

# REFLECTIONS OF AN “ALWAYS ALREADY” FAILING NATIVE HAWAIIAN MOTHER: DECONSTRUCTING COLONIAL DISCOURSES ON INDIGENOUS CHILD-REARING AND EARLY CHILDHOOD EDUCATION

*Julie Kaomea*

Much has been written in recent years to expose the Stolen Generation of Aboriginal Australians who, through official government policies of control and surveillance throughout the first half of the 20th century, were permanently removed from their aboriginal families and communities and “taken into care” for “their own protection.” In this article, the author draws from personal, historical, and critical perspectives to suggest that the vulnerability of indigenous families to child welfare surveillance and control is not confined to Australia’s colonial history. Instead, it continues in “post”colonial indigenous communities across the globe today in more subtle but nonetheless insidious forms, oftentimes intervening early in the lives of indigenous children. As the author’s personal experience suggests, even before an indigenous child such as the author’s is born, the expectant mother is “always already” constructed as failing, and her child, consequently, as at risk.

CORRESPONDENCE MAY BE SENT TO:

Julie Kaomea, College of Education, Curriculum Studies, University of Hawai‘i–Mānoa  
1776 University Avenue, Honolulu, Hawai‘i 96822

Email: [julie.kaomea@hawaii.edu](mailto:julie.kaomea@hawaii.edu)

*Hāllili: Multidisciplinary Research on Hawaiian Well-Being* Vol.2 No.1 (2005)  
Copyright © 2005 by Kamehameha Schools.

Each semester, I begin my graduate seminar on Indigenous Perspectives in Education with a showing of Phillip Noyce's (2001) cinematic rendering of the aboriginal Australian story, *Follow the Rabbit-Proof Fence* (Pilkington, 1996). My students watch in horror as a colonial policeman tears three young aboriginal girls from their mothers' arms and throws them in a car bound for domestic training and cultural "whitening" at the prisonlike Moore River Settlement thousands of miles from their family and native homeland of Jigalong. As both mothers and children pound on either side of the car window, calling out to one another in anguish, there are inevitably tears of empathy shed in my classroom audience—tears for a people who long ago and far away suffered such unimaginable acts of genocidal cruelty.

In the following week of our seminar, my class studies how the 19th-century United States government attempted to solve its "Indian problem" by removing Native American children from the "corruptive influence" of their families and immersing them in Euro American culture. We learn how the U.S. policy of "kill the Indian and save the man" led to the roundup of thousands of American Indian children who were forcibly removed from their reservation homes and transported to military-based boarding schools halfway across the country only to return home years later as young adults who, due to their "White" upbringing, were totally alienated from their families and communities, or who, in far too many cases, fell ill and died, never to return home at all (Lesiak & Jones, 1991). (For more extensive analyses of British colonial policies that removed indigenous children from their families and forcibly committed them to government or mission schools, see MacDonald, 1995; Prochner, 2004; Simon & Smith, 2001; Townsend-Cross, 2004.)

In our ensuing discussions, my predominantly Native Hawaiian students express how fortunate that we, the indigenous people of Hawai'i, were spared the personal and cultural trauma of such large-scale kidnapping in our colonial history.<sup>1</sup> I agree with my students' sentiments, as I can only imagine the magnitude of the anguish that a parent, and a culture, must suffer when having their children forcibly taken from their homes and raised by strangers in foreign ways.

At the same time, however, I suggest to my students, as I suggest in this article, that while our Hawaiian children are still in our homes, and never far from us physically, contemporary Native Hawaiian families are experiencing our own stolen generation, a "cultural kidnapping" of a more subtle but nonetheless insidious sort, veiled in well-intended "post"colonial health and social services and early

education efforts. Drawing on a series of vignettes from my personal experiences with neonatal hospitals, child-care manuals, and state and federal subsidies for Native Hawaiian early child-care programs, I demonstrate how Western models of health, social, and educational services are virtually “kidnapping” contemporary Native Hawaiian children by devaluing and supplanting indigenous Hawaiian child-rearing knowledge and undermining Hawaiian families’ confidence in our ability to successfully rear, nurture, and educate our young children.

## METHOD

In the Hawaiian tradition of *ha’i mo’olelo*, or oral storytelling, I have chosen to present this article through a series of personal stories or narratives. Storytelling has been and continues to be an integral and culturally preferred method of imparting knowledge in many indigenous societies (Bishop & Glynn, 2003). Prior to colonization, storytelling played a central role in indigenous education. Indigenous narratives were used to teach cultural values, transmit historical information, perpetuate family genealogies, and impart knowledge about cultural customs and traditions. With colonization, indigenous stories and narrative forms were pushed to the margins, and the dominant culture’s histories and narratives took precedence. As native people were taught to read and write in the colonizer’s language, indigenous narratives and narrative forms were either forgotten or relegated to fictional status with the Western labels of “legends” or “myths” (Hereniko, 2000).

In recent years, indigenous scholars have begun to realize the significance of indigenous narratives and narrative forms to our identity and well-being as indigenous people. We seek to reclaim our indigenous stories and the indigenous practice of storytelling, as we begin to replace the stories of the colonizers with stories from our communities and struggle to once again find our indigenous voice (Bishop, 1996; Kaomea, 2003; Meyer, 2003; Smith, 1999; Thaman, 2003).

In this article, I juxtapose my personal stories and narratives with historical and critical perspectives to bring the indigenous practice of storytelling to the fore and reassert indigenous narratives as an integral and legitimate form of indigenous education and communication. As a Native Hawaiian university professor, I acknowledge the privileged position from which I write and do not presume

to suggest that the experiences I recount here, or the conclusions I draw, are unique to or representative of all Native Hawaiians. At the same time, it is my hope that the familiar themes and characters of these stories might resonate for other indigenous women and children who have suffered similar experiences with institutional surveillance, control, and marginalization, and help us to understand present events in relation to events in the past.

In the process of writing this article, I have presented these personal narratives at a series of local and international forums (Kaomea, 2004a, 2004b, 2004c, 2005). The emotional reception these presentations evoked across vastly different audiences, and the outpouring of similar accounts shared in the discussions that followed, suggest that, while the details of my story may be distinct, the general experiences I speak of are not unusual chance occurrences, but instead are quite commonplace in Hawaiian and other historically oppressed communities where colonial dynamics continue to dominate “post”colonial relations. While mine is just one small story, it is my hope that in the oral tradition of ha’i mo’olelo, this story will inspire others to tell stories of their own (Kaomea, 2001). For as an old proverb common to many indigenous cultures suggests, “Where there is one, there are many.”

### *UA HĀNAU KE KEIKI (A CHILD IS BORN)*

My story begins with the conception of my first child. A little more than 2 years ago, my husband and I were overjoyed to learn I was pregnant with what would be our first child. Our celebration, however, was short-lived. Soon after receiving confirmation of my pregnancy from my doctor, before we had even begun sharing our good news with our closest family and friends, I received a form letter in the mail that simultaneously congratulated me on my expectancy and alerted me to the fact that, because of my indigenous Hawaiian background, I was at a heightened risk for giving birth to a premature or low birthweight baby. I was asked to fill out a survey detailing my nutrition and health care habits. In exchange for this information, I would receive a complimentary maternity advice book on how to properly care for myself during pregnancy to better the odds for a healthy start for my developing infant.

Seeing the survey as some sort of bad omen, I quickly tossed it in the trash. However, while the glaring statistics were now out of sight, they were not out of mind. Over the next few weeks I purchased a mini-library of pregnancy books: *What to Expect When You're Expecting* (Eisenberg, Murkoff, & Hathaway, 1991), *Nutrition for a Healthy Pregnancy* (Somer, 1995), *Pregnancy Fitness* (Graves, 1999), and *Exercising Through Your Pregnancy* (Clapp, 1998). Pregnancy self-help books soon began to outweigh the academic titles on my nightstand, and I read them with equally serious conviction.

I was already health conscious. However, throughout the duration of my pregnancy, I assumed heightened vigilance in the areas of diet and exercise. I walked and/or swam daily; removed artificial preservatives, hydrogenized oils, and high sugars from my diet; heeded the warnings to steer clear of everything from raw fish to hot baths; and even trained myself to sleep on my left side, as recent research has shown that this position offers optimal blood flow to the developing placenta.

In spite of my ever-vigilant efforts, 1½ months before my expected due date, I found myself in the labor delivery room of our local hospital, giving birth to my daughter, Mahinapoeopoehua, who was 6½ weeks premature and tiny, weighing in at just 4½ pounds. At the moment of her birth, my daughter was whisked away to a table at the back of the room for inspection by a team of specialists. Her tiny body, now cleaned and swaddled in a hospital blanket, was brought to me for a quick greeting and then shuttled through the hospital halls to the Neonatal Intensive Care Unit (NICU), where she underwent a battery of more intensive examinations before being deposited in a clear Plexiglas incubator where she would take up residence for the first 10 days of her life.

From the moment my daughter was cut from me, our separation was sudden, harsh, and severe. I was confined to my postpartum hospital room, and my daughter to her little plastic box in the NICU one floor down and halfway across the hospital. Within hours of our separation, my body shivered uncontrollably. I was cold all over. My body did not feel right without her close to me, and I imagined that she probably felt the same way also.

Worried and longing to see my baby, once I was settled in my postpartum room, I asked the nurse on my floor if I could go over to see her. "We don't have an available wheelchair right now," she replied. "You'll have to wait. Wash up, and get yourself together." Too weak to protest, I stumbled back to bed and resigned to my fate of being apart from my daughter at least for a little while.

Lonely and in need of speaking with someone close to me, I got on the phone to share the news with members of my extended family, who were surprised to hear of Mahina's early arrival and immediately rushed over to the hospital. In traditional Hawaiian culture, childbirth was a shared family matter. To this day, extended Hawaiian families can be found crowding the halls outside labor and delivery rooms and newborn nurseries as they gather to support a mother through the birthing process and welcome their newest member upon his or her arrival. My family was therefore surprised and disappointed to learn that extended family members are not allowed to visit babies in the NICU. Grandparents could drop in for a short visit, but no visits were allowed by aunties and uncles—and certainly no cousins.

Six long hours passed before I was allowed to see my daughter again. When I first saw my baby in her fish-tank-like incubator, with a mess of wires hooking her up to a series of monitors, an intravenous needle in her bandaged arm, and a tiny hospital T-shirt stamped with the words "Property of Hawai'i Medical Center" hanging loosely from her little shoulders, tears welled up in my eyes.<sup>2</sup> "How did this happen, what did I do wrong?" I asked myself, as I would ask the nurses and doctors time and again over the next several days. But no one had an answer for me.

"Here's the baby's mother!" a nurse exclaimed as I sat down. Obviously having not been in communication with the nurse in the postpartum ward who had held me hostage for the last 6 hours, the NICU nurse asked where I had been and explained that my baby was waiting for me.

As I took Mahina out of the incubator and held her in my arms, a bundle of wires came along with her. I must have loosened one because the monitor went crazy and set the alarm off. I panicked and handed my baby and the bundle of wires to the nurse, who calmly set things straight and handed her back to me. Over the next 10 days, I learned to completely trust in the NICU's predominately White and Asian American nurses and their high-tech monitors to know what was best for my baby.

Each visit to the NICU began with 2 minutes of mandatory scrubbing of my hands and arms with hot water and plastic brushes, a practice I ritualistically performed with such Macbethian intensity that within a few days my hands were scalded, cracked, and bloody. Then I would sit by my daughter's bedside and await

instructions from the nurse on duty. There were lessons in temperature taking, diaper changing, and swaddling, all of which when conducted inside a small Plexiglas incubator is no easy feat. I listened closely to the nurses' instructions and trembled when they watched me clumsily struggling to replicate as closely as possible what I saw them demonstrate.

On the occasions when my parents were allowed to visit, my mother would often suggest a different technique for burping or diapering. "But that's not how they do it here," I explained in a hushed voice. "Yes, they must know what's best," she agreed.

The lessons regarding breastfeeding were a bit more ambivalent. While the nurses were clear about the medical importance of my baby getting the antibody-rich colostrum of the first few feeds, they were less enthusiastic about my determination to continue directly breastfeeding my tiny daughter.

Mahina was small and could not stay up for long periods of time without dozing off. Secure in my arms, and snuggled against my breast, she would take a few sips and doze off to sleep. I would gently rouse her from her nap and encourage her to take a few more sips, only to have her doze off once again.

"She really shouldn't be kept out of her incubator for so long. She needs to keep her temperature up," one nurse remarked. "I think she's just using you as a pacifier," added another.

Now, thinking back on that day, I puzzle at the inverted logic of those comments. After all, when snuggled close against me, drinking my warm milk, Mahina's body heats up so much that her head perspires. As for the comment that my daughter was using me as a "human pacifier," I find it odd that American society has come to recognize the artificial pacifier as the normal, necessary object of infancy (one that is promoted in advertisements, baby shower gifts, and store displays), while the mother's breast is viewed as the substitute.

Hawaiians have long acknowledged the benefits of breastfeeding, a topic that is recently vogue in child-rearing literature. We have a saying that health is as close as breast milk. But we recognize that it is not just the milk that is good for the baby. It is also the physical and emotional closeness, the *poli aloha* or circle of love made by the mother's arms as she embraces her young child.

Nevertheless, the point of the nurses' comments was clear: As far as the NICU's schedule was concerned, they wanted my milk but not necessarily my body. Feeding Mahina from a bottle was much more efficient. Each nurse was in charge of several babies who needed to be fed every 3 hours. If I could pump my milk so Mahina could be fed quickly from a bottle, that was preferable. Otherwise, breast-feeding at our leisurely pace, Mahina and I threw off their already tight schedule.

Before long, I obediently fell in time with the NICU schedule, visiting every 3 hours from 8 a.m. to 8 p.m. I arrived promptly at the start of visiting hours and left immediately upon their conclusion, and I tried my best to stay out of the nurses' way. Between visiting hours I would make myself scarce. I would tend to my stitches in the public bathroom, grab a quick meal in the hospital cafeteria, and if there was time, head over to the parking lot to take a short nap in my car.

Within a matter of days I was exhausted. I found my self-confidence and my ability to take care of my child rapidly eroding. I was transformed from a confident, Native Hawaiian university professor to an anxious, guilt-ridden, unfit Native Hawaiian mother of a preterm, low birthweight, at-risk child. I learned to simultaneously fear and depend on the nurses, and to be as obedient and obsequious as possible, so as not to get on their bad side. After all, my daughter's health was in their hands, and her ultimate discharge was at their discretion.

I tried to be on my best, most compliant behavior, as I wanted the nurses to like me, and by extension my daughter. In spite of my dutiful visits during visiting hours, there were many hours when my daughter was left to rely strictly on the care of the nurses, and I could only trust that they would take good care of her in my absence.

Fortunately, within a few days, my daughter, who from a young age was quite a charmer, did win the nurses' affection—so much so that several of them began to refer to Mahina as their "favorite." One nurse explained that in the process of caring for infants in the NICU, the nurses can get very attached to the children, and many volunteer to serve as foster and adoptive parents when a child's biological parents are unfit or unable to care for them. She added that she found Mahina adorable and would take her in an instant.

While I suppose that the nurse's comment was well intended, in my fragile, insecure, and relatively powerless state, I viewed it as more of a threat than a compliment. For at the time, I thought my daughter would probably be better off with any



of those nurses than her own incompetent mother whose body expelled her prior to full term, and whose clumsy hands now fussed and fumbled with the simple task of putting on a disposable diaper.

As the days passed, I became more aware of the other infants and families who were going through similar struggles in the NICU. Of the 8 to 10 families in our little section of the unit, more than half were Native Hawaiian. Not only were Hawaiians overrepresented in the unit, but it seemed that for some reason, we stayed longer. The result was an interesting dynamic, with largely White and Asian American nurses taking care of the predominately Native Hawaiian infants as their parents helplessly looked on.

One of the many mothers whom I came to admire and empathize with was a Native Hawaiian woman whose son, Makana, had already been in the NICU for some time before the arrival of my daughter. The woman, who lived clear across the island, came to the hospital every evening with her husband and three small children in tow. Her husband would take the children to the cafeteria for dinner while the mother cared for and spent time with her young son.

One day, following a conversation in which a nurse explained to the mother that Makana was not putting on weight as rapidly as she had hoped, the mother came in as usual, but instead of proceeding to bottle feed her son, she asked if the nurse could do it. “You’re not even going to try?” the nurse asked with a hint of disgust in her voice. “He behaves for you,” the mother explained, “but he’s *kolohe* (rascal) for me, and I want him to have a good meal.” As I glanced in her direction, I saw tears in the woman’s eyes. “What is happening to us?” I wondered. For me, a first-time mother, my lack of confidence was somewhat understandable. But this place was wearing down the confidence of a veteran mother as well.

As the days passed, it became clear that my daughter was one of the lucky, healthy ones. She was going to be okay. However, it would still be many days before our discharge. As my daughter’s health became less tenuous, there were still several more tests to be passed, this time by my husband and myself, as we would have to demonstrate to the nurses that we were fit to take care of her. Each day, each visit, felt like an examination. My husband and I enrolled in CPR (cardio pulmonary resuscitation) classes and took turns feeding, clothing, and bathing our daughter as the nurses looked on.

Then one day, as sudden as her arrival, it was decided that we were to take our baby home. Although it was what we had been hoping for all along, the news that our daughter would be coming home struck fear in my heart. By now I was convinced that my husband and I were unfit to take care of her ourselves. Surely she would be better off in the carefully controlled environment of the hospital, with expert nurses to care for her and closely monitor her weight gain and progress.

I called my parents to let them know Mahina was coming home and to ask if we could stay with them for a while. My mother, who had raised four children, four grandchildren, and countless nieces and nephews, sounded a bit afraid herself. “Are you sure?” she asked. “Do they really think we’re ready to take care of her?”

Upon bringing Mahina to my parents’ home, my husband and I tried to replicate the hospital environment as closely as possible. We washed our hands vigilantly and sterilized everything. We purchased a bassinet and an infant-weighting scale similar to the ones in the hospital. We stuck diligently to the 3-hour “change, feed, nap” hospital rotation. We copied a page of the nurses’ recording log and dutifully recorded Mahina’s intake and output, along with her temperature and weight to the nearest ounce—a practice that was difficult to keep up with just the two of us “nurses.” (I now longed for those monitors that I hated in the hospital.)

Watching us, my parents tried to tell us to lighten up. “Take her outside in the sun and sit with her by the ocean,” my father suggested. “The sun will warm her body, and the sound of the ocean will soothe her.”

“Let’s invite the family over,” offered my mother. “Everyone wants to meet her. Feeling the love and closeness of our family will help heal her.” But I had learned that parenting this tiny baby was much more complicated.

I shrugged off my parents’ suggestions and kept Mahina tightly swaddled in her little bassinet and quarantined in a corner of the house, and I politely steered away any well-wishers who came to visit her. I purchased a slew of books on premature infants to add to my child-care library, and I would quote from them whenever my parents offered an alternative perspective.

It would be many more weeks before Mahina felt the warm Hawai’i sun on her skin, before she was lulled to sleep by the sound of the ocean, and many more weeks before she was held in the arms of her extended family. With time, I learned

to trust once more in myself, my instincts on how to care for my young daughter, and the wisdom and knowledge of my family.

There is an *‘ōlelo no‘eau* (Hawaiian proverb) that cautions: *Mai kāpae i ke a‘o a ka makua, aia he ola ma laila* (Do not set aside the teachings of one’s parents for there is life there). As the days passed, I no longer yearned for the noisy alarms of the hospital monitors. I learned to tune in to my own instincts and the signals of my baby, and learned to listen once more to the gentle wisdom of our people, the ways that have sustained us for generations.

### ULU KE KEIKI, KA ‘IKE O KE KEIKI (THE CHILD GROWS, THE CHILD LEARNS)

Two years have passed since our days in the NICU, and Mahina is now a young toddler. She spends several days a week in the care of her grandparents, my father and mother, her Papa and Tūtū as she calls them. When she is with her grandparents, Mahina spends many hours a day clinging like a lei around the neck of her indulgent Tūtū, while Tūtū goes about her daily business.

As I write this, Mahina is playing at the seaside of my parents’ backyard, which opens onto Kāne‘ohe Bay. Mahina sits in Tūtū’s lap at the water’s edge watching the crabs crawl along the rocks as tiny fish dart back and forth in the shallow water beneath. She looks up to watch a fisherman with a throw net on a distant reef and listens intently as Tūtū explains step by step what the man is doing.

Needing to get some work done, Tūtū then scoops up Mahina and plops her in a two-person canoe that sits on the grassy shoreline. As Tūtū tends to the plants nearby, she hums a gentle melody and rocks Mahina in the canoe as if to mimic the rhythm of the ocean. Inside the canoe Mahina giggles as she sways from side to side, learning to shift her weight with the vessel to stay upright and maintain her balance.

When Mahina tires of the canoe, she crawls out to visit her Papa, who is pulling weeds on the hillside. She watches as Papa disentangles the native *laua‘e* ferns from the alien weeds and tries her hand at tugging a few weeds herself before Papa sends her back to my mother.

“Mahina, have you learned your ABCs today?” my father asks her teasingly. “All the other kids are in school, you know. You can’t just play all day. Go tell your Tūtū that you need to start learning something or we’re going to fall behind.”

Like many Hawaiian families, our family jokes a lot, and there is often various levels of *kaona* or hidden meaning to the things we say, so it is hard to know for sure if my father was serious about what he said or, knowing that I was within earshot, was speaking in jest. My sense is that there was a little bit of each going on.

The fear of my daughter, and other Native Hawaiian children, falling behind in school readiness is not new to me or my family. Native Hawaiian children are often characterized as starting behind even before they begin their formal schooling in kindergarten. The dire statistics facing Native Hawaiian families and our young children are chanted almost ritualistically by Hawaiian and non-Hawaiian agencies alike: Native Hawaiian families suffer from economic deprivation, low educational attainment, poor health status, substandard housing, and social dislocation. Hawaiian children are twice as likely to be poor as are children of other ethnic groups in Hawai‘i. They are also much more likely to have a parent in prison because Native Hawaiians, as a group, suffer from one of the highest rates of incarceration in the nation.

A recent advertisement urging legislators to invest in formal child-care programs for Native Hawaiian children pictures an overstretched dollar bill at the top, along with a header that reads, “ALL CHILDREN SAFE, HEALTHY AND READY TO SUCCEED. NATIVE HAWAIIAN CHILDREN: HELP NOW! OR PAY LATER.” The ad explains that statistically, Native Hawaiians, who comprise approximately 35% of the children born in Hawai‘i each year, have risk factors that lead to high dependency on the state’s social support system (“All Children Safe,” 2001).

A related state legislative bill (House Bill No. 2156, 2004) argues that “highly structured and monitored,” formal, outside of the home, early education for Native Hawaiian and other low-income children would be a cost-effective, preventive measure that would generate a sizable return on the state’s investment through savings in welfare, crime, and remedial education costs. The bill suggests that many Native Hawaiian and other low-income families are unable to meet the hefty price tag for high-quality, formal early childhood programs and therefore rely on the “unstructured,” informal home care of kith and kin.

The bill goes on to explain that there are some subsidies available for assisting these families with child-care costs. However, these funds currently give families a good amount of leeway in their choice of child-care provider. Consequently, only 35% of the families receiving assistance opt for formal child-care settings. The remaining 65% of the families apply their funds toward the “unstructured, unregulated, informal” care of relatives and other extended family members. The bill recommends closer monitoring and regulation of these funds to get these children out of their “at-risk” homes and into “high-quality,” “formal” child-care programs for at least a good part of the working day, thereby increasing the chances that these children will enter school “ready to succeed.”

Historically, the beginnings of center-based early child education and care in many countries had to do with taking the babies of immigrant and poor, working-class families away from their parents during the day because their parents could not be trusted to raise them “correctly.” This was true of the settlement house tradition of early childhood education and care for Italian and Irish immigrants in the United States, which was well intended, but also implicitly insulting. It was also true of the crèche tradition in France, where, upon bringing their children to the crèche each day, poor and working-class parents had to remove their children’s clothing and hand their naked infants over the threshold of the nursery to the crèche nurses who would bathe them. The need to strip and bathe the infants at the point of entry to the crèche is a powerful metaphor and metonym for the function of center-based early childhood settings, where all trace and scent of the parents and their world must be removed from the children each day. (For a comparative analysis of the crèche model of group infant care in France and crèche-style institutions in North America, see Prochner, 2003.)

Remnants of this tradition remain with us today. Time and again we find that various early childhood and social service agencies in Hawai‘i view Native Hawaiian parents and families, and our influence on our young children, as a “problem”—a detriment to be compensated for rather than a source of strength and knowledge to be supported and built upon. Similarly, my conversations with various friends and colleagues have encouraged me to consider enrolling my daughter in a more formal child-care situation where she might be more “suitably stimulated” socially, cognitively, and emotionally.

However, in the case of many Hawaiian families, such as mine, our choice to leave our young children in the care of their *kūpuna* (grandparents) is not a purely economically motivated decision. In Hawaiian culture, the use of elder family members to care for young children is a very familiar practice. We truly believe in the benefits of this intergenerational exchange and its necessity for the perpetuation of our Hawaiian culture.

*Aia ke ola i nā kūpuna* (there is life-giving substance from the elders). There is much my daughter can learn at the seaside with her grandparents that she could never learn in any classroom. So for now, that is where she will remain.

In sharing our family decision to care for our daughter within the home (at least for the time being), I do not mean to dismiss important efforts by early childhood organizations to provide Hawaiian and other low-income families access to quality center-based care. While I have the good fortune to be able to choose from a variety of child-care options, I am reminded that not all Native Hawaiian families have grandparents available for child care. Not all Hawaiian homes are conducive as early learning environments. And for a range of other personal, professional, or financial reasons, not all Hawaiian families would or should make the same child-care decisions my family has made. Decisions concerning the care and education of one's children are personal and complex, and the accessibility of quality preschool centers offers families viable alternatives for child-care and learning opportunities outside of the home.

Thus, I am not arguing that center-based care is inferior to home-based care. Instead, I am suggesting that, because cultural preferences lead many Native Hawaiian families to prefer family-based care, early childhood organizations that truly wish to empower Hawaiian families and expand their child-care opportunities and choices might consider ways to support the family-care option and enhance and build upon the learning that occurs at home—in addition to providing families access to quality center-based care. (For related policy and program development suggestions, see Fong et al., 2004.)

## CONCLUSION

One point readers will undoubtedly take away from these *mo'olelo* (stories) is that there are dire statistics facing indigenous families and young children, from birth to toddlerhood and beyond. Having fallen victim to the statistics on preterm births myself, I will not attempt to refute them.

However, it is important to note that when one considers these statistics in isolation from their historical causes, as is often done by social service and child welfare agencies in Hawai'i, one can make the mistake of thinking that the dire circumstances facing indigenous children and families have always been with us. When recited with no historical context, these dismal statistics set up an image of indigenous families and communities as somehow responsible for their disadvantaged position rather than acknowledging the exploitative history of imperialism and colonialism that created our impoverished conditions in the first place (Burman, 1994; Viruru 2001).

This faulty and potentially dangerous line of reasoning fails to acknowledge how current problems read back on the past and leads to the construction of indigenous parents and families as “always already” failing: “always” in the sense of a dehistoricized notion of failing at parenting, and “already” in the sense that even before an indigenous child such as mine is born, its expectant mother is “already” constructed as failing, and her child, consequently, as at risk.<sup>3</sup>

In Hawai'i, as in other indigenous nations across the globe, colonial domination took our once healthy, thriving, and self-sufficient indigenous society and distorted it horribly. A quick glance at the journals and travelogues of Captain Cook and other early European colonists in Hawai'i reveals numerous accounts of a thriving indigenous community of strong, happy, and healthy Hawaiians, coexisting in self-sufficient harmony in a land of natural abundance.

Now, a little more than 200 years later, statistics tell us that many Hawaiian families are poor, unhealthy, unstable, and uneducated, and that our children are consequently at risk physically, cognitively, socially, and emotionally. What these statistics neglect to explain is that sandwiched between these contrasting social portraits is a history of invasion and colonialism: a familiar story of theft, genocide, and exploitation that may differ slightly depending on the society—from Native Americans to Aboriginal Australians—but that also shares certain common features.

With this article, I encourage early childhood and child welfare agencies to recognize the colonial roots of the dire statistics currently facing indigenous communities and to reconsider the enduring colonial tendency to place the blame for these problems on indigenous families and parents. Dominant discourses that construct indigenous children as needy, helpless victims, while simultaneously stigmatizing their parents and families as deficient caretakers, suggest that to save indigenous children, the parents' influence must be minimized—a 21st-century version of killing the Indian to save the man.

Such discourses fail to acknowledge the many positive ways in which these children and their families deal resourcefully with the difficult conditions their cultures have historically been subject to and in which they continue to live. Furthermore, to call indigenous people “at risk” or “needy” hides the many ways in which we are rich in traditional knowledge and relationships.

Rather than viewing indigenous families as a negative influence to be compensated for, I suggest we view them as a strength to build upon. Health, social, and educational services should provide indigenous families with resources we need to once again become self-confident, self-determined, and self-sustaining. They should aim to develop and strengthen the bond between indigenous parents and their children, and to enable indigenous parents to once again become leaders in their children's education. The ultimate goal of such programs should be to support the development of strong indigenous communities through strong families (Keiki O Ka 'Āina Family Learning Centers, n.d.).

*Aia ke ola i ka hale.* Health and education begins at home (Kawa'a, 2004).



## REFERENCES

- All children safe, healthy and ready to succeed.* (2001, February 19). Retrieved February 6, 2004, from [http://uhfamily.hawaii.edu/hawaii\\_kids\\_count/CFC/PDF/2001/2001%20ho'owaiwai%20NH%20children.pdf](http://uhfamily.hawaii.edu/hawaii_kids_count/CFC/PDF/2001/2001%20ho'owaiwai%20NH%20children.pdf).
- Bishop, R. (1996). *Collaborative research stories: Whakawhanaungatanga*. Palmerston North, New Zealand: Dunmore Press.
- Bishop, R., & Glynn, T. (2003). *Culture counts: Changing power relations in education*. New York: Zed Books.
- Burman, E. (1994). *Deconstructing developmental psychology*. New York: Routledge.
- Clapp, J. F. (1998). *Exercising through your pregnancy*. Champaign, IL: Human Kinetics.
- Derrida, J. (1981). *Dissemination*. Chicago: Chicago University Press.
- Eisenberg, A., Murkoff, H. E., & Hathaway, S. E. (1991). *What to expect when you're expecting* (2nd ed.). New York: Workman Publishing.
- Fong, G. F., DeBaryshe, B., Yuan, S. C. W., Yuen, S., Caulfield, R., Nemoto, M. A., Hisatake, T. (2004). Factors affecting choice of kith and kin care by families receiving child-care subsidies. *Hūlili: Multidisciplinary Research on Hawaiian Well-Being*, 1(1), 93–106.
- Graves, G. (1999). *Pregnancy fitness* (1st ed.). New York: Three Rivers Press.
- Hereniko, V. (2000). Indigenous knowledge and academic imperialism. In R. Borofsky (Ed.), *Remembrance of Pacific pasts: An invitation to remake history* (pp. 78–91). Honolulu: University of Hawai'i Press.
- House Bill No. 2156, 22nd Legislature, State of Hawai'i (2004).
- Kaomea, J. (2001). Dilemmas of an indigenous academic: A Native Hawaiian story. *Contemporary Issues in Early Childhood*, 2(1), 67–82.
- Kaomea, J. (2003). Reading erasures and making the familiar strange: Defamiliarizing methods for research in formerly colonized and historically oppressed communities. *Educational Researcher*, 32(2), 14–25.
- Kaomea, J. (2004a, October). "Always already" failing? *Deconstructing colonial discourses on indigenous families and early childcare*. Keynote address presented at the Native Hawaiian Early Childhood Education and Care Summit, Kea'au, HI.
- Kaomea, J. (2004b, July). *Native Hawaiian early childhood services*. Invited plenary address presented at the XXIV World Congress of Organization Mondiale pour l'Éducation Préscolaire (World Organization for Early Childhood Education), Melbourne, Australia.

- Kaomea, J. (2004c, August). *Reflections of an "unfit" Native Hawaiian mother: Deconstructing colonial discourses on childrearing and child development*. Paper presented at the Native Hawaiian Leadership Project Hawaiian Women's Conference, Honolulu, HI.
- Kaomea, J. (2005, March). *Reflections of a "failing" Native Hawaiian mother*. Keynote address presented at the Native Hawaiian Education Association Sixth Annual Convention, Pearl City, HI.
- Kawa'a, E. (2004, March). *Aia ke ola i ka hale: Health and education begins at home*. Keynote address presented at the Native Hawaiian Education Association Fifth Annual Convention, Kāne'ohe, HI.
- Keiki O Ka 'Āina Family Learning Centers. (n.d.). About Keiki O Ka 'Āina. In *Keiki O Ka 'Āina Family Learning Centers*. Retrieved June 11, 2005, from <http://www.keikiokaaina.org/mission.htm>.
- Lesiak, C., & Jones, M. (Producers). (1991). *In the White man's image* [Video recording]. Alexandria, VA: PBS Video.
- MacDonald, R. (1995). *Between two worlds: The Commonwealth government and the removal of aboriginal children of part descent in the Northern Territory*. Alice Springs, Northern Territory, Australia: IAD Press.
- Meyer, M. (2003). *Ho'oulu: Our time of becoming*. Honolulu, HI: 'Ai Pohaku Press.
- Noyce, P. (Director). (2001). *Rabbit-proof fence* [Video recording]. Burbank, CA: Miramax Home Entertainment & Buena Vista Home Entertainment.
- Pilkington, D. (1996). *Follow the rabbit-proof fence*. St. Lucia, Queensland, Australia: University of Queensland Press.
- Prochner, L. (2003). The American crèche: "Let's do what the French do, but do it our way." *Contemporary Issues in Early Childhood*, 4, 267–285.
- Prochner, L. (2004). Early childhood education programs for indigenous children in Canada, Australia and New Zealand. *Australian Journal of Early Childhood*, 29(4), 7–16.
- Simon, J. A., & Smith, L. T. (2001). *A civilising mission? Perceptions and representations of the New Zealand Native schools system*. Auckland, New Zealand: Auckland University Press.
- Smith, L. T. (1999). *Decolonizing methodologies: Research and indigenous peoples*. New York: Zed Books.
- Somer, E. (1995). *Nutrition for a healthy pregnancy: The complete guide to eating before, during, and after your pregnancy* (1st ed.). New York: Holt.
- Thaman, K. H. (2003). Decolonizing Pacific studies: Indigenous perspectives, knowledge, and wisdom in higher education. *The Contemporary Pacific*, 15(1), 1–17.

Townsend-Cross, M. (2004). Indigenous Australian perspectives in early childhood education. *Australian Journal of Early Childhood*, 29(4), 1–6.

Viruru, R. (2001). *Early childhood education: Postcolonial perspectives from India*. Thousand Oaks, CA: Sage.

---

#### ABOUT THE AUTHOR

Julie Kaomea, PhD, is assistant professor in the College of Education at the University of Hawai‘i–Mānoa and the mother of a young child.

#### NOTES

- 1 Throughout this article I use the terms *Native Hawaiian*, *indigenous Hawaiian*, and *Hawaiian* to refer to the indigenous people of Hawai‘i: the descendants of the aboriginal people who inhabited and exercised sovereignty in the Hawaiian Islands for more than 1,500 years prior to the 1778 arrival of Hawai‘i’s first European explorers.
- 2 The names and place names used in this article are pseudonyms, except for that of my daughter, Mahinapoepoehua, who is also referred to as Mahina.
- 3 Drawing on the deconstructive work of Jacques Derrida (1981), I use the qualifiers “always already” to highlight how contemporary perspectives and relations are inevitably contaminated, infected, and penetrated by deeply seated, and often unexamined, dominant cultural biases that have been passed down through successive generations.

