



Mapping the themes of Maori talk about health

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Abstract

Aim This paper reports the findings of a qualitative research project that investigated: how Maori talk about health; Maori health; and Maori experiences of interacting with both mainstream and Maori providers of healthcare.

Methods Twenty eight self-identified Maori were recruited from urban, marae-based healthcare services. Rich descriptions of commonly occurring themes were used to examine participants' experiences, explanations and ideas.

Results Twelve themes provide an overview of how Maori health is conceptualised, the importance of 'traditional' concepts, the experiences of Maori within mainstream healthcare, and Maori health promotion mechanisms.

Conclusions Providing holistic healthcare to Maori in a respectful and collaborative way will provide opportunities for health professionals to have a positive impact on the health of individuals, their whanau and, in turn, their communities, hapu and Iwi.

The present research began with our interest in how Maori health was being talked about, thought about, and experienced by urban Maori. The study was part of a larger study in which Pakeha researchers also interviewed Pakeha general practitioners (GPs) about Maori health.¹

Descriptions of a Maori view of health are invariably holistic and centred on whanau health and wellbeing rather than the health of the individual.²⁻⁴ Cultural concepts and practices, such as tapu and noa and the ritual of tangi, have been described as key components, as has the use of karakia and processes around food, exercise and illness.^{3,5,6} These descriptions have historically been formed by Maori and have, in turn, informed Maori, developing over time as our understanding has grown of what promotes and what undermines good health and wellbeing. For example, a view of Maori health that once encompassed tinana (the physical element), hinengaro (the mental state), wairua (the spirit), and whanau (the immediate and wider family), is now contextualised within te whenua (land providing a sense of identity and belonging), te reo (the language of communication), te ao turoa (environment), and whanaungatanga (extended family).^{3,7}

Practices and cultural concepts that are imperative to Maori health and wellbeing have, however, often been undermined by dominant Pakeha views on health.⁸ Maori also report perceptions of Pakeha healthcare that are the legacy of past negative interactions between Maori clients and Pakeha health professionals. These perceptions include suspicions about treatment, the reluctance to even engage in an interaction with health professionals, and behaviour referred to in the sociological literature as resistance.⁹ Such actions have been interpreted by some as evidence of whakamaa, the notion of culturally appropriate shame or shyness.¹⁰ The actions may also be part of a more general reaction to being treated in a patronising or paternalistic way.^{7,11}

The impact of Maori engagement with mainstream health structures on Maori understandings of Maori health can be gauged by how active such perceptions are in everyday talk about health among Maori. The present study was also concerned to discover if any of the concepts embodied in descriptions of Maori health are employed in the talk of Maori informants in discussing Maori health. This will provide a picture of how active these concepts are among Maori in the contemporary setting.

A major feature of the current research was that it was carried out using Kaupapa Maori methods; namely, from the perspective that a Maori world view is both valid and legitimate. Kaupapa Maori is 'by Maori, for Maori' and is inherently about cultural survival and tino rangatiratanga (self-determination).

In this sense, Kaupapa Maori is 'a theory and an analysis of the context of research which involves Maori and of the approaches to research with, by and/or for Maori'.¹² A Kaupapa Maori approach does not exclude the use of a wide range of methods, but rather signals the interrogation of methods in relation to cultural sensitivity, cross-cultural reliability, useful outcomes for Maori, and other such measures. In this context, the use of in-depth interviews enabled us to collect people's views on Maori health at all levels, from personal experience, to community and political perspectives.

Methods

The present study used qualitative methods within a Kaupapa Maori approach. Semi-structured interviews were recorded with 28 Maori (aged 17 to 75 years) in urban Auckland, who were recruited through marae-based health programmes. Marae-based health programmes were selected as a starting point as it was found that Maori using these programmes have experienced something of both Western and Maori health practices. In this way, we would be able to talk to people about the similarities and differences between mainstream and Maori health services.

Interviews with participants followed an open-ended format; the interviewer raising relevant topic areas and encouraging participants to talk rather than pursuing set questions. The topics discussed were:

- What is Maori health?
- Differences between Maori health and the health of the rest of the nation.
- Personal experiences with doctors and other healthcare providers.
- Experiences of family and friends.
- Traditional Maori health practices.

The interviews were transcribed verbatim, checked against the audiotape, and returned to participants for approval before inclusion in the database. Participants were given pseudonyms and identifying markers were masked to preserve confidentiality.

One of our roles as researchers working within a Kaupapa Maori framework is to listen to and document Maori experiences and meanings.¹³ As researchers, we carry the responsibility of representing the realities of participants to wider audiences and we take this role very seriously. We therefore use the word 'analysis' cautiously. Our aim is to make space for Maori voices and realities to be heard and considered 'valid'.¹⁴ At the same time, we want to be able to say something, as researchers and analysts, about the society that positions our participants in certain ways. This methodology is described more fully elsewhere (manuscript submitted). We therefore used some of the critical skills we have learnt from discourse analysis to engage with participants' talk.¹⁵

Results

Twelve recurrent themes arose out of our reading of the transcripts. Rich descriptions that included participants' experiences, explanations, and ideas were then developed for each of these themes. The present findings are the top layer of this analysis. This

overview provides the context in which individual themes can be explored in future papers. Participants have seen and provided feedback on a draft research report that was prepared solely for them.

Maori health Participants answered the question ‘What is Maori health?’ in a variety of ways. A number of participants talked about the importance of defining health holistically, to encompass more than people’s physical health. Participants spoke mainly about the interconnectedness of physical, spiritual and mental health. For some respondents, Maori health was related to specific Maori ways of providing healthcare. Other respondents linked the term ‘Maori health’ with ill-health. The impact of social and economic wellbeing on health was mentioned and some participants talked specifically about the disparities between Maori and Pakeha health.

Explanations for Maori ill-health In their explanations for the current status of Maori ill-health, participants’ views ranged from the examination of what individuals put into their bodies on a daily basis (eg, drugs, overeating) to more social (eg, stress and poverty), and corporate (eg, tobacco company advertising) explanations. These explanations fell into three interrelated categories: individual, whanau and societal. Individual explanations included the things people did that had an impact on their own health and/or the health of others – for example, smoking and drinking. Whanau explanations included occurrences and circumstances that undermined the foundations of the whanau. The whanau was described as being under stress, with people therefore missing out on whanau life (also see below). Societal explanations examined the health system as well as the wider social system and its impact on Maori health. Within this, people’s inability to afford healthcare was recognised by many participants.

There were multiple, interrelated layers within each explanation for contemporary Maori health status, and participants found that it was sometimes difficult to establish the root cause of a problem or illness. For example, smoking might be ‘caused’ by stress but what, in turn, has caused that stress? Some participants were, however, clear that the root cause of Maori ill-health was the disruption of whanau and hapu structures within the historical and contemporary setting of colonisation in this country.

Traditional ways The topic of healing was discussed within the context of traditional Maori approaches and knowledge. These were closely linked to participants’ views on Maori health, particularly the holistic, relational nature of Maori health. Traditional healing practices that existed in the past were seen to still exist today, demonstrating the value to Maori of holistic healing practices and the passing down of information from one generation to the next. Participants also talked about healing in terms of both rongoa and wairua (see below).

Rongoa Older participants described their experiences of rongoa (remedies) and other traditional healing practices from when they were younger. In addition, a number of the participants, both young and old, continued to use rongoa and saw this as compatible with the use of Western medicines. Two of the kuia (older women) spoke about their own specialised knowledge of rongoa and sharing this knowledge with others.

Integration Some of the participants talked about using both Maori and Pakeha medicines. These participants had often found Pakeha general practitioners to be very

understanding of their use of rongoa, and some went to great lengths to impart knowledge to their doctor. In such cases, the interchange was usually with a doctor who took time to listen to a patient and was willing to acknowledge other forms of healing (although possibly because they see them as harmless).

Wairua Wairua (spirit) was the most widely mentioned aspect of Maori health. Participants viewed wairua as the key to understanding health and illness as it gives access to the whole person, not just their physical symptoms, allowing healing to take place. This understanding was seen as being fundamental in Maori health practitioners whereas Pakeha practitioners were seen as less likely to understand it, often treating only the symptoms rather than what participants saw as the cause of the problem or illness.

Whanau The whanau was seen by participants as a basic support structure for Maori and therefore an integral part of Maori health and wellbeing. Whanau buffers its members from the wider world, including experiences of illness, treatment and hospitalisation. However, this structure and balance is disrupted in a number of whanau and participants talked about those whanau needing something to believe in. There was also agreement about the importance of input from kuia and koroua (older men) into whanau health and wellbeing.

Interacting with the health system Participants' experience and knowledge of Pakeha doctors was not overly positive. In many cases, either they or a close relative had not received good treatment and sometimes this had resulted in the relative dying. Suspicion and even fear of the health system was therefore often grounded in whanau experience. Participants had found that persistence and assertiveness, often in the face of cultural misunderstandings, were required if good healthcare was to be obtained from existing systems.

Rapport Participants saw rapport as vital to the interaction between a doctor and a patient. Rapport was described as the ability to communicate and included, for example, whether or not information was provided and understood, and whether or not the interaction was friendly. Participants liked Pakeha doctors who took the time to find out about them and their families, who were genuinely interested, and who did not talk down to them. Some participants thought that rapport occurred more with young doctors than old, whereas others thought that the principle of rapport was more 'old school'. Participants felt that rapport was especially important for older patients and those who were shy. However, difficulties in doctor-patient communication could be overcome if patients had support people who could speak on their behalf.

Whakamaa Participants talked about whakamaa as a potential barrier to healthcare; it may prevent people from going to see a doctor or, if they did see a doctor, prevent them from telling the doctor what was wrong with them. This was connected with rapport and the importance of a health practitioner taking time to put patients at ease, as whakamaa will decrease as a relationship is built. Participants also saw the value of personal support for Maori patients to facilitate access and engagement with health services.

Promoting Maori health Participants' suggestions for promoting health among Maori were based on acknowledging peoples' circumstances and needs. For example, health promotion is unlikely to be very successful if people are more concerned about day-to-day difficulties brought about by poverty than they are about their personal

health. This is not to say that health promotion should not also be about trying to ease the burden of poverty. Appropriate health promotion was seen by participants as including the opportunity to:

- talk with and learn from others, including kuia and koroua;
- hear information that is understandable, including visual information; and
- receive support and/or follow up when accessing health services and/or attempting to change behaviour (eg, give up smoking).

Marae-based healthcare delivery The marae provides people with a place to gather, often facilitated by the provision of transport and allowing people to bring their children. Participants thought that this accessibility was also about providing good clinical service and connecting with people at a cultural level. Sometimes both these can be provided by Maori practitioners; at other times a non-Maori practitioner can be 'trained' to be Maori-friendly and Maori involved in the health service can provide the cultural connections for patients. And regardless of whether a health practitioner is Maori or non-Maori, participants again stressed the importance of involving kuia and koroua.

Discussion

The present study examined how Maori health was conceptualised by a group of urban Maori who had knowledge of both mainstream and Maori-provider health services. Participants' conceptions of Maori health and their explanations for poor Maori health demonstrated holistic constructions of Maori health, along with an understanding of the various personal, whanau, and societal influences on health and wellbeing. The findings confirm the ongoing strength of Maori health concepts, as well as highlighting the depth of analysis by Maori of the causes of current Maori ill-health. In addition, the importance that participants put on wairua strongly suggests that they were not merely regurgitating Maori health models that abound in current health policy.

Wairua, generally translated as the 'spirit', is linked to both religious beliefs and relationships with the environment.³ According to Durie, Maori generally consider wairua to be the essence of Maori health.³ He describes how this point was made in 1982 by kaumatua Tupana te Hira during the welcome for fieldworkers involved in the Maori Women's Welfare League research project, Rapuora. Te Hira's views were shared by many kaumatua, and were being heard on many marae. Durie argues that 'without a spiritual awareness and a mauri (spirit or vitality, sometimes called the life-force) an individual cannot be healthy and is more prone to illness or misfortune'.³

Participants in the present study articulated a similar view when they described healing as occurring at the level of wairua, rather than solely through the treatment of the symptoms of disease. In addition, a disruption of wairua within whanau was linked to the inability of whanau to nurture and support the wellbeing of individual members. Within the urban environment, whanau may experience this disruption because of poverty, unemployment, and/or lack of education.¹⁶

However, as pointed out by some of the participants in the present study, the root cause of the disruption of wairua needs to be found within the processes used to colonise this country. If, as Durie argues,³ a lack of access to tribal land is a sign of ill-health for Maori, then a colonisation process that has marginalised Maori from

land must surely be woven through an explanation of poor Maori health status.¹⁷ Likewise, the undermining of a viable Maori economic base sourced from the land must have repercussions for contemporary Maori poverty and ill-health.^{18,19}

While the burden of addressing the consequences of colonisation cannot fall solely on the shoulders of health professionals, they need to take into account the context within which they are delivering healthcare to Maori, and the potential barriers to and facilitators of that delivery process. The themes that emerged in the present study articulated participants' experiences and provided insights into the delivery of healthcare to Maori. For example, Pakeha doctors should be mindful that Maori patients may well have a holistic approach to health, with a particular emphasis on wairua. In addition, they should recognise some of the ways in which the health of individuals and whanau is challenged. The challenge of day-to-day survival may well override health concerns for many Maori whanau.²⁰

Add to this the cross-cultural nature of many Maori patient/Pakeha doctor interactions and the scene is set for miscommunication and potentially negative experiences for Maori (and possibly also for Pakeha).²¹ Maori also carry knowledge of previous negative experiences that they, their whanau, and those in their wider networks have had as a result of such interactions. However, when the participants in the present study found that they were respected in mainstream healthcare services, they were able to relate to and make sense of the communications from their doctor. Rapport was therefore identified as a key facilitator of Maori access to healthcare.

Pakeha doctors, however, may think they are establishing rapport without fully appreciating that rapport is interpreted differently by different cultural groups. This came out strongly in the present research in participants' talk about having to 'train' a Pakeha doctor so that he could work on the marae. Several components of rapport were identified in the present research, including the doctor taking time to listen, communicating in understandable language, taking an interest in whanau health history, and engaging with the patient to deliver a collaborative style of healthcare. These elements not only facilitate healthcare delivery, they signal cultural sensitivity on the part of the health practitioner.

In conclusion, Maori are concerned about their health and do not want to be ill. When Maori find good healthcare service it will undoubtedly provide a pathway to health for both themselves and their whanau.²²

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