

Bring 'Me' Beyond Vulnerability. Elderly Care of Māori,
by Māori
Kei hinga au e, kei mate au e.
Te Tiaki ā te Māori i te hunga kaumātua Māori

Dr. Mere Kēpa

Ngā Pae o te Māramatanga, University of Auckland, New Zealand
m.kepa@auckland.ac.nz

Dr. Paul Reynolds

Ngā Pae o te Māramatanga, University of Auckland, New Zealand
p.reynolds@auckland.ac.nz

Dr. Ratana Walker

Ngā Pae o te Māramatanga, University of Auckland, New Zealand
ratanaw@xtra.co.nz

Abstract

This Research Project focuses on vulnerable elderly Māori men and women. The term vulnerable is conceptualized broadly as including elderly Māori who can no longer care for themselves. In this article, the key to understanding vulnerability lies in the notion of 'being in relationships'. Thus, the purpose of this paper is to improve understanding of the critical relationship between history, politics, economics, laws and health and how the prevailing cultural relationship impacts adversely on Māori people's capacity and capability to care for our elderly men and women.

Introduction

Recently, two Indigenous Māori health organizations in the Gisborne region of Aotearoa-New Zealand told stories of the "vulnerability" of elderly Māori people. One person expressed concern about a man dying in his own home unbeknown to his family and the agency. This is shocking, even to hardened Māori social workers. Care of elderly Māori is seen as a highly important cultural value, and most tribes view our small populations of elderly men and women as important cultural resources and sources of wisdom, cultural continuity and hope. The health provider indicated that social isolation is a growing problem amongst elderly Māori. Arguably, if a community can not care for its most vulnerable members then the community has lost the capacity (power) and capability (potential) to care for itself.

Our Research Project focuses on vulnerable elderly Māori men and women. The term vulnerable is conceptualized broadly as including elderly Māori who can no longer care for themselves.

While some may experience diminished responsibility through physical and mental illness some people are living alone in impoverished and isolated conditions, often too proud to succumb to being cared for, some may be already institutionalized, even on a day-care basis. Others are living with a son or daughter but have lost their economic independence and ability to interact with others outside their immediate family.

In this article, the key to understanding vulnerability lies in the notion of ‘being in relationships’. Thus, the purpose of this paper is to improve understanding of the critical relationship between history, politics, economics, laws and health and how the prevailing cultural relationship impacts adversely on Māori people’s capacity and capability to care for our elderly men and women.

We begin with a discussion of the Treaty of Waitangi. From a Māori perspective, the importance of the Treaty is that it is a founding and historical document of society in Aotearoa New Zealand. Next, we sketch the state protocol called the nuclear family and its impact upon cultural practices of elderly care by Māori. Finally, by way of an Indigenous Māori concept called *Hauora* the Māori protocols - whānau, whanaungatanga and kanohi kitea - will be introduced and discussed briefly.

History, laws and health

Māori is a Pacific culture which is Indigenous to Aotearoa-New Zealand. To grasp the historical and legal relationship between Māori people and the prevailing New Zealand European/Pākehā society it is important to discuss the Treaty of Waitangi. The Treaty, as we shall call it in this paper, was signed between the representatives from the British monarchy and the Māori chiefs in attendance on February 6, 1840. It was one of many treaties that the British initiated in order to colonize ‘new’ lands. The Treaty enabled the Crown to become the sole purchaser of Māori land and to assume sovereignty over all the people.

The Treaty contains three (3) Clauses that would lead to ongoing disputes because of divergent interpretations made by the signatories. In the First Clause, the Chiefs ceded Kāwanatanga or Governance to the British Crown. The Second clause guaranteed Māori Tino Rangatiratanga or Self-determination over our land, homes and Taonga or treasured possessions. The Chiefs interpreted this Clause as a guarantee of sovereignty for Māori people with the British Crown having a right to govern. For our ancestral chiefs, this meant that Māori people did *not* cede our sovereignty but bestowed on the British Crown and its people the right to live in Aotearoa and to govern, applying the same protections of law for Māori as for British citizens.

The British Crown’s interpretation of the Clause, however, was that Māori ceded our sovereignty. This was unequivocally stated in the official English version of the Treaty lodged with the Home Office wherein Kāwanatanga was translated as sovereignty. The lack of correlation between these two understandings is important because the differing versions of the Clause are at the heart of the political discourse between Māori and Pākehā in the 21st century (Walker, 1994).

The Third Clause guaranteed that Māori people would have all of the rights and privileges of the British. Ultimately, the Treaty “guaranteed to the Indigenous people ‘the full exclusive and undisturbed possession of their Lands and Estates, Forests Fisheries and other properties’ subject to the Crown’s exclusive right of pre-emption.” (Mason, 1997) It is true to say that the Treaty was never faithfully carried out by the Pākehā signatories and has resulted in the further colonization of Māori. (Harawira, 2002) The importance to health of this historical, legal and political relationship begun in 1840 is that colonization has not ceased and continues in its multiple disguises. A number of Acts and government policies have been pivotal in the colonization of Māori. Two central Acts are *The Native Lands Act* and *The Māori Affairs Act*. The Native Lands Act of 1862, along with its amendments, broke up communal ownership and individualized Māori land ownership therefore allowing individual Māori to sell communally owned land to whomever the individual wanted. Expressed simply, the Crown was to be given first offer to purchase land if individual Māori decided to sell any part of their lands, estates, forests, fisheries and other properties (Mason, 1997). In doing so, the Act destroyed the customary belief and practice of Kaitiaki or people as guardians of the land for future generations.

Further, by way of the Māori Affairs Act of 1953, the Pākehā government declared that land that was not occupied or being used was to be classified as “waste-land” and appropriated by the government. Other central Acts of colonization involved devaluing and dismissing Māori ways of knowing and acting, including the *Tohunga Suppression Act* of 1908. The Act is important to weakening Māori people’s well being and good spirits in two ways: First it enabled Pākehā people to punish Tohunga or spiritual leaders for prescribing Māori medicine and drawing upon Māori spiritual beliefs to heal people in poor health. Second, it enabled Pākehā teachers in the Native Schools to physically punish Māori students who spoke our language thereby hampering our ancestor’s ability to live our own culture.

The important point to stress is that since the signing of the Treaty in 1840, the daily living of Māori from the fifty-five (55) or more Iwi or Tribes across the country has become a relationship grounded on Pākehā colonial control. Even when Māori have made ‘progress’ towards Utopia it is often within the confines of the prevailing Pākehā framework. Māori, nevertheless, have consolidated many of our struggles for self-determination and survival as distinct peoples around the Treaty. The Treaty is invoked as an important issue for all dealings by Iwi with government and the Crown. In regard to the Treaty’s legal status, it has very little except its token mention in some phrases within legislation (even this token effort of inclusion is currently under scrutiny by the government). Whilst many Māori regard it as a founding document to the country, it is regarded by the Crown as providing a very limited form of local governance at best, and at worst it is viewed as a nuisance to progress, and in the neo-liberal discourse, a barrier to the market economy.

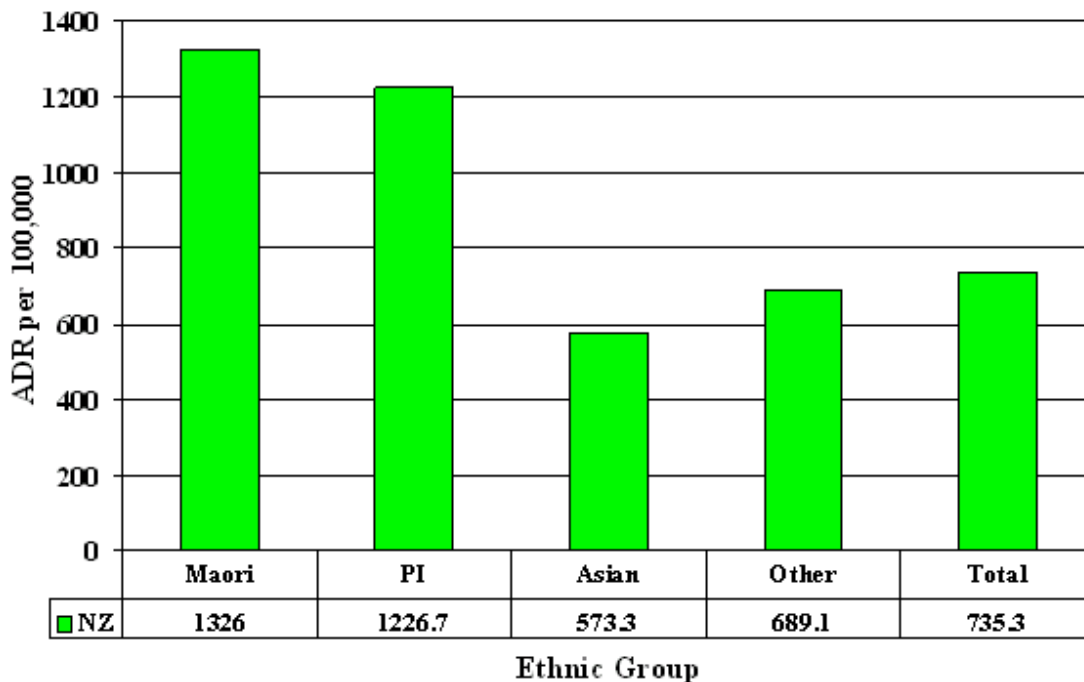
In International law a treaty made between two or more peoples is binding. Furthermore, according to International law, the original people’s translation takes precedence over any other translation that may be made. Notwithstanding the current status of the Treaty of Waitangi, it is incumbent on the New Zealand government as the partner signatory to uphold the principles enshrined in the contract. The principles imply that the state has a responsibility to protect the

interests, good spirits and wellbeing of Māori people and to acknowledge that Māori have Tino rangatiratanga or self-determination over all things that concern us. Although the Treaty was established to protect the rights of Māori, this is obviously not our day-to-day experience.

In the contemporary health statistics related to Māori we fair a lot worse in comparison to every other ethnicity or cultural group in Aotearoa, but most severely when compared to the prevailing New Zealand European/Pākehā society. The statistics reveal that the interventions, education and promotion, made by the New Zealand government and the New Zealand Health System to protect Māori, fail miserably. This is not a new phenomenon. Indeed for decades the New Zealand government and its health professionals have known the statistics.

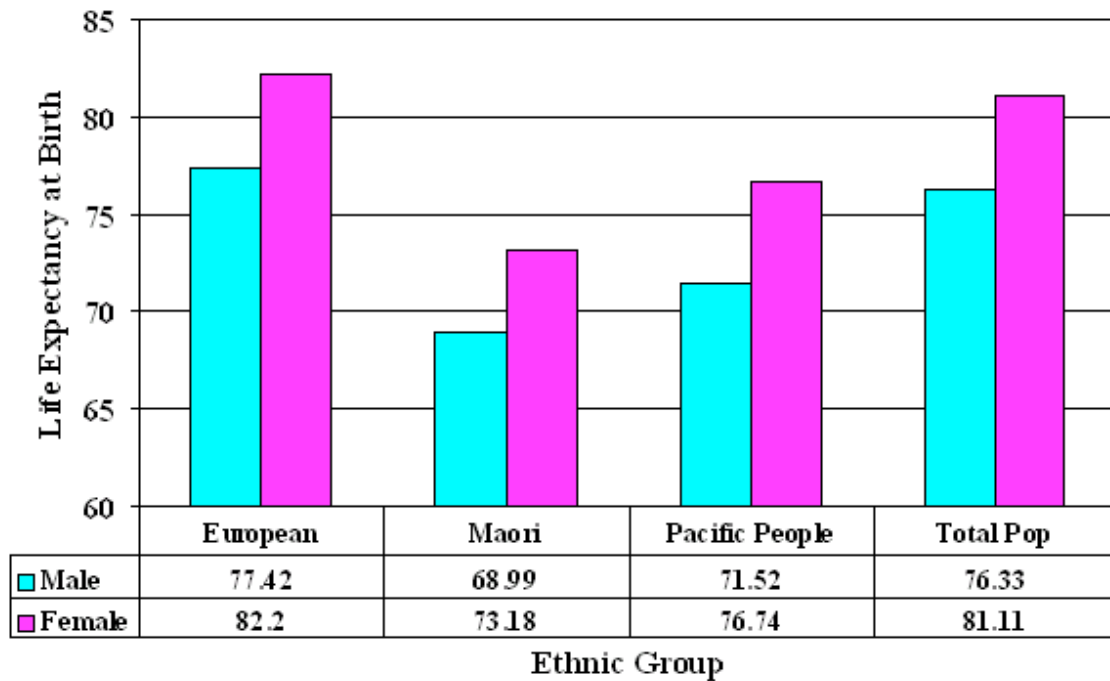
Differences in wellness experienced by Māori people make known that the political and legal relationships that underpin the New Zealand Health system work against us. As the body entrusted with carrying out the responsibilities stated in the 3 Clauses of the Treaty, it is the New Zealand government's duty and obligation to transform the historical relationship between the legal and health systems in order to better enable, for instance, elderly care of Māori by Māori.

Age Standardised Death Rate by Ethnicity New Zealand, April 2000-March 2004



Using NZ population as a standard population

Life Expectancy at Birth by Ethnicity New Zealand, 2000-2002



The nuclear family

The state response to all people ageing has been underpinned by demographic factors, with rapid increases in the number of elderly women and men in society, and shaped by economic and political conditions. In response to the escalating older population in the late 19th century and the 1950s, longterm directions in the provision for elderly people were established. In the late 19th century, the relationship of ageing with health provision and institutional care was established. The constraints of the old age pension reinforced that relationship. Despite the increased expenditure on maintaining the elderly people's income over the years, ageing has continued to be seen as being primarily concerned about the decline of physical and mental independence.

The state response to ageing in the 1950s confirmed that view. It encouraged the expansion of the market servicing elderly care to include a formal voluntary sector. The most significant incentives to voluntary sector involvement emphasized institutional care. Those signals were reinforced by the state's family policy which, through housing, health and income maintenance programmes, sponsored the whānau or the nuclear family unit. The supremacy of that unit led to further attenuation of whanaungatanga or kinship, although not the breaking up of such relationships (Saville-Smith, 1993).

Māori people pride ourselves on being inclusive and encompassing all people. It must be understood, though, that two sets of cultural relationships are continually working on us; those imposed by the prevailing New Zealand European/Pākehā society and customary practices that

have been in place over our own lengthy history. To state the obvious, Māori society in 2005 is the result of nearly 200 years of intercultural relations. The two do not always relate easily.

Hauora

Of course what the historical, legal, economic and health discourses that prevail confirm for Māori is that a 'new' notion of caring for our elderly people is required urgently. Hence, we proffer a concept called *Hauora* or the relationship between communal dependencies and emotional content. The idea is grounded on the study being carried out by the Researchers from Ngā Pae o te Māramatanga in relationship with the Māori Health organizations, elderly people and their caregivers in the Gisborne and Northland regions. *Hauora* is concerned with the notion of elderly care as 'being in relationships' grounded on the whānau, whanaungatanga and kanohi kitea. In emphasizing the concept of extended families, *Hauora* accentuates social relationships to strengthen and broaden the care of elderly Māori people and that may not be amenable to the rational and autonomous actions of individuals such as the relationship between the doctor and patient, the health provider and patient. Rather, the relationship between the cared for and the caregiver is characterized by intergenerational relations, peace, sacredness and good heartedness as well as adequate housing, water, food, sanitation, income, institutional care and health maintenance programmes.

The Māori customary practices called whānau, whanaungatanga and kanohi kitea are an acknowledgement that Māori are a separate cultural group or entity, albeit encompassed by the wider Pākehā society. The protocol and terminology whānau is an inclusive one: it can be used as a verb meaning to be born, to give birth, and as a noun meaning the family or the natural and fundamental unit of society. Also, whānau can refer to the family group who all descend from a common ancestor and therefore, among other things, possess common patterns of DNA. This relationship may well go back four, five and six generations, and may be traced back well beyond the memories of the oldest members, into the depth of history and the domains of tradition (Biggs, 1995; Ryan, 1994; Ngata, 1993; Durie, 2003).

Following urbanization in the 20th century, the network of rural whānau homes in close proximity to each other has yielded to small family units in single households. Increasingly, there is a tendency to use the terms family and whānau as if they were synonymous. It is a misleading practice since members of an individual household can also be part of a wider whānau. In recent times, whānau is used also to refer to a group who share not a common relationship but a common mission – a health provider, for example (Durie, 2001).

Likewise, the customary practice understood as whanaungatanga is inclusive: The word refers to whānau groupings and their relatedness to Hapū or a sub-tribe and Iwi or a tribe through whakapapa. Genealogy or whakapapa refers to Māori people's belief in a shared or common descent, cultural identity, and relationships of interactive links between beings of different kinds and influenced by ancestral power (Salmond, 1997; Brewin, 2005).

In related terms, the cultural protocol, *kanohi kitea*, refers to a contemporary self as the ‘living face’ of the ancestors who could share our experiences, or act with us in *Te Ao Marama* or contemporary society. In a Māori community, the research team’s faces, for example, make visible the faces of our ancestors and in this way us and all of them feel at ease and share a sense of relatedness to each other over history. In other words, by way of *kanohi kitea* or showing our faces to a Māori community the past, the present and the future are brought together in calendar time.

In the research team’s conceptualization of elderly care of Māori, by Māori, the protocol called *whānau* is reserved for a group of families who share a common relationship, a common mission and the potential to influence wellness, care and health provision in moral and reasonable ways. For instance, families in a secure intergenerational relationship open access to *whānau* inclusion and to *whanaungatanga* and these customary practices shape the capacity for organization, the mobilization of resources, utilization of health technology, the capability to interrelate Māori medicine and spiritual beliefs to heal elderly people in poor health, economic stability, housing, health provision and institutional care when required. These genealogical nets or intergenerational families join elderly parents, sons and daughters and grandchildren to Māori health providers in provincial towns and rural centres in relations of access, utilization and culturally appropriate beliefs of sacredness and good heart, and practices of reciprocity or shared responsibility of care. At the heart of *Hauora* are the cultural protocols – *whānau*, *whanaungatanga* and *kanohi kitea* that re-open the long-established responsibilities, obligations and tasks of younger people caring for older people in collaboration with others such as the Māori Health providers. These cultural protocols in turn resonate with Māori beliefs that emphasize the relationship between *kaitiaki*, *kai ngākau* and *te puāwaitanga tūmanako*; that is the relationship between the caregiver and eternal hope as central to a concept of care as wellness, good spirits, healing and doing good.

Conclusion

From the outset we have argued that if a community can not care for its most vulnerable members then the community has lost the capacity and capability to care for itself. Māori are, and in many ways remain conservative because we can never forget that every part of our culture that we neglect, relinquish and abandon during day-to-day living, we surrender forever. In the 21st century, Māori people continue to struggle to relate to the nuclear family protocol while retaining *whānau*, *whanaungatanga* and *kanohi kitea*, the cultural protocols from the past which strengthen and bring about our distinctive way of living across cultures, in the present. Thus we close this paper strong in the belief that the few remaining ways of Māori people relating with each other and the cultural protocols that remain ours ought to be, should be retained for without them there can only be insufficient and inadequate care of elderly Māori people in Aotearoa New Zealand.

Bibliography & References

- Biggs, B. (1995, reprint). *The complete English-Māori Dictionary*. Auckland University Press: New Zealand.
Brewin, M. (in print). *Kia Piki Te Ora o Te Taitamariki*. Unpublished Formative Report prepared for the Ministry of Health, Public Health Directorate: Christchurch, New Zealand.

- Cacciopoli, P. & Cullen, R. (2005). *Māori health*. Auckland: Kotahitanga Community Trust.
- Dew, K. & Davis, P. (2005 second edition) *Health and society in Aotearoa New Zealand*. Oxford University Press.
- Durie, M. (2003). *Ngā Kāhui Pou Launching Māori futures*. Huia Publishers: New Zealand.
- Durie, M. (2001). *Mauri ora. The dynamics of Māori health*. Oxford University Press: Australia.
- Maaka, R. (1993). Te ao o te pakeketanga. The world of the aged. In P.G. Koopman-Boyden (Ed), *New Zealand's aging society. The implications* (pp.213-229). Daphne Brasell Associates Press: New Zealand.
- Mason, A. (1997). The rights of Indigenous peoples in lands once part of the old dominions of the Crown (p. 821). *International and Comparative Law Quarterly*, 46 (3).
- Ministry of Social Development. (2005). *Social Policy Journal of New Zealand. Te Puna Whakaaro*. Vol 25.
- Ngata, H.M. (1993). *English-Māori Dictionary*. Learning Media: New Zealand.
- Reynolds, P. (2004). *Nga Puni Whakapiri: Indigenous Struggle and Genetic Engineering*. Unpublished PhD Thesis, Simon Fraser University, Vancouver, Canada.
- Ryan, P.M. (1994, reprint). *The revised Dictionary of Modern Māori*. Heineman: New Zealand.
- Salmond, A. (1997). *Between Worlds. Early exchanges between Māori and Europeans 1773-1815*. Penguin Books: New Zealand.
- Saville-Smith, K. (1993). The state and the social construction of ageing. In P.G. Koopman-Boyden (Ed), *New Zealand's aging society. The implications* (pp. 92-93). Daphne Brasell Associates Press: New Zealand.
- Smith, C. (in print). *The Marginalisation Project 'Being Tangata whenua in Aotearoa in the 21st century'*. Ngā Pae o te Māramatanga/ The National Institute of Research Excellence for Māori Development & Advancement: The University of Auckland.
- Stewart-Harawira, M. (2002). *Te Torino Whakahaere, Whakamuri. Globalisation and the return to empire: An Indigenous response*. Unpublished Doctoral Dissertation, University of Auckland.
- Taufe'ulungaki, A. (2004). "Fonua": *Reclaiming Pacific communities in Aotearoa*. Keynote paper. Lotumoui: Pacific Health Symposium. Counties-Manukau District Health Board, Waipuna Hotel, Auckland, New Zealand. December 1-2.
- Walker, R. (1994, 4 August). *Māori resistance to state domination*. Paper presented at a seminar held at the Education Department, University of Auckland, New Zealand.

Note: Tables have been compiled by Dr Ratana Walker from a variety of sources, including Census data.

Acknowledgement

This article is based on the Paper presented at the *The 58th Annual Scientific Meeting of the Gerontological Society of America, Florida* from November 18-22 2005.

Copyright 2006. Copyright to the Papers in this Journal resides at all times with the name authors. The authors have assigned WINHEC a non-exclusive license to publish the document in this Journal and to publish this document in full on the World Wide Web. Further use of this document shall be restricted to personal use and in course of instruction provided the article is used in full and this copyright statement is reproduced. Any other usage is prohibited without the express permission of the authors.