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Hongi, Harirū and Hau: Kaumātua in the time of COVID-19

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James Henare Māori Research Centre, University of Auckland, Auckland, New Zealand

ABSTRACT

Kaumātua have key leadership responsibilities within their communities and are crucial in curbing the spread of COVID-19. Yet kaumātua are also among the most vulnerable to the disease, given compromised health, living situations and reliance on whānau and others for care. Our study explored kaumātua concerns and reactions to COVID-19. We aimed to understand how kaumātua understand the tapu of the body and tikanga relevant to the spread of COVID-19. We are interested in how kaumātua navigate the challenges presented by COVID-19 in light of evolving advice and regulations regarding personal distancing, self-isolation and gatherings. We used digital technologies and cellphones to communicate with Ngātiwai and Waikato kaumātua on a regular basis over a six-week period. Drawing on rich kōrero from our first round of interviews we will share findings from the study to assist Māori communities, policy makers and health providers.

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Rau rangatira mā
Tihei mauri ora
Ō tātou mate moe mai
Ka mihi ka tangi
Haere atu, okioki mai
Huri mai ki te hunga ora,
Ki ngā kaumātua tēnā koutou
Nā o koutou mōhiotanga
Ngā tikanga hoki
Ka whai pou tēnei kaupapa
Nō reira ka mihi, ka mihi ki a koutou
Ki te Health Research Council
Ka mihi ki a koutou
Nā ta koutou awhina
Ka whai huruhuru tēnei manu
Nō reira huri noa
Ka mihi ano, tēnā koutou katoa
Nā te James Henare Māori Research Centre

CONTACT Tia Dawes  t.dawes@auckland.ac.nz

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Introduction

When COVID-19 arrived in Aotearoa on 28 February 2020, Māori responded quickly. Local hauora and iwi leaders were active, advising marae to modify social engagement practices and restrict hongī (pressing of noses), kihi (kisses), and harirū (handshakes). It soon became evident that kaumātua (both older Māori men and women) were especially vulnerable to the virus, given their age, compromised health and living situations (Lapsley et al. 2019a; Kerse et al. 2016). Before government regulations were put in place, marae were beginning to restrict or cancel gatherings in order to protect their communities and to prevent transmission of the disease. These protective actions posed challenges for Māori, and especially kaumātua, whose attendance at marae and involvement in cultural practice have been shown to underpin Māori wellbeing (Durie 1999; Durie et al. 1997; Waldon 2004). Not only do marae promote social engagement and integration for many older Māori, they also mitigate social isolation and provide opportunities for leadership roles and kaitiakitanga (guardianship) within the community.

Government also moved rapidly, putting Aotearoa into Alert Level 4 lockdown from 25 March to 27 April 2020, with restrictions at Level 3 both before and after these dates. Older people were advised that they should stay at home within their ‘bubble’, limiting exposure to potential carriers of the virus, unless shopping for groceries, making health visits or exercising close to home. Each household was a bubble, and kanohi-ki-te-kanohi (face-to-face) contact with people outside the bubble was restricted. Two households could be joined if there was a single person living in one of the households. Lockdown rules were put together speedily without consultation with Māori and with limited consideration of Māori communities.

Among the more contentious decisions was the restriction on the number of people allowed to attend tangihanga (funeral rites) to ten people. This decision was disappointing and distressing for Māori, who were already taking steps to protect themselves from the virus. Many felt that the Government had imposed restrictions with little regard to the practices and attitudes of Māori (e.g. Tipene-Allen 2020).

Death and the grieving process at tangihanga have developed over many generations. This is the most significant expression of tikanga Māori (the Māori way of doing things) and Māori cultural identity (Nikora and Te Awakotuku 2012). Tangi, literally ‘weeping’, draws attention not only to the grieving process but to the physical expression of grief and the shedding of tears and bodily fluids. When a person dies, whānau come together in a designated space, usually the marae or the family home, to connect with past and present, to honour the dead and to pay their respects to the family. Roimata (tears) and hūpē (mucus) are especially important components of the tangihanga process and have deep symbolic meaning during times of mourning (Dixon 2013). Roimata and hūpē are tangible symbols of grief that are metaphorically ‘wrapped in love’, ‘brought’ and ‘laid-down’ before the tūpāpaku (the deceased person’s body) and whānau during a tangi (Dixon 2013, pp. 110–111). In the mourning process roimata and hūpē are used symbolically to embrace the body and thereby mitigate the pain and sorrow of the bereaved.

Gestures of welcome to those gathering for the tangi are similarly important as a physical and spiritual connection, involving the hongī, harirū and sometimes kihi. The hongī

is a greeting that involves the pressing of noses and the exchange of hau (breath). It carries deep spiritual meaning for Māori (Barlow 1991). It is a sign of life and immortality, as well as peace and wellbeing. In Māori tradition, the mauri and hau of Tāne-Mahuta blown into Hineahuone's mouth and nose caused her to sneeze, giving origin to the phrase *tihē mauri ora* and the creation of humankind (Buck 1949). The *hongi*, *harirū* and the sharing of hau are gestures that are integral to *tikanga* Māori and to *te ao Māori* (the Māori world), but can contribute to the spread of the virus.

This paper outlines a study involving 23 *kaumātua* from Tai Tokerau and Waikato-Tainui, who have contributed their understandings of COVID-19 in relation to *tikanga*, the prevention of viral transmission and the measures taken in light of rapidly evolving advice and regulations regarding personal distancing, self-isolation and gatherings. Curtailing *kanohi-ki-te-kanohi* social interactions, especially where older people are involved, has been crucial in preventing the spread of COVID-19. However, in considering the best advice for ways of communicating with Māori communities, cultural factors need careful consideration in preparation to contain the disease, should community transmission recur. The project, funded by the Health Research Council, initiated an innovative dialogue with *kaumātua* from two *rohe* (tribal territories), using digital technologies.

Methods

Research sites

In thinking about research sites we had to consider the nation-wide COVID-19 lockdown protocols restricting movements and gatherings. We engaged *kaumātua* and community researchers within Ngātiwai and Waikato-Tainui *rohe*, with whom we have trusted relationships. Both are sites of ongoing research for the James Henare Māori Research Centre.

Ngātiwai are an *iwi* from Northland's east coast who are unified through their descent from an early Tai Tokerau lineage, Ngāti Manaia. Their *rohe* span from Rakaumangamanga to Mahurangi and across to the offshore islands of Aotea (Great Barrier), Te Hauturu o Toi (Little Barrier), Tawhiti Rahi and Aorangi (Poor Knights). Ngātiwai hold deep reverence for their *moana* which is signalled in their histories and *whakataukī*, many inherited from Manaia himself, such as 'Ahakoa e tū ana i te whenua, e noho ana ki te moana' (Although you stand on land, you also live on the sea). Today the *iwi* is organised by a *marae*-based system, with fourteen *marae* and approximately 6,000 people who live predominantly in Whangārei and Auckland. We note that a number of our participants identify with the Mormon faith, which is incorporated into their values and worldview (Schwimmer 1965; Klink 2019; Harrison, personal communication, 2020).

Waikato-Tainui is an *iwi* confederation based in the central region of Aotearoa's North Island. The *rohe* stretches from Auckland in the north to the King Country in the south, Kāwhia harbour in the west through to Hapuakohe and Kaimai ranges in the east. The people of Waikato-Tainui *whakapapa* to the original people of the Tainui waka and take their name from the Waikato River. The *awa* (river) plays a significant role in the history and culture of the *iwi*. The *iwi* comprises many *hapū* (sub-tribes) and *marae* with over 70,000 tribal members. Hamilton city is the tribe's largest

population centre. However, Ngāruawāhia remains the tribe's historical centre and modern capital. Many Waikato Māori have an identity and world view that has been informed by the Kīngitanga (Māori King movement) (Muru-Lanning 2016).

Project co-design

Our application involved a detailed project plan that was supported by kaumātua groups from Ngātiwai and Waikato-Tainui. The initial phase of the project involved consultation and planning with three community-based researchers, Professor Ngapare Hopa, Dr Ngahuia Dixon (Waikato-Tainui) and Ms Cilla Moore (Ngātiwai). Each is active in marae, hapū and iwi contexts within their respective rohe. They have local knowledge and a deep understanding of te ao Māori (the Māori world) and are speakers of te reo Māori (the Māori language).

Zoom hui facilitated a co-design process for our project. Hui with the team and our community researchers occurred weekly from the outset and established a warm relationship between James Henare researchers and our community researchers, our 'Whaea' (our 'Aunties' – the term is used both endearingly and respectfully). The Whaea guided the project team on issues associated with the roles and the lived realities of kaumātua, insisting on fluidity in the conduct of the research. They reshaped the timing of interviews, the arrangements for koha, the proposed interview questions and the necessity for some interviews to be in te reo Māori. They also participated as interviewers and as kaumātua interviewees.

Participant selection

Our Whaea nominated participants who would enjoy working on the project. They ensured both genders were represented. Twenty-three kaumātua from Tai Tokerau and Waikato-Tainui were interviewed. Twelve were from Ngātiwai, seven women and five men; eleven from Waikato-Tainui, eight women and three men. Their health ranged from excellent, to those with very diminished hauora, including dementia, living with carers, multiple co-morbidities and loss of mobile independence.

Our initial plan called for a long interview followed by short interviews twice weekly over a six-week period. This was so we could explore kaumātua views and actions in relation to both the spread of the virus and the Government's response. But the Whaea argued that kaumātua are active people and an inflexible schedule would not suit them. Consequently, the kaumātua themselves determined the length and frequency of interviews.

Interviews

He kitenga kanohi, he hokinga mahara
To see a face is to stir the emotions

Kaupapa Māori research emphasises the physical presence of researchers because it develops, strengthens and maintains the connections required for meaningful relationships (Smith 2012; Jones et al. 2006; O'Carroll 2013). Kanohi-ki-te-kanohi has been foundational in the James Henare Centre's approach to research with Māori (Lapsley et al. 2019b; Muru-Lanning et al. 2018), but was clearly inappropriate within the COVID-19

environment. It was decided that the video-conferencing platform Zoom provided the best option in the absence of physical contact because it allowed us to record and transcribe directly from the recording, while also allowing for recordings to be edited and used for dissemination purposes.

Interviews were preceded by a letter of introduction, a consent form and information sheet, all of which had been approved by the University of Auckland Ethics Committee. An initial phone call with participants involved whakawhanaungatanga (introductions) and an explanation of the project.

The interviews began with asking participants about their understanding of COVID-19 and their initial experiences: how they became aware of the virus; their experience of self-isolation and other prevention practices, such as gloves, handwashing and the use of hand sanitiser; adaptation of greetings and social distancing; support networks; health behaviours; and changes to tikanga. First interviews ranged from half an hour in length to an hour and a half. Subsequent conversations focused on updates relating to the virus and its impacts. The research team's weekly Zoom hui generated new points for discussion arising out of the previous week's interviews, while also providing a forum for the interviewers to support each other during these exceptional times.

Data analysis

Twenty-three first interviews were transcribed and five of these also required translation from te reo Māori to English. Our funders required research findings as soon as practical to assist Aotearoa's response to the spread of the virus. We had planned to use NVivo software, which encourages the user to develop theoretical connections within the data, but time constraints and remote working prevented this. Consequently, the team used a rapid analysis technique (Gale et al. 2019; Taylor et al. 2018) to analyse the first round of interviews. This involved completing a template summarising each interview using headings from the interview guide and from discussion of emergent themes across the interviews. At weekly Zoom hui we discussed the summaries and began the process of theorising the data. The Whaea led the process of theorisation, drawing on their deep knowledge of mātauranga Māori (Māori knowledge), and where appropriate, they imparted metaphors, whakataukī (sayings), waiata (song), tongi (prophetic sayings) and stories to explain the social environment of our participants. From this analysis and discussion, five dominant themes were chosen. A second template was developed for each theme, containing rows for participants and columns for identified sub-themes. The forms produced in this way allowed for analysis of dominant themes throughout the interviews and for further consolidation of interview material to be used for the presentation of findings. The process also made for easy checking of summarised material against the original transcribed interviews using search functions.

Results

Te Whare Pūngāwerewere: webs of connection during lockdown

Most kaumātua in our study lived independently in their own homes, although for some, the property may have been in a form of shared ownership with whānau. More than half

were now widowed, although widowed participants did not necessarily live alone. During lockdown, nearly a quarter of those we interviewed had at least one person other than their spouse living with them. It was not uncommon for an adult child, or for at least one mokopuna (grandchild), to live with them. In a few cases, another family member joined the household to support the kaumātua through the lockdown period. These arrangements were mutual and flexible, with kaumātua providing a home and often other forms of support, while receiving some degree of care and support in return. None of the participants lived in a household headed by one of their children. Only two referred to shared 'bubble' arrangements. For one participant, lockdown coincided with her brother's decline, so she, along with two others, moved into his home to care for him.

Kaumātua learned about COVID-19 and the Government response through media – newspapers, television and in some instances social media – and through whānau and groups, they were involved with. Reactions to first hearing about the virus ranged from mild anxiety to feelings of worry and fear. One worried that '... any of us could die, people could be covered in germs', but was reassured by thinking that 'the media cry wolf'. Many participants shared stories and memories of past epidemics, including the 'Spanish influenza' and tuberculosis.

When lockdown was on the horizon, kaumātua had concerns about not being able to see their whānau and how their whānau would fare. Teina told us of her first thoughts, which

went back to my grandfather ... how in our little kitchen in his whare and all us mokopuna around him ... telling us stories about the war, the First and Second World Wars, that feeling hit me and I got that mokemoke, that loneliness feeling and as I sat here in my house and thinking about it and the loneliness for my family came, my family, in Perth, my three girls, my mokopuna they're all over there ... All those things started flooding, started coming back. Is this what we're going to experience? Is this the kind of thing, is this what this COVID-19 is going to do to us? If it is, my worry was about mokopuna. How are we gonna protect our whānau and our mokopuna?

A couple of participants heard about lockdown from their GP, who advised having a flu injection. One participant said his main concern was not about kaumātua, but that '... the young ones might rebel against the rules.' 'And they did,' he added.

Kaumātua social networks were very active during lockdown, despite limitations on visitors and visiting. Phone calls, text messaging, Facebook, Messenger and Zoom provided effective alternatives. Some were helped with the uptake of unfamiliar technologies by younger whānau living in the household or over the phone. As well as the remote interactions, there were over-the-fence conversations with neighbours, and safely distanced interactions with whānau leaving shopping on the doorstep or calling from the road as they passed by.

Participants did not report feelings of isolation during lockdown for themselves, although some referred to other people who seemed isolated. For many, there was more contact than usual with whānau living in other parts of Aotearoa or overseas (mostly Australia). Lockdown was seen by quite a few participants as contributing to improved family relationships. Tane spoke positively of his relationship with his spouse: 'Because we were locked down like this, you know, we actually strengthened our relationship, my wife and I'. Mere, who was in contact with her children over the

phone every day, emphasised that communication within her whānau improved over lockdown, with people being kinder to each other. Edith found it ‘awesome’ having her grandson stay during lockdown. Many kaumātua felt especially cared for during that time. Ngahuia said of her grandson and his wife, who lived with her, that:

... we became really close ... they were concerned because in the daily reports it said kaumātua were vulnerable and ... they used to pop into my room and say, ‘Nana are you ok, Nana do you want anything, are you alright, are you warm?’ and I said ‘Yes, I’m still around’.

One of our kaumātua told of how people in general were friendlier,

‘Even lining up in the supermarket, perfect strangers, didn’t matter; black, white, green or yellow. Really kind and considerate conversations. Normally people are really staunch, keep their heads down, no eye contact. That all changed.’

And Henare said, ‘I think that lockdown was a chance for us all to think about ourselves and each other’.

Several kaumātua had formal caregivers, who mostly continued to visit during lockdown. Ngahuia said of her carer,

... tikanga wise when my carer came in she’d come in and normally she comes and gives me a big hug. She said ‘don’t forget we’re not allowed to touch each other’ and she had her mask on and she just waved out to me in my house about a metre away ... it was strange, very strange.

A number of kaumātua were involved in caregiving during lockdown. Suie cared for her brother, who passed away during Level 2 lockdown. Suie, her daughter and her brother’s partner moved into the house to support both her brother and each other. The home carer continued to come, and overall, people were ‘so kind’, bringing fresh fish and care packs and overall, they had ‘so much help coming from all quarters’. For medical advice, they were on the phone constantly to hospice, who ‘bent over backward to help us. Yes, I must say they were wonderful’.

One person’s elderly husband, who normally lived separately, moved in for the duration. Another participant looked after her father and her aunt in separate households, moving back and forth between the two. Concerned about safety, the whānau instituted a lockdown before the official one. A sign was placed on the aunt’s front door asking people to stay away, with at least one relative taking offence.

Lockdown had some benefits, including households being less busy. There was time to do things around the house and, perhaps more importantly, time to rest. Staying home ‘was a novelty of sorts,’ as one put it. Teina said,

... after the second, third week I started to enjoy it because I got rested, my mind was rested. Something I’ve never had in a long time because I was always on the run ... I was sleeping like a baby. I knew my body was rested.

There were a number of irritations about lockdown. Easily the worst aspect for our participants was missing kanohi-ki-te-kanohi interactions with others, especially their mokopuna. ‘I shed a few tears,’ said Ngahuia.

Manuka said,

Not being able to hongī, to hold each other, to kiss, I think that was very difficult for us Polynesians ... because our culture – we’re a tribal people, which means that’s how we interact

and interrelate with each other – you know. It’s important for us to make bodily connection as well as make spiritual connection.

As well as whānau, friends were also missed:

I can’t see my friends to have lunch with them, to have a good natter ... catch up on what’s happening in their lives, on iwi life. It’s the kind of thing that keeps us going ... to see one another, to see everyone else. And so, family firstly for me but secondly, my friends, close friends.

It was disheartening that several kaumātua found health services not particularly accessible during lockdown. There was difficulty arranging appointments, resulting, in one case, with hospitalisation. A stroke was diagnosed and at the time of the first interview Robert had still not managed to contact his GP for recommended aftercare:

I ring the number and all I get is the music on the phone. You wait and wait and wait, go and get some firewood and trim the trees, come back and the music’s still playing.

Robert felt that phone consultations could not substitute for in-person appointments, telling us that staff at the Accident and Emergency clinic had noticed he was ‘walking queer’, which led to the diagnosis, and that a phone consultation could not have shown that. Another person said that ‘only by the phone really sucks’. She thought that rather than use the phone, people would ‘just tolerate whatever it is that’s making them unwell’ (Edith). Violet, on the other hand, did not want to go to the doctor at all, preferring to use rongoa, ‘I’m not a go to the doctor person ... I don’t see any sense in going to a doctor, sitting in the waiting room catching all the diseases’.

Tikanga: fluid protocols in response to COVID-19

Tikanga is a Māori concept with a wide range of meanings, but includes Māori traditions, practices and behaviours. In the time of COVID-19 there were particularly difficult challenges to tikanga Māori involving restrictions on social contacts, gatherings and customary activities. Our participants described a number of situations, but at the heart of these challenges was the inability to participate in tangihanga. Tangihanga are mourning rituals marked by the return of the tūpāpuku to the marae and the immediate whānau, and where death and mourning are shared by the wider community. The tangihanga prohibition was a challenge for the participants, many of whom experienced a death in their whānau or community within the lockdown period and were unable to share the grief of the passing of their loved ones. They were also unable to participate in their roles as kaumātua and to contribute in the process of care and support for the whānau: ‘I’m their kaumātua and I couldn’t even be there’, said one.

Participants were well informed about the government’s restrictions to tangihanga. When gatherings of no more than ten people were imposed at Alert Levels 4 and 3, kaumātua initially responded with surprise and disbelief, but developed innovative responses to ensure the preservation of tikanga associated with tangihanga. Participants spoke movingly of standing along the hearse’s route and being able to karanga (call) and wiri (tremble with emotion) as the tūpāpuku passed. And although the marae was closed, the tūpāpuku was called into the wāhi tapu (cemetery) where a number of people were present and observing social distance.

So her and I, after she karanga'd him on his journey, we went up to the wāhi tapu. We both welcomed, we karanga'd him in. We stood within hearing range in order to show our respect to the family.

One participant was more despondent – he had gathered a koha for the grieving whānau, but had no way to give it.

There were a number of similarities in the way tangihanga were conducted in both Tai Tokerau and Waikato. Responsibility for the tangihanga remained within the whānau, who communicated the death to the wider community and the expectations around how the tangihanga was to be conducted. A Ngātiwai tangihanga at Level 2 saw numbers restricted, sign-in policies in place, groups of no more than twenty manuhiri (guests) were permitted into the wharenuī, and reminders to maintain social distancing were reiterated. Manuhiri would give brief mihimihi (speeches), and then leave before the next group came through. The structure of one wharenuī allowed manuhiri to enter through the front door and exit through a side door to ensure social distancing and avoid a physical overlap.

Following the closing of the casket, the service and interment, it is customary to sit and feast together (hākari). Marae were closed and so the process of the hākari did not occur. This was particularly concerning for one participant, who provided an explanation:

You know, the kai part is one of the main tikangas we have. Yeah, because that lifts the tapu of the visitors ... There should be a whakanoa after the visitors arrive, and the whakanoa is having kai. You know and that lifts the tapu of our manuhiri. So it's going to be hard not to do that ... it's, it's so much a part of our tikanga. (Tane)

In response to the restrictions on the number of people sitting and eating together, take-away meals were prepared by the whānau in advance and provided to manuhiri as they departed. There was relief when tangihanga allowed for 100 people at level 2, although some marae retained restrictions.

The inability to meet on the marae, and to be involved in whanaungatanga (relationships) was felt to be a loss, and the sense of belonging that whanaungatanga engenders. Participants repeatedly mentioned sadness at their inability to come together to express their love for those who had died, and several mentioned the inability to physically awhi (embrace) the grieving whānau as a further cause for grief. Live-streaming and the use of platforms such as Zoom mitigated some of the pain and were effective in connecting whānau with the events at tangihanga, 'Because in that exchange is the wairua. And even if you don't touch I still believe the wairua is projected' (Pare). Usually considered a prerogative of younger generations, our kaumātua were increasingly active in the lockdown period using online technologies. Two participants watched tangihanga remotely, while social media provided a means for others to express their love and support for the grieving whānau.

Other examples of changed tikanga

All kaumātua believed that tikanga had changed in some way, although Violet put it more subtly, noting that 'Our practices change, our observations change, but tikanga does not change'. While others were less definitive, there was a general view that any modifications were only temporary, and that Māori could expect to return to the harirū, hongī and

sharing of hau following the pandemic. In relation to the hongis, Pare's comment was indicative:

We'll go back to hongis, those old customs. That's my prediction. It's too much a part of our grain. The numbers might diminish, but the actual practice I think will still remain with us. That is my hope.

Another accepted that at tangihanga, regardless of hūpē, the hongis were something ingrained, 'That's what we are, eh'. However, the practice of hongis was also contested. One participant thought that:

Māoris overdo the kissing and the hongis and stuff like that. I've always thought that. It's one thing [our rangatira] didn't like a lot. She liked the idea of wearing gloves and stuff like that, yeah, but Māoris won't listen.

Despite being generally receptive to the guidelines that were provided there was still a sense that the guidelines had been imposed in ways that prevented traditional ways of being. A number of participants felt the Government and Ministry of Health had imposed restrictions, but rejected the notion that changes to tikanga could be imposed by others outside the marae and iwi 'because it would change who we are as Māori'. While there were anxieties around changing tikanga, these were mitigated by an assurance that it was the role of kaumātua to envisage the future and plan for changes to tikanga in ways that supported the next generation.

Rangatiratanga: Māori doing it for themselves

While some participants contributed to iwi discussions, others did not. Marae decision-making processes recognise the prominence of kaumātua and the responsibility they hold for supporting their people.

One participant noted that their marae committee was young, and accordingly followed the guidance given by kaumātua, 'The odd few want to step out of line but they respect the kaumātua and the kuia on the marae'. Kevin added:

We talked to all our old people at these Zoom meetings and we were all on the same page about it. And we closed our marae down because of it and we've got quite a young committee managing our marae, but they understood where we were coming from and it was closed to protect all our people.

There was recognition that some of the decisions would not please everyone, but again it was the role of kaumātua to smooth the way for the implementation of policies:

What I am very happy about though is that my people observed the protocols as myself and other kaumātua and kuia who were present that day had directed. (Manuka)

However, Mere described the commitment that was required of older people in providing guidance as:

A big ask ... They [the Government] make the rules, but actually when it comes to dealing with those issues, it lies on the kaumātua and kuia or the whānau involved to be able to pave the pathway for the mokopuna and tamariki that are affected, you know. That's a big ask for the Government, for what they are putting on kaumātua and kuia.

Some of the older participants had taken a step back from leadership roles, leaving it for a younger generation to fulfil their responsibilities: 'We have our younger generation in their late fifties, sixties and seventies, who have taken over those responsibilities' (Piki-horo), although those less involved in the decision-making process continued to maintain marae contact through Zoom and other online platforms.

Some of the more active kaumātua worked very hard during lockdown. They were involved in creating and distributing kai and hygiene packs, as well as other work to support their communities. Cilla, Kevin and Violet, from Ngātiwai, were amongst the busiest. Cilla coordinated efforts with other hapū and iwi on Ngātiwai's Manaaki Mahi programme, making Zoom calls every day. She helped organise packing the manaaki boxes in a warehouse where social distancing was carefully arranged. Cooked meals for the packs were provided from her household. She updated webpages with information and received calls from the community about people who were vulnerable or in need. As well, she was our community researcher. Kevin, an iwi trust board and marae committee member, actively participated in the local COVID-19 response. This involved many Zoom calls, and a focus on applications for government funding for local environmental workprojects, in addition to delivering kai packs. Violet, her husband and niece swung into action. Noticing that supermarkets were running out of cheaper items, she was concerned that '... people on limited income, whose money comes in later in the week ... they don't have the choice to stock up hugely ... Where's the kai going to come from?' As the Chair of her marae trust board, she set in motion applications to the Ministry of Social Development and to larger trusts for funding, with her trust underwriting the expenses until funding was received. Utilising their food distribution contacts, they sourced supplies for the manaaki packs. They put hygiene practices in place and '... we went to the marae every single day for the first three weeks and we cooked. And we delivered food to our people'. About 100 parcels were delivered each week over lockdown.

The delivery of kai packs, hygiene packs and supermarket vouchers to the doorstep of kaumātua reminded them that they were remembered and cared about. Some did not need what was given, but as Kevin said, it would have been rude to turn it down:

We didn't hang on to most of ours, we felt we knew other people that were more in need than us so we passed them on. All of our kaumātua in Ngātiwai have that same kōrero. You want to look after others rather than ourselves.

Discussion

Given the urgency with which the Ministry of Health was seeking guidance in its response to COVID-19 we focused on participants from iwi, hapū and whānau with whom we have had the most sustained contact. Repeat interviews were chosen to chart the evolving attitudes of participants as we moved through Aotearoa's alert levels. The method proved highly effective in generating discussion, particularly as relationships developed through the period. Repeat interviews also offered participants the opportunity to return to discussion points from earlier interviews, and to relate more private accounts and descriptions of sensitive topics that were potentially less accessible in first interviews. The findings presented in this paper are based on the first round

of interviews only, but have provided a rich source of data on the impact of COVID-19 on the everyday lives of older Māori.

The global spread of COVID-19 was rapid. Iwi and marae were quick to respond by ensuring the safety and wellbeing of their kaumātua and vulnerable populations. Prevention measures limiting the transmission of the disease were put in place, and kai and hygiene packs were provided to those in need. The web of connectivity within the two rohe of our participants ensured that kaumātua felt included, valued and safe. For some, the lockdown was a period of rest from the responsibilities of kaumātua and the more formal roles on marae. For others, the lockdown was a period of heightened activity as kaumātua guided communities, marae and whānau in their response to the threat of the disease. Our analysis of the first round of interviews indicates that many kaumātua supported others and guided decision-making processes at the iwi level.

Despite the sense of exclusion from Government decisions, kaumātua in collaboration with their whānau initiated their own response by adapting tikanga to combat the devastating effects of COVID-19. The familiarity and knowledge of tikanga, acquired through observation and interpretation both at home and in other tribal areas, emphasises the role kaumātua play in their own communities (Mead 2003). In understanding how Māori responded to the threat of COVID-19, our Whaea suggested the metaphor of te whare pūngāwerewere, the spider's web, for conceptualising how tikanga holds and connects communities. Tikanga lies at the centre of the web and informs the ways in which our participants interacted, the way they made decisions and how they cared for each other. The health and wellbeing of marae and communities directly springs from the health and wellbeing of kaumātua.

We have produced short films to highlight the impact of COVID-19 on participants, and have met with the Ministry of Health to discuss our preliminary findings with the aim of informing future responses to pandemic outbreaks. Analysis of subsequent interviews will develop the themes identified through the first round of analysis.

To conclude, kaumātua we worked with felt well cared for by their whānau and iwi organisations. Many showed incredible commitment in providing support for other people during the time of COVID-19. Kaumātua were very effective in protecting themselves, though there was ambivalence around healthcare service provision. They recognised that tikanga had to be adapted to deal with the COVID-19 threat. Hongi, harirū and hau are fundamental concepts to Māori which recognise and enhance relationships and provide a sense of belonging and continuity. Kaumātua were willing to alter practices throughout the duration of the epidemic but there was a sense of diminished rangatiratanga with blanket marae closures and tangihanga restrictions. They wanted Maori to be included, not bypassed, in the decision-making.

Puritia te hau, ka ora te tangata
(Look after the breath and the people will be well)

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