



## Literature Review

# UNDERSTANDING MĀORI AND AGEING – A LITERATURE REVIEW

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### **Abstract**

The literature review considers research on ageing Māori in Aotearoa and in particular ageing urban Māori. Despite a shorter life expectancy than non-Māori, Māori are living longer, prompting the need to consider research and research gaps in the area of older Māori and their experiences. Specific research reviewed looks at the role of culture, language and kaumātua wellness; studies which consider kaupapa Māori, “ageing in place” and the importance of whānau. The review concludes that there has been little research specifically on the experiences, health and needs of urban Māori, or of available services and whether they meet highlighted needs.

**Key words:** ageing, kaumātua, urban, indigenous, older Māori, kaupapa Māori, whānau, intergenerational

## Introduction

Despite the effects colonialism in Aotearoa has had on Māori, including displacement of Māori from traditional lands and disruptions of *whānau's* abilities to share traditional knowledge and culture with one another, *kaumātua* and older Māori are generally highly valued by Māori for their roles in preserving and passing down traditional knowledge, nurturing younger generations, and their formal and informal leadership roles in their *whānau*. *Manaakitanga* for *kaumātua* has an impact on society as a whole as culturally, spiritually and physically-well *kaumātua* can ensure cultural identity and traditions are maintained and *whānau* are cared for.

Both the Māori and non-Māori ageing population in New Zealand are growing, meaning *manaakitanga* for *kaumātua* is of utmost importance. The Māori population is also increasingly urbanised, meaning specific attention to the needs of urban older Māori will have to be made. The aim of this literature review is to examine what research currently exists on the experiences of older Māori, and specifically, where possible, older urban Māori; to identify gaps in the literature and areas of further research; and to begin to understand what real *manaakitanga* for *kaumātua* will entail.

## Methodology

Key terms were searched using health science, social science and Indigenous studies databases including PubMed, Science Direct, Sage Journals Online, Sage Knowledge, Indigenous Studies Portal, Alternative Press Index and Proquest. Google Scholar was also utilised for more general searches. Published articles found using these databases were then examined for key references and/or authors on the subject to be included in the literature review.

The following are the key search terms that were utilised: Māori AND ageing, Māori Elders, Older Māori, urban AND Māori AND ageing, Indigenous AND ageing, urban AND Indigenous AND ageing, *kaumātua* and Indigenous Elders.

The articles included in this literature review were all reviewed, synthesised and organised into key themes. The articles included are primarily peer-reviewed journal articles and dissertations. Some grey literature such as reports from reputable organisations has been included as well.

## Context

Much of the literature focuses on the presentation of currently available information on the circumstances of ageing Māori. Māori have a shorter life expectancy than non-Māori, with most passing away between the ages of 65 and 79 years compared to most non-Māori who pass away in the over-80-years' age group (NDHB, 2008, p.47; Edwards, 2010, p.21). Therefore, the argument has been made that earlier death and earlier onset of diseases evidence the need for planning and funding for the health of older Māori to take place at an earlier age (NDHB, 2008, p.47).

In the 65-and-older Māori age group, the leading causes of death in order are: heart disease and stroke, cancer, respiratory diseases, diabetes and digestive diseases (Edwards, 2010, p. 19–21). Older Māori are also more likely than non-Māori to be of lower socioeconomic status (Wham et al., 2015).

The impact of colonialism and colonial policies have negatively affected the health and wellbeing of Māori. Health disparities are experienced by Māori across the life course and are intergenerational in nature (p. 63). Older Māori have unique life experiences including living through assimilatory policies, such as being punished for speaking *te reo Māori* (p. 64). Further, living through various periods of colonial contact has included exposure to a “highly infectious environment into which the current older Māori population was born and lived their formative lives” which has contributed in part to “the current health inequalities in trends and levels of older Māori mortality” (Yan & Crimmins, 2014, p. 68). Indeed, older Māori are in a unique position where a “lifetime of disparities” has often been experienced and impacted wellbeing in older age (Teh et al., 2014, p. 25).

Despite this, and in accordance with national trends on ageing, Māori are living longer than in previous years. Indeed, there was a 50% increase in the population over 80 years old in 2012 compared to 2002, and a projected increase from 0.7% of the Māori population to 1.3% in 2026 (Dyall et al., 2014, p. 63; Teh et al., 2014, p.13). By 2026, Māori will make up 9.5% of older people in New Zealand (Wham et al., 2015). Thus, there is a need to explore the needs and experiences of older Māori, particularly ageing urban Māori.

## Culture, Language and Kaumātua Wellness

Much focus has been placed on understanding the causes and the extent of health and wellbeing disparities in the literature on ageing Māori (Wham et al, 2015; Yon & Crimmins, 2014). A key study in both Māori and non-Māori ageing, with a focus on Māori aged 80–90 years old, is the Living Life in Advanced Age: A Cohort Study in New Zealand (LiLACS NZ), which is the first cohort study to examine in detail the wellbeing of older Māori.

Dyall et al. (2014) use the data collected in LiLACS NZ to provide an examination of cultural, social and economic determinants of the health of older Māori. It is widely known that Māori culture is important for Māori health, but to what extent it affects quality of life of older Māori was unknown prior to this study (p. 64). They found that engagement with language and culture was associated with a higher quality of life for older Māori, whereas experiences of discrimination and having unmet social needs was related to a lower quality of life.

Cultural engagement was measured in this study through questions (developed through discussion groups with older Māori prior to the commencement of the study), which covered topics such as the importance of *iwī*, *hapū*, *tikanga*, contact with marae, use of te reo Māori and fluency in te reo Māori (p. 65). Kerse et al. (2015) reiterates the importance the researchers of LiLACS NZ placed on understanding the cultural, social and economic factors affecting the wellbeing of ageing Māori. The authors highlight the overemphasis in previous studies on bio-medical factors affecting ageing and sought to remedy it in their work.

Further demonstrating the scale of LiLACS NZ, Teh et al. (2014) specifically looks at health behaviours and conditions as well as self-rated health status of older Māori (p.14). The authors found that Māori and non-Māori both self-rated their health highly, but there were differences by ethnicity in health conditions and health behaviours (p. 23). Despite these differences, the authors argue that high self-reported health among older Māori demonstrates resiliency among this demographic (p. 25). These findings confirm the importance of experiences of discrimination and the impact of colonialism discussed in Dyall et al. (2014) and delve into the need to understand culturally specific health interventions and health promotion such as outlined in Bay et al. (2015).

Another study on the mental health of kaumātua found that the most effective strategies for maintaining wellness was use of language and culture (McNiell, 2005, p.21). The results are based on the older Māori of Tuhoe, a region known for strong use of te reo Māori and observance of Māori traditions (p. 9). He emphasises the importance of having a regionally specific understanding of ageing Māori and the need to avoid homogenising the experiences of older Māori, evidencing the need to understand, for example, the distinctive experiences of older Māori of West Auckland (p. 19).

## **Kaupapa Māori in Ageing Research**

An important consideration throughout the literature on older Māori populations is *kaupapa Māori* research. Acknowledging the historically colonial and extractive nature of research in Indigenous communities has been an important consideration for many authors conducting research with older Māori. Indeed, Braun et al. (2014) draws on research carried out with Indigenous peoples in New Zealand, Australia, Canada, the United States and Hawaii to highlight the history of research on and with Indigenous elders and the movement towards decolonising methodologies. They argue that while there is a need for more research on the needs, experiences and aspirations of Indigenous elders, it is important to consider how this research should be done and who should do it in order to avoid reproducing the colonial history of research with Indigenous elders.

Braun et al. argue that researchers working with older Indigenous people should work from perspectives that “question the idea that there is one truth and challenge the Euro-American ethnocentricity of positivist paradigms” (para 38). This can be achieved, they argue, through strengths-based, Indigenous community-driven and controlled research that moves away from describing disparities without improving conditions for Indigenous elders (para 38).

While Braun et al. (2014) primarily examine qualitative research, Kepa et al. (2014) explores issues with bilingualism and biculturalism in quantitative ageing research in New Zealand through critical analysis of the Māori translation procedures utilised in the LiLACS NZ study on ageing in New Zealand (p. 278). For LiLACS NZ, it was essential for protecting the main principles of conduct in Māori research and ensuring that the elderly Māori targeted for this study could fully understand it (p. 280). The LiLACS NZ study utilised Māori language used by older Māori participants, rather than contemporary Māori that utilises English structures, for the elders to be more likely to understand and benefit from the study. The results from this study concluded that 52% of the respondents indicated that they utilised te reo Māori on a daily basis and the authors argue that te reo should always be an option for Māori participating in research. It is argued that the use of Indigenous languages in research helps to further Indigenous rights and perspectives (Braun et al., 2014; Kepa et al., 2014).

Another examination of how kaupapa Māori was utilised in the aforementioned LiLACS NZ cohort study is presented by Dyllal et al. (2013a) who, agreeing with Braun et al. (2014), discusses how engaging Indigenous peoples in ageing research is essential, but that research language, methods and history can be alienating for these populations (p. 125). While older people are generally eager to engage in research, those who are marginalised often do not, making them less likely to benefit from the findings or resultant changes to policy (p.125). This paper discusses efforts used to recruit older Māori participants. Emphasis on specific efforts and techniques to recruit older Māori was also highlighted in an earlier mixed-methods study on older Māori (Waldon, 2004). Both Waldon (2004) and Dyllal et al. (2013b) highlight specific steps that have been taken to include older Māori in research on ageing.

A third publication exploring kaupapa Māori in the LiLACS NZ cohort study (Dyllal et al. 2013b) discusses how the research relationship between Māori communities and the research team was developed during a feasibility study preceding the cohort study, highlighting the importance of being responsive as researchers to the collaborating Māori organisations and the guidance group and the importance of trust, collaboration, shared research purpose and shared understanding of the benefits of the study.

Finally, Kepa (2006) provides a framework for how kaupapa Māori elderly care might be carried out in a predominately non-Māori society that emphasises the nuclear family over Māori conceptions of whānau (p.121). The author argues that the focus on the “right services” for older Māori misses “more important grounds for improving elderly care of Māori, by Māori” such as power relations reproduced by health agencies and the deficit view of Māori consciously or unconsciously held by health professionals (p.121). The author argues for elderly Māori care that is constituted in relationships and cultural context, rather than care that only prioritised material needs of older Māori (p.122). Kepa (2006) reiterates the need to move beyond deficit thinking, presented in Braun et al. (2014), and instead, to respect and utilise lived realities and valuable perspectives of older Māori in elderly care (p. 121).

## Whānau

The importance of whānau for older Māori is consistently highlighted throughout the literature. While older non-Māori New Zealanders might consider withdrawing from public responsibility in older age, Māori must often consider accepting roles expected of them by their communities. Despite the impacts of colonialism, Māori generally retain a positive view of ageing and elderly people; older people are afforded social status as well as responsibilities in their whānau and community (Durie, 1999, para 1). Indeed, older Māori play a “critical role for the survival of tribal mana” (para 5). For Māori, this role can include being a kaumātua, a position of cultural and spiritual leadership that does not necessarily correspond to a specific chronological age. While individuals are able to choose whether and to what extent they fulfill a kaumātua role, Durie (1999) argues that older Māori may feel they have little choice due to genealogy, cultural knowledge, knowledge of te reo Māori, proximity to a marae and whānau obligations. Furthermore, for some older Māori, disconnection from culture and language due to the legacy of colonialism may mean some older Māori are uncomfortable assuming kaumātua responsibilities.

Durie (1999) predicted contemporary concerns experienced by kaumātua outlined in Edwards (2010). Firstly, the author discusses the expectations placed on older Māori by their community as well as the expectations older Māori place on their own generation, some participants being concerned that others are not doing enough (p. 223). Further, low numbers of older Māori fulfilling these roles has led to a sense of increased demand placed on those that are fulfilling kaumātua roles. Edwards (2010) reiterates Durie’s (1999) concerns that older Māori often have greater demands placed on their time and skillsets than older non-Māori people. Another study that included 45 older Māori participants found similarly that the idea of retirement as “disengagement” was non-existent as participants were all engaged with supporting whānau, the wider community or engaged in paid labour (Dyall, Kerse, Hayman & Keeling, 2011).

Moreover, older Māori provide leadership, guidance and intergenerational knowledge to their whānau, with participants emphasising providing these to their grandchildren (Edwards, 2010, p. 227–232). It is evident from the literature that older Māori place significance on their role as grandparents and great-grandparents. Butcher & Breheny (2016) discuss how participants measure their own success in life through the accomplishments and happiness of their grandchildren and Edwards (2010) too, found that participants felt personal satisfaction as a result of whānau achievement (Butcher & Breheny, p.53; Edwards, p.269). Further, older Māori discuss the intergenerational importance of maintaining connections to whānau to ensure future connection to land (p.53). Wright (2009) presents one older Māori participant’s experience as a grandmother and what that means for Māori specifically. The participant discusses how she draws on past knowledge, things she learned informally throughout her life through being on marae and through interacting with her own elders.

In addition to the traditional and cultural importance of the relationship between Māori grandparents and grandchildren, older Māori people are more likely than non-Māori to care for their grandchildren. In the urban Auckland context, this can be due to socioeconomic conditions, changing family structures and access to childcare (Tapera et al., 2017, p. 1091). Davey & Smith (2016) also found that traditional relationships between grandchildren and grandparents, while remaining valuable, have been impacted by factors such as urbanisation and changes in co-residence patterns.

While social interaction and concerns around loneliness are prominent in ageing research generally, for older Māori respondents, time with whānau was viewed as something separate from socialising, and “more fundamental”, natural, and “intertwined with daily life” (Butcher & Breheny, p. 53). The importance of intergenerational relationships, both “remembered and anticipated into the future” was also highlighted, and older Māori viewed their role as “strengthening links between past and future generations” (p.53). Time with whānau is also linked to relationships with whānau land. Land was described as connecting respondents and their whānau to their ancestors as well as to each other and serves as a site where collective identity is derived (p. 54).

### **Ageing in Place**

“Ageing in place” is a policy in elder care that encourages people to remain in their homes and communities, where it is believed to be preferred by the people themselves and to cost less than institutional care (Wiles et al., 2009, p. 664). However, conceptions of place may be different for Māori and must be considered. Williams (2012) demonstrates some of these differing conceptions through an examination of older Māori and their experiences of ageing positively in both traditional and non-traditional places (p. 13). The author argues that in a Māori worldview, land has a life-force and therefore it also has “whakapapa (geneology), whānaungatanga (relationships), wairuatanga (spirituality), turangawaewae (place to stand) and ahi kaa (obligations to keep the home fires burning)” (p. 29). Māori have a physical, emotional, historical and spiritual relationship to land (p. 29). Participants who aged in their traditional lands “felt a great sense of attachment to the ancestral landscape” and felt that they maintained their traditional territories for others, such as children and grandchildren, to return to (p. 71). In turn, the ability of whānau to return to these lands produced improved relationships, which also “shape the physical place to call home” (p. 71).



Williams also discusses how concepts of place and home are often multiple for Māori. That is, it can include ancestral lands as well as places where people move to (p.28-29). Throughout this work, attention is paid to the experiences of urban Māori and impacts of urbanisation on positive ageing in place. The author provides a detailed account of the impacts of colonisation and urbanisation, such as disconnection from traditional territories and disruption of traditional practices (p. 6-7). Williams concludes that ageing in place of choice for Māori includes “understanding history of colonisation, urbanization, experiences, relationships and spiritual connectedness to human and non-human entities” rather than just physical place (p. 77).

Further, Kepa, Wiles & Wild (2011) address the research question of “what is the ideal place to grow old” for older Māori interviewed in two communities, including Auckland. They found that there is indeed a need to understand ageing in place as more than solely the physical housing (p. 2). Further, they argue that policy should address inequities in housing access, ensure older Māori have choices, recognise that older people have unique skills and insights and recognise Māori self-determination. The authors caution against understanding the elderly population in New Zealand as a homogenous group.

Other authors do emphasise the need for appropriate physical housing for older Māori that takes into account trends of urban Māori moving back home in old age and older Māori who move from rural areas to be closer to healthcare services and whānau in urban areas (Nikora et al., 2004). Davey et al. (2004) outlines a model for accommodation for older Māori and whānau (p. 153). The essential elements included kaumātua space where older people live and interact with one another, place for whānau to visit/live near this space, access to a health clinic and marae area where older people can choose to be involved (p.154).

Moreover, Māori experience more years with disability than non-Māori (Nikora et al., 2004). Moreover, Nikora et al. (2004) highlights the urban-rural differences experienced by Māori with disabilities, which can also be useful for understanding the experiences of ageing Māori generally. They found that urban Māori have more access to a greater range of services, while rural Māori with disabilities tended to have more support from their community. Wilson & Collins (2008) found, through hui with Māori using disability support, that kaumātua housing which includes “living situations with varying levels of dependence” that are marae-based was a priority. As multiple authors have discussed, Māori whānau are more likely to be involved in informal, unpaid caregiving for their elderly whānau and whānau with disabilities and chronic illnesses (Dale, 2016; Collins & Wilson, 2008; Nikora et al., 2004).

## Gaps in the Literature

Throughout this examination of the literature on ageing Māori, there has been little research specifically on the experiences, health and needs of urban Māori. The phenomenon of rural older Māori moving into cities for access to social services, as well as urban older Māori moving “back home” to their ancestral territories in their retirement, should also be considered. The way Māori, including urban Māori, have differing understandings of home, place, retirement and whānau to non-Māori should be explored further. In addition, there has been no research into the experiences of ageing Māori in West Auckland, despite the high proportion of urban Māori living in this area. Understandings of regionally distinctive needs of kaumātua could prevent the tendency of some researchers to homogenise the Māori population that some authors in this review have cautioned against (McNiell, 2005; Kepa, Wiles, Wild, 2011).

Additionally, there is little attention in the literature paid to what services are currently available specifically for older Māori and whether current services are successfully meeting their needs. Further exploration into the specific services and development of services that begin to address these current needs of kaumātua highlighted in the literature will be needed.

## Conclusion

This literature review was conducted in order to understand what research currently exists on the experience of ageing Māori. The main themes that emerged included a context of wide-ranging health disparities experienced by kaumātua; the importance of language and culture to kaumātua wellbeing; the importance of kaupapa Māori in ageing research; and Māori conceptions of ageing in place. The concept of manaakitanga, as it applies to Māori and ageing is visible throughout the literature that highlights that approaches to support elderly Māori need to be holistic, and steeped in tikanga Māori.

Presently, there is insufficient current research about kaumātua ageing and the resources that are available specifically for them. Further research should consider the localised needs of kaumātua which could allow for a more detailed examination of the needs and experiences of urban Māori specifically. More research on localised needs would, in turn, allow researchers to examine to what extent kaumātua needs are being met and how to improve understanding of the needs and experiences of this growing population. Steps made toward filling this gap in knowledge on the ageing Māori population would also be instrumental in furthering ageing research nationally and internationally. It would also be useful for future research undertaken with international ageing Indigenous populations to use as a comparison globally to share in lessons learned.

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