māori people often learn through narratives and stories into which metaphors for life are seamlessly interwoven. Several pūrakau were shared in this rangahau as a means to navigate menopause and wellbeing. Similarly, traditional ways of knowing and being were discussed in ways that shape wāhine Māori experiences through this journey; these experiences are situated in Mātauranga Māori:

[redacted]

[redacted]

[redacted]

Mātauranga emerging themes – Te reo Māori

During the wāhine Māori menopause journey, te reo Māori was seen as a source of healing. In this rangahau wāhine Māori were acutely aware and thankful for the changes that have occurred across their generation regarding the acceptance and use of te reo Māori in Aotearoa. These wāhine Māori remember a time when te reo Māori was not encouraged and when there was a real danger of losing this taonga. Several were actively reclaiming te reo Māori during this time of their lives, often not only for their own wellbeing but for whānau and future whakapapa:

[redacted]

[redacted]

Mātauranga emerging themes – Tapu

The degree to which some wāhine Māori instilled tapu in their lives was generally highly regarded. There was, however, some variation in the perception and experience of the concepts of tapu and noa. Similarly, sometimes wāhine Māori understandings of tapu and noa

are difficult to articulate and are more an intuitive way of knowing. These differences may be related to the degree to which traditional ceremonies, language, and philosophies are known and practised in today's world:

[redacted]

Menopause and Pepeha

Pepeha in the Harakeke model considers how wāhine Māori have idiomatic understandings about menopause. The way we learn, speak about and understand menopause must also consider the unique positionality of each individual wāhine. Each research partner's understandings are drawn from numerous learning opportunities and situations that relate to the holistic nature of hauora and menopause, and which are all drawn from mātauranga, mohiotanga and māramatanga of te ao Māori me te taiao.

Pepeha emerging themes – Seeking Knowledge

Wāhine Māori in this rangahau learnt about menopause through both formal and informal means. They acknowledge their own past and the past of others, which was passed on to them, as sources of understanding menopause. There was also a silence around the experience of learning and understanding menopause. In the search for information, some of that silence was filled in by friends, mothers, sisters and aunties. For others, it was filled in through other whānau. Despite these efforts, there remains a collective silence about menopause in general, and what eventually did become known was generally based on information highlighting the negative aspects of menopause:

[redacted]

Pepeha emerging theme – Moko Kauae

Importantly, however, wāhine Māori who partnered in this rangahau actively recognise Māori cultural values that are antithetical to the narrative of cultural oppression. They retain

and speak to the traditional ways of knowing and being, which past and future generations of wāhine Māori might use to understand their transition through menopause and wellbeing. These traditional ways might have prevented previous generations of wāhine Māori from pursuing outside information about menopause and wellbeing, and in doing so, have kept particular Māori traditional values and customs protected within their whānau, hapū and iwi. Moko kauae might be an example of this, with several wāhine noting the positive effects of moko kauae on wellbeing:

[redacted]

Of course, understandings about moko kauae are not universal. Differing opinions and concerns about moko kauae were also put forward:

... I think that Māori culture needs to keep our traditions and mātauranga authentic. It's ok to share knowledge but not open the door for everyone else to learn without our own people being the priority. Like rongoā, it's all becoming more used out there, but I think we need to hold that knowledge before the Chinese do. You can go and learn how to make a korowai at night classes. Is this how we should learn about the Korowai? - Is this authentic? Moko kauae in my

whānau was something to be earned; you earned it, it wasn't a right. I feel we need to keep the integrity of our culture with us; this tikanga and mātauranga are sacred to us (TE, 70)

... I see there is a lot of stereotyping of moko kauae with nasty comments. I still see and hear nasty racist comments, like I saw on social media someone saying moko is like a Māori credit card, using it to go places or get somewhere with it. It is really sad for me to see this. We have a long way to go (HH, 67)

...Mum grew up in a time when being whakaiti and Māori were not celebrated. I get pissed off with that. But as a mother, I get her concern because she is worried that I will get treated poorly if I get a moko. For me, it's a sign of power; for her, it is a sign of discrimination and something to be afraid of (TC, 54)

... I was raised not to embrace it; we were brought up differently. However, the younger generation is taking it up. Family traditions – in my generation we didn't embrace them… This generation are all going out and doing it, and we haven't really accepted it. Why does she need to identify as Māori? Why did she need to do that? For me, it's always with the nannies, the kuia who earned it, and it was sort of recognition/acknowledgement of living an honest life and being a kuia. Now it seems like it's just a trend; it's becoming more and more popular to keep up appearances, and it takes away some of the sacredness of it (PW, 67)

... It's beautiful, but is it not being used in the right way? The tikanga of it is not happening (DLR, 67)

... Is te reo what qualifies you to get it? My values don't think that is necessary, but do you need it? Yeah, you kind of do, because moko is sacred and tapu, so you should be able to kōrero te reo Māori before you receive it (NP, 65)

... I was talking to my sister, and someone in the whānau recently got hers, and we were like, 'What for?' She never seemed to show any interest in her culture; she was brought up in Australia and doesn't have any understanding about te ao Māori, so it makes you think, 'What is she getting it for?' (LM, 58)

...Moko kauae is related to wellbeing, but it's something that you earn. I see young ones are getting it as if they have something to prove. It's a sacred and spiritual thing, not something that you earn, not because you feel you have to prove yourself. Why do you have to prove yourself? (RH, 56)

Pepeha emerging theme – Comparisons

As we have seen, in attempting to situate her own experience of menopause, some of the wāhine in this research attempt to use what she hears or sees from others as a platform to draw reference from. It is interesting to note that the wāhine in this study rarely relied on written material to inform themselves; instead, they relied on the lived experiences and whakaaro of other wāhine. Comparisons and the expectations of one's experience and others' experience of menopause, however, are fraught with difficulties. On the one hand, they can be reassured that individual wahine experience of menopause is normal, and on the other, it can be a source of apprehension, more so in an environment where menopause is portrayed as suffering and negativity:

[redacted]

[redacted]

The consequence of this type of information means wāhine Māori can become fearful of the elements of change during menopause, especially when the information is misrepresented. The cycle of misinformation can become a self-fulfilling prophecy; the fear of menopause can create fearful and negative understandings. Wāhine Māori in this rangahau are informed about menopause through their own investigations and through kōrero with friends and whānau. In each wahine, the search for information ranges from and is a balance between tradition, non-Māori women's experiences, neoliberal and liberal contexts, and Māori ways of being and knowing.

Pepeha emerging theme – Learning in Silence

However, for some who partnered in this research, colonial understandings about tapu and wāhine bodies are a consistent reminder of colonial ideas about the polluting nature of women's bodies and bodily functions. There is also a silence around a woman's reproductive function that sends a subtle yet powerful message that a woman's reproductive journey is not a topic for conversation:

[redacted]

[redacted]

Pepeha emerging theme – Papatūānuku

Māori knowledge systems are founded upon an understanding that knowledge is tied to relationships, including both tangible and intangible entities. Many truths exist; these truths manifest in our subjective life experiences. In this research, Papatūānuku is a truth from which wāhine Māori draw strength and peace. In order to strengthen hauora, they looked beyond western means. A re-remembering of the connections wāhine Māori have always had with the natural world was discernible:

[redacted]

[redacted]

Pepeha emerging theme – Hauora Wairua

A central element of te ao Māori is reflected in wairua. For some, wairua is an eternal connection to the universe; for others, it is about the relationships one has with whānau, and then for others, wairua holds intangible meanings for hauora during their menopause journey. For the wāhine who joined this rangahau, there was no one way to determine what wairua means. While speaking to its importance in wellbeing, the way they connected to wairua or how wairua manifested in their lives was unique:

[redacted]

[redacted]

Chapter Summary

Each subtheme discussed in this Chapter is dependent on the research partner's subjective experiences. These subthemes are understood and spoken about as an interconnected network, within which both individual and collective influences are experienced. Consequently, this interconnectedness makes it challenging to separate where each concept fits neatly into one section of the Harakake model of menopause. For instance, relationships and tikanga are interrelated with all aspects of te ao Māori spaces. Similarly, mātauranga cannot be discussed in isolation from tikanga; therefore, it is expected that some subtheme concepts arise and flow through several parts of the Harakeke model.

Through the stories and kōrero, the research partners discussed their understandings, experiences and expectations of menopause. For some, it has been a fearful journey, fraught with difficulties which have become the template upon which the changes associated with menopause occur. For others, it is a time where there are many positive understandings and experiences, some associated with freedom and self-discovery. Most, however, discuss their experiences through a lens of both negative and positive filters, both of which contribute to their realities of menopause.

The next Chapter discusses how many of the menopause experiences discussed here influenced the research partners in their mahi. It provides suggestions on how the Harakeke model might be used in workplaces and how government policies can improve wāhine Māori wellbeing, both individually and collectively, as they navigate through this phase of their lives.

Chapter Five

Mahi

Ko te rangimarie me te pai e ārahi ana i ahau ināianei
He pai taku wairua me tōku hinengaro
Te tū hei wāhine, tū kaha, tū herekore
E mau ana i ngā whakakai kia whakahoki i taku whenua kua raupatuhia
Peace and harmony guide me now
My wairua and hinengaro well Living as women, strong and free
Wearing my land back earrings

Mahi and Menopause

The term Mana wahine has a plurality of meanings. For example, in Chapter Three, I discuss how Mana wahine is reflected in research methodology through broadening the scope of Kaupapa Māori methodology in ways which highlight what it means to be Māori and female, to have diversity among those groups and to make visible, through research, the realities of wāhine Māori lives (Smith, 2012). Simultaneously, Mana wahine can be referred to as a Māori feminist discourse underpinned by four projects[21]. These projects have also been introduced in Chapter Three, and some additional discussion of some of these projects is included in this Chapter, particularly regarding the state in relation to the findings drawn from the interviews in this study. The heterogeneity we see in the Mana wahine discourse encourages multiple perspectives; however, we all have an undeniable common thread, which is the whakapapa that all wāhine Māori have. Johnston and Pihama (2019) state that wāhine Māori:

> are different, and those differences count. There are a number of factors that influence the life experiences of Māori women, and these diverse factors are a part of the diverse experiences which Māori women articulate. In seeking to make our differences visible and to create space for Māori women's stories, opinions and voices to be heard. (p. 165)

This Chapter seeks to do that: create the space for the research partners' voices and experiences of menopause in the workplace and, in doing so, consider ways we can reclaim and celebrate our rangatiratanga. Additionally, this Chapter weaves relevant literature and my own analysis

[21] As I have discussed in the previous Chapter, the Whānau project, the Spirituality project, the state project and the Indigenous women and white women project. (Smith, 1992).

of the findings together. I begin with a discussion around primitivism and how this theory presents the Other as being problematically different from the norm. I discuss Othering in the context of workplace menopause and the wāhine Māori involved in this research. The first part of the Chapter considers the environment that wāhine Māori work in, drawing from the research partners' kōrero in the research. Their pūrākau paints a grim picture of the challenges they face in the workplace and their experiences of menopause. In the second part of the Chapter, I discuss wāhine Māori retirement, a topic also spoken about in the research partners' kōrero. Here, I provide a discussion regarding the role of the state in perpetuating wāhine Māori marginalisation in paid work and how this affects their preparedness for retirement. There are a number of solutions which consider the possibility of reclaiming mana in the workplace for wāhine who have been or are going through menopause. Those possibilities include the actions and the potential of the Harakeke model of menopause in decolonising and Indigenising wāhine Māori workplaces.

Primitivism, Darwin, Colonisation

Colonisation and the devastating effects its processes have on Māori and most Indigenous people have been acknowledged and recognised in the academy (Irwin, 1992; Jackson, 2018; Johnson & Pihama, 1994; Mikaere, 1994, 2013, 2017; Simmonds, 2011, 2014; Smith, 2012). There is much evidence that shows how establishing control over Indigenous people and appropriating a place or domain for one's own use has resulted in loss and trauma for Indigenous people. The loss of land, the loss of people through introduced diseases and the loss of political power have been felt across social, political, legal, health and education systems (Simmonds, 2014). Mikaere (2013) suggests colonisation fashions Indigenous people into the image of the coloniser so that, essentially, we become brown versions of them. The collective nature of Māori culture, the balance between tane and wāhine, our spiritual beliefs, and our languages were not a good fit for the patriarchal, individualistic, capitalist values of the english and the settler population (Mikaere, 1994, 2013, 2017, 2019). In Aotearoa during the 1800s and 1900s, Māori ways of being were seen as inferior, and sadly, today in the 2000s, they are still seen this way by many. One notion as to what frames the basis of this superiority and inferiority attitude can be drawn from primitivism theory.

Primitivism is a persistent and fluid concept that is identified as a theory which marginalises Indigenous people around the world and those who sit outside mainstream western culture (Augustine, 2008). The word "primitive" conveys meanings associated with being less

advanced and less complex than those being compared to. In Aotearoa, according to Johnson and Pihama, these sites of difference for Māori people are seen:

> Not only in terms of colour and 'civility' but also were applied to support the positions of Māori in localities of inferiority. Beliefs about racial differences became influential in maintaining the superior/inferior relationship. By virtue of biological transmission, each group was designated as having distinctive attributes and as dominant groups sharing no attributes with those defined as Other. This is a particularly problematic idea in that worthwhile and "valued" characteristics are attributed solely to those of the dominant group. (1994, p. 83)

Drivers of civilisation have been based on comparative cultural qualities between western and Indigenous peoples and the need to assimilate those differences into one that represents the west (Smith, 2012; Sorrenson, 1975). In primitivist thought, these differences are reason enough for the ideas of western superiority and Indigenous inferiority. For example, scientific studies about sexually transmitted diseases carried out during the late 19th century connected the prostitute to the lesbian, the lesbian to the obese, the obese to African women, African women to the mentally insane, the insane to primates and primates to the leper, where eventually the inferior leper became a stereotype of African people (Augustine, 2008). We see evidence of this in Billroth's handbook of gynaecological disease, which states, "The prostitute's labia are throwbacks to the Hottentot (African women), if not the chimpanzee" (cited in Augustine, 2008, p. 9).

This type of literature is evidence of the attitudes which framed Indigenous women as being less human than their non-Indigenous counterparts. These attitudes are also rooted in the theory of the Great Chain of Being, a theory that held a central position in western ideology (Sorrenson, 1975). This theory underpinned the hierarchical nature of the universe in a linear sequence, which started with rocks, then plants, then animals, then non-white women, then non-white men, then white women, then white men, then the angels, and finally God (Sorrenson, 1975). In Aotearoa, during this time, Māori people were ranked higher than other 'savages', positioned somewhere above the Hottentots or the Aborigines, because it was presumed that Māori people had a greater capacity for civilisation (Sorrenson, 1975)[22]. Furthermore, such attitudes underpinned the concepts of noble and ignoble savages. Lindberg

[22] Moana Jackson suggests that this perspective reduces state culpability, in that there is a view that Māori oppression was less significant than that of other Indigenous people; he states, "as if one could have comparative levels of oppression ranging from genocidal in one place (say Australia) to the enlightened in Aotearoa" (Jackson, 2018, p. 90). These myths diminish the innate nature of colonisation.

(2013) notes that the discovery of the supposed "New Worlds" was motivated by the search for the unknown. Moana Jackson discusses how Spanish explorers in the 16th century returned from their voyages with tales that were both mythical and actual (New Zealand Drug Foundation, 2009, 6:06). These explorers' recollections of stories about the ways of Indigenous people were both glorified and idealised (Noble) but also shocked and ridiculed (Ignoble). An example of this can be seen in an early encounter between the crew of French sailors and a group of wāhine Māori who removed the bird skin covering their nakedness, upon which colonial cultural assumptions about whakapohane were interpreted through colonial sexual codes and expectations, consequently positioning Māori women as sexual objects (Johnston & Pihama, 2019). What was an expression of contempt towards the French was construed as an act of Native women's lust and absence of moral conduct (Johnston & Pihama, 2019). The result of these concepts of primitivism and the labels applied to Indigenous people, highlighting differences between them and colonial people, is central to conceptualising the "Other", something in Aotearoa we still see today, as I discuss next.

Othering

Characteristically, the "Other" is identified as being closer to nature, a myth that has also been theorised to be part of a racist discourse that serves european and white settler interests, such as oppression and dispossession (Henry, 2004; Pihama, 2001; Sorrenson, 1975). The construction of difference and, perhaps more importantly, the processes that give value to those differences are also central in the construction of the "Other". Henry (2004) states that Othering:

> is also a denial of history; it presents a barrier to change and can be understood as a myth. Marginalising others places them out of the bounds of mainstream history; it mythologises them as culturally, intellectually and morally inferior and so robs millions of people of their identities and their very personhood. Thus, one of the most critical components of modern or new racism is that it is based on an ideological construction of difference and othering. In combination with prevailing dominant white hegemonic power, racism becomes a commanding strategy for maintaining asymmetrical power relations, or the status quo. (p. 6)

Similarly, Smith (1992) states that:

> Māori women belong to the group of women in the world who have been historically constructed as 'Other' by white patriarchies and white feminisms. As

> women, we have been defined in terms of our differences from men. As Māori, we have been defined in terms of our differences from our colonisers. As both, we have been defined by our differences to Māori men, Pākehā men and Pākehā women. The socioeconomic class in which most Māori women are located makes the category of 'Other' an even more complex problem. (p. 33)

When we apply these understandings to the workplace, and specifically to one of the comments made in this research, around the use of karakia in the workplace (see research partner comment below), we see that there is institutional and systemic racism in workplace policies and procedures that directly or indirectly promote differential advantage and privilege for certain ethnicities. For example, Holmes (2018) discusses the concept of cultural order in the workplace context, which illustrates how the Pākehā hegemonic order is reinforced at particular times during workplace actions. Her research highlights the cultural order in meeting openings, where it is tikanga for Māori to open a hui with a karakia, whereas, in contrast, Pākehā usual ways of opening a meeting are shorter and direct. This site of workplace interaction provides an example of the value Pākehā attach to solidarity and egalitarianism versus Māori spiritual values and respect for the cultural components of hui.

For instance, when Māori gather for hui, they are immediately connected to their ancestral world for as long as the hui lasts, highlighting the importance of tikanga processes in hui (Salmond, 1975). In contrast, Holmes (2018) research found that Pākehā ways to open meetings began with phrases such as "Ok, everyone is here, let's get started" or "Let's crack on" (p. 39). These examples of meeting openings differ; they reflect the cultural values of each group. However, due to the Māori minority position in the workplace, the Pākehā cultural order of meeting openings privileges and reinforces Pākehā culture and values and therefore contributes to wāhine Māori lived experiences in the workplace while transitioning menopause. Other Mana wahine theorists have also highlighted the ways that Pākehā ideologies are privileged across society, for example, in the works of Irwin (1992); Mikaere (2013); Murphy (2011, 2019); Pihama (2001); Simmonds (2011, 2014); Smith (1992, 1993, 2012) and Te Awekotuku (1992). Additionally, it appears that workplaces seem not to know some very basic tikanga that, quite frankly, every self-respecting "New Zealander" should know[23]. For example, in this research, tikanga in the workplace was not regarded as we saw in *HH* comments.

[23] An understanding of basic tikanga is essential for every New Zealander, as it fosters respect and inclusivity. It also honours Te Tiriti o Waitangi, in particular Article Two, which guaranteed the undisturbed possession of taonga; as such, respecting tikanga is an obligation of being a Te Tiriti partner.

...I am the only Māori in the team, so there aren't many supportive relationships. They always ask me to do karakia; I do it in english, I'm not going out of my way to be their cultural conscience. It would be different if they were actually interested in te ao Māori, but they aren't; they ask me to do karakia, and then they go and sit on the table. I shouldn't have to remind them all the time of tikanga…. the boss has a meeting, no karakia, there are no Māori bosses anyway. They say the right thing in terms of Māori in my workplace, but not really supportive of Māori. It's quite tokenistic (HH, 67)

HH is expected to carry out karakia at the expense of her own understandings and meanings around tikanga in terms of inappropriate behaviours and picking and choosing when tikanga is employed. Perhaps this is due to the workplace's lack of knowledge, or perhaps, in this instance, these workplaces do know but do not consider it important anyway. When western understandings of karakia are imposed and translated into english, it reflects the difficulties that occur when people try to assimilate Māori concepts in a Pākehā world. The lack of understanding and attitudes seen in the workplace is reminiscent of the missionaries and their actions, which ensured Māori would forego their cosmological beliefs in favour of christian beliefs, essentially destroying the mana of wāhine in the process (Mikaere, 1994, 2013, 2017; Waitangi Tribunal, 2021c). Ani Mikaere (1994, 2019) widely criticises the inconsistencies in wāhine Māori reality and colonisers' perceptions of that reality. She highlights examples in history where the role of wāhine Māori has been re-presented to fit colonial values. For example, Māori cosmological understanding of the world is gynocentric; we see that many of our pūrākau illuminate the hine element in the creation of the world and all that it contains. Where, I ask, do our Atua connections, respect for concepts of tapu and noa, and Māori values and beliefs sit in this workplace environment of continuing colonisation?

We also see work environments often reflecting the message of Othering, particularly through power dynamics that are purposely asserted to preserve western dominance. That power imbalance is further reflected in sex and ethnic pay gaps, which are informed by and inform wāhine Māori working lives. For example, research that studied over 25000 professionals working in Science, Technology, Engineering and Maths found that white, able-bodied, heterosexual men experienced better treatment and rewards, such as inclusion, respect and rewards in the workplace (Cech, 2022). These privileges could not be attributed to any other reason other than that they were white and that they were able-bodied men (Cech, 2022).

Foucault's work around this discourse provides an analysis of the white self in relation to the Other (Hall, 1992). Foucault's theory of discourse considers how power and knowledge

(especially knowledge about the "Other") are produced through language and consequently construct the meanings of, and understandings of, any particular topic (Foucault, 1980). Hall (1992) states that "Not only is discourse always implicated in power; discourse is one of the "systems" through which power circulates. The knowledge which a discourse produces constitutes a kind of power exercised over those who are "known" (p. 89).

This statement shows that, according to Foucault, those who are in the dominant position produce the discourse and thus have the power to make truths and ideologies about what is real. According to Foucault's discourse theory, every society has established systems of truth, which are rooted in the fundamental knowledge that society accepts and thereby functions as the basis of truth (Foucault, 1980; Hall, 1992). These regimes reflect the dominant group's values and beliefs, while other forms of truth (i.e., non-dominant groups' truths) become marginalised and silenced (Hall, 1992). This power operates through institutional arrangements such as work, health, education, media and the law (Bartky, 1998; Foucault, 1980). An example of which can be seen in this research partner's comment.

…At work you're just a number, plus there already is this perception about me because I am the only Māori there; some avoid me in case I start talking about co-governance [laughing]…

The relationship between power and knowledge, and how these are constructed within dominant discourses, is a central place for actioning the possibilities of Mana wahine theory and discourse. We see that in Aotearoa, the dominant group's regimes of truths continue to play a role in what is known about, and the meanings applied to, many wāhine Māori. Having said that, an examination of the socio-historical factors that continue to exist in society, and the effect these can have on wāhine Māori self-perception and social positioning, is a crucial step in realising Mana wahine through deconstructing and critically analysing the processes that underlie these conditions (Waitere & Johnson, 2019). We can see that there have been, and continue to be, many sites of resistance and critical analysis here. For example, the WAI 2700 Mana wahine claim to the Waitangi Tribunal looks at the exclusionary practices seen in New Zealand legislation that prevent and inhibit wāhine Māori tino rangatiratanga and the effect that this has had on eroding the mana of wāhine in Aotearoa (Sykes, 2019).

Leaking Dirty Bodies?

Turning now to a different way, the research partners highlighted a lack of support and understanding in the workplace, drawn from their kōrero about their experiences of menopause

symptoms in this space. They called for more sensitivity around their needs as wāhine and their symptoms of menopause. Their experiences of menopause are, more often than not, ignored or silenced in a workplace where they do not feel it is safe enough to talk about menopause. Several also note their experience of being ashamed of their menopause, highlighting the stigma attached to menopause in the workplace, which often stems from the privileging of hegemonic values. Whiley et. al. (2022) research highlights the multiple ways that women experiencing menopause are stigmatised in the workplace. For example, they consider how the "othering" of the menopausal feminine body in the workplace positions menopausal women as being out of place and dirty, noting that menopause can expose women at work as (uncomfortably) visible through their leaky bodies (e.g., excessive menstrual bleeding or sweating) and yet invisible through their diminished femininity (e.g., no longer fertile, no longer youthful, or weight gain) (Whiley et al., 2022). Here, the visible symptoms of menopause make women subject to scrutiny and stereotyping, which leads to discrimination and questions about self-worth.

Acknowledging the construction of gender and the male gaze, Whiley et al. (2022) further claim that femininity "legitimates the hierarchical and complementary relationship with hegemonic masculinity" (p. 900). The embodiment of menopausal symptoms (i.e., bleeding, flooding, sweating) in the workplace is something that good patriarchal women are never supposed to do. These symptoms and the experiences associated with them are not the typical feminine qualities that are idealised in the male gaze[24]. Therefore, the menopausal body threatens hegemonic male values about women in the workplace, which simultaneously jeopardises the subordinate position of women. Here we see Foucault's analysis of power at play and why it is important for patriarchal societies to keep the stigma about menopause intact. The stigma attached to menopause is why women keep their symptoms hidden, and in doing so, the constructions of femininity within the male gaze are upheld, consequently keeping control and power over the discourse of women's bodies and experiences of menopause firmly within the male grasp.

Stigma and patriarchal values are implicit in the whakamā that the research partners discussed in their kōrero about their experience of the symptoms of menopause. Stigma and patriarchal values are also out of alignment with te ao Māori understandings about the role of women and the balance seen between wāhine and tāne, as well as our collective understandings of each

24 Neither is being a woman of colour, disabled, or LGBTQ+.

other's intrinsic value (Mikaere, 1994, 2017). Nevertheless, the substance of these foreign values is embodied in their experience of menopause in the workplace, as we saw in *AYS* kōrero

...I had a stressful job only made worse by the environment that was quite hostile towards women. I experienced hostility from co-workers, both Māori and non-Māori, because I was in a senior position. I had very heavy bleeding; the flooding was so embarrassing. I remember sitting in a hui and quickly having to stand up to let the blood run down my legs and not on the light-coloured chair. It became very difficult; I was very self-conscious, embarrassed and ashamed that my body was interfering with my work. I couldn't talk about it to anyone; I just couldn't. There were no supportive relationships; I was a Māori woman in my dream job running the show. Other Māori staff tended to hold that against me; that's how I felt anyway. I took a pragmatic approach, so I left that job, as I think it is better to live well than to not live, to live well as a wahine freely. It was not a culturally, physically or emotionally safe place for me (AYS, 69).

Stigma in the workplace also incorporates dominant white middle-class ideologies, which are obsessed with ageing (Trethewey, 2001). Master narratives that associate ageing with decline are troublesome, as they lead to women in the workplace demanding less and expecting less as they age, essentially diminishing their sense of self-worth (Trethewey, 2001). These circumstances are also linked to the politics of gender, race and class, yet in the workplace, menopause clearly symbolises age, which often leaves women in a vulnerable position (Trethewey, 2001). The leaky body[25] is unpredictable and difficult to control. Hot flushes can happen in an instant, and no one knows when or how heavy the blood will flow at any given time. Not being in control of one's bodily functions is stigmatising when we consider how the demands of the workplaces require bodies to be controlled, disciplined and productive (Trethewey, 2001; Whiley et al., 2022). Menopause symptoms can also further stigmatise those who are already discriminated against in the workplace. For example, wāhine Māori, women who have a disability, and those who might experience medical menopause, depending on the use of MHT (O'Reilly et al., 2022).

Am I alone?

Having considered menopause symptoms in the workplace, I now turn to the ways ruahine can become isolated, tokenised and hyper-visible in the work. Several research partners

25 Such as the menopausal symptoms which leak from the body, such as blood, sweat and tears

noted that the numbers of wāhine Māori in their identified respective workplaces were few and far between. For example, some discussed how working during menopause was largely an isolating experience, limiting the choices they had in the workplace. Similarly, Dickens et al. (2019) research with Black women and paid work environments suggested that Black women experience a concrete ceiling rather than a glass ceiling in the workplace due to being Black and being a woman. They suggest that Black women become hyper-visible in the workplace because of their numerical scarcity and therefore can often be positioned as "numerical tokens" (p. 154). The hypervisibility of Black women in the workplace is often a consequence of negative stereotypical and discriminatory attitudes that exist in society about Black people, essentially increasing the level of scrutiny that Black women experience in the workplace. (Dickens et al., 2019). When Black women (or Indigenous women)[26] are tokens at work, they experience heightened pressure to perform well and can feel isolated, such as what we saw in *LM* kōrero

...Not geared up, my manager is Pākehā in her 30s. I can't go to her because she doesn't get it. I don't find her supportive. I don't think she understands how debilitating it is for me. The sweats, the bleeding, the palpitations, the anxiety, the tiredness. I think my manager sort of thinks I'm trying to take the piss, instead of actually having a place that is supportive of what is happening. There aren't many other Māori here to talk to either. Then I sort of feel like I have to work harder to show I can do the job and not get the judgement from others (LM, 58).

Similarly, Haar et al. (2024) research found that Māori workers often experience higher workloads, which relate more broadly to the cultural double shift. This concept reflects that additional work-related tasks that Māori typically undertake in the workplace, such as being cultural navigators and guides, are often at the expense of their own wellbeing and their own workloads. Workplaces in Aotearoa predominantly operate from colonial positions, and recent research shows that Māori face significant discrimination and racism in the workplace (Haar et al., 2024). This racism was found to be compounded by the frequency of use of te reo Māori, which brought undue attention to Māori workers (Haar et al., 2024). When te reo Māori usage by Māori employees in the workplace is directly linked to higher levels of discrimination, we see how Māori face unfair and unjust systemic challenges which require radical and urgent attention.

26 I am not suggesting that Indigeneity is defined by skin colour; however, Black women, like many Indigenous peoples, face racism and discrimination due to the colour of their skin, which often intersects with their cultural and ancestral identities

Black women who work in predominantly white environments also undergo pressure to change their behaviour and appearance to fit in with the norms and values of the dominant group. Similarly, Māori women whose beliefs and values are different from the dominant group feel the need to keep these hidden and avoid drawing attention to themselves and their differences. This process is known as identity shifting (Hall et al., 2012). Identity shifting can produce alterations in behaviour, language and values to limit the hypervisibility of being a Black woman, or a woman of colour, or a lone wāhine Māori, making them invisible in the workplace. There are significant costs associated with consistently shifting between cultural, gendered and professional identities. For example, Hall et al. (2012) found that identity shifting compromises physical, emotional and spiritual health and wellbeing. They found that the Black women who participated in their research reported that they felt as though they had to live in two worlds and experienced sleep deprivation, emotional weight gain, hypertension, anxiety and hair loss.

We saw how the consequences of working in such an environment can, and do, impact on wāhine in this research menopause experience, with several reporting significant symptomology and health concerns. For instance, *TC* spoke about her symptoms in the workplace.

…In a meeting at work, feeling like I am going to die with rugged sweats and heart racing, it's hard to concentrate and sound professional. You feel like you're going to die, or when I am in a hui and I will sit there trying to remember someone's name, like I know who it is, but the brain fog slows everything down. That can be a little embarrassing; I sort of joke my way out of it or change topics (TC, 54)

Similarly, research carried out in Australia on women's paid work and menopause found that negative working conditions had an exacerbating impact on how they experienced menopause, also noting that menopause is a silent, poorly understood issue in most organisations (Jack et al., 2019). Hamman et al. (2012) research also concluded that poor working environments, policies, and conditions where there were problems with colleagues or supervisors aggravated menopause symptoms. In light of such research, and in light of what we have seen in this research, the fact that wāhine Māori continue to show up to these paid work environments speaks not only to their need for paid work but also to their amazing resilience, strength, and determination. It also speaks to the mana of ruahine in Aotearoa and the type of bravery that Moana Jackson speaks of in his hui reflections from the Kei Tua o Te Pae Hui proceedings, where he states that there are four types of bravery; the first reflects a core component of Mana wahine:

> The first component of being brave is to know who we are, to know what it is that makes us the mokopuna of the long and great traditions that developed in this land. It is to know who we are, as our people have always defined who we are, and not to know who we are as defined by others. (Jackson, 2011, p. 72)

I see these women as brave, as knowing who they are and whose wairua holds them steadfast in their challenging work environments. These workplaces are not only damaging for their sense of self-worth and hauora but also may have significant negative effects on their menopause journey. In the face of hostile work environments, menopause symptoms, shame and health concerns, it can only be strong wairuatanga and determination that keep these women intact and preserve their dignity.

Mana wahine Mana Mahi

Evidence of sites of resistance, Mana wahine, and deconstructing the spaces where wāhine Māori work, live, and play are important to the wāhine Māori in this research. The comments put forth in this rangahau highlighted the ways that wāhine Māori dismantle the barriers that work against the Mana wahine discourse. Penehira et al. (2014) note that "In essence, we are who we always were, precolonial; we are who we are as both colonised and decolonised resisters; and we are who we will be in terms of future responsive and proactive formations" (p. 98).

Penehira et al. (2014) also acknowledge that people and communities undergo change, particularly those which have been colonised and oppressed through racist ideology. What is particularly important here, and what the research partners' statements reflect, is that our thoughts can lead us to take courageous action in the society we live in, a society which also, at times, cauterises the collective hope we have for tino rangatiratanga. Nevertheless, just as our status as Indigenous wāhine and as tangata whenua remains constant, so does our hope for reclaiming our Indigenous freedom. The research partner statements illustrate the type of forward thinking and actions required to overcome the chains of ongoing oppression. For instance, their comments show that there are times when they have had to carry on in an environment that is often difficult to flourish in, which we see here in *PW* kōrero

...My current job is not as bad as previous jobs I have had. However, it is far from perfect. We have to fight the bosses to get them to have a better understanding of te ao Māori; our Tiriti rights are often ignored. I take great pleasure in reminding them of this. I work in education. I am surrounded by white men who think they know everything. I count myself lucky that

menopause has not impacted too much on my workspace. If anything, as I have become older I have less tolerance for that type of behaviour and call it out (PW, 67)

PW reflects on how she challenges the dominant culture's regime of truths; however, these truths have also created sites where some wāhine Māori have had little option but to conform and absorb eurocentric values, possibly for her very survival. Yet, I suggest what is key to remember here, and what I continue to discuss in future Chapters, is that we do survive through the many changes across our lifespan, and in the journey through menopause, the desire for a better future for ourselves as wāhine Māori, for our whānau and whakapapa, remains constant.

How then can workplaces better support ruahine through ruahinetanga and more broadly reflect Mana wahine? Simple solutions can be seen in Barriola et al. (2016) research, which found that greater supervisor support and understanding, full-time employment and having control over the environmental temperature were independently associated with lower menopausal symptom reporting. Feeling valued and understood by supervisors can help women cope with troublesome symptoms, which can have a significant impact on improved wellbeing and experience of menopause in the workplace. Furthermore, Barriola et al. (2016) suggest that menopause-specific support from supervisors and management can be particularly helpful in shifting the silence and stigmatisation that exists about menopause in the workplace. Workplaces in Aotearoa require radical and urgent change to support the tino rangatiratanga of wāhine Māori at work so that they become more familiar with tikanga and actively address the institutional racist systems that continue to affect wāhine Māori experiencing menopause.

The state

Another option under consideration is the introduction of workplace policies that aim to support the specific experiences of older women in paid work and invest in their specific health-related needs. (Tilley et al., 2013) For instance, in the United Kingdom (UK), the House of Commons Women and Equalities Committee (2022) report, titled "Menopause and the Workplace", included several recommendations for the UK government to consider. They recommended the UK government appoint a "Menopause Ambassador" to work with stakeholders and businesses, unions and other advisory groups to disseminate awareness, good practice and guidance to employers. The House of Commons Women and Equalities Committee (2022) also recommended that the UK government and the Menopause Ambassador work to produce and model menopause policies, such as how to request

reasonable adjustments to work schedules, provisions for education about menopause, and training, and to build a more inclusive workplace culture.

A review of the literature suggests that there are no such provisions for menopause in Aotearoa. And, according to Carter et al. (2021), this may not be that bad. They criticise the implementation of blanket policies regarding women's reproductive health, which at first glance might seem to be benign, but it also can imply that all women experience the same level of menopause symptoms and experiences. These types of policies may also inadvertently emphasise the 'difference' between male and female genders; that 'difference' can be seen as a perceived weakness, leading to increasingly discriminatory social attitudes towards older women. (Carter et al., 2021) Similarly, not all people who go through menopause identify as female; therefore, such gender-specific policies can contribute to negative attitudes about trans people (Carter et al., 2021).

Today's postmodern, neo-colonial society in Aotearoa is inextricably linked to government policy, which prioritises the value of work and labour. Currently, in Aotearoa, there appear to be no specific plans from the government to address menopause for ruahine in the workplace. There are, however, several plans and policies regarding women, Māori and paid work. For example, in 2004, the Action Plan for New Zealand Women was commissioned by the Labour government, publicising the government's commitment to improving a range of outcomes for all women (Kahu & Morgan, 2007). However, when critically analysed, the policy showed that state influence and government policy remain a powerful source of control over women in Aotearoa. For instance, Kahu & Morgan (2007) critical discourse analysis of that Action Plan suggests that liberal feminist goals are privileged. They discuss how the Action Plan rhetorises a discourse of equality, where women are considered equal to men and where women must be in full-time employment for wellbeing and to hold citizenship (Kahu & Morgan, 2007). They suggest that in the government's Action Plan for Women, her first responsibility is to the paid workforce. At the same time, traditional contributions to caregiving and community are constructed as burdens and must be sidelined in order to increase her paid work capacity.

Some 20 years later, again under a Labour government, a new women's policy was authorised: Te Mahere Whai Mahi Wāhine, the Women's Employment Action Plan (Manatū Wāhine, 2022). The plan opens with the Minister of Women's Affairs'[27] statement beginning with: "This plan provides us with the steps to support all women in Aotearoa to fulfil their potential"

[27] Minister of Women Affairs under the Labour-led government, Jan Tinetti, 2020-2023

(p.1). A critical discourse analysis of the language used in this document suggests that the sentence clearly sets an agenda about women's potential- which can be fulfilled through paid work. It can also suggest that women in Aotearoa currently are **not** reaching their full potential and so positions them as deficient. Constructing potential as something that needs to be fulfilled in women can lead to solutions which focus on changing women rather than changing the structures that are barriers to women.

It appears that both the Women's Action Plan (Kahu & Morgan, 2007) and the Te Mahere Whai Mahi Wāhine Action Plan (2022) are examples of just how state policy has and continues to influence women's lives through the promotion of certain discourses and ideologies that marginalise women. Importantly, however, when we consider the research partners' experiences of work in this research, I argue that government attempts to promote women's employment through various action plans look more at how they can fulfil the potential of the workplace to ensure it is a safe place for wāhine Māori experiencing menopause and less about women trying to fulfil her potential in environments that are very flawed, as the findings of this research demonstrate.

Linda Tuhiwai Smith state project considers the structural barriers which inhibit Māori women from expressing Mana wahine (Smith, 1992). The state project provides an analysis of the Pākehā-dominated systems in society, which are implicit in the ongoing marginalisation of Māori women (Smith, 1992). These systems, often found under state control, have been fashioned from a backdrop of patriarchal and colonial attitudes towards women and are central in common attitudes we see in society. These attitudes have misogynistic and anti-Māori undercurrents (Smith, 1992). Historically, the colonial state required Māori men and women to assist[28] in the new capitalist economy; thus, Māori women were funnelled into roles which largely mirrored western women's roles: that of domestication and motherhood and unpaid work, which enabled men to engage in paid work (Smith, 1993). These roles were particularly at odds with the roles and status of Māori women, where balance and equality were central in te ao Māori (Mikaere, 1994). The economic climate in Aotearoa has continued to determine Māori women's work status, consistent with state policies of who is in control[29].

Penehira et al. (2014) consider how the state is similar to neoliberalism, in that the state appears to remove itself from the position of control. It allows an open market where individuals can

[28] "Assist" is a word I use sparingly, as exploitation of people and whenua makes me wonder just how different it was from slavery.

[29] Currently, in 2023, it appears the state is concerned with fulfilling our potential in paid work.

negotiate beyond state control. However, Penehira et al. (2014) reflect that in an uneven playing field, Māori are more likely to be more reliant on the state for health, education, and other social and economic services, thus giving the state more control over Māori people than non-Māori. Penehira et al. (2014) state that:

> A positive neoliberal view would have us believe that the choices made available through these types of global enterprises are of benefit to all and are a natural and inevitable consequence of development. That is, that everyone has the same choices and indeed, more choices in this context. However, the reality is that those choices are determined by the majority of people in that what survives and thrives in a neoliberal world are things that are popular and therefore economically viable. (p. 106)

The economic viability of wāhine Māori is reflected in Ministry of Business Innovation and Employment (MBIE) (2022) data[30], where the median weekly income for Māori is $1,020, which is less than the median weekly income for all ethnic groups, leaving wāhine Māori and whānau at the lower end of income scales in Aotearoa. Of course, this is not true for all Māori. For some, the state of the Māori economy is promising, yet research analysis of whānau and households indicates that Māori are among the poorest in Aotearoa (Hokamau & Sibley, 2017). The present trends in Māori poverty create social and economic problems for the government, simply because the Māori population is growing in what is increasingly called the "Brown underclass" (Hokamau & Sibley, 2017, p.397). Long-term socio-economic deprivation on wāhine Māori and their whānau significantly impacts health and wellbeing. For example, Sheriden et al. (2011) report that Māori people and those with lower socioeconomic status experience much higher levels of chronic disease earlier in life, resulting in higher morbidity and lower life expectancy. The New Zealand Medical Council (NZMC) (2019) also reports that socio-economic factors negatively affect Māori health. For example, they link socio-economic positioning to statistics which show the wāhine Māori breast cancer mortality rate is twice that of non-Māori females, and Māori females' lung cancer registration rate sits at four-and-a-half times that of non-Māori females (NZMC, 2019). Health and wellbeing aside, long-term socio-economic deprivation is also implicated in how prepared wāhine Māori are for retirement.

[30] Indeed, in another action plan – Māori Employment Action Plan

Retirement

Manatū Wāhine (2022) data state that the retirement age in Aotearoa is 65 years and that wāhine Māori over the age of 65 years make up 24% of the paid workforce, the largest of all ethnicities. Women over the age of 55 years also make up 25% of the workforce in Aotearoa (Manatū Wāhine, 2022), meaning that today, over 300,000 women currently working are going through or have gone through menopause (Figure NZ Trust, 2022). Given the findings from this research, I ask, why then are work environments so poorly set up for some 300,000-odd perimenopausal women and particularly so hostile for menopausal wāhine Māori? Unfortunately, wāhine Māori in this research highlighted the need for having to continue to work in such environments; there was a common theme of their need to continue working past retirement and about their preparedness for retirement, as seen here with one wāhine stating:

…Work takes over so many aspects of my life. Since COVID and working from home, the boundaries blur, so I am working more and not getting any extra money for that mahi; that's probably why I can't retire. All my working life I've done too much, way beyond what I am contracted to do, but I haven't demanded more money for that. I'm 58, and now I worry that if I don't keep up the pace and keep up the workload, they will get rid of me; that will make me even less prepared to retire (LM, 58)

While another research partner comments:

…I am not in a financial position to be able to retire comfortably, nowhere near it, at this rate I'll be working till the day I die (HH, 67)

Worryingly, almost all of the research partners in this study reported that they did not feel financially ready to retire as they approached retirement age. These comments reflect a genuine concern about how, at this stage of their lives, coinciding with menopause, one needs to be prepared for retirement. In 2019, the superannuation rate in Aotearoa was $411.15 per week after tax for singles, and couples both qualified for $632.54 per week after tax (Matthews, 2019). However, estimated costs that take into consideration the consumer price index meant that a no-frills lifestyle for a single-person household living in a main centre was $602 per week or $1,190 if they wanted a more comfortable retirement lifestyle (Matthews, 2019). In the regions, a no-frills lifestyle for singles is estimated to cost $574 per week, increasing to $831 per week for additional retirement comfort (Matthews, 2019). A no-frills lifestyle for two-person households in main centres is estimated to cost $899 per week and $640 per week in the regions (Matthews, 2019). A more comfortable lifestyle for couples in main centres

requires $1,436 per week and $1,136 in the regions (Matthews, 2019). Based on these figures, most retirees in Aotearoa will need extra income depending on the standard of living they choose. The estimates of cumulative extra income range from $187,000 to $411,000 for singles and from $261,000 to $493,000 for two-person households (Matthews, 2019). We see a huge shortfall in these figures when we relate this to Stats NZ data which show that in the 55-64 age group Māori individual net worth is $179,000 (Stats NZ, 2025).

It is important to note here that Māori perceptions of wealth do not centre solely around finance. The balance of traditional Māori society, where relationships and reciprocity are key drivers of success and wellbeing, is still very much relevant today (Houkamau & Sibley, 2010). Similarly, Allport et al. (2018) found that kaumātua perceptions of wealth are not individualistic but move beyond the individual and are considerate of the welfare and future of whānau, hapū and Iwi. Their research also pointed out that many kaumātua felt a sense of responsibility to be the protectors and teachers of mātauranga Māori and te reo Māori, which gave them a sense of validity and belonging within their whānau and hapū. Interestingly, for some Māori, having a lot of money is not identified as entirely positive. For example, it can cause the owner of that money a sense of guilt and selfishness when they know other whānau have less (Houkamau & Sibley, 2017).

It is also important to note that statistics alone can paint a negative picture of wāhine Māori as being financially incompetent; however, in reality, societal and governmental structures and inequality have inhibited their ability to accumulate wealth, leaving the majority of menopausal wāhine Māori unprepared for retirement and needing to work beyond retirement age (Manatū Wāhine, 2022; Marē, 2022). One frustrating government structural barrier for this is the gender and ethnic pay gap in Aotearoa, and therefore it is essential to consider in discussions as to why wāhine Māori are not prepared for retirement.

Gender and Ethnic Pay Gap

In 2022, the gender pay gap for all women aged 65 years and above was 8.3% (Manatū Wāhine, 2022). Research from Manatū Wāhine (2022) suggests that up to 83% of the gender pay gap is driven by undocumented and unexplained factors such as bias and deeply held beliefs in society about the role and value of women. Explainable factors for the gender pay gap can be seen in Manatū Wāhine (2022) research data, which shows that more than 80 per cent of women work in female-dominated occupations that tend to be lower paid. Another factor to consider is the jobs women do, which are largely clustered around a narrow range of

occupations, usually at the bottom or middle of an organisation (Manatū Wāhine, 2022). Furthermore, men are more likely to be employers, and women employees, which maintains male dominance and the unequal power relations that permeate the workforce dynamics (Hyman, 2015).

Wāhine Māori are often found employed in low-paid, part-time work or working in the informal sector; this type of blue-collar work has negative impacts on readiness for retirement (Hyman, 2015). The cost of the combined gender and ethnic pay gap in Aotearoa is $17.6 billion per year (Marē, 2022). Reducing this pay gap requires more than government policy and changes in the labour market; it requires social change on a large scale about the value of women, and it requires us all to challenge the discriminatory social norms about wahine Māori that further contribute to this gap. Furthermore, the financial status of wāhine Māori needs to be understood in the context of the structural, historical, and political factors which have dispossessed whānau, hapū, and Iwi of their resource base, their identity, and the means to create intergenerational wealth (Irwin, 2022).

Gender inequality within unpaid care work is another missing link when we analyse the gender pay gaps. Women do more of the household and caregiving work involved in raising children and looking after others who need assistance, reducing their average paid participation (Hyman, 2015). These caring responsibilities are deeply embedded in today's social norms, which essentially consider unpaid work a female prerogative; these responsibilities traditionally were not assigned to wāhine Māori, as they were shared amongst the whānau and hapū (Mikaere, 2012). The unequal distribution of caring tasks and other types of unpaid work that we see today is found to be a factor in limiting her success in better-paying jobs, promotions and higher-paid occupations (Hyman, 2015). Wāhine Māori spend more time caring for others both in and out of their household and do more voluntary and community work than women from other ethnic groups (Manatū Wāhine, 2024). Additionally, ruahine play an important role in developing and nourishing the cultural, social and economic spaces in Māori communities. Karen Vercoe reflects that unpaid work is intergenerational amongst the wāhine within her whānau and an important form of servant leadership, contribution, and love which ensures their people are cared for and thriving in the manner their tūpuna would expect. She suggests these concepts go beyond the general meaning of unpaid work (Verco, 2020).

One way to reduce the impact of unpaid caring work and the gender and ethnic gaps in Aotearoa is to have government initiatives that encourage males to take on these roles. In many countries, including Aotearoa, the male breadwinner provides the normative reference point. Gender

equality policy is primarily aimed at improving women's situation by making women equal to men rather than making men more equal to women in relation to unpaid care work (Manatū Wāhine, 2024). Such actions might begin to reflect the balance needed today and the balance Māori society traditionally had. Additionally, Marē (2022) notes that reducing male pay rates could help equalise the gender pay gap currently seen in Aotearoa.

Other research regarding income and retirement policies in Aotearoa highlights how the state has contributed to multiple layers of inequity, so much so that:

> No single review of retirement income policy will be able to adequately address and unpick the multiple layers that generations of inequity have created. Transforming the lives of older Māori will take short-, medium- and long-term strategic thinking and planning as well as structural, institutional and personal behavioural changes. (Irwin & Thompson, 2022, p. 30)

As early as the 1930s women in Aotearoa have campaigned for equal pay for equal work. One example comes from the Working Women's movement, which in 1935 pushed for "deserted" women to receive a pension as widowed women did (Dann, 2015). In 1960, equal pay had been legislated for women in the public service; however, the private sector was reluctant to incorporate the same (Dann, 2015). In 1992, Duplessis (1992) reported that the gender pay gap was a significant issue on the feminist agenda and that women were particularly vulnerable in government employment policies. In 2023, the gender and ethnic pay gap remains both a non-Indigenous and Indigenous feminist issue in a continued struggle for pay equity and identical worth despite the legislation that says it should be so. That legislation, the Equal Pay Act 1972 (NZ), intended to improve the gender pay gap in Aotearoa. In its own words it provides the provision that an employer must ensure that "there is no differentiation, on the basis of sex, between the rates of remuneration offered and afforded by the employer to employees of the employer who perform the same, or substantially similar, work" (Equal Pay Act 1972 (s 3))[31]

The Act is now 50 years old, and while we have seen some gains in reducing the gender pay gap, we have not achieved this. Today, in 2023, wāhine Māori earn 23% less than european men, in comparison to european women who earn 11% less than their male counterparts (Marē, 2022). Across the 50 years of implementation of the Equal Pay Act 1972, there has been

[31] I note that the legislation does not state equal pay for equal work regardless of ethnicity, highlighting further the ways the state influences the lives and life chances of Indigenous women in Aotearoa. I am not a scholar of law; however, in my opinion, the legislation appears to be designed to privilege the employment rights of white women.

considerable criticism towards different governments about the lack of progress and action with regard to equal pay for work of equal value (Hyman, 2015). There are, however, non-government initiatives that aim to challenge this status quo. For example, #NoPayDay is an initiative by Global Women New Zealand, which urges all New Zealand women in paid work to stop working for free each year from 28th November (Global Women, 2022). The gender ethnicity pay gap we see means that for every 365 days a european male is paid for, the average european woman is only paid for 331 days, effectively working for free until the year ends (Global Women, 2023). This inequality is worse for Māori and Pasifika women who work for free from 4 November (Global Women, 2023).

Mind the Gap is another initiative which calls for the mandatory reporting of pay gaps through an online registry (Walters, 2022). This organisation delivered an 8559-signature-strong petition to Parliament calling for mandatory reporting of pay gaps in Aotearoa. Dr Kathleen Irwin, a key contributor and supporter of mandatory pay gap reporting, states:

> Ethnic and gender pay inequities continue to limit the economic resource base Māori women can access. For every $1.00 a Pākehā man earns, a Māori woman earns $0.81. In what universe is that ok? I'll be there today representing the wāhine Māori I am descended from, standing up for the wāhine Māori I am connected to and holding space for our mokopuna who will follow after me. (personal communication with Dr K. Irwin, Ngāti Kahungunu, Ngāti Porou, 11 October, 2022)

Reducing the gender and ethnic pay gap will not only help the wāhine who participated in this study to be better prepared for retirement and improve their health and life expectancy but will also provide a better future for generations to come.

Harakeke Model of Menopause and Wāhine Māori – Mahi

This research highlights many of the issues wāhine Māori experience in the workplace while traversing menopause. Many of those who partnered in this research reported that their workplace environments were not supportive of them while going through menopause[32]. In relation to the Harakeke model, this knowledge can inform the part of the model that highlights

[32] Perhaps a point I should have alluded to earlier: when I say wāhine Māori, I mean to say that this term is irrespective of her/their sexual orientation and gender identity. It is a point I briefly alluded to previously: not all people who go through menopause identify as women, and not all are in heterosexual relationships. However, I would hope that the Mana wahine construct in the Harakeke model of menopause, in some way, takes into account the experiences of the Māori person of female sex in whatever form that takes.

the possibilities of realising Mana wahine in the workplace. The information discussed here can be considered when wāhine Māori are approaching, going through or have gone through menopause and provides a platform for information sharing. For example, employers can initiate conversations about menopause and workplace safety (or the lack thereof) and other measures of workplace support when engaging with wāhine Māori. They can then suggest appropriate support services, ensure the workplace ergonomics are conducive to menopause, and share information about menopause as a means to support her hauora during this stage of her life. When we empower wāhine Māori to make their own informed decisions about wellbeing at work, we honour their tino rangatiratanga.

The silence about menopause in the workplace must change. The wāhine in this research felt empowered and stronger when we spoke about menopause openly. Through the Harakeke model and the Mana wahine construct, workplaces can and should speak about menopause in ways that are non-discriminatory and consider culturally appropriate models, ensuring understanding of tikanga in their interactions. Conversations about unpaid work, cultural values and the positive effect this can have on wāhine Māori lives might also be important to acknowledge to ease their experiences of menopause in the workplace. Time or flexibility in hours of work could be provided for wāhine Māori so she is able to attend to the many cultural roles and responsibilities she holds to further support her hauora during this time. Authentic conversations and actions such as these can improve workplace relationships and indicate to any wāhine Māori experiencing menopause that she is a valued employee. Improved relationships and understandings might begin to equalise some of the power seen in workplace environments.

The socio-economic burden that many ruahine suffer stems from the ethnic and gender pay gap as well as their experiences of working in hostile and culturally unsafe workplaces. Given the impact on ruahine health and life expectancy (as I have discussed previously), free or heavily discounted services might be considered by government and non-governmental agencies for those who want to access information and support about menopause. The employer might consider supporting these types of services and menopause support in their employee assistance programmes. These types of initiatives are reflective of equity. Equity is one of the expanded sets of Te Tiriti o Waitangi principles recommended by the Waitangi Tribunal as a result of the WAI 2575 claim (Waitangi Tribunal, 2019). These principles are discussed in detail in the next Chapter; however, in the context of work-related problems and the cumulative effects impacting wāhine Māori who are experiencing menopause, the Harakeke model serves as a

reminder for employers to advocate for these types of services as a way to remove some of the stigma associated with menopause.

Dr Kathleen Irwin also speaks about the opportunities that Te Tiriti o Waitangi can bring to the workplace and ways forward for wāhine Māori. She states that "we need Tiriti-centred organisational structure and culture in organisations, including schools and early learning centres, which need to be modelled on the vision and the possibilities of Te Tiriti" (personal communication, Dr K. Irwin, Ngāti Kahungunu, Ngāti Porou 8, April 2023). Such workplace environments that centre Te Tiriti o Waitangi in their organisational culture can lead to workplaces that are safer for wāhine Māori who are going through menopause and further support their tino rangatiratanga. On a structural level, Te Tiriti frameworks can be applied within the Harakeke model under the Mana wahine construct as a means to critique and challenge the barriers identified in this research. For example, regarding Māori taonga such as customary practices and values around hui and karakia. This critique can be carried out through critical examination of workplace policy and its influence on ruahine in the workplace. Including Te Tiriti o Waitangi can be a useful marker of agency and serve as a reminder of the Indigenous rights that ruahine have, rights that are guaranteed through Te Tiriti o Waitangi, and of the crown partner and employer responsibilities.

Further, the Harakeke model of menopause in the context of Mana wahine and mahi, can be helpful regarding retirement preparedness through the decolonisation of retirement and other public policy. Irwin (2022) notes that Māori life chances must be understood in the context of the ways structural, historical and political factors have impacted on our life chances, and so any changes in policy must come from a strengths-based approach. One structural example is how the present treaty settlement processes and redress are a fraction of the value of what was stolen. (Irwin, 2022) The crown has settled these claims with Iwi; however, it is the whānau who are the guardians and kaitiaki of the land. This whānau wealth will never be returned to them, both in terms of finance and in terms of alienation from the whenua, which is integral to personal identity (Irwin, 2022). A strengths-based approach might consider proper remuneration in treaty settlements or ensure each settlement considers wāhine Māori needs. Another example is that Māori who reach retirement will have done so having lived through decades of racism, which also affects their life chances. For example, the societal barriers which have affected the life chances of Māori and which have a lasting effect found in intergenerational trauma (Irwin, 2022).

The Harakeke model can be useful to explore the many realities that compromise the life chances that wāhine Māori currently have to be prepared for retirement. For example, the Harakeke model can be used to support Haar et al. (2024) research, which suggested that a strong inclusive workplace climate reduces workplace discrimination for kaimahi Māori. Inclusion can be achieved through authentic leadership that supports te reo Māori and tikanga Māori, alongside supporting wāhine Māori into leadership positions through purposeful recruitment and training to develop Māori workers into leadership roles. Importantly, inclusion need not be an expensive exercise; what is key is a continued commitment and ongoing practice towards respecting and valuing Māori cultural concepts and ruahine in the workplace. Essentially, the Harakeke model of menopause can be used as a tool to analyse how workplaces improve the life chances of wāhine Māori and decolonise government policy and programmes through the guarantees made in Te Tiriti o Waitangi in the context of work, menopause and wāhine Māori while, importantly, creating solutions that resonate with the meanings of Mana wahine.

The Harakeke framework reminds us that it is essential that healthcare practitioners remain attuned to the lived experiences of women navigating menopause, particularly as these experiences intersect with work, social expectations, and broader systemic influences. While issues such as workplace sensitivity and socio-political influences may fall outside the immediate scope of clinical care, they are nonetheless critical to holistic, patient-centred practice and reflect the social determinants of hauora for wāhine Māori. Awareness of these broader factors can shape more empathetic, informed interactions. Healthcare professionals are uniquely positioned to recognise these challenges and contribute to a healthcare culture that values inclusive workplace policy and legislative frameworks that support wāhine Māori wellbeing. The Mana wahine-mahi construct of the Harakeke framework holds space for these actions to occur.

Chapter Summary

In conclusion, I have discussed how workplaces are not a safe place where Māori values are honoured or respected for wāhine Māori transitioning menopause. I have highlighted how various government action plans have been slow and limited in their effectiveness when it comes to addressing the ethnic and gender pay gap and with regard to workplace dynamics, particularly for Māori women. I have discussed the role of the state in perpetuating the inequity we see regarding retirement preparation and considered how workplaces appear to be ill-prepared for wāhine Māori experiences of menopause while stigma, silence and unequal power

relations run rife. Figure Seven highlights the subthemes that the research partners in this rangahau reported regarding mahi and ruahinetanga. As such, it places the key subthemes discussed in this Chapter, which contribute to the Mana wahine dimension of the Harakeke model. These have been summarised as workplace sensitivity, retirement preparedness, economic policy and legislation. Together, these concepts construct knowledge about wāhine Māori mahi and menopause. I, too, ask, "In what universe is this ok?" It is my hope that the Harakeke model of menopause can be useful in decolonising these spaces through Te Tiriti frameworks and Mana wahine theoretical concepts. In the next Chapter, I unpack wāhine Māori experiences and understandings of menopause in relation to the discipline of medicine.

Figure 7 Mahi and the Harakeke model of menopause

Chapter Six

Hauora – taha Tinana

Ka purea ai ahau e tōku maunga
Me te whakatau i tōku wairua
E rongo nei i te marino, hei ārahi i ahau ki mua
I te huarahi tika
Toi tū Te Tiriti o Waitangi
The mountain cleanses me
And gives my spirit peace feeling the calm, guiding me forward in the right direction
Uphold Te Tiriti o Waitangi

Menopause

I have previously discussed some of the ways the Mana wahine discourse in the context of the paid workplace can help wāhine Māori who are going through menopause. The research partners highlighted many issues and difficulties in this journey, but there were also several examples that reflected the ways they claimed their tino rangatiratanga. A further consideration for these research partners, as evident in the findings, is their symptomatic experiences of menopause. Most of the wāhine who joined this study experienced symptoms of menopause, some subtly, and for some, the symptoms of menopause had a significant effect on their wellbeing and lives. Accessing treatment was identified as a significant barrier in the findings of this research. In this Chapter, I aim to discuss my analysis of these findings in the context of existing literature and current healthcare practice in Aotearoa. I also consider some of the causes and solutions to their present experiences here. It is important to acknowledge here that while the Chapter highlights some of the symptomatic issues in terms of the effects on physical wellbeing, we know that hauora extends far beyond this, and as such, ongoing discussion of what comprises hauora and wellbeing through menopause is considered throughout this thesis.

I begin this Chapter with a discussion about the physical symptoms of menopause that the wāhine in this research disclosed. I then turn to the history of menopause and how we got to this place of understanding that menopause is synonymous with deficiency. The medical profession's role, and the role that societal values have about women and wāhine Māori, are also applied to the creation of these meanings. I examine the role of MHT and healthcare services in the management of menopause symptoms using information drawn from the experiences of the wāhine who partnered in this research. The Chapter concludes with a

discussion about the Harakeke model and its application to healthcare practitioners and wāhine Māori experience of menopause in this context.

"My experience of menopause is not normal"

While very little is known about the health needs of older Māori women in general and, in particular, menopause, there is considerable research about menopause from a western medical perspective (Lawton, 2008, 2023). Coney (1994) argues that stereotypical perceptions of menopause are commonly promoted in the public sphere and are shaped by discursive practices within medical discourse. Medical discourse describes menopause as being an endocrine disease of deficiency of the hormone oestrogen requiring medical intervention (Coney, 1994; Lawton, 2013). From this standpoint, women going through menopause are seen as pathological and thus become property of the medical gaze (Coney, 1994; Fenercioğlu, 2017). It is common in the medical profession to hear comments about menopause which reflect ageing in women as hazardous and deficient, as the following statement from an Australian gynaecologist indicates: "Post menopause should be considered as a sex-linked endocrine deficiency disease that requires careful evaluation, management and follow-up" (Coney, 1991, p. 51). These understandings also permeate western medical ideology, an ideology which is underpinned by illness, deficiency and sexism (Coney, 1991; Sebring, 2021). We can see many examples of this type of ideology in today's society; for instance, ageing for men is considered normal, whereas ageing for women is considered deficient (Westwood, 2023). Childbirth, menstruation and menopause – in fact, most, if not all, aspects of women's reproductive health have been defined as abnormal events which require medical intervention. (Coney, 1994; Gurr, 2011; Simmonds, 2014).

Menopause measurements

It is now necessary to consider how menopause symptoms are measured. Research indicates considerable differences have been reported in women's experience of menopause within and across populations. Menopause symptoms are often factor analysed into several main themes labelled 'vasomotor' (hot flushes, night sweats), 'cognitive' (forgetfulness, poor concentration), 'somatic' (headaches, joint or muscle aches), and 'urogenital' (vaginal dryness, changes in sex drive) (Kim et al., 2023). One study carried out in Australia with 200 Aboriginal women found that fewer than 36% of rural Aboriginal women reported any symptoms of menopause in comparison to Caucasian women who reported experiencing symptoms at a rate of 68% in urban areas (McKenna, 2001). A further study with 25 Aboriginal women in

Australia found the most common symptoms were night sweats, mood changes and sexual disinterest (Jurgeson et al., 2014).

In 2008, Dr Beverly Lawton and colleagues carried out the first study in Aotearoa about the symptom profile of menopause and Māori women (Lawton et al., 2008). 'Vasomotor' symptoms were defined as the occurrence of either hot flushes and/or night sweats; 'psychological' symptoms were defined as insomnia, feeling depressed, feeling anxious, dizziness, tiredness, headache, and irritability/mood swings; 'vaginal' symptoms were defined as the occurrence of vaginal or genital dryness, genital itching, and/or genital discharge (Lawton et al., 2008). Over 80% of all women in Lawton et al. (2008) research reported experiencing 'psychological symptoms'; these symptoms were found to have similar rates of reporting in Māori and non-Māori women. The only symptoms reported to have statistically significant differences in ethnicity were insomnia and vaginal dryness, with higher rates of both reported by non-Māori women.

There are several explanations put forward for differences seen in cultural and ethnic experiences and reporting of menopause symptoms. For example, Lawton et al. (2008) question the methodological factors used in studies, such as the way information is gathered or results interpreted. These factors could include the menopausal status of participants (i.e., perimenopause or post-menopause) or the measures used to record symptoms (i.e., diary or recall). Other factors such as body fat, smoking and alcohol consumption have been linked to increased vasomotor symptoms, while smoking, diet, age of menarche, mother's age of menarche, number of pregnancies and use of oral contraceptives have been linked to earlier onset of menopause symptoms internationally (Ceylan & Özerdoğan, 2015). Lawton et al. (2008) research found that symptom reporting was negatively related to educational level[33]. Their research found that women who had higher levels of education and socio-economic resources had lower symptom levels.

Since Lawton et al. (2008) research, there has been little other published data about the symptom profile of wāhine Māori. This current research has no comparisons to non-Māori women's symptomatology; however, menopause symptoms identified by the wāhine partnering in this research indicated a range of symptoms that, on further disclosure, also range in severity. Table Four shows the incidence of symptoms reported irrespective of age, stage of menopause, and MHT use that were reported in this research.

[33] Small but statistically significant

Table 4 Symptom profile

Symptoms	Occurrence	Symptoms	Occurrence
Bleeding-heavy flooding	8	Severe mental distress, insanity/madness/suicidal thoughts	2
Palpitations	4	Emotional moods	5
Sweating	5	Sleeplessness	4
Brain fog	4	Pain physical cramps	5
Anxiety	2	Pain physical other	3
Headaches migraines	2	Pain psychological	4

Interestingly, heavy bleeding was identified in 53% of the wāhine Māori in this research. I say this is interesting because heavy bleeding was not specifically identified in the Lawton et al. (2008) research about the symptom profile of menopause in Māori women. Whether this was not considered relevant by the researchers or the 2000-odd women who participated in that research is unclear. However, what is clear is that the wāhine in the present study regularly commented on heavy vaginal bleeding as a symptom of menopause. This heavy bleeding had wider effects on hauora, as we saw several of the research partners kōrero

… I had heavy bleeding, I went to the Doctor, she put me on HRT, that didn't work, tried the Mirena, which fell out, so eventually hysterectomy was the only way to go…. So I did that, that helped with that…. I think I was quite anxious about that, I don't know if that was menopause related or whether that was because of the bleeding, worrying about what it was…. I guess it's more than that, though. Yes, the physical stuff was painful, but I think the journey is just as important, the changes (LK, 58)

… I had heavy bleeding that made me tired; it was so bad I needed my womb scraped out. Yay, I got my life back after that (PW, 67)

The impact of these symptoms on wāhine quality of life varies, as the findings in this research indicate. What was also very apparent is that menopause is experienced on more than just a physical level. In this research, some wāhine did not experience many, if any, physical or psychological changes beyond the cessation of menses, while others recall being significantly affected. This is not to deny any wāhine experiences of menopause; in fact, the opposite is true. However, physical and emotional discomfort during menopause can become the emphasis on wāhine experience, more so in an environment where medicalisation and dominant ideologies

are difficult to escape. Those who do not experience symptoms of menopause so severely are also subjected to these ideologies, as they permeate almost all dimensions of experience. In this way, Mana wahine discourse allows us to contemplate what our realities can be when the gaze shifts from deficit, decline, pain, and suffering. However, first we must analyse how we got here.

How did we get here?

Moore (2022) suggests that pathological views about the cessation of menses were primarily seen in discussions that were mostly influenced by the French medical community in the 18th century; interestingly, it was also they who invented the word 'menopause'. Some of those understandings drew on fifth-century readings of Hippocrates, who described the uterus as being the determining organ of all women's physiology (Tasca et al., 2012). Hippocrates theorised that a "restless and migratory uterus" (p.111) was the root cause of hysteria[34], suggesting that migration of the uterus occurred when the uterus was deprived of sex and procreation (Tasca et al., 2012). Sex and procreation, Hippocrates suggested, widened women's vaginal canals and promoted cleansing of their bodies (Tasca et al., 2012). Virgins, widowed, single and sterile women were thought to have tainted and unsatisfied uteri, which produced toxic fumes and caused her uterus to wander around the body, leading to a variety of disorders such as anxiety, humours[35], tremors, convulsions, epilepsy and paralysis (McCulloch, 1969). During this time, there were also clear understandings that women's bodies were inferior to men due to their anatomical differences, further understood by the concepts of women's bodies being cold and wet and so prone to putrefaction of humours in contrast to male bodies, which were noted to be warm and dry (Tasca et al., 2012). Treatments for such ailments included fragrant or acrid fumigation of the face and genitals, which was thought to push the uterus back into its natural bodily position (McCulloch, 1969; Tasca et al., 2012).

We move to the years 1098-1179, where the German abbess, Hildegard of Bingen, attempted to reconcile this Hippocratic "science" with "religious science", suggesting that evil forces

[34] The word 'hysteria' derives from the Greek word 'hystera' (uterus). In Hippocratic theory, hysteria was not considered to be a mental disease at this time. But that the uterus became angry at remaining 'unfruitful' and therefore wandered throughout the body, closing up women's airway passages, obstructing respiration and causing a variety of diseases (Tasca et al., 2012).

[35] humour, also spelt "humour" (from Latin "liquid" or "fluid"). In early Western physiological theory, one of the four fluids of the body that were thought to determine a person's temperament and features. In the ancient and European Middle Ages physiological theory, the four cardinal humours were blood, phlegm, choler (yellow bile), and melancholy (black bile); the variant mixtures of these humours in different persons determined their "complexions", or "temperaments", their physical and mental qualities, and their disposition (Moore, 2022).

caused the disease of women's bodily functions and thus it was incurable by medicine (Tasca et al., 2012). Understandings about women at this time not only considered women to be physically inferior to men and animals but also theologically inferior (King, 2002; Moore, 2022). For instance, women were seen as failed men, which was a consequence of their sinfulness[36], and therefore their salvation was only to be found in christ. Older women were particularly targeted here, portrayed as poisonous and evil demons who became affiliated with witches (Tasca et al., 2012). These defective creatures and women witches are condemned in the Old Testament, which drove fear into the collective population, and previous beliefs that adequate sex was necessary to prevent hysteria were exchanged for beliefs about celibacy and chastity, adding to misogynistic understandings about women's inferiority in the late Middle Ages (Moore, 2022). From the thirteenth century onwards, heresy was assumed to be the manifestation of mental illness; seen as an obscene bond between women and the Devil, so-called hysterical[37] women were confused with Sorcerer and were subjected to exorcism; the cause of their problem believed to be found in her demonic presence (Tasca et al., 2012).

During the 1500s, Henri II Ambroise Pare, surgeon to French royalty, gave much consideration to the questions of sterility and suppressed menses in women. He cited several reasons for this occurrence, ranging from sadness, fear, and hunger to excessive work, lack of sleep, and age (Moore, 2022). Sterility could also occur with menses, which was thought to be caused by blockages in the uterus or by a uterus that was too hot, cold, dry or moist. The temperature of the uterus was related to women drinking too much cold water, eating too much fruit or working too hard (Moore, 2022). Pare believed that retaining menses in women would prevent them from turning into males. He did not believe, however, that older women whose menses had ceased were more prone to descending into masculinity per se; he was clear that this could happen to any woman or girl who was too "uppity" (Moore, 2022, p. 37). For Pare, the cessation of menses was thought to cause suffocation of the uterus; his treatment instructions included vomiting, placing leeches around the cervix and consuming purgative herbal concoctions (Moore, 2022). Pare maintained that younger women contained more blood, were stronger and more cheerful and menstruated on the new moon, while older women menstruated on the full moon since they had less blood and required a stronger, more vigorous moon to invoke their menses (Moore, 2022).

[36] Drawn from theological understandings about Adam and Eve.

[37] Behaviour exhibiting overwhelming or unmanageable fear or emotional excess, in contrast to Hippocrates' definition of hysteria being related to movement of the uterus. Hysteria has been defined and redefined many times since Hippocrates' time (Tasca et al. 2012).

These plethora understandings of menopause were an important piece of menopause history. 'Plethora' (from the Greek word 'plēthōrē', meaning 'fullness') refers to a mechanistic theory recommended by medical scholars from numerous western european cultures from the end of the sixteenth century. They suggested a physics-based understanding of ageing, where excess healthy fluids caused pressure in the venous system, affecting bodily function and tissues (Moore, 2022). Treatment for plethora then sensibly included phlebotomy and bloodletting since the aetiology of plethora was linked to excess body fluids (Moore, 2022). Such understandings continued into the 17th century, where older women whose menses had ceased continued to receive regular bloodletting treatments to maintain good health (Lawton, 2018). During the 18th century, Halle scholars[38] listed hysteria and nymphomania as signs of the plethora in women of all ages, leading to understandings about women's final cessation of menses as being a time of nervous pathology and aberrant sexual desires. Lawton (2013) writes that:

> In 1857 Edward Tilt, a British doctor, described 'the change' in terms of forms of insanity: 'the forms [of] insanity are distinguished: delirium, mania, hypochondriasis, melancholia, impulsive insanity and perversion of moral instincts'. Women with extreme symptoms could end up in mental institutions or under custodial care! (p. 14)

These associations reinforced the image of a deviant and hysterical menopausal woman, an image that has consistently gained traction in medicine (Coney, 1994; Moore, 2022). As a result, women were (and remain) seen to need increased levels of medical surveillance and self-care; these concepts are captured in one of the major sub-genres of menopause treatments of that time, which continues still – l'hygiene (Coney, 1994; Moore, 2022).

Initially, hygienist epistemology proposed that women could be educated about how to care for their bodies prophylactically, which could potentially prevent symptoms of menopause (Moore, 2022). Early[39] understandings of hygiene contained a number of interventions that were complex systems of hygienic measures, including dietary advice, mucilaginous broths, genital cleanliness, purgative diets, ingesting the mucosa of young animals and the application of leeches to the vulva (Moore, 2022). One might have thought that, as we have progressed across time and gained more knowledge about women's experience of menopause, we might

[38] University of Halle in Germany, where several doctoral students were working on integrating a plethora of understandings into climacteric years (Moore, 2022).

[39] Circa 1806 (Moore, 2022).

have broken free from these outdated interventions. However, we see now, as we saw then, that hygienic medicine continues to particularly target ageing women, even if they have nothing wrong with them, with products or interventions that are questionable. For example, today we see an exponential number of products in the market, from herbal supplements found to have little or no benefit, to cosmetic goods that exaggerate their benefits, to preventative surgeries; all aimed at older women to prevent ageing and relieve the symptoms of menopause (Coney, 1994; Lawton, 2013; Moore, 2022). These markets are heavily commercialised, with the global menopause market valued at USD 21 billion in 2022 and expected to continue to grow by 6% annually from 2023 to 2030 (Hunter, 2024).

The point I am trying to make here, in this discussion about the history of menopause, is that the western history of menopause and the construction of menopause in the medical discipline has been extremely long. It is also a history that has been heavily influenced by the medicalisation of women's bodily functions, male opinion and commercial forces that have sat outside women's control. The process of reclaiming this space for wāhine Māori and other Indigenous women is, for lack of a better word, complex. I discuss some of these complexities in the context of Aotearoa in the following sections.

Aotearoa – what happened here?

We have seen how, since the 5th century, the development of menopause has been implicit in the medicalisation of women's experiences, where non-medical problems are defined and treated as medical ones (Coney, 1994). Within the context of menopause, medicalisation has reinforced gender stereotypes, sexuality, consumerism, and racist discourses about women's bodies, which continue to depict women as out of control, deficient, and no longer feminine or sexually attractive (Coney, 1994). The biomedical explanation of menopause being perceived as abnormal is partly due to the construction of medical understandings and values about women's bodies according to specific interests and ideas. For instance, Patton (2006) argues that western medicine and the science that provides it with validity portray themselves as being neutral, beyond the influence of culture or social norms; however, a feminist analysis of the medical discourse suggests that western medicine is heavily framed by androcentric ideologies. Similarly, Featherstone (2006) suggests that western medicine and science are not moulded solely by simple experimental, deductive, and clinical reasoning, but by economic, social, and political forces.

The danger here for wāhine Māori is that when menopause is defined as a medical problem, there is an understanding that only medically approved solutions are seen as being able to resolve it. In that moment, women lose control over fundamental aspects of their experience, because at the heart of the western medical discourse is power, and that power is tightly held in the health professional's hands (Featherstone, 2006; Simmonds, 2014). In this way, medical practices and regulations come to shape and influence women's experiences of this life stage, while the authority of the western medical discourse reinforces prevailing ideologies concerning women, exerting significant pressure on them to consume commercialised products for their wellbeing. Consequently, western medicine and societal norms construct a proper way to experience menopause.

Numerous researchers have criticised the way the female body is medicalised and controlled across its lifespan (Coney, 1994; Murphy, 2019; Simmonds, 2014). Recently, the distorted reality created by medicalisation, from which women have formed their expectations about wellbeing and judged their personal experiences of wellbeing on, has been resisted. Many of the wāhine in this research indicated clear dissatisfaction with medical services received, which is not surprising given that, historically, women have been excluded from western medical and scientific knowledge production. It is well established that the healthcare system has been made by men for men. (Featherstone, 2006; Jackson, 2019). We should also not be surprised at how western medicine also controls gender narratives, such as those seen in the construction of gender and feminine traits (i.e., female submissiveness), which are played out as a type of colonial paternalism in the health professional-patient relationship. For example, in this research, we saw evidence of such colonial paternalism in *LM* experience

…Doctors don't seem to know; male or female doctors don't seem to have much knowledge about it anyway in my experience. One said I needed to be kind to myself… 'Just be kind to yourself' was what he said, which pissed me off. I didn't pay 50 bucks for you to tell me to be kind to myself… Trying to tell me something I already know (LM, 58)

This status quo has, until recently, been accepted as the norm (Jackson, 2019). Simmonds (2011) suggests that the continuation of this status quo is essential in order to maintain power relationships and broaden women's invisibility, and particularly wāhine Māori invisibility. These types of relationships thrive in many areas of women's health, as seen in Naomi Simmonds' research. She has written extensively about the relationships and environments that colonise Māori birthing experiences. In regard to birthing, she states that:

> When a woman becomes pregnant she is given vast amounts of information relating to the 'safest', 'best' and 'healthiest' way to be pregnant, birth and mother one's baby. By no means does this information come from a space of objectivity or neutrality. Rather, the prescriptive 'norms' of maternities are spatially and temporally mediated and many Māori women are left trying to find meaning in the words and orders of others. The assumed superiority of western, colonial and patriarchal knowledges make it difficult for Māori women to make sense of their maternity experiences. (Simmonds, 2014. p.126)

In the context of this research, wāhine who sought information or care from healthcare services experienced a service that was culturally unsafe, where particular social, cultural, and political interests were at play that outweighed her needs. This left her exposed to fear and uncertainty about her journey through menopause, attacking Mana wahine knowledges in the process.

I am not denying that health professionals, such as Doctors and Nurses, are experts in physiology. However, this has often been used as a convenient rationale for continuing colonial processes which render Black women's bodies primordial and degenerative (Featherstone, 2006). In Australia, the concepts of race, whiteness and the Black body were central to medical discussions about women. Featherstone (2006) reports that medical discussions and publications produced and reproduced concepts of Indigenous bodies as racially decayed and diseased, where women were discursively presented and re-presented as producers and feeders for that race. Thus, the biological reproductive female body was not only gendered but also was a racially specific concept. Featherstone (2006) goes on to suggest that Doctors were complicit in the construction of white Australia, where whiteness is seen as having authority over all women's experiences and understandings of womanhood and motherhood. Through the surveillance and gaze of the medical profession and its principles, a white Australian nationhood and identity were supported.

The juxtapositions of race, gender and nation were (and are) central to the construction of wāhine Māori in Aotearoa. Fuelled by ideas about Social Darwinism and the hierarchy that the english race was biologically, morally and intellectually superior to all others, there was a belief that interbreeding of races would lead to atrophy of the human body (Featherstone, 2006; Wanhalla, 2001). In Aotearoa, during the late 19th century, medical theories suggested that british people needed british blood to remain pure, giving rise to eugenic theories of the time and debates about the fitness of particular races (Wanhalla, 2001). Eugenics relates to social engineering of selected populations through direct means such as sterilisation, segregation,

marriages, immigration and birth control (Featherstone, 2006). Eugenic theory proposed that prevention of "unfit" reproduction, through measures such as sterilisation, segregation and marriage certificates of health, would produce a society free from the financial and social burdens posed by those deemed unfit. The unfit included single mothers, sex offenders, juvenile delinquents, "subnormal" children and the feeble-minded (Wanhalla, 2001). According to the likes of settlers in Aotearoa, such as Barbara Brookes, Claudia Bell, Keith Sinclair and Margaret Tennant[40], these vulnerabilities posed a significant threat to the healthy, socially progressive image and national identity of Aotearoa (Wanhalla, 2001).

Eugenic birth control through sterilisation in Aotearoa was (unlike other countries) never fully expressed in the legislation; however, it was considered in the 1928 Mental Defectives Amendment Act and proposed in the 1906 Habitual Criminals Act (Wanhalla, 2001). Wanalla (2001) states that:

> In evidence to the 1924 Enquiry into Mental Defectives and Sexual Offenders, witnesses made clear the racial benefits of sterilising perceived defective women. Comparing women to animals, Dr Crosbie, Medical Superintendent of Sunnyside Mental Hospital in Christchurch, stated that sterilisation "might make them, as it makes the lower animals, better, more docile and sleepier". (p. 84)

Such evidence in support of the 1928 Act meant that if the Act passed, "it would probably have placed this country [Aotearoa] in the forefront in measures of dealing with the problem of mental defectives" (Wanhalla, 2001, p. 81). Just what constituted mental defectiveness can also be seen from Dr Crosbie, who stated that "if women who are moral imbeciles were sterilised, they would still be able to spread sexual diseases around the country. They are not like ordinary unfortunate women who have sufficient providence to keep themselves clean" (Wanhalla, 2001, p. 85). Other personal characteristics that were conducive to sterilisation included immoral women who were "prolific breeders of defective children" (Wanhalla, 2001, p. 134) and mentally deficient and "oversexed girls who were a menace to public morals and public health and who were producing large families and living in frightful conditions" (Wanhalla, 2001, p. 142).

The idea that sterilisation and other eugenic interventions could achieve social betterment was particularly dangerous for wāhine Māori. For example, in evidence presented to the Royal

[40] White settler families of the time, who, according to Wanhalla (2001), were pro-eugenics.

Commission of Enquiry into Historical Abuse in State Care and Faith-based Institutions, Dr Hilary Stace stated that:

> A Māori colleague who grew up in the 1940s and 1950s told me most Māori children in his town were sent to health camps to be fed Pākehā food, culture and morality. Robert Martin mentioned that he was a rare Pākehā boy among Māori kids in the institutions he grew up in. Some educational institutions like Fareham House in the Wairarapa were specifically developed for Māori girls. In data on disability and abuse, and in survivor accounts, Māori are disproportionately affected. (2024, p. 16)

While there is no record of Māori children having forced sterilisation sanctioned through legislation, Dr Stace further states that "Even though eugenic sterilisation was never legalised in New Zealand, many were likely disguised as operations such as appendectomies. Some survivors report unconsented sterilisation operations" (Royal Commission of Enquiry into Historical Abuse in State Care and Faith-based Institutions, 2019, p. 10).

Similarly, Hamilton (2012) identified confirmed cases of hysterectomy in the context of unconsented sterilisation procedures involving girls with disabilities in Aotearoa between 1991 and 2000, and while this issue is beyond the scope of this thesis, these procedures are evidence of how vulnerable people's rights to complete bodily integrity are currently adjudicated in Aotearoa. An example of which can be seen in a law firm's advertising of their available services, "Advising a District Health Board on consent issues arising from a proposed sterilisation of an intellectually disabled young woman" (Hamilton, 2012, p. 68). Details of such procedures are kept in confidential institutional and clinical records, meaning that they remain largely inaccessible, and, as such, it is difficult to know the exact details of the unconsented sterilisation of Māori women. However, we do know there has been a long history of colonial views in Aotearoa which anticipated the end of the Māori people[41]. If our country's history is anything to go by, I believe it is reasonable to assume that if anyone, it would be wāhine Māori who would come to bear the burden of sterilisation through the eugenic movement.

In a similar vein, Dr Crosbie suggestions about lack of hygiene were often attributed to wāhine Māori, perhaps further exposing her to the threat of eugenic motives regarding sterilisation at

[41] For example, Hiroa (1924) quotes Dr Featherstone in 1856: "The Māori's are dying out, and nothing can save them. Our plain duty as good, compassionate colonists is to smooth down their dying pillow. Then history will have nothing to reproach us with" (p. 326).

that time (Wanhalla, 2001). More recently, Simmonds (2014) noted that Native bodies have historically been equated with dirt or holding some pollutant threat. Furthermore, in a 2023 television interview, following the release of the Menopause Survey 2023—a survey of 6,000 women in Aotearoa experiencing menopause—the entire interview portrayed menopause as a time of disease and decline (Dear, 2023). While this interview did not target wāhine Māori per se, their natural biological processes are often distorted by colonial, social, cultural and political discourses built on a historical system which is culturally incompatible. These spaces can have the effect of silencing wāhine Māori, where her physiology, knowledge, and experiences fall outside the powerful, culturally valued norms that operate in society, leaving her vulnerable to criticism and judgement. This leaves her with little choice but to join the status quo and trust in a system built on the history I have discussed here. A system which has never served her well, as we saw here in the kōrero of this rangahau.

...I think most of our healthcare is based on males. I think christianity turned women into subhuman beings, opposed to men being superhuman beings (RH, 56)

... I've been to the doctor maybe eight times about what I presumed to be menopause. I mean, I had all the symptoms of what you would see in menopause, but they never really brought it up, but I am the right age, I have the symptoms, and so it must be right? Anyway, they don't seem to really listen, but the cost adds up, plus I am busy, really too busy to go and wait in the doctor's clinic while they run 45 minutes late for my appointment. Then I'm in the room for about 5 minutes; he takes my blood pressure, nods his head, thinks it's viral, gives me some Panadol, and then tells me to come back in a couple of weeks if I'm not feeling better. Hell, is there something not right with this picture… It doesn't take a genius; I get so hōhā just thinking about it (TC, 54)

Aotearoa, what is happening here now?

The present research highlighted many instances of wāhine Māori dissatisfaction with healthcare services. This is particularly concerning given the relative socio-economic disadvantage that many wāhine Māori face and the links that socio-economic status has to health, which means that there is a possibility that they might enter menopause in poorer health and with fewer resources to maintain wellbeing. With this in mind, I now consider the experience of those women who perhaps had the most severe consequence of menopause symptoms placed upon them, those who have undergone hysterectomy or other surgical procedures on the advice of their health professionals as a means to improve their quality of

life[42]. While the promise of a better life might, for some women, give an appeal to sterilisation beyond eugenic motives, questions arise as to whether these wāhine represent an increased use of hysterectomy amongst wāhine Māori to treat menopause symptoms legitimately or are artefacts of health professionals' selection processes. These questions are something for future research to discern; however, I am fearful of some of our health system motives, considering that it remains an institution that is heavily imbued in colonial values and that these values most definitely permeate decisions made about women's health[43]. I am in no way saying that the women in this research did not make the right choices for themselves. I am, however, concerned, as the research findings show that often a lack of information is provided by health professionals to make informed health decisions about treatment for menopause. Moreover, I am concerned about the nature of any information provided, which often draws on western experience and understandings. I question the quality and suitability of that information when considering the cultural values of who the woman in front of you is.

The wāhine Māori in this research provide valuable insight into their experience of menopause. Part of that insight reflects the tapu nature of the whare tangata, the loss of which was intimately felt by wāhine who partnered in this rangahau and who had undergone a hysterectomy. Grief and anguish were clearly visible in these wāhine; they felt as though they were not a woman anymore, that they had lost something which made them who they were without that organ that held their hine element. The research partners who had hysterectomies also conceptualised their experience as "not normal", feeling unsure about where they fit in discussions of menopause. They also felt that they tended to be excluded or to be separated from "normal" menopausal women, thus further fragmenting the experiences of this group. For example, one partner noted

…I had a hysterectomy, after that, I felt a real loss of my whare tangata, I saw myself as not a whole woman anymore. It depends on who is around you, your circumstances and your beliefs as to how you overcome that. We took my whare tangata home, and my husband and I buried it under the tree, we have a tree where all the whenua are buried by the urupā, we said karakia

[42] One wahine was advised to have a hysterectomy due to the incidence of cervical cancer.

[43] We only need to be reminded of Dr Green and associates and the cervical cancer enquiry at National Women's Hospital, sparked by the investigative report of feminists Sandra Coney and Philippa Bunkle. Their work drew people's attention towards the unethical practices of medical researchers on women. In the National Enquiry, specific attention and concern relating to the needs of Māori women was expressed by Judge Sylvia Cartwright. I have discussed this sentential medical event in Chapter One.

and cried. He cried for me, and I cried for us both. I still cry. I don't know if my experience is normal menopause because of the hysterectomy or not (AYS, 69)

Other partners also spoke about the debilitating effects of menopause symptoms on their hauora in the findings. You will recall several statements such as this one from research partner *DLR*

…I had terrible headaches and anxiety, and very heavy bleeding, which did not get sorted until I was in my mid-50s. This annoyed me because I really suffered, and looking back, I think my doctor should have taken this more seriously (DLR, 67)

Wāhine Māori fear of ill health is well-founded. The epidemiological research is clear about the health disparities seen in wāhine Māori (Manatū Hauora, 2019, 2023, Waitangi Tribunal, 2019). The degree to which their reproductive health has been medicalised naturally produces fear about the physical and psychological consequences of menopause and medical interventions[44]. Without appropriate information, fear of menopause and medical interventions can leave wāhine Māori feeling out of balance and reliant on information that can cause more harm than good. The medicalisation of menopause has clearly created a very disquieting situation for all women, and I argue for wāhine Māori in particular, as we know the health of Indigenous women is more highly medicalised and controlled in today's healthcare systems than that of non-Indigenous women (Featherstone, 2006). In Aotearoa, menopause is still associated with loss of status and decline in western paradigms, and so comparisons between wāhine Māori and non-Māori women's experiences depend on what aspect of menopause we choose to focus on. Therefore, it might be somewhat surprising for the reader to discover that medicalisation and deficient understandings of menopause are not the central focus of this thesis as you read on in further Chapters. However, first, MHT, healthcare and ruahinetanga will be discussed.

MHT/HRT[45]

Menopause Hormone Treatment (MHT) was used by several wāhine Māori who engaged in the research. MHT is the term used for the hormones used to treat menopause symptoms in menopausal women. Previously commonly known as Hormone Replacement

[44] In terms of how medical interventions can be fearful, but also in terms of the cultural significance of wahine Māori whare tangata

[45] I purposely use medical jargon as the Heading for this section. I do so to highlight one of the many ways the medical discourse privileges its own language and ways of communicating and how this contributes to confusion for wāhine Māori accessing healthcare services

Therapy (HRT), MHT replaces the oestrogen that the ovaries are no longer making during and following menopause and is cited as the most effective treatment for the vasomotor symptoms and urogenital atrophy associated with menopause (BpacNZ, 2024).

As shown, women's bodily functions have been a topic of interest across the centuries. During the 20th century, interest in the impacts of hormone depletion on women's health increased substantially. Several clinical conditions associated with menopause are connected to Hormone Deficiency Syndrome, including hot flushes and late-onset chronic diseases such as cardiovascular events, osteoporosis, Alzheimer's disease and vaginal atrophy (Cagnacci & Venier, 2019; Lawton, 2023 40:40). MHT began with the use of oestrogen products which were approved in the 1960s for use in the treatment of hot flushes (Cagnacci & Venier, 2019). MHT was presented as a treatment that ensured a woman's femininity forever, as menopause was considered a hormone-deficient disease; it was reasonable to assume that it was curable and preventable using the magic of hormones (Cagnacci & Venier, 2019). However, MHT use in women has not been void of controversy and risks. Hundreds of studies over several decades have both challenged the safety of and supported the use of MHT. For example, in the United States, the Women's Health Initiative (WHI) trials in 1993 investigated whether MHT would reduce the incidence of heart disease, cancer and fractures in postmenopausal women (Cagnacci & Venier, 2019). Early in the trials, there were findings highlighting safety issues such as increased risk of stroke, coronary heart disease, breast cancer and pulmonary embolism; consequently, the research was stopped (Cagnacci & Venier, 2019). Other evidence from longer-term investigations, alongside randomised controlled trials and observational studies, found contradictory outcomes to the WHI study (Cagnacci & Venier, 2019). Currently, there is broad international consensus that, for most women under 60 years of age or within ten years of menopause onset, the benefits of menopausal hormone therapy (MHT) are likely to outweigh the risks, particularly when symptoms significantly impact quality of life (BPac, 2024). A timeline of MHT developments in research and its effect on the use of MHT can be seen in Table Five.

Table 5 MHT Developments[46]

[46] Table 5 Information retrieved from British Menopause Society (2022).

1965	HRT becomes available in the UK	Key points
1993	The Women's Health Initiative clinical trial starts in USA. Aims to study the effect of oestrogen and combined HRT compared to placebo	Women with uteri (16,608 participants) were randomised and received a combination of 0.625 mg Conjugated Equine Estrogens (CEE) and 2.5 mg of medroxyprogesterone acetate (combined HRT), Women without uteri (10,739 participants) were randomised and received 0.625 mg of conjugated equine oestrogen or a placebo
1996	The Million Women Study begins in the UK, uses questionnaires about HRT use and risk of breast cancer and other health issues	From 1996 to 2001: Looked at the risks of breast cancer and other health issues in HRT users compared with nonusers in a total of 828,923 women. Women who were over the age of 50 and who were attending breast screening clinics as part of the NHS Breast Screening programme were surveyed by questionnaire
2002	The combined HRT arm of the WHI study stops prematurely, out of safety concerns in the findings that saw a small increased risk of breast cancer, stroke, blood clots and heart disease.	The study was stopped three years early by the safety monitoring committee as a previously specified limit for breast cancer cases was exceeded and overall risks were thought to exceed benefits Publication of the preliminary findings 2002 Of those taking HRT there were: An increase in coronary events, stroke, breast cancer and vein blood clots, and a decrease in osteoporotic fractures and colon cancer
2003	The Million Women Study publishes its findings. Both doctors and HRT users are confused regarding safety issues. Many doctors advise their patients to come off HRT. Some women stop taking HRT immediately. Such actions were, and continue to be, unduly influenced by a high level of media interest which has tended to attract some health scare headlines. Amongst continuing health safety fears, HRT users fall from 2 million to less than 1 million in the UK	Published findings: Oestrogen-only HRT causes a small increase in the risk of breast cancer, womb cancer, ovarian cancer Combined HRT increases the risk of breast cancer more than oestrogen-only HRT Combined HRT reduced the risk of womb cancer The longer HRT is used, the higher the risk of breast cancer The risk of breast cancer disappears as soon as HRT is stopped No increased risk of venous thrombosis (blood clots) with transdermal oestrogen
2004	WHI finishes the oestrogen-only arm of the HRT study, finding trends for beneficial effects on breast cancer and heart disease risk but a small increased risk of stroke.	Subsequent publication of the full findings from the same WHI Study showed over estimated safety concerns and a U turn on the 2002 findings. When the results were split down by age: Those starting on HRT under age 60 may actually be protected by HRT in some health aspects. Those starting on HRT over 70 don't accrue the same benefits and could be at certain increased risk
2019	The Collaborative Group on Hormonal Factors in Breast Cancer. The prospective follow-up identified 108,647 post-menopausal women of which 55,575 (51%) had used HRT.	The study reported a duration-dependent increased risk of breast cancer diagnosis with both oestrogen only and combined HRT, the latter being greater.

We see, from Table Five, that, over time, a lack of rigour in research and the sensationalism of benefits and risks regarding the use of MHT has had a dramatic effect on its use. Additionally, general practitioners' (GPs') attitudes towards MHT and their prescribing rates have been, and still are, influenced by the findings of the WHI research (Sturmberg & Pond, 2009). More recently, GP prescribing rates are also said to be powerfully influenced by their personal preferences and their understandings about disease and wellbeing (Hokamau, 2016).

The impact of personal preference on managing menopause for wāhine Māori is most concerning and is implicated in the poor health outcomes seen in the Māori population in Aotearoa (Hokamau, 2016). Furthermore, Australian research has found that healthcare providers received little to no information about managing menopause during their training, and a knowledge gap existed regarding the indications for using MHT (Davis et al., 2021). A lack of training and professional knowledge leaves healthcare providers with little else to draw on but their own personal values and understandings of menopause (Davis et al., 2021). Furthermore, health practitioners report that they are not confident in MHT prescribing, which limits their capacity to provide proper care for menopausal women (Davis et al., 2021). The consequence of this lack of healthcare practitioners' knowledge means that women transitioning through menopause and who are seeking healthcare advice and support are left with an ill-informed healthcare practitioner and poor-quality service. An example of which can be seen here

...Pay good money to hear what I already know – I don't come to the doctor unless I really need to, just to be sent home with a list of exercise, diet, and meditation. Doesn't he think I have tried that before coming to him? Maybe he doesn't know anything about women and menopause (CG, 53)

In Aotearoa, Lawton et al. (2008) research showed that Māori are less likely to have used HRT (24%) compared to non-Māori (54%). At that time, only 5% of Māori women reported current use of HRT, compared to 30% of non-Māori women, despite similar rates of symptoms seen in Māori and non-Māori women (Lawton et al., 2008). More recent data from July 2018-June 2019 shows that dispensing rates of MHT for european women are 1.5 times higher than for Māori women (BPAC, 2019). These issues reflect what the wāhine who partnered in this research expressed: a clear dissatisfaction with the treatment they received from healthcare services regarding MHT use and treatments for menopause. This poor service corresponds to the lack of health provider knowledge, personal preferences and bias around health practitioners prescribing behaviours. When practitioner behaviours are framed upon personal preference and the values of medicalisation and white superiority, wāhine Māori are not offered

the evidence-based treatment or knowledge to make informed decisions in the management of their menopause symptoms. Consequently, inequalities exist for wāhine Māori during ruahinetanga. The role the state has in perpetuating these inequalities will be discussed next.

The state… Again

As medical researchers and others recognise, health is profoundly political (Durie, 1994; Gurr, 2011; Kingi, 2007). Race, class, sex and gender inequalities, and the platforms from which these inequalities originate, require cautious and deliberate consideration in any efforts to understand health and wellness (Gurr, 2011). In Aotearoa, Te Tiriti o Waitangi sits within political dialogue around health and wellbeing. The significance and purpose of Te Tiriti o Waitangi is because it is widely acknowledged as the founding document of Aotearoa[47] (Kingi, 2007). However, Te Tiriti o Waitangi is a source of ongoing debate and challenge in Aotearoa; for some it is 'a simple nullity', and for others a rights-based framework reflecting Indigenous authority (Kingi, 2007). The crown has a long history of reluctance and refusal to implement the provisions of Te Tiriti, including those directly related to health (Kingi, 2007). For example, the Tohunga Suppression Act 1907 breached Articles 2 and 3 of Te Tiriti by essentially making Māori understandings of health and wellbeing illegal[48], relegating Māori knowledge systems about hauora as myth and not credible or scientific (Mikaere, 2013; Murphy, 2019; Simmonds, 2014).

In Aotearoa today, mātauranga Māori and its position in the mainstream healthcare services are not recognised as legitimate and are subject to crown interpretation. For example, when the Therapeutics Products Bill 2023 was introduced to the New Zealand parliament, it was to replace old legislation with new laws regarding the regulation of medicine, medical devices, biological products and natural health products, some of which are also used in rongoā and rongoā rākau (Scully et al., 2022). Rongoā Māori is a whole system of hauora, underpinned by mātauranga Māori and Māori authority (Scully et al., 2022). Furthermore, Rongoā is a taonga; its protection is necessary as an expression of rangatiratanga, consistent with the expectations of Article 2 of Te Tiriti o Waitangi (Scully et al., 2022). In 2022, the Manatū Hauora Rongoā workstream was set up by the Labour government to gather and share feedback from Māori

[47] There was a previous document which declared New Zealand as a sovereign nation and which was recognised by the british king at the time. Established by Te Whakaminenga o ngā Hapū o Nu Tireni (The Gathering of the Hapū of New Zealand). This group of rangatira (chiefs) met to discuss several issues, including the problematic foreign population, at this gathering in 1835. It was here that He Whakaputanga o te Rangatiratanga o Nu Tireni (The Declaration of Sovereignty of New Zealand) was authorised (Mutu, 2021).

[48] Few were prosecuted under this act; however, it had larger effects on disrupting and subordinating ways of knowing.

about whether the Bill adequately protects rongoā while also assuring patient safety and improved Māori health outcomes (Scully et al., 2022). What the workstream found, however, is that the Bill is, in fact, in stark contrast to the requirements of Article Two of Te Tiriti o Waitangi and consequently, the regulation of rongoā Māori within the Bill is a likely breach of this Article, particularly in terms of tino rangatiratanga over rongoā Māori (Scully et al., 2022). The consequence of this breach is likely to incur significant costs for Māori and their ability to maintain an important part of wellbeing and culture and is contradictory to all evidence that suggests kaupapa Māori initiatives are shown to be remarkably more effective than western medicine-only approaches (Durie, 1994; Simmonds, 2014). The state attempt to define and control the use of such traditional methods is unacceptable, given the issues I have discussed, which currently exist in this country's healthcare systems and services, particularly concerning menopause and wāhine Māori. Next, I discuss the potential that the Harakeke model has in supporting ruahine wellbeing during menopause in the context of healthcare services.

Hauora me te Harakeke Model of menopause – Te Tiriti o Waitangi[49]

I argue that Te Tiriti o Waitangi within the Mana wahine construct of the Harakeke model can be used as a framework to improve health outcomes for Māori through the application of the principles of Te Tiriti o Waitangi. The Hauora Report on Stage One of the Health Services and Outcomes Kaupapa Enquiry (Waitangi Tribunal, 2019), an outcome of the Waitangi Tribunal claim WAI2575, has recommended to Manatū Hauora that five principles of Te Tiriti o Waitangi must be incorporated in healthcare services. I am hopeful that these recommendations will alleviate some of the dissatisfaction the wāhine Māori in this rangahau spoke about when accessing healthcare services for their menopause symptoms or in seeking advice about menopause. The first principle that the tribunal recommends is Partnership, and what that means in clinical practice. Kingi (2007) suggests that partnership places an obligation on the crown to include Māori in the design of health legislation, policies, and strategies and to have an active role in any plans for Māori health. Manatū Hauora (2023) defines the principle of partnership as requiring "the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the primary health system for Māori (p. 12). Both Kingi (2007) and Manatū Hauora (2023) explore partnership in ways that can have an impact on improving Māori health outcomes; however, they seem not to reflect the realities of wāhine Māori experience of healthcare services in this rangahau.

[49] Wellbeing and the Harakeke Model of Menopause

How then do we bring partnership within reach by using the Harakeke model of menopause in clinical practice? Partnership is something that needs to be framed on trust and respect and takes time to develop. Partnership can be difficult to establish in western medical systems due to the nature of the health professional-patient relationship and the interplay of power, knowledge, gender, culture, time, space and place in that relationship (Ramsden, 2002). From a te ao Māori perspective, partnership can stem from whakawhanaungatanga, which means we share power in the health professional-patient space.

We can use Māori frameworks and concepts to develop this partnership. The Hui process is a model used to develop relationships framed on Māori traditional greeting values (Lacey et al., 2011). It has four distinct elements: the Mihi, Whakawhanaungatanga, Kaupapa and Poroporaki (Lacey et al., 2011). Applying the Mihi to clinical practice begins with the initial greeting and engagement where the health professional introduces themselves, their role and the purpose of the consultation to the patient and whānau (Lacey et al., 2011). The next phase considers the Whakawhanaungatanga element, which focuses on establishing personal connections with the patient and their whānau. In clinical practice, it requires health professionals to draw on their own understanding and experience of te ao Māori and consider the Māori patients' and whānau values, beliefs and experiences (Lacey et al., 2011). This stage of the process requires the health professional to include some self-disclosure, which can often be challenging, as, generally, self-disclosure is prohibited in healthcare institutions in fear of crossing professional boundaries (Lacey et al., 2011).

With this in mind, I am not saying that Whakawhanaungatanga needs to cross those boundaries, as, of course, there are limits to what one discloses; however, the reality is that disclosure is known to facilitate partnerships and relationships (Lacey et al., 2011). Thus, the health professional might require support and/or training from Māori clinicians to ensure an understanding that moves them from "engaging" with the patient and whānau to Whakawhanaungatanga, where the relationships are grounded in te ao Māori values (Lacey et al., 2011). For example, whakawhanaungatanga is not a one-off event; there needs to be an ongoing relationship and ongoing consideration of how to continuously connect with the patient and whānau throughout the encounter(s) (Lacey et al., 2011).

The next stage is the Kaupapa stage, where the health professional attends to the purpose of the encounter. The final stage, the Poroporaki, is ensuring each party is satisfied, that the health professional has understood what the patient and whānau have said and what their needs are, and that there are clear understandings about what the next steps are (Lacey et al., 2011). When clinicians use this model in practice, it contributes to the development of meaningful and

culturally responsive partnerships with wāhine Māori as they engage with healthcare services; the concepts in this model can apply across other contexts.

The Harakeke model of menopause can also be used as a framework to gain a deeper understanding of some of the concepts framing wāhine Māori experience of menopause. Through this approach, the model can facilitate partner relationships in ways that are binary, ways that privilege the importance of relationships in te ao Māori, and ways that support the balance seen in our collectiveness and, simultaneously, reflect the uniqueness of wāhine Māori experiences and understandings in developing relationships and partnerships.

The second principle of Te Tiriti o Waitangi that should be applied to healthcare services and practitioners is Tino rangatiratanga. Manatū Hauora (2023) defines tino rangatiratanga as "guaranteeing Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services" (p. 12). Tino rangatiratanga, therefore, can be nurtured in health practice through the empowerment of the person accessing healthcare services. As knowledge is inextricably linked to power, the pathway to tino rangatiratanga can surely be through empowering health service users with the knowledge needed to be able to take control of their healthcare journey and empowering wāhine Māori with knowledge to enable them to make informed decisions about menopause, including what happens to our bodies as we age, in a way that is not drawn from a deficit perspective. Understanding what treatments are available, what complementary and alternative treatments are available, and considering wāhine Māori in a broader context rather than as a problem needing to be fixed are important mana-enhancing actions health practitioners can take. The Harakeke model has a role here in health providers' practice, as the framework can remind them of this broader picture when wāhine Māori are seeking information or healthcare services for symptoms of menopause. For example, using the model to consider how menopause might be understood within the context of Mana wahine, Tikanga, Mātauranga, and Pepeha, and to enable wāhine Māori with knowledge[50] to support a smoother transition across one's menopause journey.

Tino rangatiratanga and Mana wahine concepts can also be used as a way to decolonise spaces that have traditionally been places of western medical and cultural dominance (Simmonds,

[50] I want to make a comment on the need to be continuously aware of new emerging literature. For example, Lawton (2023, 18:37) notes that when viewing a woman having hot flushes under Magnetic Resonance Imaging (MRI), the woman's brain is very stimulated, and linear research links hot flushes with memory loss. She further notes that severe hot flushes are predictive of dementia and cardiovascular disease. I believe that this is important information to know so that health service users can make informed choices about their healthcare. If you are a woman going through menopause, or even not going through menopause and don't know about this, or a healthcare provider that doesn't know or share this information, you are not empowering wāhine Māori to have tino rangatiratanga over her hauora and further speak to the silence and complex discourse around menopause.

2014). Thus, tino rangatiratanga shifts meanings away from western notions of women being regarded as unclean; these understandings reflect learnt behaviours that are usually associated with dominant western discourses about hygiene and cleanliness (August, 2004). We have seen many other examples of tino rangatiratanga challenging western health practices. For example, birthing (Simmonds, 2014), menstruation (Murphy, 2019) and motherhood (Gabel, 2013). The Harakeke model can also be used to deconstruct and challenge western dominant health services and provide a more nuanced way to wellbeing for wāhine Māori transitioning through menopause.

A further principle of Te Tiriti o Waitangi, as recommended by the Hauora Report on Stage One of the Health Services and Outcomes Kaupapa Enquiry (Waitangi Tribunal, 2019), is Equity. Manatū Hauora (2023) reports that equity requires the Crown to commit to achieving equitable health outcomes for Māori" (p.12). Healthcare practitioners and healthcare services must ensure that they operate through a lens of equity. Equity intends to remove the many barriers that prevent adequate healthcare; equity also means that evidence-based, gold-standard practice is used for all people seeking healthcare services (Cormack et al., 2018; Sheridan et al., 2011).

Unconscious bias is central in inequitable health outcomes (Cormack et al., 2018). Recent studies in Aotearoa show that healthcare provider bias is seen in lower referral rates of Māori patients to specialist services, lower prescription rates, and less time spent with Māori patients (Cormack et al., 2018; Houkamau, 2016). Furthermore, Cormack et al. (2018) research found that medical students in Aotearoa had a pro-european bias. This has significant consequences on the inequalities we see in Māori health outcomes today. For example, a healthcare practitioner with unconscious bias about a Māori patient's medication adherence is less likely to prescribe that patient the medication needed or provide information about other treatment options (Cormack et al., 2018; Houkamau, 2016).

In the present research, that type of bias was evident in several instances where treatment options for menopause were not discussed or were not satisfactory for the patient and where surgical intervention was encouraged without informed information being provided. How the Harakeke model can be implemented in improving equity by using it to dismantle these barriers. For instance, the Harakeke model can remind the healthcare practitioner to audit their practice for evidence of bias, such as whether they provide appropriate information to support wellbeing or consistently use evidence to guide treatment solutions for all people, not just a selected few. The Harakeke model can also serve to remind health professionals to challenge the bias that privileges western medicine and understandings of women and western ways of

managing menopause. Te Tāhū Hauora (2023) asserts that addressing prescribing bias is essential to delivering culturally safe and equitable healthcare. Regular auditing of prescribing practices, for example, by reviewing data by ethnicity, gender, and clinical indication, is a key strategy to identify and mitigate bias (Te Tāhū Hauora 2023). Additionally, tools like the Health Equity Assessment Tool can support this process by guiding providers to evaluate how their services impact health inequities and to develop targeted actions for improvement (Te Tāhū Hauora, 2023). Ongoing reflexive practice and professional development in this area are also known benefits for health practitioners' practice.

The fourth Te Tiriti principle is referred to as the principle of Options, which requires the crown to provide and properly resource kaupapa Māori health and disability services (Manatū Hauora, 202). This principle requires the crown to ensure that all health and disability services are provided in culturally appropriate ways that recognise and support the expression of Māori models of hauora. Such models can include Te Whare Tapa Whā (Durie, 1998), the Hui process (Lacey et al., 2011), or the Harakeke model of menopause. Throughout this thesis, I discuss ways that this Māori model can be used to consider wāhine Māori experiences of hauora and menopause. Hauora models of care are underpinned by mātauranga Māori, tikanga Māori, and te ao Māori values and are grounded in Māori ways of knowing and ways of being, which have a positive impact on Māori health outcomes (Durie, 1994; Lacey et al., 2011).

The fifth principle recommended by the Waitangi Tribunal (2019) in the Hauora Report on Stage One of the Health Services and Outcomes Kaupapa Enquiry is Active protection, which also demands that the crown act as much as possible to achieve equitable health outcomes for Māori through the practice of cultural safety. This includes ensuring that the crown and its agents are "well informed on the extent and nature of both Māori health outcomes and efforts to achieve Māori health equity, through the practice of cultural safety" (Manatū Hauora, 2023, p.12). Ramsden (2002) notes that cultural safety in Māori health is acknowledged as a specialised area of health, known as kawa whakaruruhau. In her groundbreaking thesis, Irihapeti Ramsden states that:

> Cultural safety has been expanded to include all people encountered by nurses who differ in any way from the nurse. It is concerned with the unique, individual and bicultural (i.e., one person to one person) relationship between the nurse and the patient. However, difference is expressed, whether by gender, sexuality, social class, occupational group, generation, ethnicity or a grand combination of variables, difference is acknowledged as legitimate, and the nurse is seen as having

> the primary responsibility to establish trust. Cultural safety is therefore about the nurse rather than the patient. (2002, p. 6)

Thus, the enactment of cultural safety is more about the healthcare practitioner ensuring that they build trusting relationships where their own cultural or other values do not influence the relationship. Cultural safety refers to the way the recipient of care is empowered to determine whether or not healthcare services and providers are safe for them to use. The word "safety" ensures that this power stays in the hands of the health service user (Ramsden, 2002).

Hauora me te Harakeke Model of menopause – by Māori for Māori

In Aotearoa, hospitals, community clinics and other sites of healthcare services can be mysterious places. Most of the population are unaware of the power structures and the cultures that operate in these places. There are attitudes of prejudice which are often held by those with a great deal of power. This power is seen in the form of access to knowledge and resources, including what types of treatments are funded and available, as well as who benefits the most from their decision-making (Waitangi Tribunal, 2019). Consciously or unconsciously such power can reinforce unsafe, prejudicial, demeaning attitudes, which, when wielded inappropriately by health workers, cause Māori people to distrust and avoid healthcare services, as we saw with the wāhine who partnered in this research.

Healthcare professionals need to understand these processes and become skilled at understanding that Māori people may have a significant level of distrust when interacting with a health service that has its roots in colonial administration and trauma**.** These issues have created a particular type of culture in our healthcare service, one that is not only unsafe for Māori health service users but also can be unsafe for wāhine Māori working in these environments. Several researchers have attested to this fact. Irihapeti Ramsden highlights one example here:

> My practice differed from that of my non-Māori colleagues. Often it was essential to manage time quite differently. Time was allocated in ten-minute sections on time sheets as part of time management and costing of nurses' activities. This type of time management was simply not possible with the people of Porirua. To earn their trust, I needed to work for the duration which people chose to take over their initial contact with me, and it was essential to work at their pace. Although I knew that a morning spent with a matriarch would give me access to her whole family if she approved of me and judged my skills as useful, that use of time was not factored into my management schedule. This necessitated my having to regularly falsify the

> timesheets because there was no professional opportunity to create another way to manage time. I saw the refusal of my manager to consider my version of effective practice as institutional racism in its most entrenched form. (2002, p. 51)

Irihapeti highlights just one of the obstacles Māori health workers face in their mahi as westernised timeframes are deeply entrenched in western medical institutions. She attempts to repair the damage caused by colonisation and its consequences for Māori health outcomes and to build trusting relationships between herself and her patients, even though, as an agent of the crown, she represents the powerful institution responsible for Māori demise. In trying to show her trustworthiness to her people, her professional integrity is compromised. Māori nurses often carry a cultural double shift, balancing their clinical responsibilities with the unspoken expectation to uphold tikanga and support whānau in culturally safe ways. This dual role can lead to emotional and spiritual fatigue, as nēhi Māori navigate both professional duties and their cultural obligations that come with being tangata whenua in mainstream health systems.

Similarly, in my own practice as a Registered Nurse, I have faced structural barriers that prevent the quality of care I am able to provide to Māori. For instance, time pressures and the limits this imposes on whakawhanaungatanga, or the restrictions on whānau visiting their sick kin (denying one of the interconnected pillars of hauora), affect the type of health service they receive. These examples are not insignificant, as simple as they might seem, because as a neehi Māori I understand the collective nature of te ao Māori and how including these aspects in my nursing practice contributes to better health outcomes for the people in my care. This way of knowing is not universal. My personal identity is compromised when working within these structural barriers, as I know I am contributing to the continuation of the dominant colonial health system regimes. My professional identity is compromised when I break the rules around visiting hours, becoming “that” nurse who cannot be trusted. The Harakeke model serves as a reminder of these issues for those who work in the healthcare system and of the need to consider the positioning of Māori health workers, and in this process, realise a by-Māori, for-Māori approach to hauora, or in the context of this research menopause. Additionally, Māori are significantly underrepresented in the health workforce; Māori make up just seven per cent of the total nursing workforce in Aotearoa (Te Kaunihera Tapuhi o Aotearoa, 2024). Therefore, in light of the findings and discussion in the previous Chapter about wahine Māori workplaces, some consideration must also be given to the wahine Māori who work in healthcare and the issues they face when transitioning through menopause.

Chapter summary

In conclusion, the history of menopause has included medicalisation and has largely been defined, treated and understood from a Western male perspective. These perspectives contribute to our understanding of what everyday experiences of menopause look like; however, there is a disconnect identified in this rangahau between the realities of wāhine Māori lives and menopause. As a result, wāhine Māori who access healthcare services for information or support regarding menopause are underserved. There are many reasons for this, from the inequity and dominance of western medical ideologies that we see in our health and social services to the differences in cultural understandings of menopause. A Mana wahine perspective considers how the principles of Te Tiriti o Waitangi should be used in healthcare services and practice to address what wāhine Māori currently experience when seeking support about menopause and wellbeing. A move to Indigenise women's healthcare through the guarantees of Te Tiriti o Waitangi in this regard might well support Mana wahine and wāhine Māori experiences of menopause, shifting towards reclamation of her tino rangatiratanga. A Mana wahine approach might also be considered through by Māori for Māori approaches to healthcare provision.

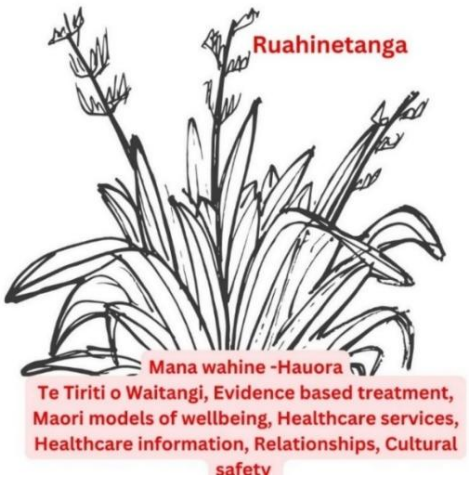
In summary, based on the findings of this rangahau, the Harakeke framework can deconstruct dominant clinical practices in the following pragmatic ways:

- Honouring Te Tiriti o Waitangi in practice when caring for wāhine Māori transitioning menopause
- Ensuring healthcare practitioners empower wāhine Māori with information to enable them to make informed decisions about their hauora
- Improving equity, for example, recognising and addressing bias in prescribing behaviours and using best practice and evidence to guide clinical decisions for everyone
- Improving levels of own knowledge through professional development regarding lived experiences of ruahinetanga, including symptomology and treatment
- Use Māori models of hauora to develop and strengthen relationships and hauora
- Ensure cultural safety is addressed in clinical decision-making
- Support Māori colleagues given their numerical scarcity and the cultural double shift many experience

- Advocate for kaupapa Māori policies and services regarding ruahinetanga and wāhine Māori**.**

Figure Eight represents the evolution of the Mana wahine construct in relation to Hauora tinana, using the subthemes Te Tiriti o Waitangi, evidence-based treatment, Māori models of wellbeing, healthcare service, relationships, and cultural safety. These concepts sit alongside the subthemes discussed in Chapter Four and as discussed in the Introduction Chapter, further develop the Mana wahine conceptual framework of the Harakake model. In the following Chapters, I continue to discuss broader concepts of hauora and ruahinetanga and further consider how the Harakeke model of menopause can serve as a framework that both informs healthcare services and, importantly, continues to (re)claim matrilineal knowledge.

Figure 8 Hauora and the Harakeke model of menopause



Chapter Seven

Tikanga

Ka karangahia te karanga, e whakawhiti nei i te wā
Ka tae ki tua atu i tēnei ao hurihuri, mā tēnei reo tapu
Ka tō ki ngā moemoeā e wawatahia nei e au mō āku mokopuna
E whakakīia ana tōku wairua e te reo o tā rātou katakata

The karanga calls, transcending time
it reaches beyond this ever-changing world,
in sacred rhyme pulling me towards the future I dream for my mokopuna,
their laughter fills my wairua

Me aro koe ki te hā o Hine-ahu-one

Pay heed to the power of women

The above whakataukī reflects the findings of this research regarding the Harakeke model and how tikanga is embodied in understandings and values about ruahinetanga in a positive way. Essentially, when wāhine Māori practice tikanga Māori a positive lens frames wāhine Māori experience of growing older and her menopause transition. The whakataukī also reflects the importance of tikanga in Māori culture. Mead (2016) suggests that tikanga is:

> The thoughts and tools of understanding are the packages of ideas which help organise behaviour, which help us to differentiate between right and wrong in everything we do and all the activities we engage in. (p. 12)

In this research, the understandings and values about menopause that the wāhine Māori who partnered in this rangahau spoke about are reflected in this definition of tikanga. For example, the research partners noted how tikanga framed cultural values and beliefs while instilling a sense of strength and power, nourishing her spirit across her menopause transition. This Chapter discusses the research findings concerning tikanga, drawing on the main themes identified in the research partners' pūrākau, which are interpreted through the concepts of taonga tuku iho. These themes are also informed by relevant literature, as I do not consider myself to be an expert on all aspects of tikanga. In this Chapter, tikanga is understood as a concept that enables both meaning and action. Tikanga is discussed in relation to the tikanga

associated with rituals and wairua, tikanga in the sense of whanaungatanga and whānau and, finally, tikanga in the sense of wāhine private lives. I will also discuss how tikanga is embodied in these spaces and how that embodiment influences and reflects wāhine Māori experience of menopause.

The way Māori connect with the world around them is governed by tikanga, which is often interpreted as the correct way of doing things and considers truthfulness and fairness (Mead, 2016). Some of these concepts are thought to have come from ancestral knowledge passed on through generations, where the ideas of the many people who have departed this world endure with their descendants today (Mead, 2016). There are both public and private spheres of tikanga; often, its practices and meanings are carried out in public ceremonies, such as tangihanga and pōwhiri (Pere, 1997). Privately, tikanga influences the way individuals and whānau live (Mead, 2016). For example, in the way that we value whānau, or the way tapu and noa inform our realities, or how the collective nature of te ao Māori also informs our lived experiences. These situations have standards and practices which are private, as only oneself bears witness to them. Our own understandings of this way of living and the relationships within these spaces are guided by our internal appreciation of the meaning of pono.

Additionally, and importantly, tikanga is not frozen to the relics of time (Irwin, 1992; Mead, 2016). Tikanga is fluid; it is linked to the past, which is one of the reasons Māori so highly value it, but it is also situated in the present (Mead, 2016; Simmonds, 2014). The fluidity of tikanga can become a cause for concern, for instance, when one imposes their own interpretation on customary knowledge, thus distorting original truths and creating hybrids of new knowledge and practice. In other words, some truths are not and should not be up for debate (Irwin, 1992). In my own experience, at a recent whakapapa wānanga I was privileged to attend, we were reminded not to add our own "spin" on the information shared and not to share it on social media or put it in a PhD thesis, primarily because of the risk of future misinterpretation. Some of the knowledge shared was ancient and not for outside scrutiny. The kaumātua advised us to look to previous waiata, mōteatea and whakataukī to use as references when wanting to share our Iwi history, as these are at less risk of their meanings being lost or altered.

This issue is also considered by academics, who highlight how research has produced inaccurate accounts that perpetuate a distorted view of many aspects that comprise te ao Māori, including inaccuracies about our people (Mikaere, 2013; Smith, 2012). For instance, ethnographic research, when conducted from an etic perspective, has had profound and

devastating consequences. An illustration of this can be seen in Ngahuia Murphy (2019) extensive research about menstruation rites, which, from te ao Māori understandings, were originally regarded as an expression of female power. However, menstruation and menstrual rites came to be seen as a symbol of female inferiority due to the misinterpretations of colonial ethnographers. Murphy (2019) notes how Elsdon Best writings played a significant role in that transformation through his representations and his understandings about the meaning of tapu. Best understandings were more in line with the christian doctrine, which reflected patriarchal values about women and removes the significance and power of wāhine Māori reproductive bodies (Murphy, 2019). Mikaere (1994, 2017) has also written extensively about the imposition of an outside culture on the role and status of wāhine Māori, particularly when those writers lack an understanding of te ao Māori. These understandings contradict tikanga Māori understandings and meanings of wāhine Māori.

Interestingly, however, 'tikanga' does not mean 'stasis'. For instance, Kathie Irwin, in discussing the retrieval of traditional tikanga and the evolution of tikanga, states that:

> There is a danger that what we are able to retrieve will be grasped uncritically and accepted as tūturu[51] Māori wherever it is identified as such! New Māori tikanga are emerging everywhere and being incorrectly labelled as 'traditional Māori culture'. (1992, p. 16)

New tikanga is not necessarily problematic; we know that culture grows and changes across time, yet it is important to remember that any new Māori cultural knowledge or tikanga practices must be sure they do not reinforce non-Māori values (Irwin, 1992). This is because, according to Irwin (1992), once knowledge is labelled traditional, we can often feel that we are unable to subject that knowledge to critical analysis. She notes that one reason why we might be hesitant to critique traditional knowledge is because it comes from a place that we are working very hard to reclaim (Irwin, 1992). Another reason why Māori cultural values and traditions are less likely to be challenged is because of the value that tikanga has in how we live and how we embed our culture in our day-to-day lives (Mead, 2016; Mikaere, 2013; Simmonds, 2014). New tikanga understandings must be sure to recognise the context in which they are created. As Simmonds notes:

> Colonisation has created a blurring of boundaries between 'us' and 'them'. The subversion and marginalisation of Māori women's knowledge and of tikanga through

[51] Legitimate, original, real, true, actual, authentic

> colonialism makes it difficult (if not impossible) to separate out coloniser from colonised and vice versa. Therefore, a careful analysis of 'tradition' and 'tikanga' from a Mana wahine perspective may prompt a drastic reconsideration of those tikanga which are distorted colonial versions of what our tūpuna would likely have practised. (2014, p. 49)

One space where such distorted colonial values have unsuccessfully attempted to infiltrate tikanga Māori is the marae, which will be discussed next.

Taonga tuku iho – Tikanga marae

The marae is where a Mana wahine perspective can be considered in relation to tikanga and ruahine. The marae is a central domain in Māori life; it is the site where many important cultural practices and values are embodied. Rose Pere states that "Marae are places of refuge for our people and provide facilities to enable us to continue with our way of life within the total structure of our own terms and values" (2006, p. 147). The marae was identified as a location of wellbeing in the lived experiences and understandings of menopause for the wāhine who partnered in this research. Tikanga was expressed in wāhine Māori roles on marae; these roles changed across the life span; however, importantly in this research, they were always noted to be a source of celebration and power. Essentially, wāhine Māori roles on the marae were a place where her tino rangatiratanga flourished. For instance, as we saw in AYS kōrero

…Tikanga on marae is significant throughout the lifespan for wāhine, not just as older women. Young girls pre-menstruation were tasked with duties within the wharekai; they were seen as pure. This speaks to the mana that te ao Māori and our cultural values have always honoured in the female, the hine element (AYS, 69)

In contrast, previous and unfortunate criticisms of the marae and the cultural values and practices of Māori culture have been expressed by Māori and non-Māori alike (Irwin, 1992; Pere, 2019). For example, wāhine speaking rights on the marae is a topic that has been discussed from several perspectives across time (Irwin, 1992; Mikaere, 2013; Pere, 2019). Speaking rights of women on the marae have been both a historical and pressing contemporary issue, which has been incredibly divisive, with multiple opinions on the matter. For example, one opinion suggests that non-Māori ideologies are being used to make observations and judgements about te ao Māori and tikanga Māori with little understanding of the epistemological base of Māori culture (Irwin, 1992; Pere, 2006). Another point of view suggests that wāhine Māori being prohibited from speaking on the marae produces and

reproduces colonised understandings about the role and status of women, and that it represents Māori male hegemony (Irwin, 1992).

Rose Pere highlights the imposition of these opinions. She states:

> I know that traditional Māori institutions are often criticised and attacked for being sexist, and yet for me the language, with its values and beliefs, clearly indicates otherwise. Our tribal traditions are serving us well, and it is time to break down some of the myths espoused by Māori and non-Māori people who are either ill-informed and ignorant or who are playing their own power games. (2019, p. 8)

The tikanga of the traditional pōwhiri ceremony, a sacred ritual of encounter, is an example of a Māori cultural practice that serves us well but is also an example of a tribal tradition that has been attacked by the ill-informed. Outside opinion about the tikanga of the pōwhiri process and the role that wāhine hold in that ceremony is an example of how wāhine have been made powerless by both Māori and non-Māori (Irwin, 1992). For years, these judgements, conclusions and pronouncements about the processes of this ritual have dominated the discourse, using the pōwhiri ceremony as a way to portray Māori culture as sexist and misogynistic (Irwin, 1992). Furthermore, Pākehā women are also noted to have contributed to this erroneous discourse, seemingly preoccupied with how they can apply western feminist concepts to tikanga Māori, no matter how ill-informed they are. (Irwin, 1992; Te Awekotuku, 1992) The level of assumed power that non-Māori have in this discourse is most concerning, considering, perhaps, novice experience and understanding of te ao Māori. Irwin (1992) illustrates this point by suggesting that this ceremony is often the closest many Pākehā people get to observing or participating in Māori culture, leaving them with little knowledge or experience to make tikanga-informed perspectives. The conclusions they draw are damaging and contribute to harmful representations of tikanga Māori and wāhine Māori. (Irwin, 1992; Mikaere, 2013; Te Awekotuku, 1992). These conclusions have also challenged the marae and associated spaces, attacking the fabric of Māori lives and culture.

We see these representations being contested when we apply tikanga Māori understandings of whose rights we are upholding during formal occasions on the marae, a place where western notions of individual representation do not feature (Irwin, 1992; Mead, 2016). ‘Tikanga’ means that individuals do not have an automatic right to speak at welcoming procedures. These procedures are highly ritualised, and those rights are granted to a carefully selected few (Irwin, 1992). What is central in this debate is a tikanga-informed understanding about what counts as speaking. For instance, it is well established that Māori culture was traditionally an oral culture,

where traditional oral prose included karanga, waiata, and whaikōrero (Irwin, 1992). Clearly then, wāhine Māori "speak" from a te ao Māori perspective in legitimate and highly valued ways. The more general debate on the role of women on the marae has frequently oversimplified the issues and ignored the range of ways in which Māori women have always exercised power in that space (Irwin, 1992; Mikaere, 1994, 2013, 2017). In this research, the marae was understood to be a place of shared connections, where everyone is valued, and everyone has opportunities to contribute in different ways. Essentially, the marae is a space of comfort, belonging and value. These connections and valuing experiences are tūturu; they take place within marae spaces (and outside of them), these experiences are meaningful and significant during ruahinetanga. For those who partnered in this research, understandings and experiences of ageing, wellbeing and menopause were consistently aligned with tikanga and the marae.

Taonga tuku iho – Karanga

In the next few sections, I discuss the different ways the karanga emerged, bearing many gifts. These gifts, which were linked to women's role in karanga, signify the positive associations in wāhine understanding and experience of wellbeing during her menopause journey. The karanga is a further example of a Māori custom which is often heard on the marae and which has its foundations in wāhine Māori tradition (Te Awekotuku, 1992). The karanga is a significant representation of wāhine Māori knowledge and their role on the marae (Mikaere, 2017). Deep mātauranga is required to be able to carry out the role in ways that honour and follow tikanga (Yates-Smith, 2006). For example, in the pōwhiri ceremony, the karanga is the first voice heard and is the first connection preceding interactions between opposing parties (Hibbs, 2006; Irwin, 1992). In this ceremony, the kaikaranga removes the marae from a state of restriction and enables manuhiri to enter safely; without the kaikaranga, nothing can proceed (Ruwhiu, 2009). We see here how the karanga highlights wāhine Māori ability to whakanoa, or make things noa, through her own tapu status (Ruwhiu, 2009). The kaikaranga role is highly specialised and, traditionally, almost without exception, performed by kuia or post-menopausal women (Hibbs, 2006; Mikaere, 2013; Yates-Smith, 2003). In pre-colonial society and in society today, the kaikaranga role epitomises wāhine Māori leadership (Rostenburg, 2020; Ruwhiu, 2009).

When we consider the modern context, Aroha Yates-Smith (2006) notes that ruahine leadership is also linked to the divine and our female Goddesses. This leadership is seen in the way ruahine carry many of their grandmothers' roles in their everyday life, including in the home, the marae

and places of employment. What is central in these roles is that she remains the creator and the mother, maintaining the regenerative functions previously carried out by Atua wāhine, and in this way they remain te whare tangata. Yates-Smith (2006) goes on to note that the role of ruahine may have changed with colonial processes; for example, some of her tasks have been taken over by christian ministers, midwives and doctors. However, kuia (although in places not exclusively) continue to carry out the ritual functions, such as karanga, on the marae. Similarly, Ngahuia Te Awekotuku comments that karanga is "a tradition to be celebrated, having survived generations of redefinition and attempted control by male elders; a tradition which, when considered closely, actually allegorises the reality of Mana wahine" (1992, p. 56). Our connections with the forces of the cosmos are intrinsic for wāhine Māori; these intimate unions cannot be controlled or defined by anyone else but ourselves and therefore enable space for Mana wahine theory and action. For instance, Murphy (2019) suggests that these embodied spiritualities galvanise mana motuhake and in this way reflect how our own authority connects to the divine.

Wāhine Māori who karanga invoke the spirits of the dead, the Atua, and the living, which prepares a space for wairua connections (Hibbs, 2006; Yates-Smith, 2006). Only a leader would dare to accomplish such tasks, which further reminds us of how Māori culture values the leadership abilities of ruahine (and in fact people in general) irrespective of age or gender (Yates-Smith, 2003). These values are framed on respect and come from tikanga Māori understandings about balance and wellbeing. Ani Mikaere has written extensively about the importance of balance and positioning of wāhine Māori in te ao Māori; she explains that:

> Both men and women form part of the whakapapa that links Māori people back to the beginning of the world. The very survival of the collective is dependent upon everyone who makes it up, and therefore each and every person within the group has his or her own intrinsic value. (1994, p. 125)

Ruahine who karanga are highly respected and valued, they hold the mātauranga and tikanga of our cultural heritage (Murphy, 2019). When mātauranga about the karanga is shared, it is done in a way that demonstrates balance in tūakana-tēina relationships (Mikaere, 2017; Yates-Smith, 2003). The kaikaranga role is also evidence of providing balance in the pōwhiri ceremony, a balance that silences those who view the marae, or Māori culture, as sexist institutions (Mikaere, 2019; Pere, 2019). Clearly, the karanga is a verbal form of communication that is able to transcend the physical world and, at the same time, signals ruahine powerful position in this process. These understandings are in stark contrast to outsider

perceptions about tikanga Māori cultural practices and the positioning and value of ruahine across the lifespan.

Taonga Tuku Iho – Wairua me Karanga

Wairua is an essential component of wellbeing (Durie, 1994; Houkamau & Sibley, 2010). Simmonds (2014) contends that the spiritual realities of Māori are inseparable from their physical realities. Wairua is nurtured and expressed through various means; its meaning is shaped by an individual's uniqueness. Ultimately, the meaning of wairua is chosen by what it means for each person; however, wairua is represented by spirituality or a non-physical source that contributes to identity and our sense of self (Yates-Smith, 2003). For instance, my own understanding of wairua reflects my intrinsic connections with all that exists between te ao Pō and te ao Mārama; this meaning might not be the same as another wahine Māori understanding of wairua. In this research, the karanga was often linked to supporting wairua and wellbeing. Hibbs (2006) suggests that the karanga harmonises with the experience and ritual of birth. She suggests that while the physical actions are different, the spiritual intent and focus are the same in the sense that both birth and karanga act as pathways from one world into another. She states:

> A newborn baby has come from the place of ngã Atua, and the whare tangata is the sacred pathway between that world and this. Kuia, who have ceased to be the physical pathway between worlds but whose bodies, minds and hearts still carry the memories and knowing of childbirth, now become spiritual pathways by way of karanga. (Hibbs, 2006, p. 6)

We see the weaving together of the past, present and future in wāhine experiences of birth and the karanga. In this sense, the newborn baby represents both the present and future through the continuation of whakapapa. The newborn also connects the present whānau to the many that came before them, stretching as far back as ngā Atua (Gabel, 2013). Birthing is both a unique and shared experience that enables wāhine to bond with past, present and future wāhine Māori. Similarly, karanga is a shared experience; for instance, when wāhine stand to karanga, they are repeating an ancient practice which connects them spiritually to past generations of wāhine Māori as well as to those yet to come (Gabel, 2013). Mikaere (2013) further notes that karanga is used to communicate with ancestors and Atua. This scholarship clearly highlights the responsibilities and connections of wāhine Māori to past, present, and future generations; these connections nurture the wairua of wāhine Māori. It is worth recalling that these wāhine Māori connections were spoken about in this research, for example, TC and LN noting that

...Karanga hits you deep. It's an instant example of wairua, and it reminds you of the great privilege to be a mama, to be able to create life and bring babies into the world, and it's ours; it feels good to know that (TC, 54)

...Karanga has its own kind of specialness. To me it's like next-level spirituality; it's about a whakapapa, a connection to old and to now. Its power (LN. 54)

Similar understandings about the connections between wairua and karanga have been discussed by Hibbs (2006), who suggests that the main intention of karanga is aroha, and that aroha and wairua are inherently protective of each other. Aroha and wairua are central concepts in the beautiful pūrākau of Ranginui and Papatūānuku, which tells the story of separated lovers and their enduring love. With this in mind, we see the literal translation of the word "wairua" to mean two waters, and in the pūrākau of Ranginui and Papatūānuku these two waters originate with them, both seen in the tears (or rain) from Ranginui and in the breast milk (or spring) of Papatūānuku (Hibbs, 2006). Hibbs (2006) notes that the rain and the mist are also physical signs of aroha between Ranginui and Papatūānuku, further cementing understandings about the interconnectedness of wairua, aroha and Atua.

The kaikaranga, standing on Papatūānuku, connects with metaphysical elements from deep within Papatūānuku and within herself as she raises her voice and ihirangaranga[52] to Ranginui (Rostenburg, 2020). In doing so, she sets things in motion; she becomes the spiritual conductor of the waters of Ranginui and Papatūānuku, of wairua and of aroha, and on a physical level, she guides the movement of people. The kaikaranga is the medium by which aroha is shared on both a present and ancestral level, and it is in this special way that the aroha which Ranginui and Papatūānuku shared is reflected in the karanga (Hibbs, 2006). I like to believe that it is through the karanga that we are all reflections of te aroha nui o ngā Atua[53]. We see the comfort and gifts that Karanga gives to wāhine during her menopause transition. These gifts are reflected in the positive affirmations about karanga and wairua during her menopause journey.

There is an implicit relationship between wāhine Māori and the flow of life force and ihirangaranga (Rostenburg, 2020). According to Rostenburg, Whākirangi is an ancestress known for her vibrational quality and the power of her voice. She comments that:

[52] Source of sound vibrations. It has also been suggested that ihirangaranga was one of the first forms of communication, which the atua used to communicate with each other, vibrations without words (Solly, 2021).

[53] The great love of the Divine

> In tribal accounts we recall that such was her mana and the power of her voice, she could walk onto a battlefield and whisper, and all warriors would immediately cease fighting. At the wānanga held at Waipapa-a-Iwi Marae, Mohaka, Nanny Rose taught: Ko te kaikaranga tūturu, ko ia te reo tuatahi. Ko ia te whakakā i te wairua, ko ia te raranga tāngata. The genuine caller carries the first voice. She ignites the spirit and weaves the people together. (2020, p. 93)

In this way, the karanga is an expression of the source vibrations of the universe through the medium of ruahine. Rostenburg (2020) suggests that facilitating these vibrations is also central to the movement of people. She goes on to suggest that when one is able to move or stop groups of people simply with the call of her voice, we see how we come to incorporate the political. The way karanga is able to move physical beings through physical, psychological, and spiritual realms is worrisome for the colonial agenda, as it is most certainly hard to continue to subordinate ruahine who see themselves as, and who literally are, incarnations of spiritual beings. Simultaneously, it is a powerful reminder to herself of her great mana and abilities. Unsurprisingly, this power has not been spared scrutiny from our non-Indigenous counterparts, yet Indigenous people's spiritual endeavours have consistently been a source of colonial resistance. Dr Michael Yellow Bird notes that this is why our ceremonies remain so viciously attacked and outlawed (Easter 2014, 44:14).

Up to this point, I have discussed the ways karanga reflects the tikanga we see in the cultural protocols and protection that karanga provides for wāhine Māori wairua and hauora across menopause. However, it is important to emphasise here that these understandings do not exclude other wāhine experiences of wellbeing during menopause. The wairua aspect of wellbeing does not only exist within or draw from the karanga, and the points discussed so far by no means want to reflect essentialist, stereotypical or monolithic representations of wāhine Māori experiences of wairua and wellbeing during menopause. My discussion is an attempt to consider how karanga is woven into wāhine Māori sense of wellbeing, and how karanga might be a means to challenge some of the stereotypical narratives about menopause and ageing from a Mana wahine lens through the concepts of the Harakeke model of menopause. My discussion is also an attempt to hear the plurality and diversity of wāhine Māori stories through menopause, stories that are often untold and silenced.

To this point, some wāhine Māori who partnered in this rangahau did not consider the age of the kaikaranga as important, noting the many important roles of wāhine Māori both on the marae and within their whānau, hapū and Iwi. Here, wāhine Māori roles on the marae are also

influenced by what or where she finds her niche; these too are positively associated with wellbeing during the menopause years. In any regard, the marae is one place where wāhine Māori who are transitioning through menopause feel, and are, valued. The marae is a location that was consistently noted as a place of comfort. Furthermore, not all wāhine in the rangahau had experienced the kaikaranga role; however, through their kōrero about their understandings, values and beliefs about karanga and the role of the kaikaranga, it was clear that all found the karanga to be both calming and powerful, an example of Mana wahine Māori in action, steeped in cultural tradition, often carried out by wāhine Māori at the time of life when she is traversing her menopause journey.

Perhaps the karanga has become a more obvious and narrow focal point of Māori cultural practice, and the reasons for this have many layers. Colonisation has destroyed much of our traditional knowledge, and colonial processes such as urbanisation have meant that people have lost connections to their ūkaipō (origin)[54] and opportunities for knowing and familiarity of cultural traditions (August, 2004). Additionally, World War II meant that generations of tangata whenua, many of whom would make up the kaumātua population today, and who hold mātauranga about our cultural traditions, are here no longer (Waitangi Tribunal, 2023)[55]. Finally, the effect of continuing processes of colonisation on mortality rates has meant that many hapū and Iwi are bereft of older people (Moewaka Barnes & McCrenor, 2019). The impact of these events has meant that we have much reclamation to do. Perhaps we take particular note of karanga because, despite these events, it is one of the few female tikanga traditions which has survived.

Karanga reinforces wāhine Māori cultural connections to place, time, and space; for some, karanga reinforces understandings of what it means to be a ruahine. Thus, karanga is integral to the restoration and preservation of wāhine Māori cultural identity. These understandings of ruahine roles and karanga were clearly evident in the research findings. Several research partners noted that karanga was a form of power, having positive effects on their wellbeing physically, emotionally, and spiritually. The role of wāhine Māori with regard to karanga was also linked to leadership and tikanga in practice in this research.

[54] Kirsten Gabel (2013) defines 'ūkaipō' as being made up of three separate words: 'Ū' – breast, 'Kai' – food or to feed, and 'Pō' – night or darkness. We can see the term therefore has a literal interpretation of 'night-feeding breast' (p. 11).

[55] By March 1943, 29,000 Māori, or one-third of the population, were contributing to the war effort, many of them civilians (Waitangi Tribunal, 2023).

Taonga Tuku Iho – Wāhine Māori

This section will discuss a further key subtheme identified in this research, which was that of the research partner seeking to find and know herself during her menopause journey. This finding is also informed by relevant literature and synthesised through the concept of taonga tuku iho. In terms of knowing of oneself and taonga tuku iho, we look to August (2004), who has noted:

> Knowledge of the power that was passed down through whakapapa from Papatūānuku and other Atua wāhine allows Māori women to stand tall, to be respected and to respect themselves and others ... [W]e carry our tipuna with us, and we owe it to them and to future generations to be proud of Māori women, their bodies, their spirituality, their sacredness, and to be proud to be a Māori woman. (p. 94)

Understandings of ourselves are therefore linked to our tūpuna, Atua and our future whakapapa; these concepts have foundations in the whakataukī "Kia whakatōmuri te haere whakamua", or to look to the past to move forward. This whakataukī shows how Māori perspectives and Māori realities are shaped by the past, or our whakapapa[56], and our creation stories. One of the creation stories I would like to discuss to reflect this foundation is the pūrākau of Hine Pū Te Hue. I would like to highlight how the pūrākau of Hine Pū Te Hue is linked to research partners' kōrero and the way they understood and experienced menopause. Hine Pū Te Hue (Figure Nine) is personified by the Atua of peace and as the mother of the gourd, or hue, which was often used to create musical sounds and vibrations.

Figure 9 Hine Pū Te Hue

[56] Our history stretches back some fifty generations and begins with Te Pō, the Night-time, when all was dark, before the primal parents Papatūānuku and Ranginui were separated by their children, and the world of light—Te Ao Mārama—emerged. Our whakapapa also stretches back some eighteen to twenty generations to the Pacific, to our homeland of Hawaiki. (Ellis, 2016).

(Image used with permission from Brian Flintoff, Jade and Bone 2024).

Taonga puoro are reflected in the pūrākau of Hine Pū Te Hue. Taonga puoro are known to have ancient healing and gifting properties; for example, the pūmotomoto was an instrument used to impart knowledge to newborn babies through their fontanelle (Gabel, 2013). The pūrākau of Hine Pū Te Hue begins back when the world was newly lit, when a great war broke out between the children of Rangi and Papatūānuku (Solly, 2021). One of their offspring, Tawhirimatua, was furious at the separation of his parents; he sent forth a huge storm to destroy the realms of his siblings and ngā Atua (Solly, 2021). Eventually, the female Atua Hine Pū Te Hue went into the eye of the storm and inhaled a great breath, so great it filled and rounded her puku as she held the storm within herself. As she exhaled, she breathed a melody so beautiful that she calmed the world into a beautiful state of peace (Solly, 2021). In this thesis, I consider how this pūrākau speaks to the way wāhine Māori in this research sought to find their power. Whether that was through speaking out about the injustices of work experiences and health experiences or by celebrating and finding strength in Māori cultural places such as the marae and the cultural meanings of karanga, these conscious actions helped to find a balance in their lives, just as Hine Pū Te Hue brought balance and peace to hers.

The pūrākau of Hine Pū Te Hue also highlights a further finding in the research: that of how wāhine Māori see their menopause transition as a time to be free, a time to focus on themselves and prioritise her own needs and wants. Just as Hine Pū Te Hue yearned for peace and acted to do so, the wāhine in this research also saw their menopause years as a time when they yearned for peace and having time for herself and life fulfilment. At times, prioritising self-care was difficult for some research partners because of the busyness and fullness of their lives with commitments to whānau, hapū and mahi requiring time and attention. However, most reflected that the timing of menopause was when self-care became important, and they consciously tried to reclaim time and space to do so. This was not done at the expense of tikanga, in terms of undermining the collective nature of te ao Māori and her responsibilities and commitments. Rather, menopause coincided with the timing of life events where, for some, children were older and more independent, which allowed time to focus on self-care. As identified in *LN* and *RH* kōrero

…My priorities have changed, I want a better, more meaningful life so it's all about enjoying the experiences I have and if I'm not enjoying – then I check out. As a younger wāhine, I felt like I was always catering to people, so it's time for me, I am free to be me (LN, 54)

…Whānau keep me getting up in the morning, Literally, I'm not a Gran yet, but I can't wait, and then I have my 39-year-old son living at home with me which I love but I also sometimes wish he would move out. As I said its time for me, I'm saying "Stuff you" to the stereotypes and becoming myself (RH, 56)

In this way, tikanga is as it needs to be, fluid and dynamic, so that it can account for the diversity and realities of wāhine Māori experience. Mikaere (2013) notes that our tūpuna were secure in their knowledge that tikanga could adapt to meet the needs of future generations. As this research shows, the time to concentrate on oneself and one's own needs did not undermine honouring tikanga in their lives. Tikanga, after all, enables us to restore balance into our lives (Mikaere, 2017). Balance was also seen in the findings of this research, where several research partners reported a sense of freedom from some of the restrictions pre-menopause had on her life [57], again contrasting with dominant narratives about menopause.

In a similar vein, Ngahuia Murphy (2019) research about the tikanga and celebratory understandings which frame menstruation from a te ao Māori perspective has set the record straight about menstrual pollution and its links to female inferiority. Her research highlighted the ancient menstrual rites, which are psychically and spiritually protective for wāhine. In this sense, we see plural understandings of women's reproductive journeys where tikanga allows us to celebrate menstruating bodies and bodies that no longer menstruate. As I have previously discussed, traditional tikanga specifically considers karanga as a means to celebrate and honour the mana of wāhine Māori who were transitioning or had transitioned through menopause. I now look more closely at the ways whānau and whanaungatanga are implicated in ruahinetanga and tikanga.

Taonga Tuku Iho – Whānau and Whanaungatanga

Whānau is a key element of Māori wellbeing in general (Durie, 1994), and so it is not surprising that in this rangahau, whānau relationships emerged as being significant. Whānau tikanga acknowledges the responsibility and obligations of people in a whānau to care for and nurture their relationships (Mead, 2016). Whānau is linked to whakapapa; thus, whānau enables a framework from which we can recall who we are through that whakapapa [58], encompassing both the struggles and the riches, all experienced within the continuum of an unbreakable bond

[57] As demonstrated in the findings, several women spoke about the freedom of not having periods anymore and other positive aspects of menopause.

[58] In terms of our genealogy.

between us. Pihama et al. (2019) suggest that whakapapa tells us that we are descendants of "creative, courageous and sometimes outrageous people" (p. 22); this research suggests that it is through these connections we feel supported in wellbeing. When asked about what became important during menopause, almost every one of the research partners in this research cited whānau as foremost in their kōrero. It is here, in my opinion, that the Atua Hine-te-iwaiwa comes to be reflected in wāhine Māori experiences of menopause.

Hine-te-iwaiwa [59] is another Atua wāhine of great importance in Māori pūrākau. Aroha Yates-Smith (1998) notes that Māori women's roles across society are found in connection with her. Hine-te-iwaiwa is the first child of Hinetītama and Tane; in her name we see references to wai and wā (Sharman, 2019). Gabel (2013) notes that:

> Hineteiwaiwa presides also over the reproductive cycles of women and is said to have been the first ruahine of the world credited with laying down the tikanga pertaining to the lifting and placing of tapu and noa. She is also considered the patron of raranga, the domain of weaving: "Te Wharepora a Hineteiwaiwa", the weaving house of Hineteiwaiwa, and she is credited also with the laying down of the tikanga pertaining to that art (p.63)

Similarly, Ani Mikaere highlights the extent of Hine-te-iwaiwa mana in her Brief of Evidence in the Mana wahine claim to the Waitangi Tribunal, stating that:

> The account of Tūhuruhuru birth is brief but instructive. The magnitude of Hineteiwaiwa responsibility—to bring new life into the world—is matched by her confidence in her ability to do what is necessary; her sense of her own power is palpable. (Waitangi Tribunal, 2021a, p. 5)

Hine-te-iwaiwa provides us with practical examples of how her leadership contributes to ensuring a prosperous whānau and hapū. For instance, by ensuring they are protected through realms of tapu and noa using karanga, as I have discussed in this Chapter. I further discuss concepts of tapu and noa in Chapter Seven; however, here I want to acknowledge how the wāhine Māori in this research shared their own pūrākau about the time in their lives when menopause occurs, and much like the Hine-te-iwaiwa pūrākau, their experiences and

[59] Hine-te-iwaiwa is the spelling used from Te Aka Māori Dictionary (2024). Other authors do not spell this Atua name this way, i.e., Gabel (2013) uses Hineteiwaiwa

understandings at this stage of life are rich tapestries, where they hold important roles and where their experiences are deeply embedded in tikanga and whānau. For instance, PW recalled

... I moved home to help look after Mum up North. It was really nice to be able to do that. She died three years later. This helped me to reconnect me back home, to being Māori, to the whenua. Now I contribute to my marae; I go to the marae hui. It's great for my wellbeing. Being able to do that with my Mum before she died was really special. I just love being at this age now, being connected to home, our whenua and our culture. I know some people are not able to do that, so I am grateful (PW, 67)

Ruahine are role models in their whānau, they display confidence in caring for and ensuring a better future for their whakapapa, and they often are the flax that keeps whānau woven together. Their stories are valuable additions to what little is known about ruahine experiences of menopause as daughters, sisters, cousins, mothers, aunties, and grandmothers. These whānau roles sit alongside the many other roles they have both inside and outside their homes. Through embodying tikanga in these roles and relationships, their wellbeing is supported by concretising tikanga in their lived experiences, and they also support the collective wellbeing of their whānau. In doing so, I suggest that they demonstrate the teachings of Hine-te-iwaiwa and reveal their own power in their physical and spiritual world.

In this research, whanaungatanga with 'others' were also seen to positively impact wāhine experience of wellbeing during their menopause transition. Whanaungatanga is a central and highly valued factor in tikanga. Mead (2016) suggests that tikanga controls personal relationships and provides ways for people to meet, interact and learn how to identify themselves. Mead (2016) suggests that whanaungatanga extends beyond whakapapa relationships, and, in this way, non-kin relationships become like kin relationships through shared experiences. The shared experiences of wāhine Māori as mothers, daughters, and older women in all our diversity intersect and are implicit in whakawhanaungatanga.

Pihama et al. (2019) note that whakawhanaungatanga is implicated in collective wellbeing, which is something we also saw in this research. Similarly, Smith (1992) notes that as Māori women we are all related to each other as part of a complex genealogical template that seeks to empower Māori women of all ages by reconnecting us to our genealogical links. In these relationships, details of our identity are filled and make sense. An example of this point was seen in the findings of this research, where *LK* stated

...I love seeing Mana wahine taking control of our lives, I know a group of wāhine living with the Maramataka; I have mine up on the wall, and I try to use it too. It's difficult to do that authentically, but when I see other wāhine doing this, it gives me energy (LK, 58).

Whanaungatanga with other wāhine, both younger and older, was frequently cited as being important and valuable to hauora for wāhine in this research. Smith (1992) notes that these tūakana-tēina relationships often exist amongst wāhine Māori. These relationships are accompanied by sets of obligations and responsibilities and are culturally defined (Pihama, 2019). Smith (1992) notes that these relationships engage the dynamism of younger women but need the guidance of older women. In this way, tikanga prescribes ways of restoring balance in relationships when relationships are framed on the values of manaakitanga (Mead, 2016). Manaakitanga is a way to empower all parties in the relationship and is nurtured through values and behaviours that demonstrate reciprocity. Manaakitanga requires one to look after other people and be careful in the way others are treated (Mead, 2016).

There are reciprocal benefits in these relationships, and there are reciprocal obligations. In this way, each party becomes the benefactor of the relationship; as one is cared for, the other is fulfilled through feelings of self-worth and moral righteousness or of knowing we are doing the right thing. These actions align with another core value in te ao Māori, pono, or being truthful, genuine and sincere. We saw the mutual benefits of female relationships in this research, in Chapter Four, through the following ways that these were expressed:

...Being around older wāhine, our behaviour is different, and theirs is too. I strongly believe we need to take the lead from the kuia. (KS, 56)

...Support of my wāhine friends is very valuable; as I age, some of them I consider whānau… You know it's the Church that said what our families should look like. My friends, I consider whānau. (RH, 56)

In today's society it can be difficult to maintain these values in relationships. Neocolonialism, racism, sexism and colonisation have redefined what relationships look like. In contemporary society, relationships—both personal and institutional—are increasingly shaped by transactional dynamics, where high expectations coexist with diminished genuine connection and reciprocity. This shift reflects broader socio-political forces, including neoliberal ideologies that prioritise individual gain over collective wellbeing (Pihama, 2019a). A power imbalance can exist within these new-age relationships, which privileges some and silences others, such as the hegemony that often exists in domestic and other relationships (Smith,

1992). We saw some of these imbalances in the previous Chapters [60] and yet, in the face of these seemingly constant challenges, the wāhine spoke of constant benefits in engaging and sharing energy with other wāhine.

Harakeke Model Healthcare and Tikanga

The understandings of tikanga discussed here frame the values and lived experiences of wāhine Māori during life stages that coincide with menopause. In a sense, this discussion considers how tikanga contains two parts; one is a practical part, and as such, tikanga tangibly informs wāhine lives. The other is ngā taonga tuku iho, which is the part that honours our cultural traditions and our ancestral gifts. Sometimes, these combine, such as through the practical actions of the kaikaranga and the cultural meanings that the role provides. As a result of this combination, we see many helpful effects on wairua and wellbeing. We also see that the meanings associated with karanga provide additional insulation for wāhine in terms of their wellbeing, both emotionally, psychologically, and spiritually. The tikanga associated with women's roles on the marae, relationships with whānau and with other wāhine, and time for herself prescribe a balance in navigating one's menopause journey. The beneficiaries of these roles and relationships are multiple; for instance, when wāhine Māori wellbeing is nurtured, future whakapapa receive wisdom and knowledge that is drawn from her and ngā tūpuna. In this process, tikanga Māori prospers, as do wāhine Māori who are transitioning menopause. These relationships and roles are reciprocal.

White (2023) suggests that the Harakeke plant is a metaphor for whānau. She states:

> The long sword-shaped leaves are joined at their base in the shape of a fan. Each fan represents a whānau. The central shoot, te rito, is the child and is also considered to be the heart of the plant. The leaves on either side of the rito are mātua, parent leaves, also known as awhirito because they embrace and nurture the rito. Outer leaves are referred to as tūpuna, ancestors. It is these outer layers that are harvested for raranga. (p. 154)

The tikanga pā Harakeke ensures the rito is protected, because the rito ensures the continuation and longevity of the whānau Harakeke. If the rito is damaged, the whānau will die. This tikanga guides us in our responsibilities towards care and protection of whānau and is a direct reference to our responsibilities in relationships to each other and te taiao; these responsibilities must be

[60] Such as power imbalances between healthcare providers and users discussed in Chapter Five.

navigated in a careful and sustainable way. The tikanga pā Harakeke reminds us of balance and of our roles as ruahine in this journey of menopause. Whether it is our roles in whānau, or our responsibilities in tapu and noa, or other cultural practices, we must always remember that our actions have far-reaching consequences spanning many generations. As such, the tikanga pā Harakeke speaks of manaakitanga and kaitiakitanga (White, 2023). The Harakeke model of menopause and wāhine Māori reminds us of this tikanga and the associations spoken about in this Chapter.

At this point, one might ask, "How does the healthcare practitioner put these understandings of tikanga and wāhine Māori journeys across menopause into practice, using the Harakeke model?" which I now attempt to answer. Firstly, I would argue that it requires the healthcare practitioner to recognise that wāhine Māori possess ancient memories of another way of knowing and being, which, when valued, creates space for alternate understandings to be voiced and heard. For example, the healthcare provider might seek an understanding of the role and meanings attached to karanga or wāhine Māori roles on the marae, which might lead them to consider what counts as speaking in the therapeutic relationship. In such cases, waiata or whakataukī might be better used to develop these relationships. Or they might consider how ngā Atua manifest in wāhine Māori lives. These concepts require a radical shift in what is currently operating in mainstream healthcare services in Aotearoa. Furthermore, when using these taonga tuku iho, it is crucial that the healthcare provider does not try to rape [61] or control the meanings embedded in these taonga; rather, the healthcare provider should act as a conduit for wāhine Māori to be able to find out what relevance and meanings these taonga hold for her and her journey through menopause. In acting as a conduit, they should also consider engaging Māori health practitioners to assist them.

Secondly, I would suggest that the current Tikanga Best Practice guidelines, which healthcare practitioners are required to use to inform their clinical practice, need a major overhaul. These guidelines are intended to improve the cultural responsiveness of health service providers in Aotearoa; however, they appear to fall short of the understandings I have explored in my discussion. For example, in the Te Whatu Ora Tikanga Best Practice policy document, the concept of whānau is discussed as:

[61] The use of the word "rape" in academic or critical discourse in the context of colonisation intends to convey the violent and non-consensual nature of cultural appropriation and destruction

> Whānau is fundamentally important to Māori. The concept of family and friends extends beyond the immediate biological family. Whānau support can be crucial to the patient's wellbeing.
>
> Staff action:
>
> Māori patients and their whānau should be actively encouraged, supported and included in all aspects of care and decision-making.
>
> Support this by:
>
> · Sharing a copy of the care plan with the patient and whānau.
>
> · Asking the patient or whānau if they wish to nominate a person to speak on behalf of the whānau.
>
> · Acknowledging and involving the nominated person.
>
> · Including appropriate Māori staff (e.g., Kaiawhina) in the care and decision-making process, if this is agreed to by the patient and the whānau.
>
> · Where possible, finding private space and adequate time when consulting with whānau throughout the care process and checking with whānau about suitable meeting times and their needs.
>
> · Being flexible about visiting times and visitor numbers, where possible. (Te Whatu Ora, 2019)

Unfortunately, these words do not begin to incorporate a tikanga understanding of whānau involvement in patient care and therefore miss an opportunity to transform patient care using a tikanga-based understanding of whānau. For example, whakapapa, a vital concept in whānau, is missing in this list of recommended whānau involvement in patient care. Pihama et al. (2019) state that:

> Whakapapa is both identity and stories. It is a cultural framework through which we come to recall who we are, where we are from, the collectives to which we are connected and to whom we are responsible. It is a series of layers that go as long, as deep, as high, and as wide as we determine. (p. 22)

These interwoven layers of whakapapa dynamically influence relationships, and they may be difficult for health professionals to understand at first or even at second glance, particularly more so for non-Māori practitioners; however, the Harakeke model can provide additional insight into the importance of relationships to wāhine Māori traversing life and menopause in a tikanga way. These relationships can be both kin and non-kin and can occur at any time in wāhine lives; however, here, I am speaking about the relationships and experiences that evolve during the time of her life that coincides with menopause. The relationships born of whakapapa and mokopuna, the relationships that exist between wāhine Māori and the relationships we have with the divine. Therefore, the Harakeke model might be useful in reminding healthcare practitioners to explore the concepts, values, and connections within these whakapapa layers, where one may also find a wealth of resources (such as the gifts from ngā Atua) that help wāhine Māori make sense of and transform their lived reality. The healthcare provider can start by recognising that whakapapa is more than genealogy, that whakapapa is about relationships and complex intersections that connect all Māori people to enduring ways of life that are ancient in origin, and it is through that whakapapa that they may find what is needed to navigate the complexities of their colonised lived experiences (Pihama et al., 2019).

In the Harakeke model, tikanga is also represented by the meanings seen in the whakataukī "Aroha mai aroha atu". The translation of this whakataukī means to provide love and support, and in return receive love, support and respect. This way of 'giving back' is exemplified in the Tikanga conceptual framework of the Harakeke model of menopause and the tikanga pā Harakeke, highlighting the reciprocal nature of tikanga, wairua, and whakapapa in relationships for ruahine. The whakataukī also highlights the importance of traditional spaces and practices in hauora for wāhine Māori during their menopause journey; this is a reciprocal relationship. For instance, marae need wāhine Māori to function, and wāhine Māori find the marae as a safe space that nurtures her wellbeing at this time of life. Similar reciprocal relationship benefits are seen regarding wāhine Māori and karanga. A pragmatic approach can be used in clinical practice, starting with the whakataukī as a point of discussion. The healthcare practitioner might seek to ask how she is supported and how she supports others. Or whether she is positioned to receive the benefits of Māori spaces and practices, this provides an opportunity for further information sharing that can have meaningful effects on her menopause journey. Thus, the provider might consider sharing information about karanga wananga, or whakapapa wananga, or other Mana wahine opportunities. These conversations might assist in supporting wāhine Māori to reclaim balance and what fulfils her wairua.

It might be further useful for healthcare practitioners and others to consider the difficulties that some wāhine Māori experience in ensuring balance across her menopause trajectory. In today's society, the financial and other pressures on whānau mean that wāhine Māori might feel that they must put their needs second to their whānau needs. Collective responsibilities are important, but so too are wāhine Māori aspirations for self-care. In these ways, I hope that health practitioners using the tikanga aspect of the Harakeke model look to how tikanga, as discussed here, might enable the embodiment of menopause through ways that (re)claim tino rangatiratanga over her experience and understandings of menopause.

Chapter summary

In this Chapter, I have discussed how tikanga is steeped in tradition but is also fluid. I have discussed tikanga on the marae as a means of identifying the different ways it is embodied in our day-to-day lives. Another way wāhine in this research embody tikanga is through the practice of karanga, a practice that connects to wairua, Atua, aroha, and safety in our physical, spiritual, and psychological wellbeing. In discussing these aspects of tikanga, one also recognises that tikanga has not been free from colonial scrutiny and reinterpretation.

The pūrākau of Hine Pū Te Hue has been explored as a meaningful way that tikanga can be used to balance wāhine Māori journeys through menopause and reminds us that wāhine Māori are the shadow of our divine Atua. Hine-te-iwaiwa can also bring balance to the demands of the many roles wahīne Māori have as they transition menopause. Similarly, the importance of whānau and other relationships is discussed as being meaningful for wāhine Māori traversing menopause. These are meaningful concepts that are a part of developing a ruahine body of knowledge of menopause from a Mana wahine perspective. Engaging in these complex and painful truths, I hope, is helpful for ruahine and supports her (re)clamation of what has been taken through the processes of colonisation. Finally, there are several ways that the Harakeke model of menopause can be used to deconstruct and decolonise ruahinetanga, including the way healthcare providers engage with Māori women and how they might come to (re)claim tino rangatiratanga both in this healthcare space and outside of it. These concepts are reflected in Figure Ten.

In summary, healthcare practitioners can integrate these concepts in the Harakeke framework into their clinical practice in several pragmatic and culturally responsive ways, for example:

Liaise with other kaupapa Māori service providers

Integrate whakataukī, mātauranga Māori, waiata, karakia, tikanga pā Harakeke concepts, and Pūrākau to highlight self-care and balance in ruahine lives.

Centre practice within whānau and whanaungatanga in management of ruahinetanga

Critically use tikanga policies and practices

Ensure clinical practice and clinical spaces are informed by tikanga.

Be open to and respectful of the patient's spiritual beliefs about whakapapa and our physical and metaphysical connections.

Support intergenerational wellbeing by considering the long-term and intergenerational impacts of health decisions for ruahine, particularly for tamariki and mokopūna.

The development of the Harakeke framework continues to be informed by the research partners' lived experiences and insights during menopause. Each of the subthemes discussed here contributes to the Tikanga aspect of the Harakeke model of menopause for wāhine Māori. At the same time, there are reciprocal relationships between the theoretical concepts of Tikanga, Mana wahine, and the subthemes that inform each, as previously introduced in Chapter One. In the next Chapter, I discuss how Mātauranga Māori comes to inform wāhine Māori experiences and understandings of menopause, specifically through the themes of te reo Māori, mātauranga nō ngā wāhine Māori, Matariki, wairua, and tapu.

Figure 10 Tikanga and the Harakeke model of menopause

Chapter Eight

Mātauranga

He whitawhita i whakaohoa i roto i ahau ki te waiho i tētahi taonga tuku iho
Ko te reo Rangatira
E hiahia ana ahau ki ētahi atu o tēnei ao, he tīkanga hōhonu ake
Kia tau tō āku tamiriki wairua, no te hiahia, e korikori nei
Kei te ako tonu ahau, he aha tēnei tikanga
An urgency stirs in me to leave treasure that has been passed down.
Our native tongue I want more from this life,
a deeper meaning for my tamariki to sit with spirit, and to move with will

I am still learning what it means

I ahatia e koe taku taonga? What did you do with my treasure?

This Chapter begins with the above phrase, from Royal (2005), which is a wero that suggests we not only need to take care of mātauranga because it is a treasure, but also because mātauranga reminds us that we need to retain and reclaim our traditional knowledge systems. Royal (2005) also considers this phrase; he suggests that its intention is to ask how we can add to mātauranga Māori and expand and grow it in some way. With this in mind, I discuss in this Chapter the many ways different mātauranga Māori has the potential to shape and inform wāhine Māori experiences and understandings of menopause. This Chapter has a focus on reclaiming Mana wahine knowledges and returning to ruahine what is rightfully hers: an Indigenous framework to understand and experience menopause, one that her lived realities have informed. In stark contrast to western understandings of menopause, I further consider the creative possibilities of mātauranga Māori and in particular mātauranga nō ngā wāhine Māori in wāhine Māori experiences of ruahinetanga.

We can use Indigenous knowledge to understand and grasp the concepts of knowledge and ways of knowing found in the traditional knowledge systems of Indigenous peoples (Royal, 2005). We can also utilise Indigenous knowledge to gain insight into how Indigenous people perceive the world. (Royal, 2005). Pihama (2001) suggests that Indigenous knowledge is also a means by which Māori can affirm the knowledges of our tūpuna, who she suggests were some of the most significant theorists of this world. At this point in time, I feel very lucky to be able to draw from the works of the many Mana wahine theorists and the bodies of mātauranga nō ngā wāhine Māori they have reclaimed and produced. For example, Aroha Yates-Smith (1998)

has created a theory of Indigenous knowledge, one that is centred around Atua wāhine. Naomi Simmonds (2014) has created an Indigenous body of knowledge about Māori birthing practices, while Kirsten Gabel (2013) has considered Indigenous approaches to motherhood.

Stewart (2021) suggests that Māori philosophy, or mātauranga Māori, comes from discourse and understandings that reflect the importance of the relationships in the natural world environment and the humans who occupy it. This theme is reflective of how the foundations of mātauranga Māori are carried in narratives about Māori tradition; these traditions underwrite our social relationships and cultural practices (Stewart, 2021). For example, in the pūrākau about the first human being made from Papatūānuku, the connections that wāhine Māori have to this Atua are made explicit; these connections reflect the mana and tapu of wāhine (Yates-Smith, 1998). Furthermore, mātauranga is expressed both in and through te reo Māori, for example, in the meanings of the word whakapapa (Stewart, 2021). Stewart (2021) states this word is made up of the prefix "whaka", meaning layer upon layer, while "the stem word 'papa' has a literal meaning of ground, which calls to Papatūānuku at every utterance" (p. 85). This definition suggests that each time we personify mātauranga in our lived realities, we make connections to Papatūānuku and reflect the whakapapa wāhine have to this Atua. Thus, Māori knowledge considers the unconscious and conscious relationship that we have with the environment. It is also from this position that this type of Māori philosophy is embedded in Māori identity (Stewart, 2021).[62]

The revitalisation of the traditional knowledge bases of Indigenous people highlights the longing Māori have to build futures which align with Māori values (Royal, 2005). These ideas are not only concerned with reclaiming mātauranga but also with understanding who we are as Indigenous people; they urge us to think carefully about how we dismantle our experiences of colonisation and why cultural knowledge is vital to people's wellbeing and prosperity (Smith, 2012). To this point, we also must stop dominant groups who try to dismiss whole bodies of knowledge associated with Indigenous people as being mythical and irrelevant (Smith, 2012). Therefore, the researching of what constitutes mātauranga Māori and mātauranga nō ngā wāhine Māori becomes a politically significant activity; what we read and write about in the context of mātauranga nō ngā wāhine Māori must have critical engagement, as reasserting and

[62] This theme is discussed further in the next Chapter, which considers the nature of environmental degradation and menopause. How much of the degradation of Papatūānuku that we see in our world today is a projection or product of the disequilibrium in our hauora?

resurrecting wāhine Māori subjugated knowledges is crucial. For instance, reclaiming our Indigenous knowledge systems and, consequently, our tino rangatiratanga over who we are challenges neoliberalist and state ideologies which intend to keep wāhine Māori marginalised.

Reclaiming mātauranga requires an understanding that mātauranga exists in a unique spatial and temporal reality, one that is quite different from that of positivist western knowledge. Within these realities, past events and people do not lose their significance, as such ancestors are able to collapse the time-space continuum to be co-present with their descendants in the now (Stewart, 2021). Therefore, the context of knowledge for Māori is not restricted to the physical but also includes knowledge of intuition and dreams. When we consider mātauranga and its connection to identity, and how identity is both collective and unique, it is appropriate to pluralise what constitutes mātauranga. Rather than speaking about mātauranga Māori as a single epistemology, we might talk about Māori epistemologies, or Iwi epistemologies (Stewart, 2021), or wāhine Māori epistemologies, or wāhine Māori and menopause epistemologies, as I am attempting to do in this research.

In this way, the weaving of knowledge across domains reflects the notion that Indigenous knowledge is holistic, in the sense that knowledge is interconnected and relational, in the same way that all things are interconnected and relational (Royal, 2005). This relational aspect reflects the complex and multi-dimensional nature that exists in relationships of knowing. For instance, it shows how our reality shapes our knowledge and how our knowledge, in turn, informs our reality. The interplay of these relationships reveals how knowledge and life experience are woven together and how this concept is connected to power relationships. For when tangible and intangible advantages of colonisation benefit and privilege one's life experience, that reality has the power to dictate what is normal, what is real, or what is knowledge (Bartky, 1998; Fenercioğlu, 2019). Pihama (2001) suggests that it is in this space where Indigenous theory is able to counter the hegemony of non-Indigenous knowledge systems. I also argue that when wāhine Māori realities are informed by mātauranga nō ngā wāhine Māori, they counter the hegemony of a colonial-dominated society, as we saw here with the wāhine Māori who partnered in this research. One example of which comes from *LN.*

… I think our culture has so many metaphors that speak to the power of women. The whare of the marae where people walk through is walking through a woman's vagina. I love it, by the way; you're entering a woman's vagina on your way through. That's not made clear when

people are entering a marae[63]. Knowing this as an older woman fills my cup. speaks to my power and helps me to face the challenges I face in my work, as a mother, as a member of my community (LN, 54)

According to Royal (2005), mātauranga Māori was introduced to Aotearoa by our Polynesian ancestors, who brought with them a body of knowledge that grew and adapted according to what was needed in this new land. It is well established that Māori culture is likely to have been heavily shaped by the ancestral knowledge shared through our emigrational encounters of the Pacific (Mafile'o & Walsh-Patiata, 2007). It is also well established that wāhine Māori bodies of knowledge have been interrupted following european encounters and colonisation (Mikaere, 2013; Simmonds, 2014; Yates-Smith, 1998). The consequences of the colonisation of mātauranga emphasise the need to be thoroughly knowledgeable about the mātauranga that we do know so that we do not diminish or undermine the mātauranga of our ancestors. Bearing this in mind, mātauranga has always been able to, and continues to be able to, respond to the challenges that have arisen across the years. For example, Royal (2005) writes:

> It is good for us to be inspired by the wisdom of our ancestors, but at the same time it is also important to recognise that we live in a world that is vastly different from that experienced by our ancestors. Further, we should recognise that their knowledge reflects their experience, universal and timeless, as some of its aspects may be. Just as our Polynesian ancestors were faced by the 'new world' of Aotearoa when they arrived here, so we too have come to a new place, a new experience in the 21st century. (p. 3)

Te reo Māori is one way the foundations and timelessness of mātauranga continue to be expressed today, despite outsiders' best efforts at interruption. For several hundred years, te reo Māori has protected tangata whenua, creating Māori conceptual frameworks for understanding their lives. Te reo Māori was identified by several research partners as being essential for wellbeing through menopause, as the following kōrero reflects.

… Does te reo help us to know who we are at this time? I guess it does, because if you don't know who you are by now, this will only make this time in our lives worse, so yes, te reo helps me to know myself (TE, 70).

[63] I have previously discussed the imposition of hegemony with regard to tikanga on the marae. See Chapter Seven.

As such, te reo Māori is included as a subtheme of the Harakeke model and is discussed next.

Te reo Māori

The teachings and stories of our forebearers speak of the great oceanic migrations from Hawaiki (the ancestral home), both from and through the Pacific Islands to Aotearoa. These voyages required careful planning in order to survive and took place over a 200-300-year period, with settlement in Aotearoa occurring towards the end of this time (Mafile'o & Walsh-Patiata, 2007). Some colonial discussions have debated whether Hawaiki truly exists, and if so, the whereabouts of its physical location is argued, while Indigenous discussions centre on understandings that Hawaiki refers to the depths of a mythological underworld to which Māori return in the afterlife (Renata, 2018).

Historical context is pivotal to understanding our contemporary Indigenous connections; these connections can be seen in the meanings of language and similarities in vocabulary. Shared concepts of Indigenous knowledge are seen throughout Polynesia, with many commonalities seen in customs and belief systems. For example, Mafile'o & Walsh-Patiata (2007) note that many arrival stories across Pacific nations are comparable. These connections sit within wider correlations to other Asian cultures and other early Pacific Rim societies, seen in the Polynesian triangle[64]. The people who occupy the many islands within this triangle speak Polynesian languages, which are linguistically known to form part of the Malayo-Polynesian Oceanic subgroup (Renata, 2018). Malayo-Polynesian languages are subdivided into Indonesian, Melanesian, Micronesian and Polynesian languages (Renata, 2018).

Te reo Māori sits in the Polynesian subgroup, having some similarity to languages from other islands in this group, such as Rarotonga, Tahiti, Hawaii, and French Polynesia (Renata, 2018). We can see an example in the te reo Māori word 'whenua', meaning 'land' and also meaning 'placenta' or 'afterbirth'. In the Rarotonga dialect, the word for 'land' and 'afterbirth' is 'enua', a word not dissimilar to 'whenua'. The Māori cultural practice of returning the whenua to Papatūānuku is also undertaken by Cook Island Māori (Renata, 2018). These language connections expand to other Polynesian dialects with similar names used across many of the islands in the Pacific. Figure 11 illustrates some of the similarities seen in Pacific dialects.

[64] A region of the Pacific Ocean, which is framed by the islands of Hawai'i, Rapa Nui and New Zealand (Renata, 2018).

Figure 11 Pacific Dialects

English	Tongan	Samoan	Marquesan	Tahitian	Māori	Hawaiian
Ancestor	tupu	tupu	tupuna	tupuna	tupuna	kupuna
Bird	manu	manu	manu	manu	manu	manu
Canoe	vaka	vaʻa	vaka	vaʻa	waka	waʻa
Fish	ika	iʻa	ika	iʻa	ika	iʻa
Love	ʻaloʻofa	alofa	kaoha	āroha	aroha	aloha
Man	tangata	tane	kane	tāne	tane	kāne
Old	tefito	tafito	tehito	tahito	tawhito	kahiko
Six	ono	ono	ono	ono	ono	ono
Taro	talo	talo	kalo	taro	taro	kalo
Woman	feline	fafine	vahine	vahine	whahine	wahine
Yes	ʻio	ai	ae	ʻae	ae	ʻae

(Craig, 2004)

Similarities in linguistics were not the only thing that tangata whenua of Aotearoa, and the Indigenous people of the Pacific Islands had in common, as civilising missions were carried out throughout the Pacific. In Aotearoa, the establishment of the first mission settlement in 1814 was intended to facilitate the europeanisation of Māori. Missionary schooling was established to civilise, europeanise and christianise Māori, however, this system collapsed during the 1860's and the Native school system was established through the re-settler[65] government legislative actions with the Native Schools Act 1867 (Simon & Smith, 2001). During this time, there was a strong opinion among the re-settlers, or Pākehā people, that schooling was the most effective way to assimilate and civilise Māori. Simon and Smith (2001) note that the official purpose of the Native School system was to assimilate Māori, most notably through prohibiting te reo Māori and demanding the exclusive use of english. Teachers, as agents of the crown, were expected to carry out their teaching duties in ways that would fulfil the state structural goals; physical punishment was used to reinforce that agenda (Simon & Smith, 2001). The use of corporal punishment is a bitter memory for many Māori who have been left traumatised by this violent assault of the english culture through the guise of the state.

[65] Indigenous scholar LaRocque (2015) applies this term to mean that Indigenous people were already settled and civilised, hence re-settlers and re-civilised perhaps would be a better use of terms. Similarly, from a te ao Māori perspective, I suggest that Māori were already civilised prior to european arrival. The terms settler and civilisation, suggest our knowledge and ways of living were uncivilised and that the whenua had not been settled, which by all accounts is incorrect. Furthermore, I argue that when the concept of civilisation is saturated with western values and meaning (i.e. clothing, christainity, commerce), the qualities that should reflect civilisation such as humanness, our ability to care and to love are sidelined. These civil values were something that Māori had (and have) in abundance, as we see in our values of manaakitanga, whakapapa, whanaungatanga and aroha.

As a means to enforce Pākehā dominance, Māori tamariki were abused during the early, mid and late 19th century (Simon & Smith, 2001). As I write this today, 200 years later, sadly, I see the actions of the state-managed institution, Oranga Tamariki, continuing to force state and non-Māori dominance over our intimate relationships with whānau and tamariki[66].

The denial of the use of te reo Māori in schools was and remains crucial in ensuring that the dominant colonial agenda maintained complete control over facilitating the assimilation of Māori tamariki and whānau, replacing mātauranga Māori with mātauranga Pākehā (Johnston & Pihama, 2019; Smith, 1993). The consequence of these colonial agendas almost killed the philosophies, hopes and dreams of Māori people. For example, we can see that the result of this system has diminished the mana of te reo Māori in tangible and intangible ways. The tangible interruption of te reo Māori has enabled colonial ideologies to control and dominate Māori realities as our realities are informed by our lived experience, which in turn becomes what we know. The intangible interruption of te reo Māori has colonised one's mind to the extent that Māori values and traditional ways of knowing and living are foreign to many Māori.

Ani Mikaere writes of the challenges her whānau experienced with te reo Māori. She notes how people stopped speaking their languages as a self-defence and survival strategy in stressful social circumstances:

> My grandparents' decision to encourage the replacement of te reo Māori with english as their children's first language can only be regarded as a survival strategy. They were convinced that the future lay with the language and the education of the Pākehā. By the time my father reached middle age, however, the imminent death of te reo Māori within our own Iwi was causing us to rethink our definition of survival and it dawned on us that language extinction was in fact the path to cultural extinction. (2013, p. 166)

Ani Mikaere experience bears a remarkable resemblance to my own whānau and to the findings in this rangahau, which point to the importance of te reo Māori and the positive effects it has on hauora. My grandmother was fluent in te reo Māori, however, during her lifetime te reo Māori was considered pointless. She was punished for speaking te reo Māori. Her mother (my great-grandmother) was also fluent in te reo. My mother was punished for just being Māori both at school and outside of it. The type of punishment here was more about a society and

[66] Oranga Tamariki is a state service tasked with the protection of vulnerable children in Aotearoa. This issue is beyond the scope of this thesis, however, highlights the ongoing colonisation and violent attempts by the state in Aotearoa to maintain power and control over Māori whānau.

school environment that stigmatised and stereotyped all things Māori as paru. Living in this reality came to inform my mother's knowledge and understanding of herself and te ao Māori. We saw similar experiences in this rangahau, with one research partner recalling

...I remember Mum would never go in the sun, she didn't want to get any darker than she was, and she would scrub us so hard in the bath, like she was trying to get the Brown out of us, te reo nothing about being Māori was good, it's just the way it was back then (KS, 56)

Thus, I feel that it is no small thing to speak, research and come to know the complexities, maemae and politics behind Indigenous languages being used as a tool of assimilation and the consequences this has had and continues to have on wāhine Māori sense of wellbeing, not only through menopause, but across the life span. Similar colonial strategies have used language to impose colonial domination have been seen elsewhere amongst other Indigenous populations, for example:

> I am a nomadic Inuk belonging to the Nattilikmiut (the people of the seal) and Ukkusiksalikmiun (the people from where the soap stone cooking pots can be found) ancestry, but I was born in the Aivilik (the people of the walrus) region of Nunavut. I was taken away from home before I could fully live and understand my heritage. I am also the product of a Roman Catholic residential school system, which is nothing new to the Aboriginal populations of the world. Assimilation was the main objective in attempting to have Inuit join the mainstream Canadian Society, and they have largely succeeded! I was kidnapped in broad daylight from my parents by a Roman Catholic priest in August 1958 so that I would go to the Turquetil Hall Residential School in Chesterfield Inlet. This is the place where I was slapped with the yardstick for speaking my language in the classroom and told 'never speak it again. (Piita Irniq in Greymorning, 2018, p. 53)

The loss of Indigenous languages weakens the transmission of knowledge and culture intergenerationally. Across Indigenous landscapes, ancestral knowledge is disrupted and replaced by foreign values and culture. Hall (2018) approaches the sustained demise of Indigenous languages in relation to economic factors. He suggests that endangered languages are economically dead, noting that because there are no economic benefits in endangered languages, they are dependent on the people who value language as being something other than an economic exchange. Hall (2018) notes that the colonial world has a clear preoccupation with money and things that make money and suggests that if endangered Indigenous languages were used in this way, their survival might be much

more likely[67]. For example, in the US., Spanish is commonly learnt because it helps with trade deals, Niitsii•p · o′•″sin, a language Indigenous to North America, is not commonly learnt as it has no significant economic advantage (Hall, 2018). Meanwhile, Greymorning (2018) notes that if Indigenous languages become extinct, not only will markedly different word forms and expressions die, but the meanings expressed through the languages of these cultures will be under serious threat. Worryingly, the staggering pace of Indigenous language loss means that at the present rate, by 2030, fewer than 60 Indigenous languages will be spoken (Greymorning, 2018).

Our responses to the historical and current campaigns to destroy te reo Māori in Aotearoa have been both political, structural and personal. Ani Mikaere (2013) discusses language reclamation through a lens of whakapapa. She writes of the hopes she has for her mokopuna to have confidence in their reo, and of her conscious decisions when it comes to her tamariki education to ensure te reo Māori is a viable choice for her whakapapa. She writes:

> But I am also well aware that the best guarantee of that happening is to ensure that each new generation understands the whakapapa of the language struggle, both within our own whānau and in Aotearoa generally. It is only by knowing the history that I have recounted and seen how the fortunes of te reo are inextricably linked to a multitude of other important issues in our lives that future generations will be equipped to deal with the new challenges with which they will inevitably be. (Mikaere, 2013, p.145)

In the sense of being equipped for new challenges, te reo Māori instilled a sense of wellbeing for all the wāhine who partnered in this rangahau, which helped to cope with the changes and stages of ruahinetanga. This is not surprising, given the clear links that te reo Māori has to the health status of Māori people (Mikaere, 2013). Similarly, in our kōrero about ruahinetanga, te reo Māori was discussed through the concept of whakapapa, with almost all who partnered in the research either wanting to, or were reclaiming te reo for themselves and to share with future generations. They made conscious choices for their whānau to live in an environment which reclaim te reo Māori. As we saw here:

[67] Here in Aotearoa, we see the state again having an influence on the viability of te reo Māori and thus the wellbeing of Māori with concerning evidence seen today, in 2023-2024 government's fast tracking actions to remove te reo from Public service organisations. Perhaps if te reo Māori had more of an economic value for the various governments, such actions would not be taken.

...I worked through severe depression around the time of menopause, what got me through this was picking apart the trauma and reclaiming my power and my wellbeing. Including actively participating more in te ao Māori and that included learning more te reo. Te reo has empowered me and my whānau in so many ways (AY, 63)

...Reo makes us feel better about ourselves. I don't know enough, not a fluent speaker, I was fluent as a child, but when I went to live in Australia, I lost it, I didn't speak with people. It's a struggle to get it back, but I want to, not only for me, but for my whānau as well (HH, 67)

My own personal response was to begin by naming my second and third daughters with Indigenous names. I didn't quite understand the significance of names when I birthed my matamua, as I was naive to the effects that colonisation had on my immediate whānau and over our life choices. It was a psychology degree at university that began the process of decolonisation for myself and thus for my whānau. During my second pregnancy, which occurred sometime during this study, I made a conscious decision to give my daughter a Māori name, and my third daughter also takes a Māori name. This has carried on with my first mokopuna, Kaiārahi Marearea, who bears the name of my tūpuna. I have made purposeful choices about my children's schooling, ensuring that te reo Māori and kapa haka have been central in their education and social spheres. I hope these choices will play some part in ensuring our whakapapa carries te reo Māori forward for future whakapapa lines to come. Sharing our history as a whānau and as tangata whenua, while knowing and sharing the pain and injustices that we and our tūpuna have faced, has strengthened our resilience and commitment to (re)Indigenise our whānau and the spaces we occupy, where we consciously make decisions to fit into our own world and not that of the coloniser[68]. Reclamation of te reo Māori and mātauranga Māori is inextricably linked to this process. I also hope that in doing so we become better equipped to meet future challenges that we may incur through an Indigenous lens. Similar whakaaro was expressed in the research partners interviews, for example, here

...Te reo is a slow journey I am on. I am not good at learning languages; I wish I had done it when I was younger and when my brain was more switched on. Heoi anō, when I look at the meanings of kupu, I see what a beautiful language that carries and explains te ao Māori.

[68] I don't want to paint a fairy tale picture here, what I am discussing is a hard-lifelong non-linear process, and I am sure it will take more than my lifetime to get where we want to be, and it shouldn't be this hard! Discrimination and marginalisation come to the fore when my values and beliefs are continuously rubbished, when my mother and whānau continuously receive different healthcare services and so die younger than they should, or when they experience discrimination almost everywhere they go, these are examples of trauma that are intergenerational and generational, something I discuss in Chapter Nine.

Mokopuna is one such word. Coming to understand myself through this world has been transformational on my wairua, my hingengaro, my tinana, my whānau (KS, 56).

Mātauranga nō ngā wāhine Māori

Having discussed the significance of te reo Māori in ruahinetanga, I now consider mātauranga nō ngā wāhine Māori during this journey. Ruwhiu (2009) notes that wāhine Māori philosophies come from the narratives of Māori cosmology and female deities. In the previous Chapter, I have provided an example of how Hine Pū Te Hue and Hine-te-iwaiwa are some of the ways wāhine Māori philosophies can inform menopause. I have also previously referred to the roles ruahine have in maintaining tikanga in the transmission of cultural values and traditions, these concepts are informed by mātauranga. Ruwhiu (2009) suggests that kuia-mokopuna[69] relationships include an educational role where world views are formed and grow. This is often done through oriori, waiata, pūrākau and karakia, which, by all historical accounts, suggest that tamariki acquire this knowledge with relative ease (Ruhwiu, 2009). Disappointingly, this type of knowledge sharing is not often seen in the educational settings that currently operate in Aotearoa[70]. Waiata holds vast amounts of essential information, including historical events, whakapapa, tribal warfare, births, deaths, and love affairs (Ruwhiu, 2009). The many waiata composed by women speak to their role as generators and repositories of mātauranga Māori (Mikaere, 2013). Traditionally, there were other skills and expertise that wāhine Māori passed down to their young, such as weaving, cooking, childcare, and military defence tactics (Ruwhiu, 2009). Most knowledges passed from one generation to another were treated as a taonga, and ruahine played a pivotal role in ensuring the younger generations knew what was right and wrong, safe and unsafe, and how to grow and prosper within and alongside their hapū and Iwi (Mikaere, 2013). For some ruahine, these responsibilities continue today.

Mātauranga, like tikanga, can be thought of as having whakapapa, beginning with our ancestors and encompassing the accumulation of knowledge over time. Moana Jackson notes that Māori stories are not always new, neither are they always bound by a beginning or an end (Jackson, 2008). Rather, they arise from a particular purpose and are told in particular contexts, as such, Māori stories may often produce more questions than answers, essentially creating a series of never-ending beginnings and endings, or the whakapapa of the production of knowledge

[69] Grandmother-grandchild

[70] The fact that this form of knowledge sharing, which has been passed down for centuries and remains relatively intact, suggests that the methods used in kōhanga reo, kura kaupapa, and te whare wānanga are more effective than those currently employed outside of these environments.

(Jackson, 2008). I argue that it is in this way that ruahine, through their whakapapa connections to the divine, also hold the whakapapa of mātauranga nō ngā wāhine Māori.

Mātauranga Māori is considered by Ani Mikaere (2013) to be embedded in the origins of our being. For instance, she states that:

> Our ancestors' explanations of how life began reflect a uniquely Māori mix of practical observation and intellectual genius that I suspect accounts in no small measure for the fact of our longevity. They witnessed the miracle of life being created every time a child was born it made perfect sense therefore to conceive all life as having sprung from an initial womb-like state. (p. 163)

Ani Mikaere kōrero aligns whakapapa and the beginning of our creation with the birthing process, something that ruahine are no longer able to do. This might lead to binary perceptions that once a wāhine Māori can no longer conceive or give birth, she is rendered obsolete. I would suggest however that such binary definitions contribute to our colonised realities, for when we understand that ruahine sit in this kōrero about the birth of the world and all the things in it, because they are the repositories of knowledge and because they hold and share the whakapapa of knowledge, we can see how our cultural paradigms locate the role of ruahine as integral in preserving and sharing mātauranga. What this highlights, quite clearly, I believe, is that it is from this position that mātauranga nō ngā wāhine Māori can, and does, reflect te ao Mārama. Aroha Yates-Smith (1998) suggests that te ao Mārama aligns with the process of birth, as the world was brought into being through the separation of Papatūānuku from her great love Ranginui, and bringing light into the world. This separation has been mapped onto women's bodies through childbirth, symbolising the separation of the pepe from the mother. The mapping of the divine and mortal birth onto women's bodies does not disappear with age; rather, I argue that it accommodates nuanced understandings of how ruahine birth and rebirth knowledge for her people, enabling their own Mārama, and therefore are very much essential in ensuring that future whakapapa are well equipped with the mātauranga needed for their tino rangatiratanga.

Similarly, Ngahuia Murphy explanation of the role of women in maintaining accuracy in the sharing and learning of knowledge ensures that our whakapapa, history, relationships, tikanga, and our ways of being continue to carry mātauranga. She notes that "women's knowledge of cultural institutions such as whakapapa, tikanga, tribal compositions and histories was at one time immaculate and that women had a specific role in carefully monitoring the transmission of these knowledges" (2011, p. 76). Here, we can see how wāhine Māori also have an ethical

role to ensure that mātauranga Māori remains self-determined and protected. This ethical role acts as a barrier to the ongoing colonisation of our mātauranga and our minds, of who we are as a people, our values, our beliefs, and our understandings of our world, while celebrating our very being. This knowledge and understanding about what it means to be a wāhine Māori transitioning menopause is empowering and reflects tino rangatiratanga, as *RH,* reflects:

…As a middle aged wahine I can say that I have grown in ways I didn't think possible. I am more secure in myself, I understand my identity more, I value different things now. Learning our creation stories has been influential here, when I first learnt about Hine-ahu-one and Hine-nui-te-pō I was amazed to know that it was a wahine who was the first human, it really started to make me question a whole lot of stuff about having rights, about tino rangatiratanga and what that means in my life, and why we are second class citizens. I think I began to value myself more when I started to understand more, know more and experience more te ao Māori (RH, 56)

Likewise, we see that knowledge is not only about sharing information of interest to others, but also a taonga kept within the realms of hapū and Iwi. It is preserved and gifted to future generations, but also has to be carefully protected (Mikaere, 2013). Ruahine, who are the keepers of such knowledge, are not only relied upon to share their mātauranga but also need to consider and carefully select who the appropriate recipients are and to teach them well. Thus, ruahine are the caretakers of such knowledge, and the guardians of the spiritual and cultural welfare of their whānau, hapū and Iwi (Mikaere, 2013).

Other Indigenous communities also highlight a cultural value of associating age with empowerment, respect and prestige (Loppie, 2004). For example, Mi'kmaq older women are afforded respect as their community recognises them as symbolising a connection with knowledge, language, tradition, stories and ceremonies (Loppie, 2004). Mi'kmaq use the term Grandmother generically to address older women in a respectful way, and as a rule, younger women listen carefully to older women looking to them as role models (Loppie, 2004). When older Mi'kmaq women pass on their wisdom and experience to the next generation, they inhabit the experience of their daughters and granddaughters, thus their experience becomes beneficial to her future generations and to some extent shapes that generation's experience and understandings of menopause (Loppie, 2004). We saw in this research that sisters, mothers, aunties and other women's knowledges also came to inhabit menopause understandings and experiences of the research partners, such as *PW* noted

…I learned about it from friends, and I remember when I was younger, I would listen to Mum and her friends laughing about it, so from other women too (PW, 67)

Matariki

A further theme that emerged in this rangahau considers the importance of ceremonies that hold ancestral meanings and practices during menopause, which will now be considered._Several wāhine Māori who partnered in this rangahau reflected on how aspects of how their mātauranga about Matariki, and other mātauranga Māori, held presence in their wellbeing through this time of menopause. For instance, *KS* shared how Matariki and the Maramataka had calming effects on her, through this time of life

...I believe we are connected to the movements of the cosmos; I have the Maramataka behind me, and I am trying to incorporate that in my life, again, it keeps me tau. To me Matariki reminds me that we are of the whenua, it reconnects us as women. Like our whānau, make a conscious effort to connect and go back home around Matariki and be on that whenua, it's great now that it's a Public Holiday. This year we went to the hautapu on the marae, all of us, it was really beautiful to see my whānau there and be there with other whānau (KS, 56).

The hautapu *KS* refers to is a ceremony associated with Matariki, occurring in mid-winter, when Matariki appears on the eastern horizon in the morning. This ceremony is commonly known as whāngai i te hautapu – or hautapu for short. It means to feed the stars with a sacred offering. Māori have been casting their eyes to the heavens since ancient times, in the search for greater understandings of the world and our place in it, we have used astronomy to understand the connections between the natural environment, the changing of seasons, the phases of the ocean tides, the seasons of food sources and the passing of time (Hakaraia, 2004; Harris et al., 2013). For Māori people, the learnings from the stars became woven into our language, religion, and our environment (Hakaraia, 2004). Māori held extensive knowledge of astronomy, and we see the evidence of this in our knowledge sources of mōteatea, whakataukī, karakia and kōrero tuku iho, but also in affecting our behaviours, such as determining when to plant and harvest, or when the time was right to build ancestral whare (Hakaraia, 2004). Yates-Smith (1998) suggest that most remarkable Polynesian voyagers were guided by the night sky during the settlement of the Pacific region; these in-depth understandings of the stars were then, over a period of 800 years, adapted and incorporated into the sustenance of life in these lands.

Māori astronomy is also known to have its origins in the primordial parents Ranginui and Papatūāknuku; their many children make up the pantheon of Atua Māori (Harris et al., 2013). There are several understandings about the whakapapa of Matariki. For example, some suggest that Matariki is the male offspring of Ranginui and Papatūānuku, more commonly, however,

others refer to her as a female deity (Hakaraia, 2004). A further Māori understanding of the beginnings of the science of astronomy begins with Te Whānau Mārama (The Family of Light), of which there are also several accounts. One suggests that Tangotango and Wainui, two of Ranginui and Papatūānuku children, created the sun, moon, and stars; other tribal histories place Tangotango and Moe-te āhuru as the creators of the stars (Hakraia, 2004). Similarly, Hakaraia (2004) reports that the translation of Matariki has different interpretations, one being Mata-ariki, meaning "the eyes of God," and the other Matariki, meaning "small eyes" (p.21).

The many ways that Matariki was important to Māori in the past, and perhaps why this research found that Matariki remains important today in wellbeing for wāhine Māori across menopause, can be seen in the sayings:

> Matariki ahunga nui; Matariki tāpuapua; Matariki hunga nui; Matariki kanohi iti. Matariki of abundant food; Matariki of many pools[71]; Matariki widely followed; Matariki of small eyes. (Hakaraia, 2004, p.21)

These proverbs suggest that pre–european Māori learnt how to make sense of the vast night sky and use it to help them live their day-to-day lives. For example, the night sky was the principal way to measure time using star constellations, ordering the Māori calendar and structuring the environment. Hakaraia (2004) suggests that most Māori were able to read the night skies with the same ease that people read the time using watches and clocks today. Furthermore, the cultivation and harvesting of food were guided by Matariki; when the cluster could be seen, it was a time to prepare for planting for the year ahead (Hakaraia, 2004). Tohunga possessed vast knowledge of the stars and were adept at using them to explain weather patterns and the harvesting of crops (Hakaraia, 2004).

E ko Matariki e!' 'Tis Matariki!'

Matamua (2017) suggests that the name Matariki is often used for the star cluster, made up of nine stars, being the children of Matariki and Rehua. The star Rehua is connected with medicine and healing and, the Matariki star is connected to wellbeing, good fortune and health (Matamua, 2017). The children stars each have their own identities and represent a food source, a weather phenomenon, or the afterlife. For instance, Matamua (2017) notes that the star Tupuānuku connects to the food grown from the earth, while Tupuārangi connects to food that

[71] Matariki tāpuapua- The pools of Matariki linking the rising of Matariki in winter being synonymous with rain. The pooling of rainwater on the ground in winter is immortalised in this saying.

comes from the sky and includes tree fruits and birds, Waitī maintains the essence of food that comes from fresh water sources, Waitā holds the substance of food that comes from the moana, Waipunarangi carries the essence of rain, and Ururangi beholds the wind, Hiwa-i-te-rangi is associated with a prosperous future year and the final star in the cluster, Pōhutakawa, is the eldest female star associated with those who have passed since the last rising of Matariki.

The rising of Matariki was traditionally celebrated with karakia and laments, it was a time of tapu, where wāhine Māori turned towards the star group and welcomed it with waiata and kanikani (Hakaraia, 2004). Hakaraia writes that during the late 1800's:

> Sometimes the old people might wait up for several nights awaiting the appearance of the stars of Matariki. When they did, the people would greet the stars with weeping and recounting of the names of those who had died in the past year. (2004, p. 30)

The first moon after the rising of Matariki, however, was associated with feasting. Hakaraia (2004) suggests that when we honour Matariki we recognise the importance of light, or the welcoming of a new dawn, likened to the new light that emerged from the separation of Rangnui and Papatūānuku. Here I refer to light as not only a physical presence, but also the illumination of thoughts and behaviours that come from mātauranga and become grounded in one's mohiotanga and māramatanga.

The wāhine Māori who partnered in this rangahau, shared how their transition through menopause is experienced within their mohiotanga and māramatanga about Matariki. Several of their experiences mirror these traditional understandings and behaviours associated with Matariki. Whether Matariki is understood to be a mother or other deity, it stands to reason that when these traditions from times past are reclaimed in the now, wāhine Māori experiencing menopause find comfort in the rising of, and during the time of, Matariki. In this research, we saw several research partners discuss the ways that they brought Matariki into their realities while transitioning menopause and the positive effects these understandings and experiences had on themselves and their whānau. For instance, in *NP* kōrero

…I am really excited that Matariki is now being recognised, we use Matariki to reflect on our whānau achievements, valuing our whānau challenges, honouring our tīpuna and making time for this is reassuring for myself and whānau. It keeps us connected; this supported and continues to support my wellbeing through menopause. Knowing we are continuing on the

traditions of our tīpuna is a great feeling. One I want my whānau to experience. All of these, I was in practice these whilst my menopause flew passed me (NP, 65)

Pihama (2001) recommends that ongoing analysis of how wāhine Māori are positioned in the world is important. I might also argue that wāhine Māori knowledges also require ongoing critical discussion. For example, in Aotearoa, Matariki popularity is on the rise, it is now a public holiday in Aotearoa, and we see many sectors in society, including government agencies celebrating Matariki. Critical analysis of the crown using Matariki as a nation building exercise causes some concern that dominant language and knowledge systems, and the ideologies embedded within them, will not convey authentic meanings of Matariki. Furthermore, while it is difficult to argue the merits that Matariki brings to wāhine Māori lives in this research, I believe it is equally important that this popularity does not overlook the role of other Atua wāhine, for privileging the divine in such a way that Matariki has been privileged should not diminish the light of others. We must dive further into the gifts that other Atua wāhine can bring to our lives through menopause. We also must be sure to preserve the integrity of Iwi diversity in the whakapapa and meanings of Matariki and ngā Atua, for this country has had a long and enduring history of cultural misappropriation of such taonga and dismantling wāhine Māori knowledges.

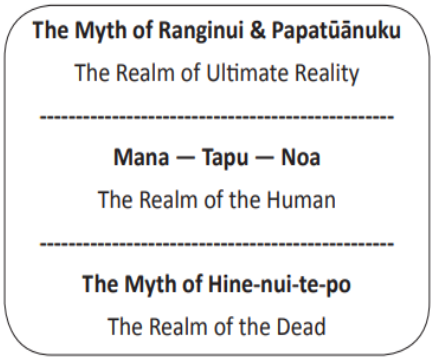
Wairua me te wā

Rose Pere (1997) speaks of a different star that had temporal meanings for her, she writes of how in awe she was at the knowledge and insights her ancestors and tohunga shared with her about the stars, and their place in relation to time and space. She particularly speaks of the star Turuki, a star that was called on in times of need. She speaks about Turiki ki te pō, ki te ao, meaning the learned one who knows all about the passages of time and what is right for all time frames. She also notes that "there is no doubt in the writer's mind that her elders knew about space travel and had detailed knowledge about other timeframes and cultures." (1997, p. 20). Pere was a staunch believer in our divine connections, where all non-living and living beings are an intrinsic part of the universe, existing within us and integral to us (1997). He Atua! He Tangata! is a common saying which reflects this māramatanga, suggesting that there are no limits for humankind and our divine rights as godly star beings (Pere, 1997).

Similarly, James Irwin (1984) discusses Māori world view as a structure with three tiers (as shown in Figure 12). The first tier represents the spiritual realm, the second the present day, and the third tier represents our tūpuna who have departed this world and now are under the

protection of Hine-nui-te-pō (Irwin, 1984). The dotted line between each tier suggests that each realm is connected and not separate from the other. This description of te ao Māori means that Atua and tangata exist alongside each other, and therefore tūpuna and tangata coexist. In this way, a person's aspirations for their future lie in the past.

Figure 12 Te ao Māori



(Irwin, 1984)

This understanding of world view can be related to how the experiences of ruahinetanga occur amidst Māori concepts of wairua and time. As Atua and tangata are inherent in each other so too, our past is brought through to our present and our future. In this way a person's aspirations for their future might lie in the past. I believe we saw evidence of this in this current research with several of the research partners looking to karakia, te reo, or cultural values of the past, as a rongoā to inform their present and future wellbeing with comments such as

...Sometimes I do karakia when I am trying to kia tau, and I use whakataukī to keep my wairua going, and that keeps me going (CG, 53)

... Wairua influences my wellbeing. It's what I draw on: some spiritual components that ground me and support me in my overall wellbeing. Which is really quite interesting, as I never thought I would be saying this at this time of my life. It starts there, in my wellbeing, a sense of peace, inner calm, when you sit with the wairua that helps you to move forward in the right direction. (LN, 54)

In this way, ruahinetanga is not a linear journey through the ages of 48-60, and the time when one's menstrual cycle ceases. The timing of the physical and other aspects of ruahinetanga are laid down by our internal biological clock. However, our wellbeing, which is inherently intertwined with wairua, prior to, through and beyond menopause, is distinctly embedded in our collective past, present and future. Within these continuous cosmic movements, time is not

restrictive; thus, the time of menopause and aging is also not restricted. Again, we look to the whakatuakui, "Kia whakaōmuri te haere whakamua," meaning I walk backwards into the future with my eyes firmly fixed on my past, in appreciation of these understandings of time, wairua, and wellbeing.

This whakatuki reflects the temporality of time, for instance, how we understand time, how we experience it, and how it is structured. Harris et al. (2013) also suggest that Matariki is useful in decolonising dominant western perspectives of time. They note that Māori lunar stellar calendar practices are not inconsequential in comparison to Gregorian calendar events such as christmas and easter. In this way, lunar stella practices such as Matariki revitalise Māori culture, with more and more Māori people seeking to authentically reinstate these traditional practices of our past into our modern lives. When we apply these understandings of time to the current narratives about menopause, such as "running out" of time as we age, we challenge the understandings that construct menopause and aging as deficient. Similarly, when we think of wairua as being timeless, we also come to navigate menopause in ways that celebrate wāhine Māori, and whānau, hapū and Iwi of the past, present and future. You might recall evidence of such in this research, where several similar kōrero were shared, such as the one below

…When I see Mana wahine taking control of our lives, being unapologetically Māori celebrating our values. We bring Matariki into our lives, by spending time with whānau, talking about our tūpuna and of course having a kai, it's good for my wairua to spend time doing this. It's something I never used to do when I was younger, maybe it's menopause and this journey I am on has made me want to connect and do these things more (LK, 58)

Tapu

Moving on to another ancient cultural foundation of te ao Māori, tapu, that was reflected in the findings, it seems very fitting that I begin to write this section on Waitangi Day 2024, a time when the current National-led coalition government are intentionally planning to undermine the mana and tapu of tangata whenua in Aotearoa. A further way the past is woven into the lived experience of the research partners during their transition through menopause is through the expression and meanings of tapu. Explaining what tapu looks like for the wāhine Māori who partnered in this rangahau is difficult. There are multiple perspectives, both traditional and hybrid, of the concepts of tapu and noa. Tapu and noa both comprise some of the complex rituals of Māori culture, which are fully integrated into the lived realities of Māori

people, and in doing so, maintain the spiritual balance and social order that are essential to wellbeing (Mikaere, 2017).

Pere (1997) notes that there is no english word which can easily define our concepts of tapu and as such the term is often misused. We have seen other Pākehā ethnographers, such as Elsdon Best, attributing the tapu of wāhine to being unclean (Pihama, 2001). Conversely, Pere (1997) dispels the notions that tapu is dirty or frightening due to the perpetuation of these types of writings. In her summary of tapu Pere states that tapu is:

- A protective measure
- A way of imposing disciplines and social control
- A way of developing an understanding and an awareness of spirituality and its implications
- A way of developing an appreciation and a respect for another human being, another lifeforce, life in general. (1997, p. 40)

August, (2004) similarly notes that tapu is intangible and consequently the unseen can come to be interpreted as cautionary, hence the role tapu has in social control. Tapu can also be understood as a higher form of power which, concerning wellbeing, is protective and supports hauora (August, 2004). When we apply these definitions to the experiences and lived realities of wāhine Māori, we can see how tapu ensures the wellbeing of ruahine across their menopause trajectory, as the partners in this research have discussed.

We saw in this research that tapu is instructive in determining behaviours and lived experiences in wāhine Māori experience of ruahinetanga. Some reported that customs around tapu and noa were something they naturally observed, without much question about the reasons for doing so. In some cases, there was ambiguity about why they did things a certain way, almost as if it was in their DNA[72] and a way of knowing that was difficult to put into words, as is often the case when trying to explain a Māori concept in english language. For instance, one person noted:

…I mean I know it keeps us culturally safe, and we know that if we don't do it, it's not safe but it's something you know like you know not to walk on the fire. I call this our Ngati Porouatanga,

[72] Deoxyribonucleic Acid

as in knowledge acquired and learning handed down from generations, you know in yourself if you breach tapu, you just don't do it (HH, 67)

Similarly, in her thesis August (2014) notes that for reasons that she did not know why, she and her sister cut their hair after their father died, she notes that:

> Discussing this practice and realising that other people did it too, made me feel happy and glad that I had done it for my father. It makes me think that something deep down inside of my sister and myself, that which is not tangible, told us to do it. (p. 46)[73]

Importantly, in our discussion of tapu we must consider the concept of noa, which refers to the state of unrestricted or normal, noa can alleviate the harm that can occur when the restrictions of tapu are tested (August, 2004). In this way, tapu and noa are complementary, they are a continuum that provides the balance necessary to maintain livelihood (August, 2004). In the daily lives of Māori, the way this balance is maintained is through the rituals used to whakanoa, which can lift some of the restrictions around tapu to a point that ensures safety and restores harmony.

Tapu, whakanoa and noa are important processes which guide our actions and behaviours today. These concepts are not new; the understandings about tapu today are drawn from the rhetoric about tapu that lies in our past. Today, however, the influence of colonisation on our mindset and our lived realities has led to marginalising and distorted views about tapu and te tapu o te whare tangata. For example, Murphy (2011), when writing about menstruation, notes that "the fear and disgust that menstruation represents for many men in the west is inextricably tied to a history of female subordination and male hegemony, supported, informed and maintained by dualist ideologies" (p. 21). I argue that these discourses do not stop across the lifespan of women; women who no longer menstruate are also subjected.

As a result, Māori philosophies have been defined and redefined, wāhine Māori have been categorised as inferior, the cause of mortality, noa, while her body understood as not sacred but profane (Mikaere, 2017). In contrast, men have been positioned as superior and tapu. These understandings deny the legitimacy of wāhine Māori and mātauranga nō ngā wāhine Māori in

[73] This practice can be related back to the pūrākau of Taranga and her youngest son Maui-potiki whom she gave birth to on a beach, secretly. The baby was said to be her baby of old age and was still born. Taranga cut off her hair, wrapped his body in it and put him on the sea to be cared for by the moana. Taranga know the power of her hair; she believed her hair would protect the child and that he would one day find her both in her earthly life and in her life beyond (August, 2004).

our cosmogenic accounts of te ao Mārama and te ao Pō and all that lies between and beyond. I have discussed several of these cosmogenic accounts in this thesis, all of which have pointed to the matrilineal power of wāhine Atua and her descendants. It is also important to note that dominance and subordination were not characteristics of ngā Atua nor traditional relationships and lives of wāhine Māori me tane Māori (Mikaere, 2013; Murphy, 2019; Simmonds, 2014).

The inherent contradiction in accepting menstruation as 'unclean' in a culture that celebrates whakapapa as a central tenet, is pointed out by Leonie Pihama who writes:

> If we invert the meanings of menstruation to be more in line with the value of future generations as is a part of whakapapa and whanaungatanga then we do not view menstruation as some act of defilement. Times of menstruation are then viewed as tapu, given the flowing of blood. (Pihama, 2001, pp. 191-192)

What then, I ask, of wāhine Māori who no longer bleed or who no longer have an intact whare tangata, such as those who partnered in this research; does this suggest that their bodies are not tapu? While I am also in agreement with the many Mana wahine theorists who call out the colonial agendas aimed at silencing wāhine matrilineal knowledges which are inherent in causing both the historical and the continued disruption of knowledge about the tapu nature of wāhine who are menstruating, I suggest that these agendas also disrupt the knowledge about the tapu of women's bodies for those who have come to the end of their menstruation journey. Several scholars point to a cultural revival in our awareness of our matrilineal knowledges and decolonising our understanding, experiences and space, such as birth, motherhood, and menstruation, ruahinetanga however, has rarely been included. Here, I would like to again acknowledge the cosmological account of the Atua Hine-te-iwaiwa, a ruahine who points to the tapu sacred nature of wāhine who have stopped menstruating.

An example of the power and tapu of ruahine bodies, one which sits beyond menstruation, is seen in the well-known pūrākau of Kae. In her brief of evidence to the Waitangi Tribunal (2021a) in the Mana wahine claim, Ani Mikaere speaks of our Atua Hine-te-iwaiwa, who was married to Tinirau and whose pet whale Tutunui was killed by Kae. In response, Hine-te-iwaiwa selected a group of ruahine[74], devising and implementing a daring plan to travel to Kae village and kidnap him. The plan was difficult to carry out, as they did not know what he looked like, other than that he had distinctly crooked teeth. To identify him, ngā ruahine (the group of older women) needed him to show his teeth; they needed him to laugh. This group of ruahine

[74] Raukatauri, Raukatanga, Itiiti, Rekareka, Ruahau a Tangaroa and others (Mikaere, 2017).

are generally thought of as the originators of kapa haka, their skill and knowledge and the power they possessed, assisted them to identify Kae using haka; a haka that required this group of ruahine gentialia to be exposed. Timoti Karetu notes the wording at the end of the haka:

> E ako ki te haka. E ako au ki te ringaringa. E ako au ki te whewhera. E kāore te whewhera. E ako au ki te kōwhiti. E kāore te kōwhiti. E kōwhiti nuku, e kōwhiti rangi. E kōwhiti puapua, e kōwhiti werewere. E hanahana a tinaki, e!
>
> I learn to haka, I learnt to explore with my hands. I learn to open wide, not open wide. I learnt to twitch, not to twitch. Pulsating upwards, pulsating downwards, my vagina throbs, my vagina fibrillates a haven of lingering warmth. (1993, p.15-16)

The power of this haka and at the sight of the ruahine bodies, Kae could not control his smile nor happiness, thereby identifying himself to Hine-te-iwaiwa. This particular pūrākau highlights not only the intelligence, resourcefulness and power of ruahine, but also the tapu of ruahine bodies who are, or who have, transitioned menopause.

Mātauranga and the Harakeke model of menopause

In stark contrast to the role of these Atua wāhine and our tūpuna wāhine and their role in our creation stories, today, in Aotearoa the understandings and experiences of wāhine Māori traversing menopause are invisible. What the Harakeke model can do is bring to life mātauranga nō ngā wāhine Māori, which is why I have purposely included mātauranga of Matariki and Hine-te-iwaiwa in this Chapter. Bringing our traditional knowledges, values and beliefs into one's menopause journey, confronts the devaluation of wāhine Māori and challenges the other social intersections regarding the norms of sexual orientation, class, disability, race and gender identity which currently permeate our lived experiences.

The Harakeke model also intentionally challenges the prejudice and discrimination that intersects with ageism which contributes to a cultural devaluation of older wāhine Māori. For example, Westwood (2023) notes that older women are more likely to be regarded in society as a "burden" or a "problem" that needs to be fixed. She also reports that, globally, older women's positive contributions to society are less likely to be recognised than those of older men (Westwood, 2023). This statement continues to reflect dominant ideologies about women across the lifespan, which have been in this country for some 200 years. Mātauranga Māori can challenge colonial ideology which continues to locate women in patriarchal terms as chattels, the property of men, inferior, and void of any value physically, intellectually, and spiritually.

Te reo Māori and concepts of tapu within the Harakeke model of menopause intend to remove the invisibility and (mis)/(re) production of wāhine Māori knowledges, in essence enabling an unapologetic wahine Māori to flourish and prosper while traversing her menopause journey. These concepts are rongoā for wāhine Māori and menopause. Importantly, te reo Māori was not only seen as a rongoā for oneself in this research, but one for whānau hapū and Iwi. The Harakeke model can highlight the traditional understandings of tapu and wāhine Māori, further interrupting the dominant values that surround women from a Mana wahine lens, a lens which reverses and challenges the continued subjugation of wāhine Māori. We have been told in many ways, through the processes of colonisation, that wāhine and ruahine don't have tapu, yet critical analysis points to the systems and processes that continue to permeate our lived realities as responsible for this discourse. Those processes and systems undermine the sacred meanings of te reo, mātauranga, tapu and wāhine Māori; the Harakeke model supports that critical analysis.

I would like to see mātauranga Māori in the Harakeke model supporting the creative potential of matrilineal knowledges. Indeed, one might reflect that this Chapter (or perhaps the whole thesis) has most certainly discussed menopause in creative ways. I am excited by what has already been done here with regards to matrilineal knowledges related to birthing, menstruation and other mātauranga nō ngā wāhine Māori. The Harakeke model continues to carry on in this vein in relation to menopause and wāhine Māori. I recognise that this endeavour requires us to be thoroughly knowledgeable of aspects of mātauranga Māori so that one understands that being creative with mātauranga Māori does not forsake the foundations from where mātauranga Māori comes from. In this way, I feel there is some urgency to empower ourselves to do so while our Elders who are the custodians of our languages and mātauranga are still here.[75]

We can empower wāhine Māori to not be afraid of dreaming their own potential applications of mātauranga Māori and menopause. Dreams are our mātauranga, dreams may help to connect temporal meanings in the lived experiences of menopause. Reclaiming our understandings of wairua and time is also critical for Mana wahine agency. For instance, Māori concepts of time as a cultural concept, such as how time can be experienced in conjunction with the timelessness of wairuatanga, or how wāhine Māori remain tapu across the time of their lifespan can be empowering during menopause as can being reminded that menopause is a time, just as for these wāhine Māori, being puhi was a time in the cycle of life. One might ask oneself how we

[75] As discussed in previous Chapters, colonisation, covert and out right racism, socio economic factors and other actions affect the life chances and choices of our kaumātua and kuia, these have all come to influence the life expectancy of Māori, they will not live as long as Pākehā.

can we reinstate a meaningful Māori system of time in our lives (which some are already doing) given the positive effects of the ceremonial practice Matariki and the positive outcomes associated with the wāhine who partnered in this research. Other ancient ceremonies may also be protective for ruahine hauora during menopause. These considerations are useful for healthcare and other services and the ways they might begin to understand and bring balance to the menopause experience of wāhine Māori, ways that require Indigenous solutions, such as those recommended here.

Finally, the mātauranga Māori concept in the Harakeke model of menopause might mean that we have more questions than answers, and I think what is important here to recognise is that this is okay, and it's also okay not to have all the answers. Like all understandings and knowledge systems, mātauranga Māori has its strengths and weaknesses, such is the never-ending cycle of knowledge; what is perhaps more important, is that we gain knowledge about ourselves that is self-determined and reflects our own understandings and our own māramatanga.

Chapter summary

In conclusion, to normalise the discourse around Māori ageing and wellbeing for wāhine Māori experiencing menopause, we can turn to te reo Māori, te mātauranga o ngā wāhine Māori, te mātauranga o ngā tūpuna to guide and assist us. There is much work to do and much that we can build on. This Chapter has sought to engage these concepts as a way forward in the design of a Mana wahine Māori way of approaching menopause. An approach that comes from the narratives heard in this rangahau. What we do with the treasures of ancient knowledge and our intimate connections to the universe and divine provides an opportunity to claim and reclaim wāhine Māori tino rangatiratanga over the time of menopause.

Figure 13 is a representation of how the Harakeke model of menopause continues to be developed. The Mātauranga aspect interlinks with the concepts I have considered in the previous Chapters. The themes discussed in this Mātauranga aspect bring balance and nuanced meanings to ruahine menopause journey, which may bring further clarity and māramatanga to wāhine Māori understandings of the self. This Chapter further contributes to developing a theoretical body of knowledge about menopause through the concepts discussed in the framework of the Harakeke model, where I hope this type of Indigenous theory has been able to counter some of the hegemony of non-Indigenous knowledge systems through mātauranga nō ngā wāhine Māori. While this Chapter has had less focus on how the framework applies to

healthcare services, awareness of these knowledges can direct compassionate, culturally responsive care. These understandings can undermine the dominant western understandings and discourse about menopause and wāhine Māori. The next Chapter considers the construct of Pepeha as a means to reflect ruahinetanga and further grow these concepts.

I ahatia e koe taku taonga? What did you do with my treasure? My reply "we claim it, we keep and treasure it, the future of how we use it, is up to us!".

Figure 13 Mātauranga and the Harakeke model of menopause

Chapter Nine

Pepeha

Moko kauae, tōku tino rangatiratanga e mau ana
Kāore mātou e kōrero nui, engari ko te ngū o waha e kōrero nui ana
Ehara i te mea me huna
Ngā kuia, ngā tuāhine, ngā whaea kua whānau mai
Wāhine Māori ka tū, ka tū tonu
I tēnei ao, i tēnei whenua tapu
Moko kauae, my sovereignty worn.
We don't talk much, but silence speaks
It simply is—nothing to hide
Nannies, sisters, mothers born Wāhine, Māori we rise and stand
In this world, on this sacred land

Pepeha refers to the idiomatic ways that wāhine who partnered in this rangahau experienced and knew menopause. While there are some similarities across wāhine Māori experience of menopause, there is also space for our unique experiences. This Chapter speaks to some of these differences and similarities. One area we saw many different opinions was with regard to moko kauae, some seeing it as a rongoā for wāhine, some not. Other wāhine Māori found much solace in Papatūānuku, as a rongoā for wellbeing during this time. Similarly, ways in which wāhine Māori came to understand and learn about menopause were most often through their connections with other wāhine, both whakapapa and whanaungatanga connections. Connections to cultural identity and hinengaro are also integral to balancing one's journey across menopause. I discuss here, in this Chapter, several ways that these concepts are reflected and impacted by current discourse, and I discuss the way's that a Mana wahine lens, through the concept of Pepeha, can lead to hauora and be uplifting for wāhine Māori during menopause. This Chapter also has a focus on the (re)clamation of Indigenous knowledge and practice for ruahine transitioning menopause.

According to Hakopa (2011), pepeha and whakapapa:

> encompasses Māori notions of identity and is a framework for understanding the Māori worldview. It determines the cosmological connections to the heavens, the earth and all the living things within the environment. It is also the instrument whereby Māori derive their intimate connections to the land and how they articulate

> their sense of belonging to their sacred places, stretching back hundreds of years. (p.4)

Pepeha therefore connects us in meaningful ways to our tūrangawaewae, our maunga, our awa, and other places of significance. The connections we make through our pepeha reinforce physical proximity to our tūrangawaewae, while whakapapa is a tool, gifted by our tūpuna to frame our existence as Māori (Hakopa, 2011). Through pepeha we identify the names of people and places, we create a timeline that locates who we are, where we come from and where we exist today, as such this whakapapa forms part of the essence of one's hauora.

Pepeha, therefore, might be described as an idiomatic discourse, one that draws from each person's whakapapa, to which there are some shared aspects in terms of geography and genealogy. However, whakapapa can also be interpreted in ways which are unique to each person, in terms of one's own subjectivity within these concepts. For example, in Chapters Seven and Eight, I discussed whakapapa within the context of layers. These layers are complex, both tangible and intangible, across both temporal and divine spaces. Therefore, it might not be unreasonable to suggest that pepeha holds one of the keys that unlock our desire to understand who we are. For instance, Ani Mikaere notes that people everywhere share a common desire to understand who they are, suggesting that understanding how and where we fit within our world is a universal human need, prompting questions such as who am I, where do I come from, and how should I live (Waitangi Tribunal, 2021a). The way that these questions are answered is not universal, as no two people respond to these questions in quite the same way. Here, I consider the ways pepeha can help answer these questions through the multiple layers of whakapapa, including our whenua-centric origins, which shape our identity, alongside that which captures the essence of what makes a person unique in the global mosaic. I now discuss moko kaue as one such essence.

Moko kauae

One way that wāhine Māori in this research wove together components of their identity was seen through their understandings of, and for some, the practice of moko kauae. Here, it is argued that traditional and contemporary Māori values, customs, and understandings, such as those embedded in moko kauae, are central to the wellbeing of wāhine Māori traversing menopause. For example, Te Awekotuku states that:

> Ta moko had many functions: it was worn to fascinate, terrify, seduce, overcome, beguile, by the skin; it was carried to record, imprint, acknowledge, remember,

> honour, immortalise, in the flesh, in the skin; it was also affected to beautify, transform, enhance, mutate, extend the flesh, the skin, and the soul itself. It was, and still is, about metamorphosis, about change, about crisis, and about coping too; and for many contemporary wearers, the descendants of those first illustrated chieftains encountered by Cook, painted by Parkinson, Ta moko is a strategy too, a means of encounter, an expression of self. (Te Awekotuku, 2003, p.123)

Given this broad description of the function of moko kauae, it seems logical that this important cultural practice has become a dynamic and positive assertion of ruahine during menopause (and beyond) in our changing world.

Moko kauae can be considered a self-portrait, a primary identity marker for Māori as a living human, which also reflects those who have departed this physical world through the markings on the skin (Nikora et al., 2007). These markings show the fragile barrier between the unseen world of our ancestors and ourselves in today's world. For example, Nikora et al. (2007) state that:

> Skin is a fragile barrier; the unseen world of the departed is always close, often threatening. Metaphorically, it is Hawaiiki— our place of origin and yearning, the abode of our ancestors. Their constant influence through signs and symbols mediate relations between mythical and 'real' persons and spirits, human and godly, historic and contemporary. By transforming their bodies moko wearers instantly transform themselves. They are no longer bare; they are layered with meaning. (p. 478)

This example highlights the links moko kauae has to whakapapa and our origins in Hawaiiki, to our ancestral genealogical links, which are both physical and divine. Clearly, this layering of meaning also suggests that receiving the moko kauae is something that is not taken lightly; it is a life-changing action that engages oneself with one's raw inner being. Thus, moko kauae provides us with old world Māori understandings of identity which are both unique and shared.

Traditionally, moko kauae was understood to be a way to present oneself as an individual, as the patterns were unique to each person and thus able to identify the wearer of moko kauae to others (Nikora et al., 2007). However, there are also shared traditional Iwi patterns (unique to each Iwi) that were (and are) worn, with designs personified as being of male or female origin and with some wearers having patterns that might seem more detailed than others (Nikora et al., 2007). Moko customarily was part of everyday life for Māori, and often the practice of

moko occurred over many years; hence, older people often had more ornamentation than younger people (Nikora et al., 2007). Te Awekotuku (2003) notes that moko is about recognition of tino rangatiratanga and a proclamation of belonging to a kinship network; however, she notes it is also about creating visibility of what it means to be Māori and who you are in today's world. It is anticipated that this visibility will never fade, as seen in the whakataukī - Ma wai e kawa taku kauae ki tawhiti? Who will wear my chin tattoo in the future? Who will remember me?

The intimate and many meanings embedded in moko kauae require me to pause here, and to think critically and deliberately, in recognition that it would be presumptuous of me to speak about the meanings attached to moko kauae on behalf of all wāhine Māori. To do so might begin to label moko kauae in reductionist ways, which is something I clearly do not want to do, given the depth and breadth of moko kauae, and the ways and layers that wāhine Māori engage with it. I rely on the expertise of others to inform the writing here, the experts who wear moko kauae and the experts that don't[76], for each wāhine Māori has their own personal relationship with moko kauae. This was evident in the findings of the research, where some contrasting understandings and insights were put forward about moko kauae.

To understand how some of the contrasting understandings shared in this research have come about, we can again look to the colonising history of Aotearoa. It was during the 19th century, a time where post-colonial ideologies such as the Great Chain of Being, where moko came to represent inferiority and a barbaric practice that needed culling (Te Awekotuku, 2003). Missionaries reinforced these types of understandings by demonising both the practice and wearers of moko kauae. The first missionary Samuel Marsden in 1814 actively condemned the practice with other missionaries and colonisers, considering the practice of moko as devil's art (Hart 2019; Nikora, et al., 2004). While mataora is said to have nearly vanished from Aotearoa as a consequence of these types of intentional disruptions, Hart (2019) states that:

> the female tā moko, however, was a practice that continued uninterrupted. The decline in men's facial tā moko prompted a series of souvenirs by different photographers, and powerful portraits by artists such as Goldie and Lindauer. By the time Lindauer arrived in Aotearoa in 1874, it was still mostly only the women who were receiving facial tā moko. (p.33)

[76] I say the experts that don't wear moko kauae in the context of those that might not have chosen to show theirs yet and to avoid labelling, meritisation, hierarchisation, positioning wāhine against wāhine.

These claims are possibly because understandings about women's facial markings were associated with "beauty, sex appeal and marriageability, and they became very much an assertion of minority group identity" (Nikora et al., 2004, p.194). Perhaps what Hart (2019) and Nikora et al. (2004) are alluding to is the fact that despite much condemnation of moko kauae, wāhine Māori have subtlety and continuously resisted these interruptions because, as Te Awekotuku notes, "there has always been a tattooed Māori face seen upon the marae - the ceremonial courtyards - of this land." (2003, p.125). I would like to point out here, however, that this does not pardon the evidence of the purposeful disruption of moko kauae. For example, Christine Harvey, in her brief of evidence to the Waitangi Tribunal in the Wai 2700 claim, states that:

> Nō te Tohunga Suppression Act 1907 te hē……Nā te kino o te tāmitanga tonu i whakaaro tonu ana ētahi o te Iwi Māori kāhore e taea te mau kauwae tētahi mēnā he reo kore, mō ngā Kuia ānake, te mea te mea. Ehara nō mātou te hē mō tērā āhuatanga.[77] (Waitangi Tribunal, 2022a, p. 3)

What she is describing here is the damaging effect of the Tohunga Suppression Act 1907, which suppressed and legislated against this cultural norm for wāhine Māori, interrupting the significance and foundation of moko kauae as a marker and maker of identity.

A further example of the suppression and interruption of moko kauae can be seen in the women's suffrage movement during the mid-to-late 1800s. The Women's christian Temperance Union was the leading organisation that advocated for women in Aotearoa to gain the vote; however, in order for Māori women to join this union, they were required to sign a pledge, which included pledging never to receive the moko kauae (Pihama, 2001).

The WTCU Pledge stated that:

> He whakaae tēnei nāku kia kaua ahau e kai tūpeka, e inu rānei i tētahi mea e haurangi ai te tangata, kia kaua hoki ahau e whakaae ki te tā moko. Mā te Atua ahau e āwhina.

[77] "The Tohunga Suppression Act 1907 is responsible for this wrongdoing!... Due to damaging suppression, some Māori believe that you cannot have a chin moko if you don't speak the language, or it's only for old women, or some other reason. We are not responsible for that false belief." (Waitangi Tribunal, 2022a, p. 3).

> I agree by this pledge, not to smoke tobacco, not to drink any beverages that are intoxicating, and also not to take the tā moko. May God help me (Pihama, 2001, p.240-241)

I see this pledge highlighting two significant factors. Firstly, as a serious attempt to undermine the practices and understandings associated with moko kauae, and secondly, the pledge highlights how western feminism has often proved to be a disservice to wāhine Māori and Mana wahine positions. Māori women were encouraged and coerced into joining a group which clearly had an anti-Māori framework, for the benefit of european women. I say for the benefit of european women because Māori had their own parliament at this time, and efforts to achieve voting rights for wāhine Māori were already underway. For instance, Meri Mangakahia, a wāhine Māori who was engaged in political activity during this time, presented a motion to the Māori parliament in 1893, requesting that wāhine Māori be able to vote in that parliamentary process (Pihama, 2018). She also proposed that wāhine Māori should not only be able to vote but also be able to have membership in Kotahitanga, the Māori parliamentary system (Pihama, 2018). Her argument highlighted the need for Māori to join together in countering the effects of colonisation, particularly around land raupatu and the removal of Māori women's land rights as owners of land (Pihama, 2018). The WTCU were not at all concerned with these issues in the slightest, because european women, for the most part of the 19th century, were very much property themselves (Mikaere, 1994). White women's representation in the westminster parliamentary system anywhere in the british empire was some years away; it was not until 1919 that women in Aotearoa were able to stand for election in the westminster parliamentary system (Manatū Taonga, 2024).

Moving forward some 100 years, to 2001, Kay Robin, who wore the moko kauae was refused entry into a bar due to its no facial or offensive tattoo policy (Nikora et al., 2007). Kay laid a complaint with the Human Rights Tribunal; her complaint was settled by voluntary agreement amongst the parties, which involved the Director of the Human Rights Proceedings (Nikora et al., 2007). Moving forward 20 years to 2020, Ngahine Hohaia, another wāhine Māori who wears the moko kauae, was struck and belittled by a woman in Owairaka, Tamaki Makaurau, reportedly for asking the woman to control her dog (Tikao, 2022). And more recently, at the time when I was interviewing the wāhine Māori who consented to partner in this rangahau, media reports were released about how a young mother who wears the moko kauae was asked to leave a park, because her moko kauae was scaring other children (Olley, 2022). Perhaps this recent incident and increased awareness were implicated in why the wāhine Māori whom I spoke with spoke extensively and openly about their values and beliefs about moko kauae

during the time of menopause. That aside, it is in this environment that informs the reality of what it is to be a wāhine Māori who is transitioning through menopause, and it is in this environment that hesitancy, misunderstandings, maemae and whakamā can flourish regarding moko kauae.

As such, the result of suppression and interruption of the mana of moko kauae has led to some wāhine Māori believing that you cannot wear the moko kauae unless you are fluent in te reo, or that traditionally it should only be worn by older women, or that some type of meritocracy is needed. These understandings seek to diminish the mana of moko kauae and the mana of wāhine Māori. Regrettably, we saw some of these understandings in this rangahau, with several wāhine Māori who partnered in this rangahau expressing some of these understandings. We also saw several research partners express that they felt as though some wāhine Māori who choose to wear moko kauae think that they have something to prove, more so when they saw younger wāhine wearing it. Such is the painful scar left upon us from colonial interruptions of moko kauae.

Nikora et al. (2004) suggest that wearers of moko kauae understand they will, at times, attract attention that is sometimes positive and sometimes not. Their research showed that in spaces where wāhine Māori are not valued, wearers of moko kauae are marked as different, not just from dominant ethnic groups but also from their own, which is what we have also seen in this rangahau. This creates a dynamic where moko kauae wearers must reconcile the validity of their ethnicity and cultural identities because of their marks of difference, and what these marks mean to both the dominant majority and their "own" people (Nikora et al., 2004). However, a critical analysis and unpacking of colonial appropriation reveal that understandings about these "marks of difference" have been intentionally instigated through government legislation, oppression, and practice, and have contributed to constructing erroneous understandings about moko kauae.

It stands to reason, then, that it is the state who should bear much of the responsibility for the misunderstandings regarding who can wear the moko kauae. The interruption and suppression of the true foundations of moko kauae have been deeply embedded in the realities of wāhine Māori, and, as we have seen, have been perpetuated across time. So much so that when it comes to moko kauae and the connections moko kauae has to identity, almost every aspect of our being is affected by that interruption and suppression. The answers to those questions about who am I, where do I come from, and how should I live have been tainted and supplanted with colonial values. Therefore, the judgement from others and the self-examination about one's

worthiness to wear the moko kauae has become part of the discourse about moko kauae, both in colonial-dominated spaces and among our own people. The consequences have politically disenfranchised wāhine Māori authority.

Yet Tikao (2022) and Pihama (2018) note that moko kauae is a birthright for wāhine Māori. In speaking about her journey prior to receiving her moko kauae, Ariana Tikao described that she often felt out of place, not connected with her taha Māori (Tikao, 2022). She writes about her challenges of feeling as though she was not deserving of moko kauae, like the devil on her shoulder; these feelings and thoughts were difficult for her to reconcile in her decision to show her moko kauae (Tikao, 2022). She also speaks to the empowerment and positive effect on wellbeing for herself and her whānau after receiving her moko kauae (Tikao, 2022). She notes that receiving her moko kauae was a powerful step to reclaim and re-Indigenise oneself, "essentially becoming who we always were'' (Tikao, 2022, p. 45) and to the power of her identity, which, as a wearer of moko kauae, is now laid bare now for all to see. She also writes about the experience of another wāhine who received the moko kauae, noting that "a woman I met recently said that her mokopuna didn't bat an eyelid when they first saw her with her freshly created moko kauae. She believes that her mokopuna had always known it was there" (Tiako, 2022, p. 33). I see this statement as evidence that directly challenges meritocratic understandings about moko kauae, for surely if our mokopuna can "see", or feel and know our moko kauae before we wear it externally, then meritocracy is a myth. Clearly, the layers of meaning in our whakapapa and our birthright are undisputed.

Nikora et al. (2007) research about the renewal and resistance of moko kauae in contemporary Aotearoa found that just being in a room with wāhine with moko kauae was an uplifting experience for the participants involved in that study. That research also found that when support was received from others, it enabled moko kauae wearers to navigate their everyday realities. For example, talking about moko kauae with other people who showed interest in moko kauae enabled wearers to reinforce their social networks with people who were like-minded in their appreciation for moko kauae (Nikora et al., 2007). Their research also supports what several of the wāhine Māori who partnered in this research shared: whether they wore the moko kauae or not, they felt connected to other wāhine Māori who were wearers, and they were glad to see it. In this way, connections were made by non-wearers and wearers, with non-wearers feeling empowered by seeing other wāhine Māori wearing the moko kauae.

Papatūānuku

I move now to celebrate the way wāhine Māori who partnered in this rangahau had relationships and connections to te taiao, and Papatūānuku, which influenced her experience of menopause. Aroha Yates-Smith (1998) describes Papatūānuku as being the source of life, "te waiū o te tangata", or the breastmilk for humankind. In this way, Papatūānuku nurtures people in life and death, as it is to her that our physical being returns. Aroha goes on to note that "Papatūānuku nurtures people across these realms, she has done this ever since she lay with her husband Rangi and conceived their children and witnessed the enforced separation of herself and Rangi" (Yates-Smith, p. 245).

It was also to Papatūānku that Tane looked for advice when looking for the uha in the pūrākau of the creation of the first human (Mikaere, 2017). She sent him to her pubic area, Kurawaka, where te ira tangata became the body of Hine-ahu-one, and in doing so lay the whakapapa connections to Papatūānuku that wāhine Māori have (Mikaere, 2017; Yates-Smith, 1998). The ways that Papatūānuku influenced wellbeing across menopause for the wāhine Māori who partnered in this research reflect that whakapapa. For instance, wāhine Māori who shared in this rangahau demonstrated their personal relationship with Papatūānuku, engaging in activities which connected them to her. They determined that these relationships and behaviours were beneficial for their wellbeing and also helped them to achieve balance across the many facets of their lived menopause experiences. For instance, you might recall in my Findings Chapter, there were several comments about this, such as those from *TE* and *TC:*

...In these cooler days, to help me get tau, I enjoy the nature of Papatūānuku. Sitting outside or going for a walk it helps me to think things through instead of being impulsive, so it helps me to be calmer and not get stressed out. I think I am getting to an age where health is easily compromised, so it's important to stay healthy for my mokopuna, te taiao is vital here (TE, 70)

...Sometimes, if I am struggling or if I feel empty, I connect to nature. I know I can't burn the candles at both ends, my disability means that I hurt if I don't slow down a bit now. I go outside, take a walk, just feel nature, maybe I take a swim, being in nature nurtures me. If I am having a rough time, I need to take that time now (TC, 54)

By engaging and connecting with Papatūānuku and te taiao, wāhine Māori honour the integrity of their ancestors, both human ancestors, and the ancestors that gave us our human form. We can see that the pūrākau of Hine-ahu-one explicitly affirms the intimate connections wāhine

Māori have with whenua, when we find solace in Papatūānuku and connect her with our wellbeing, we naturally pay heed to the kaupapa of Mana wahine.

A further example of how Papatūānuku and te taiao are intimately tied to wellbeing and identity can be seen in Simmonds (2024) research, where she (and others) physically walked the story of her ancestress Māhina-a-rangi. Her research highlighted how Māhina-a-rangi knowledge and experiences were inscribed into the physical lands of Aotearoa and how walking that knowledge becomes tied to wellbeing. For instance, she notes that "'walking the story' of Māhina-a-rangi can teach us as wāhine about our ancestors, about our places and ultimately about ourselves as wāhine (Waitangi Tribunal, 2022, p.10). Thus, by using hikoi as a specific method in her research, Simmonds (2024) was able to cement tangible connections between the wāhine involved in the research and whenua, which literally demonstrated the expression of ancestral maternal knowledges. Knowing these connections and stories, Simmonds (2024) suggests, can come to transform how we understand ourselves as women.

Similarly, in her Brief of Evidence to the Waitangi Tribunal in the Wai 2700 claim, Professor Leonie Pihama notes that:

> When I think of Mana wahine, I think of ancestral connections. I recall my connections to the mountains, the rivers, the oceans, to our human ancestors, to our ancestral territories. When I think of Mana wahine, I think of the strength and power of our tūpuna (ancestors) who held key roles in the defence of our lands, language and culture. (Waitangi Tribunal, 2021c, p. 4)

As such, it would be reasonable to suggest that when we privilege Indigenous understandings about land, we see that, in contrast to re-settler colonial ideology, land is not property; rather, land is life-giving knowledge and comfort. Colonial ideologies about property have long depended on notions that see land as extractable capital and so deny Indigenous sovereignty. For example, La Rocque (2015) notes that:

> Europeans used the concept of "settlers/colonial" as a mark of civilisation (assumed to be European) in direct opposition to the "nomadic" "Indians," nomadism being a sign of savagism. So, in archival literature, "Indians" are often described as "roaming" or "ranging rather than inhabiting" — an early colonialist mantra that rationalised and soon legalised dispossession of Native lands, resources and communities". (p. 25)

La Rocque (2015) suggests that the concept of settlement is a moral argument that justified colonisation and property rights by positioning Indigenous people as a "roaming" people and thus without property rights. However, evidently all peoples, including europeans, roam the land; as if they did not, colonisation by europeans would not have occurred (La Rocque, 2015). Therefore, the notion that Indigenous peoples did not establish communities, or that roaming within their territories is somehow a negative practice, is laughable if it were not so devastatingly tragic. This dualism also reflects the differences that colonial discourses have about urban Indigenous peoples versus rural Indigenous peoples. Such designations have reproduced and reduced a vision of Indigenous peoples who live in urban communities as culture-less, mātauranga Māori-less, identity-less, and place-less peoples, who lack an authentic connection to themselves, their whenua and cultures[78]. I argue, and as this research considers, breaking down these distorted constructions of wāhine Māori transitioning menopause finds that while urban wāhine Māori might be physically separated from their turangawaewae, they seek to find a place and locate space with Papatūānuku, they connect to culture, and weave their own meaningful identity where and as they can[79]. For example, *LK* stated:

...My connection to the whenua has helped in this journey. I live away from my hapū, but when I go home, as soon as I get to the Mangamuka's, I feel a sense of peace and belonging. It helps to be on your own whenua (LK,58)

Similarly, Moeke-Maxwell (2005) research on cultural hybridity and Māori women highlighted that wāhine Māori connections with Papatūānuku reflect the divine and a sense of belonging; these connections provide a sense of respite from conflicted dialogues that often exist within wāhine Māori lived experiences. Perhaps then, it is to be expected that we see, alongside the raupatu and denigration of Papatūānuku, we have simultaneously seen poorer hauora in tangata whenua of all ages and sexes. It also then should come as no surprise that the raupatu and denigration of Papatūānuku have impacted on the hauora of wāhine Māori at the

[78] And vice versa ie rural Māori as education-less, poor, more culturally authentic.

[79] This does not deny the traumatic tangible and intangible effects which urbanisation has had on wāhine Māori or infact all Māori people. However, a Mana wahine approach recognises the unique position of wāhine Māori living in a colonised land, which means that we must consider the diverse realities of Māori experience, including cultural understandings and urban or rural realities. Additionally, and importantly, Ani Mikaere points out "All Māori women are involved in the struggle, some consciously, others without even realising it, whether rural or urban, whether fluent or not, whether they choose to bear children or not, whether lesbian or heterosexual, whether proud or ashamed of being Māori. Ultimately, we are all connected by whakapapa, to one another and to our Māoriness. To question the authenticity of one another's Māori womenness, as though there is a standard definition to which all "real Māori women" must conform, is to deny the complexities of colonisation. It also highly destructive, introducing divisiveness which Māori women can ill afford" (Mikaere, 2017 p. 135).

time of menopause and perhaps are linked to many of the negative symptoms the wāhine in this research reported.

An example of how the contamination and pollution of Papatūānuku impacts the wellbeing of Indigenous women can be seen in the work of Mohawk midwife Katsi Cook. She notes that one word for midwife is iewirokwas. This word is descriptive and culturally significant, and situates the following meanings:

> She's pulling the baby out of the Earth, out of the water, or a dark wet place. It is full of ecological context. We know from our traditional teachings that the waters of the earth and the waters of our bodies are the same water. The follicular fluid which bathes the ripening ovum on the ovary; the dew of the morning grass; the waters of the streams and rivers and the currents of the oceans - all these waters respond to the pull of our Grandmother Moon. She calls them to rise and fall in her rhythm. Mother's milk forms from the bloodstream of the woman. The waters of our bloodstream and the waters of the earth are all the same water. (Cook, 2003, p.1)

For the Mohawk people, the meanings associated with pregnancy clearly articulate a close relationship dependent on the waters of Papatūānuku and Hina. However, contamination of the Akwesasne St Regis Mohawk Reservation environment has led to concerns over health and wellbeing for women who are pregnant and those who are breastfeeding. For example, research conducted in the 1970s by Cornell University's College of Veterinary Medicine uncovered cases of fluorosis in nearby cattle (Cook, 2003; Smith, 2015). This condition was associated with fluoride ash deposits that were emitted from Reynolds Metals' smokestacks onto reservation lands (Cook, 2003). In 1983, General Motors disclosed their culpability in the contamination of organochlorines (i.e. pesticides such as DDT and other industrial chemicals) in the same local environment (Cook, 2003).

For many years, the Mohawk people from this area have faced challenges and struggled for restoration and remediation of the damage done to their land in an environment of ongoing and expanding pollution. One of the problems is that these pollutants bioaccumulate and biomagnify as toxic contaminants in the food chain. They are dumped in the water and soil where they move up the food chain through plants and wildlife, where the destruction of Papatūānuku and her gifts persists, until the contaminants are eaten by humans (Cook, 2003). It is well established that these contaminants pose serious risks to hauora (Smith, 2015). These pollutants are not able to be broken down by the body, they are stored in our fat cells, and the

only way that humans can excrete them is through pregnancy when they cross the placenta, and during breastfeeding (Cook, 2003). It is with this in mind that we can see how each succeeding generation inherits a body that is burdened with toxic contaminants from their mother, or in the words of Cook, "in this way, we as women are the landfill" (2003, p. 2). The realities of this statement for Awesake women, and as an Indigenous woman, mother and grandmother myself, are painful.

The Awesake people, however, have emerged as leaders in environmental justice practice, yet their experience of the environmental degradation of their mother earth and the effect on the hauora of their future whakapapa is sorrowful, and one I would say, can be related to the context of Aotearoa. For example, the Awesake people maintain that:

> Women are the first environment. We are privileged to be the doorway to life. At the breast of women, the generations are nourished and sustained. From the bodies of women flow the relationship of those generations both to society and to the natural world. In this way is the earth our mother, the old people said. In this way, we as women are earth. (Cook, 2003, p. 2)

These understandings share some similarities to our te ao Māori understandings of wāhine Māori and our whakapapa origins in Papatūānuku. It is an area for future research to provide a deeper analysis about how degradation of Papatūānuku might be reflected in the negative health experiences of wāhine Māori traversing menopause; however, some correlations can be drawn from the experiences of the Awesake people and the findings of this rangahau. For instance, in the Findings Chapter, it was shown that several research partners reported many debilitating symptoms of menopause, several also spoke to the restorative healing power of Papatūānuku. Additionally, in Aotearoa, governmental regulatory systems have provided insufficient resources to protect wāhine Māori from environmental contamination. An example can be seen in research carried out by 't Mannetje et al. (2014), who found that in Aotearoa, a range of persistent organic pollutants (POPs)[80] were found in breastfeeding mothers aged 20-30 years, although these were found at lower rates than other international statistics. Such evidence shows that despite some policy implementation to reduce these pollution agents here in Aotearoa, they remain a significant health concern.

[80] Persistent organic pollutants (POPs) include a range of organic chemicals that enter the environment as a result of human activities, are persistent in the environment, and become widely distributed through air and water.

Other research from Wahlang (2018) found that POPs dictate the age of the onset of menarche and menopause in women, influencing their quality of life, reproductive development, duration of fertility period, risk for osteoporosis and cardiovascular diseases. Wahlang (2018) research also found a clinically relevant association between specific POPs and the early onset of menopause. Additionally, Wahlang (2018) notes that, in follow-up studies with menopausal women who were victims of mass POP poisoning in Taiwan, diabetes was twice as prevalent in comparison to the reference population. What is important to consider here is the amount of exposure to these toxins that women have. Exposure to these types of pollutants is often higher in those who work in blue-collar jobs (Wahlang, 2018), which, as previously discussed, is the place where we find wāhine Māori disproportionately situated (MBIE, 2022). Colonisation and its ongoing influence on wāhine Māori in terms of workplace politics, including workplace positioning, institutional and personal racism, and workplace gender and ethnic inequity, means that we see a significant number of wāhine Māori living and working in these environments (MBIE, 2022). Katsi Cook words that resonate with this reality, I believe, are, in this way, too wāhine Māori have become the landfill.

The desecration of Papatūānuku has also been likened to rape. I want to quote at length the words of Ngahuia Te Awekotuku:

> One image is printed indelibly in my mind … when feminism was a fresh force raging in my spirit. Travelling up the island, enjoying the voluptuously feminine shapes, the alluring contours and creases of the landscape, I suddenly encountered a scene of abysmal ugliness and grief. The leaking stark clay scars of a formerly green and forested hillside, red soil exposed like bleeding viscera across a gaping, jagged gash of earth, singed and blackened tree stumps protruding helplessly from crusty slag piles; moisture rising dimly from the churned uneven ground. And everywhere, machines and noise and men. Obscenity – carnage – rape. Rape. I suddenly realised. That is what is happening to our world: to Aotearoa. By male greed, for male power and male gratification. (1991, p. 69-70)

The connection between the colonisation and exploitation of Indigenous lands and women's bodies is not metaphorical (Smith, 2015). Patriarchy seeks to control the sexuality of Indigenous women and also seeks to control nature (Smith, 2015). If we look at the way our mother, Papatūānuku, has been, and still is treated by the coloniser, we can see that violent abuse and concepts of ownership pervade. Mikaere (2013) suggests that these concepts are

sourced within “the idea of the inherent rapability of Māori woman to Māori land” (p. 91). She further writes:

> I doubt many of us would consider it too great a stretch of the imagination to describe the present-day desecration of Papatūānuku as an extreme form of sexual violence. In reality, the rape of Papatūānuku is almost inevitable in light of the fact that Pākehā land tenure positions her as neither an Atua nor ancestress, but rather as the property of men. (2013, p.92)

Thus, it is imperative that wāhine Māori are able to continue to seek solace in Papatūānuku and receive the rongoā she provides during her menopause journey. In doing so, it is imperative that we remain the kaitiaki over this Atua and that we stop the violence imposed on us both. We must continue to look to our mātauranga and tikanga to ensure we are moving towards the (re)clamation of these sovereign spaces, keeping them entrusted for the benefit of our mokopuna. Our connections to Papatūānuku must continue to be celebrated, internalised, and tied to our sense of identity.

Identity

It is essential at this point to acknowledge the risks associated with specifying the exact measures that constitute Māori identity. Again, it is prudent to avoid reductionist representations because, in many ways, as Moeke-Maxwell (2005) suggests, the shaping of Māori identity is continuously occurring. Prior to colonisation, Māori maintained their sense of belonging through whakapapa, te reo, cultural practices, and customs (Gillon et al., 2023; Houkāmau & Sibley, 2010). Additionally, it was common for Māori to refer to a physical location, usually the place that their ancestors occupied, to locate who they were, where they came from and what their purpose in this world was. This tribal location, with its significant tribal markers such as maunga, awa, moana and whenua markings, became intertwined and intrinsic to Māori identity (Gillon et al., 2023; Houkāmau & Sibley, 2010). For many but not all, these markers continue to underpin the fundamentals of how Māori identity is conceptualised today (Moeke-Maxwell, 2005). Other understandings of what constitutes identity have been considered, for example, we can look to Rose Pere, who suggests that Māori identity contains six elements (Houkāmau & Sibley, 2010). Of these elements, land is one, but there is also spirituality, which gives people a sense of meaning and connection, ties to kinship that consider the obligations to wider whānau wellbeing, and a sense of humanity that relates to belonging in a wider community (Houkāmau & Sibley, 2010).

I have already discussed the ways mātauranga Māori, mātauranga nō ngā wāhine Māori and tikanga are implicit in understandings and experiences of menopause for the wāhine Māori who partnered in this research. These concepts are also centred within ruahine identity. For instance, we can see that when ruahine identity is founded on tikanga, both in action and understanding, they are protected. When they action tikanga in their lives, they also strengthen tikanga understandings and practices. Similarly, when their identity is founded on mātauranga, the foundations of cultural knowledge are strengthened, so too are their whānau, hapū and Iwi identity supported. Therefore, tikanga and mātauranga strengthen wāhine Māori sense of identity. Reclaiming cultural identity is something that Waitere and Johnson (2019) suggest is essential to ensure the survival of Māori culture, more so than the blood ties that connect us. Identity, framed upon cultural values, is an essential construct of how wāhine Māori understand and experience hauora and menopause.

Hinengaro

Hinengaro is supported through a positive cultural identity (Durie, 1998), and there is mounting Māori research that supports the notion that a secure identity is derived from cultural connections, which are key to better Māori wellbeing (Pihama, 2019; Waitere & Johnson, 2019; Yates-Smith, 2003, 2006). The same can be said for the wāhine who partnered in this rangahau. Several noted the positive effect on their wellbeing when they went to their marae or when they saw wāhine wearing moko kauae. Hinengaro then might prompt us to answer those questions about where we come from, who we are, and how should we live, laying the foundations for the uniqueness of people through one's own subjective experience. Subjective experiences that are grounded in one's own reality. Hinengaro also encompasses the clarity of our thoughts, our ability to control our thoughts and feelings and process information to achieve clearer understandings of our reality (Durie, 1998).

For wāhine transitioning menopause, thinking, feeling, communicating and learning about what our own understandings are, and perhaps yearning for understanding and acceptance from others, cannot be discussed outside the colonial processes that influence these spaces. Pihama et al. (2020) note that colonial violence infiltrates wāhine Māori lives on multiple levels. They note that the continuous privileging of western values about individualisation over collectivisation means that colonial violence is ever present. This status quo is kept in operation by ignoring the historical and intergenerational influences of colonisation, which causes intergenerational trauma (Pihama et al., 2020). Duran et al. (1998) explain that the concept of

intergenerational trauma[81] is hegemonic in the way that western ideology asserts universality and neutrality in the meaning of the word "trauma", which disavows all other cultural interpretations about what trauma might be. For example, individualised understandings of trauma might include prevalence rates of people who suffer emotional, psychological and physical effects of trauma (Pihama et al., 2020). Wider social contexts, however, recognise that trauma has historical and current effects that directly impact social, political, economic, spiritual, and cultural aspects for individuals and groups (Pihama et al., 2020). Duran et al. (1998) note that western clinicians and western medical environments must be approached with care by Indigenous people since many therapies, which at first glance might be seen as pro-trauma therapy, however, are actually ways that continue to colonise the lifeworld's of Indigenous peoples.

The effects of unresolved trauma might be better explained in terms of generational grief. Generational grief is defined as "a continuous passing on of unresolved and deep-seated emotions, such as grief and chronic sadness, to successive descendants" (Wesley-Esquimaux & Smolewski, 2004, p.2). Within this understanding of generational grief, there is an emphasis on memory, not one's own private memory, but the collective memories which are contained in collective narratives (Wesley- Esquimaux & Smolewski, 2004). For instance, they propose that:

> Early periods of colonisation, during which Indigenous (oral) culture experienced ultimate death and destruction and during which the images of death became, in a sense, imprinted upon Indigenous people's collective non-remembering consciousness, constitute the nucleus of traumatic memory. This nucleus is so condensed with sadness, so pregnant with loss, so heavy with grief that its very weight constitutes a good reason why people often do not talk about it or, as one Aboriginal woman said, "it is probably too horrible to turn our gaze in that direction. (Wesley- Esquimaux & Smolewski, 2004, p. 10)

How generational trauma might affect our identity, therefore, is shaped by one's own conscious and unconscious memory, memories of both our direct traumatic experience and the indirect trauma of our ancestor's experience, and the way our interpretation of these events continues to impact one's life. Accordingly, it is reasonable to suggest that wāhine Māori understandings of menopause, how we think about it, how we speak about it, how we learn about it and how

[81] Also known as the Indian Holocaust, the perpetrator being the United States of America, or in First Nations peoples terms, soul wound.

we understand ourselves in this generational matrix are coloured by the traumatic effects of colonisation. So traumatic is this experience that for many, silence shrouds all parts of the matrix.

The colonising history of Aotearoa has marginalised Māori women's cultural identity (August, 2004; Gabel, 2013; Mikaere, 2013, 2017, 2019; Murphy, 2011, 2019; Pihama, 2001; Simmonds, 2011, 2014). The objectification of wāhine Māori within patriarchal values has shaped and continues to shape discourse about them. This discourse is reflected back to women through systemic processes that uphold colonial ideologies—ideologies that have a vested interest in, and actively seek to keep, wāhine Māori experiences invisible (Waitere & Johnson, 2019). An accumulation of intentional degradation towards our Atua, and our cultural values and traditions across generations, has meant that traditional understandings of herself have been largely silenced (Mikaere, 2019).

The overall consensus in the findings of this rangahau concerning ways of learning and speaking about menopause were also embedded in silence. Implicit in this silence is the legacy of patriarchal ideology. Prior to colonisation, wāhine reproductive journey was celebrated and enthusiastically spoken about in stories of creation, karakia, haka (war ritual), waiata and in the daily lives and interactions with all whānau (Murphy, 2011). Yet here in this rangahau, menopause, a significant part of the reproductive journey, was not often spoken about or acknowledged prior to this research. Time and time again, each research partner noted a previous reluctance to speak about menopause, with many saying it was never talked about in their whānau. Halseth et al. (2018) research with menopausal First Nations women suggest that some of this reluctance may stem from a lack of knowledge about menopause. Bullivant et al. (2022) meta-analysis identified that many Indigenous populations have no word for menopause per se, therefore, menopause is required to be discussed in ways that have meaning for women.

Describing experiences and understandings of menopause using language that is meaningful was implicated in how Indigenous women talk and understand their experience of menopause. For example, we saw in the findings in this research that women often spoke, or did not speak about menopause, in the following ways:

…We just didn't talk about our bodies when I was growing up, there was a whakamā there (TC,54)

...Just hearing from other women that were going through it, but when I was younger, it was through the types of negative comments made about women, when they had their periods or were getting older and probably going through menopause (CG, 53)

Waitere and Johnson (2019) report that western knowledge and language that describe Māori women's experience contribute to deficit understandings of Māori women. Perhaps then, silence can sometimes protect wāhine Māori from these understandings. Therefore, idiomatic understandings of menopause for Māori women must consider how language carries culturally embedded meanings. The Te Aka Māori Dictionary definition of the english word menopause is "Ruahinetānga- (noun) old age (of a woman), menopause" (Te Aka, 2024). The term ruahine applies to "women of high rank, who possess knowledge of karakia and ritual behaviour which enabled her to carry out her tasks among her people" (Yates-Smith, 1998, p.161). This meaning embodies the understanding that women entering a time where leadership responsibilities include the regulation of tapu and noa, because they themselves are tapu (Gabel, 2013).

From this idiomatic perspective, the timing of menopause relates to a Māori woman who holds knowledge of Māori culture, and the rituals and traditions which serve to protect and nourish Māori culture and Māori people. These understandings differ from the definition of menopause widely used and understood amongst western medical models, as I have previously discussed. This definition also contradicts the meanings associated with western understandings of middle-aged and older wāhine Māori transitioning menopause. This research argues that when menopause is thought about and communicated within an environment that is shaped by cultural norms and is consequently expressed in language and interactions constructed from those cultural norms, her understandings about herself come to reflect the deep ancestral knowledge, values and beliefs that can be, and often are, woven into her identity.

Learning

Having discussed the importance of hinegaro and identity and the ways they influence ruahine during menopause, I now consider how wāhine Māori learn about menopause in an environment shrouded in silence. Wāhine Māori in this rangahau learnt about menopause through a variety of means, which is difficult to do in an environment of silence. Similar experiences have been noted in other research with Indigenous people. A review of the literature notes that Indigenous women most often gain understandings from their grandparents, mothers, cousins, and sisters (Bullivant et al., 2022). A sense of understanding is also gained by talking to other women and observing them (Bullivant et al., 2022). Similarly,

you might recall that several wāhine who engaged in this research spoke of watching or listening to other women to learn about menopause, with comments such as:

...I learnt from my mother, who had a bad experience with heavy bleeding, I also learnt from listening and talking about it with friends and other whānau. I used to watch and listen to my mother talking to other women about it (RH, 56)

...My sister talked about it with me prior to her death. I had to ask people about it as my mother had since passed. I didn't know if I was experiencing the normal effects of menopause or if it was something else and I do not remember ever hearing about it before then (AYS, 69)

How one comes to learn about menopause, is grounded in experience, informal and formal learning opportunities and these experiences are understood through one's cultural values. Learnings about menopause in Indigenous women are also drawn from spiritual and cultural foundations. For example, Mayan women report symptoms of menopause are related to supernatural understandings of their spirit animal (Stewart, 2003). In this research, we have observed that wāhine Māori learnings and understandings about menopause are tied to physical hauora, as well as to experiences at work, mātauranga, tikanga, te reo Māori, wairua, whānau, Papatūānuku, culture, hinengaro, and the many other related concepts I have discussed in this thesis. As a result, in this rangahau the physical changes of menopause have perhaps been given less attention. This does not mean the physical is less important, however, menopause also reflects a wāhine life stage and her journey through this stage with these concepts, and for some, centring on personal growth and transformation during this time.

I have already discussed the role of wāhine Māori in holding and transmitting mātauranga, and in this way, wāhine are able to share knowledge about menopause amongst their whānau, hapū and Iwi. However, it is also relevant to note that another reason why learning about menopause is difficult is perhaps because for many women it is seen as a natural process, a normal part of the life trajectory, so normal in fact, that talking and learning about it is not necessary. Here, a strange duality exists, on the one hand, menopause is normalised within wāhine Māori lived experience at this point of the lifespan, and on the other, western values about women and menopause are heavily sanctioned and prescribe the parameters in which menopause is currently known. Either way, both lead to silence.

However, there is a freedom in to consider when we pause to reflect on this silence. We can realise and argue that the normal confines over our reproductive journey that we have today are probably not accurate reflections of the mātauranga, mohiotanga or māramatanga of our

past. This is important because I believe it helps to set the tone for a vision around the autonomy and authority of wāhine Māori, a vision that supports them to be the authors of their own journeys through menopause, and to (re)claim these knowledges, so that one is not bound by the patriarchal values that have ultimately diminished wāhine Māori personal and collective mana.

Pepeha and the Harakeke model of menopause

Pepeha in the Harakeke model of menopause provides a framework that is useful for healthcare providers, other service providers and wāhine Māori to use personally, within whānau, or collectively outside of formalised health and social sector service spaces. The model takes account of the processes of colonisation that have marked us, marked our bodies and our minds now, as well as the bodies and minds of our ancestors. Pepeha in the Harakeke model of menopause aligns with wāhine Māori who partnered in this research and their dreams of a future for their mokopuna who will no longer wear the mark of colonisation. Or as one research partner stated:

…to be unapologetically Māori (TC, 54)

In this way, the Harakeke model presents an opportunity to pause and reflect on the components of pepeha, which I have discussed and how they might influence menopause. Yes, in today's context, pepeha often prefaces Māori self-introductions; however, when we look further, pepeha is more than providing a cultural snapshot of Iwi affiliations. Pepeha helps one become cognisant of the connections one might have to each other, of who we are, or where we are from, and why we are here. In the context of the Harakeke model of menopause, pepeha begins before the migration of waka to the shores of Aotearoa; in fact, Pepeha begins with our whakapapa connections to Paptūānuku. These origins bond us as people to our whenua and to the cultural markings we wear as wāhine Māori, each with a whakapapa and a story of their own, a story that is told without speaking, where the colonial concept of silence is reclaimed. Pepeha can also reflect the ways our cultural identity and hinengaro are constructed, which one might argue is probably not steeped in the ways of our collective past understandings, and ways of being. Any effort that has attempted to sever these bonds is, in fact, a purposeful effort to separate Māori from their identity, and who we are as a people, and in doing so denies the sustenance we require to flourish as a people.

Pepeha, as a construct of the Harkeke model of menopause, makes space for wāhine Māori herstories; these stories sometimes have shared themes and sometimes are unique and idiomatic

to the storyteller. Simmonds (2016) speaks about the potential of wāhine stories to reclaim and (re)create Indigenous knowledge, which also acts as a means of resistance and empowerment. Similarly, Duran et al. (1998) suggest that bringing testimony to those who have suffered trauma is key to wellbeing. It is within these meanings that the Harakeke model can be useful for wāhine Māori, healthcare policy, and practice by considering the innate link between whakapapa and storying as a way where wāhine Māori are empowered to understand and experience menopause. Wāhine Māori know their stories as a collective; for instance, we understand as a collective our experiences of being the Other in our own lands, this does not deny our subjective experience of this position. Our stories, both shared and unique, might serve to connect the past with the future, one generation with the other, the land with her people and the people with their story (Smith, 2012). Smith (2012) also suggests that all the stories need to be told, such as the stories in whānau, hapu and Iwi, from across time and space, including the stories of tragedy and the stories of hope and transformation. Our stories have the transformative potential that speak to strength and reclamation, they can empower women in her experiences and understandings of wāhine reproductive cycles of life.

Thus, menopause is not one narrative, but many stories which, when recalled, provoke some significant questions for wāhine Māori traversing menopause. Questions about the telling and retelling of one's own personal story, about tino rangatiratanga and decolonisation and what this might mean for themselves. Answering these types of questions begins a somewhat difficult process of relearning and reclaiming, of internalising as well as challenging and setting aside, those narratives which have been imposed on us. One of these questions might consider the way Papatūānuku has been (and is) treated and how this comes to influence wāhine Māori understandings and experiences of menopause. The correlations between the way colonising values have sought to control and exploit both are clearly demonstrated. Ani Mikaere has a question that brings this stark fact into our reality: "For what is rape/colonisation if not the unwelcome and violent invasion of another's space?" (2013, p. 159). How we reclaim and resist this concept of "rape" should be part of the story.

Importantly, Canadian Indigenous scholar Kelly Aguire notes the danger in allowing colonisation to be the only story of Indigenous lives. She states that:

> Decolonisation not only requires confronting and dismantling structures of colonial power but also a pervasive coloniality that renders Indigenous ways of being and knowing dependent on external "recognition" and so consistently denied. Self-determination isn't contingent on the sanction of the Settler-State, the approval of

> Canadian public opinion or the definitions of Eurocentric political theory. Rather, it's enacting the substance of a self-determining existence for specific peoples through reengaging in the practices that sustain us as such. (2015, p. 216)

In this way, the Pepeha construct of the Harakeke model leads us to consider how our stories reflect our resilience to colonial violence. Not only how we can decolonise the spaces we occupy, but also crucially how our future stories can involve a reorientation in ways of knowing and being, where we can live more fully within our Indigenous knowledge systems. In doing so, we learn about the choices available within these systems that can inform wāhine Māori experiences of menopause, by offering an alternative way of understanding menopause. From the conscious recognition of these concepts, what is possible becomes tangible, with infinite possibilities which have the potential to shape their destiny both through and beyond menopause. Given the immersion of physical, emotional and spiritual wellness and Papatūānuku seen in this research, re-centring our stories around these connections across the menopause journey is a powerful site of reclamation. By engaging with these concepts, healthcare services can support the power embedded in wāhine Māori narratives; in this way, they can support Māori meanings and understandings about menopause to come alive.

Katsi Cook (2003) suggests that there is reciprocity in empowering women and empowering communities. The Harakeke model can be used for health care providers and healthcare policy, and as a framework for ruahine to consider when going through menopause, a framework they can look to outside of health care service providers. One which could be used in wananga, hui or wherever they are situated. Their stories, I believe, will touch the heart, mind and soul of both the self and other wāhine Māori.

Health and other social policy and practice should acknowledge the fact that Indigenous communities have their own therapeutic solutions for wellbeing, such as those seen in He Oranga Ngākau research project, which identifies issues and potential solutions when working with Māori and trauma-informed care (Pihama et al., 2020). The Harakeke model reminds healthcare practitioners and policy makers to be cognisant of the intergenerational trauma of colonisation wāhine Māori have experienced, and how this might impact the way she experiences and understands menopause. As I have discussed, colonial ways of discussing menopause do not reflect the possibilities of Māori interpretations and experiences of menopause. The role of health practitioners and policy makers should support services and interventions which reclaim and re-indigenise wāhine Māori experience of menopause. This requires health care providers to critically think about their role, about meaningful partnerships,

about their level of knowledge, their privilege and how their power within these concepts maintains the status quo. It requires a profound shift in policy and practice, recognising there is no one single way to provide care to wāhine Māori traversing menopause. Instead, the provider needs to consider what strategies or practices are best suited to the wāhine Māori, her whānau and her situation within a framework that supports decolonisation, re-Indigenisation and Mana wahine. For as I have previously discussed, western definitions, policies, and frameworks continue to reduce us to a place which interrupts and prevents Mana wahine.

Chapter summary

This Chapter has discussed how Pepeha has been used to interpret idiomatic understandings and experiences of menopause. Pepeha, like the meaning of idiomatic, incorporates the uniqueness of colloquial contexts in communication. Pepeha is used in te ao Māori as a means of cultural understanding, ties to location, identity, and understandings of the context of where people hail from and who they are connected to. In this sense, Pepeha informs Māori women of themselves and how menopause may be considered or discussed in different locations and that both shared and diverse meanings, understandings, and experiences are possible. These understandings have implications for healthcare services when providing healthcare for wāhine Māori. Healthcare services can consider Pepeha in practice by integrating ceremonies, pūrākau or storying into treatment plans. They can also encourage health service users to learn their ancestral language, given the findings of this research and the associated benefits of reclaiming te reo Māori and positive effects on identity. At the same time this can also give wāhine Māori a way to speak and learn about menopause that draws upon cultural insight. Healthcare services and policies could consider offering this as a funded service from the clinical setting; they could also perhaps introduce ceremonial practices into the clinical practice areas; these are the types of radical changes that can improve equity for wāhine Māori in our healthcare system. These actions can, and should, be supported through collaboration with Indigenous healers and Elders. Figure 14 summarises the meanings that represent Pepeha in the development of the Harakeke model of menopause.

The questions, who am I, where do I come from, and how should I live, are also considered in this Chapter. These questions are not insignificant when we consider Pepeha, a unique and shared construct within one's understanding and experience of menopause. Neither is the question, 'For what is rape/colonisation if not the unwelcome and violent invasion of another's space?' These questions become part of reclamation, resistance, and re-indigenising wāhine

Māori lives as they transition menopause. The next Chapter provides a summary of the findings and discussion to conclude this research.

Figure 14 Pepeha and the Harakeke model of menopause

Chapter Ten

Whakamutunga[82]

In this Chapter, I attempt to summarise my conclusions about the academic and practical application of these findings. I hope my contribution offers something new to the theoretical discussion about menopause and wāhine Māori. I base any recommendations that I have made on the insights drawn from the findings of this research and through engaging in the process of analysis and interpretation through Kaupapa Māori, Pūrākau and Mana wahine frameworks. The recommendations I have put forward in the discussion and application of the Harakeke model of menopause intend to serve the needs of wāhine Māori, and therefore, they may be of limited use for women who are not Māori. They are also intended to be a beginning, from where further hapū and Iwi-specific practice and discussion can grow. I begin by considering how the aims of the research are reflected in the thesis.

The first aim of the research was to study the wāhine Māori cultural constructs of menopause. I believe I have carefully considered the many ways culture comes to influence wāhine Māori experiences and understandings. Whether through their physical experiences at work, or their physical experiences with menopause symptoms, or how tikanga is embodied in Māori cultural spaces and practices, or tikanga through menopause, or how the many ways mātauranga is embedded in our experiences, or the ways the concepts of pepeha come together to explain the cultural values, beliefs and traditions that wāhine Māori experience when transitioning through menopause. The second aim was to reclaim and build a body of knowledge about menopause that comes from an emic wāhine Māori position. I have done this through using different mātauranga, which are uniquely Māori. For example, te reo Māori, a unique language in the world of languages, has been discussed as a rongoā for wāhine and their wairua during menopause. I have discussed moko kauae, also a practice unique to wāhine Māori as a means to reclaim wāhine Māori identities and cultural practices. I have discussed several matrilineal Atua wāhine in the ways they guide and nurture wāhine Māori in this journey. I have tried to discuss these concepts and others in ways that dismantle colonial dominance, power and control over wāhine Māori experiences of menopause, and in doing so, I hope to remove the subjugation which much scholarship in Aotearoa holds regarding menopause and mātauranga nō ngā wāhine Māori.

[82] The End.

Each of the discussion Chapters (Five through Nine) attempts to answer the third aim of the research question: How can the Harakeke contribute to healthcare services for wāhine Māori? This aim was carefully negotiated, as through the research it was apparent that healthcare services and providers are not the only solution for wāhine Māori transitioning through menopause and their wellbeing. At best, our current healthcare services and practices require radical Indigenisation. They also require a shift in their power, including the power of discourse and information, the power in healthcare provider and patient interactions, and the power over what types of interventions are deemed appropriate. Reclaiming hauora through Indigenous concepts during this time of life is a critical site for Mana wahine, as it can transform the understandings that frame wāhine Māori subjectivities, knowledges and bodies.

Reclaiming menopause

Reclaiming the course of literal and literary responses to menopause for wāhine Māori presents several challenges, as I have discussed. However, the tides of change are evident. These changes steer us away from the biomedical and western models of menopause and ageing towards new understandings that involve te taiao, Mana wahine, ngā Atua, Tikanga, Pepeha and Mātauranga, and how these concepts are embedded in wāhine Māori lived experiences. Wāhine Māori understanding and experience of menopause can sometimes feel like a puzzle, leaving them to wonder where they fit. However, when wāhine Māori reclaim traditional understandings of ruahinetanga and the possibilities which are available through this journey of menopause, we can see that the only puzzle they need to fit is their own. The dualism here is perplexing, as menopause can deny women equal opportunity in the pleasures of this uniquely female experience. For instance, reclaiming menopause understandings and experiences exists in the local knowledge of every wāhine Māori, yet this knowledge is often overshadowed by powerful messages. Perhaps, at times, we, wāhine Māori, have acquiesced and sat in the shadow; such is the power of colonisation that we have become accustomed to. However, through conducting this research, we can see the ways that wāhine Māori want to, and importantly, are reclaiming.

The revival of wāhine Māori stories, when they are constructed upon our own definitions and located within Māori cultural paradigms, provides the basis for reclamation. Challenging and contesting dominant Pākehā definitions and discourse that currently exist about wāhine Māori and menopause is one of many ways that we can Indigenise our spaces. The reclamation of our stories, of our hauora, of tino rangatiratanga, of the promises in Te Tiriti o Waitangi and all things Māori, brings our unapologetic self into te ao Mārama; to be free and immersed in the

beautiful world of our taha Māori is something I believe our tūpuna unreservedly wanted us to do. This thesis has attempted to consider such an analysis.

The silence around menopause presents opportunities and challenges. Wāhine Māori can come into this stage of their lives with little knowledge or in relative silence. The knowledge they do have is usually gained from observing, hearing and occasionally talking about menopause with sisters, grandmothers, mothers, aunties and female friends. At times, the wider social and medical discourse, which discusses and presents menopause and women's bodies in negative ways, also comes to influence the knowledge about menopause. These sources of knowledge are heterogeneous, and as such, can skew the way wāhine Māori perceive the time of menopause to be. This noise can make it difficult to predict what each person's understanding is, and from what her knowledge is made of. As a result, her perception of menopause might be skewed in positive or negative ways.

On the other hand, silence might come to protect wāhine Māori from half-truths, mis and dis information about what this experience is or should be. In this way, silence might provide a quiet place from where each person can make sense of her own unique experience, one that suits the realities of her life, and hopefully one that is unashamedly informed by her culture. As such, this research has attempted to provide a creative lens to the gaze of menopause. Gaze does not only sit with males or medicine; gaze, after all, is like an old habit, not easily changed once it becomes fixed. Yet when our lived realities are viewed and understood through a Mana wahine lens, we honour our own power and sacredness.

To this point, it is also important to note that wāhine are not passive agents or victims of menopause; in fact, the opposite is true. Wāhine Māori are all active agents in their experience, even when outsiders define what are appropriate treatments or what menopause should be like. There are many reasons why wāhine Māori accept these characterisations and meanings of menopause; that is a matter to decide for oneself in determining their positioning in these decisions. Some will understand and do things that others will not. Therefore, this thesis does not promote a single ideological way to approach menopause. The Harakeke framework provides suggestions for personal and professional use; however, the kōrero put forward here is not reflective of all wāhine Māori experiences of menopause. I think this would not only be an impossible task but also an arrogant one. Ruahine must be the one's to decide whether what I have discussed is useful or not. This thesis is, however, my modest offer to the theoretical literature about menopause, from the perspectives of the wāhine Māori involved in the study, framed within concepts of pluralism. Ngā Atua, whakataukī, and pūrākau have been used to

bring this temporal aspect forward and alive in wāhine Māori journeys through menopause. In addition, there is a clear focus on balance within and between the dimensions of menopause in the discussion; balance is an important approach to take in response to one's menopause transition, and balance in the constructs and application of the Harakeke model of menopause is also vital.

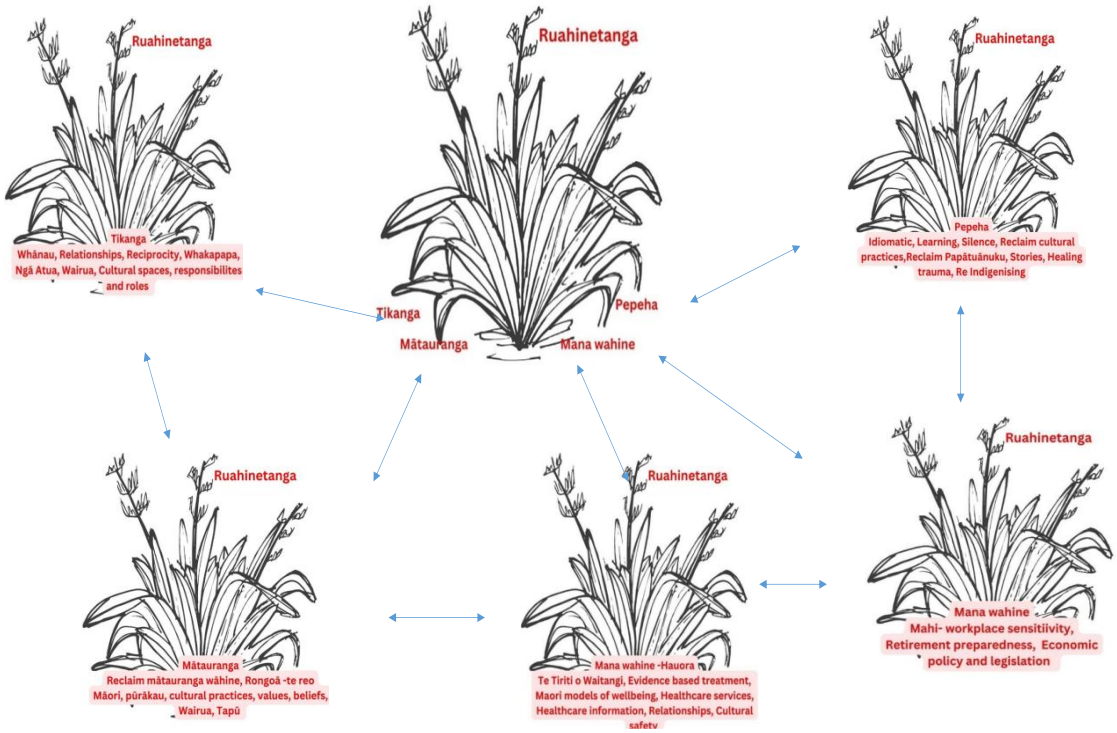
Fluidity

In analysing the data collected, it was necessary to separate the findings into different categories, but the interpretation of the meanings in that data should not be viewed as separate. In many instances, they overlay each other and cannot be discussed individually; thus, the findings of this research consist of interrelated constructs. Across the lifespan, there are multi-dimensional experiences; indeed, human experience is understood within many converging realities. The human experience of menopause cannot be well understood unless we are aware of how these multiple dimensions of influence contribute to our understanding and experience. The Harakeke model of menopause intends to serve as the basis for understanding the multiple domains of influence which form our philosophical, cultural, spiritual, psychological and physical understanding and experience within the context of menopause from a Mana wahine perspective. Fluidity is a critical concept of the model, and so I urge the reader not to see the Harakeke model of menopause as having distinct parts. Similarly, the concepts discussed in Chapters Five, Six, Seven, Eight and Nine are interrelated concepts. A reminder of which can be seen again in Figure 15.

Reason

Māori people have always fought against the persistent and prolonged attempts of colonisation and assimilation, the influence of which has come to inform the way wāhine Māori might experience or perceive menopause changes. Consequently, tensions may arise and create additional barriers for wāhine Māori seeking balance during menopause; these tensions might arise at their place(s) of work, or when seeking information, or when accessing healthcare services. They rarely arise within Māori spaces; however, the impact of these tensions highlights the need for a fluid model such as the Harakeke model of menopause, which reflects wāhine Māori realities and accommodates the fluidity, temporality and plasticity of their lives. In this way, the Harakeke model must continue to evolve, yet it must always be framed within Mana wahine concepts, in a similar fashion to how tikanga is fluid but also needs to be tūturu.

Figure 15 Fluidity of Harakeke model



In light of the fact that there is an absence of theory and few narratives available to inform theory about wāhine Māori experiences and understandings of menopause, multidimensional and complex frameworks might assist in discovering the countless influences on menopause for wāhine Māori; this task is difficult, if not, I acknowledge, impossible. However, the current focus on symptomology and ageing acts to remove subjective realities, in that it doesn't consider how each person experiences a symptom or values age. Similarly, the focus on healthcare services as the expert source of health and wellbeing draws attention away from personal, interpersonal, spiritual, cultural and social contexts that wāhine Māori are able to tap into to support her wellbeing.

Traditional paradigms might be key to how this life stage is constructed; these paradigms, with cultural values that view older women as guardians of tradition and mātauranga and as the leaders in their whānau and communities, are a struggle for the archetypes of western culture. It is my hope that the concepts of the Harakeke model of menopause carve out meaningful constructs for wāhine Māori experiences of menopause in better ways than the frameworks that have tried to construct it in the past have done. I also hope it contributes to understanding wāhine Māori experiences of menopause beyond the embodied reality.

Healing and nurturing

Māori culture is an essential part of wāhine Māori experiences and understandings of menopause, in the many ways that culture is the foundation upon which we attach meanings to our experiences of change. Similarly, human existence is made up of both the physical, psychological and spiritual. We begin our life in the realm of wairua, the waters of life, this realm transcends the physical body as we age; life represents a journey of wairua growth. This journey, I believe, is inevitable. The physical body grows old; wairua does not. Alongside old age, there are opportunities to share the gifts we have acquired along the way; these gifts are tied to our spiritual strength, and when we share these gifts, our wairua is nurtured. Again, in the face of hundreds of years of assimilation pressures, wairua endures in the hearts of wāhine Māori. Therefore, wairua is a critical site in reclaiming Mana wahine.

Identity is understood as an evolving concept, thus an evolving concept of the self. This evolution has gently been shared in the stories that have been told here; they speak of walking a path with quiet dignity, stories of wisdom and strength and power, and the promise of potential, demonstrating how wāhine Māori can positively experience this important stage of her reproductive journey. Problems may arise from the traumatic experiences of colonisation, which has had and continues to have intergenerational consequences. The effects of this imposition have important implications for the meanings wāhine Māori attach to their own and collective experiences, for instance, the negative meanings about age, women's bodies, reproductive systems, health, work inequalities, and gender. As such, healing and nurturing require a multidimensional model, one that recognises the many challenges but also the positive ways that cultural values, traditions and beliefs come to inform experiences of menopause. The Harakeke model of menopause and wāhine Māori is one such multidimensional model.

In many ways, this research represents a critical link between ancient and contemporary knowledges in the way that traditional knowledges, beliefs and customs might inform present-day experiences of menopause. The findings of this research suggest practical, cultural, political and affirmational support should be provided to wāhine Māori transitioning menopause. This thesis suggests that the focus should be on re-Indigenising this time of life and achieving balance rather than on effecting a "cure" for menopause. Embracing these concepts means that menopause requires not only prescriptions for MHT but also demands a corresponding shift to consider the ways the wāhine can use Tikanga, Pepeha, Mātauranga, and Mana wahine as a way of not only healing but also thriving during this time. In this way, what I have discussed in this thesis are potential ways that wāhine Māori might experience

menopause, ways that not only might be useful to consider in the reclamation of her experience and understanding of menopause but also in the ways healthcare services might begin to deconstruct the colonial systems that they work from, and in.

Kōrero mai

Wāhine Māori understanding of menopause must be balanced and comprehensive. In this research, knowledge is a process of construction, built on information that facilitates the opportunities and the challenges that become apparent through the time of life when menopause occurs. Denying them a voice in producing the knowledge and discourse about menopause is to deny them their autonomy and self-determination, their tino rangatiratanga. Without a framework to build a new understanding and language of menopause, wāhine Māori experiences of menopause will remain silenced; without opportunities to seek knowledge, they will continue to be unsure what menopause is, which can further exacerbate any problems they might have. Without a framework to discuss menopause openly, wāhine Māori most likely will continue to receive poor healthcare services and even poorer health information.

Placating women with MHT prescriptions, spoon-feeding them with poor information to pacify their genuine concerns, and the pervasive stigma about menopause in society shows little respect for wāhine Māori ability to seek solutions that enhance their own experience, solutions that are valuable and can be shared. Additionally, it is important to remember that we are not dealing with a group of people who are not capable of caring for themselves. These assumptions might be particularly offensive for wāhine Māori who have overcome many assaults on their identity, cultural customs, values, beliefs and ways of life; these assaults have not only affected themselves but also the lives of their whānau, hapū and Iwi.

How these solutions might be shared, however, isn’t quite so straightforward. We saw in my discussion that what counts as speaking on the marae is not defined by western concepts about speaking in the discourse of menopause. We must be cognisant that wāhine Māori “speak” in different ways. When we are considering discourse, how we speak about menopause is not only about the verbalisation of menopause but also the cultural foundations which form our understandings and experiences. Therefore, the menopause discourse for wāhine Māori is Māori-centric and might be spoken about and understood in terms of 'sing to me', such like Hine Pū Te Hue, 'walk with me as we connect with Papatūānuku', or 'use the wisdom of our years', as did Hine-te-iwaiwa.

Here in the conclusion and in parts of the thesis, I have discussed menopause by using the terms 'healing' and 'reclamation'. The intention of these words being discussed in this way is to remove the negativity around stigma, pain and suffering commonly associated with menopause. The term 'healing' is not used to victimise wāhine Māori and their experiences of menopause. Healing is just one way to discuss the multiple meanings of menopause; essentially, the term 'healing' might not apply to all. Throughout the thesis, I have used many terms that speak to wāhine Māori perceptions and experiences of menopause.

Mana wahine

One of the most wonderful aspects to emerge from this research is the reflection of Mana wahine in the lives of the research partners. We observed how wāhine Māori embody Mana wahine in the concepts I have discussed regarding Mātauranga, Tikanga, and Pepeha, both within themselves and in their interactions with other wāhine Māori and whānau. These concepts, as explored in this thesis, reflect Mana wahine not only through individual understandings but also collectively. As members of whānau, hapū, and Iwi, wāhine Māori have obligations and responsibilities to these collectives, and this relationship is reciprocal. Our collective connectedness is essential for wellbeing.

An important point to consider is that despite the additional challenges wāhine Māori have faced across their lifetime, some of the wāhine Māori who partnered in this research might have appeared to fare relatively well; this does not mean that we do not have to carry on with close examination of these challenges. It is not enough to esteem the resiliency of wāhine Māori; this resilience does not mean a lack of need. I want to be clear that the findings and discussion of the research have grown from a non-deficit framework, one that celebrates wāhine Māori and Mana wahine. I do not intend to paint a picture-perfect journey, for each wahine has their own journey and their own understandings that at times will or will not reflect what I have discussed. As I have said, the Harakeke model of menopause might be useful to consider the potentialities of what menopause might look like when we reclaim ourselves and our spaces. Which, I believe, we must do, as our future whakapapa will come to depend on our understandings of what it means to be a wāhine Māori, what it means to be transitioning menopause and what it means to grow older, while we remain sandwiched between two opposing paradigms. In saying that, I also believe that we must not spend all our time trying to deconstruct and decolonise structures and spaces, for when we focus too much on dismantling, we forget how to build, perhaps the best thing we can do is just live as our authentic Māori selves right now. This again brings me to my point: reclamation of our Indigeneity must occur.

Research

Since the time of Hippocrates, the cessation of menses has been researched. From then until now, there has been much research carried out about menopause in the global context. Most of this research is founded in biomedical models. Loppie (2004) suggests the focus on biomedical models of menopause creates an illusion about what menopause is and should look like. Loppie (2004) further notes that, fundamentally, biomedical research creates embodied alienation through the reliance on treatments such as MHT, which dulls women's response to their menopause experience. The increased amount of research conducted regarding biomedical models may also cause alienation when biomedical language speaks about the process of physical, emotional, social and spiritual change, which are generally framed as deficient (Loppie, 2004). The effect of such biomedical research can dissuade women from sharing feelings and experiences with others, from which they otherwise might form supportive and meaningful connections (Loppie, 2004). Māori women are also alienated from each other through a lack of wāhine Māori-centred, culturally appropriate research; when culturally appropriate approaches are used, they create a repository for other wāhine Māori to come to know and thus also promote a more balanced, nuanced appreciation of menopause.

I believe it is important for future research is to bring balance to what is already known. The point here is not to ignore biomedical research altogether but to also consider social, cultural and spiritual paradigms that might influence and inform wāhine Māori experiences of menopause. In the end, one of the best things this type of research can do is to provide opportunities that interrupt the current silence for those who want to talk about it and find out more within the understandings of wāhine Māori and menopause discourse. Equally important to consider are who and what fills this silence; it must be well thought out, and we must be mindful of what is "said". The research space has the potential for healing but also harm, the gap must remain tūturu to wāhine Māori experiences of menopause.

In regard to future research with wāhine Māori experiences and understandings of menopause, there is much to do. A larger study, a longer study, an Iwi-specific study, a hapū-specific study, a study that specifically looks at mātauranga or tikanga and menopause, a study that further analyses the role of oestrogen, hot flushes and Alzheimer's, a study that looks further into the degradation of te reo Māori and Papatūānuku and menopause, or a study which looks at how the pollution of our environment contributes towards Indigenous language loss and the effect this might have on wāhine Māori experiences of menopause and wellbeing. Similarly, an audit study of healthcare providers might be useful in demonstrating knowledge gaps and room for

improvement when wāhine Māori access their service for support. These suggestions are just a start.

I would like to see a global community of Indigenous women connecting and contributing to global Indigenous scholarship about menopause, united by a shared commitment to wellbeing, cultural preservation, and social justice during this time of life. Drawing on diverse Indigenous traditional knowledge and practices, from their own positioning as an Indigenous woman in today's world, a network of Indigenous women's menopause scholarship can foster collaboration through initiatives that promote wellbeing and sustainable livelihoods across their menopause journey. A scholarship that transcends borders can challenge the global systemic inequalities that Indigenous women face as they traverse menopause. For instance, a community of Indigenous women can empower other Indigenous women to reclaim their roles as guardians of spiritual welfare, matriarchs and leaders, ensuring they hold stewardship over their environmental and cultural heritage. Together, we can celebrate Indigeneity and strength, weaving a whāriki of hope for future generations so that when their time comes, menopause is not feared but where quiet, confident strength and wisdom emerge.

Some final words

The theory which has emerged from this research is based on Māori philosophy; it provides a more culturally safe approach and useful framework that considers how health and wellbeing are interconnected and dependent on multiple concepts and realities through menopause. As such, I have attempted to incorporate these concepts into the Harakeke model of menopause; consequently, the philosophical position this model comes from is rooted in te ao Māori and te taiao Māori.

Wāhine Māori possess remarkable and beautiful qualities in the way they bring Māori philosophies into their lives. These qualities intersect with natural, emotional, spiritual and social spheres and are embedded in their complex and dynamic lives. It is important not to approach menopause from a dualistic perspective; often we see menopause being discussed in polarities, either from a deficient and medicalised discourse which is inherently bad or from an idealised Mana wahine one. Pluralism is about seeing beyond these polarities, the good in these concepts, the bad, the difficult, the fear, the empowerment and all that lies between, because menopause is saturated with life, and life is never quite so black and white as polarities might infer. To this point, I can clearly state that a single characterisation of menopause does not exist; menopause and what it means to wāhine Māori transitioning menopause is up to each

wahine Māori. After all, is that not tino rangatiratanga, to determine what, how and who you are in this journey? In my opinion, the wāhine Māori who partnered with this research have breathed new life into a somewhat ignored and depleted subject; their words move us beyond our current understandings of menopause and have created a new vision of what this life passage is.

Menopause is a distinct, subjective, collective, spiritual, emotional, scary, wonderful, empowering journey, and within all of these concepts, and more, is purely female; it is about female lives and female bodies. A time when the past, present and future come together and where there is a comfortable balance in knowing that we walk in the path of our tūpuna, unafraid of the wisdom of age and the loss of youth. We are guided by and guide other women; we do what we do for our whānau and our mokopuna. I began this thesis with a mihi, a mihi collaboration between myself and my youngest daughter, in the creation of which wāhine Māori matrilineal knowledges were shared, discussed and created. I also finish with a mihi, drawn from the wāhine Māori voices in this research, also created by her and me, a space where again these knowledges came to life, in the mind and action of an 18-year-old young wahine Māori and in that of an older wahine Māori. It was such a pleasure, for in our circle of life, it is they, the next generation, who will continue to grow and develop this theory and apply it in the manner they wish.

Ko te rangimarie me te pai e ārahi ana i ahau ināianei
He pai taku wairua me tōku hinengaro
Te tū hei wāhine, tū kaha, tū herekore
E mau ana i ngā whakakai kia whakahoki i taku whenua kua raupatuhia

Ka purea ai ahau e tōku maunga
Me te whakatau i tōku wairua
E rongo nei i te marino, hei ārahi i ahau ki mua
I te huarahi tika
Toi tū Te Tiriti o Waitangi

Ka karangahia te karanga, e whakawhiti nei i te wā
Ka tae ki tua atu i tēnei ao hurihuri, mā tēnei reo tapu
Ka tō ki ngā moemoeā e wawatahia nei e au mō āku mokopuna
E whakakīia ana tōku wairua e te reo o tā rātou katakata

He whitawhita i whakaohoa i roto i ahau ki te waiho i tētahi taonga tuku iho
Ko te reo ngā Rangatira
E hiahia ana ahau ki ētahi atu o tēnei ao, he tīkanga hōhonu ake
Kia tau tō āku tamiriki wairua, no te hiahia, e korikori nei
Kei te ako tonu ahau, he aha tēnei tikanga

Moko kauae, tōku tino rangatiratanga e mau ana
Kāore mātou e kōrero nui, engari ko te ngū o waha e kōrero nui ana
Ehara i te mea me huna
Ngā kuia, ngā tuāhine, ngā whaea kua whānau mai
Wāhine Māori ka tū, ka tū tonu
I tēnei ao, i tēnei whenua tapu

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Appendices

Appendix One- Informed consent

You have been asked to participate in a study entitled "Wāhine Māori cultural constructions of menopause and the Harakeke model," the purpose of which is to gather information about wāhine Māori experience of mid-life wellbeing and menopause. Kelly Bullivant (Ngati Pikiao), a Te Whare Wānanga o Awanuiārangi PhD student is conducting this research as part of a doctoral thesis.

You will be asked to participate in individual interview about your thoughts, feelings, and experiences of mid-life health and menopause. This discussion will be audio-recorded, these recordings will be kept on a password protected device and this recording and any other information collected i.e., consent forms will be returned to you at the end of the study. The recordings will be transcribed and anonymized. You have the right to read the written transcript and interpretations of your interview and make changes as you see necessary. You may also refuse to answer any questions or to end your participation without repercussions, any time within 3 months of your consent to how the information you have shared has been interpreted. Your data will be anonymized; although your age, ethnicity and hapu/iwi will be used in any report or publication of the research, this information will be reported in such a way that you cannot be identified.

I have read/heard the introduction letter of the "Wāhine Māori cultural constructions of menopause and the Harakeke model" study. I have been given the opportunity to discuss this study and my questions have been answered to my satisfaction. I hereby consent to take part in this study and to be audio taped.

Signature of the participant _____Date_____

Signature of the researcher_____Date _____

In the event that you have any difficulties with, or wish to voice concern about, any aspect of your participation in this study, you may contact Te Whare Wānanga o Awanuiārangi -Head of School Indigenous Graduate Studies -Mera Penehira. Phone: 0508 92 62 64 Email: Mera.Penehira@wananga.ac.nz

Appendix Two- Information sheet

Date

Kia ora - and thank you for considering participation in the "Wāhine Māori cultural constructions of menopause and the Harakeke model" study. The purpose of this study, which is being conducted as part of a Doctoral thesis at Te Whare Wānanga o Awanuiārangi, is to gather information about wāhine Māori experiences of mid-life health and menopause (the change of life) as well as their perception of what things might affect those experiences. I will kōrero with wāhine Māori such as yourself, discussing your experiences and understandings about mid-life health and menopause. The discussion will last between 40-60 minutes and will take place in your home community at a location that is suitable for you. There will be some follow up hui to discuss how your information has been interpreted and to return any information collected to you. You may participate in this study if you are wahine Māori, aged 48-80 years and who is experiencing or has experienced menopause.

Your participation in this study intends no harm or discomfort to you: the questions are focused on your thoughts, feelings, and experiences of mid-life health and menopause. You may or may not benefit from sharing your wisdom and experience at the time of your participation. However, your input will contribute to our knowledge about menopause among wāhine Māori and may benefit other wāhine Māori who are looking for information about menopause. Your information may also be able to inform health practitioners knowledge so that wāhine Māori experiences with health care services are more inclusive of te ao wāhine Māori. Each woman who participates in this study will receive a koha of $30.00. Refreshments will also be provided and, if you require reimbursement for travel costs to and from the meeting, it will be provided. However, due to budget constraints, a limit of $20.00 per person for travel is available.

When discussing sensitive topics, some participants might need personal support, which may be provided by myself, and we can engage other support as needed. In addition, women may also have questions about menopause or need information about community resources. I will provide whatever information you may require (in print and verbal form) immediately following each interview or as soon as I can obtain that information. I will also have a list of community resources available to women who may require support or other services as a result of their participation in this study. We will also have karakia and be mindful of the tapu nature of our discussions.

I will audio-record the discussion and later, the information will be recorded in writing. This written transcript of the discussion will not include your real name, nor will any report or publication reveal your identity. Your age, ethnicity and hapu/iwi will be available in any report or publication; however, this information will be reported in such a way that you cannot be identified and that you and your community is protected. I will keep your participation in this study confidential.

Before the discussion, I will ask you to sign a consent form or voice your consent to participate in the study and to be audio taped. However, your participation in this study is voluntary and you may end your participation without repercussions, any time within 3 months of your consent to how the information you have shared has been interpreted. Also, if you do agree to participate, you may choose not to discuss any issues that make you feel uncomfortable. The recordings and written transcript will be kept on a password protected device throughout the study. All of your information collected will be returned to you at the end of the study. You may look at your transcript as well as any interpretations and summaries of your discussion at any time. You may change any of this information at any time.

The information gathered during this study may be used in a thesis presentation, journal publications, newsletters, workshops, wānanga, and future research projects. Also, I hope to use the findings of this study to improve wāhine Māori experiences of health care services through using your information to improve health care policy and practice in Aotearoa. I hope that together, all the wāhine involved in this study can help health professionals and other wāhine Māori better understand menopause from a wāhine Māori perspective.

If you have any questions or concerns, please feel free to call me at home 0212532859 or email me Kelly.bullivant@manukau.ac.nz

I would be happy to meet with you or to discuss any questions or comments you have over the phone.

Nāku noa nā Kelly Bullivant

Appendix Three- Interview schedule

Karakia

Mihi

Questions before we start? Consent checks.

Preamble

We are here today to talk about your thoughts, feelings and experiences of mid-life and menopause. At the end of the discussion, I would also like you to share your thoughts and feelings about the issues that we will discuss. Your answers and feedback will help me to ensure that this study is respectful of your time, knowledge and experience.

You don't have to talk about any issues that make you feel uncomfortable and you may stop participating at any time. Once again, I am honored that you have agreed to help in this study; your input is very valuable.

1. *Preamble:* If we can begin by talking about some of the things that are most important to us, as we enter mid-life, become ruahine, and travel through or finish our menopause journey. Please think about aspects of your life as an individual wahine Māori as well as member of a family, community and Nation. This might also include physical, emotional, spiritual, cultural and social things that become important to us as we get older.

Question: As a wahine Māori, what things become important to you as you get older?

2. *Preamble:* Menopause is one of the things that most women experience as they get older. This is a time when we stop having a period and we can no longer have children. Some people see these changes and this time as positive, and some see it as negative.

Question: What are some of the beliefs and attitudes that you or other wāhine Māori you know have about menopause?

Question: Where or how did you come to understand about the change of life?

3. *Preamble:* Sometimes our own thoughts, feelings and actions or the

thoughts, feelings and actions of others, can affect the way we feel about menopause. As we get older and experience menopause many wāhine Māori have both had positive or negative experiences.

Question: How has the thoughts feelings and actions of yourself and/or others influenced your understanding or experience menopause?

Question: Have you accessed treatment, rongoā or support for anything that has occurred during or since the change of life? Can you tell me about that experience?

4. Preamble: There are many situations that affect our experience of health and illness. They may be related to family life, culture, where we live or access to resources. These things may also affect how we experience our change of life.

Question: What situations do you believe might affect wāhine Māori or ruahine experience or your experience of menopause?

Question: Are there any cultural beliefs or values that you think affect your or other wāhine Māori experience of menopause?

Kai, koha and wrap up kōrero. Acknowledgements and appreciations.

Ask whether and offer any support required

Closing Karakia

Appendix Four- Information Poster

Kia ora

Are you interested in participatingin research that can influence wāhine Māori health outcomes?

Ko wai au/who am I?

Who am I

I am from the hapu Ngati Pāruaharanui, Ngati Pikiao, I have been a Registered Nurse for almost30 years. I am currently doing a PhD project through Te whare wānanga o Awanuiārangi about wāhine Māori experiences of wellbeing for wāhine over the age of 48 years old.

What is the research about

This important mahi will better inform policy, guidelines and nursing practice so that wāhine in Aotearoa have better health outcomes. I would like to connect with wāhine Māori who will sharetheir experiences of wellbeing and menopause. If you are interested in being a part of this research and are over 48 years old please contact me.

Ways you can be involved: Informal kōrero (30 mins) /Complete a questionnaire and catch up

More information

If you are interested or want more information, please email on kelly.bullivant@manukau.ac.nz

Appendix Five Partner feedback (written)

Correspondence sent (BCC) 10/6/22

Tena koe whaea

I hope you are well. It has been a while since I reached out to you, but I just want to let you know that I am transcribing our kōrero about menopause for my PhD at the moment. And it is so beautiful going through it all. I would like to send you my notes when I am done

Ngā manaakitanga

Kelly

Correspondence received 11/6/22

Ka pai tēnā Kelly, I look forward to seeing your notes. Ngā manaakitanga me to aroha nui.

Partner correspondence received 7/9/22

Kia ora Kelly

It was really lovely to kōrero with you i tenei ahiahi. As mentioned, here's the link to the Nat Library's Tapu 2022 series, Mareikura/Goddess webinar.

Te Raina Atareta Ferris' kōrero of the atua and mareikura Mahuika and her manifestation of fire and energy during ruahinetanga (menopause) as a cleansing time of transition to the taumata of wairuatanga was revelatory for me. It transformed my negative thinking about "menopause" as something bad, wrong and to be endured, and I now try to embrace the transition, rather than fret and fight against it. I still don't know if I'm going through menopause "proper" yet, but now I no longer worry about whether it's started or not, it just is.

Mauri ora

18/12/23 Correspondence sent (BCC)

Kia ora,

Nei rā ngā mihi tino aroha ki a koe.

I hope this finds you well at this time of the year. I am sending this Chapter of findings to you all. I am so grateful for your input into this beautiful research journey that hopes to contribute to a renewed focus on wāhine Māori wellbeing across menopause. Each of you has had a profound and powerful impact on the direction of the research. I feel incredibly privileged to have heard your stories which I have attached here. I hope you will hear your pūrākau in the writing, and when you do if you there is something that is not tuturu please let me know. It is quite a lengthy read, hopefully you have some time to do this over the festive season.

I want to send you my sincere thanks and let you know that I am approaching the final months of my PhD journey. I have been weaving your stories into a discussion the celebrates the mana and tinorangatiratanga of you all.

Please contact me if you have any queries at all. I would love to hear from you. When its all done I will send a pdf copy to you if you would like. I would love to give this work back to you.

Heoi anō, I hope you and your whānau are all happy and well and I look forward to reconnecting with you

Mauri ora

Kelly

Replies

"All tika here. 100% support your mahi"

"Can't believe that you are in your final stages. Ka mau te wehi! All good from my end, nice to see it come to fruition".

"Sending you big loves"

"Enjoy the holiday season (no doubt in Raro ☹..lol) with your whanau x Nga mihi nui ki a koe"

"I had to stop reviewing as a teacher LOL so stopped. Only made a couple of comments, great mahi and on point"

Nothing to change from here, Meri Kirimete!

Correspondence sent (BCC) 3/6/24

Kia ora

I really hope all is well with you and your whānau. PhD update…. writing the last couple of Chapters. I have attached the first 6, it is a lengthy read and I hope I have done your kōrero justice.

I'd love it if you will reach out if you want to kōrero more.

Nāku no na

Kelly

Replies

Wow Mana wahine, still going, its amazing

Enjoy, I have it's been quite an eyeopener thinking about me, my Māori friends and whānau
Ngā mihi

Appendix Six- Ethics approval

TE WHARE WĀNANGA O
AWANUIĀRANGI

10/12/2021

Kelly Bullivant
6/617 Remuera Road
Remuera 1050
Auckland

Kia ora Kelly,

Tēnā koe i roto i ngā tini āhuatanga o te wā.

Ethics Research Committee Application EC2021.40 Outcome: Approved.

The Ethics Research Committee are pleased to inform you that your ethics application has been approved. The committee commends you on your hard work to this point and wishes you well with your research.

Please ensure that you keep a copy of this letter on file and include the Ethics committee document reference number: **EC2021.40** on any correspondence relating to your research. This includes documents for your participants or other parties. Please also enclose this letter of approval in the back of your completed thesis as an appendix.

If you have any queries regarding the outcome of your ethics application, please contact us on our freephone number 0508926264 or via e-mail ethics@wananga.ac.nz.

Ngā mihi ra

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Appendix Seven- Glossary

Ahi kā- burning fires of occupation, continuous occupation - title to land through occupation by a group, generally over a long period of time. The group is able, through the use of *whakapapa*, to trace back to primary ancestors who lived on the land. They held influence over the land through their military strength and defended successfully against challenges, thereby keeping their fires burning.

Aotearoa - The Indigenous name of the country New Zealand, a name that historically referred to the North Island, however, now is more commonly applied to the whole country.

Aroha- love and compassion

Atua--ancestor with continuing influence, god, demon, supernatural being, deity, ghost, object of superstitious regard, strange being - although often translated as 'god' and now also used for the Christian God, this is a misconception of the real meaning. Many Māori trace their ancestry from atua in their whakapapa and they are regarded as ancestors with influence over particular domains. These atua also were a way of rationalising and perceiving the world. Normally invisible, atua may have visible representations.

Awhi- to embrace, hug, cuddle, cherish.

Hapori-section of a kinship group, family, society, community.

Harakeke- New Zealand flax, Phormium tenax - an important native plant with long, stiff, upright leaves and dull red flowers. Found on lowland swamps throughout Aotearoa/New Zealand. It has straight, upright seed pods. This is a general name for the Harakeke leaf and the plant itself, but each different variety has its own name

Hauora- wholistic wellbeing

Hauroa a ruahine -wholistic wellbeing for ruahine

Hautapu- a Māori ceremony that marks the beginning of the Māori New Year (Matariki). It involves a traditional earth oven (umu kohukohu whetū) and sacred offerings to the stars, specifically the Matariki constellation. The ceremony includes karakia (incantations), karanga (a call), and waiata (songs) to welcome the new year

Heio anō- and so, but, however,

Hina- moon

Hine- female, female element

Hine-ahu-one- known as Hine-hau-one, she was the first woman created by Tāne-nui-a-Rangi and Io on the beach at Kurawaka.

Hinengaro- mind, thought, intellect, consciousness, awareness."Hine," which generally means “feminine essence” "girl" or "daughter," and "ngaro," which can mean "lost”

Iwi - An extended kinship group, often referred to a tribe, or nation or race of people, also refers to a large group of people who descend from a common ancestor and who are associated with a distinct territory of land

Kai- food, to eat, consume, feed (oneself), partake, devour, to drink - used for any liquid other than water, meal.

Kaiawhina- helper, contributor, counsel, advocate.

Kaikaranga-caller - the woman (or women) who has the role of making the ceremonial call to visitors onto a marae, or equivalent venue, at the start of a pōwhiri. The term is also used for the caller(s) from the visiting group who responds to the tangata whenua ceremonial call. Traditionally, this role was based on one's status within the hapū or whānau, the eldest sister normally being given the role. Skilled

kaikaranga are able to use eloquent language and metaphor and to encapsulate important information about the group and the purpose of the visit.

Kaimahi Māori- Māori workers

Kaitiaki- trustee, minder, guard, custodian, guardian, caregiver, keeper, steward

Kanikani- dance

Kanohi ki te kanohi- face to face, in the flesh, in person

Karakia- incantation, ritual chant, chant, intoned incantation, charm, spell - a set form of words to state or make effective a ritual activity. Karakia are recited rapidly using traditional language, symbols and structures. Traditionally correct delivery of the karakia was essential: mispronunciation, hesitation or omissions courted disaster. The two most important symbols referred to in karakia are of sticks and food, while the two key actions are of loosing and binding. Individual karakia tend to follow a pattern: the first section invokes and designates the atua, the second expresses a loosening of a binding, and the final section is the action, the ordering of what is required, or a short statement expressing the completion of the action. The images used in karakia are from traditional narratives. There were karakia for all aspects of life, including for the major rituals, i.e. for the child, canoe, kūmara, war party and the dead. Karakia for minor rituals and single karakia include those for the weather, sickness, daily activities and for curses and overcoming curses. These enabled people to carry out their daily activities in union with the ancestors and the spiritual powers.

Karanga- A formal call, ceremonial call, welcome call, call - a ceremonial call of welcome to visitors onto a marae

Kaumātua-adult, elder, elderly man, elderly woman, old man - a person of status within the *whānau*. To grow older.

Kaupapa- topic, policy, matter for discussion, plan, purpose, scheme, proposal, agenda, subject, programme, theme, issue, initiative.

Kaupapa Māori-Māori approach, Māori topic, Māori customary practice, Māori institution, Māori agenda, Māori principles, Māori ideology - a philosophical doctrine, incorporating the knowledge, skills, attitudes and values of Māori society

Kia tau- be at peace

Koha- gift, present, offering, donation, contribution - especially one maintaining social relationships and has connotations of reciprocity.

Kōrero- story, narrative

Korero tuku iho- kōrero passed from generation to generation

Kupu- words

Mahi- work

Maemae- pain

Manaakitanga-hospitality, kindness, generosity, reciprocity, support - the process of showing respect, generosity and care for others.

Mana Motuhake- separate identity, autonomy, self-government, self-determination, independence, sovereignty, authority - mana through self-determination and control over one's own destiny.

Mana wahine- a Māori feminist approach, research methodology

Marae -courtyard - the open area in front of the wharenui, where formal greetings and discussions take place. Often also used to include the complex of buildings around the marae.

Maramataka- almanac, Māori lunar calendar, calendar - a planting and fishing monthly almanac. For most tribes the lunar months began with the new moon, but for some with the full moon (Rākaunui).

The start of each month was aligned to the morning rising of particular stars. The maramataka names are similar for most tribes, but the order may vary from tribe to tribe.

Māramatanga - enlightenment, insight, understanding, light, meaning, significance, meaning behind knowledge, deeper truths, wisdom, clarity

Matamua- first-born, oldest child, first, elder.

Mataroa Male facial tatoo. The word also means being alive and the name of the tattooing instrument - named after Mataora, who received his tatoo from the Atua Uetonga in the underworld, and brought the art back to earth

Mātauranga nō ngā wāhine/Mātauranga wāhine Māori- Māori womens knowledges

Mātauranga- Māori knowledge - the body of knowledge originating from Māori ancestors, including the Māori world view and perspectives, Māori creativity and cultural practices.

Mauiui-to be weary, sick, fatigued, sickly.

Maunga-mountain, mount, peak

Mihi- acknowledgement

Mirimiri- massage

Mohiotanga- knowledge, knowing, understanding, comprehension, intelligence, awareness,

Moko- shortened mokopuna

Moko kauae- a traditional Māori chin tattoo, specifically for women, that signifies a woman's whakapapa, mana, and connection to her whānau, hapū, and iwi. It is a visible representation of her Māori identity and heritage

Mōteatea- lament, traditional chant, sung poetry

Neehi- Māori- Māori Nurse

Ngā - plural

Noa- being free from the extensions of tapu, unrestricted and normalised

Pā harakake- flax bush, generations - sometimes used as a metaphor to represent the *whānau* and the gene pools inherited by children from their two parents and the passing of attributes down the generations.

Papatūānuku- Mother Earth and an Atua, Earth, Earth mother and wife of Ranginui - all things originate from them.

Paru-be dirty, muddy, soiled

Pono- being truthful, honest, sincere and genuine

Pōwhiri- ritual of encounter

Pepeha- tribal saying, tribal motto, proverb (especially about a tribe), set form of words, formulaic expression, saying of the ancestors, figure of speech, motto, slogan - set sayings known for their economy of words and metaphor and encapsulating many Māori values and human characteristics.

Puhi- virgin

Puku- stomach

Pūmotomoto- a long flute with a notched open top which is the blowing edge and a single finger hole near the end - the instrument was chanted through and was traditionally played over the fontanelle of an infant to implant songs and tribal information into the child's subconscious.

Pūrākau- ancient legend, story, legendary, mythical. statements about the nature of the world, and their repetition echoes the creation story. Every time the creation of whakapapa(genealogies) and kōrero (stories) are recounted, the world is ritually recreated. An Indigenous research methodology.

Rangahau- research

Rangaitratanga- similar to tino rangatiratanga, however Te Aka Māori Dictionary (2024) uses the following words to explain rangatiratanga: chieftainship, right to exercise authority, chiefly autonomy, chiefly authority, ownership, leadership of a social group, domain of the rangatira noble birth, attributes of a chief

Rangatira wāhine Māori- Māori women of chiefly status

Ranginui- Sky father. Atua of the sky and husband of Papa-tū-ā-nuku, from which union originate all living things.

Raranga- weave(ing)

Raupatu- take without any right, confiscation

Ruahine- to become elderly, or to grow older as a woman

Romiromi- deep tissue work massage

Rongoā- to treat, apply medicines,remedy, medicine, drug, cure, medication, treatment, solution (to a problem), tonic.

Ruahinetanga old age (of a woman), menopause

Taha- side, margin, edge, bank (of a river), beside

Taha Māori- Māori identity, Māori character, Māori side, Māori heritage, Māori ancestry, Māori descent

Taha tinana- physical well-being within the Māori holistic framework of health called Te Whare Tapa Whā.

Taha hinengaro- it encompasses thoughts, feelings, the mind, conscience, and how one communicates within the framework of Te whare tapa wha. Thoughts, feelings and emotions are integral components of the body and soul. This is about how we see ourselves in this universe, our interaction with that which is uniquely Māori and the perception others have of us.

Taha wairua- spiritual well-being, an essential part of holistic health in the Māori worldview, as represented by the concept of Te Whare Tapa Whā. It encompasses one's relationship with their environment, people, heritage, and life force, or mauri. Taha wairua is not solely about religious faith, but also about finding meaning, purpose, and connection to one's identity, beliefs, and values.

Taha whānau- the capacity to belong, care and share where individuals are part of wider social system in the framework of te whare tapa wha

Tā moko- traditional Māori art of tattooing, deeply embedded in Māori culture and history, a sacred practice that represents an individual's identity, lineage, social standing, and life experiences.

Tamariki- young, youthful, immature (of people), children - normally used only in the plural.

Tane- husband, male

Tangihanga- weeping, crying, funeral, rites for the dead, obsequies - one of the most important institutions in Māori society, with strong cultural imperatives and protocols. Most tangihanga are held on marae. The body is brought onto the marae by the whānau of the deceased and lies in state in an open coffin for about three days in a wharemate (house of mourning - the wharemate may be a special separate structure to the left of the meeting house, or the place where the body lies in the verandah or inside the meeting house, depending on the traditional practice of the particular marae). During that time groups of visitors come onto the marae to farewell the deceased with speech making and song. On the night before the burial, visitors and locals gather to have a pō mihimihi to celebrate the person's life with informal speeches and songs. In modern times, on the final day the coffin is closed and a church service is held before the body is taken to the cemetery for burial. A takahi whare ritual (tramping the house - ceremony performed after the burial for clearing the house of the spirit of the deceased and the

tapu on the house and possessions.) is held at the deceased's home and a hākari (feast) concludes the tangihanga.

Taonga- treasure, anything prized - applied to anything considered to be of value, including socially or culturally valuable objects, resources, phenomena, ideas and techniques. Examples of the word's use in early texts show that this broad range of meanings is not recent, while a similar range of meanings from some other Eastern Polynesian languages supports this. The first example sentence below was first published in a narrative in 1854 by Sir George Grey, but was probably written in 1849 or earlier.

Taonga tuku iho- tangible and intangible cultural property handed down

Taonga puoro- particular types of musical instrument

Tapu – being sacred, prohibited, restricted, set apart, forbidden, under Atua protection

Tautoko- to support, prop up, verify, advocate, agree

Te- a, single, the

Te ao Māori – the Māori world

Te ao Māori me te taiao- knowledge, understanding and meanings drawn from the Māori world and environment

Te ao Mārama- the world of light

Te ao wāhine Māori - the world of Māori women

Te ira tangata- human essence

Te Pō- the night or the darkness is a crucial stage in the creation narrative, following Te Kore (the void) and preceding Te Ao Mārama (the world of light). It represents a period of potential and transition, a realm of darkness and long nights, where the seeds of creation are nurtured.

Te taiao- the natural world, environment, and Earth, signifies the interconnectedness of people and nature, emphasizing a relationship of respect, reciprocity, and interdependence.

Te Tiriti o Waitangi- also known as the Treaty of Waitangi, is New Zealand's founding document, signed in 1840 between the british Crown and Māori chiefs. It's a bicultural agreement aimed at establishing a nation state while acknowledging Māori ownership of their lands and resources, and granting british subjects the rights of citizenship

Te reo Māori- the Māori language, Indigenous language of Aotearoa

Te whare tangata- the house of humanity" or more specifically, the house of people, the womb

Tēina- younger brothers (of a male), younger sisters (of a female), cousins (of the same gender) of a junior line, junior relatives – plural form of *teina*

Tikanga pā Harakeke- correct way to care for the Harakeke plant

Tinana- physical body

Tino Rangatiratanga- self-determination, sovereignty, autonomy, self-government, domination, rule, control, power

Tikanga/tika- correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol - the customary system of values and practices that have developed over time and are deeply embedded in the social context .

Tuakana- elder brothers (of a male), elder sisters (of a female), cousins (of the same gender from a more senior branch of the family).

Tohunga- a chosen expert, healer, chosen by the agent of an Atua and the tribe, a leader over the people because of signs indicating a natural affinity for a particular vocation. A walking encyclopaedia, one of great knowledge and mana.

Tuku iho- generally refers to treasures or knowledge passed down from ancestors, both tangible and intangible aspects. It emphasizes the importance of preserving and respecting these inherited traditions for future generations

Tūpuna- ancestor

Manuhiri- guest, visitor

Turangawaewae- a place where one has the right to stand - place where these rights include the rights of residence and belonging through kinship and whakapapa.

Tūturu-to be fixed, permanent, real, true, actual, authentic, original

Uha- female essence

Urupa- burial ground

Wā- time and space

Wahine Māori ki te wahine Māori- Māori woman to Māori woman

Wāhine Māori me tane- Māori Māori women and Māori men

Wai- water

Waiata- song

Wairua- spirit, soul - spirit of a person which exists beyond death. It is the non-physical spirit, distinct from the body and the mauri. To some, the wairua resides in the heart or mind of someone while others believe it is part of the whole person and is not located at any particular part of the body. The wairua begins its existence when the eyes form in the foetus and is immortal. While alive a person's wairua can be affected by mākutu through karakia. Tohunga can damage wairua and also protect the wairua against harm. The wairua of a miscarriage or abortion can become a type of guardian for the family or may be used by tohunga for less beneficial purposes. Some believe that all animate and inanimate things have a whakapapa and a wairua. Some believe that atua Māori, or Io-matua-kore, can instill wairua into something. Tohunga, the agents of the atua, are able to activate or instil a wairua into something, such as a new wharenui, through karakia. During life, the wairua may leave the body for brief periods during dreams. The wairua has the power to warn the individual of impending danger through visions and dreams. On death the wairua becomes tapu. It is believed to remain with or near the body and speeches are addressed to the person and the wairua of that person encouraging it on its way to Te Pō. Eventually the wairua departs to join other wairua in Te Pō, the world of the departed spirits, or to Hawaiki, the ancestral homeland. The spirit travels to Te Reinga where it descends to Te Pō. Wairua of the dead that linger on earth are called kēhua. During kawe mate, or hari mate, hura kōhatu (ceremonies at particular times for particular occasions) and other important occasions the wairua is summoned to return to the marae.

Wairuatanga- spirituality

Wananga- to meet and discuss, deliberate, consider. tribal knowledge, lore, learning - important traditional cultural, religious, historical, genealogical and philosophical knowledge,seminar, conference, forum, educational seminar.

Wero- challenge.

Whaikōrero- oratory, oration, formal speech-making, address, speech - formal speech

Whāirki- mat

Whakanoa - to remove tapu - to free things that have the extensions of tapu, but it does not affect intrinsic tapu

Whakapapa- give history, to lie flat, lay flat, to place in layers, lay one upon another, stack flat, to recite in proper order (e.g. genealogies, legends, months), recite genealogies, genealogy, genealogical table, lineage, descent - reciting whakapapa was, and is, an important skill and reflected the importance of genealogies in Māori society in terms of leadership, land and fishing rights, kinship and status. It is

central to all Māori institutions. There are different terms for the types of whakapapa and the different ways of reciting them including: tāhū (recite a direct line of ancestry through only the senior line); whakamoe (recite a genealogy including males and their spouses); taotahi (recite genealogy in a single line of descent); hikohiko (recite genealogy in a selective way by not following a single line of descent); ure tārewa (male line of descent through the first-born male in each generation).

Whakapohane- an act of contempt shown by exposing the buttocks and genitals. It is one of the many ways to show great disrespect to another

Whakataukī- proverb, significant saying, formulaic saying, cryptic saying, aphorism

Whānau- to be born, give birth, extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional Māori society. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members.

Whanaungatanga-relationship, kinship, sense of family connection - a relationship through shared experiences and working together which provides people with a sense of belonging. It develops as a result of kinship rights and obligations, which also serve to strengthen each member of the kin group. It also extends to others to whom one develops a close familial, friendship or reciprocal relationship.

Whakaaro- opinion, thoughts, understandings

Whakaiti- to belittle, disdain, look down on, disparage, denigrate, make small, lessen, decrease, reduce, diminish

Whakamā- embarrassed or shy

Whakataukī- proverb, significant saying, formulaic saying, cryptic saying, aphorism

Whaka tautoko- to provide support

Whakatika- process of setting something right, or making it just and fair, doing the right thing

Whakawhanaungatanga- the process of establishing and maintaining relationships

Whenua- land, ground, domain, territory, placenta, afterbirth.

Whiro -atua of things associated with evil, darkness and death and a son of Rangi-nui and Papa-tū-ā-nuku. Whiro-te-tipua is the full name (personal noun) moon on the first night of the lunar month - for some tribes (e.g. Te Whānau-ā-Apanui) this is the sixteenth night of the lunar month - unsuitable day for planting and fishing, but good for eeling.