KAUMĀTUATANGA – MĀORI AND AGEING IN NEW ZEALAND:
A LITERATURE REVIEW
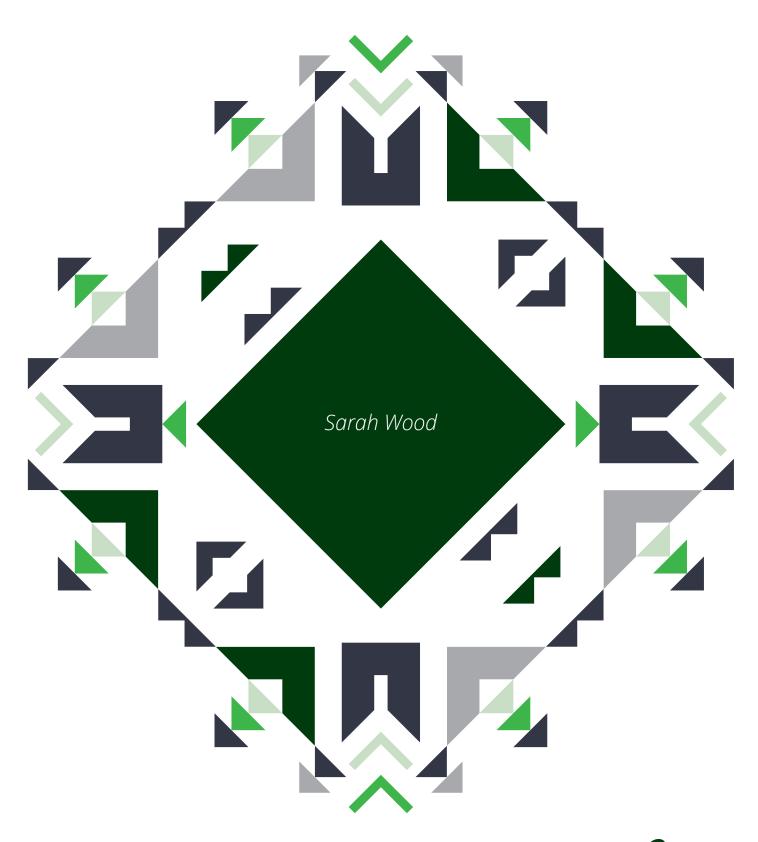
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INTRODUCTION

The ageing population in New Zealand has prompted an increased need to understand how to serve this population.

Perceptions of Indigenous populations as young may be limiting understandings of the ever changing needs and aspirations of the Māori population. In addition to our knowledge of the increasing older Māori population, the Māori population is also increasingly urbanized, meaning specific attention to the needs of urban older Māori will have to be made. The needs of this growing population will be of concern to policy makers and healthcare practitioners, and it is essential that the distinctive needs of ageing Māori are understood and met. The purpose of this literature review is to examine what research currently exists on the experiences of older Māori, and where possible, older urban Māori specifically, and to identify gaps in the literature and areas of further research.

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 utilized 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 utilized: 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, synthesized, and organized into key themes. The articles included are primarily peer-reviewed journal articles and dissertations. Some grey literature such as reports from reputable organizations have been included as well.

CONTEXT

It is important to begin with the presentation of current available information on the circumstances of ageing Māori. Compared to non-Māori, Māori are more likely to develop a chronic disease at an earlier age (NDHB, 2008, p.47).

Further, Māori are more likely to die at an earlier age. That is, 13% of non-Māori die between the ages of 45 and 64 compared to 25% of Māori. Moreover, while the majority of non-Māori die in the over 80 age group, Māori are most likely to die between the ages of 65 and 79 years. 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).

During the 2000-2002 period, Māori males had a life expectancy of 69.0 years compared to 77.2 for non-Māori and Māori women had a life expectancy of 73.2 years compared to 81.9 for non-Māori women (Edwards, 2010, p. 21). In the 65 and older age group, the leading causes of death, in order, are heart disease and stroke, cancer, respiratory diseases, diabetes, and digestive diseases (p. 19- 21). Older Māori are also more likely than non-Māori to be overweight or obese. Currently, 25% of Māori over the age of 50 live in the "most deprived areas" and a third of Māori 65-69 years old live in "average material living standards." Further, 32% of single Māori in that age group and 22% of couples live in hardship (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 KAUMATUA WELLNESS

Much focus has been placed on understanding the causes and 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 health of wellbeing of the oldest Māori. Dyall et al. (2014) use the data collected in LiLACS NZ to provide an examination of cultural, social, and economic determinants of 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 this study – which covered topics such as the importance of iwi, 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, 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). Some examples of health behaviours more prominent in Māori were smoking and poor nutrition, whereas Māori were less likely than non-Māori to drink. In regards to physical health conditions, rates of diabetes remain high for Māori in advanced age and has implications for "early morbidity even in old age" (p. 24). Despite these disparities, 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 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 emphasizes the importance of having a regionally specific understanding of ageing Māori, and the need to avoid homogenizing 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 decolonizing 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 gerontologists and other 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 utilizes "social phenomenology, critical gerontology, the life-course perspective, and relational and feminist theories" (para 38). Research should move away from describing disparities without improving conditions for Indigenous elders.

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 utilized in the LiLACS NZ study on ageing in New Zealand (p. 278). For LiLACS NZ, "without translation by the RopuKaitiaki o nga Tikanga Māori… scientific discovery of the success factors and pathways in ageing by the oldest old Māori would be arduous and tenuous and perhaps not even achievable" (p. 280). That is, it was essential for protecting the main principles of conduct in Māori research, and ensured that the oldest old Māori targeted for this study could fully understand it (p. 280). The LiLACS NZ study utilized Māori language used by the oldest Māori rather than contemporary Māori that utilizes English structures, in order for the oldest Māori to be more likely to understand and benefit from the study. The RopuKaitiaki was made up of similarly aged Māori to help accomplish this (p.280). In addition, both Māori and non-Māori researchers were trained in correctly pronouncing Māori concepts. The results from this study concluded that 52% of the respondents indicated that they utilized te reo Māori on a daily basis and the authors argue that the point of the translation process was that the te reo questionnaires were available regardless of whether or not they were used and 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).

KAUPAPA MĀORI IN AGEING RESEARCH

Another examination of how kaupapa Māori was utilized in the aforementioned LiLACS NZ cohort study is presented by Dyall 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 marginalized 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. They identify their engagement with iwi health providers, the development of a Māori advisory group, joint Māori leadership, Māori research staff and understandings of kaupapa Māori as essential for Māori cohort recruitment. Specific to recruitment, various sampling techniques were outlined such as local networks and whānau, hapū and iwi links, relationships with Māori partners and word of mouth, highlighting how personal relationships in sampling techniques were more likely to be effective for Māori. Emphasis on specific efforts and techniques to recruit older Māori was highlighted in an earlier mixed-methods study on older Māori (Waldon, 2004). Here, older Māori were recruited through iwi and community networks as well, and unlike in LiLACS NZ, older Māori who were active in traditional roles were specifically targeted, making this study's sample not representative. Another recruitment technique that Waldon (2004) discusses is the establishment of regional coordinators who would liaise between the researchers and the wider community and regional hui where participants could learn about the study as well as discuss any questions (p. 170). Both Waldon (2004) and Dyall 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 is reviewed in this section; Dyall et al. (2013b) discuss how the research relationship between Māori communities and the research team was developed during a feasibility study preceding the cohort study. They discuss how they engaged with Māori to refine the questions that would be used through various focus groups with older Māori. They further discuss the importance of being responsive as researchers to the collaborating Māori organizations 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 emphasizes 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 prioritized 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 utilize 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 non-Māori older 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. However, by the time Māori are in their mid-sixties, kaumātua status is typically widely accepted. 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. However, 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 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. Of the Māori who are not fulfilling formal traditional roles, however, some are still active in the marae such as one participant who describes her discomfort being a kuia, and instead serves the marae through catering and hospitality (p. 225). Edwards (2010) reiterates Durie (1999)'s concerns that older Māori often have greater demands placed on their time and skillsets than non-Māori older 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). Given the complex and distinct experiences of older Māori regarding their cultural and spiritual roles in their whānau, marae, and community, the findings of Perkins (2015) that spiritual care for older Māori is increasingly being valued by people working with older Māori is promising and will continue to be an important consideration.

Moreover, older Māori provide leadership, guidance, and intergenerational knowledge to their whānau, with participants emphasizing providing these to their grandchildren (Edwards, 2010, p. 227-232). It is evident from the literature that older Māori people 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

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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 woman 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. As an older Māori woman, she knows "how" to be with her mokopuna and recognizes the need to provide food for them, and in doing so, she was also teaching them how to interact with their own grandchildren in the future (p. 2). Edwards (2010) also delves into the "everyday" Indigenous knowledge transmission described by participants such as taking grandchildren food gathering or teaching them about their whānau members (p. 269).

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, 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 urbanization 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 socializing, 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). As Edwards (2010) aptly notes, the wellbeing of older Māori "cannot be readily separated from the circumstances of the wider whānau" (p. 18). That is, the importance of whānau in ageing research with Māori must not be overlooked.

AGEING IN PLACE

Ageing in place is a policy in elder care that encourages people to remain in their homes and communities because 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's 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 urbanization on positive ageing in place. The author provides a detailed account of the impacts of colonisation and urbanization, such as disconnection from traditional territories and disruption of traditional practices (p. 6-7). For participants in this research, however, there is not a disconnection from traditional place, rather ancestral lands are an "extension" of home (p. 30). 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, one of which was 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, recognize that older people have unique skills and insights, and recognize Māori self-determination. The authors caution against understanding the elderly population in New Zealand as a homogenous group.

Other authors however, do emphasize the need for appropriate physical housing for older Māori that pays 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).

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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 health clinic, and marae area where older people can choose to be involved (p.154).

When examining the material needs of ageing Māori, the intersections of ageing and disability should also be considered. For example, 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 be useful for understanding the experiences of ageing Māori generally, as well. 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. Subsequently, urban Māori with disabilities tended to feel isolated. Further, Collins & Wilson (2008) discusses informal caregiving for Māori with disabilities. They focus on caregiving for Māori with disabilities of any age, but recognize that kaumātua have a high proportion of disabilities and/or chronic diseases, thus their findings are relevant for this review. Wilson & Collins found, through hui with Māori using disability support, that kaumātua housing that 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). Emphasizing the need to understand experiences of older urban Māori specifically, Collins & Wilson note that "Auckland whānau were more likely to be living in nuclear families" than rural whānau, which has an impact on how likely they are, and in what ways, they access informal whānau support networks

TRENDS IN AGEING IN INDIGENOUS POPULATIONS

Given similar experiences of Indigenous peoples with colonialism and the ongoing implications of living as Indigenous peoples in settler countries that are economically similar to New Zealand, the experiences of ageing Indigenous populations in Canada, the United States, and Australia will be reviewed in this section to understand trends and gaps in Indigenous ageing research.

Not unlike in New Zealand, the experiences and needs of Indigenous peoples have largely been excluded from scholarship on ageing and old age globally (Pace & Grenier, 2016). The Indigenous populations in Canada, the United States, and Australia are often discussed in terms of being young populations with high fertility rates, meaning the experiences of older Indigenous people have often not be considered. However, not unlike in New Zealand, Indigenous populations in Canada, the United States, and Australia are living longer and the ageing Indigenous population is growing (Davy et al., 2016; Davey & Baskin, 2015).

Davy et al. (2016) indicates that some government strategies to meet the needs of the increasing ageing Indigenous population have been carried out in Australia and in Canada. However, they highlight that these services have done little to address the systemic reasons that hinder Indigenous peoples from accessing health and social services.

The distinctive experiences and needs of urban Indigenous populations have been explored in some contexts (Davey & Baskins, 2015; Radford et al., 2014). Radford et al. (2014) discusses the importance of health research with urban Indigenous peoples in Australia; she describes similar histories of urbanization previously mentioned, resulting in disconnection and loss of language and cultural practices for urban Indigenous people in Australia. She notes that while urban Indigenous people have greater access than rural Indigenous peoples to housing, education and healthcare, they still have less access than non-Indigenous people. Urban Indigenous people are less likely than rural to have retained cultural practices which is a determinant to their wellbeing as well. In addition, Davey & Baskins (2015) highlight how colonization and urbanization have impacted the traditionally important role of Indigenous elders in Canada and that little is currently known about ageing Indigenous peoples in the city (p. 48).

GAPS IN THE LITERATURE

Throughout this examination of the existent literature on ageing Māori, there has been little research specifically on the experiences, health, and needs of urban Māori.

Where urban Māori elders have been represented in the reviewed literature, their unique circumstances of being Māori, ageing, and urban have been highlighted, evidencing the need for research that examines these unique circumstances specifically. 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 than 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 homogenize 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. What is known from the literature is that there is insufficient housing for kaumātua, high levels of poverty, and systemic health inequities (Davey et al, 2004; Collins & Wilson, 2008; Dyall et al., 2014; Wham et al., 2015). 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, and examine what research has been conducted on the needs and experiences of ageing urban Māori specifically.

The main themes that emerged included a context of wide-ranging health disparities experienced by kaumatua; the importance of language and culture to kaumatua wellbeing; the importance of kaupapa Māori in ageing research; Māori conceptions of ageing in place; and the identification of similar ageing trends emerging in other Indigenous populations globally.

Presently, there is insufficient, current research about kaumatua ageing and the resources that are available specifically for them. Further research should consider the localized needs of kaumatua which could allow for a more detailed examination of the needs and experiences of urban Māori specifically. More research on localized needs would in turn, allow researchers to examine to what extent kaumatua needs are being met and how to improve understandings of the needs and experiences of this growing population. Steps made toward to filling this gap in knowledge on the ageing Māori population would be instrumental in furthering ageing research nationally and internationally as well. 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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