

## Navigation: process of building relationships with kaumātua (Māori leaders)

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### Abstract

In the article the authors depict relations in sociocultural navigation by Māori researchers conducting research embedded in mutual trust; rather than instrumental navigation in linear time. A longitudinal study of Māori and non Māori men and women ageing successfully was planned; this feasibility stage tested whether engaging with kōroua/older Māori men and kuia/older Māori women was possible. We document the process undertaken with Ngā Pae o te Maramatanga New Zealand's Indigenous Centre of Research Excellence (hosted by the University of Auckland) to involve Māori people in the research, engaging with kōroua and kuia aged 75 to 79 years old, developing focus groups to discuss questions specific to te reo Māori me ngā tikanga/Māori language and culture, and building research capacity in Māori tribal and primary health organisations in the Bay of Plenty. In addition, engaging with Te Taura Whiri i te Reo Māori/ Maori Language Commission to translate the questions; recruiting the RōpūKaitiaki o Ngā Tikanga Māori/Protectors of Principles of Conduct in Māori Research, and naming the study will be discussed. The involvement of the kaumātua/older Māori people has been fundamental in laying the foundation of the Life and Living in Advanced Age: A Cohort Study in New Zealand (LiLACS NZ), Te Puāwaitanga o Ngā Tapuwae Kia Ora Tonu to study a group of Māori aged 80 to 90 years old.

*He kitenga kanohi, he hokinga whakaaro  
To see a face is to stir the memory*

According to Durie,<sup>1</sup> kaumātua/older Māori women and men are respected members of tribal groups and who conduct Māori cultural rituals and traditions in Māori society. Kaumātua are engaged in developing and supporting healthy whānau/extended family, hapū/extended families, and iwi/tribe. Their contribution to their tribe includes, as well, involvement in the Tiriti o Waitangi claims and the settlement process, advising government representatives about protecting Māori beliefs and traditions, and protecting interests of Māori people here and in the future.

The position kaumātua occupy within whānau and the demographic profile of the total Māori population is important. Kaumātua have a fundamental role in the development and transfer of cultural wisdom across and between different generations. Their wisdom and conduct influence the perspectives of different ethnic and other population groups living in Aotearoa, New Zealand. Their wisdom is learnt from previous generations and their experiences of life are valued and utilised by different organisations and individuals, especially in assisting with difficult issues such as research on Māori people.

Recognition of the role of the kaumātua in positive ageing is evident in Government policy.<sup>2</sup> Nevertheless, services that will improve older Māori people's successful ageing are likely to benefit them.<sup>3-5</sup>

Disparities in health between Māori and non Māori need to be addressed. Health and social services have the potential to improve the detection, treatment, and management of individuals with one or more chronic health conditions such as diabetes, heart disease, respiratory problems, disability and mental health issues.<sup>6</sup>

Māori like other indigenous populations worldwide suffer from chronic health conditions which reduce their quality of life and cause premature death.<sup>7,8</sup> Prevalence of non communicable diseases also increases Māori people's risk of communicable diseases such as rheumatic fever. Increasingly, though, ill health is recognized as being related to social and economic determinants of health and life course effects.<sup>8</sup>

Early child life experiences are now increasingly being recognized as having a profound effect on the incidence of the number of diseases and mental health issues a person and whānau experiences later in life.<sup>8</sup> Alongside this recognition, health research in New Zealand is now identifying different ways racial discrimination is perpetuated in the health sector creating and supporting the continuation of health inequalities.<sup>6</sup>

There is now growing awareness of the ongoing harm of institutionalized racism; that is, the group of people in institutions who have most power and influence have the greatest ability to shape and direct health policies, influence health priorities, to determine what services should be available, and where they should be delivered to meet the needs of different population groups.<sup>6</sup>

## **Demographic profile**

In 2006 just over 3% of the Māori population was aged 65 years of age or more. In the medium term it is anticipated that the Māori population will grow and the people will age. An older non-Māori population aged over 65 years currently accounts for 13% of New Zealand's total population and is growing. Currently, this population is the same size as the total Māori population. For people who fear growing older, kaumātua are often mentors and positive role models of living well and growing older with dignity and respect. Kaumātua are likely to have experienced suffering in their life, such as the death of loved ones, poor health, and trauma among their whānau.

## **Aim of the study**

A feasibility study was planned to lead onto a longitudinal study of advanced ageing to document current status and identify predictors of success and modulators of the ageing process. Longitudinal studies of advanced ageing have not been conducted on indigenous Māori; nevertheless, while academic endeavour is laudable, local communities may not consider research beneficial or the status of ageing as relevant. This feasibility study builds upon previous and current research which has focused on Māori, especially those aged 65 years.<sup>9-11</sup>

This paper documents the research approach taken involving different groups of Māori people and organisation in the design and implementation of the feasibility project, designed to pave the way for the large longitudinal study on advanced ageing

by Māori and non Māori. The feasibility study was undertaken in the Eastern Bay of Plenty region from 2007 to 2009.

## **The research process**

To set up a longitudinal cohort study of people in advanced age, research funding and Māori involvement are required. The feasibility study was funded by the Health Research Council of New Zealand. The location of the study was the areas of Rotorua, Whakatāne, and Ōpotiki. The three areas are closely situated to each other and all the locations have their own tribal groups whom can claim mana whenua status/authority over the land. In addition, each area has its own distinct history and te reo Māori me ngā tikanga/Māori language and culture. Finally, an advisory group of kaumātua was required by the researchers to guide and lead the research process with the Māori organisations.

In November and December 2006, two meetings were arranged in Rotorua to seek the engagement of mana whenua through Te Mana Hauora o Te Arawa, a Māori health group which operated in association with the Rotorua General Practice Group (RAPHs). At both meetings the researchers were informed by the Māori people that attended that mana whenua would not engage in a feasibility study until such time as the researchers included kōroua and kuia. Further, they requested that the research proposal for ethical approval to be reviewed by research staff from Ngā Pae o te Maramatanga New Zealand's Indigenous Centre of Research Excellence (hosted by the University of Auckland), in particular, by the Post-Doctoral Fellow who had undertaken similar research with older Māori in the Northland and the Gisborne regions.

The request for the ethical proposal to be reviewed by Ngā Pae o te Maramatanga New Zealand's Indigenous Centre of Research Excellence was sound advice as it enabled a formal relationship to be established with another research partner. The Fellow was invited to contribute to the study due to her research with Māori people aged 65 years old and more.<sup>11</sup> Led from a base in Ngā Pae o te Maramatanga New Zealand's Indigenous Centre of Research Excellence the researcher formed an advisory group of older Māori people who were invited to provide advice and to protect te reo Māori me ngā tikanga.

The group, called the RōpūKaitiaki o Ngā Tikanga Māori/Protectors of Principles of Conduct in Māori Research is composed of kaumātua from several tribes across Aotearoa. A key Māori staff member of the Faculty of Medical who had been involved in leading the Māori and Pacific Admission Scheme in 1980–90s also joined the RōpūKaitiaki to support the research. The research team were pleased to draw on her wide whānau in Waikato Tainui and whanaunga/kin relations in Whakatōhea.

Collectively and individually members of the RōpūKaitiaki have wide iwi and community links. (The RōpūKaitiaki is chaired by Mr Hone Kameta and he is supported by his wife Ms Florence Kameta, Mrs Leianna Reynolds, Mrs Paea Smith, and Mrs Betty McPherson.)

Together, they were able to advise that instead of trying to establish a relationship with a Māori health advocacy group which considered that it did not have the mandate to endorse the research that perhaps it was more appropriate to invite Te Korowai

Aroha Trust, a respected local Māori primary health care provider in Rotorua to become a research partner. The Māori organisation is well known in the Rotorua area for its work. Also, the organisation's work and relations with older Māori in the community was credible.

Contact was made with the organisation and the research team was invited to a meeting to present the study to the leaders of Te Arawa Iwi and older Māori. The meeting was exciting since there was considerable enthusiasm for the study from both men and women. A similar meeting with kaumātua and leaders of Ngāti Awa was held in Whakatāne at the Māori Health Services.

In the meeting, kaumātua related their experiences of ageing and emphasised the relevance of the study. In Ōpotiki, the Hui/gathering of Māori people organised by the Whakatōhea Iwi Social and Health Services involved Whakatōhea leaders and Ōpotiki Māori Women's Welfare League. Throughout the Hui and further meetings the tribal leaders questioned the researchers about the value of the research.

At the meeting and subsequent meetings, a request was made that the study should include Māori people aged 65 years and over and should not be restricted to a tightly defined aged group of 75 to 79 years of age. In response, the researchers advised that the rationale of the study was to study the life course of a defined group of people who had shared similar life experiences which would have impacted on their wellbeing and to identify whether it was possible to invite a defined age group to participate in the study.

### **Formulation of Māori content**

When funding was approved by the Health Research Council in June 2006, the interested research investigators met to identify the research questions to provide information on the social, economic, cultural, and health of the older people. From the outset of the feasibility study, the researchers had recognised that there were specific questions to be asked that focussed on the social context and meaning of wellbeing for Māori of the age group in the study.

To develop the questions, consultation and ongoing engagement with Māori to refine the survey questions took place; a series of focus groups were organised with older Māori to answer the following question that is: What is important for the health and wellbeing of older Maori and how have you achieved a long life?

The focus groups were held with kaumātua and where possible in tandem with the RōpuKaitiaki at Te Puia Marae, Mangere Bridge; Te Korowai Aroha, Rotorua; Māori Health Service, Whakatāne Hospital; and Whakatōhea Iwi Social and Health Service, Ōpotiki. Overall, approximately 50 Māori men and women participated in the focus groups. The questions formed the basis for a discussion guided by a Māori facilitator and an independent researcher. Notes were taken and reflected upon by the group, themes were summarised from the notes, and the information taken back to the focus groups on a second visit for validation.

The themes of importance were:

- Work and community involvement;

- Maintaining relations with whānau which had shaped their lives and continued to do so;
- Mokopuna/grandchild who provided an opportunity for ongoing learning and transfer of Māori values, beliefs and aspirations;
- Sport and sex for Māori men related to their identity;
- Maintaining relations with their hapū and iwi, and associations with the whenua and ancestors;
- Life experience which had shaped life and attitudes to food, physical exercise, whānau, and community responsibilities;
- Life experience and mana wahine Māori;
- Wairua/spirits that sustain wellbeing;
- Plans for their ongoing spiritual life; and
- Recognising the effects of different government policies which have resulted in discrimination and erosion of Māori wellbeing which has affected the quality of life.

For people who fear growing old, kaumātua are often mentors and positive role models of living well and growing older with dignity and respect. Kaumātua are likely to have experienced suffering in their life, such as the death of loved ones, poor health, and trauma among the whānau.

### **Making questions and the questionnaire**

A series of questions were produced and discussed, from the themes and ongoing engagement with the kaumātua, the RōpuKaitiaki, and the research partners, until there was general consensus that the sense and language was acceptable. On a third visit, the questions, in the form of a draft questionnaire, were taken back to the focus groups to discuss. As the questionnaire was quantitative, the focus groups discussed in detail how quality information could be obtained from Māori interviewees. They gave directions that the questions should be simple, be easy to understand, and should provide a scale so that the participants could state from their point of view as to how important issues were for them.

The importance of being sensitive and caring to the participants in the feasibility study was at the forefront of the people's minds who had contributed to the study and the research design. The questionnaire, including the quantitative measures, was reviewed by the RōpūKaitiaki and the people in three community sites. All of them acknowledged that the focus of the longitudinal study was quantitative and that a separate qualitative study would assist in a greater depth of understanding to be gathered and recorded.

### **Te reo Māori me Ngā Tikanga Māori**

The researchers engaged a registered Māori translator who had tribal links to one of the researched areas and he was recommended by the Māori Language Commission to translate the questions, the participant information form, and the consent form. The

translation was sent to the community partners and the kaumātua for peer review. They considered it was important to respect the people who would be interviewed and to consider te reo Māori/Māori language that would be most familiar to them. With the resurgence of te reo Māori me ngā tikanga there are now many new Māori words used in everyday conversations which are not familiar to kaumātua of the age group in the study.

Tribal and regional differences in language were identified as important. Several changes were made to recognise the specific language of the older generation and iterations continued until a consensus was reached. It was considered that the questionnaire had to use Māori language that was familiar to the participants in each of the areas; for example, in the Rotorua area, the more appropriate term for kaumātua and kuia is “koroheke”; in Whakatōhea, “pakeke” is used to refer to the older people; therefore, a compromise was reached to enable different words to be used when required.

To enable some local expressions to be used, it was decided that the information form, outlining the purpose of the research, could include a whaikōrero/speech of welcome; therefore, in Rotorua the whaikōrero was an important section in the participant information form. In making the decision to include local expressions, the way was opened for the participants, from each of the tribal areas, to contribute to the study and to provide their unique contribution.

The meetings were challenging as they required recognising that each tribe has their own mana, history, and aspirations for the feasibility study. Following the discussions with the kaumātua, the research team decided to allow the interviewers and interviewees to use English language and Te reo Maori simultaneously, or to be interviewed in one language only. In making the decision the researchers decided that the questionnaire should be bilingual; te reo Māori and English language in each question. The questionnaire would be set out in a way that allowed for flexibility and ease of asking and responding to the questions by the interviewer and interviewee in their language of choice.

### **Building research capacity**

As researchers in the university, we need to remember that although a scientific method has been approved by a research organisation and an ethical review committee, often what we propose to do does not go exactly to plan. In implementing a research proposal we should avoid being prescriptive; instead allowing space and opportunities for the community partners, such as the local Māori health providers, specific hapū groups and Māori Women’s Welfare League to participate and contribute too.

One of the significant lessons to emerge in developing this feasibility study is that any proposed research project is only as good as the relationships that are forged and maintained with the participants and the community partners. The costs of establishing and maintaining the relationships are often not adequately assessed in the budget of a research proposal.

In establishing a supportive relationship [between the university and Māori] for the study, there were many different costs involved such as travel, accommodation, a

kohā/a gift of respect to acknowledge the involvement of the kaumātua participants, and the cost of hosting meetings involving sharing food and conversation.

Research collaborators, such as an interviewers, require a budget to cover costs of food to share with a participant, a kohā to share when a member of a participant's whānau is unwell or dies during or after the research, and funding to acknowledge a participant's contribution to the research. The information collected through the study is personal and close relationships which develop between an interviewer and interviewee ought to be acknowledged in a respectful and polite manner.

Courtesy and respect are extremely important principles in research, in small communities, as ongoing relationships need to continue. The above costs however, are often regarded as luxuries by research assessors. From our perspective, as researchers, we consider the expenditure is a fundamental relationship in research and should be accorded the same standing as the calibre as in assessing the merits of the research team. Without the funding being available to a research team, the investigators' capacity to build research relationships and to sustain them over time is seriously constrained.

For a feasibility study leading to a possible cohort study, relationships with Māori leaders, older Māori people, and Māori organisations that are embedded in mutual trust are fundamental and will be considered in future study. As the researchers, we are keen to maintain the relationships with the participants, to remain involved with the Māori organisations, and to navigate trustworthy relationships with new partners to become involved in a long term cohort study. Research funders ought to consider the importance of navigating research relationships that are supportive, trustworthy, and long living with Māori.

### **Development of research workforce capacity**

The result of the extensive consultation indicated that local organisations involving trusted and known people should undertake the research processes in the researched sites. Therefore, a contract was established between the University of Auckland and Te Korowai Aroha Trust, Whakatāne Health Services, and Whakatōhea Social and Health Services to undertake the research in their area. As part of the contract, the contractors were able to employ people that they considered would be appropriate interviewers.

Several meetings were held with the interviewers to train them in interviewing skills, to gain their support, to build their confidence to ask the questions in the questionnaire and to undertake some mental and mobility assessments. The interviewers chosen by the contractors were men and women of various ages; they were selected due to their ability to engage with kaumātua to complete the interview and their knowledge of te reo Māori me ngā tikanga. Significantly, the interviewers are the 'face' of the research.

All tribal groups were interested in finding out how many participants from their area would be invited into the study and what information would be available to contribute to their tribal knowledge. Hearing and owning intellectual capital or indigenous knowledge was identified as important by the kaumātua. The researchers recognised that during the course of the interview the kaumātua would share their personal

stories, knowledge, and wisdom gained through life with the interviewers. It was considered that as the information would be shared voluntarily with the interviewers it was desirable to appoint people who would respect the information given in confidence.

The selection of the interviewers, as discussed above, and the qualities required for upholding the mana and wairua of the kaumātua was recognised as extremely important. With the approval of the Ministry of Health's Ethics Committee, the researchers agreed that the information collected through the questionnaire and the research process would be held by the research team; additional information shared by the kaumātua with the interviewer was privileged. The interviewers were asked to record their comments about the interview and any important comments shared by the kaumātua with them on the questionnaire.

### **Naming of the longitudinal study**

In gaining support for the feasibility study, the kaumātua refocused the research to emphasise their wellness and the vitality, their role and responsibility in their whānau, hapū, and iwi. A challenge was issued by the research team for the kaumātua to name the study through their eyes; the name was "*Te Puāwaitanga o Ngā Tapuwae Kia Ora Tonu*".

When the kaumātua, the RōpūKaitiaki, and the Māori organisations contributed to the study, the research grew far bigger than the researchers expected. Navigating the relationship between the university and the kaumātua, the RōpūKaitiaki, and the Māori organisations encouraged diverse iwi to engage in the feasibility study and, later, to participate on the longitudinal research.

We have learned, as researchers, that when we are responsive and open with the kaumātua and the Māori organisations all of us contribute to deepening a collaboration of trust, to share an understanding of the purpose and benefit of the study, and to acknowledge people's experiences and wisdom. We have learned that their advice and wisdom is a taonga/treasure to be respected and upheld. We have learned that the kaumātua, the RōpūKaitiaki, and the Māori organisations are well able to 'name'<sup>13</sup> the world and that social and cultural power is shared.

Together, the Māori and non Māori researchers have developed from the feasibility study the *Life and Living in Advanced Age: A Cohort Study in New Zealand LiLACSNZ, Te Puāwaitanga o Ngā Tapuwae Kia Ora Tonu*.

### **Conclusion**

In the paper, the authors depict the navigation of the research relationship to study Māori people living in advanced age. The researchers have learned from the wisdom shared with us by the kaumātua, the RōpūKaitiaki, and the Māori organisations in the Manukau, Rotorua, Whakatāne, and Opotiki areas to trust each other. In cooperation, we developed the bilingual questionnaire to a level of acceptability across several different tribes and determined how the research would be conducted best with Māori by Māori; Kaupapa Māori.



*Nau te Paaro*  
*Naku te Paaro ka ora ai te iwi*  
*Through united effort our people will prosper*

**Competing interests:** Nil.

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