

The Social Context of Alcohol Use Among Māori in Aotearoa/New Zealand: Reflections of Life Experiences of Alcohol Use by Older Māori

Abstract

To broaden public health approaches to alcohol use, this study provides an initial exploration of the social context of alcohol use among Māori in Aotearoa/New Zealand, from the perspectives of older Māori. Utilising a Māori-centred research approach, face-to-face interviews were conducted with 13 older Māori people to explore their personal experiences of alcohol use across their lifetime. Thematic analysis was used to identify common themes that contextualised stories of alcohol use within a Māori cultural framework. Four themes were identified: alcohol use within (1) a sporting culture, (2) a working culture, (3) the context of family, and (4) Māori culture. These themes highlight the influence of social factors such as the desire to socialise and seek companionship; the physical location of alcohol use; the importance of social networks, particularly *whānau* (family); and the role of cultural identity among Māori. In regard to cultural identity, the role of the *marae* (traditional meeting place/s of Māori), *tikanga* (the right way of doing things), and the relationship of *kaumātua* (respected elder) status to personal and whānau alcohol use are highlighted as important focuses for further research among Māori in Aotearoa/New Zealand.

Keywords

Older Māori, alcohol, social context, thematic analysis, Māori-centred research, Indigenous, cultural identity, social networks

Glossary

Aotearoa: the Māori name for New Zealand

Hui: to meet, meeting

Kaumātua: respected elder

Kaupapa: theme, subject, programme

Koha: gift, present, offering

Mana: prestige, authority, power

Manaaki: principle of care

Mana Māori: Māori control, autonomy, and self-determination

Māori: Indigenous person or people in Aotearoa/New Zealand

Marae: traditional meeting place/s of Māori

Matua: respectful term for an adult and can be used to address a man or women

Tangihanga: funeral/s

Tikanga: values, beliefs, customs, and practices; the right way of doing things

Whaea: respectful term for an older woman

Whakapapa: genealogy

Whakapiki tangata: enhancement, empowerment, and enablement of a person or people

Whakatuia: integration and interconnectedness

Whakawhanaungatanga hui: a meeting to establish relationships

Whānau: family

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Introduction

Alcohol use is social in nature, influenced by values, attitudes, and norms of cultural/social, gender, religious, ethnic, health, and political groupings (Cagney, 2006; Heath, 2007; Rehm et al., 1996). Research shows that alcohol use reinforces group cohesion, helps integrate family and friends, promotes social solidarity, and works as a social lubricant (Beccaria & Sande, 2003; Heath, 1995; Rehm et al., 1996; Social Issues Research Centre [SIRC], 1998; Tolvanen, 1998). Heath (2007) and others (Cagney, 2006; SIRC, 1998) highlight alcohol's

celebratory, social, relaxation, medicinal, and therapeutic functions. Alcohol use is also influenced by a range of social factors (Cagney, 2006; Sargent, 1983). Despite these understandings, alcohol use is often described from a public health perspective that focuses on harms, hazardous drinking, and epidemiological impacts (Cagney, 2006; Jayne, Valentine, & Holloway, 2010; SIRC, 1998). Its use among Indigenous people in particular is primarily framed within a public health perspective, which does not allow space for the exploration of the everyday social context of alcohol use.

The social context of alcohol use among Indigenous people around the world is often framed as negative, a social and health problem that needs to be addressed (Bjerregaard, Young, Dewailly, & Ebbesson, 2004; Hunter, 1993; Lemert, 1979; Lurie, 1979; Saggers & Gray, 1998; Seale, Shellenberger, Rodriguez, Seale, & Alvarado, 2002). Explanations for harmful alcohol use often draw on the effects of colonization (Frank, Moore, & Ames, 2000; Hudson, 2011; Marie, Fergusson, & Boden, 2012; Saggers & Gray, 1998), the influence of European settlers and frontier colonialists, and discriminatory legislation (Albrecht, 1974; Brady, 2000; Frank et al., 2000; Hudson, 2011; Hunter, 1993; Saggers & Gray, 1998). Another concern is that socially acceptable alcohol-related norms and behaviours are determined by dominant and non-Indigenous cultures that do not necessarily align with Indigenous understandings of alcohol use (Sargent, 1983). The limitations in current literature regarding Indigenous alcohol use raise questions around why Indigenous people's alcohol use is framed only as problematic and by whom?

In Aotearoa/New Zealand, evidence from public health literature suggests that the Indigenous Māori people have distinct patterns of alcohol use that are associated with disproportionate alcohol-related harm (Bramley et al., 2003; Ministry of Health, 2009; Moewaka Barnes, McPherson, & Bhatta, 2003). There is very little research exploring the social context of Māori people's alcohol use (Awatere, Casswell, Cullen, Gilmore, & Kupenga, 1984; Mataira, 1987; Saggers & Gray, 1998) and only one publication focussing on older Māori (Herbert & Stephens, 2015). International research suggests that older people view their alcohol use as a part of their everyday social life, in a convivial manner and as a source of enjoyment, relaxation, and leisure (Dare, Wilkinson, Allsop, Waters, & McHale, 2014; Immonen, Valvanne, & Pitkälä, 2011; Kim, 2009; Tolvanen, 1998). While research in Aotearoa/New Zealand indicates that significant proportions of the older population do engage in hazardous alcohol use (Khan, Davis, Wilkinson, Sellman, & Graham, 2002), there is evidence that sociodemographic variables are related to these patterns of alcohol use (Herbert & Stephens, 2015; Khan, Wilkinson, & Keeling, 2006; Stevenson, Stephens, Dulin, Kostick, & Alpass, 2015; Towers et al., 2011).

Social Factors Influencing Māori People's Alcohol Use

The desire to socialise and seek companionship influences and reinforces alcohol use among Māori (Awatere et al., 1984; Clarke & Ebbett, 2010; National Council of Māori Nurses, 1988; Te Puni Kokiri [TPK] & Kaunihera Whakatupato Waipiro o Aotearoa, 1995). Māori report larger and more integrated social networks (Kumar & Oakley Browne, 2008) which may provide

more opportunities for social engagement and alcohol use (Clarke & Ebbett, 2010). However, very little research has explored these aspects of Māori culture in relation to the socialising factors of alcohol use. Herbert and Stephens (2015) found a significant and positive relationship between types of social networks and hazardous alcohol use among older Māori. Those who belonged to more private, self-contained networks were more likely to engage in hazardous drinking, whereas individuals with close relationships to friends, local family, and neighbours were not likely to report hazardous alcohol use. These findings suggest the importance of engagement in social life to the ways in which people engage in drinking.

Within Māori society, *whānau* (family) is the most fundamental social structure (Cunningham, Stevenson, & Tassell, 2005; Durie, 2004) and can contribute to positive health outcomes (Dyall et al., 2014; Kumar & Oakley Browne, 2008). Whānau may be *whakapapa* (genealogy) based or *kaupapa* (theme) based (Cunningham et al., 2005). Kaupapa-based whānau may comprise people from the same geographical location or a group of Māori sharing a common purpose (Cunningham et al., 2005). The primacy of whānau structure, close social ties, and collective support may be available for older Māori regardless of living arrangements (Durie, 1997a; Dyall et al., 2014) and should be included in research about alcohol use.

The location of alcohol use may also be important. Amongst Māori, *marae* (traditional meeting place/s of Māori) are popular locations for alcohol consumption (Awatere et al., 1984; Mataira, 1987; TPK & Kaunihera Whakatupato Waipiro o Aotearoa, 1995), and research could explore other important social locations of alcohol use among Māori people.

Numerous authors highlight the importance of a secure Māori identity as being central to the health and wellbeing of Māori people (Durie, 1997a, 2004; Robson & Harris, 2007). A secure Māori cultural identity encompasses the ability to access both cultural and physical resources such as Māori language, marae, and whānau (Durie, 1997a). Research findings are contradictory and suggest that the relationship between cultural identity and alcohol use is complex for Māori and other Indigenous peoples (Beauvais, 1998; Byron, 1996; Clarke & Ebbett, 2010; James, Kim, & Armijo, 2000; Oetting, Donnermeyer, Trimble, & Beauvais, 1998; Spicer, Novins, Mitchell, & Beals, 2003). Herbert and Stephens (2015) found that older Māori who reported a stronger Māori cultural identity were significantly more likely to engage in heavier drinking, and Clarke & Ebbett (2010) found that Māori cultural identification influenced frequency of drinking in a sample of Māori people in Aotearoa/New Zealand. Other literature has found no relationship between cultural identity and alcohol abuse (e.g., Marie et al., 2012). Herbert and Stephens (2015) argued that consideration of the relationship between cultural identity and alcohol use needs to be explored from a Māori cultural perspective and broader social context of alcohol use to understand how cultural identity may operate to influence alcohol use among older Māori people.

Research to date indicates that the desire to socialise and seek companionship, along with social networks, location of drinking, and cultural identity, may influence alcohol use among Māori. However, questions remain about how these social factors actually work to influence alcohol use. In this paper, we provide an initial exploration of the social context of alcohol use

among Māori in Aotearoa/New Zealand. Older Māori shared reflective accounts of alcohol use over the course of their life journey, shedding light on interactions of culture and alcohol use.

Methods

A Māori-centred research approach, which seeks to understand phenomena from within a Māori worldview and in a way that empowers the research participants and Māori communities, was employed in this study (Cunningham, 2000; Durie, 1997b; Forster, 2003; Ruwhiu, 1999). Participants shared their experiences of alcohol use, which were embedded in a Māori cultural context, and data were analysed using a Māori cultural framework, revealing how Māori concepts and lifestyles shaped their experiences of alcohol use.

Māori-centred research advocates for good research practice using appropriate social science methods and is founded on three key principles: *whakapiki tangata*, *whakatuia*, and *mana Māori* (Durie, 1997b). Briefly, *whakapiki tangata* encompasses the ideas of enhancement, empowerment, and enablement. This principle reinforces the notion that research should contribute to positive development for Māori (Durie, 1997b), rather than reinforcing negative stereotypes or vilifying Māori for their alcohol use. This has implications for the setting of the research questions, objectives, and processes. In relation to this study, an exploration of the social context of alcohol use by Māori allows for a deeper understanding of the public health issues and potential solutions for addressing at-risk behaviour. The results have direct implications for Māori development and potentially contribute to improved health of older Māori people. In regards to research practice, *whakapiki tangata* requires researchers to adopt *tikanga* (proper values and practices), if appropriate, when engaging with participants. This includes creating an environment where participants can speak openly and share their stories without being judged. Finally, in the analysis of participant stories it is important to ensure that participant voice is privileged. This can involve using practices such as participants reviewing the transcripts or taking a collaborative approach to analysis.

Whakatuia is about integration and promoting interconnectedness between spiritual, social, physical, and environmental domains that are important to Māori (Durie, 1997b). As Durie (2004) states, “there is no single domain—cultural, physical or social—that can lay claim to a monopoly on the life experiences of Māori” (p. 6). In the context of this study, *whakatuia* had implications for the types of data we were interested in capturing, including the spiritual, social, physical, and environmental dimensions of alcohol use. Questions and analytical frames needed to be developed to achieve this. It also meant valuing all forms of knowledge. For example, it was not always obvious during an interview how a story being shared was related to alcohol use. We included all reflections and narratives rather than shutting down conversations.

Mana Māori emphasizes the idea of Māori control, autonomy, and self-determination of Māori people. *Mana Māori* requires ethical research practice as covered by *tikanga* and a universal code of ethics. This means thinking through how Māori have control over the research process and protecting the knowledge that is generated (Durie, 1997b). *Mana Māori* has

implications for research practice particularly in regard to how participants are recruited, interviewed, and involved in the creation of their stories. From the researchers' perspective it meant ensuring that research practice did not belittle the participants or their gifts in any way, and respecting their wishes.

Within this framework, face-to-face interviews were used to provide a space for older Māori to share their experiences of alcohol use, allowing for the exploration of such realities from within a Māori worldview (Lee, 2009; Wirihana, 2012). Participants' words are the focus of meaning within the research context (Mischler, 1995), which is congruent with the principles of Māori-centered research.

Participants

People who identified as Māori, who were aged 60 years or over, and who had consented to being invited for interviews, were identified in the Health, Work and Retirement longitudinal study database (see www.massey.ac.nz/hart/). These people were recruited in a manner consistent with tikanga. For example, *whakawhanaungatanga hui* (meetings to establish relationships) were held to inform potential participants about the project and the implications of involvement. Thirteen older Māori (seven men and six women) agreed to participate after attending these *hui* (meeting/s). Participants were invited to have a support person/s or whānau member/s present with them at all *hui* and were given the option of using a pseudonym to protect their identity.

Procedure

The Massey University Human Ethics Committee Ethical granted approval for all procedures prior to the recruitment phase. Potential participants were sent an information sheet and invitation to meet with the first author at a *whakawhanaungatanga hui* to discuss the research. Such gatherings establish relationships (Bishop, 1996); provide opportunity for face-to-face contact, important within Māori culture (Pere & Barnes, 2009); and highlight the importance of identity and connectedness among Māori people. These *hui* align with the principles of *whakapiki tangata* and *mana* Māori because they enable informed choice, in a supportive environment, about whether participants wish to be involved in the research.

The *hui* were held at a place of each participant's choosing and were either in the participants' homes ($n = 11$), in an office at Massey University ($n = 1$), or at the employment place of the participant ($n = 1$). All 13 people who engaged in these *hui* chose to contribute to the project. To adhere to appropriate tikanga (Hudson, Milne, Reynolds, Russell, & Smith, 2007; Pere & Barnes, 2009) and ensure respectful research processes that enhanced *mana* (prestige, authority, power) for Māori, food and drink were shared at each *hui* and *koha* (gifts) were given to all participants (Hudson et al., 2007). At the start of the interview *hui*, the interview and consent process was explained with opportunities for questions, and participants signed a consent form. A voice recorder was then turned on and the interview began.

Interviews

Semi-structured individual interviews of 25–120 minutes duration were conducted in June to October 2014, in venues chosen by the participants. Participants were informed about the research questions and then led the discussion and remained in control of what they shared to privilege their voice and story. Most began by talking about how their parents or family had used alcohol when they were young, and stories emerged about alcohol use across their lives and how this had changed over time.

Analysis

The audio-recorded interviews were transcribed for analysis. Eight participants requested to have their transcripts returned to them for review, prior to analysis. Two of these participants made major changes to their transcript, removing and editing information they felt uncomfortable with, but all agreed to share the final versions of their transcripts. Thematic analysis, as outlined by Braun, Clarke, and Terry (2006), was used to illustrate collective meanings and experiences (Bold, 2012; Braun & Clarke, 2006; Riessman, 2005). Thematic analysis suits a Māori-centered research approach because it “does not ignore the diversity of research methods ... but it deliberately places Māori people and Māori experiences at the center of the research activity” (Durie, 1997b, p. 9). Using the qualitative analysis program ATLAS.ti (Version 6.2), data were coded based on recurring, repeated, and compelling ideas across the transcripts. Codes were also identified based on the level of importance or centrality to a particular story. The broader themes these codes sat within were then identified by considering repetition of ideas across codes or ways in which the codes were related.

This approach to data analysis revealed that alcohol use occurred in four key contexts (themes): sport, work, family, and culture. A decision was made to focus on these contexts to gain a deeper understanding of Māori people’s lived and social experiences of alcohol use. We specifically looked for the commonalities and differences across these contexts and how they influenced and shaped, or were affected by, alcohol use according to participants’ accounts.

Results

Participants’ stories of alcohol use were constructed within and around four core social contexts of their alcohol use—sport, work, family, and culture. Each context was equally important and forms a theme that will be described and illustrated with excerpts from the participants’ stories.

Alcohol Use Within a Sporting Culture

Participants described many of their alcohol experiences within the context of a sporting culture. The following excerpts provide examples of the “norm” of alcohol use within sports

teams, after playing a game of sport, or as part of sporting events. Matua¹ A reflected on his early experiences of alcohol in relation to playing rugby:

I suppose I had a drink when, on the weekend in the rugby season, when we were playing rugby, which was probably typical of a lot of people.

From several participants' perspectives, alcohol was associated with playing sport, as described by Whaea² Y:

I played a lot of sport in my life; we were a sporting family, and alcohol and sport just seemed to go together. ... So it was accepted that with sport, and we played a lot of sport all seasons, after you finished you went to the clubrooms or to the pub or to somewhere and you drank.

Alcohol Use Within a Working Culture

Participants also talked about how alcohol use was embedded in their working lives, and for some, their working environment was where the majority of their experiences of alcohol use occurred. Stories showed how alcohol use was part of the socialising practices in specific working cultures within industries such as shearing, freezing works, forestry, and railways. For example, Matua M said:

In the type of work I was doing, like working in the freezing works, everybody drank; that was a done deal. Especially after pay night; we used to get paid on Wednesdays. So, Wednesday night, that was a night at the pub, and then when I was out shearing it was the same.

Whaea PC highlighted how shift work regulated alcohol use within her nursing cohort:

Basically I never drank at all until I started nursing ... and you get to know somebody and you're all off duty so we'd go out or, because I wasn't old enough to go to the pub, but the older ones would get the beer and we'd go and have a few drinks.

For other participants, drinking cultures were shaped by their socialising duties as managers. In general, both men and women described how their work lives introduced them to alcohol use and shaped their drinking patterns.

¹ *Matua*; a respectful term for an adult and can be used to address a man or woman,, was used as part of the pseudonyms given to male participants.

² *Whaea* is a respectful term for an older woman and was used as part of the pseudonyms given to female participants.

Alcohol Use Within the Context of Family

Participants' stories of their alcohol use often involved family life. Matua L reflected on his early experiences of alcohol use which occurred within his family:

I was in the pub before I was 18; I mean you could only get in there when you were 18 and I think I was getting in when I was about 16 and a half, 17. But I was able to do that because I was going in with family and they put me in the middle of the group.

Whaea Y also highlighted how her alcohol use was embedded within the context of her family, who ensured her safety:

I remember going in [to the pub] with some of our uncles, all underage, but I have to say they watched us, uncles and aunties in the local pub.

Several participants described positive memories of early alcohol use within the family, recalling fun, music, sociability, and laughter. For example, Matua T said:

I remember we used to have a lot of parties when we were young kids. There was always beer there, but I used to like it, you know; my uncles and aunts, they were just brilliant people. They never fought or anything, there was no anger there. They just enjoyed themselves and they're a musical family and guitars and stuff came out. It was really good; I enjoyed my teenage years even when I was a kid growing up.

In contrast, other stories highlighted the problematic aspects and social hazards of alcohol use. Whaea A, for example, described her early impressions of alcohol as being embedded in the family context and something that she has worked to change for her children. Similarly, Whaea P observed her sisters' alcohol use, which was heavy and regular, and as a result she largely abstained from alcohol herself:

As my sisters got older, they left home. Man, could they hit the booze, and I didn't like it.

Matua MK was also exposed to heavy and regular alcohol use within his family from an early age. However, while he constructed positive stories of alcohol use within his family, these early experiences contributed to the development of his own attitude towards alcohol and, like Whaea P, he has largely abstained from alcohol throughout his life. The role of family within these stories was either as a facilitator or restrictor of participants' alcohol use, and early experiences influenced the participants' own views and experiences of alcohol use.

Alcohol and Māori Culture

This theme provides insight into unique features of the social context of alcohol use amongst older Māori. Participants' stories incorporate aspects of Māori identity and cultural belonging that played a role in their alcohol experiences. The marae was identified as a key location where alcohol was used in social occasions such as *tangihanga* [funerals], weddings, birthdays, and whānau-based events. Within the marae, tikanga was described for managing alcohol use. Also, *kaumātua* (respected elder) status and perceptions of ageing as a positive life stage have important implications for elders' alcohol use.

Alcohol on the marae. Participants supported allowing alcohol on the marae because it ensures people stay together for particular events and it provides a safe environment for the consumption of alcohol. With accommodation available, others described the virtues of being able to sleep at the marae. Woven through these ideas is tikanga, which guides appropriate and acceptable alcohol use and, more importantly, conduct at the marae. Matua L explained the issues:

I went to a marae back home ... and we had alcohol in the dining room and that was for a function. So those sort of things I think you can [have alcohol]. Although at my marae there's no smoking and no drinking. I used to find that quite hard because you go to somebody's tangihanga, you like to go back and sit down and have a beer and play the guitar and sing whānau songs, but you can't do that now. If you do that, you've got to go to somebody's house and do it and you're actually going away from the marae and leaving the whānau there, which is not the tikanga. You don't do that, you all go together, all stay together.

Whaea Y added:

The marae is a safe place to drink because someone will look after you. There is someone who will growl [to berate or scold] you, I mean we go round and if someone was to do badly and start to get into trouble we'll just get one of the nephews to look after it or someone else will do it. ... So I guess I'm saying our marae, to me, is a safe place to drink.

Matua MK also described the practical aspect of alcohol at the marae:

When I was a kid, out at the marae ... all I remember was all the parties that used to go on out there ... it was just slow drinking, having meals and laughing and playing the guitar and singing. But that used to last four days.

Tikanga was described as being central to and guiding alcohol use and conduct. Matua M outlined some of the common guidelines used to regulate the use of alcohol in the context of important events such as a tangihanga:

The thing is, if there was like a tangihanga down there, they had certain rules for them and there was no drinking around the marae until ... everything's finished; like when you've cleaned up, then yeah. They allowed you to drink inside what they call the cook house. But you weren't allowed in the dining room or around the front.

Kaumātua status. Within Māoridom, ageing is a positive life transition and participants described how they changed their alcohol use as a result of being seen as older Māori. Whaea Y said:

Yes, my alcohol use has changed as I've gotten older. I'm supposed to be wiser and I want to be a role model for the grandkids too.

The position that kaumātua have within their whānau has meant that their focus has changed and alcohol use is minimised as a result.

Participants also highlighted their ability to manage other people's alcohol use due to their status. For example, Whaea Y described how, as an elder, she ensures tikanga is upheld at the marae during occasions where there is alcohol use:

We do watch those that are drinking at the marae. If someone's being naughty or rude to an elder we growl them; I can growl at the marae, you know, for the safety of people. So ... we're watching; there's always someone.

Discussion

The four themes identified in older Māori participants' interviews about their lifetime alcohol use suggest the importance of understanding the social context of alcohol use, and raise questions for ongoing research in this area.

Social norms of alcohol use were identified as embedded in the sporting culture and highlighted the socialising aspects of alcohol use after a sports game and among teammates and whānau. This finding supports indications in the literature about the social drivers of alcohol use among Māori (Awatere et al., 1984; Clarke & Ebbett, 2010; TPK & Kaunihera Whakatupato Waipiro o Aotearoa, 1995), and builds on understandings of how socialising and companionship may encourage alcohol use within specific social contexts.

Similarly, alcohol use was embedded in the socialising practices among workmates in particular working cultures such as the freezing works, shearing, and forest industries. Johnston (2007) states that "Māori have traditionally worked in occupations that have had a culture of

working hard and playing even harder, such as shearing, forestry, fisheries and the freezing works” (p. 18) and these particular occupations support socialising practices which involve alcohol use. Other aspects of working cultures, such as shift work, also influenced alcohol use by dictating opportunities to socialise with workmates. The desire to socialise with workmates is a driving factor for alcohol use within these working contexts.

Participants’ stories of alcohol use were embedded within the context of family, and their experiences were constructed as either positive or negative in relation to how they understood alcohol use by their families and how their families supported their own participation. Again, this theme highlights social factors such as connectedness, companionship, and socialising as reasons for alcohol use amongst Māori.

Findings build on recognition of the importance of location in the social context of Māori people’s alcohol use. Participants’ stories around sporting, working, and family cultures highlight the pub as a central place where companionship and socialising occur. Further, within the theme of Māori culture, the marae was identified as a significant social location where older Māori consumed alcohol on special occasions (Awatere et al., 1984; Mataira, 1987; TPK & Kaunihera Whakatupato Waipiro o Aotearoa, 1995).

Together, the four themes identified in this study highlight whānau as a key concept underpinning the social context of alcohol use for older Māori. In their stories, older Māori describe socialising and making connections with whānau, in this case sports mates, workmates, and whakapapa whānau, as vital to their social interactions, and alcohol is also present in these interactions. Connecting with, and having access to, whānau is identified as an important component of a secure Māori cultural identity (Durie, 1997a). If whānau underpins alcohol use then consideration must be given to the relationship between whānau and Māori cultural identity within these social contexts of alcohol use. Herbert and Stephens (2015) found a significant relationship between Māori cultural identity and heavy drinking. However, this relationship is complex; on the one hand, Māori who strongly identify with their culture may have a stronger sense of connectedness and access to their whānau and collective Māori social structures (Kumar & Oakley Browne, 2008). Therefore, they may attend more whānau-related social occasions, influencing their frequency of drinking and quantity consumed (Clarke & Ebbett, 2010). Conversely, seeking to connect to whānau as a way of strengthening cultural identity may also entail socialising with alcohol. In summary, there is a relationship between whānau, Māori cultural identity, and alcohol use, but key information is missing, namely the mediating role/s of whānau and Māori cultural identity with alcohol use.

These results provide insight into the importance of kaumātua roles within the social context of alcohol use. Within Māori society, there is a positive view towards ageing and older people (Durie, 1997a, 1999; Kukutai, 2006). The transition to kaumātua status is often marked by increased recognition on the basis of wisdom, experience, leadership, knowledge, and contribution to whānau and Māori communities (Durie, 1999; Kukutai, 2006). The current study supports these understandings as participants indicated wanting to be good role models for younger generations and this was connected with the idea of reducing their alcohol consumption.

These findings raise questions around the meaning of alcohol within Māori culture: if being a good role model is associated with being abstemious, does this mean alcohol use is “bad” within Māori culture? Or do broader societal ideas about the capacity, dignity, and responsibilities of elders contribute to older Māori reducing their alcohol use? These sorts of questions provide the basis for further research in this area.

Another important finding was the ways in which *manaaki* (principle of care) was enacted by participants within their whānau and Māori communities. Within the marae, tikanga was described as controlling or managing alcohol use among Māori, and participants often described their role as kaumātua in enforcing this tikanga. Mead (2003) states that one way of understanding tikanga is as a “means of social control ... [because it] controls interpersonal relationships, [and] provides ways for groups to meet and interact” (p. 16). Within this understanding, there is provision for kaumātua to assist in reinforcing and regulating tikanga and therefore conduct within the context of alcohol use because of their respected status.

Limitations

This study is the first to explore the social context of alcohol use from the perspectives of older Māori. While valuable insight is provided into some of the ways in which alcohol use is part of particular social contexts, further research into these contexts and with a larger number of participants may provide a deeper level of understanding of how Māori people are using alcohol in their everyday lives.

When collecting stories of alcohol use across the lifetime, it would also be beneficial for future researchers to develop a stronger and more familiar relationship with participants over time. Due to the nature of the research topic some personal and sensitive information may not have been shared with the interviewer. Holding several face-to-face interviews and hui could therefore have led to more in-depth exploration of participants’ experiences of alcohol use.

Conclusions

This study highlights the influence of social factors which shape alcohol use among Māori. Health interventions which seek to promote the safe use of alcohol among Māori need to consider such social factors. In doing so, existing health initiatives and public health policy may be strengthened by better aligning to the social realities of Māori people and their alcohol use. Specifically, findings highlight whānau as a key social structure as well as the importance of kaumātua roles within the social context of alcohol use among Māori. Implications of this are that kaumātua could have a leadership role in contexts where alcohol use occurs to ensure safe alcohol environments for Māori and possible regulation of alcohol use within their whānau as well. Kaumātua leadership may also provide avenues to develop Māori-specific ways of ensuring alcohol is used more safely and positively within Māori culture, and the responsibilities entailed may reduce hazardous alcohol use, in turn enhancing health and wellbeing.

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