

Iron Maori:

A Kaupapa Māori Driven Hauora Initiative

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Table of Contents

Table of Contents	ii
List of Figures.....	viii
List of Tables	ix
Abstract.....	x
Acknowledgements	xii
Preface	xvi
Conventions	xvi
Use of macrons	xvi
Definitions and Glossary	xvii
Chapter One: Introduction.....	1
Ko wai au? Who am I?	1
Research Journey	4
What is Iron Maori?.....	8
Indigenous Health.....	9

Hauora	10
The State of Māori Health	11
Whānau Ora	11
Māori Health Promotion.....	12
Position of the researcher	13
Aim.....	14
Research Questions	14
Rationale.....	15
Methodology.....	15
Significance and Outcomes of Research	16
Thesis structure.....	16
Chapter Two: Literature Review	20
Literature Search Techniques	20
Te Ao Māori	20
Whakapapa	23
Creation Narratives.....	24
My Whakapapa.....	28
Summary.....	39
Indigenous health and hauora.....	39
Hauora	40

Māori Health Models.....	41
Te Whare Tapa Whā.....	41
Summary of Te Whare Tapa Whā.....	45
Colonisation and Māori Health	46
Pre-colonisation	47
He W[h]akaputanga o Te Rangatiratanga o Nu Tirene/ The Declaration of Independence	48
Te Tiriti o Waitangi/ The Treaty of Waitangi and health.....	49
Principles of the Treaty	51
Colonisation and its effects	52
Population decline	53
Foreign diseases and lifestyles	54
Loss of land	55
Māori Health Statistics	56
Summary.....	59
Health Promotion and Te Pae Mahutonga.....	59
United Nations Declaration on the Rights of Indigenous Peoples for Health Promotion ...	60
Te Pae Mahutonga	60
Ngā Manukura	62
Te Mana Whakahaere.....	63
Mauriora	64
Waiora	65

Toiora	65
Te Oranga	66
TUHA-NZ	67
Summary.....	70
Chapter Three: Methodology	72
Kaupapa Māori Methodology.....	72
KM Theory and Positivism	75
Principles of KM Theory.....	76
Tino Rangatiratanga	77
Taonga Tuku Iho	79
Kia piki ake i ngā raruraru o te kainga	79
Whānau.....	80
Kaupapa	82
Methods	83
Kaupapa Māori Practices.....	84
He Kanohi Kitea.....	86
Manaaki ki te Tangata	87
Qualitative Methods	89
In-depth interviews.....	91
Ethics	94
Recruitment	99

Interview schedule.....	100
Participants	101
Data Analysis.....	104
Chapter Four: Whānau and Iron Maori.....	109
Preface: Māori Worldviews and Iron Maori	109
Te Ao Māori and Whakapapa.....	113
Te Ao Māori and Atua.....	116
Te Ao Māori and non-Māori perspectives.....	117
Whānau experiences of Iron Maori	119
Whānau: Role of grandparents, intergenerational benefits	122
Kaupapa Whānau: Regional support groups within Iron Maori	125
Support Groups: Tri Poneke.....	126
Whānau: Real people.....	128
Summary.....	130
Chapter 5: Hauora and Iron Maori.....	131
Preface: Treaty of Waitangi.....	131
Te Tiriti o Waitangi and Hauora	131
Tino Rangatiratanga and Individuals.....	135
Positives of hauora and Iron Maori	137
Māori health and negative stereotypes	142
Māori health models.....	144
Māori health and Hinengaro	146

Mana whakahaere	147
Summary.....	149
Chapter 6: Taonga Tuku Iho and Iron Maori.....	151
Taonga Tuku Iho and the individual	151
Training for Iron Maori	152
Taonga Tuku Iho and Iron Maori	155
Chapter 7: Conclusion	157
Iron Maori, and its contribution to hauora.....	160
Dissemination of research	160
Limitations, Practical Implications and future research of Iron Maori.	161
Final thoughts and reflections	163
References	165
Appendix 1	190
Appendix 2.	192
Appendix 3	1927

List of Figures

<i>Figure 1.</i> Diagrammatical image of thesis structure.....	19
<i>Figure 2.</i> Whakapapa of Ranginui and Papatūānuku.....	28
<i>Figure 3.</i> Whakapapa of Kahungunu.....	33
<i>Figure 4.</i> Māori health model, Te Whare Tapa Whā.	45
<i>Figure 5.</i> Māori health promotion model, Te Pae Mahutonga.....	62
<i>Figure 6.</i> Te Ara Tika, Māori ethical framework.....	96
<i>Figure 7.</i> Outline of analysis.	1077

List of Tables

Table 1. <i>Evolving cycle of creation from Io to Ranginui and Papatūānuku</i>	26
Table 2. <i>Whānau creation narrative story deriving from Io</i>	30
Table 3. <i>The three rivers of Wairoa</i>	37
Table 4. <i>Māori health model, Te Whare Tapa Whā</i>	44
Table 5. <i>Words and translation of haka Tika Tonu</i>	54
Table 6. <i>Prevalence rates of various Māori health statistics</i>	57
Table 7. <i>Comparison between Kaupapa Māori Practices and In-depth interview</i>	94
Table 8. <i>Te Ara Tika four principles</i>	97

Abstract

This research aims to gain an understanding around why Iron Maori had led to Māori and non-Māori choosing to make significant lifestyle changes through Iron Maori. Iron Maori is a half Iron Man triathlon event comprised of a 2km swim, 90km cycle and 21.1km run and was created with the vision of “healthy and vibrant whānau participating in all aspects of life and promoting wellbeing from *kaumātua* to *mokopuna*”. *Kaupapa Māori* methodology was employed within this research to allow the voices of Māori people to be heard whilst adhering to Māori philosophies. Five principles of *Kaupapa Māori* Theory were essential to this research: *Tino Rangatiratanga*; (Self determination); *Taonga Tuku Iho* (Cultural Aspiration); *Kia Piki Ake I Ngā Raruraru O Te Kainga* (Socio-economic mediation); *Whānau* (Extended family structures) and; *Kaupapa* (Collective Philosophy). Ten Iron Maori participants were interviewed *kanohi ki te kanohi* (face to face) and a combination of inductive and deductive analysis techniques were used. The analysis was shaped by Iron Maori values, *Kaupapa Maori* theory, my personal knowledge and experience, literature and data collected from participants.

The key findings of this study are that: the concept of *whānau* lies at the heart of Iron Maori; various environments have a significant role in shaping a person; being a role model and leader is also a major motivating factor for people to participate in Iron Maori because for the majority of people who engage with Iron Maori, these disciplines seem very daunting and near impossible and can very easily be put in the ‘too hard box’. This *wero*, alongside the role modelling adds to the motivation to make significant lifestyle changes. Finally, incorporating and utilising KM principles throughout a Māori focussed event when the target audience is Māori clearly works well for Māori people as seen in Iron Maori.

Iron Maori continues to fulfil the vision of healthy and vibrant *whānau* participating in all aspects of life and promoting wellbeing as well as normalising Māori philosophies and values. Knowledge gained from this research will provide evidence for other indigenous health promoters to use as a successful framework to encourage healthy lifestyles.

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“Ehara taku toa, he takitahi, he toa takatini”

“My success should not be bestowed onto me alone, as it was not individual success but success of a collective”

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As I began my acknowledgements with a *whakatauaki*, I hereby end with a common *whakatauaki*

‘He kākano ahau i ruia mai i Rangīātea’

I am a seed which was sewn in the heavens of Rangīātea

This *whakatauaki* is a summary of how important my *whānau* has been in shaping who I am today.

Preface

Conventions

Te Reo Māori is an official language of New Zealand. In this research I have chosen to italicise *Te Reo Māori* words to ensure clarity of writing, consistency and to avoid confusion for the reader. Confusion can occur when words are the same in *Te Reo Māori* and English, for example take. *Take* pronounced ta-ke with a sharp e sound at the end, in *Te Reo Māori* means reason and purpose, whereas the English translation is to hold, grasp or grip. However, there are exceptions. *Te Reo Māori* words within a quote will not be italicised, proper nouns and also the word Māori. Words of a *haka*, will not be italicised or translated in full, neither will *whakapapa* or genealogy; although if appropriate, an explanation or summary will be given. The reasoning for this is to respect the wishes of the people that have passed their knowledge on and there are some Māori words that do not have an exact English translation. Therefore, the summary of these words that do not have an exact English translation will be explained at the time to assist the reader.

Use of macrons

The use of macrons (a horizontal bar over a vowel such as the ā in Māori) has been employed throughout the entire thesis. This is to mark a double vowel sound and is common practice in *Te Reo Māori*. It is common to use a macron over the word Māori, and there are two exceptions, one is when the word Māori is used in direct quotations where the original text has not used any macrons and to align with the branding in the word Iron Maori. This explanation of these conventions will assist in making this research easier to read while remaining *tika* or true to *Te Reo Māori*, the Māori language.

Definitions and Glossary

Te Aka Māori-English Dictionary (Moorfield, 2003) will be utilised throughout this glossary to ensure consistency with definitions of words. If there is a Māori word that cannot be translated within this dictionary such as a place name, a short description will be given. Throughout the thesis there will be Māori words, principles, practices and Māori health models that comprise of a collection of many Māori words. These smaller words are not defined in the glossary, only the full Māori words will be, to avoid confusion. Full Māori words to explain a principle, practice or a concept, for example, the *Kaupapa Māori Practice*, *He kanohi kitea* is made up of three words *He*, *kanohi* and *kitea*, within the glossary the practice is defined as face to face, as this translation is relevant to the context of *Kaupapa Māori Practice* that it is used. Throughout this thesis it will be evident when this exception takes place.

<i>Aotearoa</i>	Name used for New Zealand
<i>Aroha</i>	Love
<i>Atua</i>	Ancestor with continuing influence
<i>Auahi Kore</i>	Be smokefree, non-smoking
<i>Aukati Kai Paipa</i>	Quit smoking
<i>Awa</i>	River, stream
<i>Haka</i>	To dance, perform
Hangaroa	Name of river in Wairoa
<i>Hapū</i>	Kinship group, sub tribe
<i>Hauora</i>	Be fit, well, healthy
He Korowai Oranga	New Zealand Government document, Maori health strategy
He W[h]akaputana o Niu Tirene	Declaration
<i>Hinengaro</i>	Mind, thought, intellect
Hinetemoa	Ancestress of Paki Paki
Hōngenengene	Name of river in Wairoa
Hōpūpū	Name of river in Wairoa
Houngarea	Name of <i>marae</i> in Paki Paki

<i>Hui</i>	To gather, congregate
<i>Ingoa</i>	To name
Io	Supreme deity
Irāmutu	Nephew
I te taha o	The side of my
<i>Iwi</i>	Tribe
Kahungunu	Ancestor of Ngāti Kahungunu
Kahungunutanga	Person of Kahungunu
Kahuranaki	Name of a mountain in Hawke's Bay
<i>Kai</i>	Food
<i>Kaiāwhina</i>	Helper, assistant
<i>Kaimoana</i>	Seafood
<i>Kaitiaki</i>	Trustee, guardian
<i>Kanohi ki te kanohi</i>	Face to face
<i>Karakia</i>	To recite ritual chants
<i>Kaumātua (singular) Kaumātua (plural)</i>	Elderly, to grow old
<i>Kaupapa Māori</i>	Māori ideology, a philosophical doctrine incorporating the knowledge, skills, attitudes and values of Māori society

<i>Kaupapa</i>	Topic, policy
<i>Kawa</i>	Marae protocol and customs
<i>Kete</i>	Basket
Kia Uruuru Mai a Hauora	Māori health framework depicted by <i>Te Pae Mahutonga</i>
<i>Koha</i>	Gift, present
<i>Koroua</i>	Elderly man
<i>Kuia</i>	Elderly woman
<i>Māhaki</i>	Humility, humbleness, modesty
Māhia	Place in Northern Hawke's Bay
<i>Mahinga kai</i>	Garden, cultivation, food gathering places
Maitangirau	Place where the three rivers of Wairoa meet
<i>Mana whakahaere</i>	Governance
<i>Mana</i>	Prestige, authority, control
<i>Manaaki</i>	To support, take care of
<i>Manaakitanga</i>	Hospitality, kindness

<i>Manuhiri</i>	Visitors
<i>Marae</i>	Courtyard, open area in front of
<i>Mātua</i>	Parents
<i>Matua</i>	Father
<i>Maunga</i>	Mountain
<i>Mauri</i>	Life principle
<i>Mauriora</i>	Part of <i>Te Pae Mahutonga</i> to mean cultural identity
Mawhai	Name of <i>marae</i> in Paki Paki
<i>Mere</i>	A short flat weapon of stone
<i>Mihimihi</i>	To greet, pay tribute
Mihiroa	Name of <i>marae</i> in Paki Paki
<i>Moko</i>	Grandchild
<i>Moko</i>	Māori tattoo design on the body
<i>Mokopuna</i>	Grandchild or grandchildren
<i>Ngā Manukura</i>	Part of <i>Te Pae Māhutonga</i> to mean leadership
Ngā Puhī	Tribal group of much of the North Island
Ngāi Tahu	Tribal group of much of the South Island

Ngāi Tamanuhiri	One of the many tribal groups of the East Coast
Ngarengare	Ancestor of Paki Paki
Ngaruroro	River that runs within the Kahungunu region
Ngāti Kahungunu	Tribal group of Southern North Island
Ngāti Kahungunu ki Heretaunga	Tribal group of Southern North Island of Hastings
Ngāti Kahungunu ki Te Wairoa	Tribal group of Southern North Island of Wairoa
Ngāti Kahungunu ki Wairarapa	Tribal group of Southern North Island extending to the Rimutaka ranges.
Ngāti Mihi	Sub tribe of Ngāti Kahungunu ki Te Wairoa
Ngāti Mihiroa	Sub tribe of Ngāti Kahungunu ki Heretaunga
Ngāti Porou	Tribal group of East Coast area north of Gisborne to Tinirau
Ngāti Whatuiapiti	Sub tribe of Ngāti Kahungunu ki Heretaunga

<i>Noa</i>	Be free from the extensions of <i>Tapu</i>
Nukutaurua	Mahia Peninsula
<i>Ōku</i>	Belonging to me (more than one thing)
<i>Pā</i>	Inhabitants of a fortified place
<i>Paepae</i>	Orators' bench
Paki Paki	Town in Hawke's Bay
<i>Pakipaki</i>	To clap, slap, tap, touch
Pakipakiohinetemoa	Full name of ancestress Hinetemoa
Pakowhai	Name of <i>marae</i> in Frasertown
Papatūānuku	Earth mother
<i>Pātaka</i>	Store house raised upon posts
<i>Pepeha</i>	Proverb, especially from a tribe
Porirua	Suburb in Wellington
<i>Pōwhiri</i>	To welcome, invite
Pukepuke Tangiora	Ancestress of Ngāti Mihiroa
<i>Rangatira</i>	Chief, chieftain
<i>Rangatiratanga</i>	Sovereignty, chieftainship, right to exercise authority

Ranginui	<i>Atua</i> of the sky and husband of Papatuānuku
<i>Rāpaki</i>	To wear around the waist down to the knees
<i>Raūa ko</i>	And
<i>Raupatu</i>	To conquer, overcome
<i>Rewana</i>	Bread made with potato yeast, leaven, added to dough to make it ferment and rise
<i>Rohe Pōtae</i>	Tribal territory
<i>Rohe</i>	Tribal territory
Rongomaiwahine	One of the wives of chief Kahungunu
Rongowhakaata	Tribal group in the area of Gisborne
<i>Rōpū</i>	Group
<i>Rūnanga</i>	Tribal council
<i>Taiaha</i>	A long weapon of hard wood
Tākitimu	A migration canoe
<i>Tamariki</i>	To be young, youthful
Tamaterangi	Ancestor of Ngāti Mihi

Tamatea Arikinui	Captain of the Tākitimu canoe
Tāne Mahuta	<i>Atua</i> of the forests and birds
Tangaroa	<i>Atua</i> of the sea and fish
<i>Tangata whenua</i>	Local people, hosts
<i>Taonga</i>	Property, goods, possessions
<i>Tapu</i>	Be sacred, prohibited
Taraia	Marae in Paki Paki
Taranaki	Tribal group to the West of Mt Egmont and South of New Plymouth
<i>Tautoko</i>	To support, prop up
<i>Te Ao</i>	Light, the world
<i>Te Ao Māori</i>	Māori World
<i>Te Ao Mārama</i>	The natural world
<i>Te Ara Tika</i>	Māori ethical framework
Te Arawa	People who descend from the crew of this canoe from Hawaiiiki who form a group of tribes in the Rotorua-Maketū area
<i>Te Kore</i>	Nothingness, the void

<i>Te Oranga</i>	Part of <i>Te Pae Mahutonga</i> to mean participation in society
<i>Te Pae Mahutonga</i>	Māori health promotion model
<i>Te Pō</i>	Darkness and night
<i>Te Reo Māori</i>	Māori language
<i>Te taha hinengaro</i>	Part of <i>Te Whare Tapa Whā</i> to mean mental well-being
<i>Te taha tinana</i>	Part of <i>Te Whare Tapa Whā</i> to mean physical well-being
<i>Te taha wairua</i>	Part of <i>Te Whare Tapa Whā</i> to mean spiritual well-being
<i>Te taha whānau</i>	Part of <i>Te Whare Tapa Whā</i> to mean family well-being
<i>Te Tiriti</i>	Treaty
<i>Te Tiriti o Waitangi</i>	Treaty of Waitangi
Te Waiau	Name of a river in Wairoa
Te Wairoa	Name of a river in Wairoa
Te Whānau-ā-Apanui	Tribal group from Maraenui to Tinirau on the East Coast

<i>Te Whare Tapa Whā</i>	Four cornerstone, Māori health model
<i>Te Whare Wānanga</i>	University, place of higher learning
<i>Te Whetu</i>	The Star, Māori health model
<i>Teina</i>	Younger brother of a male, younger sister of a female
<i>Tikanga</i>	Correct procedure, custom
<i>Tika</i>	Correct, true
<i>Tinana</i>	Body
<i>Tino Rangatiratanga</i>	Self determination, sovereignty
<i>Tupuna (singular), Tūpuna (plural)</i>	Ancestor, grandparent(s)
<i>Toiora</i>	Part of <i>Te Pae Mahutonga</i> to mean lifestyles
<i>Tōku</i>	My (referring to one item)
<i>Tuakana</i>	Elder brother of a male, elder sister of a female
<i>Tungāne</i>	Brother or male cousin of a female
<i>Tūrangawaewae</i>	Place where one has rights or residence and belonging through kinship

<i>Utu</i>	To repay, pay
<i>Waewae tapu</i>	Newcomer, rare visitor
<i>Waiata</i>	To sing
<i>Waiora</i>	Part of <i>Te Pae Mahutonga</i> to mean environmental protection
Waipukurau	Town 49.2km, South of Hastings
Wairarapa	Town 42.3km, South of Hastings
<i>Wairua</i>	Spirit, soul, quintessence
Waitangi	Place in Northland where Treaty was signed
<i>Waka</i>	Canoe, vehicle
<i>Wānanga</i>	To meet and discuss, seminar
<i>Wero</i>	Smoking cessation initiative, also means challenge
<i>Whāea</i>	Mother, aunty
<i>Whakahaere</i>	To organise, cause to go
<i>Whakairo</i>	To carve, ornament
<i>Whaikōrero</i>	To make a formal speech

<i>Whakapapa</i>	Genealogy
Whakapūnake	Name of mountain in Wairoa
<i>Whakatauki</i>	To utter a proverb
<i>Whakaute</i>	To respect
<i>Whakawhanaungatanga</i>	Process of establishing relationships
Whānau Ora	New Zealand government strategy document
<i>Whānau</i>	To be born, give birth
<i>Whanaunga</i>	Relative, relation
<i>Whanaungatanga</i>	Relationship, kinship
<i>Wharenui</i>	Meeting house
Whatuiapiti	Name of ancestor of Ngāti Whatuiapiti
<i>Whenua</i>	Land

Chapter One: Introduction

Ko wai au? Who am I?

I te taha o tōku whāea

Ko Whakapunake tōku maunga

Ko Te Waiarau tōku awa

Ko Takitimu tōku waka

Ko Pakowhai tōku wharenuī

Ko Ngāti Mihi tōku hapū

Ko Tamaterangi tōku tupuna

Ko Ngāti Kahungunu ki Te Wairoa, Te Whānau-ā-Apanui me Te Arawa ngā iwi

Ko Tohiariki tōku ingoa whānau.

I te taha o tōku matua

Ko Kahuranaki tōku maunga

Ko Ngarururo tōku awa

Ko Takitimu tōku waka

Ko Ngāti Mihiroa tōku hapū

Ko Mihiroa rātou ko Houngarea ko Taraia ngā whareniui

Ko Mihiroa, Pukepuke-Tangiōra me Pakipakiohinetemoa ngā tūpuna

Ko Ngāti Kahungunu ki Heretaunga, Ngāi Tamanuhiri, Ngāi Tahu me Rongowhakaata ngā
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Ko Temana Tohiariki rāua ko Dave Stone ōku koroua

Ko Doris Johnson rāua ko Lily Tomlins ōku kuia

Ko Pauline Pohatu rāua ko Tamati Pohatu ōku mātua

Ko Cherie rāua ko Aroha ōku tuakana

Ko Rocky rāua ko Aaron ōku tungāne

Ko Harlan-Tamati tōku irāmutu

Ko Lisa Pohatu tōku ingoa

Nō Paharakeke ahau.

Who I am is represented through my *pepeha*. Hakopa (2011) explains the importance of *pepeha* for locating Māori within *Te Ao Māori* explaining that:

Pepeha describes features of the land clothed with names given to the region by ancestors who inherited the region. Inherent in each name is a sacred corpus of oral traditions that describe the deeds of the ancestors, imbue the land with character and shape the identity of the local iwi or tribe as a separate and unique people of Aotearoa, New Zealand; behind each name is a story. These are the oral traditions that position the author geographically and culturally...as a Maori within the Maori view of this world (p. 4).

Knowing my *pepeha*, I am able to form connections with my ancestors and with the land. Both of my parents are of Māori ancestry. A translation of my *pepeha*, is a translation of my Mum and Dad's *whakapapa* and shows that, on my Mum's side Whakapunake is the name of my mountain, Te Waiau is the name of my river, Takitimu is my canoe, Pakowhai is the name of my meeting house and Tamaterangi is my ancestor. My sub-tribe is Ngāti Mihi and Ngāti Kahungunu ki Te Wairoa, Te Whānau Apanui and Te Arawa are the names of my tribes. My family name is Tohiariki.

On my Dad's side, Kahuranaki is the name of my mountain, Ngaruroro is the name of my river, Takitimu is my canoe. Mihiroa, Houngarea and Taraia are the names of my meeting houses, Mihiroa and Puke Puke Tangiora and Pakipakiohinetemoa are the names of my ancestress. My sub-tribe is Ngāti Mihiroa and the tribe that I affiliate the most with is Ngāti Kahungunu ki Heretaunga, but I also acknowledge the links I have to Ngāi Tamanuhiri, Rongowhakaata and Ngāi Tahu. My family name is Pohatu.

Kinship groups confirm the *whakapapa* of an individual's membership within Māori society, such as *whānau*, *hapū*, and *iwi*. In general, the term *iwi* is the sum total of its *hapū*, the *hapū* an aggregation of *whānau* and *whānau* an association of close relatives (Henare, 2001). It is not only *whānau*, *hapū* and *iwi* that define me but also my *rohe pōtae* or tribal territory. This is described by the features above such as my *maunga*, *awa*, *waka* and *marae*.

Central to who I am, is a reflection of my immediate *whānau* and support network. My Mum, Pauline and Dad, Tamati, my grandparents of whom two, Dyce and Doris have passed away, and two, Dave and Lily who are still here. My two older sisters, Cherie and Aroha, my two younger brothers Rocky and Aaron, and the newest addition to my *whānau* is my nephew Harlan-Tamati. To appreciate who I am, and what defines me, is to gain an understanding of these connections from these kinship groups as this continues to shape me and shape my thesis.

Research Journey

I have always been active, playing different team sports throughout primary and secondary school, most at a representative level for Hawke's Bay, and I have been fortunate that these sports have taken me all over New Zealand. Leaving secondary school to attend the University of Otago, I left as a 'big fish', and entered in as a 'tadpole' into the massive pond of Dunedin. My priorities changed and sport at any level was not a focus of mine anymore. In 2009 I graduated with a Bachelor of Science degree majoring in Psychology and then completed a Postgraduate Diploma in Public Health in 2010. In 2011, I was part time studying and working in Dunedin, when my older sister Cherie asked me if I wanted to be part of a team for the 'Iron Maori'. I had no idea what Iron Maori was about, so reluctantly agreed. To my dismay, I soon discovered that Iron Maori was a long distance triathlon event.

I was to do the 2km swim, Cherie the 90km bike and my other sister Aroha, who was based in London at the time, was to come home and do the 21km run. After the initial shock, I saw this was a chance for me to go home and then reality hit that I had better get back into fitness 'quick smart'. Knowing how to swim, but by no means a strong swimmer was where my Iron Maori journey began.

I trained up at the local pools in Dunedin, Moana Pool twice a week. Two kilometres equates to 80 laps of a 25metre pool and never in my training that year had I actually completed 80 laps. I did not make any significant lifestyle changes, my nutrition was good to poor generally, my 'social' life was still very lively every weekend and having a good time with friends continued to be a priority. I arrived home two weeks before the event, and went to assess the swim area, which is an open water tidal pond and man did I freak out! I hadn't done nearly enough training, I had never swum in open water, I had never swum in a wetsuit and all these negative thoughts were going through my head, I was thinking I can't do this. I wanted to break my ankle, I was hoping it would be cancelled, any excuse to get another month of training in. My sister Aroha, had pulled out so we had our cousin Whitney come in as a late substitute and I really wanted to swap and do the run, as I could always walk when I became tired. But when you are tired out there in the pond what can you do? The day of the event arrived and I got through it. I bought a wetsuit from The Warehouse that was too big for me and had stripped it off and swum in my togs for the second and third lap. Having completed my leg I found a place on the course, parked up, and awaited my sister and cousin to finish the bike and the run. It was on the run and being a spectator that I was amazed and inspired to see mainly Māori, of all ages and body shapes be part of this Iron Maori, taking one step at a time to finish the gruelling 21.1km run, and many completing the event as individuals. It was that year, 2011, that the seed was planted, not to do research, but to do the

individual half Iron Maori, and alongside my brother Rocky, we thought if they can do it we can do it!

In 2012, I was back in Dunedin, with a hectic schedule of part time working, studying and my involvement in student politics. Registrations for Iron Maori open at the end of March and since its first event in 2009, the event had attracted a huge amount of interest with online registrations filling up within minutes. Rocky and I had signed up and through word of mouth there was also a strong contingent from Dunedin participating as part of teams. Everyone was on a high, full of encouragement, motivation and support.

Leading up to the 2012 Iron Maori I had taken a paper, taught by one of my supervisors, Anne-Marie which was on Māori health within the School of Physical Education, Sport and Exercise Sciences where we discussed three areas, *Te Ao Māori*, *Te Tiriti o Waitangi* and *Kaupapa Māori* methodology and how this connects with Māori health. During this class, I was thinking about Iron Maori and how these areas are applicable. I then approached my two current supervisors and pitched my idea of wanting to do research on Iron Maori. Using my Psychology degree and Public Health Diploma I knew I wanted to research Iron Maori as this was clearly not a fad because of the increasing momentum of the event.

For the 2012 Iron Maori event my training was better than the previous years but my general lifestyle really hadn't changed. I was still socialising every weekend and my nutrition was not any better. I had better knowledge in terms of equipment, but that didn't stop the nerves. The same nerves I felt the days before last year were magnified by 100 with the daunting prospect of having to complete all three legs by myself. The only relief I had was having friends from Dunedin, and the support of my brother, who was the only person

that could really empathise with me having done similar preparation. ‘Long story short’, I painfully completed the individual half Iron Maori and I can confidently share that the 9 hours it had taken me to complete all three disciplines, taught me a lot about myself in terms of how much I can handle mentally and physically and this has been a positive and life changing experience.

If I wasn’t ‘crazy’ in 2012, I was even ‘crazier’ in 2013. In 2013, I started my Masters research project and also signed up for two Iron Maori events. I entered into the inaugural Taranaki Iron Maori in April of that year and the half Iron Maori at the end of the year. The Taranaki Iron Maori held in Waitara, a small event compared to the ‘main’ Iron Maori event in Napier, really embraced the community and *whānau*. The long distance course in Taranaki which I participated in was a 600m swim in a 25m pool, 20km flat cycle and a 5km run. It was an overwhelming feeling to be part of this inaugural event in Waitara, Taranaki as the smaller numbers created a more intimate atmosphere. I gained more appreciation of the event, as for many participants, the smaller events are used as a stepping stone for the Napier half Iron Maori event.

My training for the 2013 Iron Maori event in Napier was better than 2012 for the individual half. I was dedicated to making lifestyle changes and really applied myself in all aspects to training. Extra motivation was given with researching into Iron Maori because when I wasn’t physically training, I was constantly thinking about Iron Maori. I moved back to Hawke’s Bay from Dunedin in September of 2013 and had the luxury of training on the course. Days before I was feeling both ready and nervous. The day of the event came and after the swim leg I was feeling really good, and within the first 20km of the cycle leg I had a punctured tyre. One crucial error was not learning to change an inner tube and I definitely

paid the price with waiting for over 20 minutes before receiving help and then frustration crept in. To add more fuel to the frustration, I received another puncture; luckily the marshals were behind me and noticed, thus not much time was wasted. I was in tears and wanted to give up, wanted to quit my research and wanted nothing to do with Iron Maori. Those emotions definitely added to my character building and solidified how important a holistic approach is for my own health and well-being. Being able to get myself out of that negative mental state of wanting to give up, and with the support of friends and *whānau*, I managed to physically finish the course. All of these experiences as a participant of Iron Maori have contributed to my understandings and influence my research on Iron Maori.

What is Iron Maori?

Iron Maori was established in 2009 by Te Timatanga Ararau Trust (the Trust) with the vision of “healthy and vibrant whānau participating in all aspects of life and promoting wellbeing from kaumātua to mokopuna” (Kerr, 2013, p. 15). The event was designed to be so physically demanding that participants would have to make significant lifestyle changes to be able to participate and complete it. The Trust aimed to ensure that the changes for individuals would be permanent and would then permeate through to the individual’s *whānau* (Kerr, 2013). The vision of Iron Maori became a reality while one member of the Trust, Heather Te Au Skipworth, was competing in a full distance Iron Man event, and wondered why Māori didn’t participate in this event. Heather then pitched the idea of creating a similar event for her *whānau* and her people (Māori). Heather has said that the main impetus behind Iron Maori is quality of life and not the glory associated with being part of a long distance triathlon, she goes on further to describes the mentality behind Iron Maori is that “if you believe that you will achieve” (Skipworth, 2013).

Iron Maori is a non-competitive (meaning non-professional) event and this aspect attracts people. People participating in Iron Maori are not competing for the glory of coming first, but it is the process and changes in their lifestyle for a better quality of life that is more of the reward than anything else. The Iron Maori event goals are

1. “Run events that provide the inspiration and incentive for participants to reach for and attain positive lifestyle changes
2. Run events that embody the Trust’s values and *kaupapa* of *kanohi ki te kanohi, whanaungatanga, manaakitanga* and *Tino Rangatiratanga*
3. Healthy food choice, exercise, *auahi kore* and alcohol and drug free lifestyles”
(Kerr, 2013 p. 16).

Iron Maori began as an half Iron Man long distance triathlon event which involves a two kilometre swim, 90km bike ride and a 21.1km run and could be completed as an individual or in a team of three. Iron Maori has been hugely successful as evidenced by large increases in participation levels of predominantly Māori from 288 people in 2009 to a sell-out of 2130 participants in 2012 with registrations selling out within eight minutes and 2013 registrations selling out just as fast. Further the Iron Maori event has since spread out to different regions with different distances (see Appendix 1).

Indigenous Health

The context for Iron Maori is within Māori health and within indigenous peoples’ health in an international context. Māori are the indigenous peoples of New Zealand and data from the 2013 Census show that Māori make up approximately 14% of the New Zealand population (Statistics New Zealand, 2013a). Indigenous peoples’ perspectives of health and

survival are holistic, collective and inter-generational (Chilisa, 2012; Durie, 2004; Ratima, 2001). The United Nations Declaration on the Rights of Indigenous Peoples states there are four distinct shared dimensions of life crucial for positive health which are: spiritual; intellectual; physical and; emotional. Linking these four fundamental dimensions, health and survival manifests itself to multiple levels where the past, present and future co-exist simultaneously (Durie, 2004; United Nations, 2008). This concept differs from the dominant Western concept of health articulated by the World Health Organisation (1946) that “health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (p. 100). The World Health Organisation definition does not make reference to the spiritual component of health that many indigenous academics see as being a central element to health (Chilisa, 2012; Durie 1985, 1998a, 2001; Gracey & King, 2009;), and is similarly true for Māori.

Hauora

One way Māori perceive health is through the term *hauora*. *Hauora* means to be fit, well, healthy and in good spirits. *Hauora* is comprised of *hau* and *ora*, *hau* means vital essence, vitality of human life and *ora* means to survive, be alive, well, safe, healthy and fit (Moorfield, 2003). There are a number of elements that underpin *hauora* that are embedded within *Te Ao Māori*, *whakapapa*, kinship ties, *whānau*, physical and mental aspects to name just a few. These elements are reflected throughout Iron Maori, and will be discussed later in this thesis. In this thesis, I have utilised Māori health models *Te Whare Tapa Whā*, a four cornerstone health model and *Te Pae Mahutonga*, a Māori health promotion model to understand *hauora*. The *kaupapa* of Iron Maori follows the elements within *Te Whare Tapa Whā* and *Te Pae Mahutonga* and will be explained in more detail later on within the thesis.

The State of Māori Health

Māori are overrepresented negatively in many health statistics (Ministry of Health, 2010) and this is similar to indigenous peoples' internationally (Gracey & King, 2009). As a population group, Māori have on average the poorest health status of any ethnic group in New Zealand (Ministry of Health, 2010; 2012). The leading causes of death for Māori are cardiovascular disease, heart attack and stroke accounting for a third of all Māori deaths. Māori females have double the likelihood of having diabetes as non-Māori and Māori males with diabetes are significantly less likely to have good control over their diabetes (Ministry of Health, 2012). Māori generally have higher risk factors that increase the probability of a disease than non-Māori and fewer protective factors that safeguard a person from suffering a disease (Ministry of Health, 2012). Risk factors include behaviours such as smoking, hazardous alcohol use, and obesity. Protective factors include exercise and good nutrition (Gracey & King, 2009; Kerr, 2013). These protective factors of planning a realistic exercise and eating plan are promoted and supported within the Iron Maori *kaupapa* through *whanaungatanga*, *tautoko* and *manaakitanga* in an effort to mitigate the risk factors (Kerr, 2013). Strategies at a government level have been proposed and implemented to reverse these health statistics for Māori, the most recent being the Whānau Ora approach spearheaded by the current Māori Party¹ co-leader, and Associate Health Minister Tariana Turia.

Whānau Ora

Whānau Ora is a government strategy that was initiated in 2010 as a programme to improve health outcomes for *whānau*. This is achieved by integrating services across social sectors and within health in a manner that is responsive to social determinants and more

¹ New Zealand political party which has a confidence and supply agreement with the current National Party led government.

congruent with cultural values (Durie, Cooper, Grennell, Snively & Tuaine, 2010). Whānau Ora builds on an earlier government document, He Korowai Oranga: Māori Health Strategy 2002. He Korowai Oranga recognises that both Māori and government have aspirations for Māori health, and that an active partnership between Māori and the health and disability sector, needs to occur if these aspirations are to be realised. Within this document, the government's priority is to reduce and eliminate health inequalities that affect Māori (Durie et al., 2010). In a 2012 Media Statement Whānau Ora Minister Turia writes

“Whānau Ora, at its heart, is about whānau, aiga or families coming together to support each other through building shared aspirations, and working together to achieve those aspirations” (Turia, 2012, p. 1).

He Korowai Oranga and Whānau Ora contribute to the implementation of services through Māori health promotion. Iron Maori is an example of health promotion and reflects the quote made by Minister Turia above. *Whānau* definitions across all cultures come together to support one another in their journey of better well-being, to live a longer healthier life. Iron Maori is about building on gains and reducing inequalities which is one of the key threads of Whānau Ora (Durie et al., 2010).

Māori Health Promotion

Māori health promotion allows Māori to assert their autonomy to strengthen their own identity as a means to improve their overall health and well-being (Durie, 1999; Ratima, 2001). Through the Māori health promotion model of *Te Pae Mahutonga* (Durie, 1999) there are different elements required to empower an individual's unique abilities with the collective effort of *whānau*. The principles of health promotion reflect theories from behavioural and social sciences and identify that solutions lie at all levels including the individual,

community, society and policy (Davies & Macdowall, 2006). Both Māori and non-Māori perspectives of health promotion are similar as all levels are considered, the micro, meso and macro level. Within a Māori health perspective, the micro is similar to the *whānau*, the meso to the *hapū* and the macro to the *iwi*. All are interdependent entities that work and support each other.

Position of the researcher

I write this research from a complex perspective. I have specifically engaged with the current study because of my involvement with the Iron Maori initiative, my study background, my genealogical connections and I am also an advocate of the *kaupapa* that Iron Maori is based on. As a former and current participant of Iron Maori there is the potential for me, as a researcher to have a biased view which can be difficult. The role as a researcher trying to remain a neutral view can be quite challenging as there are many times I can't help but compare my experiences with those of my participants and this has posed many challenges throughout my analysis. I am in two minds about my role. One, I acknowledge the bias that this presents and two, I have the capacity to assert my autonomy and *Tino Rangatiratanga* a strength that mirrors Iron Maori, by working within a *Kaupapa Māori* framework which will be explained in more detail later.

The present study has provided a platform for my aspiration to learn more about other positive aspects of indigenous and Māori health and to investigate what factors drive people to make significant lifestyle changes. Innovation within Māori health is becoming more recognised and Iron Maori is an example of this innovation. With this in mind, positive aspects of indigenous and Māori health, factors that drive people to make significant lifestyle changes and innovation have all contributed to the research inquiry.

Aim

The aim of this research is to gain an understanding around why Iron Maori had led to Māori and non-Māori choosing to make significant lifestyle changes through Iron Maori.

Research Questions

Four research questions will assist in answering this aim. Iron Maori is built on values underpinning the Māori worldview therefore it is imperative to gauge where participants' personal understanding of the Māori worldview comes from.

1. What are the individual perceptions and knowledge of Iron Maori participants of *Te Ao Māori* and how does this relate to Māori health?

The second research question is to gain an understanding of participants' views on Māori health and whether participants' saw the Treaty of Waitangi and subsequently colonisation as playing a role within the current Māori health statistics.

2. What are participants' perceptions of Māori health, covering areas such as *Te Tiriti o Waitangi*, colonisation and the impact this has had on current Māori health statistics?

The next two research questions relate specifically to Iron Maori and the multiple facets involved with the event. These questions act as a guide as participants were allowed the freedom to comment on any aspect of Iron Maori.

3. What support networks have contributed to participants engaging in Iron Maori?
4. What motivates participants to be a part of the Iron Maori journey?

Rationale

Iron Maori is an example of a positive Māori health initiative. Often Māori health is perceived negatively because of the poor health statistics and Māori are viewed from a deficit position (Reid & Robson, 2006). Iron Maori is a counterexample. Gaining an understanding of the key drivers that have led to Māori and non-Māori choosing to make significant lifestyle changes through Iron Maori is an added rationale behind this study. Further rationales include the relationship I have with the Iron Maori management team, allowing me to pursue a career in research but also giving me the freedom, flexibility and trust that I will portray Iron Maori in a way that represents the *kaupapa* behind Iron Maori. Furthermore, highlighting key areas of success from a *Kaupapa Māori* driven health promotion for other indigenous and Māori peoples to build on and refer to.

Methodology

The overarching theoretical framework for this thesis is *Kaupapa Māori* theory. The research questions above were examined through the lens of a *Kaupapa Māori* framework. It is important to provide this research using a Māori perspective as “Western methodologies and approaches to Māori matters undertaken from within a Western values system would only ever be able to provide an outsider’s interpretation of particular observable features of Māori society and culture” (Mutu, 2004, p. 26). This is a framework which is outcome-driven and utilises *Kaupapa Māori* theory, principles and practices with the aim of creating benefits and positive outcomes for Māori (Stevenson, 2013). Complementing the *Kaupapa Māori* framework was the applicability of the Māori ethical framework *Te Ara Tika* (Hudson, Milne, Reynolds, Russell, & Smith, 2010), which addresses Māori ethical principles of *tika*, *mana*, *manaakitanga* and *whakapapa*. Iron Maori is an event that places emphasis on Māori

philosophies, as this is a new initiative with limited research, there are four values based on the evaluation of the healthy lifestyle programme (Kerr, 2013), which are *manaakitanga*, *whanaungatanga*, *kanohi ki te kanohi* and *Tino Rangatiratanga* and will be embedded throughout the thesis.

Significance and Outcomes of Research

This research portrays the experiences of participants of Iron Maori events. Allowing a safe forum for participants to share their knowledge and experiences of their Iron Maori journey will provide an insight of participants' journeys and the changes that they went through. Utilising the *Kaupapa Māori* methodological framework will provide an understanding of key drivers that have led to Māori and non-Māori participants making conscious lifestyle changes through the medium of Iron Maori. The significance of gaining this knowledge may benefit Māori and indigenous communities as they will have first-hand knowledge and experience of participants involved with Iron Maori to gain more information around this issue of Māori health. This research may also provide beneficial outcomes for Iron Maori. One benefit that may arise is a further increase in public awareness of this event, thereby increasing public exposure, with more individuals becoming aware of the benefits which will encourage greater participation within Iron Maori events and subsequently better health and wellbeing for all. Iron Maori can also be a lead in influencing policy development at both local and central government levels.

Thesis structure

This thesis is structured into seven chapters which is represented in Figure 1. Chapter one is the introduction. This begins with an introduction of who I am, and what defines me.

This then leads to a general overview of key aspects that frame this thesis and will be discussed throughout the remaining chapters.

Chapter two is the literature review; sections include *Te Ao Māori*, *whakapapa* and creation narratives. This flows on to discussing indigenous health, *hauora*, and *Te Whare Tapa Whā*, a Māori health model. The Treaty of Waitangi and colonisation, health promotion, and Māori health promotion complete this chapter. This chapter reviews literature around the above topics so that we are able to build a picture of what has been researched and the findings from this research. From this research I can affirm, contest or highlight gaps alongside experiences and knowledge informed by the participants of the current research.

Chapter three outlines the framework that I have chosen, *Kaupapa Māori* theory. Within this chapter I utilise *Kaupapa Māori* principles and practices to guide my methodology and methods. *Kaupapa Māori* theory is based on *Te Ao Māori* and the principles and practices that comprise this framework are interwoven with one another, and therefore it is difficult to see principles independent of one another, and there is a natural overlap between them.

Chapters four, five and six are analytical chapters. The analytical chapters discuss the prevailing themes that emerged from the stories of the participants. In brief, chapter four begins with a *Te Ao Māori* preface which leads into examining how the Māori worldview influences the concept of *whānau* within the *Kaupapa* of Iron Maori. Chapter five begins with a preface of the Treaty of Waitangi and examines how this has impacted on Māori health. This leads to observations within Iron Maori that is consistent with elements of Māori health models. Chapter six examines *Taonga Tuku Iho*, the *Kaupapa Māori* principle of

cultural aspiration and examines elements of Iron Maori that have contributed to normalising Māori culture and values.

Chapter seven is the concluding chapter and summarises the entire thesis. Within this chapter I discuss how Iron Maori has contributed to *hauora*, how I will disseminate this research to the key stakeholders whilst adhering to *Kaupapa Māori* practices and practical implications and limitations of this research. The final two sections of this chapter is to provide areas where future research can be done and the contribution that this thesis has had to Iron Maori, and the final section is on my own personal thoughts and reflections of this thesis journey.

I acknowledge that this adopted thesis structure is unconventional within Public Health by having both the results and discussion integrated as one instead of the conventional two separate chapters, but it is also an indication of how integral and interconnected *Te Ao Māori* and *Kaupapa Māori* theory is which is seen throughout my entire thesis.

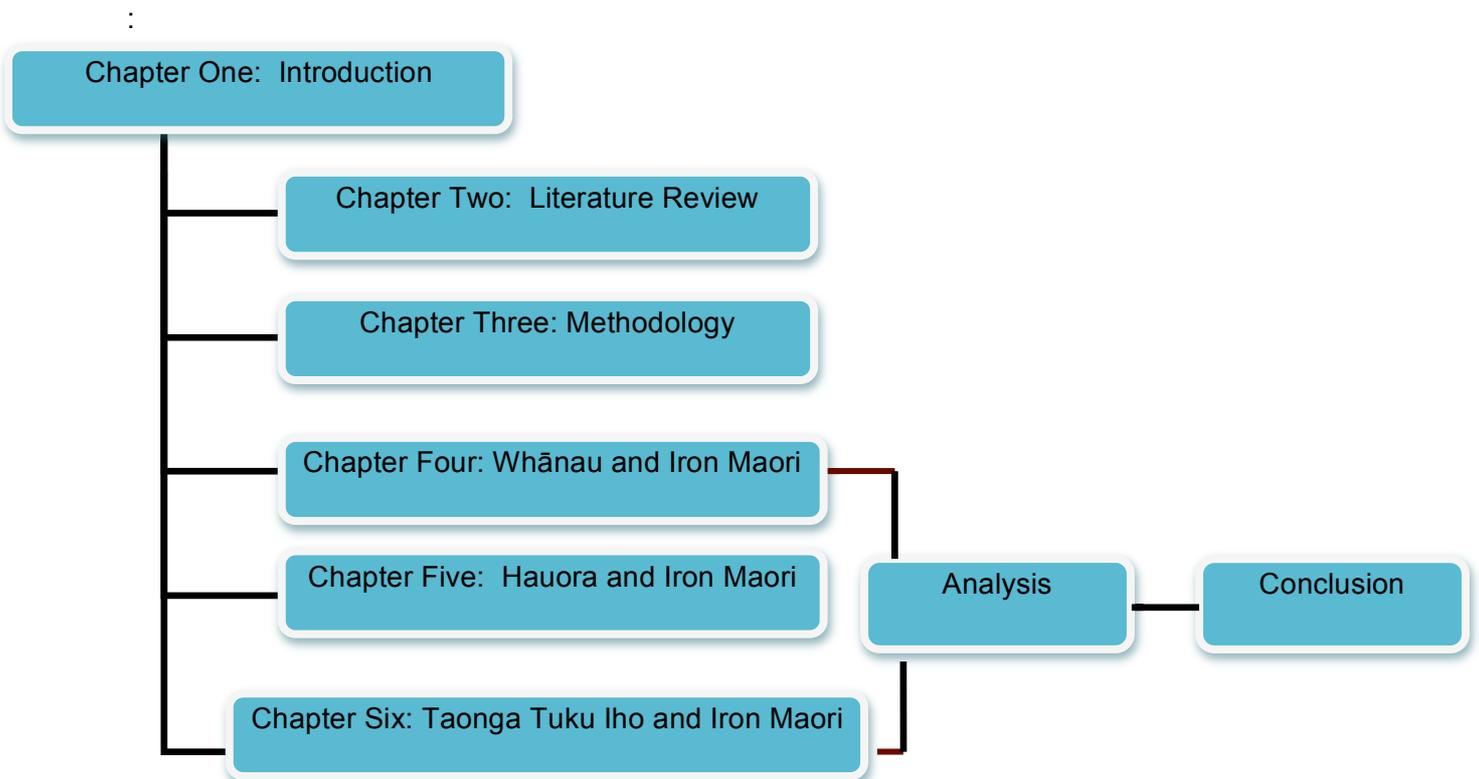


Figure 1. Digrammatical image of thesis structure. Each subsequent chapter is informed by Chapter one.

Chapter Two: Literature Review

This chapter will discuss the relevant background and literature for the current research. The purpose is to provide a foundation of knowledge pertaining to the essential themes in the literature. Four overarching themes will be discussed: *Te Ao Māori*; Māori health models; effects of colonisation on Māori health and; Māori health promotion.

Literature Search Techniques

An extensive literature review was carried out, identifying both national and international literature pertaining to indigenous health and then specifically to Māori health. Initial stages of literature collation were done in collaboration with the University of Otago Health Sciences Library Liaison Staff. At the time of searching for literature Summon was the discovery layer tool which allowed access to a number of databases via the University of Otago Library website. Through this database I was directed to other databases such as PUB Med, Medline, ProQuest and Informit Health Collection. Google Scholar was also used. Follow up searches were then undertaken by tracking forward citations or finding articles mentioned in footnotes or bibliographies. Key words (in no particular order) included “Māori Health”, “Kaupapa Māori Theory”, “Te Ao Māori”, “Hauora”, “Māori health models”, “Te Whare Tapa Whā”, “Te Wheke”, “Te Pae Mahutonga” and “Māori Health Promotion”. The study also relied on oral transmission and transfer of knowledge of key people to ensure authenticity of the information given on certain topics.

Te Ao Māori

As a young Māori female, my view of the Māori world or *Te Ao Māori* was purely through the eyes of other people; Māori scholars, *whānau* members and text books. Within

this section I begin with the main concepts that make up *Te Ao Māori*, such as *whakapapa* and creation narratives as well as personal experiences. I have provided examples from literature which are followed with specific examples from my own life that have contributed to the person I am today. Undertaking this research has developed my own understanding of the many aspects that make up *Te Ao Māori* and has cleared a pathway along which I can recognise traits within myself that I now know I can attribute to a Māori worldview.

Te Ao Māori is a Māori Worldview. Marsden (2003) explains that “the route to Māoritanga through abstract interpretation is a dead end. The way only can lie through a passionate subjective approach” (p. 2). This quote captures the essence and uniqueness of *Te Ao Māori*, and recognises that all those who are fortunate enough to live and breathe *Te Ao Māori*, have an experience to share. People have different levels of exposure to *Te Ao Māori*, some being gifted enough to be bought up and immersed within it and others finding and embracing *Te Ao Māori* in different stages of their life. I can only express my interpretation of the Māori worldview from my own experiences of being brought up within Ngāti Kahungunu. This Kahungunu worldview combined with my own unique worldview shapes my thesis and my identity.

Growing up in a Māori society some of our processes we see as ‘the norm’ are difficult to explain in words. Words are descriptive and cannot be a substitute for firsthand experience, take for example a *pōwhiri*. A *pōwhiri* at a simple level is a traditional welcoming ceremony. Experiencing a *pōwhiri* enables a person to firstly learn the process and secondly gain an appreciation of how actions speak louder than words. Māori Marsden of Ngā Puhi proclaimed “as we think we live, and how we live is a pretty good indication of how we think” (Marsden, 2003 p. 27). Values embedded within us as a child, coupled with

the many experiences we gain throughout our life greatly impact the many decisions we make. Values and beliefs constantly change and evolve. Values that guide my belief system and affect how I see the world may have altered over time but one constant value I carry with me is the support from my *whānau* who guide many of the choices that I have made throughout my life. *Whānau* is a core element within the Māori worldview, and there is an ongoing inter-generational process of learning through the transmission of knowledge via experiences of our *kaumātua* who are the experts in *Te Ao Māori* (Durie, 1985; Marsden, 2003).

Te Ao Māori is a process where Māori can claim and shape their own identity (Walker, 1996). Identity is one way to show who you are and where you come from. Durie (1994) acknowledges that there is no exact measure of what constitutes Māori identity. Māori identity is still being asserted today which I interpret to mean that there is no limit to your identity and reshaping of identity is always occurring. Quite often I hear that you are not a Māori because you do not look a certain way or don't fit the Māori 'mould'. One often discussed aspect of this mould surrounds the ability to speak *Te Reo Māori* which was referred to in a famous quote which was endorsed by Sir Apirana Ngata and later reinforced by Timoti Kāretu (1993)

“Ki te kore e mōhio ki te kōrero Māori, ehara koe i te Māori”,

“If you do not speak Māori, you are not Māori” (p. 223).

There is an ongoing debate that the authenticity of a Māori person is directly related to their proficiency at speaking the language. The study undertaken by Ngaha (2011) shows that there is a lack of evidence to support that *Te Reo Māori* is a sole factor for Māori

identity. This same study found that through learning and using *Te Reo Māori*, Māori identity was strengthened. This highlights the complexity of Māori identity. One critical factor of identity is your *whakapapa*, knowing who and where you come from provides depth to our identity and later in life gives an individual the right to say, “I am a Māori” (Mead, 2003, p. 42).

Whakapapa

The term *whakapapa* can be broken down into two words, *whaka* and *papa*. *Whaka* is a particle to cause something to happen, and *Papa* is anything broad, flat and hard such as a flat rock, a slab or a board (Moorfield, 2003). *Whakapapa* is to place in layers or lay one upon another. *Whakapapa* is used to describe the recitation in proper order of genealogies. Visually we can depict layers of bricks as each generation, each brick on top of each other to represent the past towards the present and into the future (Joyce, 2006). *Whakapapa* allows connections to be made with other people. It is very common when meeting someone for the first time to hear the sentences ‘Nō hea koe?’ ‘Where are you from?’ followed by ‘Kei te mōhio koe i te ...whānau?’ ‘Do you know the ...whānau?’

Whakapapa begins when attention is given to the *mana* of *tūpuna* and the spiritual essence that commands all things Māori (Ra, 1999). Marsden (2003) considers the Māori world as a two-world system, where he quotes “the material proceeds from the spiritual which then interpenetrates the material and physical world of *Te Ao Mārama*” (p. 20). This process is embedded within the realm of spirituality and is difficult to understand. This process will be made clearer when I discuss the creation process from my perspective.

Creation Narratives

The Māori Worldview is holistic and cyclic, where each person is linked to every living thing and the *atua* or higher beings (Ka'ai & Higgins, 2004; Marsden, 2003). Inherent in these myths and legends of the *atua* and the becoming of humans are the notions of evolution and progression (Walker, 1990). Movement through each stage is recited through *whakapapa* where one state is born from another. Tribal differences show the variations in creation narratives. A version below shows three stages

1. Te Kore (nothingness, the void),
2. Te Pō (darkness and night) and
3. Te Ao (light, the world) (Royal, 2012, p. 1).

Another common creation narrative is of Io. Io is known in different ways, one way is by being the presence of the Supreme Being. Io is a distinctive feature of Māori creation narratives. There is disagreement amongst scholars around the validity of Io, as Io is said to have only appeared in the late 19th Century, and was only invented to bring Māori cosmology more into line with Christianity (Royal, 2012). Although scholars question the validity of Io, in my *whānau*, my Mum's younger brother, my Uncle Blackie Tohiariki, was gifted enough to be taught and then continue to learn the *karakia* of Māori philosophy. At *whānau wānanga*, and at a young age through *karakia*, it was 'drummed' into me to acknowledge *Io* as the supreme *atua*. Admittedly, at the time I didn't care about knowing any of this 'stuff', as I wasn't ready and felt it had no importance to me at all. Furthermore my parents did not force me to learn it, so I didn't. It isn't until now, in my young adult life that I want to learn, and am beginning to understand the concepts of Māori philosophy and hence the concepts of

Io. It is through my process of learning from my Uncle, that I do not question the validity of Io and I see Io as the supreme *atua* to which I will continue to acknowledge first and foremost. Reverend Māori Marsden goes on to describe life as an evolving cycle rather than a central act of creation in Table 1 below.

Table 1.

Evolving cycle of creation from Io to Ranginui and Papatūānuku

1. Io (creator, root cause)
2. Te Kore (The Void)
3. Te Kōwhao (The Abyss)
4. Te Anu (The Cold)
5. Te Pō (The Night)
6. Te Mauri (Life Principle)

This sequence describes the germination of seeds

7. Te Pū (Shoot)
8. Te Weu (Taproot)
9. Te More (Laterals)
10. Te Aka (Rhizome)
11. Te Rea (Hairroot)

This sequence describes the increase of energy

12. Te Raupunga (Seeking)
13. Te Whāinga (Pursuit)
14. Te Kukune (Extension)
15. Te Pupuke (Expansion)
16. Te Hihiri (Energy)

This sequence depicts the growth of wisdom and knowledge

17. Te Mahara (Primordial Memory)
18. Te Hinengaro (Deep Mind)
19. Te Whakaaro (Sub-conscious Wisdom)
20. Te Whē (Seed-word)
21. Te Wānanga (Consciousness Achieved Wisdom)

This sequence outlines the rise of space and time before the existence of Ranginui and Papatūānuku.

22. Te Hauora (Breath of Life)

23. Te Ātāmai (Shape)
24. Te Āhua (Form)
25. Wā (Time)
26. Ātea (Space)
27. Ranginui/Papatūānuku (The Natural World) (Royal, 2012, p. 3)

I have inserted this process to illustrate the complex and interrelated nature of the origins within *Te Ao Māori*. There are tribal variations and differences to this process which is very common within the Māori culture.

The last phase in this process is the fashioning of the natural world through Ranginui, Sky Father and Papatūānuku, Earth Mother. Through these phases we see the concept of the Māori world as a two-world system, where the spiritual leads to the material, and the material to the physical world (Royal, 2012). Through the many children of Ranginui and Papatūānuku I see the creation of the physical world. There are many *atua* that represent the divine or spirit of an aspect of the natural world such as who and what Tangaroa is to the sea. It is the narration of this *whakapapa* of creation which connects humans with the natural world. The relationship that connects cultural practices with specific environments as seen in Figure 2, where some of the *atua* are mentioned and the domain that they represent over a particular environment.

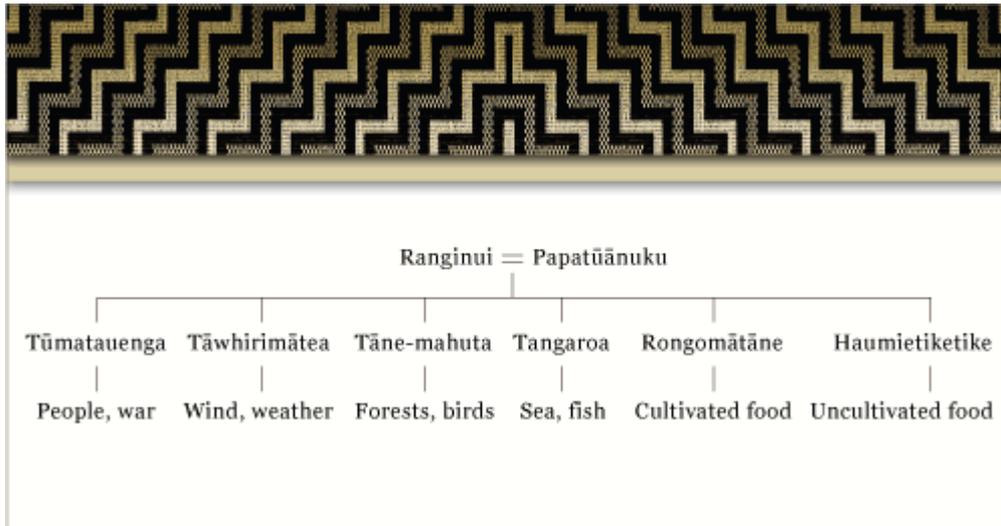


Figure 2. Whakapapa of Ranginui and Papatūānuku (Royal, 2012)

I have identified six offspring of Ranginui and Papatūānuku and the domain that each of the *atua* represent in the material world (Royal, 2012). It is now common for people to acknowledge these *atua* when entering their domain, for example, when people go diving, a *karakia* is spoken specifically to Tangaroa because Tangaroa has the *mana* over the domain of the ocean. There are many other *atua* which I have not named as well. I have chosen to mention only these six of the many *atua* as I am still on a journey to understanding the complexity of the Māori worldview. This is important and relevant to acknowledge these particular *atua* as this forms part of a deeper knowledge of understanding of where I come from and how this has shaped me and continues to shape me.

My Whakapapa

Whakapapa was and is the central tenet of what it is to be Māori and to be well in its fullest sense. *Whakapapa* was essential if the relationships and the people were to survive (Ngāti Kahungunu, 2013). To gain a deeper understanding of my own *whakapapa*, more

than my *pepeha* starting from Io, I have had an ongoing discussion with my Uncle Blackie, and together we talked through some of the processes and concepts of Io. I understood very little of the Māori philosophy that he was talking about as a child and then the ‘light bulb’ went off in my head. I was beginning to learn and understand the concepts of the *whakapapa* from Io and how they link with one another. Knowledge of my *whakapapa* at this level is *tapu* and as this thesis will become a public document it was agreed between my Uncle and I and preferred that only partial knowledge of my *whakapapa* will be shared as we do not want this information to be misconstrued in any way. Knowledge passed down needs to be taken seriously, Love (2004) goes on further to say that knowledge is a *taonga*, to be guarded and protected and when knowledge is passed down it is entrusted that this knowledge will be used wisely and to benefit a group rather than the individual. With this information and having the utmost respect for my Uncle, I will not share more than what he has guided me to share. What follows is a small piece of how my *whānau* depict the creation narrative deriving from Io, with a short explanation

Table 2

Whānau creation narrative story deriving from Io

IO NUI

Io Nui (Great expanse)

Io Roa (Eternity)

Io Te Mataaho (Radiance)

Io Te Matua (First Parent)

Io Taketake (Thoughts)

Io Wānanga (Source of all knowledge)

Io Tikitiki i te Rangi (The Supreme God)

(B. Tohiariki, personal communication, March 2013).

Io Nui conceptualises the many faces of the Supreme Deity from which our creation narratives takes its form which leads to Te Kore. Te Kore is the void of nothingness and within this nothingness we can create the realm of potential. I will now share an example that was given to me to understand how I came into existence. My Mum and Dad can be seen as separate individuals who existed in a state of Te Kore, both with ‘ultimate potential’ and when they came together that potential created me. Io Te Mataaho is significant to being bound and committed to the main thread and is the main line in which you proceed in the pursuit of goals (B. Tohiariki, personal communication, March 2013).

Although not all the concepts are explained, by being able to make connections with parts of my Kahungunutanga, these creation narratives enable my learning to think at a basic level with simple examples, and the ability to create an analogy between the processes of creating life. Having this deeper understanding of this process is invaluable and no matter how knowledgeable I think my Uncle is, he will be the first to admit that he is by no means an expert. I am in the same mind frame as the reader that is I was left wondering what about the other processes? How can I make the connection? I hope that over time, this will be achieved as I continue to learn the metaphorical nature of Māori philosophy and continue the inter-generational cycle by passing on what I know to my *whānau* and *mokopuna*. This process of developing an understanding of the range of values that underpin knowing who I am is consistent with the range of values that require understanding on what Iron Maori is based on such as *kanohi ki te kanohi*, *manaakitanga* *Tino Rangatiratanga* and *whanaungatanga*.

An important value within Iron Maori is *whānau*. *Whānau* has been identified as the basis of Māori cultural infrastructure (Moon, 2012). In traditional Māori times, *whānau* was based on kinship ties and a common ancestor (Moeke-Pickering, 1996). *Whānau* were once formed due to the obligations and responsibilities of *hapū* and *iwi* and location was also important. This has now changed, due to socio-economic benefits in order to survive. Leaving *hapū* and *iwi* areas has meant that identity has changed due to minimal or different exposure of cultural practices (Moeke-Pickering, 1996). Fortunately for me, this was not the case; I was brought up within the *hapū* of my paternal grandmother and frequently visiting the *hapū* of my maternal grandmother.

As written in my *pepeha*, I have Māori ancestry from both my father and mother. My paternal grandfather is Ngāi Tamanuhiri and Rongowhakaata on the East Coast of the North Island, New Zealand, whilst my paternal grandmother is Ngāti Kahungunu ki Heretaunga and Ngāi Tahu. My maternal grandfather is Te Arawa and Te Whānau-a-Apanui and my maternal grandmother is Ngāti Kahungunu ki Te Wairoa. I grew up in Flaxmere, in the Hawke's Bay region, within the Ngāti Kahungunu *rohe*. As I continue on my pathway to learn about Māori philosophy and the other area I *whakapapa* to, I will learn to acknowledge these areas also.

Growing up within the Ngāti Kahungunu region, I am naturally drawn to learn about this area and its origins which begin with the great *rangatira* Kahungunu. Kahungunu descends from the archpriest navigator and captain of Takitimu *waka*, Tamatea-Ariki-Nui. The crew of the Takitimu became the ancestors of the *iwi*, Ngāti Porou, Ngāti Kahungunu, and Ngāi Tahu (McLintock, 1966). Kahungunu is the great grandson of Tamatea-Ariki-Nui and is depicted in the *whakapapa* below.

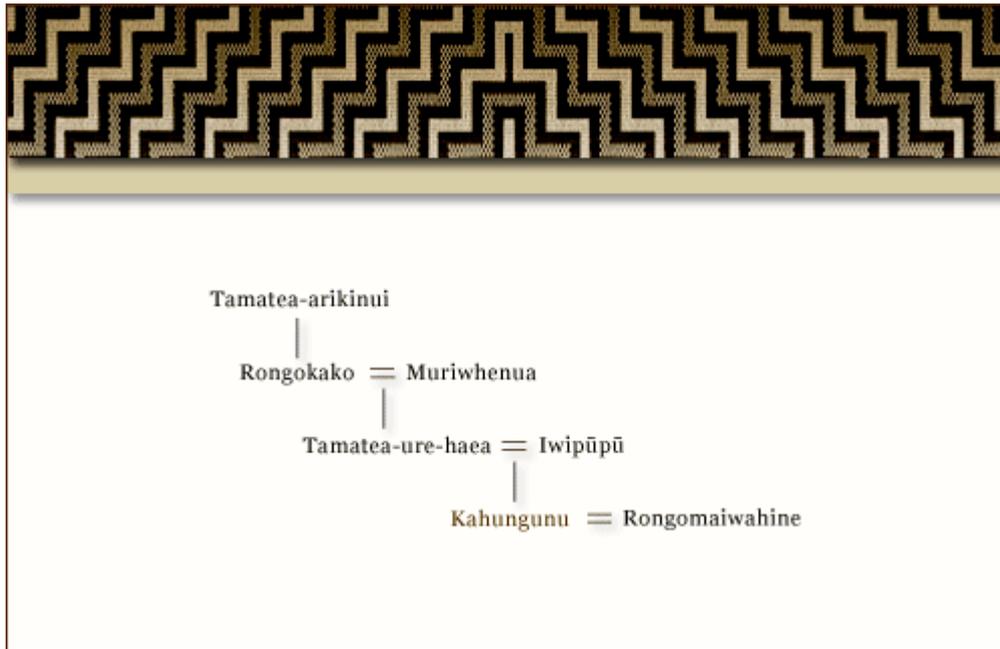


Figure 3. Whakapapa of Kahungunu, (Whaanga, Updated 2012)

Ngāti Kahungunu is the third largest tribal group in New Zealand and has the second longest coastline and area in Aotearoa from Mahia to Wairarapa (Ngāti Kahungunu, 2003; Whaanga, Updated, 2012). The three main tribal divisions are Ngāti Kahungunu ki Te Wairoa, Ngāti Kahungunu ki Heretaunga and Ngāti Kahungunu ki Wairarapa. On my Father's side I am Ngāti Kahungunu ki Heretaunga, and on my Mother's side I am Ngāti Kahungunu ki Te Wairoa, it is both sides that I strongly identify with and will go on to share.

My paternal grandmother is from the township of Paki Paki. The name Paki Paki is a shortened version of Te Pakipakiohinetemoa and this area once carried a large Māori population (Buchanan, 2004). Paki Paki is 7.5km south of Hastings and 42km north of Waipukurau. Paki Paki is a very small community boasting approximately 300 people (L. Stone, personal communication, January, 2013). There are no available statistics of Paki Paki but within this predominantly Māori community, there is a primary school and three *marae*. I

currently *whakapapa* to the three remaining *marae* located in Paki Paki. There is a saying that is commonly used which is a '*pa*' kid or a *marae* kid, and my siblings and I were always at the *marae* of Mihiroa when a *hui* was on. I *whakapapa* to all the *marae* in Paki Paki, but have spent most of my time at this *marae*. Mihiroa is a privately owned *marae*, owned by nine families to ensure their intergenerational sustainability (L. Stone, personal communication, January, 2013). The two other *marae* within the Paki Paki vicinity are literally two minutes walk from each other. Those *marae* are Houngarea and Taraia which belong to the *hapū* of Ngāti Whatuiapiti. The fourth *marae* Mawhai was burnt down, but is still acknowledged in the Paki Paki area.

Pakipakiohinetemoa, known as Hinetemoa was the granddaughter of Ngarengare and has been said was the eldest great grandchild of Kahungunu and the last of his many wives with Rongomaiwahine (W. Harris, personal communication, December 2012). There are two versions of how the name Paki Paki came about. The first version is said that Hinetemoa was caught naked while bathing and snatched up her *rapaki* and *pakipaki* and huddled it around her. A second version is that she liked to slap herself after bathing in the stream (Buchanan, 2004; W. Harris, personal communication, December 2012). Pakipakiohinetemoa of great beauty was known for her bathing in the streams, and there were many streams that once flowed throughout Paki Paki providing *kai* for the people of Paki Paki and *manuhiri*. The river was an important source of food for the community that grew on its banks and the nutrients within the soils. Ngarengare is the first known inhabitant of Paki Paki whom is known by name. Hinetemoa son Whatuiapiti was a famous warrior and known for his bravery and leadership and fought many well known battles in Paki Paki (Buchanan, 2004). Thirteen generations after Whatuiapiti, is where my great grandparents fit in, Tamati and Tahatera, following this is my grandmother Lily Stone then my father Tamati Pohatu.

My maternal grandmother comes from the line of Rongomaiwahine of Nukutaurua and Kahungunu which spreads to Wairoa. Wairoa is 119km North East of Napier and 93km South West of Gisborne. In 2006, 62.7% of Wairoa resident's identified as Māori, which reflects northern Hawke's Bay's status as a centre of New Zealand's Māori population. Wairoa people are known for their qualities as leaders and negotiators like the great Sir Turi Carroll² for example (Duff, 2000). Wairoa is divided into two halves by the Wairoa River, the south side contains residential areas and the north side is predominantly industrial. On a small rural settlement north of Te Wairoa on State Highway 38 is a settlement Frasertown. Frasertown is where my maternal grandparents resided. Frasertown was originally called Te Kapu and re-named by early settlers after Major James Fraser who captained military forces set up an armed military constabulary there in the 1860s (Pollock, 2012).

My *marae* is Pakowhai and is in this small settlement of Frasertown. My *hapū* Ngāti Mihi sits at the point of the three rivers, the Waiau, Te Wairoa and the Hangaroa. The Hangaroa comes down from our *maunga* Whakapūnake. The Waiau gains its sources from the Mohaka River. Both rivers meet at the junctions of Pakowhai, they then flow as the Wairoa River to the sea and join up eventually with Tangaroa. Where the river unites with the sea; this is where the water is the calmest at Maitangirau. Ngāti Mihi was also known for *manaakitanga* and their ability to feed the traversing people of the rivers, symbolised on the *whakairo* on the *whareniui*. With the heavy emphasis on the water our main *atua* is Tangaroa. We acknowledge the abundance of *kai* and sustenance that we gather from all those under the realm of Tangaroa (B.Tohiariki, personal communication, March 2013).

² Sir Turi Carroll a long-serving Member of Parliament for Eastern Māori. He was the only Māori to have acted temporarily as Prime Minister. He devoted attention to Māori welfare and economic development in the Wairoa region and a main focus was on rehabilitating Maori servicemen (Duff, 2000).

Presenting my *whakapapa* highlights where I come from and enables me to make connections with others. This links to the specific *atua* of Tangaroa and is important as I am able to connect my spiritual relationship to the environment as well as drawing analogies to personality traits. The river is synonymous with the personalities of Wairoa people and the theme of water runs throughout the stories of Te Wairoa. Two other rivers of importance include Hōpūpū and Hōngenengene.

Table 3

The three rivers of Wairoa, their attributes and what they symbolise.

River	Attribute	Symbolism
Hōpūpū	This river has dark and deep ravines	Symbolic to the deep thinking attributes of the people
Hōngenengene	Turbulent, whirlpool, rapids	Symbolic to negotiators who were renowned to challenge the depths of the negotiating process
Mātangirau	Where the river meets the sea and all is calm and flowing	Symbolic to the negotiating trait of finding resolution

(B. Tohiariki, personal communication, March 2013).

Waterways are the domain of *atua* Tangaroa, and are seen as a reflection of the health of Papatūānuku. Mountains are important in waterways as the runoff from the mountains is carried to the sea '*ki uta ki tai*', from the mountain to the sea (Panelli & Tipa, 2007). Māori invest greatly on the integrity of the waterways in which survival to sustain healthy ecosystems and cultural identity were dependent on practices linked to sustaining individuals, *whānau*, *hapu* and *iwi* identity and cultural well-being. Misuse of the treatment of water affects the nutrition of a person's body with the obvious inadequate access to *kaimoana*. At a deeper level, the *whakapapa* and the cultural identity of an individual with their *tīpuna*, cultural sites and their *rohe pōtae* are also affected (Panelli & Tipa, 2007).

At an *iwi* level, Ngāti Kahungunu Iwi Incorporation (NKII) is an organisation set up to uplift the *mana* of all people of Ngāti Kahungunu. There are numerous rivers, lakes and harbours within Ngāti Kahungunu (Whaanga, Updated 2012). Water and the environment

are important to Ngāti Kahungunu and are a direct link to health and wellbeing of the Ngāti Kahungunu people (Ngāti Kahungunu, 2012) and this parallels the connections that I can make with both my Mum and Dad's *whakapapa*. NKII composed a Ngāti Kahungunu Water strategy with the key messages being:

“We believe that our natural environment provides our physical sustenance as well as the spiritual aspect of our existence, the health of our environment has a direct influence on the health of our people, we are charged to preserve and protect our air, water and lands and the resources within for the benefit and survival of our whānau, hapū and iwi. We respect the mana and wellbeing of our whānau, hapū and iwi” (Ngāti Kahungunu, 2012).

This message reflects the interconnectedness between environmental and social health, and recently, there have been threats towards our rivers and lakes. Ngāti Kahungunu Iwi leader Ngahiwi Tomoana stated that “Ngāti Kahungunu has the second largest aquifer in New Zealand and it is paramount that this treasured resource is protected” (Watkins, 2012). Furthermore, it was observed that within the Hawke's Bay region, rivers are dirty and running dry. He claims that this is to cater for economic growth, for the neighbouring vineyards which is detrimental to the environment (T.P. Pohatu, personal communication, September 14th, 2012). This affects the wellness and health of Māori people and it is our job as *kaitiaki* of Papatūānuku to take action to ensure that the health of the future is sustained. There is literature surrounding the connection between the reciprocal relationship between indigenous peoples and their environments for spiritual, cultural and social well-being, and how the environment needs to be looked after so that both the people and the environment survive (Gracey & King, 2009; Panelli & Tipa, 2007; Porsanger, 2004).

Summary

A general view of *Te Ao Māori*, from my personal perspective is reflected in this section. I began with sharing the components of my *whakapapa* and how environmental factors, and my kinship groups shape who I am. This theme of *whakapapa* and the environment continues throughout this section highlighting the importance of how these two components interrelate with one another. The end of this section starts to make connections between *whakapapa* and the environment and how this affects *hauora*. Providing my *whakapapa* as a basis of my worldview also allows the readers an insight into how I see the world and how this is interpreted throughout my thesis. Having this access and knowledge of my worldview allows me to link the knowledge that I have obtained to the *kaupapa* of Iron Maori.

Indigenous health and hauora

This section begins with examining indigenous identities and how Māori are part of this indigenous framework. I then discuss Māori health or *hauora* and finish with an analysis of Māori health model, *Te Whare Tapa Whā*.

The act of defining indigenous people is contentious. United Nations (2004) state that the concept of ‘indigenous peoples’ show that no formal universal definition of the term is necessary and that

“Indigenous communities, peoples and nations are those which, having a historical continuity with pre-invasion and pre-colonial societies that developed on their territories, consider themselves distinct from other sectors of the societies now prevailing on those territories, or parts of them” (United Nations, 2004, p. 2).

In some places being married to an indigenous person can also qualify you as indigenous (Mertens, Cram, & Chilisa, 2013). Article 3 of the United Nations Declaration on the Rights of Indigenous Peoples recognises that “Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development” (United Nations, 2008 p.4).

Within New Zealand indigenous peoples are commonly referred to as Māori. Further investigations show that this ‘Māori’ label was a post-colonial term (King, 1996). Pre-European there were no ‘Māori’ and the original inhabitants identified themselves by *hapū* or *iwi* (King 1996; Meijl, 1996). Māori means ‘ordinary’ or ‘normal’ and only from the 1830’s has Māori been referred to as a noun rather than an adjective (King, 1996). European settlers adopted Māori as a noun for the indigenous peoples to unite the ‘Māori’ then rule them (Meijl, 1996). My view of this label of ‘Māori’ is evolving, as I am beginning to introduce myself specifically as a person of my *iwi* and *hapū*, Kahungunu or Ngāti Miihira, but in the case of an international perspective, people may view Māori, firstly as a New Zealander, and then as an indigenous Māori.

Hauora

Hauora is a term that describes a holistic, optimal perspective of health and wellbeing (Wenn, 2007). This holistic approach is supported by research by Dunn (1959) where good health and wellness is not made up of a single entity but is complex and multi layered and “we can no longer ignore the spirit of man as a factor in our medical and health disciplines” (p. 788).

Internationally, indigenous peoples around the world share this common link of spirituality within health, two examples include the Nywagi tribe in North East Queensland,

Australia who acknowledge the importance of ancestral lands and traditional stories. The Yaegl tribe in the Northern area of New South Wales also supports the importance of identity and spirituality (Panelli & Tipa, 2007). These indigenous worldviews mirror the views of *hauora* within Māori that spirituality continues to provide the foundation for identity and subsequently health.

Hauora can be explained through Māori health models which are based on Māori ideology and philosophies. I have focused on Durie's (1985) *Te Whare Tapa Whā* health model and Durie's (1999) Māori health promotion model *Te Pae Mahutonga*.

Māori Health Models

Māori health models are built on the concepts such as *whakapapa*, creation narratives and spirituality which are some components that make up *Te Ao Māori* (Henwood, 2007). There are two relevant Māori health models to this research. These are *Te Whare Tapa Whā*, and *Te Pae Mahutonga*. In this section I discuss *Te Whare Tapa Whā*. The second model, *Te Pae Mahutonga* is a Māori health promotion model and will be discussed further in this chapter.

Te Whare Tapa Whā

Te Whare Tapa Whā encapsulates a broadly based Māori view of health and wellness. One way to describe *Te Whare Tapa Whā* is through four interacting cornerstones, *te taha wairua*, *te taha hinengaro*, *te taha tinana* and *te taha whānau* (Durie, 1985, 1998a). The four cornerstones depict a *wharenuī* (Figure 4). When the four cornerstones are balanced we have good strong health. This is similar to a *wharenuī*, when the four walls are balanced we will have a strong house.

The first cornerstone is *te taha wairua* and represents spiritual, cultural and environmental health. Durie (1985) considers this to be the most essential requirement for health, without spiritual awareness an individual is more likely to be prone to disability and misfortune. It is the realm of spirituality that implies the connection with the environment, land, lakes, mountains and all that come between Papatūānuku, Ranginui and their offspring (Durie, 1998a; Rochford, 2004). This connection acknowledges the fact that men have limitations and need to respect the environment (Durie, 1985). This cornerstone can be interpreted in many ways and through many concepts; some of the concepts include the connection with the *atua* through *karakia* and *whaikōrero*. It goes deeper to represent how we mourn and farewell the deceased (Durie, 1985). Knowing how these various components of *taha wairua* within *Te Whare Tapa Whā* are important to health, is to appreciate and acknowledge that there are forces around us that affect our well-being, that cannot be put into words but can be felt (Durie, 1985; Rochford, 2004).

The second cornerstone is *te taha hinengaro* which is emotional, psychological and behavioural health. *Hinengaro* is depicted to combine both thoughts and feelings (Durie, 1985). Within *Te Ao Māori* there is a strong way to convey emotions, feelings and thoughts and this is described as holistic. This can be seen through body language and unspoken signals and gestures, for example tears can represent joy, heartache, compassion and condolences (Durie, 1998a; Rochford, 2004). In a health context, healthy thinking is said to mean an individual's ability to integrate ideas and embrace systems around them to help one another. Thinking of personal gain and ambitions is deemed unhealthy (Durie, 1985).

The third cornerstone, *te taha tinana* is the physical, biomedical and chemical health. Durie (1998a) claims that body image is perceived differently in the eyes of Māori.

The more well-rounded figures are seen as more fertile within the Māori view (Durie, 1998a). With these attitudes, this becomes problematic for health workers who have difficulty in trying to convince Māori patients that they should lose weight. Another interpretation of *taha tinana* is the clear separation of *tapu* and *noa*. Both are complex terms to understand, *tapu* can mean sacred or prohibited and *noa* can mean to be free of *tapu* or to restore balance (Moorfield, 2003). Māori believe everything in existence has an intrinsic *tapu* sourced from the connection it has to the *atua*, for example mountains are of the earth, so their intrinsic *tapu* is sourced from the *mana* of Papatūānuku. All human beings are born with a level of *tapu*. Those born of high rank or from a chiefly line possess a higher degree of *tapu* than those of common rank (Shirres, 1982). The head is the most sacred part of the body. In ancient times, there were a number of procedures, including ritualistic incantations that had to be performed before or after the head came into contact with something else (Shirres, 1982). Functions of the body such as cleaning the body and eating facilities, the bathroom and the kitchen needs to show a clear separation. It is very common for many Māori not to wash tea towels to dry the kitchen crockery separately from everyday clothing as this signal maintaining balance and good health.

The fourth cornerstone is *te taha whānau*, which represents family, social, and economic health. The concept of *whānau* is embedded throughout the whole thesis. The importance of *whānau* has been discussed in the *Te Ao Māori* section earlier around its role within identity. *Whānau* is further explored with its most common definition of family, in the application of *Kaupapa Māori* principles discussed later. Below Durie (1985) constructed a table summarising the four cornerstones with the focus, key aspects and themes.

Table 4

The focus, key aspects and themes of the four dimensions of Māori health model, Te Whare Tapa Whā.

	<i>Taha Wairua</i>	<i>Taha Hinengaro</i>	<i>Taha Tinana</i>	<i>Taha Whānau</i>
Focus	Spiritual	Mental	Physical	Extended Family
Key Aspects	The capacity for faith and wider communion	The capacity to communicate to think and to feel.	The capacity for physical growth and development	The capacity to belong, to care and to share.
Themes	Health is related to unseen and unspoken energies	Mind and body inseparable	Good physical health is necessary for optimal development	Individuals are part of wider social systems

Graphically this model is symbolised by a *wharenuī* and each wall of the *wharenuī* corresponds to one of the cornerstones of health. Each wall must be strong and balanced to ensure *hauora* is achieved (Durie, 1985; Rochford, 2004).

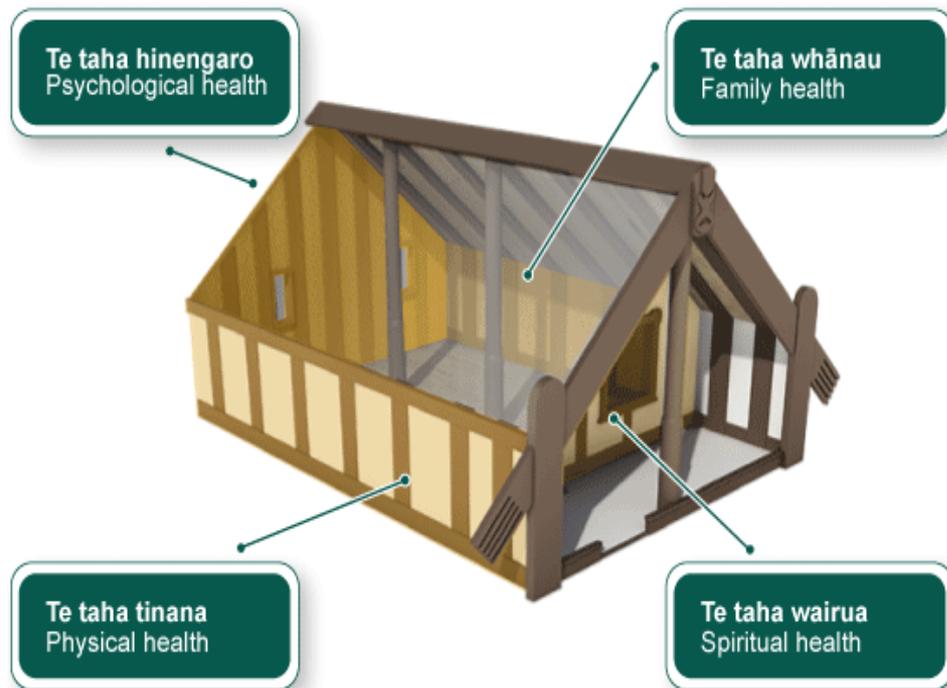


Figure 4. Image of the Māori health model, Te Whare Tapa Whā (Careers New Zealand, 2012).

Summary of Te Whare Tapa Whā.

The components within *Te Whare Tapa Whā* can be interpreted in many ways. I have provided a snapshot of some of the components and how they are related to health. A distinguishing feature of *Te Whare Tapa Whā* is that the four cornerstones need to work together to achieve balance and maximum benefits for overall good health (Love, 2004). *Te Whare Tapa Whā* challenges the principles that underlie many of the Western health models, with two examples being, collectivism over individualism and on the future and primary function of spiritual foundations rather than secular in nature (Love, 2004). This focus

supports the indigenous and Māori view of health with spiritual foundations as a primary function (Chilisa, 2012).

Criticisms of *Te Whare Tapa Whā*, is the inability to explicitly state the environment as a specific dimension even though Durie (2000) acknowledges how adaptation to a clean and resourceful environment is a major factor for good health. The Ngāti Kahungunu health plan stated earlier that a healthy environment is a key determinant for healthy people, which further supports the claim that the environment should be a standalone principle. A counter argument is that environment is interpreted within *taha wairua*. Rochford (2004) considers economics to come under *te taha whānau* within *Te Whare Tapa Whā*. As the economy continues to grow in importance so is the need for this to be addressed independently. A further criticism is that an understanding of the Māori worldview is needed to comprehend *Te Whare Tapa Whā*. This is a criticism as understanding the Māori worldview is an ongoing process and this can be seen as a barrier to those who are on a continuous journey of understanding their Māori worldview. *Te Whare Tapa Whā* is an example of an early model and provides a solid foundation to build on. New innovative models are emerging as gaps related to health appear that *Te Whare Tapa Whā* does not address. Implicit in innovative models is the consideration of the impacts of colonisation on Māori health, as discussed next.

Colonisation and Māori Health

Māori are over-represented negatively in numerous health statistics. This section seeks to discuss some issues around how and why Māori are over represented. I start off by discussing the state of Māori health pre-colonisation which leads onto the roles of two important documents, the Declaration of Independence and the Treaty of Waitangi. These

two documents have been influential on Māori health and this is highlighted through the impact that colonisation.

Pre-colonisation

Before European settlement, arguably around the time period of 1770's (Lange, 1999), Māori were described as tall, muscular, fit and healthy people (Lange, 1999). Dr Māui Pomare explained that

“Maori was active in every way. He had to live a strenuous life, to make himself physically fit for all eventualities. His eyes had to be open for the coming of the foe; his arm had to be in good practice with the taiaha or mere. He was his own beast of burden...Hunting, fishing, constant work in hewing out canoes, carving, cultivating the soil, military tactics, and war dances entered greatly into his daily regime” (Pomare in Lange 1999, pg. 2).

This description of Māori people implies that the activities such as hunting, fishing and carving meant that Māori were physically fit, mentally attuned by employing military tactics and war dances as a daily activity. Māori were, and still are deeply spiritual people and it was thought that if someone had turned ill or suffered in any way from the norm, that this was a consequence of offending the *atua* or breaking sacred laws that are *tapu* (Durie, 1998).

Traditionally, Māori viewed the body and mind as one, rather than two separate entities (Mark & Lyons, 2010). Māori did not distinguish between the mental and physical aspects of health with individuals, communities, and the environment. Māori based their social and cultural structures around concepts of interconnectedness and interdependence.

This collective lifestyle resulted in an effective form of social organisation of *whānau* (Durie, 1994; Rochford, 2004). The traditional make up of Māori *whānau* was primarily organised themselves amongst other *whānau* in *hapū*, where roles and responsibilities were then forwarded on to succeeding generations (Moeke-Pickering, 1996). The place of the *whānau* and *hapū* would determine the access each *whānau* had to *mahinga kai*. Māori were well equipped to utilise their resources from the environment by rationing and preserving foods in a *pātaka* or storage house (Wham, Maxted, Dyll, & Kerse, 2012). Māori health conditions during this time was far from idyllic as the average age of death for Māori has been reported to be in the early thirties, suggesting that the health of Māori of that time was not always pleasant, but this cannot be confirmed (Lange, 1999). Adding to the uncertainty and possible causes was the new set of challenges that were bought over with the arrival of the settlers.

He W[h]akaputanga o Te Rangatiratanga o Nu Tirene/ The Declaration of Independence

In many ways, New Zealand was regarded as the last frontier, the last temperate climate land on Earth to be discovered and then colonised by humans (Peat, 2002). In the early 19th Century, there were more European traders, whalers and settlers arriving in New Zealand. Concern grew within the settler population that Māori were living without laws and the Europeans felt there was the need for government (Keane, Updated 2012). The same could be said for Māori perception of the unruly settlers (Mulholland, 2010). Māori had already established their own laws in the forms of *tikanga* and *kawa* which were shaped by land, history and values each unique to their creation narratives (Jackson, 2010) and governance was set up within their *whānau*, *hapū* and *iwi* social structures. The creation of

this governance structure is an example of marginalisation by pushing aside an established government and forcing Māori into another governance structure.

During the early decades of the 19th century more whalers and sealers arrived in New Zealand and there was also a threat that there could be a French invasion (O'Malley, Stirling, Penetito, 2010). This prompted British appointee James Busby to draft a Declaration of Independence between the King of England and Māori chiefs of *hapū* (Orange, 1987). The full title of the Declaration of Independence was He W[h]akaputanga o Niu Tirene, and this consisted of four articles. The Declaration was set up to provide the context for Te Tiriti/ Treaty of Waitangi (Orange, 1987). Today the Declaration of Independence is an undervalued document, some of the Māori terms used in the Declaration would have been better understood by the chiefs if used in Te Tiriti (Mutu, 2010), but this was not the case. The Declaration of Independence for the purpose of this research is to provide a brief context for the Treaty of Waitangi.

Te Tiriti o Waitangi/ The Treaty of Waitangi and health

The Tiriti o Waitangi/Treaty of Waitangi was signed in 1840 between Māori chiefs of *hapū* and the Queen of England's representative. There are two versions of the text (a Māori language and an English language version). The Treaty comprises of a preamble, three articles and a postscript. The difference in interpretations surrounding key words of the English and Māori text has caused major conflict within New Zealand and debate around whether or not Māori actually understood what was being negotiated within the Treaty (Kingi, 2007).

There are multiple ways to examine the Tiriti o Waitangi/Treaty of Waitangi (Durie, 1994, 1998b; Jackson, 2010; Kingi, 2007; Orange, 1987, 2004; Mutu, 2010 & Royal, 2007). I have focused on the Tiriti o Waitangi/Treaty of Waitangi from a health perspective. In 1985, the Standing Committee on Māori health recommended that the Treaty of Waitangi be regarded as the foundation for good health in New Zealand (Durie, 1998b; Durie, 1994). Furthermore, Kingi (2007) suggests that the “fundamental intent of the Treaty was centred on a desire to promote and protect Māori health” (p.1). Durie (1998b) states that articles two and three are of particular interest to Māori health.

In Article Two of the Māori language version, Māori are promised ‘*Tino rangatiratanga ō rātou taonga katoa*’, which would recognise the authority of chiefs and also extends to mean that control of Māori of management over Māori resources to stay with Māori (Durie, 1998b). This is further reiterated by Kingi (2007) who explains that Māori were guaranteed *Tino Rangatiratanga* over their health which includes the ability to determine their own health outcomes. One area of contention is the word *taonga*. The Māori definition of *taonga* is property, goods, possessions and anything prized and considered of value (Moorfield, 2003). Importantly Kingi (2007) explains that health can be viewed as a *taonga*.

However, neither text is a direct translation of the other nor is the closest translation to *taonga* within the English text related to properties. Article two of the Māori text version states “taonga katoa” and literally translates to “all their treasured possessions” (Mutu, 2010 p. 25). Article two of the English text version is the “exclusive and undisturbed possession of their lands and estates, forests, fisheries and other properties” (Mutu, 2010, p. 33). The English version is very limited in its interpretation and unlike the Māori text excludes non

tangible objects such as *Te Reo Māori* and Māori culture (Durie, 1998b). The implication Article two has on health today, is the protection of the *taonga hauora* and all the intangible areas that encompass *hauora* (Kingi, 2007).

Article three presents no major inconsistencies between interpretations of the texts. Durie (1998b) and Kingi (2007) concur that the promises in Article Three were based on ‘all the rights and Privileges of British subjects’ which implies that Crown’s protective role of individual citizenship rights (Durie, 1998b). Māori were guaranteed the same rights and privileges as British subjects and in a health context this means that Māori are promised the same outcomes as non-Māori (Kingi, 2007). However, health outcomes since have shown that this is not the case (Ministry of Health, 2010, 2012). It is clear that in regards to *hauora* these promises within this Treaty have not been fulfilled with the numerous breaches and the health statistics.

Principles of the Treaty

The principles of the Treaty of Waitangi emerged in the 1970s during a rapidly changing racial climate within New Zealand (Kingi, 2007; Orange, 1987). The principles also created new problems around interpretation. The principles are not mentioned in the original text of the Treaty therefore a sense of ambiguity has occurred and it has been difficult to say with certainty what the principles are (Kingi, 2007). In terms of health, the Treaty principles are commonly referred to as the 3P’s of partnership, protection and participation.

Partnership reflects Article 1 of the Treaty and is the ongoing relationship between the Crown (and its agencies) and all levels of governance within Māori. These levels include but

are not limited to *rūnanga*, *hapū* and *iwi* levels, and adjusting and modifying to all these variations (Durie, 1998b). Within Hawke's Bay, there is a positive partnership between the Ngāti Kahungunu Iwi Incorporation and the Hawke's Bay District Health Board, through the many strategies that they work together on, such as Tupeka Kore, smokefree strategy (Ngāti Kahungunu, 2013).

The second principle of protection is Article 2 of the Treaty and outlines the Crown's obligation to actively protect Māori interests. Examples in a health context include active protection would be facilitated through health promotion and preventive strategies such as utilising *Te Pae Mahutonga*, a modern Māori health promotion model which will be discussed later.

The final principle of participation is aligned to Article 3 of the Treaty and is positive Māori involvement at all levels in the health system. For example this is seen in Māori membership on the Hawke's Bay District Health Board where of the seven elected positions two were Māori and in total four out of the twelve appointed and elected representatives are Māori. Understanding the Treaty and its effect on health remains to be a work in progress; we can combine the impact that the Treaty has had with colonisation and the effects that this has had on *hauora*.

Colonisation and its effects

Two Māori academics, Te Kani Kingi and Sir Mason Durie both agree that colonisation is a causal factor for negative health outcomes for indigenous peoples (Durie, 1998b; Kingi, 2007). Within a New Zealand context, colonisation is facilitated European control by "securing and subjugating the indigenous population" (Smith, 2006, p.21) and oppressing the Māori culture and forcing European culture on the Māori population. Cultural

oppression and loss of identity impact negatively on health and can be seen through population decline, land loss, the introduction of foreign diseases and lifestyles and this is my interpretation of the effects of colonisation. It is through colonisation that these facets named above have led to indigenous and Māori being heavily represented on the health deprivation scales.

Population decline

Some figures suggest that estimates of the Māori population ranged from 160,000 in the North Island in 1835 to 60,000 in 1838 (Durie, 1998c). Durie (1998c) claims that an estimate of the Māori population within the nineteenth century was very unreliable. In 1891 a famous *haka* that was performed informally around Hawke's Bay was written at a time where there was a prediction of this population decline. The composer of this *haka* is believed to be Waimarama Puhara, born at Paki Paki in 1875 and a *rangatira* of the Central Hawke's Bay region. He composed this song for his son Moana, who was attending St Patrick's College, Silverstream and was having difficulties transitioning into that school (Folksong, n.d). This *haka* was to encourage Māori to stay strong, rally together and not lose heart or give up, but prepare for the struggle to survive, assert their *Tino Rangatiratanga* as the survival of the Māori people was paramount (Gillies, 2011). This mirrors one of the key messages of this *haka* that challenges and struggles can be achieved by perseverance (Folksong, n.d) as seen in Table 5.

Table 5

Words and translation of the famous haka Tika Tonu

Ki aro	Pay attention
Kia whakaronga, kia mau!	Listen up, take your stance!
Hi !	Hi!
Ringaringa e torōna	Arms outstretched,
kei waho hoki mai!	out and back!
Kss Kss	Kss Kss
Tika tonu!	What is right is always right!
U - e!	In - deed!
Tika tonu!	What is right is always right!
U... e!	Ah... yes!
Tika tonu atu ki a koe, e tama	Be true to yourself, my son!
Hiki nei koe aku whakaaro,	My concerns have been raised about you, so pay
pakia!	attention!
He hiki aha to hiki?	What is this problem you are carrying?
He hiki roa to hiki?	How long have you been carrying it for?
I a ha hā!	Have you got that? Right, let's go on.
E tama, te uaua ana	So son, although it may be difficult for you
E tama, te mārō	and son, although it seems to be unyielding
Roa ina hoki ra	no matter how long you reflect on it
Te tohe o te uaua na	the answer to the problem
E tāu nei.	is here inside you.
Āna! Āna! Āna! Aue... Hī!	Indeed! Indeed! Indeed! Yes, indeed

Foreign diseases and lifestyles

One reason there was a decline in the Māori population was that Māori were unable to develop a strong enough immune system to fend off foreign diseases such as mumps, measles and whooping cough (Lange, 1999). The introduction of these diseases on top of other factors such as land wars, tribal wars, and the introduction of muskets all contribute to

this decline (Durie, 2001; Kingi, 2007; Lange, 1999). A lack of natural immunity is only part of the reason. Other reasons of population decline included the introduction of different foods and lifestyles associated with European immigrants as a result of not being able to grow food off the land. The land was also seen as a means of survival through growing crops and utilising all the natural resources. This meant minimal to no access to traditional food sources, overcrowding and poor diet (Pool, Updated 2012).

Loss of land

Māori have a spiritual connection with the land and Papatūānuku, Earth Mother and the sustenance that she provides (Durie, 1985). Thus, Māori view land as more than just a profitable resource. The influx of European settlers also saw significant land loss, through various means such as *raupatu*, land wars, colonisation and legislation (Orange, 1987). In 1860, Māori held about 80% of the land in the North Island and these figures dropped considerably, in 1890 Māori held 40%, 1910 Māori held 27%, 1939 Māori held 9% and in 2000 Māori held an approximate of 4% of land (New Zealand history online, Updated, 2013).

This has impacted on Māori health due to the spiritual and economic impacts of the land. The spiritual impacts include the connection Māori have with Papatūānuku, taking away the land means taking away part of your identity and who you are. It is through the environment and the respective *atua* that contributes to a person's identity. All these factors, population decline, land loss, the introduction of foreign diseases and lifestyles and Māori urbanisation contribute to the current health statistics of Māori (King & Durie, 2000).

Māori Health Statistics

The previous section discussed the effects of colonisation and how this has impacted on Māori health. Foreign diseases, loss of land are only a few areas that have been discussed, with other areas to include Māori leaving their tribal areas for economic reasons. Having minimal access and contact with their *tūrangawaewae* and its surrounding environment influences a person's identity. These reasons and many others have contributed to the current statistics of Māori health as seen in a summary table below (Ministry of Health, 2010).

Table 6

Prevalence rate of obesity, cardiovascular disease, diabetes, suicide, depression and unemployment for Māori males and females compared with non-Māori males and females.

	Māori males	Māori females	Total	Non-Māori males	Non- Māori females	Total
Obese 15+	40.6 (37.1- 44.0)	41.6 (38.6 - 44.6)	41.1 (39.2 – 43.1)	24.1 (22.6 – 25.7)	25.0 (23.4 – 26.5)	24.6 (23.5 – 25.6)
Total Cardiovascular disease mortality 35+	520.4 (494.1 – 547.8)	306.3 (288.3 – 325.1)	406.8 (391.1 – 422.9)	211.6 (208.1 – 215.1)	122.2 (120.4 – 124.1)	164.7 (162.8 – 166.6)
Diabetes complications with renal failure	139.5 (124.0 – 156.9)	86.7 (74.9 – 100.3)	111.0 (101.3- 121.6)	14.0 (12.0- 16.3)	11.5 (9.8 – 13.5)	12.6 (11.3 – 14.1)
Suicide mortality all age groups	29.1 (25.5 – 33.1)	9.6 (7.7 – 11.9)	18.8 (16.8 – 20.9)	14.9 (13.9 – 15.8)	4.4 (3.9 – 4.9)	9.5 (9.0 – 10.0)
High or very high probability of anxiety or depression	9.1 (7.2 – 11.0)	13.0 (11.1-14.9)	11.2 (9.8 – 12.6)	5.3 (4.5 – 6.1)	6.7 (5.9 – 7.5)	6.0 (5.4 – 6.6)
Unemployed 15+	7.1	8.2	7.6	2.8	3.0	2.9

Note; The figures in the brackets underneath indicate the 95% confidence interval of that have a 95 percent probability of enclosing the true value.

The statistics in Table 5 relate to the physical and mental aspects of health. Clearly, these figures are alarming. There is a consistent theme that both Māori male and females are higher than their non-Māori counterparts and this is reflected in the total comparison. Diabetes with complications to renal failure is alarming with total prevalence rate for Māori being 111.0 compared to 12.6 for non-Māori. This is mirrored with suicide rates which see a total prevalence rate for Māori as 18.8 compared to 9.5 almost half the rate for non-Māori (Ministry of Health, 2010).

Statistics are also available to reflect the other areas of health, such as the four cornerstones depicted in Durie (1985) *Te Whare Tapa Whā* model for example *wairua* and the environment. Māori and non-Māori have different views of the environment, 8% of Māori are dissatisfied with the state of native bush, forests, nature reserves and open green spaces compared to 4% of total New Zealanders. Further, 23% of Māori were dissatisfied with the state of lakes, rivers, harbours, oceans and coastlines compared to 13% of total New Zealand (Statistics New Zealand, 2013b). This supports literature around the implicit connection Māori have with their environment. The native bush and forests is comes under the realm of the *atua* Tāne Mahuta and the lakes, rivers and harbours under the realm of *atua* Tangaroa. These statistics indicates a step forward in support of validating qualitative data compared to the dominant quantitative data. The available statistics within health are still skewed to a dominant Western view of health, where there is a copious amount of statistics on the physical and medical aspects of health. Based on the four elements within *Te Whare Tapa Whā* model, there is growing data of mental health issues and minimal or extremely

obscure and difficult data on social and spiritual health. The available statistics concerning spiritual and social health does not reflect many of the qualitative aspects such as the work of *whānau* members, community members, and the importance of cultural values to identify crucial aspects of health.

Summary

History can only teach the present so much, and much of the written history is open to debate and interpretation. From this time period of the 18th century, we see a downwards spiralling effect to the misfortune of Māori health. Not all these health statistics can be attributed to colonisation, as Durie (2004) suggests that the individual is still answerable to how they choose to interact with the environment that they are in. *Tino Rangatiratanga* is on the rise within the health sector with the help of ‘champions’ at *whānau*, *hapū* and *iwi* levels and seen through various health promotion initiatives. Through these health promotion initiatives core Māori values such as *whanaungatanga*, *manaakitanga*, *aroha* and *tautoko* are becoming normalised.

Health Promotion and Te Pae Mahutonga

This section begins with a brief discussion of health promotion. Starting with a summary of the United Nations Declaration on the Rights of Indigenous Peoples, this leads on to setting the scene of the Māori health promotion model *Te Pae Mahutonga*. Within *Te Pae Mahutonga* analysis of the six components that make up this model, and the strengths and weaknesses of this model will be discussed. Health Promotion has been described as the process of enabling people to increase control over the determinants of health and thereby improve their health and tends to look at structural causes through a holistic approach (Tones & Green, 2008; World Health Organisation, 2009).

United Nations Declaration on the Rights of Indigenous Peoples for Health Promotion

Health promotion for indigenous peoples, is a broad approach to cover a wide spectrum. There is no one set definition of health promotion for indigenous peoples. An understanding of health promotion for indigenous peoples is reliant on an indigenous worldview, close relationships people have with the environment, culture and tradition, social structures and institutional arrangements (Durie, 2004). The United Nations Declaration on the Rights of Indigenous Peoples is seen as having moral influence and endorses indigenous aspirations but is not a legally binding document as this sits outside the jurisdiction of international law (IWIGA, International Work Group for Indigenous Affairs, n.d). The Declaration proposes that indigenous peoples should have access to the indigenous world with its values and resources, access to the wider society within which they live, access to healthy environment and a degree of autonomy over their own lives and properties (Durie, 2004). These aspects outlined in this Declaration are crucial for Māori health promotion as this allows the voice and values of Māori to be heard. The inclusion of these values, the wider society and the environment enables an encompassing and holistic approach to health for Māori. This is achieved through capitalising on the importance of the spiritual components embedded within the values and the environment of Māori (Durie, 1985, 1999, 2004; Marsden, 2003). Furthermore, the areas that are proposed within this Declaration are consistent with the Māori health promotion model, *Te Pae Mahutonga*.

Te Pae Mahutonga

Māori health promotion has been described by Ratima (2010) as “the process of enabling Māori to control over the determinants of health and strengthen their identity as Māori, and thereby improve their health and position in society” (p.8). *Kia Uruuru Mai a*

Hauora is a framework that encompasses six key health promotional strategies and uses the imagery of *Te Pae Mahutonga* to depict these strategies. *Te Pae Mahutonga* is depicted as a constellation of stars known as the Southern Cross (Durie, 1999). This constellation was used as a navigational aid for the discovery of *Aotearoa* (Durie, 1999). *Te Pae Mahutonga* is an icon of New Zealand as it had led to the discovery of *Aotearoa*, and also serves as a guide for successive generations. Its symbol of four central stars arranged in a cross with two stars in a straight line point towards the cross is known as the pointers (Durie, 1999). The two pointers are *ngā manukura* and *te mana whakahaere* which symbolise the pre-requisites for effective health promotion. There are four central stars, *mauriora*, *waiora*, *toiora* and *te oranga* which represent four key foundations of health (Durie, 1999; Ratima, 2001, 2010). Each component is discussed in more detail next and as depicted in Figure 5. The applicability of these elements will be discussed later in the thesis.

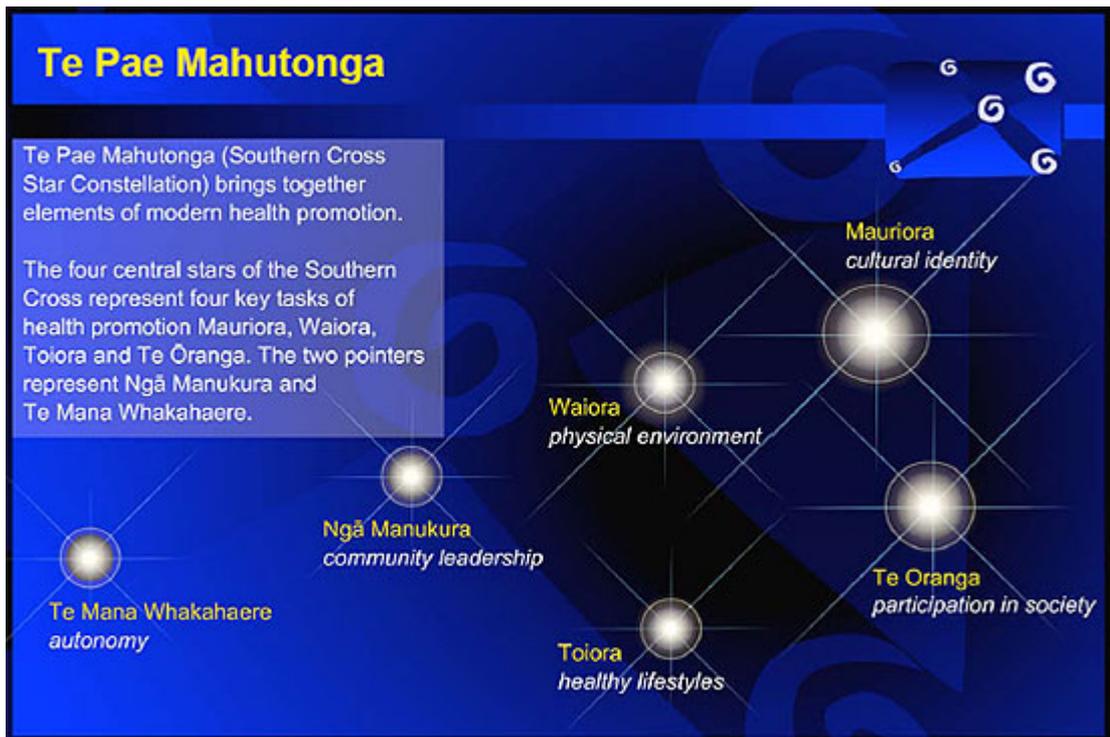


Figure 5. Image of Māori health promotion model, Te Pae Mahutonga.

Ngā Manukura

Ngā Manukura means a person held in high esteem, leader in council and a leader (Moorfield, 2003) and within this framework means leadership. Leadership of a health promoter within a community is the ability to establish alliances with a range of community and professional leaders. Māori leaders, ideally from within the community should be part of a collective to advocate for health issues on behalf of Māori people (Durie, 2004; Ratima, 2001). It is essential that leadership comes from within the community for changes to be sustainable and effective as it is hoped that an insider will be able to relate and communicate to those within the community that they want to help (Ratima, 2010). A common occurrence for many indigenous including Māori, are outsiders or non-Māori assuming positions of

leadership for Māori health initiatives (Reilly, 2011). Non-indigenous leaders are still important to assist in the health demands where indigenous capacity has not been able to keep up with the demand and to working in collaboration with indigenous communities to sustain key alliances in order for changes to occur (Durie, 2004). It is advantageous to have the right skills or qualification to be an effective health promoter but an uncle of mine coined the degree DOE, which stands for degree on experience (Z. Makoare, personal communication, 2014), an undervalued area of Māori leadership (Durie, 1999, 2004; Ratima, 2001).

Te Mana Whakahaere

Te Mana Whakahaere is comprised of two words – *Mana* which includes prestige, authority, control, power, influence, status and *Whakahaere* which means to organise, cause to go, conduct, operate, lead, and execute (Moorfield, 2003). The meaning of *mana whakahaere* in this framework is autonomy. The process of autonomy is for communities to be in control and ensure sustainability and promotion of their own health. Autonomy can be seen on a continuum; with one end being completely reliant on the government and the other end completely self governing (Durie, 2004; Ratima, 2001). Self governance is also multi levelled and needs to be seen at the *marae*, *hapū* and *iwi* level, each with unique perspectives to strengthen the overall goal of better wellbeing for their Māori community (Durie, 1999). Autonomy is pivotal at a community level and aligns with *ngā manukura*, to ensure that there is leadership from within the community so that the unique aspirations of people within each community are heard and most importantly make sense to the community (Durie, 1999, 2004; Ratima, 2001).

Mauriora

The first star *Mauriora* represents the need to develop a secure cultural identity and have access to the different facets of *Te Ao Māori* (Durie, 1999, 2004; Ratima, 2001). *Mauri* means life principle, special nature, a material symbol of a life principle and a source of emotions and *Ora* means means be alive, safe and well and promotes the importance of inner strength and vitality (Moorfield, 2003). Within this framework *mauriora* means cultural identity (Durie, 1999).

There are two separate issues that need to be looked at within *mauriora*. The first is for the individual to acknowledge their Māori identity and have a readiness to enter into *Te Ao Māori*. *Te Ao Māori* encompasses language, culture, and *whakapapa* to name a few. This acknowledgement does not come easily or naturally for various reasons and also comes within an individual's own time (Durie, 2004). Identity means little if it depends only on a sense of belonging without actually sharing the group's cultural, social and economic resources (Durie, 1999). When an individual feels secure about this first issue, the second issue can be looked at. The second issue is gaining and obtaining information and knowledge around the individual's *whakapapa* as *whakapapa* is a key element within *Te Ao Māori* (Durie, 1999, 2004; Ratima, 2001). Cultures are always in a state of change and a Māori identity today can no longer be considered by the same criteria that were once relevant in past generations (Durie, 2004). Access to *whakapapa* is nonetheless an important standard for all cultures (Durie, 2004). Identity through *whakapapa* is not only confined to the sense of belonging, it also considers cultural, social and economic resources (Durie, 2004).

Waiora

The second star is *Waiora*. Breaking up the word, *Wai* has meanings to do with water, such as creek and stream (Moorfield, 2003) and reflects the meaning that is used in this health promotion model of environmental protection with *Ora* being explained earlier in *mauriora*. Within the context of this framework *waiora* means environmental protection and the ecological factor (Durie, 1999). *Waiora* and *mauriora* are very similar through the connection to *Te Ao Māori*. They differ with *mauriora* dealing with internal identity and *whakapapa* and *waiora* elaborating the significance of the individual with the external world and the environmental aspects (Durie, 1999). Māori have an implicit connection with the land, cosmology, water environments and by default the natural and spiritual world (Henry & Pene, 2001; Marsden, 2004). Māori need to have that connection with the environment, in order to survive and continue to pass on the knowledge that has been passed onto them and confirms the central element of Māori who have a close association with environments, the land, waterways, the air, beaches, harbours (Durie, 2004). Good wellbeing is threatened when the environment is not taken care of.

Toiora

The third star *Toiora* is broken into *Toi* and *Ora*. *Toi* on its own to mean tip, point or summit, and again *ora* is explained earlier. Together *toiora* stands for to be sound, uninjured, survivor and protection from evil influences, wellbeing and welfare (Moorfield, 2003). Within the context of health this framework it is to do with healthy lifestyles. It is a reflection of personal behaviour, individual choices and the risks these choices have on an individual's health. These include nutritional intake, alcohol, drugs, tobacco use, unprotected sex, unsafe road practices and reckless driving (Durie, 1999). These choices are influenced

when risk taking behaviours is the norm within a family or community, or implicitly encouraged (Durie, 1999, 2004; Ratima, 2001), it is also influenced through mixed messages in marketing, and one example is alcohol. People are discouraged to binge drink and the slogan 'it's not what we drink, it's how we drink', is actively promoted yet there continues to be more alcohol stores placed in our most poverty stricken and vulnerable areas (Alcohol Advisory Council of New Zealand, 2012). As we evolve as an individual and as people, new lifestyle threats arise; areas that need to be taken into consideration include harm minimisation, risk management, cultural relevance and positive development (Durie, 1999).

Te Oranga

The fourth star is known as *Te Oranga*. *Oranga* means survivor, food, livelihood, welfare, health and living (Moorfield, 2003). *Te Oranga* deals with welfare and health. Within this framework, *te oranga* seeks out participation in society. Wellbeing is heavily reliant on the goods and services which people can count on (Durie, 1999). One way in which people can count on these goods and services is through participation at all levels in areas to make significant change and being heard throughout the process and at the end of the result will give confidence to the Māori people to utilise the services (Durie, 1999, 2004; Ratima, 2001). Māori participation in society is key to closing the gap in many of the inequalities that Māori are subjected to as pointed out in a review by Harris, Tobias, Jeffreys, Waldegrave, Karlsen, Nazroo (2006). Furthermore, Harris et al., (2006) suggests that interventions and policies to improve Māori health and address issues around equity should among many areas align with encouraging positive employment opportunities, a quality education system and an increase in participation in the economy.

Te Pae Mahutonga is a model which helps to identify the parameters of practice and signpost strategic direction to guide health promoters (Durie, 2004). The strengths of *Te Pae Mahutonga* include that it is a model in which health promoters dealing with a Māori community can use as a guideline. Many of the common elements resonate with predominantly Māori groups. *Te Pae Mahutonga* has increased awareness of the role and influence that the government play in Māori health. The wider issues which have an effect include areas such as cultural identity, the natural environment, constitutional arrangements, socio-economic realities and leadership. A criticism of *Te Pae Mahutonga* is that it does not account for the diverse realities the current generation of Māori people, however it is implied throughout the model that in order to be healthy, a strong connection to *Te Ao Māori* is a necessity, when the reality is many Māori are disconnected from *Te Ao Māori* (Ratima, 2001). *Te Pae Mahutonga* is a Māori health promotion model that is considered when dealing with a predominantly Māori population. Practitioners of Health Promotion are challenged by indigenous and Māori health promotion models, such as *Te Pae Mahutonga* as well as the document; Treaty Understanding of Hauora in Aotearoa-New Zealand or TUHA-NZ, (Health Promotion Forum of New Zealand & Runanga Whakapiki ake i te Hauora o Aotearoa, 2002). TUHA-NZ is a document that aims to help people and organisations working in health promotion to apply Te Tiriti in their everyday work.

TUHA-NZ

TUHA-NZ acknowledges the Treaty text and broadens their context with the ability to exercise *Tino Rangatiratanga* and self-determination as a requirement of health. A unique aspect of the creation of TUHA-NZ document is that they are informed by the Māori text of the Treaty (Health Promotion Forum of New Zealand & Runanga Whakapiki ake i te Hauora

o Aotearoa, 2002). This is important for Māori health as the language used in the Māori text is very metaphorical and translates deeper than its literal meaning which creates more scope for action to take place. This document is a start to address the many equity issues that are inherent in the Health system within New Zealand. TUHA-NZ is an example of a document acknowledging the rights of indigenous peoples. Working alongside specific indigenous documents, international charters have been discussed at forums to mitigate the determinants of health that plague the world. A well-known example of such a charter is the Ottawa Charter.

The Ottawa Charter outlines key principles of health promotion which is needed to tackle the key determinants of health (World Health Organisation, 1986). The Milestones in Health Promotion document, (World Health Organisation, 2009) list the pre-requisites of health as fundamental conditions which are peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. These conditions are the foundation to improve health affirming the need to elaborate on World Health's Organisations basic definition of health. We need to consider that important determinants like education and employment will remain fixed but also need to consider the importance of everyday life social contexts, for example the technology era and the effect this has on health. A second principle is effective public participation at an individual and community level, and working together to solve problems at a population level. Another principle is co-operation at a number of different sectors, of all levels, local and national to assist in enabling people to have control, educate and empower themselves to make responsible decisions for their health to become sustainable (World Health Organisation, 2009).

Health Promotion has a heavy focus on community groups working together to solve community problems. From a political position this can be seen as community groups responding to inadequate measures taken by the government to challenge the government and their agencies (Labonte, 1994). The overall health of New Zealanders very much depends on the health of the most vulnerable, most disadvantaged and those of poor health. These factors are prevalent amongst the Māori people and ongoing discussions and active partnerships with key stakeholders is required to bridge the gap (Ministry of Health, 2000). There is more recognition at a strategic level at the increasing health disparities amongst Māori and Non-Māori which has led to government documents Whānau Ora and the National health Targets set for 2013/2014 (Ministry of Health, 2014). These targets are set with aggressive goals to meet a required percentage or minimal time period in the following six targets

1. Shorter stays in emergency departments
2. Improved access to elective surgery
3. Shorter waits for cancer treatments
4. Increased immunisation
5. Better help for smokers to quit
6. More heart and diabetes checks

Within these six national health targets Māori are a target group to achieve these goals and coincides with the Māori health statistics that Māori are over represented on. The Whānau Ora initiative which is inclusive for all is based on the kaupapa that the dreams and aspirations of tangata whenua for all whānau to be self-determining and empowered to gain and hold autonomy over their own decision-making. Working with the whānau and building

capacity and capability is vital so that whānau can work together to address social issues and develop sustainable skills.

Summary

With an increase in the Māori population and the rise in Māori specific health initiatives, the outset of Māori health looks to hopefully improve in the future. Incorporating elements of the Māori health models which are built on *Te Ao Māori* values lays a solid foundation, but is not enough. In order to make significant changes there needs to be more participation in wider New Zealand Society; services need to consider the changing demographics of Māori, being a youthful population and therefore needing services for the elderly. An active partnership with mainstream services is still required to progress into the future, Māori are not yet in the position to stand alone and it is in Māori best interest to work with all key stakeholders at a *whānau*, *hapū*, *iwi*, local, regional, national and international level.

This chapter begins with the creation story, the creation of the Māori world, followed by the creation of me, the researcher through the lens of *Te Ao Māori* and *whakapapa*. This sets up my subjective view as a researcher. We are then led into how Māori fit in an international context as a people and then more specifically within indigenous health. The Māori health models are one way to describe the holistic approach that Māori use to explain their position on *hauora* and all the important facets involved. All indigenous peoples have suffered the harsh impacts of colonisation and Māori are no different and it is through *Te Tiriti o Waitangi*, that we see breaches and broken promises as a reason to the current Māori health statistics within New Zealand.

All this literature is crucial to my current research as it sets the scene to how I see the world. It is through my worldview that I see that all these areas as relevant to interpret and express the issue of Māori health. Informed by my literature and research, in a conversation with Sir Mason Durie when discussing my proposed research, we both agreed that there has been too much focus on the negatives within Māori health and that a solution could possibly be through positive Māori health initiatives, such as Iron Maori. This has led me into my research and the rationale of being able to profile my Iron Maori *whānau*. To show how there are positive initiatives and outcomes that are happening within Māori health and focusing on these positives to address the negatives and capitalising on key areas is the way of the future.

Chapter Three: Methodology

The term methodology in its simplest definition refers to the approach or technique being taken. Its interpretation is broad and often discipline dependent (Ruataki Ltd & Ngā Pae O Te Māramatanga, n.d). Research methodology provides the reader with a framework of the key stages of the research process and how the researcher has approached these (Clarke, 2005). Methodology also sets the framework by explaining the starting point of the research, the direction of the research and possible implications. Methodology also seeks to justify the parameters, language and terminology, methods and analysis being used within the research (Ruataki Ltd & Ngā Pae O Te Māramatanga, n.d). Research from a dominant Western perspective has been defined by Porsanger (2004) as investigation or discovery of facts through observations, commonly understood through quantitative research. Quantitative research is generally performed by an outsider looking in and assumptions are based on the individual perspectives which do not acknowledge cultural differences (Chilisa, 2012; Porsanger, 2004). In contrast, qualitative research is used prominently within indigenous methodologies and more explicitly acknowledges subjectively. This chapter will discuss the research approach and methods giving reasons for their selection. An overview of indigenous methodologies leads into the chosen methodology of *Kaupapa Māori*.

Kaupapa Māori Methodology

The methodology that was used in this research was *Kaupapa Māori* (KM). The term *kaupapa* is comprised of two words – *kau* and *papa*. *Kau* has been used to describe the process of coming into view or appearing for the first time, and *Papa* is used to mean ‘ground, foundation base’ (Smith & Reid, 2000, p. 3). Thus the meaning of the word *kaupapa* can mean to be set in a basic foundation of its ground rules and customs. It is the

right way of doing things, being and thinking encapsulated in a Māori worldview or cosmology (Henry & Pene, 2001; Smith & Reid, 2000). KM challenges the dominant Eurocentric paradigms in order to establish culturally specific and appropriate methodologies to seek positive outcomes and benefits for Māori (Moewaka-Barnes, 2000; L. Smith, 1999). KM theory and methodology frames how Māori see the world, what the questions are that we ask and the solutions we seek, to answer those questions (L. Smith, 1999).

Historically, research ‘on’ Māori has been dominated by Pākēha researchers where findings on Māori have been demeaning, misrepresented and distorted (Reilly, 2011). KM theory is based on the unique Māori perspective which shapes the researcher’s understandings and aligns with Māori worldview, beliefs, attitudes, values and experience (Broughton, 2006). There is no one KM framework as Māori worldview, beliefs, attitudes, values and experiences all differ with each person who applies this methodology. Using KM as a methodological tool may begin with an interest in a topic, a commitment to finding innovative solutions or a desire to make a positive difference for *whānau*, *hapū* and *iwi* (Ruataki Ltd & Ngā Pae O Te Māramatanga, n.d). These kinship groups are the pathway to *whakapapa* and for Māori to live well and be healthy it is established through *whakapapa* and *tikanga* with *whakapapa* being a central tenet of what it is to be Māori (Ngāti Kahungunu, 2013). KM is a means for people to reposition them as a *whānau*, *hapū* and *iwi* to fulfil intergenerational aspirations for a continued autonomous Māori voice (Broughton, 2006). Furthermore, in support Durie (1995) claims that this autonomous Māori voice or self-determination is to “...capture a sense of Māori ownership and active control over their future” (p. 45), of which research is an integral part.

Prominent Māori leaders of the late 19th century, Dr Maui Pomare, Te Rangi Hiroa (Sir Peter Buck), Sir Apirana Ngata and Sir Tui Carroll, were members of the politically active *roopū*, The Young Māori Party. They were pivotal in the movement of health reforms (with the assistance of others) to advocate for a positive approach to Māori health development and less emphasis on the poor state of Māori health. These reforms are very early examples of the application of KM which highlight working ‘with’ Māori and not ‘on’ Māori (Lange, 1999).

KM is an emerging approach to research, which is becoming recognised and legitimised by Māori themselves (Bishop, 1996). KM is research that is conducted ‘by Māori for Māori about Māori’ (Broughton, 2006; Eketone, 2008; G. Smith, 1990). KM Research is located in a world where solutions and cultural aspirations can be generated. One of the key principles when utilising KM is being able to identify as Māori, but not all Māori researchers use KM methodology and this could be for various reasons including the type of research being undertaken (Pihama, Cram, & Walker, 2002; L. Smith, 1999).

Clearly, this key principle of being Māori puts up barriers for non-Māori who have a genuine interest in positive benefits for Māori, Bishop (2008) argues that KM if utilised under a Treaty of Waitangi framework, could allow non-Māori and non-indigenous peoples to utilise KM through obligation, as Treaty partners thus allowing an opening for non-Māori who are genuinely interested in Māori research. I agree with Bishop’s argument, at times it can be easily forgotten that the Treaty of Waitangi is a working partnership and should work both ways. From this perspective, exceptions should be made, and I support non-Māori who choose to engage in research for positive benefits for Māori. Researchers, both Māori and non-Māori would need to seek approval and guidance from *kaumātua*, constant consultation,

working in collaboration with and not on the community and adhere to the many of the values that *Te Ao Māori* is based on.

As my knowledge and interest continues to develop as an aspiring researcher utilising a KM framework, this also complements my interest in learning about *Te Ao Māori*. I see my current position as a researcher on a continuum similar to KM where we are both trying to understand where we sit on this continuum. On one end of this dominant Western methodology continuum is a positivism approach and the other end is a constructivism approach. A positivistic approach is objective, observational and suggested to be value free (L.Smith, 1999). This approach is defined by scientific knowledge and is summed up by (Ransome, 2013) “...same statement was true yesterday and will still be true tomorrow” (p. 58). I will discuss this in the next section.

KM Theory and Positivism

KM is imbued with a strong anti-positivism stance as the latter goes against the values that underlie KM such as the subjective, involved approach taken with KM. In contrast, KM can also be utilised in an objective, observational measure, and is seen in such research conducted by Glover (2000). Positivism is challenged by constructivism. Constructivism is based on the premise that the world is socially constructed (Cox, Geisen, Green, 2008). The constructivism approach is knowledge constructed through discourse in the context of individual histories and social interactions (Bazeley, 2013). A criticism of constructivism which resonated with traditional oral transmission of knowledge used by indigenous is that, that nothing can ever be ‘known’ due to the infinite range of variables; which often questions the reliability of constructivism theory (Ransome, 2013).

KM theory in the context of my research aligns closely to constructivism. I intend to draw on the discourses of the participant's individual stories and experiences of Iron Maori to disseminate to a wider audience. As an aspiring researcher my goal is driven by understanding and learning what motivates people to enter Iron Maori. There are endless variables that need to be taken into consideration and more often than not conflict will be inevitable. The principles of KM theory, as discussed next will guide me throughout my research journey.

Principles of KM Theory

KM theory is governed by *Te Ao Māori* values, principles and practices G. Smith (1990) posed six principles within an educational context. These elements and principles have since been expanded by many other KM theorists (Smith, 2006; 2003; 1999; Smith & Reid, 2000; Glover, 2000) The first six principles are

1. *Tino Rangatiratanga* (Self determination)
2. *Taonga Tuku Iho* (Cultural Aspiration)
3. *Ako Māori* (Culturally Preferred Pedagogy)
4. *Kia Piki Ake I Ngā Raruraru O Te Kainga* (Socio-Economic Mediation)
5. *Whānau* (Extended Family structure)
6. *Kaupapa* (Collective Philosophy)

These six principles encapsulate Māori values and knowledge (Mead, 1996). These principles are guidelines for the approach to how Māori research should be taken with an aim to make a positive change for Māori communities. These principles are complex and there is

a natural interweaving between each principle. Each principle has a strong *Te Ao Māori* focus and the following five principles, *Tino Rangatiratanga*, *Taonga Tuku Iho*, *Kia Piki Ake I Ngā Raruraru O Te Kainga*, *Whānau* and *Kaupapa* are integral within my research. These five principles also reflect the ethos and values behind Iron Maori evidence. They are the most relevant to the research aims and shapes how my research was carried out which will be explained further. To gain a deeper understanding of these principles, I will provide a definition of each Māori word of the KM principles and practices (as seen later), how the words fit within a KM context and how the principles apply within my research.

Tino Rangatiratanga

- *Tino* as a noun is main, important, value, significance, essence. It is used as an emphatic word for example when we remark “*pai*” it means good but by adding *tino* in front it means very good.
- *Ranga* is to avenge (a death), rise up, pull up by the roots, set in motion.
- *Ranga* originates from the word *raranga* to weave.
- *Tira* is travelling party, company of travellers, choir, ray, beam with a common *kaupapa*
- *Rangatira* translates to chief, and can be further broken down to *ranga* and *tira*
- *Tanga* is a suffix used to make verbs into nouns, sometimes called derived nouns, and the usual ending for verbs (Moorfield, 2003).

Thus following these definitions, *Tino Rangatiratanga* means a group of people coming together to rise up or avenge a wrong by doing something significant and important. There

are numerous other definitions of *Tino Rangatiratanga* which relate to sovereignty, autonomy, control, self-determination and independence and can be seen by Māori being able to control their own culture, aspirations and destiny (G. Smith, 1990). The definitions of self-determination acknowledge the struggle and the changes that occur (Smith & Reid, 2000) it also suggest that *Tino Rangatiratanga* is met through the development of Māori specific health services and thence provides an adequate amount of self-determination. Opinions vary within Māori and that Māori should have full control of health funding and service delivery, otherwise *Tino Rangatiratanga* is not fully realised (Kingi, 2007). Māori, like all indigenous, place emphasis on greater autonomy and self-determination to suit the needs of their people (Durie, 1998b).

One of the key values that Iron Maori is based on is *Tino Rangatiratanga* which is reflected in each participant making a conscious decision to make a lifestyle change (Kerr, 2013). Iron Maori is an event with the core vision “to get our people well” (Kerr, 2013, p. 8) and is also an example of *Tino Rangatiratanga* through employing and normalising Māori values in a predominantly non-Māori event. There is acknowledgement of the struggle as viewed in the health statistics (Ministry of Health 2010; 2012) and how change is made through taking control of a predominantly white middle class sport and transforming this concept to suit the needs of Māori people so that they feel comfortable (Smith & Reid, 2000). Within Iron Maori, *Tino Rangatiratanga* also comes in the form of leadership naturally occurring, such as older former participants of all ages and sizes passing on their knowledge. From my own experience, as a participant of Iron Maori, it is the journey of Iron Maori that reflects the *Tino Rangatiratanga*, through the commitment to a lifestyle change, of more informed nutrition and physical choices.

Taonga Tuku Iho

- *Taonga* means, property, goods, possessions, treasure, anything prized
- *Tuku* means to release, let go, give up, and leave
- *Iho* means down, downwards (Moorfield, 2003).

This principle describes physical and non-physical treasures that are passed on to others. Within a KM context, this principle *Taonga Tuku Iho* means the cultural aspirations principle (Ruataki Ltd & Ngā Pae o te Māramatanga, n.d). Bishop (2008) describes *Taonga Tuku Iho* as the following, “a means that Māori language, knowledge, culture and values are normal, valid and legitimate” (p. 442). In effect, Māori cultural identities and practices are portrayed as normal, and reaffirming the position that to be Māori is normal. Iron Maori are based on values that include Iron Maori events commencing with a traditional *karakia* and *wero*. Local *kaumātua* provide cultural support and there is promotion of healthy food choice, exercise, *Auahi Kore* and *Aukati Kai Paipa*, as well as drug and alcohol free lifestyles. These are additional values that are continued to be normalised throughout Iron Maori which can be viewed as *Taonga Tuku Iho*.

Kia piki ake i ngā raruraru o te kainga

- *Kia* means when, until - used for future time.
- *Piki* is a word used in colloquial speech usually placed before the word it modifies.
- *Ake* means from below, upwards, in an upwards direction
- *Raruraru* means be in difficulty, perplexed, troubled.

- *Kainga* means home, address, residence, village, habitation (Moorfield, 2003).

Within the KM context this is the principle of socio-economic mediation and refers to the negative pressures and disadvantages experienced by Māori communities because of poverty (G. Smith, 1990). Māori in poverty are roughly double that of non-Māori rate (Pihama & Penehira, 2005). This measurement of poverty was determined by two overlapping but distinct concepts. The first is the level of inequality and is measured by surveys of income that include information on the household. The second is the level of hardship measured by surveys of wellbeing that include questions about material deprivation (Pihama & Penehira, 2005). This principle reaffirms the expectation that KM needs to have a positive benefit for the Māori community (G. Smith, 1990). This principle is reflected in Iron Maori through participants supporting one another to alleviate the burden of costs involved in participating in such as event. This comes in many forms such as, people lending out spare cycles and parts that they have, and transport and venue costs for each Iron Maori events.

Whānau

The term *whānau* sits at the heart of KM and *Te Ao Māori* and means family. As I have previously discussed the concept of *whānau* within my literature review, in this section I begin with the Te Aka Māori dictionary definitions of the following Māori terms that are an extension of *whānau*; these are *whanaunga*, *whanaungatanga* and *whakawhanaungatanga* and confirms the importance of relationships with living and non-living (Durie, 1994; Moeke-Pickering, 1996). The development of these relationships is then followed by a variety of examples that are evident within my research.

Whānau as a verb means to be born, give birth. *Whānau* as a noun means extended family, family group, a familiar term of address to a number of people. In the modern context, the term is sometimes used to include friends who may not have any kinship ties to other members (Moorfield, 2003) implying that blood is not the sole factor to tie one another together. There is the *tikanga* of *whānau* which include, positive interpersonal interactions, group solidarity, shared responsibility where *whānau* is a collective group rather than as an individual. As a group making major decision, these are passed by the *kaumātua* for approval acknowledging the multigenerational composition of *whānau* and the hierarchy of *whānau* members (Bishop, 1998).

Whanaunga as a noun means relative, relation, kin, blood relation (Moorfield, 2003). When we are introducing ourselves to our *whanaunga* we are connecting with each other as we are one.

Whanaungatanga builds off the concept of *whanaunga* and as a noun means relationship, kinship and sense of family connection. A relationship through shared experiences and working together provides people with a sense of belonging.

Whanaungatanga is knowing that you are not alone, support, guidance assistance, nurturing and direction from people is around when needed and working collaboratively (Bishop, 1998; Moorfield, 2003).

Whakawhanuangatanga as a noun means the process of establishing relationships and relating well to others. This process identifies how our identity comes from *whakapapa* and is associated with specific *iwi* stories. Through a *mihimihi*, we are able to make those connections based purely on who are you, not what you have become, and not being identified in terms of occupation or social ranking (Bishop, 1998).

Throughout the different interpretations and extensions of *whānau*, a core value of Iron Maori is *whanaungatanga* and developing quality relationships which is woven throughout this thesis and this principle. Bishop (1998) coins the term ‘whānau of interest’ which refers to the research *whānau*, where the researcher is a part of that group, rather than standing apart from it. Within KM research establishing and maintain a *whānau* can be literal or metaphorical. Within my research I feel that I am part of the group as a former and current participant of Iron Maori. Having this *whānau* relationship enabled an easy transition to contact participants and Iron Maori management and my research *whānau* consisted of all those participants and their whānau, my supervisors and colleagues and friends in Dunedin and Hawke’s Bay. Within Iron Maori, the term ‘training tribe’ has been used by many participants of Iron Maori. This consists of people within a region committed to supporting one another in making lifestyle changes.

Kaupapa

- *Kau* has been used to describe the process of coming into view or appearing for the first time, and
- *Papa* is used to mean ‘ground, foundation base’ (Smith & Reid, 2000)

Kaupapa sets a basic foundation of its ground rules, customs, and the right way of doing things, being and thinking encapsulated in a Māori worldview. Within the context of KM theory the definition is very similar. This principle encompasses the ideas of a collective vision and commitment to the aspirations of the Māori community (Ruataki Ltd, & Ngā Pae O Te Māramatang, n.d; Smith & Reid, 2000). Therefore in this research I worked collectively with participants on the overarching, collective vision of the impacts of Iron

Maori. Acquiring this knowledge, it may be possible to encourage the development of more KM and indigenous values as a base for health initiatives; thereby fostering the development of *whānau*, *hapū* and *iwi*. Part of the *kaupapa* of Iron Maori, are the values that Iron Maori is based on. Iron Maori operates on the following four values of their lifestyle programme

1. *Tino Rangatiratanga* – empowering individuals to make informed decisions
2. *Whanaungatanga* – developing quality relationships
3. *Kanohi ki te kanohi* – individualised / personalised approach
4. *Manaakitanga* – building effective support structures (Kerr, 2013. p. 15).

All four values that inspire Iron Maori align within the KM framework, with the first two discussed earlier and the latter two aligning specifically with KM practices discussed next. It was expected that knowledge gained from personal experiences from a range of participants would inform key areas of Māori health to encourage and develop Māori and indigenous health initiatives. Following this, the data was analysed and presented. At the completion of this research, I intend to disseminate the findings regarding participant's experiences within Iron Maori to the management team, participants and other key stakeholders.

Methods

In this section I will discuss the methods used in my research starting with the relevant KM Practices. A brief description of qualitative research and in-depth interviews, discussing the advantages and limitations of both. The Māori ethical framework Te Ara Tika was used within this research and will be explained in this section. This section ends with recruitment, interview schedule, a brief summary of the participants and data analysis.

Kaupapa Māori Practices

KM stems from a philosophical base and is directed by practices that reflect a Māori worldview (Pipi et al., 2004). Earlier in my literature review I discussed how my identity has been shaped through my *whakapapa* and my *whānau* which has led me to use KM principles and practices. L. Smith (1999) poses nine questions about the validity of knowledge, and a critical approach to undertaking KM research as a Māori researcher. Cram (1992) condenses these questions down to five which I will use and under each question provide a brief explanation. I have chosen to use Cram's (1992) five questions as they provide a further insight into the rationale behind my chosen methodology and methods.

- a. Who defined the research problem?

As a former participant of three Iron Maori events, I like many others have been positively affected by the Iron Maori experience. My research does not address a specific problem, but takes a positive approach and identifies the many issues of Māori health. Through consultation with the Iron Maori management team, I focussed on leveraging the positive nature of Iron Maori, by researching the motivation and support networks that have contributed to people being a part of the Iron Maori success and choosing sustainable healthy lifestyles.

- b. For whom is this study worthy and relevant? Who says so?
- c. What knowledge will the community gain from this study?
- d. Who will gain the most from this study?
- e. To whom is the researcher accountable?

These questions are important to gauge the intent of a researcher, and are also used to screen researchers applying for culturally specific roles (Cram, 1992). The outcomes of the questions above are very similar and I have decided to combine my reasoning all into one. First and foremost it is *whānau*, *hapū* and *iwi* to which this study is relevant as many of my *whānau* have been part of Iron Maori and support the *kaupapa* of this research. Secondly, the relevance that this would have for the Iron Maori management *whānau* and community by gaining feedback on how Iron Maori has made a difference to participants' lives and also some useful suggestions from participants for the future. Furthermore, coming from KM perspective, some of the results of this research will benefit other aspiring researchers to focus on the positive aspects of health.

From an individual perspective, as a researcher I gain a Masters degree and learn and develop all the skills that come with this process. This sounds selfish but these skills that I develop such as the potential to identify gaps between the literature and my research for Māori and in the bigger picture is a positive for *whānau*, *hapū* and *iwi*. This is consistent with Ratima's (2001) concerns that there is a lack of evidence based approaches to Māori health promotion and my research which is KM driven adds to the knowledge around this area.

Complementing Cram (1992) five questions, I have also utilised L. Smith (1999) KM practices which follows. L. Smith (1999) outlines seven KM Practices which aim to guide Māori researchers uphold the *mana* of Māori people. The seven practices with a brief English translation beside them follow:

1. *Aroha Ki Te Tangata* (Respect for people)

2. *He Kanohi Kitea* (Meeting people face to face)
3. *Titiro, Whakarongo, Kōrero* (Look, Listen, Speak)
4. *Manaaki Ki Te Tangata* (Collaborative approach to research)
5. *Kia Tupato* (Politically astute, culturally safe)
6. *Kaua E Takahia Te Mana O Te Tangata* (Do not trample on the mana of a person)
7. *Kia Ngakau Māhaki* (Be humble in your approach) (Pipi et al., 2004).

I acknowledge that all these practices are important and naturally interweave with one another. Within my research I have chosen to discuss only two practices in greater detail as they are important practices within my research and I also explain and how each practice is applied specifically to Iron Maori.

He Kanohi Kitea

- *Kanohi* means face
- *Kitea* means to see in person (Moorfield, 2003).

This practice is important for many reasons; one is that it aligns with a core value of Iron Maori, to see the face of a person or the seen face (Kerr, 2013), in the context of my research *kanohi kitea* means meeting people face to face. *Kanohi ki te kanohi* is an individualised personalised approach (Kerr, 2013) where there is the ability to gain rapport and trust as a basis of an ongoing relationship (Pipi et al., 2004). Relationship building can also be seen as *whanaungatanga* a key value for Māori. *Kanohi kitea* enables an opportunity for immediate feedback and the voice of an individual to be heard.

He kanohi kitea has enabled me as the interviewer to create a comfortable environment for everyone, by being able to take cues from their body language, and what direction to steer the conversation. This allowed the conversation between the participant and me to flow. As a former and current participant of Iron Maori events, I was able to connect with the participants of my research by having an understanding of the participants' experiences and stories. This enabled both of us to feel at ease with one another and added to a free flowing conversation.

Furthermore, specifically to Iron Maori, my grandfather Dave Stone is one of the Iron Maori *kaumātua* who is often asked to open an Iron Maori event with the *karakia*. Other *whānau* members are part of the *kaumātua* team who attend the Iron Maori events and members of the Iron Maori management team are also related. Having this link shows the personal connection I have with Iron Maori by having *whānau* members as being recognised faces of Iron Maori.

Manaaki ki te Tangata

- *Mana* means prestige, authority, control, power influence.
- *Aki* means to encourage, urge on.
- *Tangata* means people, men, persons (Moorfield, 2003).
- *Mana ki te tangata*-respecting people, everyone has *mana*.
- *Manaaki Tangata* - Kindness looking after people, hospitality.
- *Manaakitanga* - one word that wraps the entire above concept (B.Tohiariki, personal communication, 2013).

Manaaki can be interpreted in different ways and is highly dependent on context. In the context of my research *Manaaki ki te tangata* means collaboration of research, research training and reciprocity (Pipi et al., 2004). *Manaaki ki te tangata* emphasises the importance of collaboration and reciprocity. No matter what role you play in research, whether you are the ‘expert’ or the participant, there is always the opportunity to learn from one another, reinforcing another key Māori concept of *tuakana-teina* or older sibling/younger sibling. Within this practice I have consulted with all stakeholders, shared the knowledge, and disseminated findings in a suitable way.

In terms of my research this practice is very important. Ongoing communication and consultation with the participants of my research and Iron Maori management team is imperative to ensure that these key stakeholders are happy with the direction of my research to date. Throughout this research process, Iron Maori management were given drafts to provide feedback. The management team’s feedback and opinions were important in this process as *kaitiaki* of the *kaupapa* of Iron Maori. The information that participants are willing to share about their Iron Maori journey is invaluable. It is this knowledge through their experiences that reflects two things, one is their ability to have that trust in me as a researcher to share their stories and two is the knowledge that they want to pass on that reflects their passion and confidence of being a part of the Iron Maori movement.

As I have gone through this research process I have learnt that applying KM can be complicated, and I mention this not as a criticism of the practices but more a process of growth and my ongoing understanding of the function and application of *Te Ao Māori*. Within *Te Ao Māori* things are not independent of one another but are woven with each other to create the interdependence and holistic nature that Māori and I as an aspiring researcher

am beginning to follow. Application of these practices is consistent with indigenous values and beliefs implicated in research (Weber-Pillwax, 2004). It is a step forward in asserting *Tino Rangatiratanga* and ensuring that these practices are normalised within a non-Māori framework. As a researcher, within the Māori world, these practices have guided me to accept the responsibility and accountability that this research will have on my *whānau*, the Iron Maori whānau and the wider community. I see the Western methods of qualitative research and in-depth interviews have strong similarities with KM practices and for this reason I utilise these approaches as well.

Qualitative Methods

Qualitative research involves the collection, analysis, interpretation of data and different ways of thinking about knowledge from the more dominant quantitative approach (Anderson, 2010; Kuper, Reeves, Levinson, 2008a; Tong, Sainsbury, & Craig, 2007).

Qualitative research focuses on answering the questions of “why” and “how” compared to quantitative research which focuses on ‘what’ and ‘how much’ (Kuper et al., 2008a). The different types of qualitative methods include ethnography, observation, documentary, analysis, case studies, and conversational analysis focus groups and in-depth interviews for example (Anderson, 2010).

The use of qualitative methods is growing, but there still remains scepticism around the ‘quality’ of this research type and the knowledge that is produced (Anderson, 2010; Pope, Zeibland & Mays, 2000). This scepticism has led to journals refusing to publish, research funders, policy makers and clinicians perceiving qualitative methods as being second class (Kuper et al., 2008a; Tong et al., 2007). Criticisms also extend to the lack of transparency in procedures and processes (Higginbottom, 2004). Ratima (2001) raises similar concerns in

regards to Māori health promotion, where there is a lack of evidence based approaches to Māori health promotion and this can be attributed to factors such as measurement issues, reliability and quality of evidence and the technical skills required to interpret information.

A strength of qualitative data that is surrounded by debate is the data obtained from qualitative research through human experience and knowledge and is arguably more powerful than quantitative data. This is contentious as the qualitative data is dependent on many factors. With rigor hard to maintain and the assessment, demonstration and analysis processes very time consuming, the skills and experience of the researcher are heavily relied upon and so can easily lead to bias thus illuminating the limitations of qualitative data (Anderson, 2010). Another strength of qualitative research is the ability to quickly revise and steer the direction as new information emerges confirming a constructivist approach where nothing is set in stone and information is built through the transfer of knowledge a key element for indigenous and Māori (Anderson, 2010). This strength of qualitative research is consistent with Smylie et al., (2004) approach where the exchange of stories shown between the participants of this research and myself where there was a high level of trust between us both. This trust was further strengthened through the application of KM practices of *he kanohi kitea* and *manaaki ki te tangata* showing the overlap between qualitative methods and KM practices.

L. Smith (1999) acknowledges several examples of indigenous peoples asserting their self-determination through engaging in their research to advance their philosophy. One example is storytelling, where the story and the story teller both serve to connect the past with the future, one generation with the other, and the land with the people and the people with the story. This links with concepts embedded within *Te Ao Māori* where this example

of storytelling seeks to privilege indigenous voices, worldview, images and prioritising their values by allowing the individual to take on an indigenous outlook in all they do (Ruataki Ltd & Ngā Pae O Te Māramatanga, n.d).

Traditionally, from a Māori worldview, oral transmission was the preferred choice of passing down knowledge through *mōteatea*, myths and legends and creation narratives. This traditional knowledge provides historical examples of the complex world of *Te Ao Māori*, beliefs and understandings (L.Smith, 1999). Oral traditions are important within *Te Ao Māori* to assist with *whakapapa* and identity. It is through this knowledge that people are able to learn about tribal migration of *waka* and of *tīpuna* on those *waka*. The *tapu* nature of this knowledge was entrusted to certain individuals and was hoped that this was accurately passed throughout the generations (Cram, 1992).

The validity and reliability of oral transmission is always questioned. One reason for this is that European writers have merged myths and legends, migration stories from different stories and created new traditions (King, 1996). Furthermore, King (1996) argues that to imply knowledge or history exists with the emergence of literature is nonsense and that literature is part of the historical process. For the current research I have used this concept of story-telling through the combination of a Western system of in-depth interviews and KM methods. A clearer picture of how these two methods overlap are shown in the interview schedule later in this section.

In-depth interviews

An interview is a primary way of collecting data by asking specific research questions that a participant can respond to (Stuckey, 2013). A good interview comprises of skilled technique and methods. A successful interview occurs when the interviewer is able to

uncover new and exciting insights from the respondent (Rice, Liamputtong & Ezzy, 1999).

This is described by Holstein & Gubrium (1995),

“Respondents are not so much repositories of knowledge – treasuries of information awaiting excavation – as they are constructors of knowledge in collaboration with interviewers” (p. 114).

Throughout this description of in-depth interviews there will be similarities to the KM Practices. At the end of this section a table showing the similarities and differences between the two will be given.

In-depth interviews can be seen as part of a continuum with structured interviews on one end and unstructured, conversational interviews on the other end (Minichello, 1995). In-depth interviews are free flowing conversations where the interviewer is an active listener and the respondent does the most talking (Rice et al., 1999). For in-depth interviews the need to gain rapport and a level of comfort with the respondent so that they feel free and safe is important. One way this can be done is to ensure that the interview runs in a logical order for the respondent and not the interviewer (Galletta, 2013; Hennink, Bailey, & Hutter, 2011).

An advantage of in-depth interviews is that the interpretation and meaning that people give about their experiences can be studied. A one on one (*kanohi ki te kanohi*) in format, there is less pressure to convey what the respondent feels compared to being in a group environment but this can also be seen as a limitation due to a lack of feedback from others (Hennink et al., 2013; Rice et al., 1999). In general, the respondent also needs to be reassured that the knowledge that they are passing on will be reciprocated and that the research will be used to benefit others and create validity of the research (L. Smith, 1999). Limitations of in-

depth interviews include high costs, energy and the process being very time consuming to both conduct and transcribe the interview. For a one hour interview, this would take four hours to transcribe. As an interview can lead in various directions the interviewer needs to be able to deal with any sensitive issues that may arise (Rice et al., 1999). This table below summarises some of the similarities of KM practices and In-depth interviews.

Table 7

Comparison between Kaupapa Māori Practices and In-depth interviews

	<i>Kaupapa Māori Practices</i>	In-depth interviews
Similarities	<ul style="list-style-type: none"> • Building rapport • Creating a safe environment • Relationship building • Huge emphasis on <i>manaaki</i> • <i>Kanohi ki te kanohi</i> • Reciprocity • Benefit and positive improvement for Māori 	<ul style="list-style-type: none"> • Gain rapport • Level of comfort, feel safe and free • Lay out everything • Stories would not normally be told • One on one • Reciprocity • Benefit to community
Differences	<ul style="list-style-type: none"> • Collaboration and consultation with Māori • Humility in approach • Māori specific cultural and political awareness 	

Ethics

Ethics has a specific role in guiding key behaviours, processes and methodologies (Hudson et al., 2010). For Māori, ethics is about '*tikanga*' – for *tikanga* reflects our values, our beliefs and the way we view our world. (Te Puni Kokiri, 1994). My research followed Hudson et al's (2010) *Te Ara Tika* Framework which addresses Māori ethical issues through the foundation of *tikanga* and the four underlying principles of *tika*, *mana*, *manaakitanga* and *whakapapa*.

Ethics within health research introduces a broad range of ethical issues and *Te Ara Tika* draws on a foundation of *tikanga* Māori. *Tikanga* Māori is built on creation narratives and the connection to sustaining a healthy life. *Kawa* and *tikanga* provide the primary interface for accessing this knowledge to inform ethical decisions (Hudson, et al., 2010). The *kawa* of my *marae*, Mihiroa is inherently different to the *kawa* of many other *marae*, for example, as a privately owned *marae* women of great *mana* are able to speak on the *paepae*, which is a *kawa* not commonly shared by all. As I have participants from different *iwi* and *marae* this means that there will be different *kawa*, so to align with KM Practice of *kaua e takahia to mana* I have sought out guidance from *kaumātua* and asked local people on the best way to handle a situation that is different to what I have experienced and know. The four principles of *Te Ara Tika* seen below in the Māori ethical framework diagram, is then further broken up into three segments, minimum standards, good practice and best practice.

Table 8

Summary outlining the best practice of Te Ara Tika four principles and its application within the current research.

	Best Practice	Implementation in research
<i>Whakapapa</i>	Kaitiaki: Empowers researchers to have a guardian role to achieve outcomes. Māori “take a kaitiaki role within the research project with a view to ensuring that tangible outcomes are realised within Māori communities” (Hudson, et al., 2010, p. 7).	Engaging with various stakeholders, such as the Iron Maori management team, and local <i>kaumātua</i> . Both parties act as <i>kaitiaki</i> for me and my research, guiding me through <i>Te Ao Māori</i> and ensuring my own safety so that the outcomes remain Māori focussed.
<i>Tika</i>	Kaupapa Māori framework: The best practice for the Tika segment is research that “acknowledges the importance of partnerships” and outcomes for Māori communities (Hudson, et al., 2010, p. 10). Alignment with the Treaty of Waitangi principles of participation, partnership and protection to complement KM principles and Practices (Hudson et al., 2010) is also important within this practice.	This research is guided by a KM framework as already discussed in this methodology chapter. In terms of the importance of partnerships, I have always put the needs and aspirations of the participants of Iron Maori at the centre of my research, and also at the centre of my activities.
<i>Manaakitanga</i>	Māhaki: Empowering participants and acknowledging the influence of <i>Te Ao Māori</i> within research and employing Māori values such as <i>Tino Rangatiratanga</i> of each participant. Furthermore, because of my own experiences as a Māori and as an Iron Maori participant my ongoing understanding and beliefs of Māori philosophy and spiritual integrity is implicit (Jackson, 2011).	<i>Māhaki</i> is associated with cultural and social responsibility and respect for people. Showing <i>aroha</i> and <i>manaaki</i> throughout the whole research process through a transparent relationship between the participants of my research and Iron Maori management has occurred throughout this research. Furthermore, levels of <i>Te Ao Māori</i> differ within the participants, therefore acknowledging the level that they self identify as being, is important sign of respect and <i>aroha</i> .

<i>Mana</i>	Mana whakahaere: Sharing of power and control with <i>hapū</i> , <i>iwi</i> and relevant Māori communities. Acknowledgement of <i>iwi</i> , intellectual property and dissemination of information from the research project.	I have constantly put checks in place to remind myself why I am doing this research who will benefit and how will this be of benefit for the Māori community. I have aligned with the five questions that Cram (1992) posed earlier. If I am unable to answer these few questions then I will need to re-evaluate the rationale behind my research.
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With these best practices there is a lot of overlap, which means that I am not confined to a checklist of each section. This allows flexibility and my own *Tino Rangatiratanga* to come through as well and these acts as guidelines. These guidelines and principles of *Te Ara Tika* alongside the ethical guidelines as a University of Otago student and my own personal values and beliefs will guide how my research was performed.

This research was approved by the *Ngāi Tahu* Research Consultation Committee and meeting the requirements of University of Otago Ethics Committee. The elements of this particular research saw the research considered as an Ethics B application. As part of this application to the Ethics committee, a Participant Information form and a Participation Consent Form (Appendix 2) were required. The information form described to the participant the aim of the project, the requirements of the participants, what the data will be used for and the ability to change their mind mid-way through the project without any disadvantage. The consent form informed the participant that they were not obliged to take

part in the research and were able to withdraw from the research at any time. Informed consent was sought by sending a digital copy via email of the information form to potential participants.

Recruitment

There were ten participants recruited for this study. Qualitative studies do not have a magic number in terms of sample sizes, when a thorough understanding of the topic has been achieved and no new themes are emerging from further groups, a state known as saturation sampling occurs (Kuper, Lingard, & Levinson, 2008b). Saturation sampling requires that data analysis is concurrent with data collection. Of these ten participants I utilised confirming-disconfirming sampling and snowball sampling techniques to achieve a broad cross section of demographics.

Confirming-disconfirming sampling is the sampling of individual perspectives that both confirm and challenge the researchers understanding of the phenomenon. This sampling method was used to support and add depth to the knowledge received from the participants'. (Kuper et al., 2008b). As a former and current participant of Iron Maori I was able to select participants that I personally knew. This was balanced by snowball sampling. Snowball sampling through word of mouth was used, where I asked current participants to recommend other potential participants of the Iron Maori event to share their experiences (Kuper et al., 2008b). Confirming-disconfirming sampling and snowball sampling tie into KM theory by being able to use my own networks to recruit and trust others with broader networks who all have an interest in a topic, a commitment to finding innovative solutions or a desire to make a positive difference for *whānau*, *hapū* and *iwi* (Ruataki Ltd & Ngā Pae O Te Māramatanga, n.d) . This interest being Iron Maori.

Initial contact of the participants was made through email or face to face depending on my location. The initial contact consisted of a brief overview introducing myself and what the research was about. After confirmation of participation, an email was sent out regarding an information sheet, consent form and areas of possible questions (see Appendix 2). All this information was presented in hard copy when the interview occurred.

Interview schedule

Each interview followed a generic framework. Pre interview, I employed the Māori approach of *whakawhanuanga* at the beginning through informal chat about their day. Gaining trust from the participants was important in building a relationship to allow a free flowing dialogue. After *whanaungatanga* hard copies of the Participant Information form and consent form that the participants had been given earlier electronically were read through and when agreed were signed. With consent, the interviews were recorded using a digital recorder.

The four general areas that were asked to all participants included their views on Māori health, *Te Ao Māori*, their physical health and their Iron Maori journey. The first four interviews, questions and the order was sent earlier in hope that this would provide more enriching answers, and in all cases this was true. The latter interviews the four areas were still asked, but the participants were not given pre-empted questions and these questions asked were based on the four areas and dependent on the responses determined the direction the interview would take. This enabled more of a natural discussion and there was an increase in engagement, enthusiasm and free flowing conversation for the participants, as opposed to coming to the interview with pre-empted answers. This alternative style was adopted after trial and error and feedback from the earlier interviews. At the completion of each interview

a small *koha* was given to each of the participants as an act of reciprocity, recognising the participant's time and knowledge. *Koha* was in the form of *kai*, fish or *rewana* bread or a supermarket or petrol voucher. Interview times ranged from 35 minutes to 75 minutes, and one interview was of two participants together and the rest were one on one.

Participants

At the beginning of each interview, participants provided demographic details. These details included, name, age, *iwi* if relevant, occupation, place of residency and what Iron Maori events they participated in at the time of the interview. Interviews were held in a location that was easy for participants to access and agreed earlier via email.

I have decided not to anonymise the participants' as this goes against the KM practice of *Kaua E Takahia Te Mana O Te Tangata* (Pipi et al., 2004) or do not trample on the *mana* of a person. The stories and knowledge that the participants share is crucial to the integrity of this research and consistent with indigenous research (Weber & Pillwax, 2004). To use pseudonyms is an injustice to the participants. In regards to the particular quote on page 132, I have edited the quote so that the particular participant remains safe. The knowledge forwarded on by the participants are important and should be appropriately acknowledged. Furthermore, the KM Practice of *Manaaki ki te tangata* (Pipi et al., 2004) also adds to my decision to not anonymised participants and I have taken an excerpt directly from page 88 of my thesis, "The information that participants are willing to share about their Iron Maori journey is invaluable. It is this knowledge through their experiences that reflects two things, one is their ability to have that trust in me as a researcher to share their stories and two is the knowledge that they want to pass on that reflects their passion and confidence of being a part of the Iron Maori movement". On the Information Sheet for Participants (See Appendix 3)

consent form it reads “Please be aware that should you wish we will make every attempt to preserve your anonymity. However, with your consent, there are some cases where it would be preferable to attribute contributions made to individual participants. It is absolutely up to you which of these options you prefer”. After completion of each individual transcript participants’ were emailed, and if possible sent physical copies of their transcripts for review and at this stage were given the option of using their own identity or a pseudonym. All but one of the participants responded, the sole participant that did not respond was given a pseudonym to protect their confidentiality.

Dyce Tohiariki³, the eldest of the participants is a 60 year old Māori male who has *whakapapa* to Ngāti Kahungunu ki Te Wairoa. Dyce is a painter by trade and resides in Ahuriri, Napier. Dyce has participated in various Iron Maori events. In the 2011 half Iron Man ‘main’ event, he was part of Iron Maori team event as a runner; in 2012 Iron Maori event in a team as a cyclist and in 2013 is entered into the individual Quarter Iron Maori event. The Quarter Iron Maori, has become a stepping stone to many who want to embark on the ‘main event’ the following year.

David Heeney is a 37 year old European Pākēha married with three sons. He resides in Hastings and is a newly employed security guard. He has competed in one Iron Maori event in 2012, the Quarter Iron Maori as the swimmer in a team.

Rocky Pohatu was the youngest participant of this research at age 22. His *whakapapa* is to Ngāti Kahungunu and is originally from Hawke’s Bay but was residing in Dunedin at

³ Throughout the following analysis chapters, first names of each participant will be used to indicate quotes when relevant.

the time of his interview. He is a student studying sociology and has participated in two Iron Maori events, the 2012 and 2013 individual half Iron Maori.

Katy Te Amo is a 31 year old Māori woman who has *whakapapa* to Tainui, Ngāti Wairere and Ngāti Haua. She resides in Wellington and works as a private secretary. She has completed the individual half Iron Maori in 2010, 2011, 2012 and 2013 and the individual quarter Iron Maori in 2013. She has also completed the Wellington Duathlon in 2011 and 2012 and 2013 as well as registered for the 2014 Iron Man event.

Helen Hardwick is a 37 year old European woman who resides in Wellington and works as a teacher in Porirua. She has completed the Wellington duathlon twice, the quarter individual and the half individual Iron Maori events in 2011 and 2012.

Tim Kendall is a 47 year old European who resides in Wellington and is a group manager of resources in Te Puni Kokiri, Ministry of Social Development. Tim has participated in numerous Iron man events before completing and being involved win the individual half Iron Maori in 2010 and 2011.

Jamie Te Hiwi is a 40 year old Maori male from Ngāti Kahungunu ki Wairarapa. He resides in Wellington and works as a Commercial Development Officer at Te Puni Kokiri. He has completed the Iron Maori individual Half 2009, 2010, 2011, Quarter Iron Maori, 2012 and Wellington Duathlon 2012.

Whitney Nohokau is a 26 year old Māori female who comes from Ngāti Kahungunu ki Te Wairoa and Tuhoe. She resides in Flaxmere and works as an early educator at Little Sunbeams in Hastings. She has completed the Iron man individual in a team as a runner in 2011, and the quarter Iron Maori in a team as the cyclist in 2012.

Trevor Wharepapa. He is a 55 year old unemployed Māori male who resides in Flaxmere. His *iwi* is Ngāti Manawa and he has completed both the individual quarter and half Iron Maori event in 2013.

The final participant is Jane Smith is an older Māori female. She is a project coordinator. She was part of one of the inaugural Iron Maori events in the long individual course⁴.

Data Analysis

This section will cover the processes of transcription, member checking, coding and thematic analysis. At the completion of each interview the process of transcription was required. All interviews were transcribed verbatim then sent to each participant to check. Member checking process was post transcription and pre coding and analysis; this allowed the participant the chance to look at their transcript. It was important to consult with the participant throughout this process to ensure that information that I used was not interpreted differently to what they meant. The participants were advised that they didn't have to change anything, but they could add or correct something or even delete it. They were also informed that the script was not in full sentences, so not to worry about the half phrases, 'umms' and 'ahss' as this was normal. Two hard copied transcripts were sent to them and if changes were made a stamped addressed envelope were provided. During this phase to align with confidentiality, I also asked participants if they wanted a pseudonym or their real identity used.

⁴ The use of the participants name and demographic details was not been confirmed and a pseudonym has been provided.

Analysis through coding was applied. Coding at a basic level is identifying an issue, topic, idea or a concept (Hennink et al., 2011) derived from the transcripts and is similar to KM, a tool that may begin with an interest in a topic, a commitment to finding innovative solutions (Ruataki Ltd & Ngā Pae O Te Māramatanga, n.d). Short phrases or words are also used to assign important information derived from the transcripts which is consistent with descriptive coding a method appropriate for a beginner qualitative researcher (Saldana, 2009). A combination of deductive and inductive coding was also used. Deductive coding is where I identified ideas that are consistent with the literature review and KM theory and confirmed by the transcripts, in contrast, inductive coding is raw data from the transcripts and finding “new ideas” that are not found in the literature review (Hennink et al., 2011). Within this research I play two roles, one as a researcher and one as a former and current participant of Iron Maori.

The thematic analysis has been woven into my theoretical and methodological framework of KM theory. The theoretical framework of KM theory alongside the values that underpin Iron Maori shaped how the data were analysed. Common themes were developed in accordance to my theoretical framework. Often the principles of KM theory merge into one another because they are interconnected by nature; this is also similar with the two Maori health models, *Te Whare Tapa Whā* and *Te Pae Mahutonga* and this affects how I present my data under key themes that align with my theoretical framework.

KM is holistic and integrated; therefore the following chapters, Iron Maori and *whānau*, Iron Maori and *hauora*, Iron Maori and *Taonga Tuku Iho* and their respective prefaces are a combination of different areas. My own experiences and knowledge, literature, principles of KM theory, key themes found within the data from the participants will all be

informed by the four values that Iron Maori is based on, *Tino Rangatiratanga*, *whanaungatanga*, *kanohi ki te kanohi* and *manaakitanga* as shown in the diagram below.

This is not the conventional process of a thesis where there are three separate chapters of findings then discussion. The rationale for this approach is if we extract key themes from the information given by the participants this would make no sense on their own. To acknowledge the insight of the participants' I have employed a similar process to Stevenson (2013) by using a combination of knowledge of participant's quotes, in collaboration with the literature and KM theory as one and depicted in Figure 7 below.

Four key areas founded on the central tenet of knowledge from participants.

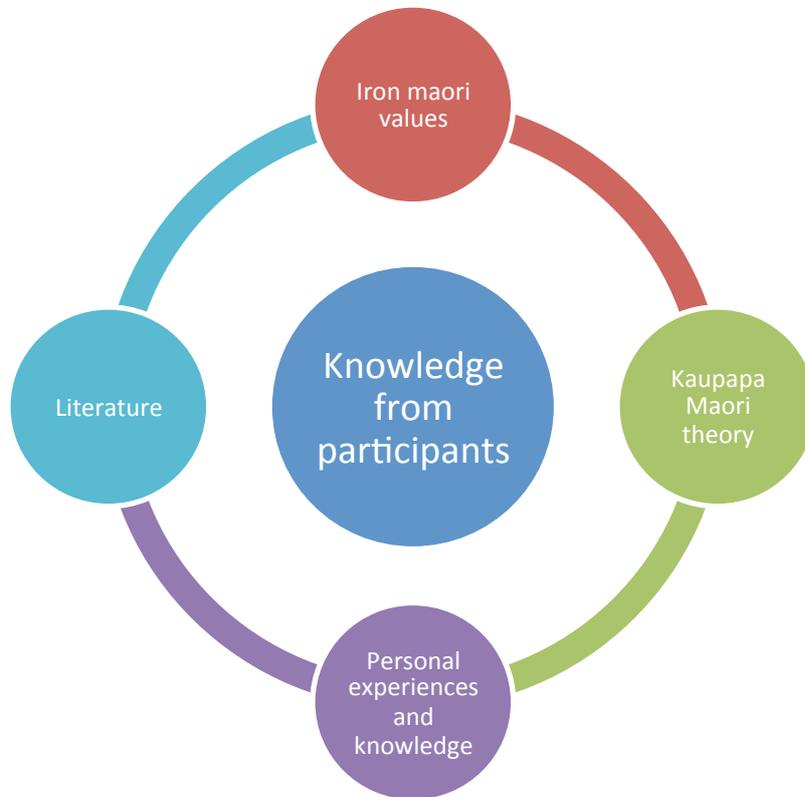


Figure 7. Outline of analysis: a combination of literature and KM theory, Iron Maori values, personal experiences and knowledge and is centred on stories from the participants.

Figure 7 and its components are designed to help answer the aim and the research questions mentioned earlier in this thesis. As a re-cap the aim of this research is to gain an understanding around why Iron Maori had led to Māori and non-Māori choosing to make significant lifestyle changes through Iron Maori. The four research questions that will assist in answering this aim are

1. What are the individual perceptions and knowledge of Iron Maori participants of *Te Ao Māori* and how does this relate to Māori health?
2. What are participant's perceptions of Māori health, covering areas such as *Te Tiriti o Waitangi*, colonisation and the impact this has had on current Māori health statistics?
3. What support networks have contributed to participants engaging in Iron Māori?
4. What motivates participants to be a part of the Iron Maori journey?

The aim and research questions will be answered in the following three analysis chapters and summarised in the conclusion chapter.

Chapter Four: Whānau and Iron Maori

Preface: Māori Worldviews and Iron Maori

This section is based on the themes of *whānau* and Iron Maori by providing participants' perspectives of Māori worldviews. In this section I explore the links between a participant's specific Māori worldview or *Te Ao Māori* and Iron Maori. As previously explained, *Te Ao Māori* can shape a person's identity (Marsden, 2003). Seven of the participants identified themselves as Māori, and *whakapapa* to different *iwi* and *hapū* making their viewpoint unique. There were several sub-themes within *Te Ao Māori* which include *Te Ao Māori* and *whakapapa*; *Te Ao Māori* and *atua*; *Te Ao Māori* and non-Māori perspectives. Embedded throughout these sub themes is the thread of *whānau* which is the central tenet of *Te Ao Māori* (Durie, 1985; Durie et al., 2010; Moeke & Pickering, 1996; Barnes, 2000).

Royal (2012b) explains that “a people's worldview is complex and dynamic” (p. 1). The participants of this study reveal their worldview based on their knowledge and experiences of their childhood, growing up and their current situation. I will give a brief description of each participant's involvement and experiences within *Te Ao Māori* to provide a gauge of their experience and knowledge and how these influences have helped shaped their identity.

Jamie Te Hiwi of Ngāti Kahungunu ki Wairarapa currently works at Te Puni Kōkiri, the Ministry of Māori Development. Te Puni Kōkiri means ‘a group moving forward together’, is a government organisation within the public sector. The organisation's purpose is to support Māori collective strive towards success with Māori communities, both at home and globally (Ministry of Maori Development, 2008). Jamie's role is to assist in early phases

or in new Māori businesses. Through his job Jamie conducted case studies on Māori entrepreneurs and put forth the question “what are the key determinants or drivers for Māori to be entrepreneurial?” In responding to this question Māori entrepreneurs assistance towards their families were paramount and noted key critical success factors that include *manaakitanga*, *awhitanga*, *kotahitanga*, which mirror the values embedded within *hauora* (Glover, Bosman, Wagemakers, Kira, Paton & Cowie., 2013).

Rocky Pohatu of Ngāti Kahungunu ki Heretaunga me Ngāti Kahungunu ki Te Wairoa comes from a family of seven where both parents have Māori *whakapapa*. He is heavily involved with his parent’s *whānau* and attends various *wānanga*, birthdays, *tangi* and *hui* at both *marae*. Rocky acknowledges that knowing *Te Reo Māori* is an important aspect within *Te Ao Māori* and this aspect also resonates with Ngaha (2011) and Kāretu (2003). Although both sets of his grandparents are fluent in *Te Reo Māori*, his parents are not. He learns by attending *hui* and conversing basic phrases whenever there is the opportunity. He feels that although *Te Reo Māori* is important, actions also speak louder than words and adheres to the values within *Te Ao Māori* of *manaakitanga* and *whanaungatanga*.

Katy Te Amo of Ngāti Wairere, Ngāti Haua and Tainui has moved away from her *whānau* in the Waikato area to relocate in Wellington. Leaving behind the surrounds of a common drinking culture she constantly communicates with her *whānau* and is also a regular member of Tri Poneke, who she regards as her *whānau* in Wellington. Katy highlights this *whānau* tie by stating that “over the past two years with Tri Poneke and stuff we’ve really seen it in action with people really touching base with each other and when we go out on our rides we go out as a group and we look after each other”.

Whitney Nohokau of Ngāti Kahungunu ki Te Wairoa and Ngāi Tuhoe has strong Māori ancestry. Most of Whitney's childhood was spent in Australia but always knew where she came from and who she was. She has shown a strong interest in learning about *Te Ao Māori* with their family. This is demonstrated by having weekly '*whānau*' days, where they learn *waiata*, learn about different *atua* as well as *te kupu o Te Reo* or Māori words. Whitney also admits learning *Te Reo Māori* later in life is challenging and is encouraging her daughter to learn *Te Reo Māori*, so that they learn together.

Trevor Wharepapa of Ngāti Manawa grew up around a densely Māori populated area. He spent time in the New Zealand Army and lived in Australia for more than 20 years. He has since moved back to the Hawke's Bay where he has brought back his *whānau* consisting of four children, to re-connect with the people that he grew up with. Having spent many years in Australia, he found it easy to form an Australian based Māori *whānau*. Upon his return back to New Zealand, it made very little difference, it was, "as though he never left and no matter where you are *whānau* will always be *whānau* and will always be there for you".

Dyce Tohiariki of Ngāti Kahungunu ki Te Wairoa comes from a family where both parents were of Māori ancestry and he is the seventh child of 11. Dyce has seven children of his own and nine grandchildren. Dyce has a view that some Māori values that have been replaced with foolish Pākēha traditions, especially when it comes to eating, such as "making tables look lavish and putting on a lot of Pākēha things that we know are not good for us like the soft drinks and plenty of bread and plenty of sweet stuff. Those kinds of traditions, those foolish traditions that we want to hang on to that are crippling our families with the unnecessary costs and replacing the kaupapa".

David Heeney, who is of European ancestry, had minimal exposure with Māori growing up, having the odd friend through playing sports, but then married into a Māori family and has been part of their *whānau* for the past three years, attending birthdays, *tangi*, and all types of *hui* at their *marae*. This experience has shaped his opinions of *Te Ao Māori* and that he does not think that there is enough education or resources in schools to aide in his understanding of the culture. He explains that “Maoridom is part of our culture and from his perspective it’s scary not knowing how to react to certain situations”.

Tim Kendall, identifies himself as a European and states that he only had real contact with Māori as a child and this was primarily from people in the East Coast. He explains that it never crossed his mind that there were different types of Māori people until he went to University and studied New Zealand history. He had never visited a *marae* until he was probably 16 or 17 and now works within Te Puni Kōkiri as a Group Manager of Resources.

Helen Harwick is British and her exposure with Māori is through the Tri Ponake club, in Wellington. Helen appreciates the values within Tri Ponake:

“Being a part of Tri Ponake, when you are wearing the Tri Ponake shirt and your training with Tri Ponake, then part of that deal is to help and support each other. It’s not to get agro with people or be out drinking and boozing in that shirt and maybe not giving that and this is how this will be when we look after each other”.

She explains some of the differences she has experienced within a Māori atmosphere, namely the sense of *whānau* “I’m like they don’t even know me and they’re kissing me, but um yeah I definitely like the atmosphere though”. She also experiences these differences

within her role as a teacher in Porirua, a predominantly Māori and Pacific Islands based school.

Jane Smith acknowledges her Māoritanga by wearing a *moko* on her chin. A *moko* is a practice that involves scarring and marking the skin to reflect and connect Māori individual to their *whakapapa*, which is often depicted in a *moko* (Nikora, Rua & Te Awekotuku, 2007). Over the last two decades an increasingly visible number of Māori have revived and renewed the practice (Nikora et al., 2007). The *moko* also represents a commitment to strong Māori identities customs and traditions (Nikora et al., 2007). Jane Smith works within the Māori health sector as a project co-ordinator in an organisation who is a partner of the Whānau Ora contract⁵ where she actively promotes and encourages all things Māori and to benefit Māori for better health and well-being.

Te Ao Māori and Whakapapa

As stated in my literature review, one of the core values of *Te Ao Māori* is *whakapapa* (Marsden, 2003). *Whakapapa* allows connections to be made with other people (Kingston, n.d). It is through *whakapapa* that Māori are able to make connections with other people and to identify who they are, where they come from and their own sense of identity. *Te Ao Māori* and *whakapapa* are two integral factors that work together to shape the identity of a person (Durie, 1985, 1994; Walker, 1996). The interaction between *Te Ao Māori* and *whakapapa* is an ongoing process.

⁵ Whānau Ora is an initiative constructed on an evidence based framework. This evidence based framework is based on strengthened whānau capabilities, an integrated approach, collaborative approach, improved cost effectiveness and government and community partnerships (Durie, et al., 2010).

Self identified Māori participants have different views about their position within a *Te Ao Māori* framework as depicted in the following quote

“I’m still a student exploring the application of Te Ao Māori in my life. I do think that most people resonate with the concepts of Te Ao Māori, I mean I often have some of my whānau who live in another country, bought up in NZ they equally feel that mountain, that river...that is their home...I believe that in their view is Te Ao Māori shaping them, Te Ao Māori certainly shapes me and I definitely subscribe to it” (Jamie, 40, Māori).

Jamie describes identity as ‘dynamic’ as there is continuous learning and changing due to experiences and opportunities. This quote reflects Jamie’s view of identity by associating identity with the mountain and river. This is similar to Hakopa’s (2011) definition of *pepeha* mentioned earlier within this thesis. It is very common for Māori to acknowledge their *maunga*, and *awa* in their *pepeha* to signal where they come from (Hakopa, 2011). Knowing my *pepeha* allows me to form these connections with the land and environment. I explicitly mention my land and environmental connections such as both of my *maunga* Kahuranaki and Whakapunake and both of my *awa* Ngaruroro and Te Waiau for examples. Furthermore, this is implicitly acknowledged throughout the *Te Whare Tapa Whā* model within *te taha wairua* representing, spiritual, cultural and environmental health (Durie, 1998a).

Jamie’s views can also be associated with his current occupation working in Te Puni Kōkiri, Ministry of Māori Development and having a vested interest in the Māori world. His vested interest in the Māori world is highlighted in the final part of his quote where he states “I believe that in their view, Te Ao Māori shaping them, Te Ao Maori certainly shapes me

and I definitely subscribe to it”. Jamie explicitly refers to *Te Ao Māori* and how *Te Ao Māori* shapes his sense of identity.

Dyce offers a different view of *Te Ao Māori*. He is of a different generation and states that

“I respect a lot of those things I don’t understand so I kind of watch and learn from it, say yay or nay. Being brought up in a multicultural country I still respect the values of Māori. At the same time I have to be able for myself, to distinguish what’s good for me and what’s not” (Dyce, 60, Māori).

Dyce’s view does not explicitly show the connection to *whakapapa* like Jamie’s does with the *atua*, but Dyce does allude to values of *whakaute* by sharing, “I still respect the values of Māori” and another Māori value of *manaaki* is implied by Dyce being able to identify that “for myself to distinguish what’s good for me and what’s not”. These values are instilled in the younger generation from *kaumātua* who are the experts in *Te Ao Māori* (Durie, 1985; Marsden, 2003).

These two accounts from Dyce and Jamie demonstrate different perspectives of *Te Ao Māori* and the relationship to identify construction through *whakapapa*. Jamie states that “*Te Ao Māori* certainly shapes me, and I definitely subscribe to it” and highlights his connection with the environment and how this has shaped his identity. Furthermore, Dyce adds, I respect a lot of those things I don’t understand, so I kind of watch and learn from it”. This comment supports Marsden (2003) where he suggests that a subjective approach is key to Māoridom. Dyce’s perspectives on identity are expressed through his values and respect for *Te Ao Māori* which he acknowledges helps to shape his identity.

Both accounts reflect elements of *mauriora* of *Te Pae Mahutonga* (Durie, 1999) where acknowledgement of identity comes within an individual's own time (Durie, 2004) as seen with Jamie and Dyce. Both Jamie and Dyce acknowledge their unique Māori identity and how outside influences, such as Jamie and his work environments, and Dyce's upbringing, have had an impact on their identity. These acknowledgements show how important an environment can influence our identity.

Te Ao Māori and Atua

Whakapapa can be seen at a deeper level by examining the interconnectedness of the spiritual and material realms of the many *atua*. Jane Smith's knowledge of *Te Ao Māori* draws links similar to Ka'ai & Higgins (2004) view that *Te Ao Māori* is cyclic and holistic, where every living thing is connected to higher beings and the *atua*. Jane Smith outlines that,

“Te Ao Maori it's everything, it's around learning the lessons and living the lives we were directed to live through Papatūānuku and Ranginui,” (Jane Smith, Māori)

Marsden (2003) states that “Maoritanga is a thing of the heart rather than the head” (p. 2), this implying that Māori learn through belief and up-bringing rather than text book learning. This is clear within my own understanding of *Te Ao Māori* and clearly identifying and acknowledging my *whakapapa* through my *pepeha*. Jane Smith has the upbringing and experience of *Te Ao Māori* by making the connection that we are directed to live through Papatūānuku and *Ranginui* and supports Marsden's (2003) thinking. The KM principle of *Taonga Tuku Iho* is shown here with reference to the learning and lessons through Papatūānuku and *Ranginui* and is an example of intangible *taonga* knowledge and lessons passed on throughout the generations (Smith & Reid, 2000). Knowledge pertaining to *Te Ao*

Māori that is passed on by *koroua* and *kuia* are *taonga* that need to be protected and guarded (Love, 2004).

Te Ao Māori and non-Māori perspectives

The non-Māori participants identified key similarities and differences between Māori and Pākēha systems. There were three non-Māori participants with varying degrees of contact within a Māori context. Of the three non-Māori participants, their views of Māori varied but maintained a common theme of Māori values. David explains that,

“It is the older generation who adhere to the Māori values...Māori are more connected to their marae and there is an expectation that they put back into their marae and community” (David, 37, European).

This observation made by David provides insight of his experience within a Māori context, by beginning with acknowledging the “older generation, who adhere to the Māori values” and mentioned earlier *kaumātua*, *koroua* and *kuia* are regarded with great esteem within *Te Ao Māori* by the wealth of knowledge that they pass down (Durie, 1985; Marsden, 2003). David highlights an important value in *Te Ao Māori* of *utu* or reciprocity to restore balance (Moorfield, 2003). Giving back to the community is an act of service to *whānau* and *iwi* as a way of fulfilling family and social obligations and responsibilities through the expectation that you put back into your *marae* and community. This sense of reciprocity is central to identity and maintenance of cultural tradition (Glover et al., 2013).

Helen also made clear the experiences she has had with Māori values especially through her involvement with Tri Poneke. She explains the concept of *utu* with the following quote,

“You are kind of giving back, kind of full circle, because someone has done that for you and you want everyone else to feel that kind of support and encouragement cause they will do it for the next group and the next group...that is really positive about that so people are competitive but those values are still firmly there to encourage other people to get involved” (Helen, 37, European).

Helen goes on further to express more Māori values of *aroha* and *manaakitanga*, with the following,

“Being British, I am like they do not even know me and they are kissing me, but yeah I definitely like the atmosphere and I think it works for the people in the group, I guess with the values, examples of support and encouragement and looking out for each other” (Helen, 37, European).

Helen’s ability to adapt to the values of the Māori culture through the constant affection with her being British, explaining “I’m like they don’t even know me and they’re kissing me”. These quotes from Helen suggest that being immersed within a culture is beneficial, through accepting that Māori are affectionate and tactile people. This claim supports Marsden’s (2003) earlier statement that abstract learning is a dead end.

The Māori values of *utu*, *manaaki* and *aroha* also aligns with the KM principles of *Taonga Tuku Iho* (Smith & Reid, 2000), through the normalisation of these values of *aroha* and affection with the kissing. Another KM principle of *whānau* (Smith & Reid, 2000) is also prevalent in Helen’s experience with her views of Tri Poneke. Tri Poneke values of support, encouragement and looking out for each other interweave with one another to form this *whānau* (Glover et al., 2013; Moeke-Pickering, 1996).

Whānau experiences of Iron Maori

As a former participant of Iron Maori, many of the stories told by the participants resonate with me, as I too can reflect on similar experiences for example, equipment difficulty and training during the winter. This understanding of the participants' experiences allows me to appreciate how the definition of *whānau* is so broad. The term *whānau* sits at the heart of KM and *Te Ao Māori* (Durie, 2000). *Whānau* encapsulates all things *Te Ao Māori* and provides access to supportive and reliable systems (Moon, 2012; Durie, 2000). This definition of *whānau* is too simple for the context of my research and *whanaungatanga* and *whakawhanaungatanga* are also required to demonstrate the impact that *whānau* has within Iron Maori. The all encompassing definition of *whānau* is one of the key factors of Iron Maori. Iron Maori illustrates an event where relationships are formed through a common link. This idea also reflects the KM principle of *Taonga Tuku Iho* to reaffirm the normalisation of *whānau* within Māori beyond the limited definition of blood relative but expanded to through shared experiences as well (Bishop, 1998; Moorfield, 2003). Spectators, volunteers, and participants come together all in one day as a *whānau* to support one another with their Iron Maori journey. This introduction acts as an entrée to one of the main themes found within this research of *whānau* specifically, Iron Maori and *whānau*.

Whānau members and their experiences of an Iron Maori event have created what is deemed a 'domino effect' for many of these participants. This domino effect includes *whānau* members who come as support and then are inspired to participate in the lifestyle journey of change so that they can be part of Iron Maori the following year. This is seen by Jane Smith, David and Rocky below,

“I’ve got a cousin Moana, who did the Iron Maori last year, she would encourage people to get together as a group, taught people how to swim and that sort of stuff so she basically was so into it and so bubbly...someone with firsthand experience gave me the confidence to go I’m ok” (Jane Smith, Māori).

“My family for a start, my wife had also done it the year before” (David, 37, European).

“I went to go watch my sisters compete in it and just the feeling around the event kind of made me think to myself, yeah I want to do this, this is mean so that’s kind of how I got into Iron Maori”(Rocky, 22, Māori).

Each of these quotes represents three different *whānau* relationships and their influence on the participants. For Jane Smith it was her cousin coming back and ‘raving’ about Iron Maori, for David having his wife do it the year before and Rocky watching his sister. This is consistent with the Moorfield’s (2003) definition of *whanaunga* as a relative, relation, kin, and blood relation. It also highlights the role modelling that these *whānau* relationships have on one another (Bishop, 1998) through motivating the participants of this research to move from being a supporter to a participant of Iron Maori. An extension of *whanaunga* is *whakawhanaungatanga* where people establish relationships and relating well to others (Bishop, 1998). These relationships highlight the support shown to one another that are not related but are inspirations to everyone watching.

Within Iron Maori these inspiring people are participants who are older or a bit ‘heavier’ than a ‘normal person’⁶ that would have participated in an endurance event. This

⁶ As previously mentioned this was Heather Te Au Skipworth’s belief after watching the NZ Iron Man and once of the catalysts for the creation of Iron Maori.

was a common theme of these inspiring people found within the participants as seen in the following quotes,

“Showing life stories of people changing their lives, for example there was one man that was 200kgs and got down to 80kgs. People losing so much weight because of Iron Maori is a good way to motivate people to get involved with Iron Maori...if they can do it you can do it” (Whitney, 26, Māori).

“We stayed at Kennedy park and lots of other participants stayed there and some of the stories I had heard, some guys had lost 40-50 kilos, it was really quite powerful, my whole family had a great time we all went up to the event...it restarted my enthusiasm to do triathlons” (Tim, 47, European).

“I think it was seeing the types of people getting out of the water, seeing the different shapes and sizes and ages, getting out of the water and running around the circuit as a team, just seeing them do that make me think yeah I can do that, I can do that too...so I think Iron Maori gives confidence to a lot of people I think, confidence of them believing in their ability and that they can get out there and if they can do it, I can do it” (Rocky, 22, Māori).

These quotes from Whitney, Tim and Rocky demonstrate the individual self determination and *Tino Rangatiratanga* of the participants which has been a source of motivation for all. Whitney mentioned how she has seen so many people losing weight because of Iron Maori which is similar to Tim’s observation with “some guys had lost 40-50 kilos, it was really quite powerful”. Rocky goes on further to say that seeing the different shapes and sizes and ages, getting out of the water and running around the circuit as a team,

“just seeing them do that make me think yeah I can do that, I can do that too”. These accounts are also consistent with Article Two of the Treaty of Waitangi and how Māori are guaranteed *Tino Rangatiratanga* over their health and the ability to determine their own health outcomes (Kingi, 2007). All these examples relate to understanding the concept of *whānau* where the environment is supportive and reliable, relationships are formed and are all based on a common interest, Iron Maori (Bishop, 1998; Durie, 2000; Moon, 2012).

Iron Maori encapsulates building and utilising relationships through *whanaungatanga*. This develops as a result of kinship rights and obligations, to which a reciprocal relationship is formed and a sense of family connection (Bishop, 1998; Smith & Reid, 2000). This realisation of individual self determination combines with *whanaungatanga* and the impact this has had on the participants aligns with all the KM principles previously mentioned but in particular of *kaupapa*, where there is collective vision of better wellbeing (Bishop, 1998). This collective vision is confirmed with the common phrases that have come out of Iron Maori such as, “if they can do it, I can do it”, “seeing is believing” and “Yes that’s me next year”. The common feeling is that for participants, “seeing people that you least expect to get off the couch”, participate in an event like Iron Maori are role models for their *whānau*, *hapū* and *iwi*.

Whānau: Role of grandparents, intergenerational benefits

The definition of *whānau* as being the smallest unit in Māori society refers to the nuclear and extended family of each successive generation (Love, 2009), with the role of grandparents being pivotal within *Te Ao Māori* (Moeke-Pickering, 1996). Many Māori children are brought up in a *whānau* where their *koroua* or *kuiā* roles are characterised by warmth, intimacy and the knowledge they have gained throughout their lifetime is passed on

(Moeke-Pickering, 1996). The role of grandparents, who in the past provided care for Māori babies and children born into their *whānau*, has since changed dramatically with many older people working because of financial pressures (Metge, 1990). Jane Smith acknowledges that not all *koroua* and *kuia* are living to a prolific age,

“We are losing all those nannies and that now and we only know a pittance of what they know, so we really got to make strategic and really smart decisions now and hope we just can’t sit there and hope that the next generation will come through and pick up on as they will have less knowledge than what we’ve got” (Jane Smith, Māori).

There is a threat that knowledge is being lost due to the needs for *koroua* and *kuia* changing. As a result of these changes in context challenges the concept of *Taonga Tuku Iho* (Bishop, 2008). As Jane Smith points out, “we only know a pittance of what the nannies know” and the knowledge passed down through the generations is important for the Māori culture to survive. The older participants of this research are at an age where they are grandparents and they see themselves as the person to pass on knowledge to their grandchildren and children being consistent with Moeke-Pickering (1996). This acknowledgement of their role as *kaumātua* is seen in the following quotes,

“It’s about being there for my moko and I’ve seen so many of my friends you know that are kind of beyond the point of no return and then they realise that they’ve got huge health problems but I just want to see and grow up with my grandchildren and be an example to them that’s me” (Dyce, 60, Māori).

“Being a leader just doing it myself and trying to encourage them that way” (Trevor, 55, Māori).

Participants show elements of *ngā manukura* from *Te Pae Mahutonga* by being a leader within their community (Durie, 2004; Ratima, 2001). The KM principle of *tinorangatiratanga*, by being in control of their lives to make a change and the ability to identify that they need to make a change so that they can model good practice for their *whānau* (L. Smith, 1990). The element of *ngā manukura* is seen with Dyce being a role model for all his *moko* and Trevor doing the work to encourage his *whānau*. In a *whānau* environment, members fitted into their obligatory roles and responsibilities as a means of uniting people (Moeke-Pickering, 1996).

Within the modern context, the term *whānau* is sometimes used to include people who may not have any kinship or blood ties to other members. This can extend to include the establishment of relationships and relating well to others through *whanaungatanga* (Bishop, 1998). Through the eyes of the youngest participant of this research, Rocky, a student living in Dunedin, originally from Hawke’s Bay, he shares his view of *whanaungatanga* through his non-nuclear *whānau* he formed in Dunedin,

“Building that sense of family and ah that bond, it doesn’t have to be strictly family. If you have a few Māori mates get together and especially down in Dunedin, away from home, it’s good to see a few Māori faces and to build that rapport, but yeah I just see whanaungatanga as more of bonding and getting to know a person and making a family out of your non family... Having that sense of family away from family” (Rocky, 22, Māori).

The concept of *whanaungatanga* seen within Rocky's quote is an important value that underpins Iron Maori values and is within the *kaupapa* of Iron Maori and KM theory. The formation of relationships and bonding of non-blood relatives to create a family by building that bond, further suggest that it does not have to be a traditional make up of *whānau* (Moeke-Pickering, 1996). This non nuclear make up of *whānau* is becoming more and more recognised within the Māori society (Moeke-Pickering, 1996) and is strongly displayed by participants and the array of *whānau* support for Iron Maori.

Kaupapa Whānau: Regional support groups within Iron Maori

Iron Maori regional support groups align with the principle of *whanaungatanga* and relationship building by supporting one another holistically to live a positive and active lifestyle which aligns with the Iron Maori *kaupapa* and vision of better wellbeing for all (Bishop, 1998). Throughout New Zealand, regional support groups have formed, with participants of this research knowing about the groups, or being active members of the groups as shown in the quotes below,

“Regionally, I believe that there was a bike group that use to go out on the bikes, I believe there was a swim group that use to go out to Pandora pond as well a couple weeks before hand ... there were a couple groups on Facebook as well” (David, 37, European).

“Dunedin based Iron Maori group on Facebook, I didn't have much to do with it, but I knew it was there and there were others in Dunedin that were training for it, so that kind of gave me a little bit of support” (Rocky, 22, Māori).

The *kaupapa* of Iron Maori has the ability to bring people together to *manaaki* and *tautoko* one another and is seen in different regions, ethnicities, ages and genders. Out of the 10 people interviewed, four were from Hawke's Bay and were inactive members, but aware of the regional support group; the one participant from Taranaki and one from Dunedin were involved with their respective regional groups. A common theme was of promotion via social media through Facebook, an area that is growing within health (Centre for Disease Control and Prevention, 2011). The four participants from Wellington were all aware of Tri Poneke, and feedback from the two active participants of Tri Poneke was positive, encouraging and support the *whanaungatanga* values that are within Tri Poneke (Bishop, 1998).

Support Groups: Tri Poneke

Tri Poneke is arguably the biggest regional support group with approximately 691 Facebook members and is based in Wellington. The group consists of all ages and sizes with the common goal which parallels the Iron Maori vision of improving health and well-being. Tri Poneke is open to all who want to increase their overall well-being and is not exclusive to Māori or those training for an Iron Maori event. Tri Poneke reaffirms L.Smith's (1990) criteria of being KM driven through the positive benefit for the Māori community and responsibility for one another which is supported by Helen and Jamie's comments.

“They [Tri Poneke] are supportive but there is not that dependency like everyone has to contribute towards something. Some people organise runs, someone will organise bikes and swims so it's more of a collective group, you can't really sit back and hang onto everyone else at some point you have to step up and do your bit and that I think it is a positive thing” (Helen, 37, European).

“I guess I’m an inactive member, I’m on the emailing list, I communicate with them I was actually invited to their AGM to have a talk and chat to them but I couldn’t as I was out of town that weekend, I’ve offered my support for swimming techniques for those who are on the journey” (Jamie, 40, Māori).

The KM principle of *whānau* through participation and support of one another is explained by Helen when she states “members can contribute by organising runs, bike and swims” and this is consistent with Metge’s (1990) view of commitment and obligations to support collectiveness. Jamie takes a more personal approach through offering his support and expertise for those interested in swimming. Katy’s experiences below of Tri Poneke confirms the sense of *whanaungatanga* that Iron Maori has developed,

“We see a lot of our Tri-Poneke whānau a couple of times a week, easily our lives are pretty much intertwined with those people. I do hardly any of my training by myself now there is always people around to go for a run with... a group of us go to a spin class every Wednesday morning take up a whole row of bikes in our Tri Poneke gear” (Katy, 31, Māori).

Tri Poneke is an example of Māori values such as *manaakitanga*, caring for one another, *kotahitanga*, coming together as one and *awhitanga* and *aroha*, support and love (Glover et al., 2013). *Whanaungatanga* by means of a relationship, a sense of family connection, a relationship through shared experiences and working together which provides people with a sense of belonging (Bishop, 1998) is also seen within Tri Poneke. As Katy mentions “we see a lot of our Tri-Poneke whānau a couple of times a week, easily our lives are pretty much intertwined with those people”.

The *tikanga* of this *whānau* includes positive interpersonal interactions, group solidarity, and shared responsibility (Metge, 1990). This reoccurring theme of support within Tri Poneke is not just limited to on the day itself but is seen in the build up to Iron Maori, especially through social media outlets like Facebook. Facebook as a social tool has the capacity for participants to be able to communicate with people involved with Iron Maori all over the country and the world and Iron Maori management also ‘post’ on this social network. Those residing in Hawke’s Bay are fortunate enough to have the *kanohi ki te kanohi* experience with the Iron Maori management team also.

Whānau: Real people

One of the Iron Maori values used in their lifestyle programme in Hawke’s Bay (Kerr, 2013) is *kanohi ki te kanohi* and there is a visible presence made from the Iron Maori management team. This sense of *kanohi ki te kanohi* is an important KM practice as highlighted in the *Te Ara Tika* framework (Hudson, et al., 2010). This reassures people that the ‘faces’ of Iron Maori are real people and have to deal with issues that all people go through around training and nutrition.

Iron Maori has a sense of *whanaungatanga* that is seen at all Iron Maori events (Bishop, 1998). Two key members of the Iron Maori core management team are open about their training and nutrition providing regular anecdotes of support such as falling off the wagon by having KFC or unable to train due to an ankle injury as seen in both Katy and Tim’s quotes below,

“I think the people that organise it they walk the talk as well and they are very real to the people of Iron Maori, so Heather’s on Facebook and she will be on Tri Poneke so

she is very real so you know she is having a bad day you know that Wayne has been off on his training so it's all very real as if you do Round the Bays, the Round the Bays guy doesn't say that he's been off for a run, he's twisted his ankle and that he feels a bit tired so it's more of a real situation and I think that lots of people are really accessible to the people" (Katy, 31, Māori).

"I think I have met Wayne at Iron Man, their own experiences and their honesty is a reflection of their own stories and personality in some ways course that gets diluted as the event gets bigger and becomes more people's experiences and personality but it's been brilliant! They are great people, the way that they have been able to grow it without losing that community feel", (Tim, 47, European).

These real life experiences from members of the Iron Maori management team provides a sense of relationship and continues to support the concept that *whānau* is not limited to blood ties (Metge, 1990). The relationships formed indirectly through their communication via Facebook or *kanohi ki te kanohi* both contribute to creating a sense of belonging and being part of the Iron Maori *whānau*.

Through their stories we see elements of *ngā manukura* of *Te Pae Mahutonga* as a 'lead by example' leadership style (Durie, 1999). This is seen through Tim's observation that "they are great people, the way that they have been able to grow it without losing that community feel". The fact that they position themselves as real people, by saying when they eat fatty foods or are injured and do not present themselves as elite athletes, often synonymous with triathlon events, provides a relatable empathetic response. First hand experiences have been proven throughout this research to be strong motivator for people to

participate in Iron Maori, and even more when it is from *whānau* members and creating newly formed relationships (Moeke-Pickering, 1996).

Summary

The concept of *whānau* features prominently in this section and throughout the thesis. There is an abundance of literature where there is strong support that *whānau* lies at the core of *Te Ao Māori* (Bishop, 1998; Durie, 1994; Moeke-Pickering, 1996; Moon, 2012). Its origins derive from the spiritual world of the *atua*, and the link that Māori people have with *atua* (Durie, 1985; Marsden, 2003). *Whānau* creates a sense of belonging and different modes of support in a holistic way that Māori are accustomed to (Durie, 1985). To gain a further analysis of *whānau* utilising the extensions of *whānau*, such as *whanaunga*, *whanaungatanga* and *whakawhanaungatanga* provides a more detailed explanation and gains further insight into the different relationships that are formed. This analysis reaffirms that *whānau* is not only limited to blood and that a common link to form a relationship continues to extend the traditional definition of *whānau* (Metge, 1990). Finally, within this section, there is the capacity to provide scope to further investigate the impact of the social media tool Facebook. Facebook was brought up by a few participants within this section and the impact that this has on forming these relationships within a KM framework.

Chapter 5: Hauora and Iron Maori

Preface: Treaty of Waitangi

Kingi (2007) and Durie (2001) both argue that the fundamental intent of the Treaty was centred on a desire to promote and protect Māori health. The foundations of Māori health are complex and it is impossible to address Māori health without looking at the wider environment (Durie, 2001). As there are multiple ways to examine the Treaty of Waitangi, I will focus on the post colonial impacts this has had on Māori health.

Te Tiriti o Waitangi and Hauora

Participants' views of the Treaty of Waitangi varied with regard to their understanding of the Treaty and Māori health. These views mirror the general public opinion of the Treaty of Waitangi (Kingi, 2007). A reflection of the Treaty from Dyce shows that,

“Making those changes in our personal mind for myself and giving it the same respect, you know looking after my body is just as important as looking after the Treaty of Waitangi that we so preciously hang onto as a document that that enables us to stand up for what we believe in, and our health is for myself, is the same” (Dyce, 60, Māori).

This is an insightful, holistic description of the Treaty that eloquently promotes *Tino Rangatiratanga* and autonomy for Dyce. Despite years passed, Dyce still regards the Treaty as being important by comparing the Treaty with his body. Both his body and the Treaty should be given respect which indicates that despite media influence, there is the ability for individuals to assert their own *Tino Rangatiratanga* and make their own choices (G.Smith,

1990). The importance of the Treaty given by Dyce echo's the testaments of Māori academics (Durie, 1999; Jackson, 2010; Kingi, 2007).

This view was not shared by all. One participant, Jamie, could not see the connection between the Treaty and Māori health. He shared the following,

“I just don't see the connect there, there is a lot of knowledge that we possess and there are also key assets let's call them fish, or land based resources. I think that part of the health issues are probably due to the breaches of the Treaty, so it is related but not entirely attributed” (Jamie, 40, Māori).

Jamie's view of the Treaty could be a reflection of his workplace environment with this role as a commercial development officer, which continues to shape his world as he refers to the assets of fish and land based resources of the Treaty. Furthermore, much of the Treaty debate has been centred on physical resources such as fish and land based issues (Kingi, 2007).

Jamie goes on further to suggest that “the health issues are probably due to breaches of the Treaty, therefore the Treaty is related but not entirely attributed”. I can infer that this could be partially related to the specific wordings within Article 2 of the Māori version of the Treaty of Waitangi with the usage of the word *taonga*. Kingi (2007) explains that health is a *taonga* much like fish and land for example. The term *Tino Rangatiratanga* (also guaranteed in Article 2 of the Māori version) was not fulfilled through ownership and governance being taken away or displaced from Māori (Kingi, 2007). Thus, Jamie's point is perhaps that *Tino Rangatiratanga* of our *taonga* (like health) was removed.

Tino Rangatiratanga is an underlying thread of KM Theory (G. Smith, 1990) and it is through this process that obstacles Māori face have appeared. Participant Jane Smith shares her views of the impacts of breaches occurring within *hauora*,

“I’ve worked in the Māori health arena you know what’s been really disappointing is to see the demise of Māori health providers and the absorption into other [mainstream] organisations... The amount of non-Māori that work in it [a Non Governmental Organisation] when it was predominantly Māori who worked in *hauora*... it wasn’t just a job, you didn’t go into Māori health for the money” (Jane Smith, Māori).

This quote is a reflection of Jane Smith and her experience as a strong Māori female working within the *hauora* sector. Her frustration of being really disappointed to see the demise of Māori health providers indicates that *Tino Rangatiratanga* and autonomy continues to be challenged. Her comments also reflect that it is the right of the Māori to assert their *Tino Rangatiratanga* (Reid & Robson, 2006) and that Māori are confined to a predominantly Western health system style of management (Ngāti Kahungunu, 2003). This is a system Māori are severely under represented and which is failing as evidenced by statistics (Ministry of Health 2010, 2012; Ngāti Kahungunu, 2003).

Jane Smith also indicates that the amount of non-Māori whom work in *hauora*, a predominantly Māori group, conflicts with the KM view of ‘by Māori, for Māori, about Māori’ (Broughton, 2006; Eketone, 2008; L. Smith, 1999). This contrasts Bishop (2008) claims that KM utilised under Treaty of Waitangi framework recognises that as partners, both Māori and non-Māori should be free to work in these organisations.

A local Hawke's Bay example of partners working together under a Treaty of Waitangi framework is within the District Health Board Smokefree Team. This team oversees and supports a health promotion initiative named WERO. This initiative is for a group of 10 smokers to come together to help one another to give up smoking over a three month period. Each member of the team will be tested via a carbon monoxide smokelyzer and the wining team wins \$5000 to go to a community project, *kohanga* or a sports team (Glover, et al., 2013). This initiative employs a KM approach with particular emphasis on the KM value of *whanaungatanga* in the collective effort of group members, working together. WERO also promotes the KM principle of *Tino Rangatiratanga* by ensuring accountability and sustainability of the members (who are predominantly Māori) for better well-being for themselves and their *whānau*. This initiative is an example of an active partnership between Crown, non-Māori agencies such as selected District Health Boards and Māori agencies such as NGO *hauora* providers working together (Glover, et al., 2013).

Iron Maori also has examples of an active working partnership. Partnership is a treaty principle that derives from Article 1 (Durie, 1998b), with non-Māori agencies adhering to KM values to promote well-being for all. In 2011, at the grounds of the Iron Maori in Napier, the National Heart Foundation set up to do cardiovascular and health checks for everyone. Within the same vicinity, both Māori and Western methods of massaging were present; an indication of an active partnership and sense of *whanaungatanga*, building and confirming such relationships (Moeke-Pickering, 1996). The ability to see both Māori and non-Māori working together confirms Bishops' (2008) argument of the application of the Treaty of Waitangi framework. As Treaty partner's non-Māori, can work with Māori for the benefit of Māori and should be welcomed, not dismissed due to being non-Māori.

Tino Rangatiratanga and Individuals

Mentioned earlier, *Tino Rangatiratanga* relates to sovereignty, autonomy, and self-determination and is a common element amongst all indigenous peoples (United Nations, 2008). One way of interpreting *Tino Rangatiratanga* is “that of Māori control over things Māori” (Smith & Reid, 2000 p. 14) and this is relevant amongst three Māori participants as indicated below,

“For myself anyway it bought about changes in the way I see things, in the way I do things” (Dyce, 60, Māori).

“Aw definitely you know, instead of getting off on my bike up the hill, I have skills that I can use, like how to change a tyre, cause things like that really affect you on the day” (Whitney, 26, Māori).

“Gave me that extra sense that I can do things even when people doubt, so anything is possible” (Rocky, 22, Māori).

These three quotes show different ways that *Tino Rangatiratanga* can be seen in individuals, this is shown through individuals taking control of their decisions (Smith & Reid, 2000). For Dyce, it was noticing changes in the way he saw and did things “it bought about changes in the way I see things”, for Whitney is was gaining skills, “I have skills that I can use” and for Rocky it was that ability to think that anything is possible, “even when people doubt...anything is possible”. These three anecdotes also confirm that that the application of KM is being used appropriately within this research to show positive transformation of the individuals above (G. Smith, 2003).

Helen's view below shows that as a non-Māori and under a Treaty framework, KM can work for both partners (Māori and non-Māori) further supporting Bishop's (2008) earlier claim. The quote below provides a detailed account of Helen's personal journey of *Tino Rangatiratanga*;

“That kind of first step is quite daunting and when you [to Katy] invited me to group trainings I was like I'm going to be last and she was like no you won't, and I was, last at the cycling, last at the running, last at the swim but I'm not last anymore but you kind of accept that someone is going to be the fastest and someone is going to be the slowest so once you get over that and realise that it doesn't really matter as long as you're still moving and you're improving, you quickly realise that it doesn't matter if you're at the back of the pack cause you're not always going to be at the back and now I'm in the middle and I'm quite happy there and will keep moving” (Helen, 37, European).

This journey for Helen began with a sense of apprehension, “that kind of first step is daunting”, followed by a sense of achievement “but I'm not last anymore”, and ends with the satisfaction that being last doesn't mean failure, “now I'm in the middle and I'm quite happy there”. This individual perspective acknowledges the uniqueness of all individuals as well as the element *mauriora* in *Te Pae Mahutonga* (Durie, 1999). *Mauriora* is seen through Helen's shift in her identity and sharing the groups resources (Durie 1999), by being able to “accept that someone is going to be the fastest and someone is going to be the slowest so once you get over that and realise that it doesn't really matter as long as your still moving and your improving”. Helen's celebration is an example of a phased approach towards her own personal journey. She acknowledges individual differences and celebrates diversity which

are positives and as seen in *mauriora* (Durie, 1999) and are examples of *Tino Rangatiratanga* of positive transformation of the individual (G. Smith, 2003).

Positives of hauora and Iron Maori

Iron Maori is a smokefree, drug free and alcohol free event. These mirror the positives of Māori health promotion initiatives such as *auahi kore*, and provide support for Māori people with drug and alcohol related issues. This is part of a movement to improve Māori health and coincides with the growing amount of resources available for Māori as noted by Katy,

“Maori are more aware of the resources that are available, such as clinics, massages, doctors that are cost effective” (Katy, 31, Māori).

Katy recognises a positive of Māori health through Iron Maori by sharing that “Māori are more aware of the resources that are available”. There are a number of positives found within Iron Maori. Short pieces from participants show the depth that Iron Maori has created over the years and are part of the Iron Maori environment. Whitney begins,

“I see it [Iron Maori] as a way of empowering people to change their lifestyles to be healthier, happier and more active” (Whitney, 26, Māori),

“It’s a great success giving our people influence to get off their butt you know” (Trevor, 55, Māori)

“Iron Maori tend to look at stuff holistically as well and I think that’s what Iron Maori do not only at the event but everything that leads up to the event really, so not just the food and activity but what comes out of it as well, the spiritual the social stuff as well

your mental and emotional well-being and all that sort of stuff that you get out of doing that sort of stuff” (Helen, 37, European).

The *kaupapa* of Iron Maori aligns with the community aspiration of positive wellbeing for all people and is seen in the above quotes at different levels (Bishop, 1998). At an individual level, Whitney observes individual *Tino Rangatiratanga* through Iron Maori empowering people to change their lifestyle, “a way of empowering people to change their lifestyles”. This is consistent with Smith & Reids’ (2000) view of *Tino Rangatiratanga* with a “desire to critique and transform” (p.15).

At a community level, Trevor mentions how it is our people (Māori people) who “influence one another to get off their “butt” and be a part of it and is consistent with role modelling within *whānau* (Love, 2009; Moeke-Pickering, 1996) and Durie’s (1995) claim of *Tino Rangatiratanga* to “capture a sense of Māori ownership and active control over their future” (p. 45).

At a holistic level Helen notices “the spiritual, the social stuff, as well your mental and emotional well-being and all that sort of stuff” covering the four cornerstones of Durie’s (1985) *Te Whare Tapa Whā* model. All these levels, as noticed by participants, support the literature of a holistic approach to Māori health, and show the impact that Iron Maori has had on participants.

The environment that Iron Maori elicits is a positive for *hauora*. It is a relaxed environment with an element of competitiveness. Māori values such as *tautoko*, *aroha* and *manaaki* (Marsden, 2003) flow throughout the participant’s views and provide an authentic approach of the Iron Maori environment as seen below,

“As a spectator, our people never had something like this before and now that it has come in you see them, it’s just amazing to be there to watch the atmosphere, you may not be there to run but to watch is just enough to urge you on” (Trevor, 55, Māori).

“It’s quite electric! It’s an amazing environment and it’s hard not to be inspired or you’d have to be a strange being if it didn’t trigger something in you” (Jamie, 40, Māori)

“Awesome, awesome, so relaxed, you know people, everyone’s out pushing everybody in the right direction it was just a fun event...you know and I think that everyone should give it a go at least once” (David, 37, European)

All these quotes use similar wording such as ‘amazing’, ‘electric’ and ‘awesome’ to describe an Iron Maori environment compared to notions of being the fastest or the winner. This aligns with the Ngāti Kahungunu Māori health plan framework of Māori celebrating milestones and the journey and not focussed on the outcomes (Ngāti Kahungunu, 2003). Within each quote, participants promote and endorse Iron Maori adding to the positive *kaupapa* of Iron Maori. Trevor shares, “to watch is just enough to urge you on”, Jamie goes on to say “be a strange being if it didn’t trigger something in you” and David, “I think that everyone should give it a go at least once”. Positive phrases and sentences like the aforementioned continue to show how a KM framework within Iron Maori provides positive changes (Bishop, 1998) for those involved at a participant and supporter level within the Iron Maori environment. There are the front runners who want to win but that is trumped with the *kaupapa* of Iron Maori where it is about everyone participating for different reasons and the diversity amongst these participants. This was noticed by Katy,

“I think how its reined in people from all walks of life...when you turn up and you see someone in their 60s and 70s or someone that is 50-100kg heavier than you are you just feel that all your worries have disappeared... having that really diverse range of competitors at Iron Maori really sets it apart” (Katy, 31, Māori).

At the completion of each Iron Maori event there is a prize giving. At this prize giving various spot prizes and awards are given to further congratulate those who have participated in the event. Inspirational stories of those who have lost 30 plus kilograms of weight during their Iron Maori journey, to those who participated in the 60 plus age group, are awarded prizes. This further supports the extension of the KM principles of *whanaungatanga* building on the relationships formed by acknowledging and celebrating success and creating a more cohesive environment (Bishop, 1998).

There is a general trend that many participants of Iron Maori, including those in this research, continued their healthy living. Most participants entered into mainstream events organised within their region and the differences in the environment was felt by participants Whitney, Tim and Rocky go on to say,

“There’s a huge difference. I guess with the Duathlon all they are focused on is what time you start and what time you finish, they don’t really care what happens in between” (Whitney, 26, Māori)

Whitney’s observation of “they” [mainstream events] are focused on what time you start and what time you finish is consistent with Ngāti Kahungunu (2003) interpretation where the dominant non-Māori perspectives has an outcome based focus. This is compared to a Māori perspective which is focused on the journey or process as a measure of success

(Ngāti Kahungunu, 2003). Another observation from Tim, who competed in Iron Man events before Iron Maori, also confirms the differences in these events,

“At mainstream events they are not particularly embracing of people who aren’t athletes...You know if you don’t have a flash bike and your fat, you would feel really uncomfortable in those mainstream events and triathlons; it’s all very slim” (Tim, 47, European).

As a former participant of Iron Man, and predominantly mainstream events, Tim confirms many of the stereotypes of an athlete participating in long endurance events with people being very slim by saying that “at mainstream events they are not particularly embracing of people who aren’t athletes”. Iron Maori has enabled the everyday lay person to participate in a multisport event. Iron Maori has helped break down the many stereotypes related to race and gender associated with a traditionally white elitist sport (Sterkenburg & Knoppers, 2004). The breakdown of these stereotypes seen in the Māori culture is seen through the implementation of *Te Ao Māori* values such as *whānau* and *tautoko* (Bishop, 1998, Durie, 1985; Marsden, 2003) amongst the spectators and the participants. Rocky’s views of Iron Maori illustrate this point,

“Iron Maori and Iron Man are completely different even though they are the same disciplines, I still think that they are totally different...Iron Maori has more of that what I believe the Māori worldview that whakawhanaungatanga feel about it, umm everyone from the country comes down with their support crew, come cheer them and I feel like that they get more of a sense of accomplishment finishing (Rocky, 22, Māori).

Common amongst all the participants' comments is the extension of the KM principle *whānau*, *whanaungatanga* and *whakawhanaungatanga* (Bishop 1998; Ruataki Ltd & Ngā Pae o Te Māramatanga, n.d) as exemplified in Rocky saying that “Iron Maori has more of that what I believe the Māori worldview that *whakawhanaungatanga* feel about it”. The formation of supportive relationships commonly referred to as support ‘crews’ adds to the positive atmosphere and environment in their cheering the participants on. Even without the comparison to mainstream events, there are still a number of positives not mentioned in this research. One such example includes the valued members of the marshals who highlight *manaaki* and *tautoko* and illustrate the strong relationships embedded within *whanaungatanga* (Bishop, 1998; G. Smith, 1990) that strengthen *hauora* and combine with, *manaaki*, *tautoko* as *Taonga Tuku Iho*, the normalising of these values (Bishop, 1998). This normalisation of positives within Māori health is becoming more recognised rather than the common tendency to instantly refer to the negatives of Māori health. I will discuss this in more detail in the next section.

Māori health and negative stereotypes

Ngāti Kahungunu (2003), Healing our spirits health strategy a Māori health plan for Hawke's Bay shared that many with negative statistics, Māori are “sick of reading about it” (p. 24) and the reality is, is that issues that have been reported over the past 20 years are all still relevant (Ngāti Kahungunu, 2003). This was seen amongst our participants, as it was unanimous amongst all that Māori health is associated with negative health statistics and as Tim puts it,

“It's very difficult to think about Māori health and not think about deficit, all the health stats” (Tim, 47, European).

This view from Tim mirrors the ongoing health statistics that see “Māori health and not think about deficit” in most health conditions as indicated in the Māori health statistics mentioned earlier in the literature review (Ministry of Health 2010, 2012). Participants were unable to recite specific health statistics, but it was all agreed that they knew that compared to non-Māori, Māori were higher. Tim highlights a concern that humour is being used to normalise these statistics, to confirm that it is ok to be a statistic,

“For all cultures it is becoming the norm for bigger people to take the piss out of themselves, where there should be less acceptance of this and people could feel they could say ‘hey you sure you want to eat that’ (Tim, 47, European).

This quote reflects the normalisation of using humour as a coping mechanism as it is “becoming the norm for bigger people to take the ‘piss’ out of themselves” and was understood by the anecdote from Tim above. This fits with Durie (1998a) view that the more well rounded figures are and seen more fertile within the Māori view. This is problematic for health workers who have difficulty in trying to convince Māori patients that they should lose weight. There is a reality check with the older participants who provide clear anecdotes of how fatal these statistics are, starting with Dyce who goes on to say,

“Many of my friends you know that are kind of beyond the point of no return and then they realise that they’ve got huge health problems” (Dyce, 60, Māori).

“My own family and certainly my own friends it’s a concern and I’m just starting to go to the odd funeral of people that aren’t that much older than me” (Tim, 47, European).

Dyce is clear that “friends you know that are kind of beyond the point of no return” and Tim is starting to go to “funerals of people aren’t much older than me”. These are constant reminders of how important a balanced lifestyle is. Both of these quotes relate to Durie’s (1985) *Te Whare Tapa Whā* model in that as we age all components of this model need to be balanced but, specifically *te taha tinana* the physical, biomedical and chemical components of health. Looking after your physical health through nutrition and exercise is ever more important the older we become (Andrews, 2001).

Hauora is complex and multi layered (Durie, 2001). More than just exercise and better nutrition is needed for better health; it is the holistic and balanced approach of health that yields benefits as depicted in Durie’s (1985) *Te Whare Tapa Whā* and Durie’s (1999) *Te Pae Mahutonga* models. Both models have their unique function, *Te Whare Tapa Whā*, a generic Māori health model (Durie, 1985) and *Te Pae Mahutonga* an integrated Māori health promotion (Durie, 1999). Elements of these models are prevalent and applicable to my research and are discussed next.

Māori health models

Te Whare Tapa Whā and *Te Pae Mahutonga* stem from *Te Ao Māori* (Durie, 1985; 1999; 2001). As a result, not all the elements will be discussed due to the natural overlap. *Te Whare Tapa Whā* is one of the first Māori health models explained for non-indigenous academics to grasp the concepts derived from a Māori perspective (Rochford, 2004; Durie, 1985). Jane Smith comments on the relevance of *Te Whare Tapa Whā* specifically how this does not address important issues, for her *whānau*, by saying,

“Te Whare Tapa Whā, we said that within our rohe that model it is not enough umm it doesn’t have the whenua, and for us whenua is everything you know, and that’s been

challenged around there...but I think for the times in terms of being able to be the first models to articulate within a health setting to a predominantly to a Pākehā audience it did its job, but we are an evolving society where we are articulating ourselves more and more as we reclaim our own mātauranga we are able to extend further on it” (Jane Smith, Māori).

Jane Smith and her concerns derive from the importance of *whenua* by stating “for us *whenua* is everything”. *Whenua* is implied within *taha wairua* in *Te Whare Tapa Whā* through the *atua* Papatūānuku (Durie, 1985; Rochford, 2004). It can be inferred that the illustrative *whare* model of *Te Whare Tapa Whā* needs a floor, and thus the *whenua* acts as the floor of the *whare*. Also, at a deeper level for both Māori and non-Māori some of those cultural assumptions (like the importance of *whenua*) may not be known.

Te Whare Tapa Whā may not explicitly address *whenua* however Mark & Lyons (2010) model *Te Whetu*, a relatively new Māori health model does. It is based on a five interconnected model of healing and spirituality looking at the mind, body, spirit, family and land. New health models like *Te Whetu* are emerging to accommodate the different needs and diversity of the Māori identity (Mark & Lyons, 2010). The emergence of these new models has the foundation of older models such as *Te Whare Tapa Whā* and also caters for the diversity of unique individuals.

Prominent in Māori health research is Sir Mason Durie who is a key driver behind *Te Whare Tapa Whā* and *Te Pae Mahutonga*. A psychiatrist and preeminent researcher, he is a leader of Māori health models with much of his work focussed on Māori mental health and *hinengaro*; an area discussed by the participants.

Māori health and Hinengaro

Previous studies of mental health have revealed an over representation by Māori in acute disorders (Kingi & Durie, 2000). This has been attributed to the increase in drug use by Māori, especially young Māori males (Kingi & Durie, 2000). Consistent with the data, there was a common theme identified by participants of how Māori youth feature on the suicide rates (Ministry of Health, 2010). Mental health is a broad field covering areas such as anxiety and depression and as such is covered within the *hinengaro* aspect of *Te Whare Tapa Whā*. *Hinengaro* deals with emotional development, arousal and stimulation to uplift an individual (Durie, 1999). This is a growing concern for Māori and others, and as one participant, Tim shares his views on mental health,

“No one knows of a successful intervention for Māori, but no one knows of a successful intervention for any group” (Tim, 47, European),

Mental health is a nationwide issue and not a specific cultural issue, as Tim puts it “no one knows of a successful intervention for any group”. People are challenged by everyday stressors that add to the state of their mental well-being and emotions. Challenges range from what to eat for dinner to how to pay for the bills (Cram, Smith & Johnstone, 2003) Jamie, expresses how he copes with stress,

“I would probably be a more stressful person when you confront things, some things are easily digested and I think I enjoy my exercise because I am resting and eating well, so I think there is this ongoing cycle so I’m not feeling like I’m going from crisis to crisis I am just ticking what I think is a crucial box every day. I mean its homework, work and home balance whatever you want to call it, what does that

encompass what does that incorporate at home its sleeping well, eating well family time and good interaction at work is similar” (Jamie, 40, Māori).

Jamie expresses many of the elements embedded within *Te Whare Tapa Whā* (Durie, 1985) and the holistic nature of *hauora in* expressing the balance of *tinana* and *hinengaro*. Jamie mentions sleeping well, eating well, family time and good interaction at work therefore acknowledging that there are stages that people go through “I think I enjoy my exercise because I am resting and eating well”. Within Iron Maori there are many stressors. Mentioned earlier, from my own experience, these stressors include feeling the need for more time to train, to a sense of regret and pain whilst doing the event. Working towards a balance that Jamie mentions is a distinguishing feature of *Te Whare Tapa Whā*: the four cornerstones working together to achieve balance maximising benefits for overall good health (Love, 2004). There are challenges to achieving this balance. Nevertheless having the autonomy to make your own decisions is a good start.

Mana whakahaere

Mana whakahaere is a precursor of health promotion within *Te Pae Mahutonga* (Durie, 1999, 2004; Ratima, 2001). *Mana whakahaere* draws strong similarities to the KM principle *Tino Rangatiratanga* by promoting self governing and autonomous decision making (Bishop, 1996; Durie, 1998b; G. Smith, 1990). The impact this has on the individual varies and is seen with everyday decisions as pointed out by Jamie below,

“We fight over things all day every day, “oh hey do you want to join us for lunch, what are you having for lunch” oh we going to go do yum cha, they do a big thing and

I'm like I don't want that post food feeling, where you've eaten like \$20 worth of food so I opt out" (Jamie, 40, Māori).

Outside influences for Jamie in this example are his co-workers "oh hey do you want to join us for lunch...we going to yum cha", Jamie choosing not to go shows that he has developed a sense of *mana whakahaere* by identifying that he doesn't want to eat a 'heavy' meal and would prefer to choose something else. Jamie demonstrates a strong identity by being able to identify an example of an everyday "'fight" through deciding what to eat and weighing up the positives and the negatives and making a decision to "opt out". A combination of identity and autonomy only means little if it depends only on a sense of belonging (Durie, 1999).

Mana whakahaere highlights how self governance is multi levelled and that this needs to be seen at a *marae*, *hapū* and *iwi* level. This is not to mean separation of these levels but collaboration of alliances (Ratima, 2001, 2010). An example of this can be seen through my *marae*, *hapū* and *iwi*. My *iwi* Ngāti Kahungunu has set out a strategic plan (Ngāti Kahungunu, 2003) for improved Māori health within this region. This plan is then discussed at a *hapū* level, my *hapū* being Ngāti Mihiroa. As a *hapū*, consultation with one another to assert *mana whakahaere* to create a plan to see the best way to move forward as suggested by the strategic plan. My *marae*, Mihiroa has autonomy at an operational level by selecting which health providers and services to engage with will provide better health and well-being for my *whānau*.

Within Iron Maori, *mana whakahaere* of *Te Pae Mahutonga* is clearly shown when participants decide to embark on completing an Iron Maori event. Participants, Whitney,

Helen and Katy share their ability to be autonomous and viewing of Iron Maori as a *wero* or a challenge to overcome,

“Pretty cool a new challenge for me, I think my daughter was two and I hadn’t done much exercise after being pregnant and feeling luck to be able to do the run cause I said that was the only thing I could do, and just the atmosphere was amazing” (Whitney, 26, Māori).

“Yeah I think it was the challenge because we both kind of knew that we could do the team thing but it was more of a challenge to do the whole thing even” (Helen, 37, European).

“ You kind of get hooked very quickly and you see all these people doing it and you think if they can do it I can do it then I can do it aye, and I think it is that challenge” (Katy, 31, Māori).

Iron Maori as a challenge is a source of *mana whakahaere*. Owning that decision to make an empowered change to challenge both the mind and the body, to complete a traditionally individual discipline as part of a team, or as an individual. Participation at all levels is important to develop autonomy and take control and ownership of decisions (Durie, 1998b, 2004; Ratima, 2010). A key value of *Tino Rangatiratanga* is connected to *mana whakahaere*, of self-determination and autonomy. Creating opportunities for people to take ownership and make changes for themselves for better health and well-being (Ratima, 2001).

Summary

The Treaty of Waitangi as a framework based on health is a conversation that presents many challenges (Durie, 2000; Kingi, 2007). Opinions vary on the use and application of the

Treaty, but there is agreement that this document holds some special significance (Kingi, 2007). The understanding of the Treaty of Waitangi has become ‘blurred’ due to outside influences such as the media (Kingi, 2007). This research has highlighted the importance of the environment. Environment is more than just the physical, a workplace, social media or sports environments, different types of environments shape an individual’s identity. For example in this research if your work environment requires you to have an understanding of the Treaty of Waitangi, it can be inferred that you have a better grasp on the Treaty of Waitangi compared to those who do not. An underlying theme of the Treaty of Waitangi is *Tino Rangatiratanga* (Jackson, 2011) and this features within Māori health models as well.

The applications of elements of Māori health models are used as a way to describe the holistic and integrated approach to *hauora* (Durie, 1985, 2000, 2004; Ratima 2001). Feedback from the participants revealed that there is a need to update Māori health models to accommodate for the new areas of interest and diversity amongst Māori. The key elements discussed and driven by the participants was around income and nutrition and when prompted, *hinengaro*.

The overlapping of the interdependence of elements in Māori health models and principles of G. Smith’s (1990) KM theoretical framework is explained by their mutual basis in *Te Ao Māori* philosophies. Featuring heavily within this chapter is self determination and autonomy. The process of autonomy is for communities to be in control and ensure sustainability and promotion of their own health (Durie, 2004; Ratima, 2010). This can be seen in the participation of the community, being applicable to the unique aspirations of each community and most importantly make sense to the community. All of these are consistent with KM principle of *Taonga Tuku Iho*.

Chapter 6: Taonga Tuku Iho and Iron Maori

An interpretation of the *Taonga Tuku Iho* principle is for Māori cultural identities and practices to be portrayed as normal, and reaffirming the position that to be Māori is normal (Ruataki Ltd & Ngā Pae O Te Māramatanga, n.d). Iron Maori has pushed the boundaries of what constitutes *Taonga Tuku Iho* by extending the boundaries for all things Māori to be normal. Iron Maori is an example of *Taonga Tuku Iho* by normalising the values of *manaakitanga*, *whanaungatanga*, *kanohi ki te kanohi* and *Tino Rangatiratanga* (Kerr, 2013). Iron Maori also shows how the definition of *taonga* as a prized possession or treasure is more than just the tangible but the non-tangible (Kingi, 2007) as evident in participants' reflections of feeling accomplished.

Taonga Tuku Iho and the individual

Many of the participants had a strong background in team sports and this is consistent with Māori who are *whānau* and community focussed (Walker, 1990). Many of the participants earliest childhood memories were of playing soccer, rugby or softball and this continued throughout their high school and early adulthood. Transitioning from the team environment to a triathlon based sport where it is focussed on the individual produced different feelings for the participants, especially Whitney,

“Oh it was hard at first, cause I knew at the end of the day, that I was the only one responsible for my achievements...it was a good thing, it actually gave me a new outlook on life, one of the reasons [ownership of personal success] why I went back into study, and if I can do something like that, that I never thought I could before what makes me think I can't get my degree in early childhood” (Whitney, 26, Māori).

Whitney's reflection is an example of individual *Tino Rangatiratanga*. Whitney was able to take ownership and control (Durie, 1995) so that she could pursue other areas of her life. Iron Maori "it actually gave me a new outlook on life". With her *whānau* support, Whitney has now found the motivation to return to study and finish her degree. With Iron Maori being the trigger, she explains that "If I can do something like that '[Iron Maori] that I never thought I could before what makes me think I can't get my degree in early childhood". This change in Whitney reflects the *Taonga Tuku Iho* principle within KM as well, by embedding the change principle. The change principle is to be transformative for Māori and was used in an analysis of the KM theory, of selected theorists (Kerr, 2012). The change principle leads to capability and capacity building (Kerr, 2012) and is seen in Whitney moving on from the success in Iron Maori to finishing her early childhood degree. Iron Maori is very inclusive and for most, training is done as a team and incorporates *whanaungatanga* and relationship building (Bishop, 1998; G. Smith, 1990). Regardless of expertise, fitness level and technical ability, this ensures safety, an opportunity to teach and learn which important elements when training for Iron Maori are.

Training for Iron Maori

Leading up to and after an Iron Maori event, participants reflect on the reality of undertaking such an event. The first two accounts, highlight one reality of an Iron Maori training journey and contributes to the principle of *Taonga Tuku Iho* as seen in the general comments from David and Rocky below,

"I think my problem was when I did Iron Maori, I thought that it was a fun activity, I didn't really take it seriously and go out and do the training, struggled a wee bit. Got

there in the end but if I had done the training probably would have enjoyed it a bit more” (David, 37, European).

“I realised how much training I actually hadn’t done and how much training I need to do so from then on I focussed on my preparation more seriously knowing that the event was around the corner as no one can just get off the couch and compete in an Iron Man ...then slowly turned into being anxious and slowly turned into being scared, I kept justifying my lack of training thinking I have plenty of time, still got eight months plenty of time still got six months plenty of time but when it got to two or three months I was like hell, so there was a change in my thinking, also was pretty hard being a student...I’m not 100% sure how you’re supposed to train up for Iron Man nutrition wise...I was forced to eat bad food cause I don’t have much money as a student you know you know” (Rocky, 22, Māori).

Both David and Rocky highlight the complexity of *hinengaro* with the individual’s inability to integrate ideas and embrace systems around them to help one another (Durie, 1985). This is seen as both admit to being caught up in the mentality that they always had enough time to train. David thinking that “Iron Maori was a fun activity and not really taking it seriously”, and to go out and do the training. This is similar with Rocky. Rocky kept justifying his lack of training by saying “I have eight months plenty of time, still got six months plenty of time still got two months, I was like hell”, then reality hit. It can be inferred that spectators can easily get caught in the trap of the level commitment required to participate in Iron Maori like David and Rocky, by being deceived by the different body sizes and ages of Iron Maori. This mentality of participants and the complexity of *hinengaro*

(Durie, 1985) have obviously led to participants delaying their training or not putting in the required time and effort into their training.

This wasn't the case for all the participants, this final account reflects another training journey of Iron Maori and how this journey who had taken a practical approach to training which included listening to their body, being mentally prepared as shown by Dyce below,

“A month before I felt well you know it about no good trying to push six months training into one month so you know so its about probably mental preparedness knowing that you can do it and knowing that you have put the work in and that you've done the hours and the time and not getting carried away myself anyway not getting carried away with well with finishing first its all about being a finisher” (Dyce, 60, Māori).

Dyce highlights a different kind of mentality and approach to training compared to David and Rocky. Dyce mentions his “mental preparedness and knowing that you can do it” when you put the time in and a key motivator is that he continues to see himself as a role model for his *whānau* (Metge, 1990; Moeke-Pickering, 1996). This is further evidence of the proposed change principle seen within *Taonga Tuku Iho* KM principle overlapping with Durie (1985) *Te Whare Tapa Whā* model of *hinengaro*. The mental ability to create a change to normalise the process of being prepared “knowing that you have put the work in and that you've done the hours and the time”.

Taonga Tuku Iho and Iron Maori

Since its origin in 2009, Iron Maori has enabled more Māori people to participate in a lifestyle change (Kerr, 2013). Iron Maori events have expanded to different cities and countries with different distances (see Appendix 1). The *kaupapa* and values underpinning Iron Maori add to the *taonga* of Iron Maori and of these values becoming normalised. Many of the participants recognised how unique Iron Maori is, how there is the ability for expansion and that it can be taken anywhere, as shown by Whitney and David,

“I think having that Iron Maori awareness is really cool, it’s still unique in its own right, having it in one place does not make it unique, I think the concept is unique, they can take it anywhere” (Whitney, 26, Māori).

“I think it’s really good, especially overseas in Australia, I mean there is so many kiwis, and Maori kiwis living over there, I personally believe that they should branch out further to London and Europe and America” (David, 37, European).

These two quotes highlight that Iron Maori should continue to expand out to as David suggests to “London, Europe, America”, where ever there is a strong Māori contingent. Participants who speak out about the expansion of Iron Maori to be on an international scene supports the claim that Iron Maori is an event that makes positive changes for Māori and is the foundation of KM theory (G. Smith, 2003). Furthermore, the earlier endorsements made by participants of this research about their individual Iron Maori journeys adds to the principle of *Taonga Tuku Iho* by normalising the Māori values embedded within Iron Maori. The ability for Iron Maori to become a franchise and a well known brand is a reflection of the leadership within the Iron Maori management team. This mirrors the *whānau* structure of

leadership coming from those with experience and *mana* (Metge, 1996; Moeke-Pickering, 1996).

Iron Maori is growing, and being able to keep within the rules around the electric environment is a massive achievement by the management team. Safety rules meet Māori values by allowing the marshals to assist in the transition area and walk beside participants struggling in the 21km run. These are examples of *Taonga Tuku Iho* through the Māori values of *whanaungatanga*, *whānau*, *tautoko*, *manaaki* and *aroha* to being normalised. The concept of Iron Maori is itself a leader for other events to follow. The more visible values embedded within Iron Maori such as *Te Reo Māori*, the *wero* and *karakia* are values that are becoming normalised for a sporting event as a result of the Iron Maori.

Chapter 7: Conclusion

The aim of this research was to gain an understanding around why Iron Maori has led to Māori and non-Māori choosing to make significant lifestyle changes. The four research questions were:

1. What were the individual perceptions and knowledge of Iron Maori participants of *Te Ao Māori* and how does this relate to Māori health?
2. What were participant's perceptions of Māori health, covering areas such as *Te Tiriti o Waitangi*, colonisation and the impact this has had on current Māori health statistics?
3. What support networks have contributed to participants engaging in Iron Māori?
4. What motivates participants to be a part of the Iron Maori journey?

The main findings of this research were:

1. The concept of *whānau* is a key *Te Ao Māori* value and lies at the heart of Iron Maori. Durie (1985) claims that *whānau* creates a sense of belonging in a holistic way that Māori are accustomed to. This sense of belonging is strengthened through the extension of the word *whānau* to *whanaunga*, *whanaungatanga* and *whakawhanaungatanga*. These words allow more scope for relationships to be built. Blood related or not, common interests link people together to form supportive relationships, like the training groups formed within Iron Maori. It is this *whānau* approach that helps Iron Maori to stand out among other triathlon events. The *whānau kaupapa* has helped Iron Maori succeed in supporting those who do it; but also of growing the interest and involvement of those connected to participants. The growth

of *whānau* and relationships formed within this research is assisted by the environment that the individual and the *whānau* are immersed in.

2. The environment has a significant role in shaping a person. Environments that were highlighted in this thesis include a *Te Ao Māori* environment, and how this influences a person's identity, through *whakapapa* and *whānau*. Other environments also include both a workplace environment and a social media environment via Facebook and how this impacts an individual's perspective of health (Centre for Disease Control and Prevention, 2011). A final environment mentioned throughout the analysis sections was the training environment, and the factors such as nutrition and income and support that come with training for Iron Maori. The importance of an environment links with the Ottawa Charter approach of creating supportive environments for health (World Health Organisation, 1986) with Iron Maori creating a supportive environment with and for *whānau* involved in and surrounding Iron Maori. The environment and the application of elements of Māori health models, *Te Whare Tapa Whā* and *Te Pae Mahutonga* are evident throughout Iron Maori.
3. Demonstrating traits as seen in *ngā manukura* in *Te Pae Mahutonga* (Durie, 1999) by being a role model and leader was a major motivating factor for people to participate in Iron Maori. A leader can come in any shape, form and age and the least expected leader can be the most influential.
4. For the majority of people who engage with Iron Maori, most are not seasoned elite athletes. An event such as the 'main' Iron Maori event in Napier appears to be near impossible and can very easily be put in the 'too hard box'. This *wero*, alongside the role modelling adds to the motivation to 'get off the couch' and start to make

significant lifestyle changes. Education and support around time management, consistency in approach, planning and nutrition to list a few, are some processes needed for changes to occur.

5. Incorporating and utilising KM principles throughout a Māori focussed event when the target audience is Māori clearly works well for Māori people as seen in Iron Maori. Many of the KM values come naturally to Māori and through the KM principle of *whanaungatanga* (Bishop, 1998) and *Te Ao Māori* values of *manaaki* and *tautoko*, continue to become normalised through being *Taonga Tuku Iho* (Bishop, 1998; Ruataki Ltd & Ngā Pae O Te Māramatanga, n.d). Non-Māori are also benefiting from the positives in their well-being within Iron Maori.
6. Iron Maori is a unique Health Promotion event and process. Its focus of triathlon based event expands out to include what is effectively a community development model underpinned by *Te Ao Māori* and KM values. Furthermore, the breakdown of barriers with the out of the ‘norm’ people transforming their lives and becoming ‘champions’ and leaders of their community.

There is a level of overlap in the above six statements. This can be attributed to the underlying theme of themes intertwining with one another through the weaving of *Te Ao Māori* and KM. Iron Maori continues to fulfil the vision of healthy and vibrant *whānau* participating in all aspects of life and promoting wellbeing as well as normalising Māori philosophies and values. Knowledge gained from this research will provide evidence for other indigenous health promoters to use as a successful framework to encourage healthy lifestyles.

The next sections include Iron Maori and its contribution to *hauora*, dissemination of research, practical implications and future research of Iron Maori.

Iron Maori, and its contribution to hauora.

Iron Maori is grounded and informed by *Te Ao Māori* values, *Tino Rangatiratanga*, *whanaungatanga*, *manaakitanga* and *kanohi ki te kanohi* which complement KM principles and practices to encourage healthy well-being . With Iron Maori being a form of *Tino Rangatiratanga* this is further encouraged at *whānau*, *hapu*, *runanga* and *iwi* levels. These participants/*whānau* members and their experiences of an Iron Maori event have created a ‘domino effect’ for many and within each level there is the ability for people to make conscious decisions to start their journey to become healthy with the support of one another. Information found in this research will be of interest to people of different disciplines who want to see positive changes for Māori. One contribution that Iron Maori can give to *hauora* is through values embedded with Iron Maori becoming *Taonga Tuku Iho* and therefore normalised within mainstream (Bishop, 2008). This also opens up the possibility that instead of seeing Iron Maori as a kick starter to lifestyle changes, frame Iron Maori as a preventive measure to instil these values and concepts to all people.

Dissemination of research

To ensure the values within Iron Maori continue to be normalised, I intend to share the main findings of this research with Iron Maori management and the participants of this research. Linda Smith (2006) explains that “for indigenous researchers, sharing is about demystifying knowledge and information and speaking in plain terms to the community” (p. 161). The process of sharing the information and knowledge learnt from the research is an important process and part of my obligations as a Māori researcher because “sharing contains

views about knowledge being a collective benefit” (L. Smith, 2006, p. 160). My research will lack purpose if I do not disseminate my findings out to the Iron Maori *whānau* and Māori communities because *whānau*, *hapū* and *iwi* will not be able to gain access to information and knowledge that may enhance their *hauora* and well-being. Dissemination of these findings will be done in a manner conducive to the Iron Maori *whānau*, which will be interactive, and in the form of an oral presentation. For those who are unable to make this presentation a two page summary document of my research will be provided to all key stakeholders. This is consistent with KM ethos of finding innovative solutions or a desire to make a positive difference for *whānau*, *hapū* and *iwi* (Ruataki Ltd & Ngā Pae O Te Māramatanga, n.d). To date, dissemination of findings and clarification throughout this research journey has been done via *hui* with Iron Maori management, and correspondence through emails. Dissemination will also be done through academic conferences and a peer reviewed journal article.

Limitations, Practical Implications and future research of Iron Maori.

There are many perceived limitations within this research. One limitation of this research is the subjective position of me as the researcher. As a former and current participant of Iron Maori there is the potential for me, to have a biased view which can be difficult. The role as a researcher trying to remain a neutral view can be quite challenging and I am in two minds about the role I play. One, I acknowledge the bias that this presents and two, I have the capacity to assert my autonomy and *Tino Rangatiratanga* a strength that mirrors values within Iron Maori and affirms the KM principle also. This limitation is mitigated by the fact that there was transparency throughout the thesis of the impact that as a former participant this would have on the findings.

A second limitation is the number of participants' used within this study. It was thought that with 10 participants saturation might occur. The concept of saturation was earlier defined that there is no magic number in terms of sample sizes, when a thorough understanding of the topic has been achieved and no new themes are emerging from further groups, a state known as saturation sampling occurs (Kuper, Lingard, & Levinson, 2008b) A combination of KM principles and practices of *Tino Rangatiratanga*, *kanohi ki te kanohi*, *manaakitanga* and the ability to create a comfortable environment, challenges the concept of saturation within this research. Allowing a free flowing conversation and being guided by certain research questions the direction of the conversations indicated the vast differences and themes in how participants' viewed and experienced Iron Maori.

A final limitation, is that to my knowledge, there is no comparable research, specifically a KM driven multi sport event, like Iron Maori. The strong relationship that I had with Te Timatanaga Ararau Trust members prior to this research was pivotal in moving forward. Good rapport and networking with key stakeholders opens up the possibility for similar KM based events to be researched appropriately and used to benefit of Māori health.

There are a range of practical implications from this research. One is for Iron Maori research to develop further. Research on Iron Maori is extremely limited as it is a new initiative. I have taken the perspective of gaining an understanding of key drivers from former Iron Maori participants to gain an insight into why they have chosen Iron Maori to make these changes. A future area of research into Iron Maori is to examine the factors that prevent participants who register in time but do not make it to the start line of an Iron Maori event. Answers to this may include injuries before the event and finances. There could be other underlying factors that could provide more insight into improving Māori health.

This research may be used as a stepping stone for further research related to positive Māori health initiatives aimed at reversing Māori health statistics and making sustainable lifestyle changes for Māori to live longer healthier lives. The scope for research based on Iron Maori is very wide. This can range from discussing with management their perspectives, to the politics around a racially based event. A Māori initiative can be considered effective if it links with Māori development, utilises Māori community resources, affirms cultural identity, is endorsed by *iwi*, has a *whānau* focused service, and operates in Māori domains (Thomas, 2002). This research illustrates how Iron Maori addresses each of these requirements; therefore it may inform an evaluation that shows the programme's effectiveness as a Māori-oriented programme.

A noticeable omission thus far from participants within this research, is the passion and drive behind the unsung heroes of the events such as the many volunteers and marshals that are part of Iron Maori, who all contribute to the success behind Iron Maori. Marshals are consistent with the KM principle of *whānau* and *whanaungatanga* by building relationships (Durie, 1994; Moeke-Pickering, 1996). Marshals are *whānau* members of many participants, but also strangers to many. Through the common element of Iron Maori, the support there is a sense of unity and the formation of *whānau* is created.

Final thoughts and reflections

I believe that first hand experiences and stories shared by participants of different Iron Maori events are inspiring and useful. Iron Māori is very raw and fresh, with this year being its fifth year and it is growing stronger and bigger as more Iron Maori events develop around New Zealand and Australia. While looking for literature of Māori health for this research, there was an abundance of negative Māori health literature. A focus on positive Māori health

initiatives to move forward is needed, and to celebrate the good things that are have happened and are happening like Iron Maori. The scope that can be examined about Iron Maori is vast and this is very exciting. It is exciting that an initiative that grew from my 'backyard' in Hawke's Bay and from my *whānau* has the potential to change the lives of many, me being one of those many. Without having the experience as a participant of Iron Maori, and of this research, I do not believe that I would have the appreciation to respect and understand that anything is possible; people are capable of doing more then what they initaly believe they can and that is truly inspiring.

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Appendix 1

Iron Maori events 2009-2014

Event	2009	2010	2011	2012	2013	2014
Half-ironman (2km swim, 90km cycle, 21.1km run)	Napier	Napier	Napier	Napier	Napier	Napier Napier
Tamariki (Distances change with age- group and locations)			Napier	Napier	Napier Taranaki	Napier Taranaki
Rangatahi 13–17yr (500m swim, 14km cycle, 3km run)			Napier	Napier	Napier Gold Coast Taranaki	Napier Gold Coast Taranaki
Duathlon			Wellington	Wellington	Wellington	Wellington
Quarter-ironman (1km swim, 45km cycle, 10.5km run/walk)				Napier	Napier	Napier Auckland Ngāi Tahu
Tri short course (300m swim, 9–10km cycle,					Taranaki Gold Coast	Taranaki Gold Coast

2.5–3km run)						
Tri Long Course (600m swim, 20km cycle, 5km run)					Taranaki	Taranaki
Double Tri (300m swim, 9km cycle, 3km run, 300m swim, 9km cycle, 3km run)					Gold Coast	Gold Coast
Run or Walk (5km, 10km, 21km)					Gold Coast	Gold Coast
Kaumātua						Napier
No. Iron Maori Events	1	1	4	5	13	17

Appendix 2.

Interview Checklist

Pre-interview Checklist

The day before:

Confirm the time and place of the interview with the participant

Day of the interview:

Pick-up and check the recorder (carry spare batteries!)

Arrive early

Pre-interview (off the record)

Introduce yourself and thank the participant for agreeing to be interviewed

Briefly introduce the project:

The aim of this Masters research is to investigate why Iron Maori has been a successful tool in increasing the awareness of Māori Health issues.

We are interviewing approximately nine people, 3 Māori men, 3 Māori females and 3 Non-Māori to share their experiences of their Iron Maori journey.

Paperwork:

Give the person the information and consent forms

Emphasise:

The interview is expected to take about 20 to 30 minutes

Their responses are confidential

They may refuse to answer any questions

They may stop the interview or ask for the recorder to be turned off at any point

Ask if there are any questions

Make sure the consent form is signed and dated

Turn the recorder on!!

Another Thank You for participating

Interview Schedule v3

Interviewer: _____

Interviewee's name: _____

Workplace: _____

Date: _____

Place of interview: _____

Thoughts/feelings going into the interview:

Start off with would you like to answer the following demographic questions

Name:

Iwi Affiliation/Ethnicity:

Age:

Place of residency:

Occupation:

What Iron Maori event have you participated in and when:

****If other family members come along, get them to introduce themselves as well and encourage their input as well*****

Before I start with the questions I would like to remind you that there are four general areas that I will ask about and this includes

Māori Health

Te Ao Māori

Physical Activity

Iron Maori

Within these four categories, you may feel like your repeating yourself and that's kei te pai, there are no right or wrong answers its all about what you think. If you happen to think of something else later on in the afternoon feel free to just mention it no matter where we may be in the interview.

Questions	Notes
<p>To kick off I would like to talk a little about Māori Health.</p> <p>When someone brings up the topic of Māori Health what is your automatic thoughts?</p> <p>What do you see as the positive and negatives of Māori health?</p> <p>Do you think there is a difference between Māori and their health status compared to non-Māori Health status? Why?</p> <p>Do you see the Treaty of Waitangi as being important in Māori health? How?</p> <p>What does Māori Health mean to you?</p>	
<p>These next questions are about Te Ao Māori or how you perceive the Māori Worldview?</p> <p>What does Te Ao Māori/Māori Worldview mean to you?</p> <p>(If non-Maori) Do you think that Non-Māori can live through the lens of Te Ao Māori?</p> <p>People’s views on Te Ao Māori can be dependent on their own personal experiences, no one can argue with someones experiences, is there any experiences that you would like to share that you identify as being from a Maori Worldview perspective?</p> <p>Can you see a link between Te Ao Māori and Māori Health?</p>	
<p>I would now like to find out a little about your own physical activity background.</p> <p>How was physical activity introduced into your life?</p> <p>Growing up how would you describe your general physical activity?</p> <p>How would you describe your current physical activity?</p> <p>As a participant of Iron Maori have you seen and felt a change over time with your physical activity?</p>	
<p>These questions are all leading up to me asking you to share your story of your Iron Maori journey?</p>	

Questions**Notes**

How and why did you get into Iron Maori?

How is Iron Maori different from other sporting events?

What type of preparation did you do to participate in Iron Maori?

How did you feel leading up to the Iron Maori event at

Registration**4 months in****A month before**

What support networks can you identify have been successful in your decision to engage in Iron Maori?

In what ways has Iron Maori affected yourself and your whānau?

Iron Maori has exploded into different regions what do you think of this?

Residing in _____ how did you prepare to make the journey to Napier?

What would be one piece of advice that you would tell someone who was thinking about participating in an Iron Maori next year?

Closing the interview:

Do you have any last comments on Iron Maori?

Do you have any questions you would like to ask me?

Thank the person and ask if they would like a voucher

Turn off the recorder

End time: _____

Immediate thoughts/feelings after the interview:

Things to reflect on:

Length of interview

Rate of speech

#/length of silences

Length of pre-interview exchange

Length of post-interview exchange

Relative % talking

Participant:

Me:

General tone of the interview_____

Appendix 3

Human Ethics Application, Information Sheet for Participants and Ngāi Tahu Research Consultation Committee

FILE

cc to Gary White,
R Egan 25/8/13

COPY
Richard



Form Updated: February 2011

HUMAN ETHICS APPLICATION: CATEGORY B (Departmental Approval)

1. **University of Otago staff member responsible for project:**
Egan Richard Dr
Jackson Anne-Marie Dr

2. **Department:** Preventive and Social Medicine

School of Physical Education

3. **Contact details of staff member responsible:**

Dr Richard Egan

4. **Title of project:** Iron Māori, a positive health promotion initiative that increases the awareness of Māori Health.

5. **Indicate type of project and names of other investigators and students:**

Staff Research Names

Student Research Names

Level of Study (e.g. PhD, Masters, Hons)

External Research/ Names

Collaboration

Institute/Company

--

6. When will recruitment and data collection commence?

Recruitment and data collection will coincide with regional Iron Māori (IM) events. The events include: Taranaki IM held (6 April 2013); Hawkes Bay 1/4 IM (3 November 2013) and; Hawkes Bay 1/2 IM (7 December 2013).

When will data collection be completed?

The data collection will be completed by December 2013.

7. Brief description in lay terms of the aim of the project, and outline of research questions (approx. 200 words):

The aim is to investigate why IM has been a successful tool in increasing awareness of Māori health issues. IM is a relatively new event and is situated within the complex context of Māori health. IM is a half Iron Man triathlon event comprised of a 2km open water swim, 90km cycle and 21.1km run and is held in Napier, Hawkes Bay. Anecdotally IM has been hugely successful as evidenced by the large increases in participation levels of predominantly Māori from approximately 300 people in 2009 to over 1200 people in 2011. IM is an event, which positively engages Māori with physical activity and health.

An outline of the research questions that the participants will be asked includes but not limited to

- What makes IM different to other events?
- Why have participants/whānau chosen IM as a catalyst for change?
- What support networks (if any) have contributed to participants'/whānau decision to engage in IM?
- Where do participants see IM heading in the future?
- Are their differences in attitude and motivation towards IM from participants who travel from outside Hawkes Bay?
- What motivates IM participants to participate year after year?
- What are the effects of IM on the individual and whānau?

8. Brief description of the method. Please include a description of who the participants are, how the participants will be recruited, and what they will be asked to do:-

I will utilise Kaupapa Māori theory as the overarching methodology. My research design will follow Hudson, Milne, Reynolds, Russell, Smith (2010) et al Te Ara Tika Framework which addresses Māori ethical issues through the foundation of tikanga and the four underlying principles of tika, mana, manaakitanga and whakapapa. An application has been sent to the Ngāi Tahu Research Consultancy group where approval is being processed and supervisors Dr Anne Marie Jackson from the School of Physical Education has sound knowledge on kaupapa Māori research and will provide solid support in this area.

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The primary method of data collection will be semi-structured interviews. I will interview nine participants: three Māori males, three Māori females and three non Māori people of any age, fitness level and of any iwi affiliation.

Recruitment will happen through purposive sampling methods informed by the Iron Māori (IM) management team. The IM management team will make initial contact with participants from different regions through accessing participants through their database. The IM management team will introduce me and give an information sheet via email, and then the IM team will notify me on whether or not they are interested in participating.

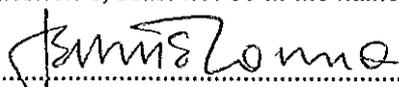
Participants will be interviewed in an environment that they are comfortable with and there will be the option for their whānau to also be present at the time of the interview. The participants will be asked the research questions in an open ended style for approximately 1-2 hours

9. Please disclose and discuss any potential problems: (For example: medical/legal problems, issues with disclosure, conflict of interest, etc).

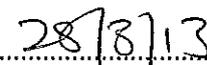
There are no potential problems with these methods.

Applicant's Signature: 

(Principal Applicant: as specified in Question 1, Must **not** be in the name of a student)

Signature of *Head of Department: 

Name of Signatory (please print): 

Date: 

Departmental approval: *I have read this application and believe it to be scientifically and ethically sound. I approve the research design. The Research proposed in this application is compatible with the University of Otago policies and I give my consent for the application to be forwarded to the University of Otago Human Ethics Committee.*

**(In cases where the Head of Department is also the principal researcher then an appropriate senior staff member in the department must sign)*

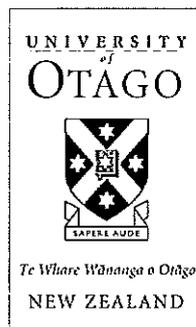
IMPORTANT: The completed form, together with copies of any Information Sheet, Consent Form and any recruitment advertisement for participants, should be forwarded to the Manager Academic Committees or the Academic Committees Assistant, Registry, as soon as the proposal has been considered and signed at departmental level. Forms can be sent hardcopy to

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Academic Committees, Room G23 or G24, Ground Floor, Clocktower Building, or scanned and emailed to gary.witte@otago.ac.nz.

[Reference Number *as allocated upon approval by the Ethics Committee*]

[Date]



Iron Māori, a positive health promotion initiative that increases the awareness of Māori Health.

Information Sheet for Participants

Thank you for showing an interest in this project. Please read this information sheet carefully before deciding whether or not to participate. If you decide to participate we thank you. If you decide not to take part there will be no disadvantage to you and we thank you for considering our request.

What is the Aim of the Project?

The aim of this Masters research is to investigate why Iron Māori has been a successful tool in increasing awareness of Māori health issues. This project is being undertaken as part of the requirements for the Masters of Public Health programme.

What Type of Participants is being sought?

The participants in this project will be sourced from all over New Zealand. I am seeking out a total of nine participants who have competed in a previous Iron Māori event. These nine participants will be made up of three males of Māori descent, three females of Māori descent and three Non-Māori of either gender.

What will Participants be asked to do?

Should you agree to take part in this project, you will be asked to participate in an interview of approximately 1-2 hours. The interview will consist of questions related to your experience in Iron Māori and you have the capacity to share as much or as little information as you wish to share.

The general areas of questions that will be asked of the participant include:

- Your personal views of Māori Health in general,
- The lead up to Iron Māori,
- How you recall your journey through this Iron Māori process
- The impact Iron Māori has had on yourself, whānau, and others.

Please be aware that you may decide not to take part in the project without any disadvantage to yourself of any kind.

What Data or Information will be collected and What Use will be made of it?

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This project involves an open-questioning technique. The general line of questioning includes focussing on your experiences of Iron Māori. The precise nature of the questions which will be asked have been determined in advance, but will depend on the way in which the interview develops.

On the Consent Form you will be given options regarding your anonymity. Please be aware that should you wish we will make every attempt to preserve your anonymity. However, with your consent, there are some cases where it would be preferable to attribute contributions made to individual participants. It is absolutely up to you which of these options you prefer.

In the event that the line of questioning does develop in such a way that you feel hesitant or uncomfortable you are reminded of your right to decline to answer any particular question(s) and also that you may withdraw from the project at any stage without any disadvantage to yourself of any kind.

The data collected will be securely stored in such a way that only those mentioned below will be able to gain access to it. At the end of the project any personal information will be destroyed immediately except that, as required by the University's research policy, any raw data on which the results of the project depend will be retained in secure storage for five years, after which it will be destroyed.

Can Participants Change their Mind and Withdraw from the Project?

You may withdraw from participation in the project at any time and without any disadvantage to yourself of any kind.

What if Participants have any Questions?

If you have any questions about our project, either now or in the future, please feel free to contact either:

Lisa Pohatu	Dr Richard Egan	Dr Anne-Marie Jackson
Department of Preventive Medicine Dunedin School of Medicine University of Otago	Department of Preventive Medicine Dunedin School of Medicine University of Otago	School of Physical Education University of Otago
Email: lisa.pohatu@otago.ac.nz Phone: 03 479 5342	Email: richard.egan@otago.ac.nz Phone: 03 479 7206	Email: anne-marie.jackson@otago.ac.nz Phone: 03 479 8378

This study has been approved by the Department stated above. If you have any concerns about the ethical conduct of the research you may contact the Committee through the Human Ethics Committee Administrator (ph 03 479-8256). Any issues you raise will be treated in confidence and investigated and you will be informed of the outcome.

Iron Māori, a positive health promotion initiative that increases the awareness of Māori Health.

CONSENT FORM FOR
PARTICIPANTS

I have read the Information Sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:-

1. My participation in the project is entirely voluntary;
2. I am free to withdraw from the project at any time without any disadvantage;
3. Personal identifying information [*audio-tapes*] will be destroyed at the conclusion of the project but any raw data on which the results of the project depend will be retained in secure storage for at least five years;
4. This project involves an open-questioning technique. The precise nature of the questions which will be asked have been determined in advance, but will depend on the way in which the interview develops and that in the event that the line of questioning develops in such a way that I feel hesitant or uncomfortable I may decline to answer any particular question(s) and/or may withdraw from the project without any disadvantage of any kind.
5. I agree to take part in this project.

.....
(Signature of participant)

.....
(Date)



NGĀI TAHU RESEARCH CONSULTATION COMMITTEE

TE KOMITI RAKAHAU KI KĀI TAHU

Tuesday, 19 March 2013.

Miss Anne-Marie Jackson
School of Physical Education
DUNEDIN.

Tēnā Koe Miss Anne-Marie Jackson

Iron Māori, a positive health promotion initiative that increases the awareness of Māori Health.

The Ngāi Tahu Research Consultation Committee (The Committee) met on Tuesday, 19 March 2013 to discuss your research proposition.

By way of introduction, this response from The Committee is provided as part of the Memorandum of Understanding between Te Rūnanga o Ngāi Tahu and the University. In the statement of principles of the memorandum it states "Ngāi Tahu acknowledges that the consultation process outline in this policy provides no power of veto by Ngāi Tahu to research undertaken at the University of Otago". As such, this response is not "approval" or "mandate" for the research, rather it is a mandated response from a Ngāi Tahu appointed committee. This process is part of a number of requirements for researchers to undertake and does not cover other issues relating to ethics, including methodology they are separate requirements with other committees, for example the Human Ethics Committee, etc.

Within the context of the Policy for Research Consultation with Māori, the Committee base consultation on that defined by Justice McGechan:

"Consultation does not mean negotiation or agreement. It means: setting out a proposal not fully decided upon; adequately informing a party about relevant information upon which the proposal is based; listening to what the others have to say with an open mind (in that there is room to be persuaded against the proposal); undertaking that task in a genuine and not cosmetic manner. Reaching a decision that may or may not alter the original proposal."

The Committee considers the research to be of interest and importance.

As this study involves human participants, the Committee strongly encourage that ethnicity data be collected as part of the research project. That is the questions on self-identified ethnicity and descent, these questions are contained in the 2006 census.

The Committee suggests dissemination of the research findings to Māori health and sports organisations regarding this study.

We wish you every success in your research and The Committee also requests a copy of the research findings.

This letter of suggestion, recommendation and advice is current for an 18 month period from Tuesday, 19 March 2013 to 8 September 2014.

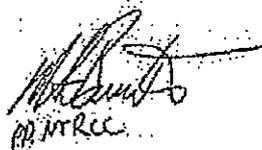
The Ngai Tahu Research Consultation Committee has membership from:

*Te Rūnanga o Ōtākou Incorporated
Kāi Huirapa Rūnaka ki Puketeraki
Te Rūnanga o Moeraki*

NGĀI TAHU RESEARCH CONSULTATION COMMITTEE

TE KOMITI RAKAHAU KI KĀI TAHU

Nāhaku noa, nā



Mark Brunton

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Kaiwhakahaere Rangahau Māori
Research Manager Māori
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