

Ko ngā kaumātua ngā pou pou o tō rātou ao: kaumātua and kuia, the pillars of our understanding

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Abstract

This feasibility study examined innovations in kaupapa Māori (a Māori approach) research methods to explore kaumātua (older Māori men and women) understandings of ageing well. We designed a research pathway that brought together kaupapa Māori methods in the form of noho wānanga (a method of knowledge sharing) with kaumātua and researchers in Tutukaka in 2018. Kaumātua participants were invited as guests in a comfortable and congenial setting to share their experiences of growing older. Our engagement with kaumātua, and our data-gathering and analysis methods provided an effective method for understanding kaumātua well-being. We found that focusing directly on health did not resonate with participants. There was diffidence when kaumātua talked about their own personal health, when compared with their enthusiasm for other parts of their lives. They understood well-being as a holistic process connecting hinengaro (mental health), wairua (the spirit and spiritual health), tinana (physical health) and te taiao (natural environments).

Keywords

ageing well, hauora, kaumātua, mātauranga

Kaumātua (older Māori men and women) are the pou pou (pillars) which uphold te ao Māori (the Māori world) and whānau (family and extended family). This article outlines a feasibility study that trialled methods of working with kaumātua from the two Tai Tokerau rohe (tribal boundaries) of Ngātiwai and Patuharakeke. Sharing space and ideas over an extended period of time in a comfortable and relaxed setting provided an opportunity for kaumātua to voice their views and perspectives of well-being. We contend that listening to kaumātua is essential if we are to develop an understanding of how best to support kaumātua access to health resources, services and quality care.

Kaumātuatanga (older age) is a complex term that embraces multiple meanings. It is usually used to describe male and female elders who are in an older age group and who no longer have parents alive. Kaumātuatanga is not understood among Māori communities as beginning at any specific age, such as 65. The term refers to the role and status within whānau and community attained by an individual in later life (Keelan et al., 2020; Kepa, 2015). The mana (authority, power) of the marae (tribal meeting grounds) and hapū (kinship groups) are dependent on the well-being of their kaumātua. As older Māori transition into becoming the oldest generation, there are increased expectations to perform formal roles on marae, to be kaitiaki (guardians) of lands and taonga (treasured possessions) and be repositories of whakapapa (genealogy) and kōrero (stories). Kaumātua ensure their whānau and hapū meet their cultural and spiritual obligations and ensure mātauranga Māori (Māori knowledge) is passed to

succeeding generations (Durie, 1999). Tuakana-teina (older–younger) relationships are the mechanism through which relationships and knowledge transfer are organized. This is counter to conventional Western experiences of ageing where many older non-Māori, relatively healthy and freed from the obligations of employment and child-rearing, may be prioritizing personal fulfilment, opportunities to travel and time to pursue personal interests (Carr & Komp, 2011).

Māori philosophies of ageing are traditionally positive (Durie, 1999; Ministry of Social Development, New Zealand, 2014). While there are universal features of quality of life, like good health and access to healthy environments, there are differences between Māori and non-Māori in approaches to well-being and health care. These differences have been largely overlooked in policies that have sought to improve the well-being of New Zealand's older populations. For example, policies that define older age as 65+ disadvantage Māori, since Māori face age-related illness at a relatively younger age and have a lower life expectancy than non-Māori (Disney et al., 2017; Statistics New Zealand, 2018;

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Waitangi Tribunal, 2019). The health system must acknowledge and understand where differences exist to address ongoing inequities in health outcomes (Health and Disability System Review, 2020).

Weaving our study into the wider literature

Quantitative studies from other regions suggest that kaumātua rate their health optimistically compared to their health status on physical indicators (Durie, 1997; Kerse et al., 2016). These findings indicate that Māori are experiencing positive ageing despite the prevalence of comorbidities and lower socioeconomic status (Hirini et al., 1999; Robson et al., 2015; Teh et al., 2014). There is also evidence to indicate that the role and status of older Māori within community have provided significant opportunities for kaumātua to make contributions to whānau and marae, and the wider community (Dyall et al., 2014), and that such contributions underpin resilience factors and well-being (Durie, 1997; Kerse et al., 2016; Simpson et al., 2020). Social connectedness and interdependency (Kukutai, 2006), connections to place and whānau (Butcher & Breheny, 2016), and cultural identity (Kukutai et al., 2017; Waldon, 2004) have also been shown to contribute to well-being. And yet, kaumātua voices and understandings that lead to practical interventions and improvements to health policies have not yet been fully realized.

The aims of this feasibility study were to pilot and refine a methodology for a larger programme on kaumātua well-being, using a kaupapa Māori research approach. The larger programme on kaumātua well-being will apply qualitative and transdisciplinary research methods to understand the dynamics of ageing within Tai Tokerau, a region which has been characterized as an adverse environment for health (Yong et al., 2017). Within our feasibility study, we have provided context-specific perspectives of participants living within their rohe and have emphasized the lived experiences of older Māori ageing in place. Identifying the structures that support the health of kaumātua, well-being and rangatiratanga (autonomy and independence) within the region of Tai Tokerau is likely to be key in supporting both older Māori and their communities.

Kukutai (2006) made a compelling argument that

strategies to optimise the wellbeing of a greatly expanded older Māori population will need to be built on a sound understanding of what it means for older Māori to be well, and of the pathways and barriers to achieving wellness. (p. 1)

However, qualitative literature on Māori well-being is sparse, and even more sparse in relation to Māori elders. Te Awe Awe-Bevan (2013) and M. Stephens (2002) produced small-scale studies exploring the meaning of kaumātua and the diverse roles of kaumātua, emphasizing their commitment to the future, but without a focus on health. W. J. W. Edwards (2010), in his doctoral thesis, characterized positive ageing for older Māori as beginning well before they reach older age, emphasizing positive ageing as a

developmental process. Kerse et al. (2016), Waldon (2004) and M. Stephens (2002) drew attention to the reliance on older Māori for providing intergenerational whānau and peer support with a notable emphasis on providing care for grandchildren. Allport et al. (2018), in research including urban and rural sites in the central and upper half of the North Island, identified how vulnerabilities differed for kaumātua in different regions, but recognized commonalities that included “housing, transport, access to services, mental health, loneliness and isolation and grandparents raising grandchildren without support” (p. 1). Hokowhitu and his research team (Oetzel et al., 2019) focused on tuakana-teina peer support between kaumātua and its potential impact on managing life transitions. Dawes et al. (2021) and Lapsley et al. (2020) have highlighted the importance of kaumātua as kaitiaki of tikanga (Māori processes and protocol) within their communities and the shared responsibility of care for Māori elders. While these studies have contributed significantly to our understanding of kaumātua, there remains a need for sustained and scalable work on how older Māori understand themselves and their own health, using qualitative frameworks to capture their own perspectives and experiences rather than their perceived needs (Waitangi Tribunal, 2019).

The regional focus of our study: Tai Tokerau

The study took place in Tai Tokerau, a region extending from Tāmaki Makaurau in the south to Cape Reinga in the north. Tai Tokerau is characterized as having a high Māori population. The number of Māori aged 65+ in Tai Tokerau was expected to grow at a particularly fast rate, doubling in the 7-year period between 2013 and 2020 (Robson et al., 2015). Disparities in health and mortality are particularly marked across the region. Māori live 8.6 years less than non-Māori in the region: life expectancy is 73.5 years for Māori and 82.3 years for non-Māori (Sandiford et al., 2017). The region has also been characterized as an adverse environment for health, deprivation, unemployment, housing and barriers to health care (Exeter et al., 2017; Yong et al., 2017). These factors will place increasing demands on the societal and cultural infrastructures that support older people (Te Puni Kōkiri, 2017).

The specific regional focus of our study is on Ngātiwai and Patuharakeke, two tribal groups within the broader region of Tai Tokerau. These groups are located on the eastern coast of Tai Tokerau. Ngātiwai are a recognized iwi (tribe) and comprise just under 1% (nearly 6,000) of the total Māori population of New Zealand (Statistics New Zealand, 2013). And of those, only 6.6% were aged 65 years and over, compared to 14.3% of the broader New Zealand population (Statistics New Zealand, 2013). Participants all reside in the area and have long and established links to the region. Ngātiwai boundaries extend from Rākaumangamanga (Cape Brett) in the north to the Tāwharanui Peninsula to the south, and encompassing the offshore islands known as Te Moana Nui o Toi te

Huatahi—the largest of which is Aotea. The islands that lie offshore and the surrounding moana (sea) are an integral part of the Ngātiwai identity and have provided subsistence over many generations as Ngātiwai have commuted between them and their coastal mainland regions. An enduring presence on the land and waters have given status to Ngātiwai and Patuharakeke. The iwi of Ngātiwai takes its name from reference to the mana of the sea as explained by Ngātiwai elder Mōrore Pīripi:

Ko ngā mana katoa o Ngāti Wai kei te wai, i ngā taniwha me o rātou manawa.

(All the mana of Ngāti Wai comes from the sea, from its guardian taniwha and their spiritual force.) (Waitangi Tribunal, 2017, para. 5)

By comparison, Patuharakeke kaumātua all lived at or near Takahiwai, a small community at the south head of Whangārei harbour. It is a much smaller tribal group than Ngātiwai, but both have deep associations and whakapapa to their whenua.

Recruitment of participants

Research processes and formal consent documents were all approved by the University of Auckland Human Participants Ethics Committee prior to engagement. Twenty-three kaumātua were recruited through referrals of the James Henare Māori Research Centre's Advisory Board, through our community researchers and through the research team's existing networks. Participants were known to each other through whakapapa. Initial discussions around participation within the study were led by the research team's community researchers in coordination with the Ngātiwai kaumātua rōpū (group), a monthly meeting for Ngātiwai kaumātua. A mihi whakatau (introductory speeches) was held at Ngātiwai Trust Board's premises where the meetings take place and the research team was introduced and the research aims were presented to potential participants. The purpose and design of the research were described, and participants were encouraged to ask questions and provide feedback on the project's aims and methods. Participants were then invited to attend a 2-day noho wānanga (a method of knowledge sharing), which involved participants and researchers staying together overnight and coming together at set times to discuss ageing and kaumātuatanga. No age limit was specified, and a self-selecting process was used to recruit participants. Expressions of interest were collected and follow-up phone calls from the research team were made to record confirmation in the project. Details of the wānanga were then provided and participants invited to attend one of two noho wānanga.

Noho Wānanga

Two wānanga were held over 2-day periods in March 2018 at Tutukaka Oceans Beach Hotel, a hotel owned and operated by Ngātiwai within its tribal rohe. The use of this

location recognized the mana whenua (territorial rights) of our participants while providing a comfortable environment for the two-day duration and easily accessible venue. This approach was used to create an environment that allowed kaumātua to feel comfortable in collectively describing their understandings of kaumātuatanga over an extended period.

Six researchers were present at each of the two noho wānanga, including research assistants. The first noho consisted of a smaller group of eight kaumātua, while the second was larger with 15 participants. Additional participants were recruited through word of mouth and several subsequently attended the noho without having attended the mihi whakatau. Across the two noho, there were 15 women and 8 men. Caregivers or support people were invited to attend in support of their kaumātua and sit within the noho wānanga but were not participants in the study. Three carers—two spouses and one adult child—provided support. The structure of each noho followed a similar pattern. The first day was divided into a mihi whakatau, two wānanga and a shared evening meal at the hotel. The second day consisted of a shared breakfast, and two sessions separated by a morning tea. Karakia (prayer) and waiata (song) opened and closed the wānanga on each day.

Ngātiwai participants were more likely to be rurally based because of their wider geographical spread and due to the proximity of Patuharakeke to the city of Whangārei. Ngātiwai participants were older, in poorer health and more likely to have lived in the region for long periods.

Within each of the group sessions, the facilitator introduced the theme for discussion and moved from person to person in the discussion of the issue to allow all participants to comment. On each of the second days, interviews were conducted either in pairs or as individuals to provide an opportunity to raise issues that may have been of a more personal nature and not appropriate within a larger setting. Using semi-structured interviews, the participants discussed a series of introduced topics, including kaumātuatanga—what they recalled of their own kaumātua and the changes to kaumātuatanga they noticed over time; hauora (health)—their understanding of health and wellness, and access to health care services; āwhina (support)—the support they receive from marae and hapū, and the types of care they give and receive; kāinga (home) and whenua (land)—where they lived, their connections within community and the vitality of their marae; and rangatiratanga—independence and barriers to independence. The semi-structured interview schedule provided a platform on which participants could lead discussions regarding their understandings of well-being. Interviews were conducted in English, although participants often used Māori concepts or phrasing to illustrate a point or to provide an example.

Working with the kōrero

We transcribed the wānanga kōrero (forum discussions) and interviews, and conducted thematic analysis of the

materials in NVivo, software supporting qualitative research. Coding was initially developed from the wānanga and interview guidelines which focused on kaumātutanga, hauora and well-being, and to a lesser extent on āwhina, kāinga/whenua and rangatiratanga. Elements within the data were coded accordingly, and subcodes were developed around recurring themes while some of our initial codes were reprioritized as having less traction with the participants. Creation of NVivo subcodes drew attention to the events and experiences attached to life stages and the preparation for roles associated with kaumātutanga. Transcripts were returned to participants for review and emendation, and key themes were presented back to kaumātua and discussed a year after the noho at a dissemination hui (meeting). Not all participants were present at the hui, but there was consensus around the issues raised among those present, and further discussion was generated from the presentation.

What we discovered

The research process proved highly effective and generated rich kōrero (discussions). Relationship building, facilitated by community researchers and involving mihi whakatau and a dissemination hui, allowed trust and understanding to be developed between kaumātua, their whānau and the research team. Participants spoke of enjoying the hotel setting and of the opportunity to discuss their own perspectives in an environment where they felt safe and cared for. Within this setting, kaumātua could relax as guests and be hosted by the research team. In a marae setting, this would not have been possible as they would have been hosts with duties and responsibilities to attend to.

Within this environment, kaumātua participants defined what it means to age well within the context of their own community. They shared their understandings of ageing and articulated their concerns and aspirations for both themselves and other Māori within Aotearoa (New Zealand). Ngātiwai and Patuharakeke participants share cultural identity and an understanding of kaumātutanga within their rohe, what they consider to be important when *ageing well*, how this has changed over time and concerns regarding the role of kaumātua both now and in coming years. For most participants, it was important to describe the memories they had of their own kaumātua. Through recollection and discussion, participants formulated a description of *kaumātutanga and the roles of kaumātua, the impact of kaumātua roles and their understandings of hauora and well-being*. The names of participants have been altered to ensure confidentiality.

Kaumātutanga and the roles of kaumātua

Initial wānanga and individual questions revolved around understandings of kaumātutanga, memories of their own kaumātua and how the roles of kaumātua are fulfilled within a contemporary context. Participants did not provide

a single definition for *kaumātua*, but rather described a range of characteristics applicable to those they considered of kaumātua status. As participants spoke of their understanding of kaumātutanga, they drew attention to the influence of kaumātua on their own lives. Participants referred to kaumātua as teachers who instilled values by way of example:

It comes back to protecting lives. Not only our own lives but the flora and fauna. The things that grow and feed us. The water—you got to make sure the pollution in the water is not there because we are drinking it and that is part of life not only for ourselves but also all the plants that we are going to eat. Those things are most important, they taught us, and it's looking after everyone else—your partners, your neighbours. (Pita)

Participants saw themselves as a bridge between the past and the future, and expressed a repeated commitment to imparting what they had learned from their own parents and tūpuna (ancestors, grandparents), and their own lived experience of te ao Māori to the next generation. Many talked of their tūpuna as role models and holders of knowledge who passed on their understandings and experience of tikanga.

That was something that we were taught—we had to do that and we just pass that information on. (Louie)

A commitment to the welfare of younger generations was at the forefront of many of their conversations and the things they were passing to the next generation:

All the things I learned as I was growing up, I have tried to initiate in my own home with my children, and my grandchildren. They all know the tikanga that I grew up with. I have taught them all how they are to behave when they go to the tangi—they know how to do that. Even my little great grandchildren, they already know how to behave at the marae. (Maata)

The responsibility of sharing whakapapa and providing intergenerational continuity was expressed as being especially important to kaumātua:

[It] is an important role of kaumātua, knowing their whakapapa, how they fit into these communities and whānau. That is important for kaumātua to reach out and make those connections. Pass on who we are. It's where we find our strength. (Barbs)

We try and stick to those principles you know. Because we're proud of them. They weren't our principles, they were our tūpunas'. They were handed down. (Paea)

I try to teach my mokopuna [grandchild], if I ever get any, because I think that's my role to do that. To keep that alive so we can feel that interconnectedness with each other, our whānau, and to keep those old tikanga alive for us. I think that that's a role that I have to play. (Barbs)

Younger participants looked to their elders as teachers and sources of knowledge:

Now as I've got older I need to look around me and that's where I'll get my education. I'll get my education from people like Uncle Sandy at the marae, at home at Takahiwai, from the people there. (Barbs)

Being older, for a number of participants, afforded a certain status, a responsibility and recognizably important contribution to make within the community.

I'm really enjoying being this age that I am right now. Being respected and looked up to. Kaiako [teacher] at kōhanga reo [Māori language preschool], people come to me and ask for advice in raising children in te ao Māori. (Maata)

Brian expressed a similar sentiment around his status as being among the oldest in his takiwā (region):

I think I am the oldest now in Takahiwai—of the male anyway. People come to me to talk and we can have a chat and that's no trouble. I have lived there all my life in Takahiwai so I am the longest living person in Takahiwai.

The role of kaumātua

However, the diminishing number of kaumātua and the loss of knowledge associated with them was a concern. Barbs was able to draw attention to what she perceived as a growing burden on those who remained:

I agree with Uncle, if you know who you are, where you're from, that holds fast to your whenua. I've believed that because we were brought up that way. Doesn't matter how dwindled we get in numbers. We will always have that responsibility. (Barbs)

Sandy was able to provide an example of where the loss of kaumātua was felt:

We had a gathering at the marae . . . The lady that was in charge of the kitchen she came out and did the karanga [welcoming call]. And then when the formalities were over, I was the only one on the taumata [speakers' bench]. And you know thankfully I've been brought up to suffer those sort of things.

The impact of their commitments on their own health of kaumātua was not stated explicitly, but participants noted the pressures involved:

I'm pretty busy when the time comes. Every time there's a hui I always go around and sit in the kuia (older Māori woman) chair and get up to waiata for the taumata (senior orators). (Georgie)

Louie noted the responsibility for returning to marae to support hui:

I am the oldest at present back there. I know where I come from. I have an obligation to be back there.

Sometimes there's four or five hui in a row. You know people die, about five people, and I do all those five. I'm pretty busy you know. It don't worry me because I'm just down the road from the marae. Just a walking distance from there. (Tahaina)

The lack of te reo Māori (the Māori language) for a number of participants meant devolving formal kaumātua responsibilities to a smaller subset of participants.

I wish I had, had more communication with them and been in a position where they could teach us all Māori, you know cos now we struggle. We still sit in marae situations now and always going "what's he saying what's he saying?" or "what's she saying what's she saying?," and you know there's pressure on Māori now to be with the reo and being able to speak it and you get accused of not being Māori in this day and age because you can't speak the reo. (Donna)

Hauora and understandings of well-being

Questions around hauora and well-being elicited a variety of responses and were used as umbrella terms to encompass many aspects of ageing well. Participants discussed the role of health providers and professionals, and being physically active as a means of ageing well. They also drew attention to the value and importance of the roles they played within the community and their responsibilities as kaumātua to their whānau and hapū.

There was a preference among participants to speak of hauora as relating to more than physical well-being. Several participants spoke of well-being as *balance* that encompassed more than physical health. Tom spoke of balance between body, mind and wairua and was able to relate well-being specifically to Ngātiwai as a people living alongside the ocean:

We can be very clever academically and we develop those things through our sense but even so, your kete [basket] will only be half-full unless you can develop what is most important, which is the wairua, the spiritual. The wellness of us as elder people is a lot of people from home when they are old and unwell, they come out, they drive out to Mōkau they drive out they look at the ocean. They let the rehutai [sea spray], hukatai [sea foam], come over them and that gives them strength and invigorates them. Everything about kohanga reo is about balance and empowerment, and strengthening all those areas of the whatumanawa [the healthy expression of emotion], wairua—you have to feed those areas. If one is not strong then it is out of whack. The last one I saw was Aunty Roi, looking out at the ocean. She's breathing in her childhood.

Hemi spoke of hauora as:

looking after yourself and your family, making sure you

have got a good quality of life, eating right, exercise and mental exercise. Balance to make you feel right.

While Maata included Western and Māori medicines as a means of maintaining well-being:

I believe we are ageing well because of balance, tikanga Māori and a balance of rongoā [remedy, medicine] and other means of medication that we take to keep ourselves from getting old and decrepit.

When conversation turned towards understandings of well-being within our study, participants spoke of their connection to their whenua and marae. The heart of the hapū is the marae, a community meeting place where whānau gather for a range of activities from birthdays to tangihanga (funeral rites), for debates and celebrations. And despite the diminished number of younger people in the region, the marae remained an important point for social contact.

I would be lonely if I was on my own. I would long for a hot meal and the company of people. Marae could do this. (Maggie)

The semi-structured nature of the kōrero allowed participants to lead discussion around well-being and consequently discussions usually led away from personal health concerns to wairuatanga or concerns of the spirit. For Bev, well-being is intimately connected with the sea, which provides remedy and opportunity to reconnect with the past:

For me it is the wellness and wellbeing of myself and my family. Going out to the moana is medicine for me, listening to the waves, and I'm with my parents and sit out there and listen to the waves and know that they're there with me. I'm going back there to our parents, to our tūpuna.

When you learn tikanga you learn the spiritual side of things, and the spiritual side is what's important. (Nora)

Discussion

Our research used a qualitative and transdisciplinary approaches to contribute understandings of kaumātuatanga and kaumātua well-being, giving emphasis to the meaning and lived experiences of the participants. We tested a methodological approach to determine an effective way of generating kōrero on the health and well-being of our older Māori populations. At the centre of our methodology was the wānanga, situated within a 2-day noho, in which kaumātua came together to discuss their understandings and experience of kaumātuatanga in a knowledge-generating process. By moving the noho wānanga from marae to a hotel context, we were able to free them from the responsibilities they would have on a marae as hosts and treat them as valued research participants. Furthermore, the shift to the hotel environment provided an opportunity for those who were less engaged with their marae or hapū—for whatever reasons—to contribute their perspectives of growing older. The process of the noho, the overnight stay and shared meals provided opportunity to build trust between participants and researchers allowing space for in-depth exploration of the many worlds of older Māori. In our feasibility study, we found that participants negotiated

with one another when sharing their understanding of what it means to be kaumātua, while upholding each other's mana. Through this process, kaumātua themselves recognized and stated where there was shared thinking through open discussion and debate.

Our approach demonstrated that working with community-based researchers and employing noho wānanga, individual interviews and community disseminations are effective kaupapa Māori methods (Muru-Lanning et al., 2018; Smith, 2012). The recruitment process brought together kaumātua in sufficient numbers for the study and as a research model may be useful in larger and more comprehensive studies on ageing.

Preliminary qualitative data, analysing how older Māori conceptualize hauora and the kaumātua role within two geographical and tribally specific areas, indicate that kaumātua have a *well-being* approach to health, involving traditional practices and Western medicine. Health is of course a vital component of well-being, and health measures are normally included in the measurement of well-being. Similar to other recent studies (Hikaka et al., 2020; C. Stephens et al., 2020), we found that our participants placed less emphasis on the physical aspects of health, and more on wairuatanga and the social aspects of well-being such as connections to place, whānau and hapū.

Findings from our study suggest that kaumātua prioritize their contributions to whānau and community, and that their obligations as kaumātua occupy their thoughts more than their own health issues. Consequently, kaumātua may be accepting of health conditions and other situations impacting adversely on their health. Kaumātua participants were aware of the importance of their contributions to their whānau and marae and to the cultural well-being of their communities. The prominence with which participants spoke of their mokopuna, and the desire to pass on their knowledge and experiences, was striking and resonates with other studies on intergenerational knowledge and care (W. J. W. Edwards, 2010; Tapera et al., 2017). The role of kaumātua in maintaining a Māori identity supported both kaumātua well-being and the vitality of their whānau and community. This also resonates with suggestions in the research literature that Māori worldviews prioritize aspects of well-being differently from non-Māori (W. Edwards et al., 2018; Kukutai, 2006; Lloyd, 2018).

However, changes in whānau structure and intergenerational care have significant implications for the health and well-being of kaumātua, as fewer younger people are present to provide the care that kaumātua may have traditionally enjoyed. The significance with which discussion around intergenerational relationships occurred throughout the course of the wānanga points to the need for a better understanding of intergenerational care and support mechanisms and to the need for collective responsibility for elder health via whānau, hapū, iwi, and health and social services. When asked about who supported their health decision-making, participants spoke primarily of making decisions either on their own or with their spouse. We noted that children living away from their rohe was common among participants, and that reliance on children and those

within the next generation was expressed less emphatically than reliance on each other through support networks at marae or through peer groups such as kāhui kaumātua (kaumātua groups) and kapa haka (Māori performance groups).

A key aim of the project was to investigate a method for describing the experiences of older Māori and what it means to age well. Describing the experiences of older Māori could provide a model for the future success of support structures by building an evidence base around those things that older Māori value. This study laid the groundwork for a fuller investigation into kaumātua experiences of ageing, health and well-being, by identifying the structures and discourses that support or inhibit kaumātua health and well-being. A sense of the need for whānau, hapū and iwi involvement, rather than individual responsibility for the health of kaumātua, congruent with Māori health philosophies, also emerged as an area for further investigation. Understanding kaumātua, whānau, iwi and health services discourse on responsibility for kaumātua health is highly likely to support the development and delivery of a more collaborative and cohesive health service. Examining the kaumātua role and associated activities in relation to their marae has significant potential, we believe, for understanding kaumātua health and hauora.

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Glossary

Aotearoa	New Zealand
āwhina	support
hapū	kinship groups
hinengaro	mental health
hui	a meeting or gathering
hukatai	sea foam
iwi	tribe
kāhui kaumātua	kaumātua group
kaiako	teacher
kāinga	home
kāinga/whenua	home/land; a category used for NVivo coding in the study
kaitiaki	guardians
kapa haka	Māori performance group
karakia	prayer
karanga	welcoming call; arriving response call
kaumātua	older Māori men and women, can also refer only to older Māori men
kaumātuatanga	older age
kaupapa Māori	a Māori approach

kete	basket
kōhanga reo	Māori language preschool
kōrero	stories, discussions
kuia	older Māori woman
mana	authority, power
mana whenua	territorial rights
mātauranga Māori	Māori knowledge
mihi whakatau	introductory speeches
moana	sea
mokopuna	grandchild, grandchildren
noho wānanga	a method of knowledge sharing
poupou	pillars
rangatiratanga	autonomy and independence
rehutai	sea spray
rongoā	remedy, medicine
rohe	tribal boundaries
rōpū	group
takiwā	region
tangihanga	funeral rites
taonga	treasured possessions
taumata	speakers' bench; senior orators
te ao Māori	the Māori world
te reo Māori	the Māori language
te taiao	natural environments
tikanga	Māori processes and protocol
tinana	physical health
tuakana-teina	older-younger
tūpuna	ancestors, grandparents
waiata	song
wairua	the spirit and spiritual health
wairuatanga	concerns of the spirit, spirituality
wānanga kōrero	forum discussions
whakapapa	genealogy
whānau	family and extended family
whatumanawa	the healthy expression of emotion

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