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Māori Women, Health Care, and Contemporary Realities: A Critical Reflection

A thesis presented in partial fulfillment of the requirements
for the degree of Doctor of Philosophy (Health)
at Massey University, Wellington, New Zealand.

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2015

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Abstract

Māori women, health care and contemporary realities is a critical reflection on the context of my nursing practice, a Pākehā nurse employed by Kokiri Marae Health and Social Services (KMSS), Lower Hutt, Aotearoa New Zealand. In addressing the disparities Māori experience KMSS has the motto, “Committed to the holistic development of whānau, hapū, and iwi”. The research aimed to explore from the experiences of urban Māori women, influences on their health and health care engagement. Kawa Whakaruruhau, the critical nursing theory of cultural safety for Māori health care, informs a qualitative approach, a human rights perspective, with its categories of difference, power, and subjective assessment. In turn, whiteness theory, with its categories of white (and not so white) power and privilege, informs Kawa Whakaruruhau. The women’s stories were received in an unstructured interview method and analysed thematically. The historical, social, cultural, economic, political, racial and gendered factors contributing to Māori women’s health and health care engagement are presented as a geography of health, and as landscapes past, present and future. Landscapes past tell of the disruption of the whakapapa connections of land, language and health by the historical and ongoing processes of colonisation. Landscapes present tell of health care places and spaces that by their policies, cultures, structures, and health professional practice, network and connect to include or to exclude Māori women and their families. Landscapes future are envisioned by the women as they remember what is and has been, and then imagine for themselves and at times succeeding generations, what they require as Indigenous to be central to health care. The women imagine what they need to parent for their children to have a good life; they imagine a therapeutic landscape. (In)authentic identities are presented as chronicities of risk, inhabiting disease and poverty. The women expressed authentic mana wāhine identity uniquely and heterogeneously. Recommendations have been made for nursing practice, research site and research.

Acknowledgements

While the thesis expedition is relatively solitary, life of necessity is not, thankfully. Support of various kinds in the expeditions planning, undertaking and completion is mine to gratefully acknowledge.

Firstly, thank you to Kokiri Marae Health and Social Services (KMHSS), and to Kokiri Marae for your embrace of me, and to Teresea Olsen as KMHSS general manager for the broad opportunities I have had in being whānau there. I wish to acknowledge the trust I was given to not only be employed as a nurse, but then to take an issue of our combined practice to research to doctoral level. That is something quite different. My team colleagues were trustworthy in our work together and in this research process. I learnt much from them formally in our team hui and informally in our conversations, home visits, and clinic work together. I appreciated their comments, questions, and assistance in research planning, advertising, recruiting and reviewing processes. Their discretion ensured I never felt the process was compromised. Thank you to those who read various sections in their support of this study, and particularly, I record my gratitude to Cheryl Davies, manager of Tu Kotahi Māori Asthma. To Sharon Reid, my line manager and study organisation supervisor, I acknowledge my debt in my approach to the research through our discussions, and Sharon's challenges, insights and support. The insight I most attribute to Sharon is to remember the risk that someone may take what in good intent I have written and use it to further colonise Māori women.

I acknowledge those of my colleagues at Kokiri Marae Health and Social Services who have lost loved ones during the time I have been writing this thesis. I learned something of what it means to be part of a Māori community and that has informed my writing. Losses happen in all communities, to all families, to each of us, expected and unexpected. That is life and we are all mortals. With whānau it is the ages, and often preventable nature of deaths, the burdens of loss that (so wrongly!) appear part of being Māori in Aotearoa New Zealand today. So, too, is the tangi, and the courage I have known in my colleagues to continue to work for the time when Māori health will be as good as, or better than, the health of any other population group in Aotearoa as promised in Te Tiriti o Waitangi.

I have been privileged to experience at Massey University, Wellington, the expertise, knowledge, encouragement, humour, and patience of my supervisors, Professor Annette Huntington, principle supervisor, and Associate Professor Jean Gilmour, with Dr Lis Ellison-Loschman's expert contribution at significant stages. Professor Denise Wilson was an external advisor (Māori) earlier in the project, and also contributed significantly to my previous

postgraduate nursing learning, as did Professor Jenny Carryer, Dr Suzanne Phibbs, and Dr Jill Wilkinson. Ngā mihi nui.

As a distance student, I salute Massey University Library and its Distance Service for its systems, resources, and helpful, pleasant, and expert staff. The thump heralding the delivery of a red and yellow parcel at my back door has been a privileged part of my life for a number of years of university study, so I record my gratitude to the courier service.

I respectfully acknowledge the receipt of ethics approval from the Health and Disability Central Regional Ethics Committee for the initial study and for its doctoral level extension (Appendix 1 & 2).

Over the years of postgraduate study I have been encouraged with my study by the following grants and awards:

2007 New Zealand Federation of Graduate Women Manawatu Branch

2008 Hauora Māori, Ministry of Health

2009 Hauora Māori, Ministry of Health

Massey University Graduate Nurses' Fund

Nursing Development Unit, Hutt Valley District Health Board (for New Zealand Nurses Organisation Nurses Research Conference presentation)

2010 New Zealand Nurses Organisation NERF (Greta & Harry Hamblin Trust Research)

2011 International Nurses Day Excellence Awards, Hutt Valley District Health Board

2011/12 Kokiri Marae Health & Social Services

2012 Wellington Nurses' Education Trust Grant, New Zealand Nurses Organisation

2013 Manu Tipuranga Scholarship, Hutt Valley District Health Board.

I acknowledge good friends who have supported us in my journey. I especially pay tribute to dear long-time friends, confidantes, and mentors, Alison and Roger Crawshaw. It mattered to me deeply when telling Alison of the possibility of this project that Alison animatedly encouraged: 'Go on, do it'. They have both, sadly, passed on before its completion.

I acknowledge the gift from my parents, Esther and (the late) Robert Mossop, of early friendships with Māori in the Central King Country whom I knew as aunts and uncles; and much more. The significance of experiencing nurture by Māori in my early formative years informs my very essence, my life perspectives and ideals of a just and fair society for Māori and Tāiwi in Aotearoa New Zealand. Anything else makes no sense. I salute the whānau and the

memory of the ‘aunties’ about whom I begin this project, and the positive relationships of that time and place.

Family life and university study have cohabitated for years shaping each other. To Benjamin, Chloe, Abigail and Keturah, I have benefited richly from your love and support in my life. Your communications via various modes from both near and far and diverse places have connected our worlds of ideas and notions of justice and kept our hearts listening and talking. Sharing academic journeys across the Tasman has been an unanticipated bounty, Chloe. Thank you Tim, I’ve appreciated your calm technical assistance. To John Parton with whom I have lovingly shared more years than not, thank you for your unwavering love and care, encouragement, and support. You never doubted.

I offer deep gratitude to Angel, Ani, Anne, Aroha, Dolores, Fran, H, Louise, Makere, Marie, Mary, Pam, Patricia, Shar, and Tairua (self-chosen participant names) for your trust and support with my learning. I will always be grateful to you as wāhine Māori for gifting me stories that were both your own experiences and knowledges, and those of precious whānau. I hold your taonga with the utmost respect. You gave me so much more than I could ever present. My hope is that together we have produced something to encourage the good and to promote change where disadvantage for Māori women and their whānau persist. Ngā mihi nui ki a koutou.

Finally, from my heart and with love, I remember Yvonne.

Table of Contents

Abstract	iii
Acknowledgements	iv
Chapter One: Introduction	1
‘Spots of time’.....	1
<i>Thesis conventions</i>	3
Background	4
<i>Māori and European explorers and bicultural beginnings</i>	4
<i>Whakapapa and the organisation of Māori social life</i>	5
<i>Population</i>	6
<i>Health disparities between Māori and Tauwiwi</i>	7
<i>Socioeconomic disparities between Māori and Tauwiwi</i>	7
<i>Health as a human right</i>	9
Research site: Kokiri Marae Health and Social Services.....	10
<i>Mana Wahine</i>	12
<i>Mana Wahine Inc. and women’s health in Aotearoa New Zealand</i>	13
<i>Kaupapa Hauora Māori service</i>	14
Research aim	14
Methodology and theoretical perspectives.....	15
<i>Cultural safety/Kawa Whakaruruhau</i>	16
Structure/overview of thesis.....	18
<i>Literature Review</i>	18
<i>Mapping the theoretical terrain</i>	19
<i>Methodology</i>	19
<i>Findings</i>	19
<i>Discussion, conclusions, and recommendations</i>	20
Summary	20
Chapter Two: Literature Review	22
The association of health care engagement with health outcomes	23
<i>Maternal health</i>	23
<i>Non-communicable disease: Cancers</i>	26
<i>Non-communicable disease: Co/multi conditions</i>	30
Health care engagement terms	32
<i>Compliance</i>	33
<i>Adherence</i>	34
<i>Concordance</i>	34
<i>Measurement</i>	36
<i>Ethical considerations</i>	37
Influences on health and health care engagement.....	39
<i>Factors affecting health care engagement</i>	39
<i>Ethnicity</i>	40
<i>Health care system</i>	41
<i>Ethnicity counting</i>	45
Summary	45
Chapter Three: Mapping the Theoretical Terrain	47
Geography of health.....	47
<i>Whakapapa and metaphor</i>	49
<i>Whakapapa as bodily remembering and cultural memory</i>	50
<i>Marginality</i>	52
<i>The geographies of women’s health</i>	53
<i>Therapeutic landscapes</i>	53

Location and positioning of myself as Pākehā, nurse/researcher	54
<i>Representation</i>	54
<i>Whiteness and privilege</i>	56
<i>Imperialism and colonialism</i>	56
<i>One nation and becoming a native</i>	58
<i>White racial dualism and white guilt</i>	59
<i>Divesting white privilege</i>	60
Location and positioning of Māori women.....	62
<i>Colonialisms and Indigenous existentialism</i>	62
<i>Re-presentation of Māori women</i>	64
<i>Tradition: Cosmogony and whakapapa</i>	64
<i>Effects of colonisation on identity-making</i>	65
<i>Māori as Pacific</i>	67
<i>Māori identity: Authenticity versus (in)authenticity</i>	67
Concluding the mapping	68
Chapter Four: Methodology	70
Choice of methodology	70
Method congruent with qualitative enquiry	74
<i>Recruiting participants</i>	75
<i>Unstructured interviews</i>	75
<i>Thematic analysis</i>	78
<i>Critical reflection</i>	78
<i>Mind mapping example from Shar’s stories</i>	80
<i>Mind mapping example from Pam’s stories</i>	82
<i>Reflexivity</i>	83
<i>Defense of location</i>	85
Strengths and weakness of methodology and method	87
Ethics.....	88
Research rigour	92
Conclusion	93
Chapter Five: Generational influences and landscape:.....	94
A whakapapa of health	94
Interwoven whakapapa: Land, language, health.....	94
<i>Embodiment of historical trauma</i>	95
<i>Land, identity and health</i>	99
<i>Rituals as resistances, identity and health</i>	102
<i>Language and health</i>	104
<i>Preparing growing bodies: “I was never learnt any of that”</i>	106
Whakapapa connections and disruptions: Effects of enduring risk and illness	110
<i>“I get worried I might get... something”</i>	110
<i>Embodiment of illness: “My diabetes”</i>	113
Chapter Six: Contested landscapes: Space, place, networks and connections.....	116
Power relations and spatiality	116
<i>Issues of power and poverty</i>	117
<i>Systemic exclusions: “I never had any of that support, never”</i>	122
<i>Spatiality and time: “She didn’t have time...”</i>	125
Body as geography, body in geography.....	127
<i>Gendered body and place</i>	128
<i>Abusive space: “It’ll never leave you, aye”</i>	131
Conclusion	135
Chapter Seven: Therapeutic landscapes: Remembering and imagining an ideal	137
Renegotiating place: From ‘other’ to centre in health services	137

<i>Contours of encounter</i>	138
<i>The listening of encounter</i>	140
<i>Private messages, public spaces: Information focused and appropriate</i>	142
<i>Consumer rights: Structures for agency</i>	144
<i>Healing environments</i>	146
Remembering and imagining: Mapping the future	147
<i>Self-care: "...a mindset"</i>	147
<i>Remembering and imagining: "For my kids"</i>	150
<i>Bodies as landscape: "I'd be interested in learning about ... both bodies"</i>	153
Conclusion	157
Chapter Eight: Discussion	158
Identity: Interpreted authenticities and (in)authenticities	158
<i>Whakapapa connections: Place and place-making</i>	159
<i>Whakapapa disruptions: Heterogeneity as authenticity</i>	159
<i>Language, identity, and generational knowledges</i>	160
(In)authentic identities of chronicity.....	162
<i>Chronicity of risk: An (in)authentic identity</i>	164
<i>Chronicity and inhabiting disease: An (in)authentic identity</i>	166
<i>Chronicity of poverty: Place and (in)authentic identity</i>	168
<i>Power relations and spatiality</i>	171
Kawa Whakaruruhau: Cultural safety in Māori health	174
Authentic identity: Remembering and imagining.....	177
<i>Authentic identity and health care services</i>	178
<i>Authentic identity: Mana Wahine</i>	179
<i>Authentic identity: Supported and informed to parent</i>	179
Limitations	181
Conclusions	181
Chapter Nine: Conclusion	183
Chapter Ten: Recommendations	189
<i>1. Research: Self-reflection tool</i>	189
<i>2. Research: Culturally appropriate health literacy assessment tool for Māori women</i>	189
<i>3. Identified whānau mapping and support intervention</i>	189
<i>4. Culturally safe, self-medication tool for whānau and health team</i>	190
<i>5. Research: Antenatal preparation for Māori women and their whānau</i>	190
<i>6. Strengthening health literacy for Māori women</i>	190
<i>7. Supporting Māori parents</i>	191
Glossary	192
Appendix	195
Reference	203

