

# MĀORI KUIA IN AOTEAROA/NEW ZEALAND; PERCEPTIONS OF MARAE AND HOW MARAE AFFECTS THEIR HEALTH

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## ABSTRACT

This article reports and discusses the perceptions that *kuia* (older Māori female or grandmother) have of their health and, how their connections to *marae* (place and space, often consisting of a collection of buildings and in many instances considered to be the physical embodiment of ancestors) influence these perceptions. The research was undertaken and driven by a group of Māori communities through their individual *marae* (6) and *hapū* (sub-tribe/extended family), and provides the data source for this paper. The study involved quantitative (survey) and qualitative (focus groups) methods with data collected from over 350 Māori participants; half of these were Māori women. Information and data relating to *kuia* have been extracted from the quantitative survey and their views and perspectives from a focus group session are discussed in this paper. Drawing from these two sources not only confirmed what earlier research and literature asserted – that *kuia* have significant influence in their *whānau* (family/extended family), *hapū* (sub-tribe/extended family) and *iwi* (tribe/people) – it showed that *kuia* particularly endorse the idea of *marae* “place and space” being living, breathing, entities, and the focal point of the community; being a location for the provision of health services would be an extension of this. Having health services provided on the *marae* along with other activities is likely to have positive effects and bring *whānau* back to the *marae*.

**Key words:** Māori, Aotearoa, *marae*, *kuia*, health, space, place

## RESEARCH CONTRIBUTIONS FROM WHĀNAU AND HAPŪ

In 2005, Dr Gillies obtained funding from the Health Research Council of New Zealand, on behalf of *Ngā Kairauhii* Inc. a Māori health provider representing six affiliated *marae* in the *Heretaunga* (Hastings) region. The research project was designed and implemented by *whānau* researchers. Our involvement has been in an advisory capacity both as members of the *whānau* and as researchers. A report was written and findings were reported back to *whānau* at a *hui* at *Waimarama marae*. *Ngā Kairauhii* are currently looking at pathways for implementation alongside the nationwide *Whānau Ora* strategy.



## INTRODUCTION

This paper presents *kuia* Māori voices in relation to *marae* as a place and space, a venue or space where Māori woman can give expression to health and wellbeing through their connection to their environment. In this paper their named environment is the *marae* and includes the streams and rivers, mountains and bush; that not only physically weave in and out of the boundaries of various *marae* environs, but also weave spiritual and mental bonds to places and spaces. For Indigenous peoples of Aotearoa New Zealand these mind and body connections and reconnections are manifest in *whānau*, *hapū*, and *iwi* groupings – the genealogical ties between the land and the people are interrelated and linked.

Information and data relating to *kuia* have been extracted from both the quantitative survey and a focus group session and form the basis of this paper. In particular, the focus group sessions with these *kuia*

\* Annemarie and Shirley would like to acknowledge the *kuia* who participated in this research, they gave their time, knowledge and humour to help us further our understanding of the impact of *marae* on their lives. *Ngā mihi ki a koutou katoa.*

are discussed with supporting analysis and presentation of findings from the survey (Gillies and Barnett, 2010). From this type of analysis and engagement with these women it became evident that *kuia* favour the idea of *marae* being used as living, breathing, entities, and the focal point of the community. Each of the *kuia* in the focus group had grown up on or around their *marae* with grandparents and great grandparents and therefore they were exposed to the range of Māori cultural contexts, lore, and language as children. They talked about the great orators—both men and women that they either saw or heard their *tipuna* (ancestors) speak of; also who carried out what roles on the *marae* and why. Grandparents were always there to *whangai* (feed) the children—not just physical sustenance but sustenance of the mind and spirit—they were the teachers, they ensured the children were looked after and nourished. *Kuia* maintain the *marae* was and continues to be the place with the physical elements/objects defined (as in buildings), and a space where cultural, spiritual, social, and physical wellbeing flourishes.

It is generally understood that different ideas and perspectives of place and space guide collaborative and integrative social (Hornecker, n.d), and cultural interactions between the physical and metaphysical (Tomlins-Jahnke, 2002). Place describes the world of human experience and space the humanistic, often abstract, thinking strengthened, as Kearns and Alun (1993) suggest, by infusions of social theory. Indigenous views and perspectives see these two variables as interrelated, interconnected, and real. The *marae* is both a place and space—a place that is spatially, geographically, and contextually focused rather than abstract (Deloria in Brooks, 2008). The past, the present, and the future are in the space and place, linking the physical and metaphysical in a time continuum. Tomlins-Jahnke (2002) pursues the idea of “home-place” as the “locale of being” and, intrinsic to this, the differing contexts (e.g., identity, colonization, cultural, tribal) within which Māori and other Indigenous groups share distinct commonalities in both human experience and philosophical thought. The women in this study have lived experiences that reflect the notions of both “home-place” and “locale of being.”

In this paper we focus on the experiences of *kuia* and their interpretation/thoughts about those experiences of growing up in fairly close proximity to their *marae* and with *tipuna* at their sides. *Marae* environs were explored not just as a positive and familiar cultural place and space for Māori but as a space and place where the level of interaction with and connections to *marae* environs stimulate notions and practices of positive healthy behaviours, habits, and perceptions about health. Even though the health of Māori women was not the sole focus of the research it became clear that to Māori women notions of health and wellbeing are not just confined to the physical or focused on illness but include the social, spiritual, mental, and physical elements embodied in place and space. Given these women are likely to be considered the holders of or the main repositories of *whānau* knowledge, (*whakapapa*, genealogy), culture, *matauranga Māori* (Māori knowledge about the environment, land, people and places, education), *te reo me ōna tikanga* (refers to those who are competent and comfortable with the Māori language) their perceptions of health are likely to have an influence on the health of their *whānau*. For many women, their involvement, participation, and connection to *marae* does influence how they perceive their own health and that of others in their *whānau* and *hapū*.

A unique feature of this particular piece of research is the leadership and drive provided by several Māori communities through their individual *marae* and *hapū*. This included Māori community engagement in relatively unfamiliar roles in terms of the research process, such as research proposal writing, recruitment and selection of participants, selection of methods, data collection, collation, analysis and report writing. While these communities received guidance and training in undertaking research interviews and focus groups, and brought in expertise for short periods, they undertook quantitative (survey) and qualitative (focus groups) data collection from over 350 Māori participants. Over half of the participants were Māori women of different age groups. Data/information relating to *kuia* have been extracted from both sources to inform this paper. The survey results highlighted themes,

current status and issues that were explored further in the focus groups. There was one focus group session that engaged a number of *kuia* in conversations with each other and the researchers about a range of issues, and we have, in their words, woven a succinct strand to ensure their stories emerge in their own voice rather than ours. To provide some background, a conscious effort to elucidate thinking, and clarification around *marae* — what they are — and previous research about Māori women's health is outlined below.



## BACKGROUND

The development of *marae* has followed an established pattern whereby a *whare*, *wharenuī*, *wharepuni*, *whare tipuna* (meeting house or home at a *marae*) is central to an arrangement of family units and other buildings constituting *marae*. The meeting house is the personification of an ancestor and the pride of the village and was also often a gauge of a chief's *mana* (power or authority) — giving an atmosphere “that nothing else can equal” (Buck, 1950, p. 374). The meeting house is usually built first then the complement of other supporting buildings form around it. In recent cultural development (19th century onwards) the meeting house and the *marae* “became complementary to each other and one could not function adequately without the other” (Buck, 1950, p. 374). Combined, they serve the various social needs of Māori communities. Given the human element *marae* are not just a set of buildings — the *marae* “also embraces a human and spiritual dimension and has come to symbolize the essence of M[ā]ori health aspirations” (Ngata and Pomare, 1992, pp. 45–46).

A ground breaking piece of research on the health of Māori women — *Rapuora 1* — was undertaken in 1982–1984 by the Māori Women's Welfare League and published in 1984. The research involved face to face surveys with 1100 Māori women (Murchie, 1984) with interviews carried out by Māori women. The findings from the 1984 study contributed to major changes in Aotearoa in increased health and social support services for Māori women and in new policy development. It was found in the study that women who had no strong tribal links or no involvement in

Māori activities faced higher health and social risks (Binney and Chaplin, 1986). This suggested that women with strong Māori identity and confident in their awareness of things Māori were likely to have better health outcomes. So, in 1984 strengthening *whānau*, and kinship ties — *whakawhanaungatanga* — was as important as it is now. In 1999 consultation with Māori women occurred nationwide through a range of media and *hui* (meeting or gathering) to determine Māori women's health priorities and to initiate support for a repeat of *Rapuora* (National consultation on Māori women's health, 2000). In 2001 *Rapuora II* was launched, this time to collect the qualitative stories and perceptions of health and well-being from 72 Māori women nation-wide. As with *Rapuora 1* similar data were collected about self-assessed health, and major influences on health such as weight, diet, smoking, alcohol, and the relationship between well-being and stressful circumstances. Cultural security, a new element of enquiry, was also explored in some detail with these women (*Rapuora II* funded, 2001).

Unfortunately, in 2012 Māori women's health still remains relatively unexplored apart from the studies discussed above and some small discrete focused pieces of research on, for example, cervical screening, breast screening, gambling, smoking cessation, and breast feeding. Even in the general population of publicly funded research programs and the willingness to include Māori in health studies, the numbers are so small that analysis of Māori data is difficult if done at all. To this end, research that is Māori centred (for, with, and by Māori) has been successful in helping to understand the health and wellbeing of Māori communities, their needs, priorities, and preferences.



## RESEARCH DESIGN

The research discussed in this paper is based on findings from a 2009 study underpinned by a *kaupapa Māori* (Māori centred) philosophy where methods emerged from, or incorporated, a Māori cultural perspective validated by *hapū* leaders and *kaumātua* (older Māori — men and women). Māori engagement protocols were utilized in all aspects of the research and featured *whakawhanaungatanga* (process

of establishing relationships and kinships, relating well to others and a sense of family connection), *koha* (acknowledgement for participation in the research, setting out the obligations and reciprocity), *karakia* (prayer or church/religious service), and *poroporoaki* (take leave of, depart).

In this study, as in previous work by the same community, Māori engagement protocols formed the basis by which respondents to the survey and participants in the focus groups were selected and recruited. *Koriporipo* (Gillies, 2006; Gillies [2002] in Gillies and Barnett, 2003) is a culturally affirming methodology for recruitment and selection of participants and incorporates aspects of both network sampling and the snowball method. *Koriporipo* is a distinct *kaupapa Māori* sampling method which recognizes, acknowledges and affirms *whakapapa Māori* (genealogy pertaining to Māori people), *tikanga Māori* (unspoken but formal rules and regulations), *waka* (sea going vessels, canoes, often used in reciting genealogy), and *marae* of each respondent.

Data was collected in the 2009 study using both *kanohi-ki-te-kanohi* (face to face – one on one) survey interviews, and *hui-a-rōpu* (focus groups). The 30 *kuia* who participated in the interviews come from one geographic region in *Aotearoa* and all had *whakapapa* links to the local *iwi* and one or more *hapū* and *marae* in the region. The results discussed in this paper are not generalizable across *Aotearoa* as *iwi* are distinct entities each with their own *kawa* (*marae* protocol – customs of the *marae* and *wharenuī*, particularly those related to formal activities such as *powhiri* – beckon someone onto the *marae*, welcome) and *tikanga*.

At the conclusion of each interview *kuia* were invited to participate in a focus group. Given the geographical spread of *marae* the focus group was held at a venue that was easily accessible to all. To encourage conversation and discussion among *kuia* issues relating to: *marae*; interactions with *marae*; and relationships between health, wellbeing, and *marae* were explored. In the following discussion we privilege the *kōrero-a-kuia*<sup>1</sup> – therefore quotes in *te reo Māori* (the Māori language) and words and phrases used by *kuia* have been translated or ex-

1. Allows for the discussion about the things that matter to the *kuia* – hear their voices.

plained in footnotes. We then go on to explore the links and relationships that *kuia* perceived between their health and the place and space of *marae*.

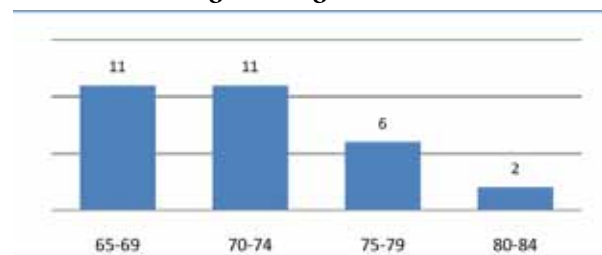


## FINDINGS AND DISCUSSION

### DEMOGRAPHICS

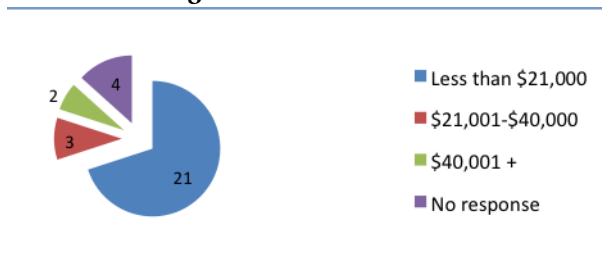
This discussion begins with an overview of the demographic data collected from the *kanohi-ki-te-kanohi* interviews with *kuia* which were undertaken in individual's homes. In the age groups 65–69 years and 70–74 years respondents were evenly spread but as age increased (75+ years) numbers of respondents decreased (see Figure 1). These numbers, while small, mirror the 2006 Māori population census data which shows a tapering off of Māori women aged 65 and over (QuickStats About Maori).

Figure 1: Age of *Kuia*



In line with reported statistics on income the majority of *kuia* (21) reported they earned less than \$21,000 per annum. All were receiving a retirement benefit and after tax their income was approximately \$17,000 for a single person or \$13,500 per person for those who are married or in an acknowledged relationship (New Zealand Super Rates). Three *kuia* (one aged 65–69 and two aged 70–74) reported they earned \$21,001–\$40,000; the extra income was dividend payouts from land interests. Two (aged 65–69) were in paid employment and reported they earned \$40,001+ per annum. Four *kuia* did not respond to this set of questions (see Figure 2).

Figure 2: Income of *Kuia*



Other questions in the survey asked participants about their health, accessing health care providers, relationships with *marae*, and the roles undertaken on the *marae*. Relevant findings are integrated and discussed below with the ideas and perspectives that emerged from the focus group.

### MARAE: A PLACE AND SPACE

*Kuia* in their discussion about *marae* confirmed that they are places of Māori community activity consisting of a collection of buildings and land areas (places and spaces) that have survived the impact of colonization. *Marae* are central to Māori cultural identity; and *te reo Māori*, *kawa*, and *tikanga* are given their fullest expression on the *marae* at *tangihanga* (time of bereavement or funeral process) and *hui*. The *marae* is sacred to the living and a memorial to the dead and when *kuia* were asked to provide their thoughts of what they perceived *marae* to be, they echoed these ideas. The *marae* is

a focus point, a space where families could congregate together,

and on the *marae* you can

*kōrero ngā kōrero i roto i a ratau.*<sup>2</sup>

The women had a strong belief that the *marae* is where a persons' *Māoritanga* (sense of being Māori) is with one saying that

*marae* to me means everything — without a *marae* you're not a Māori that's where your *Māoritanga* your home is.

They were clear that while *marae* provided that space where *whānau* could meet and greet visitors it was also a place where debate about a range of issues (good or bad) could happen. In this sense the *kuia* intimated that it was a good and healthy thing to “air” issues and get them out in the open and allow people to speak their minds. *Kuia* contend that *marae* are not always places of “peace”; they are places where there are opportunities to vent frustrations, fear, anger, and to verbalize differences of opinion. One suggestion was that *marae* are

not just for the “goody goodies”

2. This phrase suggests that the *marae* is a place where individuals or groups can talk about or bring out into the open, anything that they want to talk about.

they are for everyone. In contemporary Māori society it is very rare that anyone will be turned away from a *marae* and even *whānau* identified in criminal events have been able to use the *marae* as a safe space and place to talk through issues. The

*marae* is where the *whakaaro* [thoughts or thinking someone has about something in particular or a topic], everything, your *roimata* [tears, crying], your *hupe*<sup>3</sup> everything whatever you do it's all there on the *marae* and when you walk away calm and cool and collected, it's achieved its purpose.

There was some agreement that in the past, even for those not living at the *marae*, it was the focal point of the community where interaction and contact within *whānau* and extended *whānau* took place. Intergenerational interactions such as care and responsibility for *mokopuna* (grandchild or grandchildren) and vice versa were common elements discussed by *kuia* who had experienced such relationships with their own grandparents and would like similar relationships with their *mokopuna*. Comments included:

I wanna see them bring the kids back down here [the *marae*] to learn about themselves.

They're missing out big time.

*Kuia* were keenly aware that *marae* may not be as important to the younger generation and they believe that interactions at the *marae* are becoming a rarity for many *whānau*. They felt that as much as they would like their children and *mokopuna* to have the same feelings about the *marae* as they did, they did not think this was the case. One *kuia* said

a lot of families have to go out and away from the *marae* to forge a living.

They discussed changing times, changing values, work commitments, marriage, alcohol, drugs, violence and abuse, housing, urbanization, and just surviving as some of the issues which they thought were preventing their *whānau* from participating in *marae* activities in the same way as they had. One

3. *Hupe* refers to the mucous that emits from the nose and mouth when overcome with emotion and grief usually for someone who has passed on although with Māori grief can occur for different reasons. The more *hupe* the more grief stricken a person is said to be — for those that have passed on — and *hupe* drops — it is an honour and tribute to them (they will be missed for generations)

*kuia* also felt that apathy towards things Māori could be attributable to the common belief that following in the ways of the *Pākehā* (a person of predominantly European descent, non-Māori) would lead to success, opportunities for travel, education, and all the things they didn't have as children, she commented that

the telephone, the motorcar, all the modern conveniences, accessibility to schools ... educating our children has actually helped to take them away.

Lack of interaction and involvement at *marae* for the younger generation could also be as a result of what *kuia* referred to as "the lost generation." While not lost physically this generation grew up without the *reo* (language) and therefore without completely understanding the *tikanga*, *kawa*, and protocols needed to properly uphold the *mana* of their *marae*. While most of the *kuia* participating in the focus group were competent in *te reo me ōna tikanga* some commented that their understanding of *te reo* was limited and two said they had no understanding of *te reo Māori*. *Kuia* understood that loss of *te reo me ōna tikanga* had not been the fault of *tipuna* and they discussed the reality that much of this loss of *te reo* could be attributed to the colonizing process. Comments included:

*Ki au nei ko te reo, ko te reo*<sup>4</sup> that's where we lost it.

From our generation to the next generation the *reo* was forgotten.

Most *kuia* had been raised near or on their *marae* and even with the negative impacts of the "lost generation" had childhood memories of being at the *marae*. They remembered their own *kuia* and *koroua* (older male or grandfather) often referring to them as the old people and, noted with humour, that that is now how they themselves are referred to by others. Having grown up on or near the *marae* *kuia* admitted that their connection to the *marae* was strong and that they had grown up during a time when *tikanga* and the *kawa* of the *marae* were strictly observed. *Kuia* agreed that *marae* continue to be important in their lives, referring to *marae* as being "like another home," and

it's very important for to me to have our *marae* for us and you know ... that gathering of everyone ... you can share your *kōrero* [talk, articulate – usually verbal] and be with one another as a whole *whānau* ... it's very important to me and I'd be quite lost without our *marae* ... and helping everyone out ... just being there for one another as well and you got that closeness ... well that's how I feel anyway.

As reflected in the quote above it is very important to *kuia* that there is somewhere for *whānau* to go for things like *tangihanga* and other large *hui*. Most mentioned that if there were no *marae*, there would be nowhere for *whānau* to meet and this was a real concern. *Kuia* felt *marae* should be available to all, old or young, because it held a *wairua* (spiritual essence, sense) that could not be found elsewhere. They felt that this is where the *reo* should be prominent and Māori custom and protocol could take precedence. *Kuia* acknowledged that some *whānau* feel the

*wairua* of the *marae* and some don't [referring mainly to younger *whānau* members]

and they [*kuia*] believe it is because they [younger *whānau*] have not been encouraged to participate.

*Kuia* felt that there is some pressure on them right now, along with the *koroua*, to keep the *mana* of the *marae* intact until the next generation comes through. They believe their role is one of encouragement, support, and nurturing of the next generation who will step up to the roles on *marae*. Their (*kuia*) thinking suggests that if the young ones see the relevance of *marae* to their physical and spiritual health and wellbeing they will be more likely to return and participate.

## MARAE: A TEACHING/LEARNING PLACE AND SPACE

*Kuia* understand *marae* as a place and space where, in the past, *matauranga Māori* was transferred to *mokopuna*. They know that (in the past) *marae* served as "classroom" where the educational needs of the children and *mokopuna* were met and where *kaumātua* had responsibility for the intergenerational transfer of knowledge. *Kuia* made comments about the importance of the *marae* as a place and

4. This *kuia* is commenting that the *reo* stopped with her, it wasn't passed down.

space of learning for them as children, with one commenting

I think our *marae* was our school of learning I know when we used to plant our *kumara* [similar to sweet potato or yam] ... there was sharing there would be people sitting there and you didn't realize how we were learning we were in the outdoor classroom ... it's those childhood things that come back because that was ... that's where we learnt.

The *marae* continues to be a place and space of learning for *kaumātua* and one *kuia* said:

I love going to the *marae* because it is place for knowledge especially when you go back to your own roots it's all there it's inside the *marae* it's a place of harmony yeah you are always learning new things on the *marae* even though you think you know it all but in fact you don't.

Quite clearly the value of the *marae* as a storehouse of knowledge and a place to pass on knowledge was comforting for *kuia*. Just knowing that their *tipuna* had been there provided a sense of belonging, a spiritual connection, a link to the past that was important to them. What stood out for them was the *marae* as a learning environment, it did not matter how many times you went to the *marae* there was always something new to learn.

*Marae* continue to provide a place and space for teaching and learning through the various Māori language immersion initiatives that have emerged through the *kohanga reo* (language nest) movement. *Kuia* and *koroua* have embraced these Māori immersion initiatives (such as *kohanga reo*) and many participate in providing language support for children on the *marae*. They talked with great pride at listening to their own *mokopuna* fluent in *te reo Māori*. Most of all, the *kuia* could see that these children are confident in their own cultural identity and that this has come about through having access to the language and being at the *marae*. While there are also *kohanga reo* in urban areas *kuia* believe that there is not the same link to cultural identity that is available on the *marae*. That is,

they get the *reo*, it's different but at least they're trying.

but they don't get the sense of belonging or spiritual connection that comes with being on the *marae*. The importance of teaching and learning on the *marae* was made apparent by one *kuia* who said:

My *moko* [short for *mokopuna*] come from town to the *kohanga* to learn the *reo*.

Given that the numbers of *kaumātua* are small in comparison to the general Māori population there is a sense of urgency from *kuia* about the passing on of knowledge to *rangatahi* (young people, teenagers and up to mid 20s) especially for formal roles on the *marae* like *whaikorero* (traditional speechmaking — a role mainly carried out by men) and *karanga* (ceremonial call to welcome visitors — a role mainly carried out by women).

We've got to encourage the next generation it's our job to encourage them and it's pretty hard at times we have quite a few young people who speak Māori pretty good ... but they don't come, they always got an excuse, you know.

While *kuia* feel a responsibility — that they themselves are somewhat to blame having encouraged their younger people to leave the area for work and employment — they are now struggling to keep the *marae* alive, not just “keep the fires burning.” They see the provision of *marae*-based health care services as one positive step in keeping *marae* alive.

## MARAЕ: A PLACE AND SPACE FOR HEALTH SERVICE PROVISION

The survey revealed that a number of *kuia* have a range of different health problems, from what they consider minor issues, i.e., wearing glasses or using walking aids to more serious health problems like high blood pressure, asthma, or heart problems. Even with these health problems, *kuia* continue to participate at the *marae* on a regular basis. *Kuia* do not see the *marae* as negatively affecting their health and wellbeing nor link ill health to their involvement or time spent at the *marae*. Even when they were sick, the *marae* was still where they wanted to be, one saying:

You're sick but you don't want to be, you want to be at the *marae* even when you're ill. I think



it's been good for my health [going to the *marae*] when I wake up in the morning and I know I got to go to the *marae* I get up extra early so I can get everything done so I can get to the *marae*.

*Kuia* look forward to going to the *marae* and link this activity to good health. So, even when they are sick going to the *marae* makes them feel better both physically and spiritually.

[I]t's been good it's been good for me being at the *marae*.... It's just like another home to me so it's never ever affected me ... if I was sick oh well, you do get sick but it's not from the *marae*.

In the main, *kuia* mentioned that they are influenced by those who have gone before and the memories they have of past leaders. Recalling the activities, words, and actions of past leaders is, they maintain, a positive influence on their own health and wellbeing.

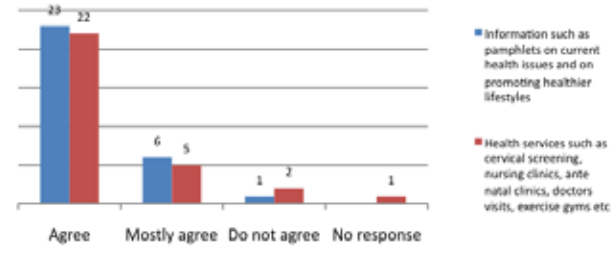
I've thought who has trodden here before me and this is my health aspect, this is where I see my health come from.

There was a strong feeling among *kuia* that *marae* should and could be used as an appropriate place and space to provide health services for *whānau*. Many reported that they currently use a mix of health services provided in local towns and cities some of which were at a distance from their home and *marae*. Location and transport to health services was reported as a problem for *kuia* living at more rural *marae*. They often found it difficult to get into town to see the health provider, and relying on *whānau* for transport was not always an option. Others living closer to urban areas had the option of utilizing health provider transport services. The cost of visiting a GP was noted as a barrier by *kuia* even though they receive a subsidized service based on age and location.

*Kuia* believe that *marae* should be involved in the provision of health services for *whānau*. Figure 3 highlights the various ways in which *kuia* thought *marae* could be involved in health service provision. The majority agreed or mostly agreed that information about health issues and promoting healthier lifestyles should be provided on the *marae*. A similar number agreed or mostly agreed that specific

health services (for example, nursing clinics, ante/post natal care, cancer screening, doctors' visits, etc.) should be available on the *marae*.

**Figure 3. Do You Think the Marae should be able to Supply You with...**



*Kuia* favour the idea of *marae* being used as living, breathing, entities, and the focal point of the community; being a location for the provision of health services would be a natural extension of this. Having health services provided on the *marae* along with other activities (such as *kohanga reo*, *wananga* (place of learning), *tangihanga*, *karakia*, sports events, etc.) is likely to have, according to *kuia*, positive effects that would encourage *whānau* back to the *marae*.



## CONCLUSION

It was clear from the conversations and responses by *kuia* that their notions and views of *marae* as a place and space were founded on their own lived experiences. *Kuia* undoubtedly understand the complexities of Māori living in modern contexts and the impact these have on *marae* and *whānau*. They commented on the effects of urbanization and the complicit roles that the necessities of employment and education had on *whānau* Māori and rural *marae*. Even so, *kuia* sensed a movement towards a younger generation re-engagement with things Māori, including *marae*, as a result of the revitalization of *te reo me ōna tikanga*.

*Kuia* also commented that they are strongly connected to their *marae*, physically and spiritually. Being unwell physically does not prevent them from attending at *marae*. In fact some referred to the *marae*, or being at the *marae*, as making them well. The reasons they stated were twofold: first the socializing aspect of being with their contemporaries



and pulling their own weight in the different roles that were expected of them; and second being where their *tipuna* had stood in the past. These were the memories, the actions and activities, that *kuia* claim have a positive influence on their own health and well-being.

Given the challenges that *whānau* currently face across the broad spectrum, and the resulting impacts on the wellbeing of *whānau*, *kuia* thought that *marae* could and would have a positive role for *whānau*. They believe *marae* are living, breathing places and spaces — “locale of being” and the focal point of Māori communities. Hence, within the “place” are ideal extensions of “space” — social, cultural, spiritual, and physical contexts for *whānau Māori* to interact, reconnect, and reinforce their “home-place.”



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## GLOSSARY

<i>Aotearoa</i>	New Zealand
<i>Hapū</i>	sub-tribe/extended family
<i>Hui</i>	meeting or gathering
<i>hui-a-rōpu</i>	focus group
<i>Iwi</i>	tribe/people
<i>kanohi-ki-te-kanohi</i>	face-to-face — one on one
<i>Karakia</i>	prayer or church/religious service
<i>Karanga</i>	ceremonial call to welcome visitors — mainly a role for women
<i>Kaupapa Māori</i>	Māori centred
<i>Kaumātua</i>	older Māori — men and women
<i>Kawa</i>	<i>marae</i> protocol — customs of the <i>marae</i> and <i>wharenuī</i> , particularly those related to formal activities such as <i>pōwhiri</i>
<i>Koha</i>	acknowledgement for participation in the research, setting out the obligations and reciprocity
<i>Kohanga reo</i>	language nest
<i>Kōrero</i>	talk
<i>Kōriporipo</i>	Māori-centred research methodology
<i>Koroua</i>	older male or grandfather
<i>Kuia</i>	older female or grandmother
<i>Mana</i>	power or authority
<i>Māori</i>	indigenous people of <i>Aotearoa</i>
<i>Māoritanga</i>	sense of being Māori
<i>Marae</i>	place and space, often consisting of collection of buildings; in many instances considered to be the physical embodiment of ancestors
<i>Matauranga Māori</i>	Māori knowledge about the environment, land, people and places, education
<i>Mokopuna</i>	grandchild or grandchildren
<i>Pākehā</i>	a person of predominantly European descent, non-Māori
<i>Poroporoaki</i>	take leave of, depart
<i>Pōwhiri</i>	beckon someone onto the <i>marae</i> , welcome
<i>Rangatahi</i>	young people, teenagers and up to mid 20s
<i>Reo</i>	language
<i>Tangihanga</i>	time of bereavement or funeral process
<i>Te reo Māori</i>	the Māori language
<i>Te reo me ōna tikanga</i>	those who are competent and comfortable with the Māori language
<i>Tikanga Māori</i>	unspoken but formal rules and regulations
<i>Tipuna</i>	ancestors
<i>Wairua</i>	spiritual essence, sense
<i>Waka</i>	sea going vessels, canoes, often used in reciting genealogy
<i>Wananga</i>	place of learning
<i>Whaikōrero</i>	traditional speech making — a role generally for men
<i>Whakapapa</i>	genealogy
<i>Whakapapa Māori</i>	genealogy pertaining to Māori people
<i>Whakawhanaungatanga</i>	process of establishing relationships and kinships, relating well to others and a sense of family connection
<i>Whānau</i>	family/ extended family
<i>Whangai</i>	feed
<i>Whare, Wharenuī, Wharepuni, Whare tipuna</i>	meeting house or home at a <i>marae</i>

**Dr Annemarie Gillies** has *Ngāti Kahungunu*, *Ngāti Awa*, *Te Whānau-a-Apanui* and *Te Arawa* tribal affiliations. She has worked in health research for over twelve years and has completed a PhD in Māori health workforce development. In particular, Annemarie has been involved with the *marae* community group as research advisor for a number of years and has *whānau* connections to each of the *marae* involved in the research. Contributing to Māori and Indigenous development and advancement across the spectrum is an ongoing ambition. Annemarie is also a Senior lecturer and Director of *Te Au Rangahau* — Māori business research centre, in the School of Management at Massey University.

**Dr. Shirley Barnett's** *iwi* is *Ngāti Tuwharetoa* from the central North Island of Aotearoa/New Zealand. Her *hapū* are *Ngāti Karauia* and *Ngāti Hikairo*. Both of these *hapū* are located in rural areas and have *kaumātua* and other *whānau* living close to the *marae*. While the study described in this paper is from a different *iwi* the issues and problems discussed are relevant for all rural *marae* and *whānau* in Aotearoa. Shirley is a lecturer in the School of Management, Massey University and a research associate of *Te Au Rangahau*, Massey University.

