Theorising Māori Health and Wellbeing in a Whakapapa Paradigm:

Voices from the Margins

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CHRISTINE HELEN ELERS (NGĀ HAU)

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KARANGA

Nau mai, rere atu tēnei tuhinga roa

Kawea ngā reo o roto ki ngā whaitua o te ao e

Kaua e ngū

Engari kē ia

Tukuna kia rere

Whakapahotia

Ko te hauora o te whānau

Pikinga ake e!

Ko te whenua

Ko te Whakapapa

Tuia ki te whānau

Tuia ki te orangatanga nui rawa

o ngā uri whakatupu e

Haumi e, hui e, tāiki e

I dedicate this work to my parents, whose labour for whānau and church community is endless. I would not have been able to undertake this thesis without their enduring commitment to our whānau. I also dedicate this mahi to my children – Waituhia-ki-te-rangi and Te Paki-o-Matariki – who show me how to reimagine.

ABSTRACT

This thesis explores communication infrastructures at the margins of Indigeneity to understand Māori health and wellbeing meanings, challenges, strategies and solutions, articulated by whānau whose voices have been ignored, or not sought. Māori health and wellbeing understandings, forged amidst ongoing colonial processes of socioeconomic and health inequities, are best articulated by Māori with these lived experiences. The communication platforms established by the settler colonial state are infused with power dynamics that determine the communication rules including who can speak, what can be said and how that should be delivered. The privileging of communicative spaces to experts, leaders, and community champions, shaped by the underlying ideology of whiteness that organises the settler colonial state, forecloses the space to those not fitting these categories.

Māori health and wellbeing meanings emphasise the totality of Whakapapa as a basis for communicating health and wellbeing. Kaupapa Māori theory, and Whakapapa as a super-connector of relationships both in the spiritual and physical domains, anchored the research. Rooted in Māori epistemology, the enduring intergenerational relationship between health and land formed the basis for the participants' understandings of health and wellbeing.

Positioned also in dialogue with the Culture-Centered Approach (CCA), we foreground whānau voices through the co-creation of voice infrastructures at the margins of Indigeneity, with whānau members candidly sharing lived experiences navigating health and wellbeing through the establishment of the Feilding advisory group. The interplay of land, rivers and health is a dominant theme. Strategies for improving health and wellbeing include co-creating communicative infrastructures,

such as platforms for voices to emerge at the margins of Indigeneity. The campaigns documented buttress the importance of regaining stolen land, (re)connecting to land through the collective establishment of māra kai with the advisory group. Indigenous communication infrastructures disrupt hegemonic, top-down configurations of health and wellbeing campaigns, providing the impetus for localised strategies to emerge into mainstream communicative spaces. Voice and the right for the "margins of the margins" to be listened to by the Crown are also included as taonga in article two, Te Tiriti o Waitangi. The co-creation, resource sharing and decision-making about communicative infrastructures can be harnessed to drive health equity.

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My heartfelt gratitude and appreciation to the Feilding advisory group, for your commitment to amplifying whānau voice and in so doing, shine a spotlight on the colonial structures that impede oranga. Thanks also to the 30 participants who offered their time to undertake in-depth interviews in 2019. The diverse lived experiences of whānau articulated through the advisory group and the interviews, together with localised strategies and solutions, have brought about a collective, whānau-led māra kai kaupapa, highlighting the importance of intergenerational health and wellbeing strategies.

I have felt honoured and privileged to be guided by my supervisors Professor Mohan Dutta and Professor Helen Moewaka Barnes. I am in awe of your dedication and service to social justice, resulting in long hours, year after year, fraught with many challenges and some system shifts. You both demonstrate the limitless possibilities of whānau and/or community-academic partnerships.

To my whānau, my parents, and children Waituhia-ki-te-rangi and Te Paki-o-Matariki, I thank you very much for your patience and continued support as I spent a lot of time writing this thesis, especially in the third year. As a whānau, Māori health and wellbeing is a topic we discuss regularly and I have drawn on these conversations and lived experiences to push me through to the end.

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Ngā manaakitanga o te Runga Rawa ki a tātou katoa, nā

Christine Ngā Hau Helen Elers

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A GLOSSARY OF MĀORI TERMS

Many of the translations provided here carry deeper meanings and can vary from hapū to hapū and between iwi. These translations are not exhaustive. They have been sourced through a combination of Māori language dictionaries, scholarly articles written by Māori, and a collaboration of research participants' and my own understandings.

Ahi kā	fires signalling continuous occupation of whenua; those who keep home fires alive
Aorangi	one ancestral name for the Feilding area
Aotearoa	North Island, New Zealand
Awa	river
Haere	go, journey, travel
Haka	vigorous, posture dance
Hapū	subtribe or larger kinship group, pregnant
Hauora	health
Hinengaro	mind, thought, intellect
Hokitika	a town in the west coast region of the South Island
Hui	meeting, gathering, where discussion takes place
Iwi	tribe, nation, bones, Māori people
Kai	food

Kaiiwi	ancestral place name encircling Kauwhata marae
Kaitiaki	guardians, custodian, steward
Kaitiakitanga	stewardship, guardianship
Kaikaranga	ceremonial caller
Kamokamo	squash, stubby green vegetable marrow (or gourd), favoured Māori food eaten young and immature
Karanga	ceremonial call of welcome
Katoa	all
Kaumātua	elder(s)
Kaupapa	project, topic, subject
Kaupapa Māori	research methodology grounded in Māori views
Kauwhata marae	the marae (village courtyard and surrounding buildings) of Ngāti Kauwhata
Kawakawa	pepper tree, macropiper excelsum, a small, densely, branched tree with heart-shaped leaves, Indigenous to Aotearoa
Kawakawa-ki-te-tonga	one ancestral name for the Feilding area
Kete waikawa	harakeke (native flax) woven baskets used to store items and in contemporary times used for shopping
Kia uruuru mai a Hauora	a Māori health promotion model
Koha	a gift to maintain social relationships and has a connation of reciprocity

Kōhanga reo	early childhood Māori immersion language nests
Kōrero	talk, narrative, discussion
Koro	grandfather
Koutou	you all (three or more)
Kuia	elderly woman
Kura Māori	Māori immersion schools
Mahi	work, perform, make, accomplish, labour, employment
Mahinga kai	food gathering practices
Māmā	mum, mother
Mamae	pain
Manaakitanga	hospitality, support, care for others
Mana motuhake	autonomy
Manawatū	a region in the central North Island
Mana whenua	Indigenous nation rights over land sourced in ancestral connections to place
Māori	Indigenous people of Aotearoa New Zealand
Marae	courtyard in front of an ancestral meeting place, where formal discussions take place
Māra kai	land under cultivation for the production of food, vegetable garden
Mātauranga	knowledge systems
Mātauranga Māori	Māori knowledge systems
Mauri	life principle, life force, vitality, ethos

Moemoe	a variety of Māori potato with purple skin and reddish-yellow mottled flesh
Ngai Tahu	Māori nation in the South Island
Ngā Kaitiaki o Ngāti Kauwhata	the caretakers of Ngāti Kauwhata, the iwi governance and management committee
Ngāti Hauā	Māori nation of the eastern Waikato of New Zealand
Ngāti Kahungunu	Māori nation located along the east coast of New Zealand
Ngāti Kauwhata	Māori nation of Feilding and surrounding areas in the Manawatū
Ngāti Maniapoto	Māori nation based in the Waikato-Waitomo region of New Zealand
Ngāti Raukawa	Māori nation on the southern west coast of the North Island, New Zealand
Ngāti Tāwhirikura	a hapū of Te Ātiawa in Taranaki
Ngeri	short haka with no set movements
Oranga	health, livelihood
Ōroua	the name of a river running through Feilding; a tributary of the Manawatū river
Otorohanga	a King country town in the Waikato region
Pā	fortified marae and surrounding areas
Pae maunga	mountain ranges
Pae Ora	healthy futures
Pakaitore	gardens located in Whanganui

Pākehā	New Zealander of European descent
Pakeke	adult
Papa kāinga	village
Papatūānuku	Earth mother, partner of Ranginui (Sky Father)
Porirua	a city in the Wellington region, North Island, New Zealand
Pepeha	tribal saying, proverb
Pūmau	Kaupapa Māori data collection and storytelling method derived from Ngāti Kauwhata knowledge systems; persevere, permanent, staunch, faithful, endurance
Pūrākau	Māori narratives containing philosophical thought
Pūtea	fund, sum of money
Rangatiratanga	sovereignty, self-determination and self-management, chieftainship
Ranginui	Father sky, partner of Papatūānuku (Earth Mother)
Rangitāne ki Wairarapa	Māori nation in the Wairarapa
Reo	language
Ringa raupā	calloused hands; hard worker
Rīwai	potatoes
Rongoā	medicinal remedies

Ruahine ranges	the largest of several mountain ranges in the North Island New Zealand located inland from Hawke's Bay
Taha	side
Tangata whenua	people of the land, Indigenous people; born of the earth's womb
Tangihanga	funeral, weeping, mourning
Taranaki	a region on the west coast of the North Island
Te Ao Māori	the Māori world
Te Ara o Rēhua trust	a Ngāti Kauwhata whānau land trust that holds ancestral land in Manawatū
Te Ika a Māui	North Island; the fish of Māui
Te Pae Mahutonga	the southern cross star constellation used in Māori health promotion
Te Reo Māori	the Māori language
Te Tiriti o Waitangi	an agreement signed between hapū and iwi representatives and the Crown representatives; the founding document of Aotearoa me Te Waipounamu New Zealand
Te Waipounamu	South Island, New Zealand
Te Whare Tapa Whā	the four cornerstones (or sides) of Māori health
Te Wheke	the octopus model of health
Tikanga	shared values and principles that guide practice; "practical face of Māori knowledge"
Tinana	body, physical,

Tino rangatiratanga	sovereignty, Māori self-determination
Tonu	continuous
Tūpuna	ancestor(s)
Waikato	located towards the upper North Island region
Wairarapa	located in the south-eastern corner of New Zealand
Wairua	spirit
Whakapapa	utilised here as a research approach of connections and a communication framework. Whakapapa also means genealogy, placing upon layers, to form a foundation
Whānau	family, extended family
Whanaungatanga	kinship, sense of family connection
Whanganui	a city in the Manawatū-Whanganui region of the North Island, New Zealand
Whenua	land, placenta

LIST OF ABBREVIATIONS

CARE	Center for Culture-Centered Approach to Research and Evaluation
CCA	Culture-Centered Approach
CHE	Crown Health Enterprise
CSC	Community Services Card
DHB	District Health Board
ED	Emergency Department
GDP	Gross domestic product
HFA	Health Funds Authority
HUC	High User Card
ICU	Intensive Care Unit
IHD	Ischaemic Heart Disease
LGA 2002	Local Government Act (2002)
NZIE	New Zealand Institute for Economic Reform
NZPHDA	New Zealand Public Health Disability Act (2000)
OECD	Organisation for Economic Cooperation and Development
PHO	Primary Health Organisation
RHA	Regional Health Authority
RMA 1991	Resource Management Act (1991)

SECTION ONE

Prologue

Ko Ruahine te pae maunga

Ko Ōroua te awa

Ko Tainui te waka

Ko Ngāti Kauwhata te iwi

Ko Kauwhata te marae

Kei aku nui, kei aku rahi

Tēnā koutou katoa

This prologue reflects on my positionality as a Māori woman, a Mum, daughter, sister, cousin, aunty, nanny, kaikaranga, and researcher. I am also one of the kaikaranga for Ngāti Kauwhata. I was born and have lived most of my life in my mother's iwi tribal area of Ngāti Kauwhata in Feilding, Manawatū. I also have iwi affiliations to Ngāti Hauā in Waikato, Ngāti Maniapoto in Otorohanga, Rangitāne and Ngāti Kahungunu ki Wairarapa in Wairarapa, and Ngai Tahu in Hokitika, South Island. My mother has 14 siblings and my father has 20. Most of their siblings have passed away. For the past approximately 10 years, we have attended tangihanga annually, for at least one of their siblings.

For 21 years, I have been learning the poetic art form and tikanga associated with the role of kaikaranga. Year after year I have attended many tangihanga. I have called to the spirit of the deceased to return to our marae to lie in state, surrounded by their loved ones. I have noted the cause of death in most instances and grappled with early loss of life on numerous occasions.

Almost all health conditions listed under the Māori health outcomes section in this literature review and the reasons for the mortalities remind me of someone – Māori - who has passed away too early. I struggle with some of the eulogies that explain that our loved ones who died early were not meant to stay in this world; that they were destined for a better place and are in a heavenly place now, at peace with no more pain and suffering. Ultimately, I understand that these sentiments are designed to comfort the grieving whānau, and I have expressed these sentiments myself in earlier years.

The tangihanga continue, year after year, health condition after condition. Many are carried through the entrance to our marae by their whānau, guided by the wail of the karanga to their ancestral house, surrounded by their grieving whānau, never left alone, and adorned with poetic Māori oratory to ease their spiritual transition beyond the veil of death. Despite the many tangihanga I have attended, I have never heard or delivered myself as a kaikaranga statements that call into question the effectiveness of New Zealand's public health system or its responsibility for the early death of our loved ones. Nor have I heard the nuances of Māori oratory link the government's economic health reforms to the early death of our loved ones.

It feels as if we have been resigned to accept these early deaths as part of life. If we only eat better, exercise, and cease any health-threatening behaviours, we will live longer. If we make better choices, if we gain education qualifications, learn our reo, live as Māori in sync with the land and the environment, pursue and maintain a physical, spiritual, mental and social dimensional balance, then we will have a better chance of living longer. Yet, we have mourned reo speaking, whānau members who have lived as Māori and who still died too soon. We have buried loved ones who participated in Māori focused health programmes and still died too early.

In contemporary times, about 40% of Māori live on the "margins of the margins"[1] within society (Health and Disability System Review, 2020). Life expectancy for Māori is seven years less than non-Māori (McCall, 2022). This is an unacceptable outcome by any measurement method. Connecting Māori health inequities to health services is discussed in detail in the literature review.

During this thesis, from enrolment on 1 November 2019, like many other doctoral students I navigated study during a pandemic, which resulted in restrictions or lockdowns in order to protect the health of the most vulnerable in communities, and also to avert pressuring an already strained (some would say broken) health system. Interviews, field work, and meetings were postponed, rescheduled, and postponed again. Health has certainly been at the forefront of our minds during this time. I was diagnosed with a long-term health condition in 2021. Health is constantly on my mind. As a result, life outside the home, even to attend meetings, requires careful planning to mitigate any negative effects on my health. I fully understand now and acknowledge the privilege associated with living without a long-term health condition.

When I hear experts talking about re-orienting the health system to a system centred on wellness, I am hopeful. But I also feel excluded. Who will define the parameters of wellness? What standard of wellness will be used? A non-disability standard? Have people with disabilities been asked about this re-orientation? Have Māori with long-term conditions been asked what the health system should look life? Have communities navigating the "margins of the margins" been asked about their

1 The concept of the margins of the margins is explained later in this chapter.

understandings of health and wellbeing? Or has it been designed from above, without whānau voice and communities navigating complex realities?

This section has reflected on my positionality as the researcher. Here, I am positioned as an insider/outsider researcher (L. T. Smith, 1999), and I am intrinsically invested in this research project, as an iwi member. I was also employed by the Center for Culture-Centered Approach to Research and Evaluation (CARE), School of Communication, Journalism and Marketing, at Massey University, from May 2019, to October 2021. I carried out this thesis by publication within the School. Some Māori scholars identify this type of research as insider/outsider research (L. T. Smith, 1999; Tiakiwai, 2015).

Kwame (2017) explains that often self-locating oneself in research can involve multiple shifting positions depending on the context and people involved. In a similar vein, Kovach et al. (2013) posit a question for researchers to answer when conducting research within Indigenous communities: "Am I open to learning about and honouring Indigenous knowledges in respectful ways?" (p. 504). For me, this included learning to be comfortable with not always contributing to advisory group discussions about various Indigenous topics. But instead, listening to understand and to learn and (re)learn. Because I do not constitute the "margins of the margins," in this respect even though I am an insider, I am also an outsider. In this context I am a researcher with multiple shifting positions (Kwame, 2017).

By way of further explanation, I am an insider because I am affiliated to Ngāti Kauwhata and I stem from the community within which I am researching. I am also an outsider because of the privileges that Western education has afforded me. This can be further accentuated by linguistic abilities, cultural knowledge, age and gender parameters (L. T. Smith, 1999).

"Researcher-in-relation" is a concept used in Indigenous research methods to depict research grounded relationally between the researcher and communities (Battiste, 2000; Kovach, 2010; Peltier, 2018; Weber-Pillwax, 2004; S. Wilson, 2008). A relational philosophy among people and place is at the core of Indigenous research methods (Kovach, 2010), although it has been critiqued in western research circles as void of objectivity (F. Cunningham, 2017; Longino, 1990). Furthermore, the notion of researcher objectivity has also been turned on its head because no-one is entirely objective when approaching research (Absolon & Willett, 2005; Hampton, 1995).

The research I embarked on here can also be termed "researcher-in-relation" because it is defined by personal experiences and connections nurtured within my own community. Reflexivity is a research tool encouraged in Indigenous research and the CCA for use by researchers to interrogate one's own privileges and positioning in relation to the researched and the overall aim and goals of the study (Chilisa, 2020; M. J. Dutta, 2018b; Kovach et al., 2013). I have used a mixture of journaling both written and digital, audio voice notes, poetry, doodling, listening, having conversations, and autoethnography as reflexivity tools.

CHAPTER ONE: INTRODUCTION

Critical communication theorists highlight that the function of communication marginalises and exploits certain communities. Dominant framings of communication discourses typically centre and propagate power to continue to serve those who are in power, while simultaneously denying the agentic capacity of communities at the margins (M. J. Dutta, 2020a). Communicative spaces are indelibly marked by power and control. A. Brown et al. (2010) attribute the perpetual erasure and silencing of voices to systemic marginalisation, disparate health outcomes, and preventable death. The authors explain:

> Every day spent waiting to find voice is another day that bears witness to preventable death. The price of our collective failure continues to be borne by the most vulnerable: the impoverished, the marginalised, the oppressed and those who have had their systems of control and authority undermined by colonisation and its intergenerational impacts (A. Brown et al., 2010, p. 265)

This quote was written in the context of the disproportionate burden of cardiovascular disease borne by Indigenous peoples in Australia and Aotearoa. A. Brown et al. (2010) emphasise the failure of systemic factors that have severely contributed to inequitable health outcomes for Indigenous peoples. Though the article was written in 2010, high rates of cardiovascular illness continue to persist (Agostino et al., 2020; Walsh & Grey, 2019) and this is not inseparable from the challenges and struggles attributed to many Indigenous realities within a settler-colonial state (Axelsson et al., 2016; Cram, 2019; P. Reid et al., 2019).

Top-down, expert dominated health communication messaging is regularly critiqued by various communication scholars (Airhihenbuwa, 1995; M. J. Dutta, 2018a; Kreps, 2006). The deferral to expert-dominated approaches to health solidifies power in elite ranks, while erasing grassroots community health understandings, challenges, and solutions. The voices of communities, particularly those at the "margins of the margins" are not valued or even recognised as necessary to be heard in order to address health disparities.

This thesis displays the agentic capacity of Māori living in the "margins of the margins." It is a call to co-create spaces and build communication infrastructures with Māori who are not heard by decision makers, policy crafters and those in positions of power. It is also a call to recognise and honour the heterogeneity and agentic capacity of Māori at the "margins of the margins." Existing literature has noted the heterogeneity of Māori society in communicative spaces, in socioeconomic standing and as active participants in Te Ao Māori (M. H. Durie, 1995; Poata-Smith, 2013). In other words, this research does not situate all Māori in the margins of dominant discursive spaces. Rather, this research explores the spaces where voices are ignored, unheard or erased here in Aotearoa.

The urgency to amplify the voices of Māori living in the "margins of the margins" to articulate for themselves the challenges and solutions to health and wellbeing told in their own voices is a simple proposition. This thesis seeks to outline examples of communication infrastructures at the margins of Indigeneity, foregrounding whānau voices navigating socioeconomic, health, and communicative inequities.

Through listening to the voices of communities at the "margins of the margins," the gaze is returned to the hegemonic structures that retain power and

knowledge making and distribution perpetuating communicative and socioeconomic inequalities (Ganesh et al., 2005). Co-constructed community-led communicative infrastructures create entry points for the articulations and knowledge of communities at the margins to emerge into dominant spaces contextualised by variegated lived experiences.

Unpacking the "Margins of the Margins"

This will be the first CCA study to engage with Kaupapa Māori theory as dialogic anchors in the context of Māori health and wellbeing at the "margins of the margins." The proposed research is linked to the Feilding advisory group, which was established in 2019 and is made up of past research participants who discussed and reflected upon the concept and process of marginalisation with CCA's architect, Professor Mohan Dutta. It was Dutta who facilitated two of their discussion groups when the "margins of the margins" was unpacked:

> [W]hat we call the circles of the margins means that you know in any society there are those that are at the very margins and constantly pushed out. So let's think about how we have their voices in our heart and in our soul, how we hold them, when we build this, so that those that are most at the margins can find a way to be invited and find a voice (M. J. Dutta, personal communication, meeting notes, 2 December, 2019).

The discussion included examples of how the voices of the participants of the Feilding advisory group saw themselves as side-lined from mainstream and Māori discursive spaces and continue to inform the themes that are woven into the CCA campaigns called #WhatWeSayMatters and #OurWhānauVoicesMatter. These

campaigns resonated with more whānau, who joined the recent māra kai or vegetable garden kaupapa, explored in this study, that arose in response to food security challenges during COVID-19 level four lockdown in Aotearoa.

Research Overview

In addition to my experiences of navigating health structures with whānau, and the observations I have made at tangihanga, the idea for the proposed research highlighted in this report was inspired by my previous research experience in June of 2019 in CARE. The research for this thesis was conducted in Feilding, Manawatū, Aotearoa. The project drew on Kaupapa Māori theory, in particular on tikanga that operates within a whānau-led Ngāti Kauwhata paradigm. A Whakapapa-based framework in dialogue with the CCA ensured the research initiatives were centred in tikanga processes, determined by the Feilding advisory group. The CCA lent its expertise to co-create voice infrastructures for listening to the meanings, challenges and solutions to health and wellbeing articulated by whānau Māori, who have been erased from communicative spaces and face multiple oppressions.

Research Aim and Goals

Within this context, the research aim is to draw on Kaupapa Māori (delving deeper to Whakapapa and tikanga) and the CCA as dialogic anchors to foreground the voices of whānau Māori, by building infrastructures for listening and platforms for voice to emerge into mainstream spaces. This will take place within the iwi area of Ngāti Kauwhata. The research will seek out the voices of whānau members living on the periphery of communicative spaces.

That said, I am aware that for some whānau, it is preferable to eke out an existence off the grid, exercising their own tino rangatiratanga and self-sustainable

Māori living practices, deep in Te Ao Māori and as far away as possible from the gaze and reach of colonial authorities. And it is an admirable existence. The reality of this existence, which I am sure many Māori yearn for from time to time, is that around the bubble of self-sustainable living is what I will refer to as the chaos.

The chaos is the racism, the ongoing colonisation, the neoliberal order, the whiteness, the unequal distribution of power and resources, all the challenges and struggles equated with being an Indigenous person in a settler-colonial society (Tuck & Yang, 2012). And to disrupt and dismantle the chaos, one approach entails stepping into it and working in whatever capacity that we can to undertake transformative actions. Returning to the bubble to re-energise, replenish, and heal is a necessary pitstop as well as a privilege to access. The chaos requires many, many disruptions. This thesis documents some of the collectivised disruptions and transformative actions conducted in the chaos, co-created in academic partnership with the Feilding advisory group and CARE, Massey University.

The research goals, to which research questions were addressed, are to understand:

- The meanings of health and wellbeing;
- The structural barriers or challenges to negotiating health and wellbeing; and
- The solutions proposed and how these are constructed, at the margins of Indigeneity, within a small iwi, Ngāti Kauwhata, in the Manawatū area.

An Overview of the Chapters

There are seven chapters in this thesis. Chapters One and Two introduce the research and the methodological foundation. Chapter Three examines a literature review concerning the impact of neoliberalism on Māori health outcomes. The findings section consists of Chapters Four, Five, and Six. Last, Chapter Seven draws together the threads and relates these back to the research aim and goals.

Chapter One introduces the research background and outlines the research aim and goals. I also map out the research, including the three research phases. An introductory explanation of some of the key terms in this study is also offered, together with an overview of the chapters.

Chapter Two details the methodological foundations and dual research approach, utilising a Whakapapa-based approach to communication and the CCA. The methods are also outlined, including an Indigenous method drawn from the iwi local context called Pūmau denoting the immersive role researchers play in an ancestral land occupation to hold onto the last remaining acres of Māori land from the modern-day confiscation attempts by the local regional council.

Chapter Three contains the in-depth literature review chapter. I situate the study in this thesis amid the ongoing challenges to health and wellbeing negotiated by Māori, particularly Māori occupying the "margins of the margins." The chapter goes back to the beginnings of the biomedical health system operating in Aotearoa and then jumps to the neoliberal economic reforms of the 1990s and the impact these had on Māori health and wellbeing. I also canvass the re-examination of Māori health by Māori, as a result of the ongoing negative health outcomes experienced by Māori in the biomedical health system. I also examine the lead-up to the 2022 health reforms, including the Waitangi Tribunal *Hauora Report* and the *Simpson Report*.

The Pae Ora (Healthy Futures) Act 2022 explicitly provides for consumer and whānau voices to be embedded into all levels of the health system. At the time of writing, we are yet to see how these voices will be included. This thesis offers examples of how to culturally center voices of whānau who are not typically heard in mainstream or iwi/Māori spaces. Culturally centering whānau voices means there are no pre-agendas, and diverse whānau are included not just community leaders or champions.

Chapter Four draws from 30 in-depth interviews of Māori who are not generally asked for their views about Māori health and wellbeing, yet have lived experience navigating socioeconomic disadvantage and disparate health outcomes. Some of the findings to the research questions are presented in this chapter. This chapter was submitted to the *Communication Theory* journal and was desktop rejected, with a recommendation to instead submit the chapter to a cultural journal. The chapter was then submitted to the *Health Communication* journal in 2021 and is now in press.

Chapter Five fleshes out Pūmau as a method organically occurring during an occupation of ancestral Māori land to prevent it from being taken by the local regional council. This land occupation came about suddenly in response to the council taking legal possession of ancestral Māori land for a stopbank. As the advisory group were meeting to analyse the themes of the research as documented in Chapter Four, the local regional council began digging up the whenua for a stopbank, believing that it had taken legal possession, even though not all the legal owners of the land were notified of the council's intentions and none of them had given verbal or written consent. The archaic provisions in the Soil Rivers and Conservation Act (1941) meant that land could be taken without written consent. This chapter

documents the discourse of engagement and the colonial processes utilised to seize possession of whenua as well as the Indigenous communicative processes enacted to take back the whenua. This chapter was submitted to the *Human Communication Research* journal in 2022 and is now undergoing final edits.

Chapter Six documents a māra kai initiative co-constructed by the Feilding advisory group and CARE. The chapter explores the establishment of māra kai and a market stall to generate conversations to disrupt colonial narratives that threaten Māori health and wellbeing. In doing so, māra kai practices were reclaimed, and are positioned here as a site for decolonising health and wellbeing meanings. Reclaiming māra kai practices through connecting with ancestral land and nurturing whanaungatanga constitutes an intergenerational approach to Māori health and wellbeing, expressed through a Whakapapa-based communication framework. This chapter was submitted to *AlterNative* in 2022 and was rejected. It was then submitted to *MAI* journal on 5 June 2023.

Chapter Seven synthesises the key findings through the articulation of whānau voices, drawing on a Whakapapa-based communication framework and the CCA. I outline the contribution the study makes to the CCA and Māori health and wellbeing scholarship as well as proposing suggestions for future research. I also revisit my personal research journey and provide an additional reflection gained through the process of critical reflexivity, integral to my research approach.

Chapter Summary

This Introduction chapter has outlined some of my reflexive thinking regarding my positionality as a researcher, researching within my own whānau, hapū, and iwi. There are multiple positionalities that shift, even when researching within

one's own community. I have introduced the research overall aim and the three goals that drove the questions that I sought to understand. I have touched on the dual methodologies that guide the research: a Whakapapa-based communication framework in dialogue with the CCA helped guide the research. These methodologies are explained further in Chapter Three. I also introduced the concept "margins of the margins," which is an authentic, non-judgemental, real positioning, whereby some whānau have been pushed and located here as a result of ongoing colonising processes and the inequitable spread of the social determinants of health, including neoliberal health organising and the dominance of whiteness and racism. Many health campaigns are targeted at the "margins of the margins" yet do not include their voices, lived experience, and intelligence. This thesis seeks to contribute to the building of communicative infrastructures to amplify whānau voice, complete with dialectical tensions, collectives of resistance, strength, disruptions of coloniality and culturally-centered communities of care, leading us all to transformative possibilities and re-imaginings.

CHAPTER TWO: RESEARCH APPROACH

When the Researcher(s) Came

When the researcher(s) came:

They

questioned…….recorded……seduced……**S**TOLE……

……promised…….**T**OOK……manipulated……..photographed…

……edited…….captioned……**O**RDERED…….assaulted……

…….extracted…..…**L**IED……alcoholised…….violent……

..reduced……..reframed……wrote……silenced……the

END

STOLE

Research diary entry, 5 January 2020

Wielded as a tool to extract, (re)define and disseminate, research has colonised the knowledge, and lived experiences of Indigenous peoples for centuries (Bishop, 1998; (Ndlovu-Gatsheni, 2019). From non-sensical, ethnographic accounts of Indigenous experiences, to fixations about our ancestors' physical characteristics (Kerry-Nicholls, 1886), research about Indigenous peoples has generally served the interests and fetishes of the colonial researcher(s) and misrepresented Indigenous realities (L. T. Smith, 2012b; D. Wilson, Mikaere-Hall et al., 2021). The power dynamics inherent in the researcher and researched binary relationship perpetuated the hegemonic dominance of the researcher and locked the researched out of decision-making processes. The parallels to the process of colonisation are apparent. The poem could have easily been titled "When the coloniser(s) came" and included

the words “terror,” “murder,” and “genocide.”

Indigenous researchers around the world challenged the performance of research *on* Indigenous peoples within a Euro-Western research paradigm (Battiste, 2000; Chilisa, 2020; G. H. Smith, 2017; L. T. Smith, 2012b). The seminal work of G. H. Smith (1997) and L. T. Smith (1999) provided ground-breaking research, driving the momentum for unfolding Indigenous research methodologies in academia worldwide (Archibald et al., 2019; Battiste, 2000; Chilisa, 2020; Denzin et al., 2008; S. Wilson, 2008). Indigenous researchers worldwide are trying to centre our own research methodologies to tell our stories and highlight our understandings, while critiquing the structural configurations that retain power and perpetuate health disparities and inequities.

“When the researcher(s) came” is a poem I wrote near the beginning of my doctoral studies when I again questioned the merit of doctoral study for myself, if I was expected to utilise my own Indigenous networks for research participants. Influenced by a mixture of oral histories within my whānau, hapū, and iwi that recounted the extractive nature of colonial research and what is also known today as neocolonialism, defined as neoliberal extraction to benefit and expand settler-colonialism (manuscript under review). Another research approach is community-based participatory research. This approach is typically formed with community champions or leaders but in a manner that uses community messages to underline the status quo and perpetuate power inequities (M. J. Dutta, 2007), theorising health meanings within the confines of dominant configurations (M. J. Dutta, 2018a). Conversely, the CCA focuses on “building theories from below” (M. J. Dutta, 2018a, p. 240), and constructing dialogic spaces for culturally-centered meanings of health to emerge, which inevitably confronts colonial structural dominance (M. J. Dutta et

al., 2021).

My own experience of the negative impacts of research involves trying to obtain a copy of a videotape of our koro Charles Paora Kaitoa Bell, which was the subject of research. Our Koro was recorded in 1997 on our marae in Ngāti Kauwhata talking about his experiences during World War II and was promised a copy of his recording. After being led down many dead-ends, we finally managed to retrieve a copy of his recording 23 years later. Unfortunately, by that time, he had passed away.

In addition, I have tried to retrieve our great grandfather's audio recordings that took place in approximately the early 1960s, without his knowledge or consent to be recorded. Pens, paper, recording devices, and whiskey were the tools of the trade in that instance. The recording was located at Massey University but was then moved. We are still searching. "When the researcher(s) came" is drawn from intergenerational lived experiences of being researched. It is meant to draw attention to the research approach and methods utilised at that time and some would argue that elements of those approaches still continue today. There is no full stop to end in the poem "When the researchers(s) came" because the repercussions of these research approaches are ongoing. It took us 23 years to retrieve our grandfather's video recording, and it has been more than 60 years collectively searching for our great-grandfather's audio recording. The first letter of the capitalised words are emboldened and together spell the word "stole." The knowledge and expertise stolen by researchers from Indigenous peoples to exclusively further the goals of the researchers constitutes the researched experiences of many Indigenous peoples (Ndlovu-Gatsheni, 2019; L. T. Smith, 1999). K. Coates (1998) summarises our experiences from the viewpoint of settler-colonialism:

> There was a shift in societal attitudes towards Indigenous peoples. In

> the first half of the 20th century, most people (to the extent that they considered them) viewed the First Peoples as "dying" cultures, struggling against unavoidable development and modernisation. Few, save for a handful of humanitarians, social activists, and academics, saw much of value in the traditions and life-ways of people who lived what was readily defined as a "primitive" lifestyle. However, growing concern about the sustainability of western, industrial societies, coupled with increasing interest in Indigenous spirituality, environmental knowledge, and cultural wisdom, altered this attitude. Peoples once relegated to the margins of human thought, considered only as a living remnant of a collapsing social order, were increasingly viewed with admiration and respect. Outsiders sought to learn from Indigenous Peoples, and to gain access to the wisdom of the ages contained within their languages, world-views, and environmental sensitivities. (p. 23)

In recent years, Indigenous peoples' knowledge and lived experiences of marginality, resistance and self-determination activities have been sought after for a range of reasons and purposes. The research shift to Indigenous methodologies and methods by Indigenous Peoples utilises the same tool of research that has silenced Indigenous voices and turns the gaze back on the settler-colonial structures. This challenges the lack of humanity in research enacted upon Indigenous peoples by non-Indigenous peoples as evidenced by K. Coates (1998) quote above. Indigenous people are keen inquirers, inquisitive about our environment and the impact of the settler-colonial environment upon the collective (S. Wilson, 2008). Literature, as well as our oral histories, document that Indigenous peoples have long recognised

and advocated for the recovery and utilisation of Indigenous frameworks and epistemologies in research (D. Wilson, Mikaere-Hall et al., 2021). Indigenous methodologies spring from ontologies grounded in Indigenous philosophies (Kovach, 2021).

Kaupapa Māori

Kaupapa Māori developed as part of a resistance movement against the colonial campaign inbuilt into structures and institutions that monopolise Aotearoa and marginalise Māori (Bishop, 1998). A Kaupapa Māori approach to research is derived from the variegated knowledge stores of whānau, hapū and iwi. Māori understandings are drawn and shaped by tikanga, which is the hallmark of a Kaupapa Māori approach. Tikanga are "a Māori way of doing things" (Opai, 2021, p. 9) and vary according to hapū and iwi. Tikanga can be customary (passed down through the generations) and adapted or created contemporarily (Mead, 2016; Opai, 2021). Pihama (2015) posits Kaupapa Māori as an organic Indigenous theoretical framework. It is not rigid and confined to the academe, but is purpose-built to Māori diversity and influenced by tikanga as well as by academic analyses (L. T. Smith & Reid, 2000). "[Kaupapa Māori] is an assertion of the right to be Māori on our own terms and to draw from our own base to provide understandings and explanations of the world" (Pihama, 2015, p. 12). Mane (2009) emphasises that Kaupapa Māori is contextualised in the foundations of Māori communities. L. T. Smith (2000b) highlights that the whānau (in its widest sense) is a powerhouse of Kaupapa Māori methodology because of the ability to organise research through centring Māori values, arranging hui, networking in communities, task distribution, and general coordination. Whānau has been defined in broader terms than the Euro-Western

notion of family. In contemporary times, whānau can also denote group affiliations that are not familial per se but are organised in a similar fashion. For Māori, examples of these are sport clubs and teams, kōhanga reo, kura Māori, Māori Women's Welfare League, and Māori boarding schools (Hond, 2013).

Starting in the education field, Kaupapa Māori scholarship spread to include various disciplines including but not limited to a range and breadth of topics in health (Cram, 2019), evaluation (Carlson et al., 2017), the promotion of transformative social change (A.-M. Jackson, 2015), public engagement (Love & Tilley, 2014), a framework for science (C. Cunningham, 2000), supervision (Elkington, 2014), as an approach towards data sovereignty (Paine et al., 2020), and as an informed review on sport, ethnicity and inclusion (Hapeta et al., 2019).

Kaupapa Māori also demonstrates similarity with the CCA (see the section "Culture-Centred Approach" below). The two methodologies are both associated with critical theory and are concerned with uncovering power inequalities that have worked to marginalise Māori and instead seek social justice transformation (Pihama, 1993, 2010; L. T. Smith & Reid, 2000). Kaupapa Māori and the CCA methodologies both seek to decolonise. Whereas the CCA makes space for the participants to indigenise research, Kaupapa Māori is steeped in Indigenous ontology and epistemology and is also designed to indigenise research practices and methods.

When research is handled by Indigenous peoples for Indigenous peoples and co-designed in communities, research approaches take on a different encounter and experience. Research becomes about resistance (M. J. Dutta, 2013; Strega & Brown, 2005), ceremony (S. Wilson, 2008), reclaiming voice (Battiste, 2000) and prioritising Indigenous approaches to communication (M. Walker et al., 2014). Indigenous research methods not only accentuate knowledge but also decolonises, unsettles

power, and seeks to bring about healing (Brewer et al., 2014; Le & Gobert, 2015). This section has canvassed the necessity for Indigenous approaches to research and has focused on a Kaupapa Māori approach, which is nurtured through Whakapapa and drawn from the rich knowledge stores of whānau, hapū and iwi. The next section discusses Whakapapa as a methodology that is culturally apt and relevant for the research associated with this thesis.

Whakapapa as Methodology

Whakapapa as a verb is "to lie flat, to place in layers, one upon another" (J. Roberts, 2006, p. 4). Conceptually, Whakapapa is not restrictive; it is an integrated labyrinth comprised of both a pantheon of fixed passages and fluid, open, moving passages. Whakapapa provides a continuity of existence from the spiritual realm to the physical realm (Rameka, 2016). Whakapapa is "an existential philosophy" (C. T. H. Mika, 2014, p. 48) that emphasises the totality of all integrated strands. Yet each strand is unique and woven symbiotically in relationship with other strands (Marshall, 2021).

Whakapapa is also positioned as an ontological framework within which knowledge is stored (Lythberg et al., 2019; M. Roberts, 2013). Whakapapa has long been utilised as a way of generating, ordering, and explaining knowledge (G. H. Smith, 1987 as cited in L. T. Smith, 2000b), therefore positioning Whakapapa as a research framework (Graham, 2009), and a methodology (Royal, 1998) is a natural expansion. Similarly, Rameka (2016) adds that Whakapapa is a method of thinking, tracing, and debating knowledge, and the communication of knowledge is enabled by the construct of Whakapapa (M. Roberts et al., 2004).

Whakapapa informs knowledge and communication systems, including

dialectical musings and tensions. Whakapapa is central to Māori perceptions of communication and provides the knowledge framework to co-create infrastructures for listening and voice (A. Mahuika, 1998; Paipa, 2010). Paki and Peters (2015) explain that Whakapapa looks to the web of connection between people and the wider context, between the places in which people live and go about their daily lives and their meaningful places, resulting in rich repositories of knowledge and sense making.

Whakapapa is drawn from tikanga (Pihama, 2015; L. T. Smith, 2000b), and tikanga is highlighted as the first law to operate in Aotearoa (Mikaere, 2007). Tikanga can be expressed as the fundamental shared values and practices that manifest in obligations and behaviours in social contexts (L. T. Smith, 2000b), while Whakapapa provides the apparatus for the conduct and operation of all Māori institutions. Tikanga is the operationalisation and practical application of Whakapapa (see Mead, 2016).

Inspired by the literature on Indigenous research methodologies, during this thesis I have regularly looked to explore and apply these. The CCA is an approach that makes spaces for Indigenous methodologies. In bringing the CCA into dialogue with Kaupapa Māori as well as being immersed in the land occupation (see Chapter Five), the way that whānau organise and collectivise revealed an Indigenous methodology and method relevant to this specific context. Whakapapa as a methodology and as a method, demonstrate a way of organising data that is really relevant to the whānau participants and our hapū and iwi. On the one hand, Whakapapa in a genealogical construct is applicable because the whānau participants are descended from the same ancestor and are of the same iwi. In a wider sense, Whakapapa as methodology is applicable because it is Indigenous and omnipresent,

providing an ontological catalogue; a search tool of connectivity patterns between human life and the environment (Paki & Peters, 2015). Mikaere (2011) emphasises the enormity of Whakapapa: "Whakapapa embodies a comprehensive conceptual framework that enables us to make sense of the world…It shapes the way we think about ourselves and about the issues that confront us from one day to the next" (pp. 285–286). Whakapapa as methodology resonates with research context as it provides a framework of unlimited connections on which the advisory group can draw from, during the discussions, planning, and co-creation of communication infrastructures.

The Culture-Centered Approach

Airhihenbuwa (1995) drew attention to western formations of health promotion practices that failed to serve targeted populations from marginalised communities. Airhihenbuwa highlighted the association between culture and health, calling for cultural nuanced approaches to the design and implementation of health campaigns. These approaches are prolific and known as cultural sensitivity approaches in the CCA literature (M. J. Dutta & Basu, 2008). While the CCA recognises culture as a central, organising theme, it differs markedly from cultural sensitivity approaches because, rather than going to communities with pre-defined issues, the CCA works on creating community-academic partnerships where communities themselves identify the issues to be addressed and the strategies and solutions to address these, including identifying further partnerships and networks for assistance (Dutta-Bergman, 2004a). This takes place during a period of nurturing relationships with communities through ongoing advisory group meetings.

The methodological approach of the CCA seeks to highlight and address health disparities by opening up communicative spaces for the participation of

communities at the "margins of the margins" that have been previously foreclosed (M. J. Dutta, 2018a). The CCA attributes the foreclosure of communicative spaces to marginalised communities as a contributing factor of marginalisation (Carter & Alexander, 2020).

In the CCA, culture is defined as those shared understandings and practices that are eked out in the terrains of communities (M. J. Dutta, 2018a). While it can be argued that all communities, ethnicities, social structures, workplaces, and hegemonic spaces reflect a certain culture, the CCA is drawn from critical theory, postcolonial studies, and subaltern studies and is concerned with the way culture is negotiated in communities navigating challenging socioeconomic and marginalising circumstances (M. J. Dutta, 2015a).

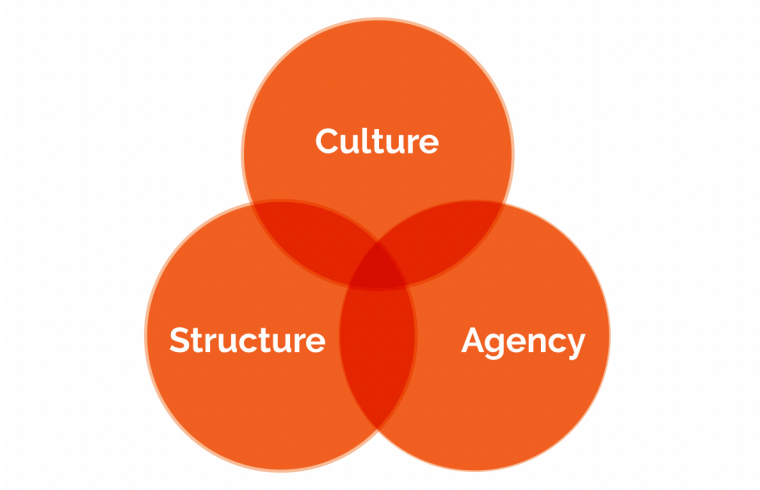
Culture is a central, organising theme in the CCA. M. J. Dutta and Basu (2011) argue that culture is both static and fluid and health meanings are articulated in the context of culture and communities. In the CCA, the centring of culture applies to the context of the "margins of the margins." It is not concerned with centring hegemonic practices of culture found in oppressive regimes, but is concerned with critiquing the power imbalances that perpetuate marginality (M. J. Dutta et al., 2019).

Structure reflects the ways in which systems are organised, the rules around who can and cannot participate, including how the communicative space is organised with its concomitant rules, exclusions, and practices (M. J. Dutta, 2016). The navigation of structural constraints is an agentic exercise. Agency is also deployed during symbolic and material practices of resistance (M. J. Dutta, 2011). The enunciation of cultural meanings reflects agency and offer registers for transforming structures. The voices of communities are foregrounded through turning to the interplays of culture and agency and positioning communities at the margins as

owners of structurally transformative processes (M. J. Dutta, 2016). The CCA posits listening and dialogue as the bedrocks of social justice transformation (M. J. Dutta, 2014).

Figure 1 demonstrates the conceptual interplay of culture, structure, and agency in the CCA (M. J. Dutta et al., 2021). The CCA is a theory and method of tending to communicative practices that deny marginalised voices, by positioning these voices to emerge at the intersections of culture, structure and agency. M. J. Dutta (2011) refers to these three pillars as "the tripods that offer the base for meaning making and communicative enactment" (p. 40).

Figure 1: Culture-Centered Approach



Note. Community-Led Culture-Centered Prevention of Family Violence and Sexual Violence, (p. 2), by M. J. Dutta, P. Jayan, C. Elers, M. Rahman, F. Whittfield, P. Elers, S. Metuamate, V. Pokaia, D. Jackson, B. Kerr, S. Hashim, N. Nematollahi, C. Teikmata-Tito, J. Liu, I. Raharuhi, A. Zorn, S. Bray, A. S. B. M. Sharif, S. Holdaway, C. Kake-O'Meara, 2021, CARE, Massey (https://carecca.nz/research/care-projects/care-jvbu-project-violence-prevention-needs-in-diverse-communities/). In the public domain. Reprinted with permission.

CCA works on building communication infrastructures to listen to the voices of the "margins of the margins." In this study, these voices are embedded within a

Whakapapa relationship with land and environment, with ancestors and with contemporary social relationships. Whakapapa facilitates the relationships and anchors these in relation to local places. Examples of communication infrastructures are (but are not limited to): in-depth interviews, advisory group meetings constituted with the interview participants, campaigns that may include co-designed messaging in the form of video campaigns, social-media campaigns, photovoice, t-shirts carrying key messages, kaupapa specific workshops, presentations to key stakeholders, and the publishing of white papers and other written documents (M. J. Dutta, 2018b).

Research Aim

The broad aim of this research is to draw on Kaupapa Māori and the CCA as dialogic anchors to foreground the voices of whānau Māori, by building infrastructures for listening and platforms for voice to emerge into mainstream spaces. The research will delve deep within the iwi to seek out the voices of whānau members living on the periphery of communicative spaces.

Research Questions

This study explores communication infrastructures for health and wellbeing at the "margins of the margins" of Indigeneity. I drew on Whakapapa connections within my iwi community of Ngāti Kauwhata in the Feilding, Manawatū area, to identify whānau participants navigating socioeconomic challenges, who were interested in sharing their understandings of health and wellbeing. The research questions are:

- What are your meanings of health and wellbeing?

- What are the structural barriers (challenges) to negotiating health?
- What are the solutions proposed and how are these constructed?

Finding answers to the above questions was the focus of participant interviews and as such, they aided in directing and navigating the flow of in-depth discussion with participants.

The Context

Ngāti Kauwhata is situated in the Manawatū region and is affiliated to the Tainui waka. Ngāti Kauwhata was part of the migrations that took place in the early 1800s from the Waikato region to the south of the North Island. Since then, Ngāti Kauwhata have resided in the Feilding and surrounding areas in the Manawatū. For the first time, Ngāti Kauwhata entered the census in 2013 and recorded 1,401 people who identified as Ngāti Kauwhata (Stats NZ, 2014). The 2018 census, recorded at estimated 1,734 Ngāti Kauwhata people (Te Whata, n.d.). Just over half of the Ngāti Kauwhata population live in the Manawatū-Whanganui region.

At the time of writing, Ngāti Kauwhata is still in the Waitangi Tribunal hearing stages pertaining to massive land loss, as a result of fraudulent acts by the Crown in *Porirua ki Manawatū inquiry* (Hurihanganui, 2020). These claims date back to the 19th century and include Ngāti Kauwhata and Ngāti Raukawa iwi areas (Waitangi Tribunal, 2022).

Research Phases

This research took place over three phases. The first phase is captured in Chapter Five, which involved interviews with 30 Māori participants with lived experiences of socioeconomic challenges and communicative inequalities. The

second phase included bringing the participants together (those who were available and willing) to begin to flesh out some of the research themes. They have chosen some themes to collectivise on, plan, and implement campaigns that have involved an anti-racism campaign, a land occupation, a hui with Andrew Judd on Māori wards, participation in the Māori wards protest in Feilding, and the planning and implementation of a strategy to connect with ancestral land to grow a māra kai called Kaiiwi, meaning feed the people, underscored by the campaign name #WhatWeSayMatters and its derivatives #WhānauVoicesMatter, #OurVoicesMatter.

Phase two identified whenua as a key determinant of health. Built around the concept of land as integral to Māori health and wellbeing, māra kai emerged in phase three and became a site of structural transformation and intergenerational wellbeing. Whānau described the collectivisation needed to plant, harvest, and distribute kai to whānau navigating socio-economic challenges. The (re)connection to ancestral land produced nourishing kai, and at the same time, the connection nourished wairua and respect for the land, cultivating a sense of belonging and also care for one another countering the individualistic-focused, busy world that surrounds us.

Produce has also been taken to the Feilding Farmer's Market, Pakaitore Markets in Whanganui, and the Highbury Market in Palmerston North as alternate economy sites to supply fresh organic produce at reasonable prices for whānau. The pūtea that is generated goes towards buying more seed for the next season. The marketplaces have also become sites of communication interventions, generating conversations with the public about Māori wards, ancestral land as people ask where the kai is grown, and the type of produce: rīwai moemoe, kamokamo, kete waikawa, and kawakawa balm. Around the time of the Manawatū Māori wards protest in Feilding last year, there were many conversations about the need for Māori

representation in local government. Some people listened to the voices of the whānau advisory group participants, and some did not. Those that did not were still asked to buy our produce anyway.

Mapping the Research Approach

A Whakapapa-based research and communicative approach is apt not just because the participants share Whakapapa and are of the same iwi but also because the paradigm of Whakapapa entails the layering and sharing of knowledge. Whakapapa scholarship is not limited solely to people who share the same genealogy but, as we know, kaupapa-based whānau in kōhanga reo and kura Māori as well as other Māori collectives have utilised Whakapapa as an approach because of its epistemological origins (Hond, 2013).

The CCA is designed in dialogue with various Indigenous and migrant communities around the world. The key architect is Professor Mohan Dutta, a global academic-activist. The CCA is a health communication approach that is highly critical of power structures and the insidious ways in which hegemonic structures silence voice, particularly the voice of communities inhabiting the "margins of the margins." The CCA also lends its solidarity to communities are who often not heard in mainstream communicative spaces and builds communication infrastructures to foreground voice.

For example, the māra kai and the markets have been a site of communication where the participants are able to articulate their own meanings of health and wellbeing. When the local council wants Māori opinion, the communicative norm is to invite Māori to a council meeting, which our leaders will often attend. However, the voices of those with lived socioeconomic disparities are rarely heard in this

space. So the object of the CCA is to build alternate communicative infrastructures with communities and these can take the form of t-shirts, videos of the participants themselves speaking, stickers, māra kai and marketplaces as some examples.

Methods

The International Communication Association (ICA), CARE, Massey University pre-conference in 2021 explored methodological imperatives that emerge from struggles for land and recognition in the Global South (CARE Massey, 2022). One of the memorable sessions was titled "Land, violence and democracy." A discussion ensued regarding how struggles for land and democratic recognition shapes methods, during which a lively, frank, and brave dialogue fleshed out some methods that resonated with me because I had also sought to co-create some of the methods I used in this thesis in a similar way. Some of the outstanding highlights (CARE Massey, 2022) in my opinion were:

- Method is not side-line commentary.
- If the structure is praising you, then you need another method. This infers that method involves conflict and battles with the structures that make promises, untold excuses, and rarely deliver on the promises.
- Method is constantly pushing back.
- Method is having courage, being brave to instigate or continue dialogue with power structures.

These highlights resonated with me because they formed the creation of the Indigenous method Pūmau during the land occupation in January/February 2020.

Though the ICA, CARE, Massey University pre-conference 2021 discussed method imperatives in the context of land struggles in the global South, the struggle to retain our ancestral land here in Aotearoa was reflected in these same bold and auspicious methods.

In-depth Interviews

Various methods were enacted in this thesis. The first method involved 30 in-depth interviews to gauge Māori understanding of health and wellbeing. These interviews were conducted between the end of June 2019 and the end of August 2019 among whānau participants, predominately from the Ngāti Kauwhata iwi. Whānau research participants were identified through whanaungatanga relationships. I was born in Feilding and have lived most of my life there; however, even though Ngāti Kauwhata is a relatively small iwi, I cannot claim to know every person of Ngāti Kauwhata descent. Through whānau networks I was able to identify and contact possible participants. Some of the participants referred me to others.

Some interviews were conducted one to one; other interviews were conducted with up to three people, as some preferred this interview approach. Before I began the interviews, I sent out the questions via email – and also visited in person some whānau participants not connected to the internet – for their feedback. I also alerted the executive of our iwi group, Ngā Kaitiaki o Ngāti Kauwhata Inc. to the research project. They offered office space for the interviews, if needed, and the space has been utilised for this purpose on occasion. The iwi space is also being utilised by the Feilding advisory group for regular meetings.

All interviews were transcribed and qualitative data analysis began with open coding using constructive grounded theory in dialogues with Kaupapa Māori (see M. J. Dutta, 2018b; D. Wilson, Mikaere-Hall et al., 2021). The constructivist grounded

theory approach to data analysis begins with analysing the data line by line and turning out many codes. Using an iterative process, this is repeated by grouping blocks of similar data until clearer themes are identified (Charmaz & Thornberg, 2020). In the CCA, these themes are then taken back to the advisory group for discussion and further analysis (M. J. Dutta et al., 2016). Interviews were also the chosen method by the advisory group to ascertain their experiences creating and nurturing the māra kai project (see Chapter Six).

Feilding Advisory Group Meetings

One of the ways in which Kaupapa Māori and the CCA share similarities is in the advisory group method of the CCA. Māori also utilise meetings or hui processes to organise and coordinate projects (Lacey et al., 2011). The act of meeting to engage in dialogue has long been a tikanga practice. Those who were interviewed were invited to participate in the advisory group meetings and were encouraged to bring along other community members who might also welcome the opportunity to discuss issues and work on strategies identified by the advisory group in partnership with the CARE, Massey University. Most importantly, the advisory group becomes a platform for voice, articulating Māori local meanings and solutions.

At the first and second meetings, the advisory group established the tikanga that guided how the group functioned and discussed the plethora of issues that arose from the emergent research themes. The tikanga established were fluid and able to be amended or added to, should the advisory group wish. The group then proceeded to discuss the emergent themes from the in-depth interviews and gave further examples of some of the themes in the context of Feilding.

In the second meeting the advisory group agreed on the issue on which we would work, and then decided on a campaign name: #WhatWeSayMatters. During

the land occupation, which would take place three months later, the campaign name was drawn upon, this time by the wider whānau who were present, and messages for the placards were created centred on #WhatWeSayMatters, which was then extended to #WhānauVoicesMatter. These can be seen in Figure 12 in Chapter Five, demonstrating the land occupation placard messages for the council. The signs from front to back read: “Not 1 more acre”, “Kaitiakitanga our sacred obligation to protect Papatūānuku,” “Can’t stop, won’t stop,” “Whānau voices matter,” and “Kaitiaki.”

During the meetings in November and December 2019, the advisory group worked on creating a storyboard for a video built around the campaign #WhatWeSayMatters and its derivatives, e.g. #OurVoicesMatter and #WhānauVoicesMatter. The first storyboard resulted in the co-creation of a short video to foreground the voices of the advisory group concerning the ongoing effects of colonisation on Māori generally as well as in the Feilding community. The purpose of the video was for evidence to be submitted to the Waitangi Tribunal hearing. The video was filmed at Kauwhata marae.

For full effect, the advisory group also designed a t-shirt that we wore in the video and around the town. The t-shirt also became a communicative mechanism for voice as it listed some of the issues the advisory group felt impacted on their health. These were written on the back on the t-shirt and Kauwhata marae was positioned on the front of the t-shirt, along with the words #WhatWeSayMatters and “Kauwhata tāngata” (see Figure 2).

Figure 2: T-shirts Designed by the Feilding Advisory Group

Note. Designed by the Feilding Advisory Group, 2019-2020. Private collection. Reprinted with permission.

The advisory group discussions concerning the māra kai took place initially over four meetings, from 29 June 2020 to 13 August 2020, including a walk on the land. During these meetings the advisory group members created a campaign name called #Kaiiwi323 and cards and stickers to place in and on produce bags at the Feilding Farmers' Market (see Figure 3). The advisory group also located ancestral land to plant a māra kai, arranged for sheep to be temporarily housed on the land to help cut back the grass, sourced farm equipment and a local retired agriculturalist to help lay out the seeds and organic fertiliser on the land. We also contacted Dr Nick Roskruge and team and Massey University, who were coincidentally visiting Ngāti Kauwhata iwi reps to discuss māra kai initiatives. In the end, two blocks of ancestral land were offered up for the māra kai and planting took place over four days (see Figure 4. Figures 5-7 capture the growth and harvesting of the produce.

Figure 3: Kaiiwi Feed the People @Kaiiwi323

Note. Designed by the Feilding Advisory Group, 2021. Private collection. Reprinted with permission

Figure 4: Planting Rīwai

Note. Photo credit: Christine Elers, CARE, Massey University, 2020. Private collection. Reprinted with permission from CARE, Massey University.

Figure 5: Rīwai Growing on Māori Ancestral Land

Note. Photo credit: Selina Metuamate, 2020. Private collection. Reprinted with permission.

Figure 6: First Harvest, 6 March 2021

Note. Photo credit: Christine Elers, CARE, Massey University, 2021. Private collection. Reprinted with permission from CARE, Massey University.

Figure 7: Moemoe

Note: Photo credit: Selina Metuamate, 2021. Private collection. Reprinted with permission.

Reflexivity and Research Journal

Critical reflexivity is a methodological tool of both Kaupapa Māori and the CCA (M. J. Dutta et al., 2019; Pihama, 2015). The role of the researcher is to interrogate power and privilege through the process of reflexivity documented in ethnographic notes or in a research journal. The CCA is highly critical of the inequitable distribution of power in communities and between researchers and communities (M. J. Dutta, 2008). Transparency or visibility is a constitutive element of reflexivity and an alert consciousness about the agendas of some academics and

other experts that may seek to adopt the campaigns of communities, making them their own.

According to the CCA, the role of the researcher therefore is to examine their own privilege and power and steadfastly work to illuminate sites of power and inequality because embedded in these sites is the erasure of voice. These sites of power and their oppressive consequences may not be visible at first. For example, they can be dressed up in palatable messages of cultural sensitivity (M. J. Dutta, 2007), cultural responsiveness, and consultation with communities. Equally important, is the role of the researcher to work at shifting power away from academics and other actors who have had access to and a monopoly on communication infrastructures towards the whānau or community advisory groups, who have been denied these infrastructures.

M. J. Dutta et al. (2019) provides an example of collaborations between academics and subaltern communities that played out in the authoritarian state of Singapore giving rise to socialist health organising in "partnerships of solidarity" (p. 1):

> The body of the academic placed on the line in solidarity with subaltern struggles for voice forms the basis of the methodology of resistance. It decolonizes the capitalist framework of knowledge production through its voicing of an openly resistive public politics that stands in defiance. (M. J. Dutta et al., 2019, p. 3)

My reflexive notes have included journal notes, voice recordings, poetry, doodling, and conversations. Through this range of reflexive tools, I critically interrogated my relationships with participants, asking what it takes to place

participants in their positions as experts of their own realities? Engaging in this process reflexively suggests that it is not the researcher's prerogative or right to teach or upskill our whānau participants, asking ourselves, what happens when the very meanings of health are defined by whānau? My role was to humbly listen and learn, including learning the definitional terrains of what makes up health. In this way, the researcher-whānau participant relationship was inverted, with the whānau participants guiding the dialogic process. Even the unconscious assertion of academic or other expertise in the dialogic space of in-depth interviews with whānau participants can often amount to the erasure of whānau voice.

Anchoring the interviews in stories that whānau participants share about the meaning of health offers new registers for imagining health. To co-create communicative platforms with whānau calls for researchers to continuously interrogate their own power, privilege and expertise. Our reflexive co-creation situated our bodies "on the line," (M. J. Dutta et al., 2019, p. 4) standing alongside the advisory group of whānau participants when they challenged the building of a construction project by the regional council as fundamentally threatening to their health, thus creating a land occupation as resistance, as the basis for taking back health.

Whakapapa

Whakapapa has been positioned as a method in which knowledge is ordered in the world (Tau, 1999). I employed Whakapapa as a tool of analysis to make sense of human relationships situated within the environment of natural phenomena (Royal, 1998). Drawing from the examples presented by Royal, when analysing the interview transcripts conducted in phase three for the māra kai experiences, participants' articulations were layered and contextualised, and linked from one

theme to another. Sixteen interviews were conducted from the end of July 2021 to end of January 2022, which took longer than anticipated due to COVID-19 level four lockdown. The time between interviews was spent approaching the data from the framework of Whakapapa, where the focus is primarily on the identifying the themes and then working on refining these according to the detail and connections to the other themes.

Pūmau

Pūmau as method in the context of this research journey, can be drawn from the following Ngāti Kauwhata ngeri:

Kauwhata (hī)
Raukawa (hī)
Akiakinga kupu o te haere
Hei rokohanga mai i te raruraru
Pūmau tonu te haere
E kore e hiki te haere
Ka taea ki te rangi
Paimārire
Auē, auē, auē hā!

Ngeri are generally short haka, with no set hand movements, so the performers are able to freestyle their own movements. My understanding of this ngeri is that it was composed to encourage people of Ngāti Kauwhata and Ngāti Raukawa to remain steadfast in the issue at hand, regardless of the challenges that will inevitably arise.

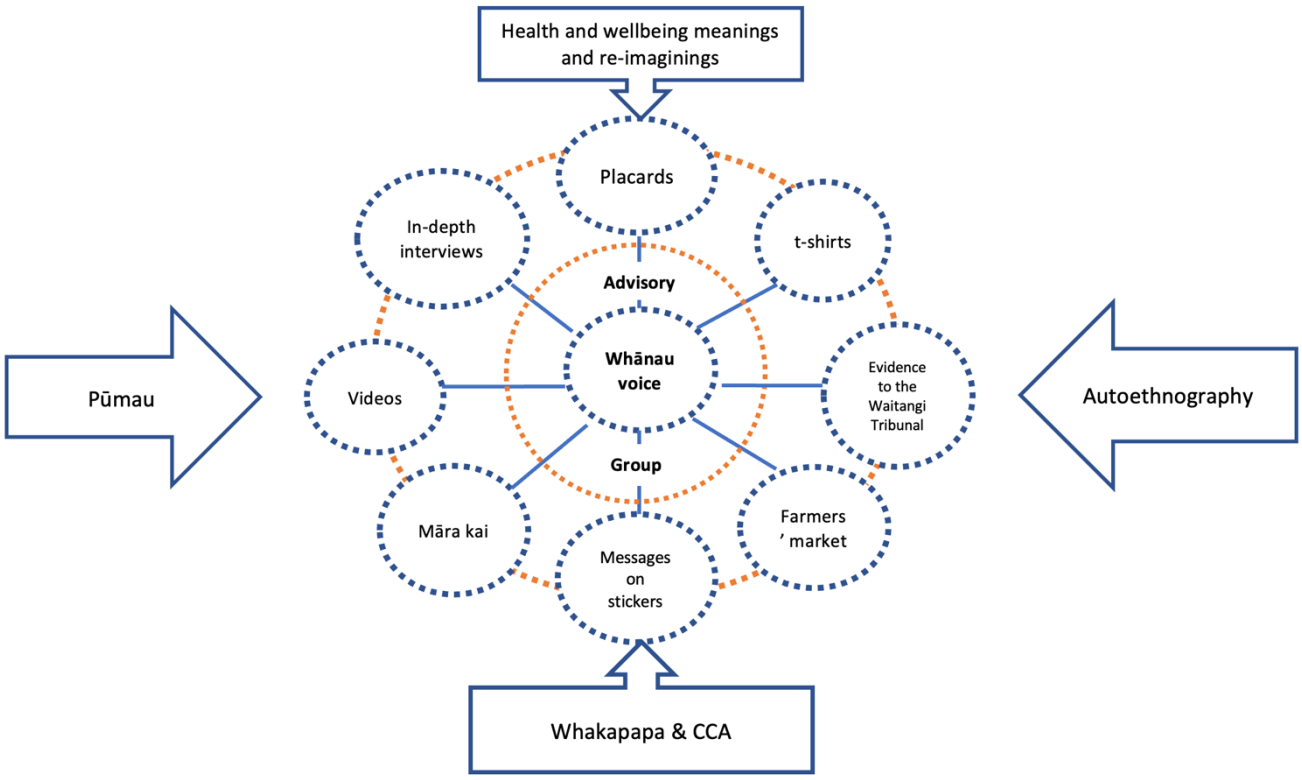
This ngeri highlights the historical and Whakapapa-based connections between iwi. In addition, in contrast to an individualistic ontology, collectivisation is emphasised as a necessity to push through challenges and reach the desired end goal. Challenges represented as difficulties or problems are written into the ngeri, as they appear to be expected. The ngeri exhorts the iwi to not give up until the goals have been achieved. This requires collectivisation through connections, and a steadfast, unrelenting commitment to the task at hand, as depicted by the words "Pūmau tonu te haere," hence, presenting an Indigenous and culturally situated data collection method that also has similarities to the methods spoken about at the ICA, CARE, Massey University pre-conference in 2021 outlined above. To my knowledge, this is the first time this particular method, which I have called Pūmau has been espoused in literature. I have no doubt that the concept has been regularly utilised across various projects.

Pūmau is not orientated towards side-line commentary. Instead, the method encourages immersing one-self in amongst the community or whānau. It also anticipates conflict as indicated in the ngeri. In the CCA, an enactment of method may mean that structures and power inequalities are critiqued and highlighted as the primary causes of issues in communities. The collectivisation inherent in Pūmau provides a buffer to mitigate or ride out conflict by enabling the sharing of roles and responsibilities.

Figure 8 represents the communication infrastructures co-created in this study, utilising the Pūmau method of data collection within a Whakapapa-based communication framework in dialogue with the CCA. Centring the whānau voice in dashed circles indicates an emerging of voices from the advisory group and from there to various communication infrastructures, in which the whānau voice is further

amplified. A Whakapapa-based communication framework and the CCA anchored health and wellbeing understandings within the local context of Feilding and the local hapū and iwi. Health and wellbeing promotion and activities at the margins of Indigeneity in this study speak about resistance to colonial erasure of ancestral places and modern-day confiscation of ancestral Māori land driven by a collective positioning, and the nurturing of human relationships and relationships with the land, rivers, and environment. The co-creation of a māra kai on ancestral Māori land became a site of intergenerational health and wellbeing that nourished the tinana, wairua, hinengaro, and whānau. This section has canvassed the methods utilised in this study and concludes with a diagram of explanation that I have constructed in Figure 8.

Figure 8: Communication Infrastructures at the Margins of Indigeneity



Ethical Considerations and Risk Management

The in-depth interviews concerning the experiences creating the māra kai were deemed to be a low-risk ethics notification in accordance with Massey University's *Code of ethical conduct for research, teaching and evaluations involving human participants*, *2017* (Massey University, 2017), because no harm was envisioned to be experienced by the advisory group members.

During the in-depth interviews in phases one and three of the research, participants were compensated with a $40 grocery voucher for their time. During phase two of the research, the advisory group stage, the participants were compensated with a $20 grocery voucher for their time. In addition, kai is provided at every advisory group meeting during phase two. Venue usage payments for

meetings were offered to the iwi; however, the venue was provided for free. Each interview was audio-recorded with the participants' permission, transcribed, and in some instances returned to participants for checking, where this offer was accepted. The advisory group meetings began being audio-recorded with the participants' permission and then some of the advisory group members took turns transcribing the recording and were paid for their work. All transcripts or meeting notes of the advisory group meetings are provided to each participant at the following advisory group meeting. Transcribing the advisory group meetings became onerous so then the advisory group members took turns taking meeting notes for the group.

The ethics notification numbers are 4000021199 for phase one, which was the in-depth interviews, and 4000021756 for phase two, the advisory group stage. Phase three involved further interviews (as opposed to focus groups) at the participants' request and was about the advisory group mahi to create the māra kai. Ethics notification number for this final phase is 4000024665 and was obtained on 29 June 2021 (see Appendices). At the māra kai harvests, kai, and water was also provided. The advisory group members took turns shopping for sandwich fillings and prepared sandwiches for all who turned up to the harvest, whether they were advisory group members or not.

Level four COVID-19 lockdown in August 2021 delayed the completion of the interviews and advisory group meetings, even after the levels dropped, as we waited for the advisory group members to feel safe to meet in person. Some interviews were then conducted on the phone.

Summary

This chapter has outlined the research approaches utilised in this study, along

with the research aim and questions. The similarities between Kaupapa Māori and the CCA revealed a culturally and contextually relevant methodology of Whakapapa that also doubles as a method of organising and synthesising data. Various methods were employed, including the creation of an Indigenous method that I call Pūmau. According to my knowledge Pūmau has not been used in literature before. Engaging in dialogue through interviews, advisory group meetings and reflexivity are methods shared by Kaupapa Māori and the CCA approaches and are also utilised in this study.

The beginning of the chapter opened with a poem I wrote within the first few months of enrolling in this doctoral study to help me to identify some of my deep-seated thoughts and feelings about research per se. Once on paper, I could visualise a doctoral study that was worlds apart from "When the researcher(s) came." As I work on updating this chapter in September 2022, having completed most of the draft chapters (except for the conclusion), I write another poem, entitled "When we are the researchers," based on the mahi we have undertaken over the last three years. I share this poem here to conclude this chapter.

When We Are the Researchers

We

set our Tikanga….build **R**elationships…..question structures….collectivise….co-design….decolonise….create platforms for voice…grow māra kai…feed our people… … find **E**rrors in the council's process that took our land …….draw **S**toryboards…tell our own stories…protest on our land….walk the streets for Māori wards…have challenging conversations at the weekly farmers' market …give **E**vidence at the Waitangi Tribunal hearing in Feilding… occupy our **A**ncestral land….**R**un our own campaigns…partner with the Center for **C**ulture-centered

approach to research and evaluation (CARE)….**H**old the council to account…. our research never ENDs…

RESEARCH

Research diary entry, 3 September 2022

CHAPTER THREE: THE IMPACT OF NEOLIBERAL HEALTH ORGANISING ON MĀORI HEALTH OUTCOMES IN AOTEAROA NEW ZEALAND

Introduction

The current discourse about Māori health is underscored by higher rates of illness and chronic health conditions. Systemic racism contributes to health inequities and manifests in multiple ways, including the type of care and treatment Māori receive. Consequently, the nature of New Zealand's public healthcare system and the constraints of assessment contribute to the way in which the health system assesses Māori health, constituting a one-dimensional assessment process of sickness and ill-health (M. H. Durie, 1998b; Simmonds et al., 2008). Calling into question the deficiencies of the dominant biomedical health model, and in a climate of cultural resurgence, Māori health providers and Māori models of health emerged, as active players in the economic health reforms of the 1990s (M. H. Durie, 1985). Māori health models, designed by Māori, are infused with Māori values and aspirations and are embedded within a Māori cultural framework (M. H. Durie, 1985, 2001, 2005). There are Māori health programmes that have been delivered and evaluated as contributing towards transformative change (Rolleston et al., 2020), however, these initiatives have been stymied by Crown control and underfunding (M. H. Durie, 1998b; Oh, 2005).

This chapter examines literature relating to the neoliberal economic and health reforms conducted in Aotearoa New Zealand and its impact upon Māori health outcomes. The differential impact of these reforms upon Māori were exacerbated by the inequitable spread of the social determinants of health such as, but not limited to,

income, employment, housing, coloniality and racism. This inequitable spread affects many Māori and is evident in data depicting income inequality, morbidity and comorbidities, hospitalisation and mortality rates. The literature demonstrates strong associations between the economic reforms and inequitable Māori health outcomes (Ajwani et al., 2003; Blakely et al., 2004; M. C. Brown, 1999; Pomare et al., 1995). The neoliberal economic reforms inflamed entrenched structural inequities, while privileging whiteness, and perpetuating coloniality and racism (Poirier et al., 2022). A humanitarian crisis ensued for Māori health, specifically amongst the Māori population navigating low socioeconomic inequities at the "margins of the margins" (M. J. Dutta & Pal, 2010, p. 283).

Inequities exist in many facets of life in Aotearoa and around the world. The unequal distribution of money, power and resources drive inequities in living conditions worldwide (Marmot et al., 2008). The CCA posits that communicative inequalities are also part of a wide range of inequities that marginalise some communities and privilege others. Communicative inequalities are often born out of, or exacerbated by, neoliberal processes (M. J. Dutta, 2020a). A CCA analysis provides a definition of communicative inequalities which are "inequalities in the distribution of communicative resources for information and voice" (M. J. Dutta, 2020b, p. 3) and are formulated through marginalisation by dominant structures. Communicative inequalities are "inequalities in opportunities for community voices to be heard" (M. J. Dutta, 2018a, p. 239). Additionally, communicative inequalities amidst settler-colonial societies are a result of the ongoing impacts of coloniality upon Indigenous communication infrastructures (Na'puti & Cruz, 2022). The following sections set the overall context within which current Māori health outcomes have eventuated. CCA scholarship foregrounds the necessity of voice

infrastructures built in the "margins of the margins" of communities as integral towards addressing health disparities and rectifying concomitant communication inequalities.

Demographics

A snapshot of some of the demographics constituting the Māori population is outlined in the *Simpson Report* (Health and Disability System Review, 2020). In 2018, the Māori population was at 765,900, comprising 16% of the total population. The median age is 24.3 years. Fifty-one percent of the Māori population is under 25 years. Forty percent of the Māori population live in high socioeconomic deprivation. Just over one quarter identified as disabled and 15% live in rural areas (Health and Disability System Review, 2020).

The Pre-Colonial and Colonial Backdrop

This section provides a brief overview of Māori health prior to and following colonisation with a focus on the drivers of health inequities. Māori health or hauora was not a cause for concern prior to colonisation. The negative effects of colonisation affecting Māori have been well established (Axelsson et al., 2016; M. Jackson, 1993; Mikaere, 2011; H. Moewaka Barnes & McCreanor, 2019; R. Walker, 2004). Land loss, income inequities, and substandard housing, as well as disparities in the education system (resulting in under-achievement), cultural alienation and various forms of racism have contributed towards inequitable Māori health outcomes (M. H. Durie, 1998b; A. Moewaka Barnes et al., 2013; P. Reid et al., 2019).

Generally Māori were physically and mentally fit, and enjoyed good health and vitality (Hanham, 2003). This was observed and commented on by early European visitors to Aotearoa who noted the rarity of disease amongst the Māori

population (Beaglehole, 1968; Salmond, 1991). For instance, regarding the older Māori population:

> [they appeared to be] of a very advanced age. Of these, few or none were decrepit, indeed the greatest number of them seemed in vivacity and cheerfulness to equal the young, indeed to be inferior to them in nothing but the want of equal strength and agility. (Cook in Beaglehole, 1968, p. 196)

Pre-colonial Māori health and medical practices were interwoven within a meta-theoretical framework of mātauranga Māori that encompasses the physical and spiritual realms (Lange, 1999; Marsden & Royal, 2003). Mātauranga Māori is dynamic and can include traditional knowledge as well as developing and contemporary knowledge that is practiced and held by Māori (H. Moewaka Barnes, 2006). Like many other Indigenous peoples, health is not narrowly confined to illness but is intertwined with the land and surrounding natural environment (Richmond & Big-Canoe, 2018; Walters et al., 2011). Also, health is intergenerational and links together the spiritual essence of generations past, present and future, as it is centred around the collective, language, land and rivers (M. King et al., 2009).

The deleterious effects of colonisation (Awatere, 1984; M. Jackson, 1993; Marsden & Royal, 2003; Pool, 2016; R. Walker, 2004) dramatically changed the good health of Māori, pushing Māori to the brink of extinction (Buck, 1924). In early colonial times, Aotearoa saw the introduction of disease, musket wars, rapid land loss, urbanisation and assimilation that disrupted the physical, spiritual and socioeconomic terrains of pre-European Māori society (Axelsson et al., 2016; Kearns

et al., 2009; Mikaere, 2011; Poata-Smith, 2013). Introduced diseases and the upheaval of Māori socioeconomic structures as a result of large scale environment dispossession, sparked the presence of illness, comorbidities, lower life expectancy rates and the cataclysmic decline of the Māori population (M. H. Durie, 1998b, 2003). Richmond and Ross (2009) refer to environment dispossession as the processes which reduce Indigenous peoples' access to the resources of traditional environments (p. 403). Isolation from environment resources typically disrupt the socio-spiritual connection of Indigenous peoples to land and the environment causing debilitating health outcomes (M. King et al., 2009).

According to Bonds and Inwood (2016), colonisation is driven by the ideology of whiteness. Whiteness also fuels capitalism. Whiteness is as an ideological construct that maintains a privileged position of supremacy and the inferiority of minority groups (C. Elers & Jayan, 2020). Whiteness is "the setting up of normative values of white culture as universal" (M. J. Dutta, 2020c, p. 229). White supremacy is a product of whiteness and is foundational to the ongoing "colonial logics that permeate settler societies" (Bonds & Inwood, 2016, p. 7). Since colonisation, whiteness has been interwoven into New Zealand's polity, ensuring white control of resource production and distribution (M. Jackson, 1993). Thus, colonisation is understood to be driven by capitalist economic pursuits, underpinned by the ideology of whiteness (M. Jackson, 2019).

While the Māori population has been arrested from extinction, it is important to note that the current state of Māori health outcomes constitute a "humanitarian crisis" (Tamihere, 2019, p. 2). New Zealand's settler colonial public health biomedical system began in 1938 (Crampton et al., 2002) and since then to the present day, negative Māori health outcomes have continued unabated. Māori health

inequities are also affected by substandard housing, income inequities, alienation from culture and language, under-achievement in education, and various forms of racism (M. H. Durie in Health Quality and Safety Commission, 2019; P. Reid et al., 2019).

As described above, colonisation caused much change for Māori, who have gone from mātauranga Māori derived health systems, to westernised biomedical approaches constituting standardised forms of healthcare. The next section will canvass the ideology and practice of neoliberalism in Aotearoa, with an emphasis on the economic and health reforms of the 1980s and 1990s.

Neoliberal Health Organising and New Zealand's Healthcare System

Amid the impact of colonisation, this section examines scholarship concerning neoliberal health organisation in New Zealand's healthcare system, since the economic reform period of the 1980s onwards. This includes a discussion of neoliberalism in New Zealand (Bargh, 2007; P. Barnett & Bagshaw, 2020; Kiro, 2001; L. T. Smith, 2007) and is informed by the international critical analysis provided by M. J. Dutta (2015b). This analysis sets out the markers and trends of global neoliberal health organising (e.g. the reduction of the welfare state, the repositioning of the state's governing framework to implement global capitalism and consumerism, and the emphasis on the free market and individualism). These markers are included here because, as M. J. Dutta (2015b) notes, they are representative of global neoliberal patterns.

Causal links between the neoliberal economic reforms in Aotearoa, income and wealth inequalities and Māori morbidity and mortality rates will be examined further (Ajwani et al., 2003; Blakely et al., 2004; M. C. Brown, 1999; Pomare et al.,

1995; Robson, 2007). The work of scholars such as Goldberg (2009), D.-A. Davis (2007) and Bonilla-Silva (2006) posit that neoliberalism and race are mutually co-constitutive; neoliberalism is "saturated with race" (Duggan, 2003, p. xvi), privileging whiteness and producing a myriad of inequalities that both mask and perpetuate racism (D. J. Roberts & Mahtani, 2010). Whiteness is multifarious and pernicious and is scripted into neoliberal health systems and processes. Just as the presence of ethnic inequities in systems indicates racism (P. Reid, 2021), neoliberalism is also flagged as a driver of inequities in Aotearoa and around the globe (P. Barnett & Bagshaw, 2020; M. J. Dutta, 2020b; M. J. Dutta, Elers et al., 2020; C. Elers et al., 2020; Jamieson et al., 2020).

Jamieson et al. (2020) add that underserved communities are prejudiced and further marginalised under a neoliberal regime. Indigenous peoples are particularly susceptible to a range of ongoing disparities as a result of colonisation, institutional racism and intergenerational trauma, which has been worsened by the ideology of neoliberalism (Poirier et al., 2022).

The Ideology of Neoliberalism

Neoliberalism is defined as "a theory of political economic practices that proposes that human wellbeing can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterised by strong private property rights, free markets and free trade" (Harvey, 2005, p. 2). According to this definition, the integral role of the state enables the expression of neoliberalism by setting up the political economic governing framework to deliver key neoliberal components, such as global capitalism and consumerism (Chomsky, 1998; Saad-Filho & Johnston, 2005). The reduction of the welfare state to enhance

individual competitive freedoms regulated by the free market is generally understood as a marker of neoliberalism. Yet, as M. J. Dutta (2015b) points out, reducing the role of the state to enhance market efficiency is a global myth of neoliberalism because the state plays a prominent role in neoliberal organising. Examples of the integral role of the state are contained in "The neoliberal reforms of the 1980s and 1990s" section below.

Goldberg (2009) explains the reconfigured role of the state, which happened when neoliberalism moved away from welfarism, and highlights individual merit as the path to escape welfare dependency. Giroux (2003) further explains that the role of the reconfigured state is now reduced to gatekeeping capital and the maintenance of a police force to manage social and racial control:

> Central to neoliberal philosophy is the claim that the development of all aspects of society should be left to the wisdom of the market. Similarly, neoliberal warriors argue that democratic values be subordinated to economic considerations, social issues be translated as private dilemmas, part-time labour [and/or casual labour] replace full-time work, trade unions be weakened, and everybody be treated as a consumer. Within this market-driven perspective, the exchange of capital takes precedence over social justice, the making of socially responsible citizens and the building of democratic communities. (p. 196)

The stripping of identity and race comprises the logic of individual freedoms to pursue and maximise wealth through hard work. If wealth maximisation is not achieved, then these failures are attributed to individual flaws, rather than any

structural impediments. D. J. Roberts and Mahtani (2010) concur with this analysis of neoliberalism and race; arguing that they are mutually constitutive, "it is essential to understand neoliberalism as a facet of a racist society that works to both reinforce the racial structure of society, while also modifying the processes of racialization" (p. 248). Here, racism constitutes the logic of neoliberalism and neoliberalism upholds and perpetuates racism (D.-A. Davis, 2007).

There is scant literature in Aotearoa that focuses on the ways in which neoliberalism is fundamentally raced, and therefore privileges whiteness. Social and racial inequalities deepen and continue not just as a result of neoliberalism but as part and parcel of a neoliberal order (Jamieson et al., 2020). In the context of Māori health inequities, the ideology of neoliberalism upholds and perpetuates racial inequalities. The literature points to poor Māori health outcomes as evidence of an institutional racist health structure and could expand further to situate these outcomes as driven by and co-constitutive of neoliberalism.

Recent work by Poirier et al. (2022) emphasises the colonial underpinnings of neoliberalism negatively affecting Indigenous health all around the world. The mechanics of neoliberalism work to weaken Indigenous collectivism and therefore social cohesion by featuring individualistic pursuits as the pathway to good health and longevity. The components of individualism may include: personal autonomy and responsibility, individual freedoms, practices of self-care, self-regulation, patient-centred care and consumerism and these are elevated and normalised within biomedical health systems. The shift to individual-centric freedoms and responsibility in health systems points to individuals, their choices and their behaviours as the reason for poorer health outcomes. This neoliberal approach fails to acknowledge the historical factors that have contributed to and perpetuate a

multitude of marginalising socioeconomic and political conditions that lead to debilitating health outcomes for Indigenous people (Curtis et al., 2010). Jamieson et al. (2020) canvas five countries, Aotearoa included, to examine the ways in which neoliberalism creates health inequities amongst Indigenous populations with regard to oral health. At a wider level the authors identified five major ways neoliberalism contributes to health inequities: 1) an increase in wealth disparities, 2) an influx of transnational corporations and hegemony in the market targeting vulnerable populations with alcohol, high sugar and/or fat content food and drink marketing campaigns, 3) health privatisation, 4) individual freedoms and responsibility, 5) perpetuation of systemic racism. As such, the broader determinants of health undermine and erode the capacity to enact individual-level behavioural lifestyles associated with good health.

Neoliberalism can co-opt Indigenous knowledge to serve its own interests by filtering and modifying the Indigenous voice and then re-circulating the knowledge into mainstream spaces (M. J. Dutta, 2011). In this way, neoliberalism appears to be working for the benefit of marginalised groups. In reality neoliberal-driven activities work to keep the structures intact that created the health inequities in the first place. Health campaigns that focus on top-down driven messages to change individual behaviour are underpinned by neoliberalism (M. J. Dutta et al., 2014). Who really benefits from such campaigns? M. J. Dutta (2011) exposes how community participation can be co-opted into neoliberal agendas under the pretence of embedding community voice into systems to address inequality and disparities:

> The rhetoric of inequality and disparity, in such instances, tends to become coopted into the status quo instead of exploring the spaces of change in those very structures that underline these inequalities.

> In other words, the language of disparity and inequity often operates to play out the status quo agendas of dominant social actors rather than interrogating the unequal political structures and the injustices built into the unequal distribution of economic and political resources. To the extent that these projects of healthcare disparity are situated within the broader agendas of the neoliberal project, the emphasis on disparity remains in the realm of addressing individual lifestyles (beliefs, attitudes, and behaviors) rather than on addressing the issues of underlying structures that constitute these very disparities. (p. 143)

Instead, authentic community participation often involves speaking back to the structures that have created the inequalities and disparities, whilst resisting neoliberal agendas (M. J. Dutta, 2020c). This section introduced the all-pervasiveness of neoliberalism including its manifestation in the health sector and influence upon Indigenous health and wellbeing. The following section will examine the introduction of neoliberalism through the economic reforms that were enacted in Aotearoa from 1984 onwards, with a view to situating Māori health outcomes within a neoliberal context.

The Neoliberal Reforms of the 1980s and 1990s

This section will revisit the emergence of the current biomedical system and delve deeper into the neoliberal economic reforms of the 1980s and 1990s. As pointed out by M. J. Dutta (2015b), "human health is one of the fundamental areas that has been adversely affected by the neoliberal organising of global, politics, economics and society" (p. 13). New Zealand's settler colonial public health

biomedical system emerged with the passage of the Social Security Act 1938 and expanded social policy under the first Labour government (Crampton et al., 2002). The medical profession preferred to determine their own income-earning power rather than being tied to state salaries. To that end, they successfully argued for the right to continue charging fees to the public for general practitioner (GP) visits and ended the government's vision for total free health services (Ashton, 2005). A bifurcated public healthcare system materialised; a fee-for-service system supplemented by government subsidies to access GPs and a free service for public hospital healthcare (Laugesen & Salmond, 1994).

In the public sector, 1984 signalled the beginning trend of a neoliberal movement packed with market driven reforms, centred around individual interests and a competitive, deregulated, open economy that continued into the early 1990s. (Easton, 1994a; Kelsey, 1993; L. T. Smith, 2007). M. H. Durie (1998b) points out that Māori were not consulted with by the state about the reforms nor were Māori afforded an opportunity to debate the underlying principles and drivers of the reforms. Nevertheless, the reforms sprinted on and were cited as the most dramatic and fast-paced economic reforms of any developed country (Boston & Eichbaum, 2014).

Termed "Rogernomics" and characterised as neoliberal market driven economic policies down under, the reforms were adopted by the fourth Labour government's Finance Minister, Roger Douglas (Easton, 1989; Kelsey, 1993). Douglas (1980) swiftly implemented the economic reforms, which he advocated for whilst in opposition. Easton (1994a) described the economic reforms as a 'blitzkreig' depicting the surprisingly, rapid reformation of public policy typically stimulated during times of warfare. The corporatisation of the public sector was one of the first

targets. Nine new state owned enterprises (SOEs) came into fruition in 1986 transforming government departments into lean, market driven, efficient, profit making corporations (Barnett & Barnett, 2005). Duncan and Bollard (1992) reviewed the SOES and noted that these SOEs trimmed their workforce by 40,000 public sector workers by 1992. From 1986 to 1987 one fifth of Māori workers were made redundant (Poata-Smith, 2002). Māori unemployment statistics rose to 25.6 percent by 1991 (Evans et al., 1996) and in 1992 the unemployment rate peaked at 27.3 percent (Poata-Smith, 2013). In some smaller rural communities the rates of unemployment were as high as 80% (Matthews, 2017). From 1985-1991, employment fell by 5.6%, a dramatic fall not experienced since the Depression in the 1930s culminating in a rise of unemployment to 10.9 percent of the population (Evans et al., 1996).

The hardest hit sectors were the workers categorised as low-skilled labour, in factory or manufacturing positions (M. C. Brown, 1999). Many Māori filled these positions and bore the hardship of the economic reforms (M. H. Durie, 1998b; Poata-Smith, 2013; L. T. Smith, 2007). Whilst some scholars have pointed to increased economic efficiency during the economic reform period (Evans et al., 1996; Jiang & Andrews, 2020), other scholars have highlighted the human cost of the reforms in the form of income reduction, poverty and inequitable wealth distribution (Keene et al., 2016; Poata-Smith, 2013; Rashbrooke, 2013, 2014). In other words, as a result of the neoliberal economic reforms, unemployment for Māori and poverty increased. Boston and Eichbaum (2014) noted the rise in the economic measurement of the Gini coefficient in Aotearoa, which is designed to measure income inequality and added that "New Zealand has been among the highest within the Organisation for Economic Cooperation and Development (OECD) during the past three decades" (p.

2). This section has highlighted the impact of the neoliberal economic reforms of the 1980s and 1990s upon the inequitable spread of the social determinants of health, that disproportionately affected Māori.

Public Health Restructuring

This section reveals critiques of the reasons underpinning the economic reforms and the public health restructuring that ensued and then outlines some of the characteristics of the health reforms. Across the globe, criticisms were levelled at the lack of hard evidence for such large-scale reforms that proceeded simply based upon a global market driven ideology both nationally (Barnett & Barnett, 2005) and internationally (M. J. Dutta, 2011, 2015b; M. J. Dutta et al., 2014). Easton (1994b) pointed to a crucial mistake in the Treasury's calculations that government spending in healthcare was rising at a unsustainable rate amounting to an incorrectly espoused 20% increase. The incorrect calculations were used to point to unsustainable public health expenditure (Keene et al., 2016) in order to justify the need for a more efficient health system (Upton, 1991).

Furthermore, total public health expenditure studies among selected OECD countries between 1980-1992 revealed that New Zealand's health expenditure as a proportion of gross domestic profit (GDP) was calculated at 7.2% in 1980, 6.6% in 1985, then climbed to 7.3% in 1990 and to 7.6% in 1992 (McKendry & Muthumala, 1994, p. 22; Muthumala & Mckendry, 1991, p. 37). Laugesen and Salmond (1994) emphasised that very little growth had occurred in terms of New Zealand's public health expenditure as a proportional measurement of GDP. When taking into account New Zealand's level of GDP per capita at that time, the overall healthcare expenditure was marginally below the rates of public health expenditure of other

OECD countries.

Meanwhile, other research continued to circulate, announcing aspirations for a more robust and efficient healthcare service delivery in order to respond better to public health needs (Doolin, 2001; Gibbs et al., 1988; Upton, 1991). Globally, healthcare systems around the world were undergoing neoliberal changes (M. J. Dutta, 2011, 2015b). Market driven incentives commercialising healthcare service provision in Aotearoa continued unabated; expressed by Gauld (2000) as "one of the most radical health sector restructurings witnessed anywhere" (p. 816). Paradoxically, the neoliberal ideology implemented globally, enshrined the logics of the free-market as the antidote to human health disparities (M. J. Dutta, 2011; M. J. Dutta & Kreps, 2013). The health reforms in 1991 signalled the corporatisation of the health system (Hornblow, 1997).

In order to commercialise the public healthcare system, a provider and purchaser split emerged with the establishment of Regional Health Authorities (RHAs) as purchasers of health services. Hospitals were turned into cost-reductive and profit-making enterprises called Crown Health Enterprises (CHEs); which were providers of health services in the form of companies (Alam & Lawrence, 1994; Ashton, 2005; Fougere, 2001). These new companies were now subject to commercial legislation, designed to return dividends to its shareholders, which was the state (Barnett & Barnett, 2005). Kumarasiri (2015) noted that "under this market oriented healthcare system, health service was treated as another economic commodity" (p. 4). Yet the contracting of services to improve efficiency failed to materialise because RHAs were faced with increased costs in legal fees associated with contract negotiation and preparation resulting in a 40% increase in expenditure in the first two years (Hornblow, 1997).

The private capital interests of other interested parties such as, but not limited to the New Zealand Institute for Economic Reform (NZIE) and the Health Funds Association (HFA) flanked the state in promoting the neoliberal reforms in order to increase private sector health services (Keene et al., 2016), firmly tied to capital accumulation. The NZIE has provided economic resources and advice to its large client membership both in the private and public sectors since 1958. The HFA represents health insurers in Aotearoa established in the economic throes of the late 1980s (HFANZ, 2015). M. J. Dutta (2015b) clarifies that "although the rhetoric of neoliberal organising portrays a non-intervening state, the state is very much a key factor in neoliberal expansionism" (p. 19). The state propped up private hospitals in the form of subsidies exclusively benefitting the wealthy who had private medical insurance, whilst low-income communities were confined to public hospitals (Dew & Kirkman, 2002; Joseph & Flynn, 1988). A further example is the corporatisation of all the public hospitals, still owned and operated by the state but primed as profit-making corporations. Minimising state intervention to improve efficiency is a global myth of the neoliberal health reforms.

The user pays mantra, a marker of neoliberalism, turned health delivery services into commodities and patients into consumers. Effectively, health costs, in part, transferred to the consumer; the low-income, underprivileged and sick included. The positioning of patients as consumers aligns with the logic of neoliberal health organising (M. J. Dutta, 2015b). During this period, socioeconomic disparities widened, accentuated by accelerated housing costs and rising poverty (Howden-Chapman et al., 2000). The reforms surged on notwithstanding the fact that Aotearoa was now ranked number one out of all the OECD countries for the steepest increase in income inequalities (Woodward & Kawachi, 2000). The "mother of all budgets"

(Starke, 2007, p. 94) introduced by National in 1991 reduced benefits for the unemployed and moved towards market-driven rent for social housing (Kelsey, 2015; Murphy, 1999; Waldegrave et al., 1999; Waldegrave et al., 2003). The unemployment benefit cut implemented in 1991, whilst incrementally adjusted in line with inflation rates, was not reinstated to the former or similar amount (Rashbrooke, 2014). A rapid fall in union membership occurred in 1991 with the introduction of the Employment Contracts Act. This move weakened the collectivising efforts of unions by making union membership voluntary and allowed anyone to bargain on behalf of workers (M. C. Brown, 1999). The weakening of the unions reduced opportunities to collectivise and pushback against the reforms. Instead the ethic of individualism fragmented collective pursuits for better socioeconomic conditions for communities. It is no wonder that the 1990s have been cited as the decade of rising health disparities for Māori in the twentieth century (P. Reid, 1999).

The economic and health reforms of the 1980s and 1990s resulted in higher unemployment for Māori, particularly in labour-intensive occupations. Although there was a lack of hard evidence for the pursuit and enactment of neoliberalism in Aotearoa, the reforms pushed onwards, corporatizing the health system. The next section will outline Māori health models that emerged into the health sector due to the widening Māori health disparities and as Māori providers and scholarship came to the fore.

Māori Models of Health

An inordinate amount of negative health outcomes experienced by Māori resulted in the revitalisation of Māori knowledge and approaches by Māori (M. H.

Durie, 1998b). From about the 1980s, a re-examination of what constitutes Māori health and wellbeing culminated in the emergence of Māori health models. This section will bring attention to the circulation and promotion of Māori models of health and wellbeing designed to reverse Māori health outcomes. All of these models focus on whānau anchored in mātauranga Māori. Te Whare Tapa Whā and Te Wheke are two seminal models of Māori health and wellbeing. M. H. Durie (1985) explains the four dimensions of Māori health, as described in Te Whare Tapa Whā, which has been embedded into various Māori health policies (Pitama et al., 2007). Māori health is represented in the formation of a wharenui that has four sides to the house: taha tinana (physical), taha wairua (spiritual), taha whānau (family or kinship) and taha hinengaro (mind and feelings). When all four dimensions of Māori health are balanced, then optimal health is realised. In addition, land is posited as fundamentally important to Māori health (M. H. Durie, 1985). This model of Māori health has informed other models presented by Durie (such as Te Pae Mahutonga) and are by and large utilised in the health sector (M. H. Durie, 2005; 2018).

The Te Wheke model represents whānau, hapū and iwi as central to and co-constitutive of Māori health and wellbeing. For example, the wellbeing of the individual is connected to and impacts upon the wellbeing of the hapū, which in turn affects the wellbeing of the iwi. Each tentacle symbolises dimensions integral to health and when each dimension is functioning well, total wellbeing is achieved (Pere, 1997). D. Wilson, Moloney et al. (2021) conducted a systematic review of Māori models of health as cited in literature. Mātauranga Māori is intrinsically embedded in contemporary configurations of Māori models of health. The following Māori health models were explored:

- Hui process. This model utilises a Māori engagement and introduction

process to establish connections and build rapport and mutual understanding between health practitioners and Māori (Lacey et al., 2011).

- Kapakapa Manawa framework. A compassionate care framework incorporating Māori values to provide culturally appropriate compassionate end-of-life care to Māori and their whānau (Robinson et al., 2020).

- Meihana model. The first version of the Meihana model extended upon Te Whare Tapa Whā by incorporating two additional dimensions: Taiao (physical environment) and iwi katoa (societal context) (Pitama et al., 2007). The Meihana model is intended to fuse together clinical and cultural competencies to improve service delivery in the area of Māori mental health so the four cornerstones are moulded to suit clinical assessments. The updated Meihana model emphasises the interconnection between the individual and their whānau represented by a double-hull canoe on a sea-faring journey. The winds and currents represent colonisation, racism, the inequitable spread of social determinants which exacerbate marginalisation, health disparities and migration or movements away from ancestral spaces. The update utilised the hui process as a clinical guide for health practitioners (Pitama et al., 2017).

- Te Hā o Whānau. A model that centres on the voices of whānau in the maternal-infant healthcare system and is informed by Te Tiriti o Waitangi (Stevenson, 2018).

- Te Kapunga Putohe. Loosely translated as restless hands, this model guides nursing practice by focusing on developing nurturing relationships with Māori (Barton & D. Wilson, 2008).

- Te Punga Oranga. The different components of health and wellbeing are represented by the developmental stages of a fern (Murray, 2010). The growth of the fern represents a person's wellbeing journey.

- Te Whetū. A five pointed star represents the connections between whānau/Whakapapa, whenua, wairua, hinengaro, and tinana depicting the indicators of health and wellbeing (Mark & Lyons, 2010).

Te Hā o Whānau foregrounds the voices of whānau with lived experience in the maternal-infant healthcare system. The Meihana model, acknowledges the impact of some of the determinants of health, including racism upon Māori. It has been established that health is indivisible from the social, cultural, political and economic environment (M. H. Durie, 1998b). Furthermore, D. Wilson, Moloney et al. (2021) draw from the World Health Organization's definition of social determinants and adds that the "inequities in social determinants stem from ineffectual or inadequate political leadership, social policy and economic structures that serve those with higher socioeconomic status at the expense of those groups of people with low socioeconomic status" (p. 3540). The models focus on the tenets and interconnectedness of Māori concepts that are culturally affirming and aspirational. An acknowledgement of the role and impact that the social determinants have on health represent reality for many people navigating low socioeconomic conditions. Te Hā o Whānau presents a nuanced model of interaction in the maternal healthcare system infused with Māori voices of lived experience. In addition to these models,

Kia Uruuru Mai a Hauora developed by Ratima (2001) and Te Pae Mahutonga developed by M. H. Durie (2005) are Māori health promotion models. These models identify key elements to navigate towards Māori expressions of wellness encapsulated in Māori identity, culture and determination to live as Māori (Ratima et al., 2015).

The Atua Matua Māori health framework is also a health promotion framework aimed at shifting to Māori ancestral knowledge which is embedded in the environment around us (Warbrick et al., 2016). The framework centralises Māori concepts and is also open to include non-Māori viewpoints and values as well. The Atua Matua framework is positioned as an alternative epistemology disrupting neoliberal individualised health promotion messaging. Instead, the framework promotes social and collective organising and contexts, underpinned by mātauranga Māori (Heke et al., 2019).

This section has outlined Māori models of health that attempt to improve Māori health outcomes. Some began to emerge during the period of neoliberal economic reforms as the state sought to devolve some of its responsibilities to the private sector. Some models were devised to assist health practitioners to interact with Māori because workforce cultural competency was identified as lacking and needing improvement (D. Wilson, Moloney et al., 2021). Māori models incorporated with Māori values and compassion were designed to disrupt Eurocentric biomedical, cold approaches to health and patient interaction.

Neoliberalism and Māori

This section will examine how the economic reforms enabled the proliferation of iwi and Māori health service providers by co-opting Māori

aspirations for self-sufficiency and less reliance on the state through the delivery of Māori social, educational and health services. Māori were acutely aware that mainstream health services were inadequate at fulfilling the health needs of Māori and advocated for the provision of iwi and Māori health services (Crengle, 2000). These aspirations were expressed in the first national health hui - *Hui Whakaoranga* at Hoani Waititi marae in Auckland in 1984 (M. H. Durie, 1998b). This hui provided an opportunity to re-explore Māori health philosophy and recommend Māori designed and delivered health initiatives (Department of Health, 1984). Māori models of health began to emerge (M. H. Durie, 1985) and the Treaty of Waitangi was highlighted as hugely significant for the pursuit or reclamation of tino rangatiratanga involving the right to health and the provision of Māori health services.

In 1984, the *Hui Taumata* Māori economic development summit was held and a range of issues were discussed, including social, cultural and political issues, which was aimed at establishing a process that saw Māori communities working towards self-sufficiency and independence from the state (M. H. Durie, 2009). At the same time, the government was about to unleash neoliberalism in the form of large-scale economic reform in the public sector. M. H. Durie (1998b) noted that one of the hallmarks of neoliberalism is the devolution of the state, which created entry points or openings for the establishment of many community health providers, including iwi and Māori health providers delivering primary care services (Crengle, 2000). M. H. Durie (1998a) explained that Māori aspirations expressed at the *Hui Taumata* "had been captured by the architects of a free market economy and the monetarist theories of the New Right" (p. 11). Furthermore, Durie asserts that the government had its own agenda, which blurred the pursuit of tino rangatiratanga with

the pursuit of the free market economy. This resulted in the state off-handing its responsibilities to Māori to manage. Consequently, Māori aspirations of tino rangatiratanga were re-defined to fit neoliberal orientations of individualism, consumerism and the free market explorations of self-sufficiency and less reliance on the state. M. H. Durie (1998b) also added that Māori aspirations were probably used by the state to emphasise its positioning, to curb back the welfare state in line with its neoliberal economic agenda. Notwithstanding a mismatch of intentions, the number of Māori service providers swelled to over 200 by the year 2000 (Cooper, 2000; M. H. Durie, 2000).

In addition to the co-option of Māori aspirations at the *Hui Taumata* by the state, Poata-Smith (2013) explains that the Treaty of Waitangi settlements framework was also used by the state to promote market-driven economic agendas. This was done by ensnaring the aspiration of Māori development into a neoliberal profit-making strategy that trickled down few, if any material benefits to its members. M. H. Durie (1998b) summed up the mismatch of intentions and outcomes, arguing that "privatisation masqueraded as tino rangatiratanga (tribal authority and self-determination); biculturalism was confused with partnership; and devolution merely created the illusion of self-determination" (p. 148). Similarly, Kiro (2001) indicates that the devolution strategy was a planned strategy implemented by the state to offload the political risks associated with deepening Māori inequality to iwi and Māori communities themselves. The neoliberal notion of development in this context presented a significant contradiction. Neoliberalism exacerbated and entrenched deepening inequalities impacting heavily upon Māori living in low socioeconomic conditions or on the margins of the margins. While this was happening, Māori and iwi were vying for social service provision, while also coaxed by the ideal of

minimal state interference and therefore, greater autonomy and a growing concern for the overall health and wellbeing of Māori communities. The ideal was far from perfect as the next decade resulted in economic competition and individualistic pursuits that damaged and divided Māori collective pursuits (M. H. Durie, 1998b). On top of this, government directives frequently changed and many iwi and Māori providers battled continuous competition for underfunded services estimated between $394 million to $531 million since 2003 (Love et al., 2021). The Waitangi Tribunal (2019) established that the Crown was aware for more than 10 years that Māori health was underfunded and did not increase the funding (Rae et al., 2022). Also, instead of minimal state intervention, the state in fact continued to control the parameters of programmes and service delivery (Oh, 2005). Consequently, Māori providers were left with little room to design or shape service delivery (M. H. Durie, 1998b). Eventually after decades of struggle, the Waitangi Tribunal heard over 200 claims presented in summary by predominately Māori health providers going back to the enactment of the New Zealand Public Health and Disability Act (2000) (NZPHDA) concerning grievances related to the health services and outcomes that impacted upon Māori. The findings of the Waitangi Tribunal will be discussed in a latter section.

The economic reforms were wide-reaching in that they negatively impacted upon just over half of Māori households. Poata-Smith (2013) highlights that these economic reforms were characterised by huge reductions in social welfare expenditure and the "commercialisation of health, housing and education – all of which have impacted severely on Māori households located in the bottom 60 per cent of income earners (whose real income declined significantly through much of the restructuring period)" (p. 155). Conversely, M. C. Brown (1999) added that the mid

to top income earners welcomed the reforms as they capitalised on the widening income and wealth inequalities.

To delineate income amounts according to population groupings, Rashbrooke (2014) analysed step-by-step the income ladder in Aotearoa between 2002-2011, which revealed that 50% of all income earners in Aotearoa earned less than $24,000. The top 1% of income earners earned $170,000 plus annually. The top 0.4% earned $250,000 plus annually. Whilst the top 10% of incomes increased from the 1980s onwards, those on unemployment benefits were hard hit. Not only was the unemployment benefit cut, but the implementation of the Goods and Services tax (GST) fell unfairly on low-income families, who are more likely to spend on items that attract GST such as food and clothing. “For the wealthy, less than half their expenditure is likely to attract GST” (Rashbrooke, 2014, p. 59). While there were beneficial recipients of the market driven reforms, low-income earning Māori and Pacific groups were not among them.

This section has highlighted that the contradictions inherent in the economic reforms did not stop iwi and Māori providers from service delivery, even when the state tightly controlled the parameters and funding. Without the advent of the economic reforms, Māori and iwi health providers may not have eventuated with such enthusiasm. At the other end of the spectrum, Māori were navigating daily challenging socioeconomic circumstances of high unemployment, market rents and rising income inequality which would inevitably affect health outcomes.

Income and Health Inequities During the Reforms

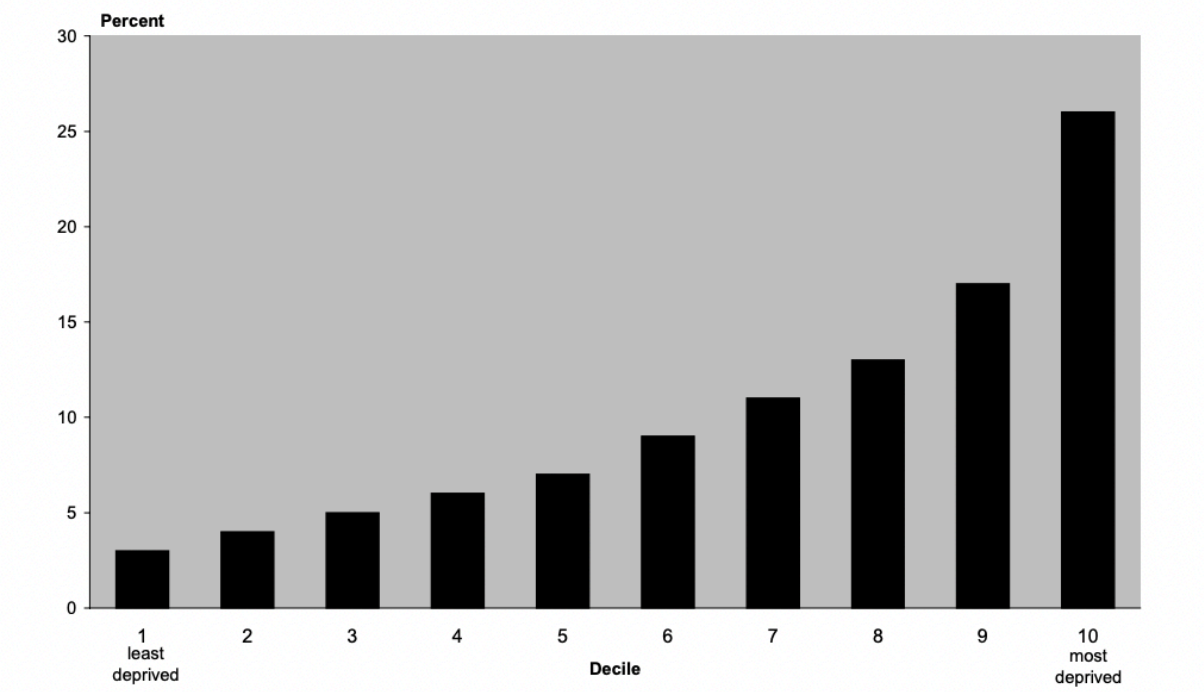
This section further examines income inequality during the economic reforms and the impact that this had on Māori health outcomes. It is been widely established

that income inequality contributes to negative health outcomes (Crampton et al., 2000; Marmot et al., 2008; Ministry of Health, 2002; O'Dea & Howden-Chapman, 2000). This section will explore the correlation between income and health inequities during the economic and health reforms of the 1980s and 1990s. Low income levels, especially for families with children greatly affect a family's capacity to access nutritional food, healthy homes, health and wellbeing options including health insurance and many more social determinants of health. In addition, low income is the cause of stress which may spark coping strategies such as ongoing tobacco use for example (Valentine et al., 2003). Stressful situations left unmanaged over years can lead to an array of chronic health conditions. For Indigenous peoples, income inequality is one of the many drivers of health disparities (Alan & Macdonald, 2012) and cannot be extrapolated from coloniality. Coloniality is "the trans-historic expansion of colonial domination and the perpetuation of its effects in contemporary times" (Morana, Dussel & Jauregui in Salvatore, 2010, p. 339). In other words, coloniality encompasses the ongoing processes of colonisation that continue in the present including massive land loss and therefore economic loss. The perennial distress associated with the multiplicity of harms involved in colonisation plus the contemporary enactments of colonialism can contribute towards chronic health conditions (Hudson et al., 2021). Income inequality for Indigenous peoples is part of coloniality and is also a material manifestation of coloniality.

During the economic reform period, income and other socioeconomic inequalities between Māori and non-Māori widened (Ajwani et al., 2003; Mowbray, 2001; Robson, 2007). In fact, Rashbrooke (2015) emphasised that in 1980-1990, the income gaps in Aotearoa widened faster than any other developed country. Clear causal links have been determined between income and health inequalities and will

be analysed in this section (Ajwani et al., 2003; Blakely et al., 2004; M. C. Brown, 1999; M. J. Dutta, 2015b; J. King, 2003; O'Dea & Howden-Chapman, 2000; Rashbrooke, 2013, 2014). Firstly, a snapshot of income inequalities for Māori according to the New Zealand deprivation index 1996 (NZDep96) is presented below in Figure 9. Approximately 75% of Māori lived in deciles 6-10, and over 25% of Māori lived in decile 10, the most deprived neighbourhoods in Aotearoa.

Figure 9: NZDep96: Māori



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As established, high deprivation levels have a flow-on effect to health and wellbeing. M. C. Brown (1999) analysed the declining income levels of Māori during the reform period together with the increase in mortality ratios, particularly in the 30-79 age group and hypothesised that the neoliberal reforms introduced in the 1980s clearly evidenced a debilitating consequence for Māori resulting in income inequalities and higher mortality rates.

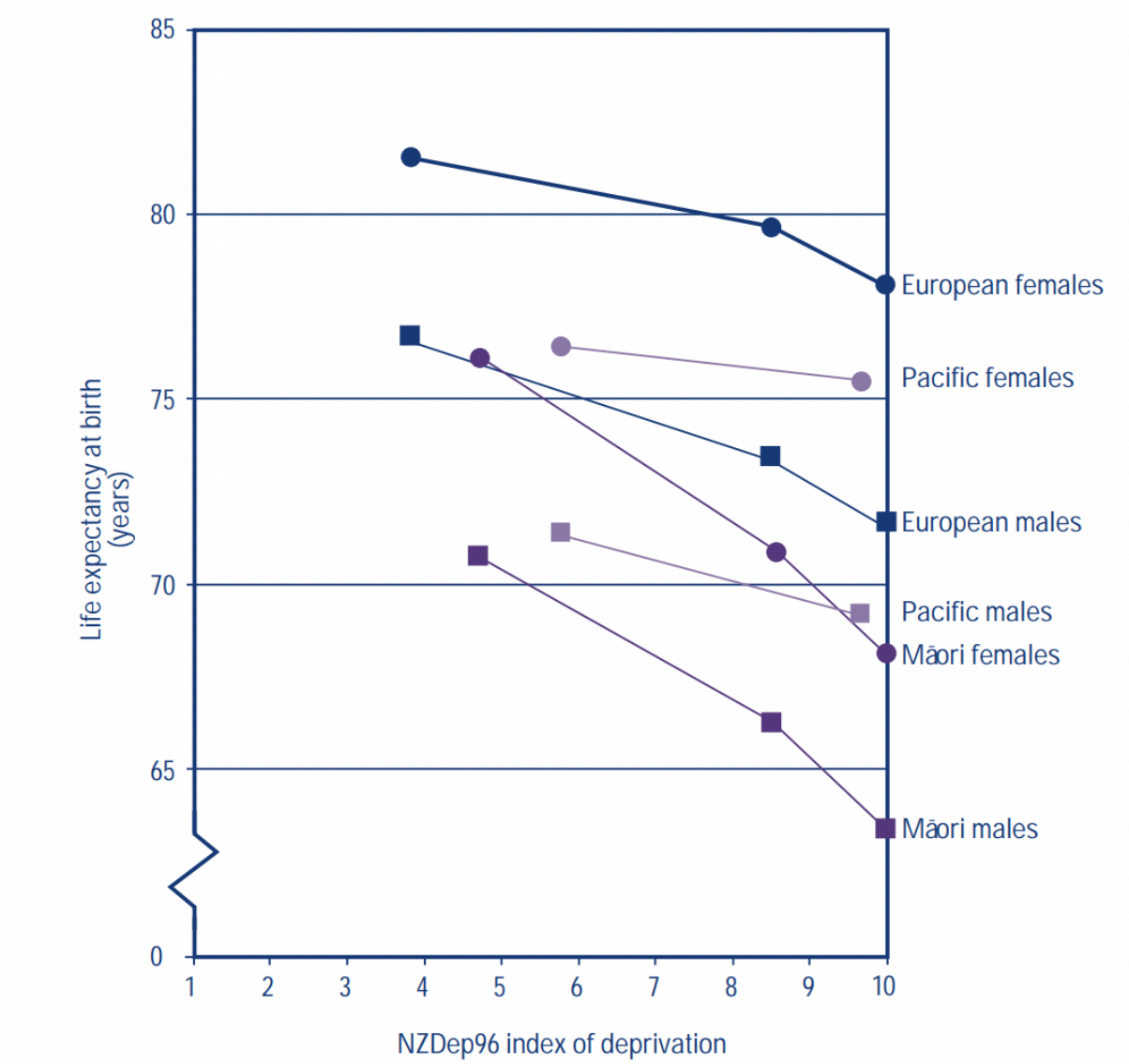
Brown mapped the standardised mortality ratios grouped into time periods from 1952-1994 and noted that the ratios increased for middle-aged Māori suggesting that stress as a result of the economic hardship exacerbated Māori

mortality rates. M. C. Brown (1999) goes on to point out that "overall it can be concluded that all the institutional and statistical evidence presented in this paper are consistent with the notion that the increase in Māori mortality was induced by the economic reforms" (p. 135).

Furthermore, Blakely et al. (2004) highlighted the grave undercounting of Māori and Pacific mortality rates from the mid 1980s to the mid 1990s due to incorrect ethnic data gathering. Ajwani et al. (2003) also noted that ethnicity data collected by typically funeral directors were reported by the next of kin, whereas census ethnicity data were self-reported. Furthermore, the ethnicity questions on the death registration forms were based on blood quantum as an ethnicity determinant, in contrast to the questions on the census forms which were self-identified. As a result, these anomalies exacerbated the data inaccuracies. Yet, once this data was adjusted to include the New Zealand Census-Mortality data, an increase was shown in Māori and Pacific mortality rates and a reduction of non-Māori and non-Pacific mortality rates by thirty percent (Blakely et al., 2004).

Figure 10 below depicts the life expectancy at birth for Māori, Pacific and European ethnic groups in 1995-1997. As Figure 10 shows, at the highest deprivation level of 10, Māori males life expectancy dropped to below 65 years and for Māori females the life expectancy dropped to around 67 years at level 10. Additionally, P. Reid et al. (2000) explains that the gradient is steeper where deprivation is greater for Māori and this seems to intensify the risk of lower life expectancy for Māori when compared to non-Māori.

Figure 10: Life Expectancy at Birth, by Aggravated Deprivation Decile for Māori, Pacific and European Ethnic Groups



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P. Reid (1999) also highlighted this period as the "only decade of the twentieth century in which the health of Māori is, by critical measures, not improving and indeed is likely to be worsening" (p. 93). The Ministry of Health (1999) noted

that most major diseases and injuries for Māori, once adjusted for age, were 50-100% higher than non-Māori across road death injuries, heart disease, diabetes, stroke and lung cancer. Also, Māori and Pacific rates of avoidable hospitalisation rates were 60% higher than non-Māori. Here, M. C. Brown (1999) sums this up by stating:

> The reforms imposed hardships on groups heavily dependent on manual jobs in the manufacturing sector, on groups experiencing above average rates of unemployment, and on groups dependent on social programmes for stability in income flows. One group possessing all three characteristics and adversely affected was New Zealand's aboriginal population – the Māori. (M. C. Brown, 1999, p. 127)

In other words, Brown argued that the correlation between the socioeconomic challenges, particularly in the higher levels of unemployment, contributed to income inequalities experienced by Māori during the economic reforms. The continuation of the neoliberal health reforms of the public healthcare system based on market strategies of commercial orientation, efficiency and cost minimisation is a communicative inversion of the actual realities for many Māori. M. J. Dutta (2015b) explains that a communicative inversion is "the deployment of communication to circulate interpretations that are reversals of material manifestations" (p. 12).

The rhetoric of neoliberalism as the panacea for an efficient healthcare system continued incessantly, albeit with a few recalibrations to make slight provision for the poverty that intensified, such as the introduction of a community services card (CSC) and a high user card (HUC) in 1991. These cards were targeted at high health needs and underprivileged communities by reducing GP costs for low

income earners and the unemployed (Barnett & Barnett, 2005). Research conducted in the 1990s revealed that the CSC was not having the desired impact (J. R. Barnett & Kearns, 1996; P. Davis et al., 1994; Fergusson et al., 1989). Barnett and Barnett (2005) noted that the strain on income due to the change to market rents for state housing nullified improved GP access. As noted by Barnett and Barnett, "in this sense, the urban poor, despite the introduction of targeted primary care benefits, were no better off than before" (p. 53).

The literature acknowledges the existence of deepening inequalities as a result of neoliberal reforms. The literature also evaluates the widening of disparities that happened as a result of top-down solutions used (e.g. CSC and HSC) to quell the inequalities. M. H. Durie (2001, p. 40) noted that health disparities can widen if health messaging is captured predominately by those in higher socioeconomic conditions. This is also known as resource capture and to avoid this occurring, it is essential for intentional planning to be undertaken in manner that involves communities so that resources end up with the communities that need it the most (Boehm, 2007).

This section has highlighted the increasing income inequality amongst Māori using the NZDep96. It has also connected lines between the widening income disparities and the impact upon Māori mortality rates and life expectancy during the economic reforms of the 1980s and 1990s. As shown in Figures 9-10, not all Māori experienced income inequality and reduced life expectancy. The state dispensed a strategy to offset income inequality through the circulation of the CSC and HSC cards to remove cost barriers to healthcare. Yet, the strain on income as a result of market rents meant that even a cost reduction to attend a GP consultation, was still unaffordable by those living in poverty.

The next section emphasises the current Māori health outcomes and connects these outcomes to negative interactions experienced by Māori once entering the health system (Health Quality and Safety Commission, 2019). Current Māori health outcomes will then be examined juxtaposed with linkages to inequitable Māori access to services and medication as a result of racial discriminatory behaviours and attitudes towards Māori.

Māori Health Outcomes

It has been established that disproportionate illness and inequitable healthcare have negatively influenced contemporary health outcomes for Māori (P. Reid et al., 2019). These health outcomes are also disproportionately experienced by many Indigenous peoples around the world with disparate life expectancy rates between Indigenous peoples and settler populations (Gracey & King, 2009; D. Wilson, Moloney et al., 2021). This section will outline data for the major health outcomes for Māori from recent publications at the time of writing. Stats NZ (2021) reveals data concerning life expectancy rates which are presented in Table 1 for Māori males and females in three time periods. In 2017-2019, the life expectancy rate for Māori males at birth was 73.4 years, which has increased 3.1 years from 2005-2007 and 8.8 years from 1995-1997. The Māori female life expectancy rate at birth in 2017-2019 was 77.1 years up two years from 2005-2007 and increased 9.3 years from 1995-1997. The life expectancy rates are shown in Table 1 as follows:

Table 1: Māori Male and Female Life Expectancy Rates in 2017-2019, 2005-2007 and 1995-1997

	2017-2019	2005-2007	1995-1997
Male	73.4	70.3	64.6
Female	77.1	75.1	65.8

Note. This work is based on/includes Stats NZ's data which are licensed by Stats NZ for reuse under the Creative Commons Attribution 4.0 International licence. *Growth in Life Expectancy,* by Stats NZ, 2022. In the public domain.

Despite the increase in life expectancy rates for Māori since 1995-2019, the non-Māori life expectancy rate was greater: 7.5 years for non-Māori males and 7.3 years for non-Māori females. The last review of the major causes of death for Māori that was published in one publication by the Ministry of Health (2015) is summarised in Table 2. The Māori health outcomes highlighted in the review have been described as a health crisis (Waitangi Tribunal, 2019).

Table 2: Major Causes of Death for Māori in 2010-12, Age-Standardised and by Gender

Males	Females
Ishaemic heart disease	Lung cancer
Lung cancer	Ischaemic heart disease
Suicide	Chronic obstructive pulmonary disease
Diabetes	Cerebrovascular disease (stroke)
Motor vehicle accidents	Diabetes

Note: This work is based on/includes Ministry of Health's data which are licensed by the Minstry of Health for reuse under the Creative Commons Attribution 4.0 International licence. Adapted from *Tatau Kahukura: Māori Health Chart Book 2015* (3rd ed., p. 29), by Ministry of Health, 2015. In the public domain.

According to the Ministry of Health (2015) the mortality rates for each major cause of death in Table 2 for Māori in 2010-2012, are as follows:

- The ischaemic heart disease (IHD) mortality rate among Māori was 2.14 times higher than non-Māori.
- Māori females had a lung cancer registration rate 4.26 times higher than non-Māori females. The Māori female lung cancer mortality rate was also over four times that of non-Māori females. The total cancer mortality rate among Māori adults was 1.79 times higher than that among non-Māori adults.
- Māori suicide rates were near twice as high as those of non-Māori. The rate was greater for Māori females who were 2.22 times likely to commit suicide than non-Māori females.

- The chronic obstructive pulmonary disease mortality rate among Māori aged 45 and over was 2.94 times higher than non-Māori of the same age grouping.

- In 2013-2014, type 2 diabetes for Māori was about 50% higher or 1.49 times that for non-Māori. Rates of renal failure as a complication of diabetes for Māori aged 15 years and over were 5.55 times that of non-Māori. Lower limb amputations as a result of diabetes amounted to 1.7 times that of non-Māori.

- In 2010-2012, the stroke mortality rate among Māori were 1.56 times that of non-Māori.

- Motor vehicle accidents was a common cause of unintentional injury causing death for all age groups, male and female, Māori and non-Māori.

Other specific studies such as cancer mortality rates, found that in 2007-2016, lung cancer was the most common cancer-related cause of death for Māori males and females (Gurney et al., 2020). For ischaemic heart disease, mortality rates for Māori, aged 35-84 years, were more than twice as high than mortality rates for Europeans in 2006-2015 (Grey et al., 2018). It should be noted that these data have not been drilled down further to reveal any further inequities across the intersections of gender diversity, disability and rainbow communities. Even though Māori life expectancy has increased since the 1940s, the economic reform period of the 1980s and 1990s shows a connection between the reforms and higher Māori mortality rates (M. C. Brown, 1999), indicating that Māori health is tethered to structural colonial

dominance and the inequitable spread of social determinants of health (Hobbs et al., 2019). The neoliberal economic reforms initiated public sector restructuring, which at its peak, resulted in 25% unemployment for Māori (Evans et al., 1996). The reforms also affected housing affordability due to the introduction of market rentals in line with the neoliberal ideology of the free market. This coincided with a steep increase in inflation by 7.6% in 1990 and welfare benefit cuts in 1991, contributing to increased living costs with flow on effects to health access and health outcomes.

This section has canvassed the literature documenting the current state of health outcomes for Māori, which have been described as a health crisis (Waitangi Tribunal, 2019; D. Wilson, Moloney et al., 2021) and a humanitarian crisis (Tamihere, 2019). The next section explores the connection between Māori experiences in the health system and current Māori health outcomes.

Connecting Māori Health Inequities to Health Services

In addition to disproportionate health outcomes for Māori, this section will explore the connection between Māori health inequities and healthcare services (Barton, 2018; Palmer et al., 2019). Studies have found evidence of either delayed access to health services or bias in the type of medical interventions offered (Hill et al., 2010; Huria et al., 2018; McLeod et al., 2017). Work by Barton (2018) highlights that:

> Once in the health system, Māori experience high rates of racism and discrimination (Harris et al., 2012b). Māori are more likely to experience an adverse medical event, receive poor quality care (Rahiri et al., 2017) and be in hospital for a shorter period of time for the same issue as a non-Māori (D. Wilson & Barton, 2012), but

> are more likely to be readmitted (Rumball-Smith et al., 2013). If entering the mental health service, you are more likely to be diagnosed with schizophrenia (Linscott et al., 2006) and receive more restrictive care by being nursed in seclusion (McLeod et al., 2017). If you are Māori and schizophrenic, you will also be more likely to be prescribed significantly higher doses of antipsychotics and therefore experience the side effects that will result in increased cardiovascular risk factors and, ultimately, premature death (Kake et al., 2016). You will also have a higher chance of receiving this treatment compulsorily under the Mental Health Act (Mental Health Foundation New Zealand, 2016). (p. 17)

These experiences are not isolated. The incidence and prevalence of inequitable experiences and health outcomes for Māori have endured since colonisation (M. King et al., 2009). Systemic racism is embedded deep in the health system and in the fabric of the political, social and economic infrastructures of Aotearoa (Came, 2012). Past literature also indicated that in 2006-2007, Māori who accessed GP prescribed medication in chronic health conditions (diabetes, heart disease, infections, mental health and respiratory disease) accessed these medications at a 19-37% lower dispensing rate than non-Māori. This equated to one million less prescriptions than non-Māori (Metcalfe et al., 2013).

In addition, more than 200,000 scripts for antibiotics were under-prescribed for Māori in 2012/13, even after adjusting for access issues to primary health care and affordability of prescription charges (Metcalfe et al., 2019). This inequity in prescriptions for antibiotics can lead to a worsening of illness and crowding in

Emergency Departments[2] (EDs) at hospitals across the country. An association between crowding in EDs (also known as access block) and mortality rates within seven days of presenting at EDs was found by Jones and van der Werf (2021). Access blocks at EDs are exacerbated for Indigenous peoples and ethnic minorities, who wait longer to be assessed and experience differential pain management treatment and assessment of serious conditions (Curtis et al., 2022). Various studies have highlighted some of the following differential treatment and care experienced by Māori:

- Māori are referred to specialist services at a lesser rate than non-Māori (Robson et al., 2006).
- Māori receive less quality hospital care, including surgical care, than non-Māori (P. Davis et al., 2006; Rahiri et al., 2017; Rumball-Smith et al., 2013).
- Non-Māori rates of preventable diseases are lower, resulting in fewer visits to the hospital and primary healthcare services (Ministry of Health, 2015).
- Quality improvement health programs increase non-Māori access to services and worsen access for Māori (Dalbeth et al., 2018; Loring et al., 2019; Metcalfe et al., 2019).
- The mortality rate for Māori presenting to ED for the first time was

2 There is no cost to access medical care and treatment at hospital emergency departments in New Zealand, though there can be long waiting times.

1.6 times higher than non-Māori (Curtis et al., 2022).

- Māori receive kidney transplants at 1/5th the rate of non-Māori (Wong et al., 2022).

- Māori are four times less likely to receive curative rather than palliative anti-cancer treatment compared with Europeans (W. Stevens et al., 2008).

- Māori are 60% less likely to be referred to a oncologist than Europeans (S. R. Stevens et al., 2021).

- Māori experience frailty earlier than non-Māori (Abey-Nesbit et al., 2021), with Māori aged 65-70 years being as likely to be as frail as non-Māori in their early 80s (Barrett et al., 2006).

- Māori babies were twice as likely to die than non-Māori from a potentially preventable perinatal death in 2014 (PMMRC, 2016).

- In 2009-2018, on average Māori were 13 years younger at Intensive Care Unit (ICU) admission than Europeans, but Māori had more co-morbidities, a higher severity of illness and a greater risk of dying within 180 days (A. Reid et al., 2022).

- In 2018-2020, Māori stroke patients were on average 13.7 years younger than Europeans. Although Māori presented faster to hospital, there was a longer wait time before Māori were treated, suggesting racial discrimination within stroke services (Fushida-Hardy et al., 2022).

- Over two decades from 1994-2018, mortality rates and hospital admission incidence rates were consistently higher for Māori than for European and Pacific patients with type 2 diabetes, even after adjusting for age, gender, tobacco smoking status, obesity, socioeconomic status and time periods (Yu et al., 2021).

A comprehensive report by the Health Quality and Safety Commission (2019) together with other research identified below, traces the quality of healthcare services in Aotearoa. The differential healthcare access and treatment between non-Māori and Māori is presented in the following ways, and are not exclusive to these areas:

- Maternity services serve the needs of non-Māori mothers more than Māori mothers and access to maternity services is lower for Māori.
- Non-Māori children have greater access to oral health services than Māori children.
- Māori women experience inadequate levels of antenatal screening and treatment of sexually transmitted infections compared with non-Māori women.
- Hospital appointments are more accessible for non-Māori than Māori.
- At older age, Māori living with disabilities are more likely to experience unmet needs for specialist equipment than non-Māori.
- More Māori than non-Māori wait longer than three months for a specialist appointment. This can have flow-on negative effects for

diagnosis and treatment for Māori.

- Māori children living with asthma were less likely to be prescribed asthma preventer medication which may contribute to 30% higher hospitalisation rates than non-Māori.

- Amongst 10-14 year old children, non-Māori childhood cancer survival rates have improved by 8.9%. Whereas Māori childhood cancer survival rates improved by 0.9%.

- Suicide mortality rates are lower among non-Māori youth than Māori youth.

- More Māori aged 65 years and over, receive the "triple whammy"[3] drug combination than Māori. The flow-on negative effects of this drug combination place Māori seniors at a higher risk of renal disease.

- Māori children experience severe asthma more often than non-Māori children (Ellison-Loschmann et al., 2009).

- Non-Māori patients on dialysis experience longer life expectancy than Māori and undergo the temporary dialysis vascular procedure less often than Māori (Huria et al., 2018).

- Fewer comorbidities in non-Māori colon cancer patients, coupled with better healthcare access, contribute to their higher survival rate

3 A combination of an angiotensin-converting enzyme inhibitor, a diuretic and a non-steroidal anti-inflammatory drug. It is a potentially dangerous combination (Health Quality & Safety Commission New Zealand, 2019, p. 39).

compared to Māori (Hill et al., 2010). These inequities continue to play out across almost all cancer types (Robson et al., 2010).

- Hospitalisation rates for Māori with ischaemic heart disease (IHD) are 1.43 times higher than for non-Māori, and the mortality rates as a result of IHD were 2.25 times that of non-Māori (Curtis et al., 2010).

- Māori experience poorer survival rates than non-Māori for almost all of the most common cancers (Te Aho o Te Kahu, 2021).

In an attempt to shed light on the factors that contribute to these inequities, Palmer et al. (2019) conducted a systematic meta-synthesis of 54 studies mapping Māori experiences in the health system. One of the study objectives was to highlight the inequitable experiences that Māori endured in order to inform policies to tackle health inequities. In the study, the inequities that were linked to social determinants featured predominately "as direct interactions with the health system" (p. 8). Foregrounding Māori experiences in the health system helps to highlight communication inequalities that are typically a part of health inequities. Health, socioeconomic and communicative inequities often exist simultaneously. In other words, where there are health inequities, there are also communicative inequities and the presence of socioeconomic inequities indicate health and communicative inequities (M. J. Dutta & Basu, 2011). As indicated by Marmot et al. (2008), the unequal and unjust distribution of the socioeconomic determinants of health marginalise some communities, and resources that amplify or provide access to communication are posited as an indicator of inequities.

The Health Quality and Safety Commission (2019) revealed that in 2016-2017, unmet health needs for Māori were high across all deprivation levels,

suggesting that socioeconomic status may not be the reason or the sole reason for health inequities. In a different study, spanning 24 years, hospital admission rates and mortality rates were explored between Māori, Pacific and Europeans with type 2 diabetes living in Auckland, Aotearoa (Yu et al., 2021). The study found that the disparities were as prominent in 2021 as 25 years ago. The results showed that Māori experienced worse outcomes for all the clinical outcomes measures (such as higher hospital admission rates due to end of stage renal disease, cardiovascular disease, cancer and all-cause, cardiovascular and cancer mortality rates) compared to European patients. These health disparities were not propelled by obesity or behaviours such as tobacco smoking or even socioeconomic status. The authors called for further research to identify the driver(s). They did acknowledge that Māori have been impacted by colonisation and that the ramifications of colonisation upon the health outcomes associated with type 2 diabetes require further research. This study along with similar findings from other studies regarding a lack of association between socioeconomic positioning and health outcome (Barton & D. Wilson, 2008; Health Quality and Safety Commission, 2019; W. Stevens et al., 2008) indicate that there could be other causal factors that influence Māori health disparities; not just socioeconomic positioning.

Back in 2010, Curtis et al. (2010) had identified that in order to understand the driver(s) of IHD rates for Māori, interventions needed to go beyond individualised lifestyle health promotion messages aimed at reducing risky behaviours and instead focus on "all likely contributors" (p. 316) including differential access to healthcare, the quality of healthcare and the impact of the social determinants of health.

This section has noted that one of the benefits of the neoliberal reforms is that

healthcare provision opened up for the establishment of iwi and Māori health providers, This enabled Māori to re-examine Māori health philosophy and create Māori health models. Yet for many Māori, the neoliberal turn worsened income inequalities and negatively affected health outcomes. Kiro (2001) questions whether the economic advantages gained for some of the population will actually cancel out the stress and burden attributed to higher unemployment, benefit cuts and lesser income for most families. The health outcomes laid out above did not happen in a vacuum but can be attributed to the mechanics of a neoliberal health organising framework (Poirier et al., 2022). The health outcomes for Māori living on the "margins of the margins" in society worsened as the government's economic reforms forged ahead. Two recent studies (one conducted for 24 years) note that Māori health disparities have occurred regardless of socioeconomic positioning and one of the studies has called for further research to identify the driver(s) (Yu et al., 2021).

The Reforms Continue: Primary Healthcare Strategy

This section briefly outlines the 2001 health reforms and the introduction of the primary healthcare strategy. This strategy reconfigured the state's health system again by creating district health boards (DHBs) and primary health organisations (PHOs). M. J. Dutta (2015b) outlines the conspicuous trails of neoliberal health governance that is infamous for repositioning and reconceptualising itself to maintain hegemony and create further capital extracting opportunities through contracting services in a mixture of public and private health entities. This reconfiguration moved away from fee-for-service funding for GPs to capitation funding for PHOs, who then contract with GP services (Cumming et al., 2018). The primary healthcare strategy's vision included reducing inequalities, health prevention promotion and a

population focused approach (A. King, 2001). Under the fee-for-service system, GP practices were subsidised per patient. Arguments around the quality of the services arose because GPs could effectively maximise their income by seeing as many patients as possible. Capitation funding is distributed based on how many patients are enrolled in a PHO not the number of visits to a GP service, designed to address health inequalities. Came, O'Sullivan and McCreanor (2020) point out that the capitation system of funding has tended to underserve patients with high comorbidities due to the often lengthy consultation times needed and the delay in securing timely GP appointments. The more patients enrolled in a GP service equates to longer waiting times for appointments, pushing high needs patients to delay access to medical care.

As part of the 2001 reforms, the RHAs and the CHEs were disestablished. The provider and purchaser health service roles were again amalgamated, this time under the domain of the newly established DHBs. Up until 1 July 2022, there were 20 DHBs operating in regional areas both providing and funding health services to communities within these designated areas and capable of prioritising the health needs of their own areas. In 2021, the government announced that it would overhaul the public health system by reducing the number of DHBs and establish a Māori health authority which would work alongside the Ministry of Health to advise on Māori health policy, monitor performance and create Kaupapa Māori health systems (Health and Disability System Review, 2020; Quinn, 2020). This section has touched on the 2001 health reforms that created DHBs and PHOs which were in existence for just over 20 years before the next reform disestablished them.

The Key Findings of the Waitangi Tribunal's *Hauora Report*

This section introduces the Waitangi Tribunal's *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* (*Hauora Report*) (Waitangi Tribunal, 2019) which extensively reviewed the health and disability system of Aotearoa against the Crown's obligations outlined in Te Tiriti o Waitangi. In 1975 the Labour government established the Waitangi Tribunal to investigate Crown breaches of Te Tiriti o Waitangi resulting in prejudice against Māori (Hamer, 2004). Te Tiriti o Waitangi was signed in 1840 by representatives of the Crown and over 500 Māori chiefs. There are two versions of the Treaty. The Māori language version is generally called Te Tiriti o Waitangi and the English version carries the English name. They are far from identical (Mutu, 2010; O'Sullivan et al., 2021). Article two of Te Tiriti guaranteed full and undisturbed possession of lands and taonga to Māori. Health and wellbeing is a taonga under article two of Te Tiriti (M. H. Durie, 1989). Though Māori were guaranteed unfettered possession of their lands, the Native Lands Act 1862 set about converting Māori customary title to individual land title reflective of English law. Many unscrupulous tactics were used by the Crown and its agents to dispossess Māori of land (Gilling, 2020; Hurihanganui, 2020). The processes of colonialism and capitalism drove the organised acquisition of large tracts of land (Hooper & Kearins, 2004). About five percent of the land in Aotearoa remains Māori freehold land (Dell & Dell, 2021). The Treaty settlement's process is the Crown's attempt towards addressing the historical land loss and the consequent disenfranchisement of iwi Māori (Te Aho, 2017). A Treaty settlement, typically involves the return of Crown land and other assets including money. It is this settlement process and package that has been critiqued over the years for not trickling the benefits down to all iwi members, whilst producing neoliberal corporate

leaders that are removed from the socioeconomic conditions faced by many Māori at the "margins of the margins" (Bargh, 2007; Poata-Smith, 2013; Sykes, 2010).

In 1984 the Labour government extended the powers of the Tribunal to retrospectively investigate claims back to the signing of Te Tiriti in 1840 (Ruru, 2010). The deadline for submitting historical land claims was in 2008. An individual or group of Māori descent may submit a claim against the Crown alleging a breach or breaches of the Treaty of Waitangi demonstrated through the Crown's actions or inactions, which includes Crown policies and legislation that have caused Māori to suffer prejudice (Melvin, 2004). The Tribunal investigates claims and makes recommendations to the Crown and these recommendations can influence Crown policy (Came, O'Sullivan, Kidd et al., 2020).

On 1 July 2019 the Tribunal released the *Hauora Report* regarding the Crown's breaches of Te Tiriti o Waitiangi in relation to Māori health inequalities and investigated over 200 claims by Māori stemming back to the enactment of the NZPHDA (Came, O'Sullivan, Kidd et al., 2020; Waitangi Tribunal, 2019). Stage one involved an investigation into the legislative and policy framework of the nation's primary healthcare system in relation to the principles of the Treaty.

Some of the key findings of the *Hauora Report* pointed to an inadequate legislative and policy framework that was not orientated towards achieving equitable Māori health outcomes. The Tribunal found that the NZPHDA was not crafted in partnership with Māori and the healthcare framework did not explicitly recognise and provide for Māori autonomy over Māori health (Waitangi Tribunal, 2019). References to the Treaty of Waitangi in the NZPHDA were reductionist and fell short of bold, courageous and emphatic statements that held the health system to account against the articles of Te Tiriti. After all, M. H. Durie (1989) emphasised

that “the intent of article 2 of te Tiriti was to maintain social and economic systems and to ensure continued Māori wellbeing” (p. 284). The health outcomes pertaining to Māori outlined above firmly demonstrate severe deficiencies in the framework, policy and implementation of healthcare services for Māori, which includes gross underfunding of Māori primary healthcare services.

Institutional Racism

Not only do income inequalities affect health outcomes but the entrenchment of racism within the public health system and the privileging of whiteness is a further structural barrier to health equality (Bailey et al., 2017; Came, 2012; Came-Friar et al., 2019; Kearns et al., 2009; Paradies et al., 2015; Penney et al., 2011; P. Reid & Robson, 2007). It is widely established that racism is a determinant of health (Bécares et al., 2013; Came, 2014; Harris et al., 2012a; Paradies, 2016; Paradies et al., 2015; P. Reid et al., 2019; Stanley et al., 2019; Talamaivao et al., 2020).

Moreover, the literature confirms that in Aotearoa, when accessing healthcare services, Māori are more likely than other ethnicities to encounter racism in all its forms (Cormack et al., 2018; D. Wilson & Barton, 2012; D. Wilson, Moloney et al., 2021). These experiences of racism dramatically affect Māori lives (A. Moewaka Barnes et al., 2013). As pointed out by P. Reid (2021) “if the system displays systematic ethnic inequities, it displays racism” (p. 8). The “Connecting Māori health inequities to healthcare services” section above documents a plethora of literature highlighting systemic racial discrimination against Māori. It is important to reiterate that these ethnic inequities can induce the onset and severity of illness (Stevenson, 2018; Williams, 2012). The Waitangi Tribunal (2019) heard evidence of racism within the public health care system and found that:

> All parties variously agreed that the severity and persistence of health inequity Māori continue to experience indicates that the health system is institutionally racist and that this, including the personal racism and stereotyping that occur in the primary care sector, particularly impacts on Māori. (p. 151)

Statements seeking to address racism can be found in some key public documents in the health sector. *Te Korowai* is the government's Māori health strategy (Ministry of Health, 2014). *Whakamaua Māori health action plan 2020-2025* (*Whakamaua*) is the strategy's action plan (Ministry of Health, 2020). *Whakamaua* cites addressing racism as one of the four intended outcomes of the action plan: "The health and disability system addresses racism and discrimination in all its forms" (p. 23). The Ministry of Health's *Te Tiriti o Waitangi framework* underpins *Whakamaua* and also makes reference to this same statement about addressing racism which is contained in *Whakamaua*. Talamaivao et al. (2021) conducted a recent strategic review of a range of government public documents pertaining to racism and health from 1985-2020 to ascertain the extent (if any) of anti-racism policy approaches. The authors note examples where anti-racism statements in public documents have not necessarily amounted to action to address racism. Instead, anti-racism statements in policy or strategic documents did not produce anti-racism action (Ahmed, 2006, 2012).

The Pae Ora (Healthy Futures) Act (2022) (Pae Ora Act) does not contain the word racism. This Act came into effect on 14 June 2022. It establishes the Māori Health Authority and Health New Zealand. Section 3 outlines the purpose of the Pae Ora Act, which is to provide for the public funding and provision of services to:

- protect, promote, and improve the health of all New Zealanders; and
- achieve equity in health outcomes among New Zealand's population groups, including by striving to eliminate health disparities, in particular for Māori; and
- build towards pae ora (healthy futures) for all New Zealanders.

There is no mention of racism in the Pae Ora Act, though it can be argued that the purpose of the Pae Ora Act cannot be fulfilled without a comprehensive action plan to address racism. The Pae Ora Act stipulates that a number of strategies are to be implemented including a New Zealand health strategy (s. 41) and a Hauora Māori strategy (s. 42). Besides a range of strategies, a national health plan (ss 51-52), a health charter (s 56) complete with performance, assessment and evaluation measures must also be created by both Health New Zealand and the Māori Health Authority. It remains to be seen whether or not the strategies, plan and/or charter will outline the actions to address all forms of racism embedded in the health sector, adversely affecting Māori health outcomes. A number of publications have already identified strategies to address racism by academics in the health sector (Came, Baker et al., 2021; Came & Griffith, 2018; Came-Friar et al., 2019; Harrison, 2021; Pack et al., 2016; P. Reid, 2021; Selak et al., 2020; Stanley et al., 2019), who could be engaged with to synthesise the strategies into action plans aligned to the New Zealand health plan and charter. Māori community voice too is a valuable, untapped resource, and many have lived experience of racism.

In previous sections, associations were made between racism and neoliberalism, in particular the way in which racism, at an individual and systemic level is perpetuated by and co-constitutive of neoliberalism. On the surface,

neoliberalism appears colour-blind, ableist and oblivious to gender, with its focus on the individual and not the socioeconomic, political, ableist and heteronormative constructs that work to strip identities and oppress populations. White supremacy is an integral feature of institutionalised racism. Paradoxically, the ideology of whiteness is paramount in the construct of neoliberalism manifesting as neocolonialism deployed through trans-national corporations to further extract from and consequently further marginalise Indigenous peoples for profit (Jamieson et al., 2020). The trope of individual freedoms and individual responsibility weakens collective organising, activism and social responsibility concerning the care and welfare of communities. Any action plans linked to the New Zealand health plan and charter that seek to address racism should also factor in the insidious and obvious ways in which health structures and processes are constituted within a neoliberal agenda.

Another Round of Health Reforms

The final section of this literature review touches on the introduction of the current round of health reforms. This examination is underpinned by the foregrounding of community voices as the experts of their own realities, especially those not typically heard, with an emphasis on resistance to neoliberal health organising agendas.

A year after the *Hauora Report,* another report was produced, coordinated by a panel of seven experts and a Māori expert advisory group. The publication is known as the *Simpson Report* after the chairperson (Health and Disability System Review, 2020). The report echoed the Waitangi Tribunal findings and narrowed in on the need for structural reform of the health system to produce equitable health

outcomes for New Zealanders. Whilst both reports recommended the establishment of a Māori Health Authority, the *Simpson Report* did not recommend that the Māori Health Authority be established as a stand-alone entity with full commissioning powers even though this recommendation was supported by a majority of the report's panel and all of the Māori expert advisory group. Instead the *Simpson Report* recommended that the Māori Health Authority have limited powers that would extend to commissioning health services for Māori, co-commissioning services for wider population groupings, providing advice, strategy, policy and monitoring systems with the Ministry of Health (Came, Kidd et al., 2021; P. Reid, 2021).

The *Simpson Report* has been criticised as perpetuating institutional racism by failing to provide for tino rangatiratanga as guaranteed in Te Tiriti, and therefore perpetuating the ineffectiveness of the health system because a minority panel decision stymied the recommendation to establish the Māori Health Authority as a stand-alone Agency with its own power (Came et al., 2021b). Whiteness works according to its own rules, which are often formulated in opaque processes to maintain power and control (Rodriguez et al., 2019). That a minority panel decision overrode the substantial structural recommendation of the majority is an example of whiteness not just protecting its hegemony but protecting itself from the racist backlash that would inevitably ensue. An integrated health system dispels claims of separatism and gives the appearance of partnership and is more palatable to a hegemonic majority. Pool (2016) explains how Indigenous people are still frequently marginalised by ongoing colonisation processes: "even the most benign social democracies that act in good faith, will do so in accordance with the whims of the politically and demographically hegemonic majority" (p. 20).

On 21 April 2021, the Minister of Health announced a set of reforms for the

health sector to come into effect on 1 July 2022. The 20 district health boards will be disestablished and all health services will be operationalised by Health New Zealand in partnership with the Māori Health Authority. In addition, iwi/Māori partnership boards will be established all over the country. Luke in Perrott (2022) reveals that, "the Board will design and deliver Māori health plans that support health reforms and intergenerational change and a significant shift from illness to wellness for all Māori" (para 15).

In terms of communicating health needs and aspirations within and by communities, the new health structure and its focus on localities, promises increased opportunities for community and whānau voices to be heard to help shape locality services. The question arises: how do Māori living in low socioeconomic conditions; on the "margins of the margins" of society get to voice their experiences and aspirations to the health system? This chapter has echoed that unequal access to communication platforms or resources runs parallel to socioeconomic and health disparities. The latter chapters in this thesis provide examples of communication infrastructures at the margins of Indigeneity, where individuals who are not typically heard, have collectivised and organised to foreground their voices of some of their experiences pertaining to health into mainstream and iwi/Māori spaces. This research project is concerned with building platforms for voice with whānau. The academic-community partnerships nurtured in this project not only amplify the communicative, economic and health inequalities experienced at the "margins of the margins" but offer pragmatic solutions that were also enacted during the past three years.

Conclusion

This literature review is primarily an analysis of the neoliberal economic

reforms that took place in Aotearoa, negatively affecting Māori health outcomes. The competitive market strategy of neoliberalism also opened up opportunities for the establishment of iwi/Māori health providers under the guise of operational autonomy from the state and the need for "by Māori for Māori" health service delivery. However, at the time of the 1991 health reforms, the inequities in the social determinants of health were widening to the point where the 1990s will be remembered as the only decade in the twentieth century where Māori health outcomes were worsening.

A proliferation of iwi/Māori health providers in a climate of high inflation, substantial welfare cuts, high Māori unemployment rates and worsening income inequality resulted in an increased cost of living impacting hard on whānau health outcomes and their access to healthcare services. These already difficult times were then exacerbated by embedded racism experienced by Māori in the healthcare system and the literature shows that these experiences are ongoing. The underfunding of iwi/Māori health providers by the state contributed to the precarious condition of disparate Māori health outcomes. The health policy and legislative framework and the systemic institutionalised racism in the healthcare system are some of the factors that resulted in around 200 claims by Māori to the Waitangi Tribunal (Came et al., 2020a; Waitangi Tribunal, 2019). This has contributed to the current health reforms and the establishment of the Māori Health Authority and Health New Zealand.

The Pae Ora Act establishes the new health system and makes it clear that consumer and whānau voice should be embedded within the reformed healthcare system. The studies in this thesis, which comprise chapters four, five and six, provide some examples of how to co-create voice infrastructures with whānau. Drawing on a Whakapapa-based communication framework in dialogue with the CCA, and

recognising Māori communities as experts of their own realities and co-designers of communication infrastructures, is an integral part of embedding or culturally-centering whānau voice into the health system. At the margins of Indigeneity, the whānau voices in this research speak to health and wellbeing meanings, challenges, strategies, and solutions, formulated in resistance to neoliberal health organising, surging towards collectivised social transformation.

SECTION TWO

Findings

This section comprises four chapters: three were prepared as publications, the last is the "Conclusion." The first chapter in this section, Chapter Four, drew on data collected just before my doctoral enrolment. Chapters Five and Six are derived from findings associated with the relationship of Māori health and ancestral land, according to the whānau participants and advisory group and the co-created communication infrastructures at the margins of Indigeneity.

To reiterate, the overall aim of this research is to build a dialogic framework with Kaupapa Māori and the CCA to foreground Māori voices, which are not generally heard in mainstream or iwi/Māori spaces. This is done by co-creating communicative infrastructures for listening and platforms for voices to emerge into dominant communicative spaces. The research questions ask the participants:

- What are your meanings of health and wellbeing?
- What are the structural barriers (or challenges) to negotiating health?
- What are the solutions proposed and how are these constructed?

It is hoped that the findings will highlight the agentic capacity of Māori dealing with low socioeconomic challenges, communicative inequalities and health disparities, positioning them as experts of their own realities, fully capable of communicating the issues and solutions to these challenges.

LINK ONE

Chapter Four: "Theorising Māori health and wellbeing in the Whakapapa paradigm: Voices from the margins" establishes two dialogic anchors that establish the dual research methodologies of Whakapapa and the CCA in this thesis. I begin the chapter by exploring the multifunctional ways that Whakapapa can be utilised in research and then introduce the CCA and its steadfast commitment to co-creating communication infrastructures at the "margins of the margins."

This chapter provides the groundwork for the following chapters by setting the historical context of the study within the iwi of Ngāti Kauwhata, situated in the greater Feilding area, Manawatū, Aotearoa. Interviews with 30 participants drive the co-constructed meanings of Māori health and wellbeing, pointing to access and connection to ancestral land and rivers. This is undertaken through the intersecting relationship between a Whakapapa approach and the CCA. These approaches serve to co-create communication infrastructures as the basis for health organising in resistance to neocolonial structures that threaten Indigenous health. Health becomes Indigenous sovereignty over land and rivers and turns to conversations regarding collectivising to safeguard the remaining ancestral land and protect the local river from further pollution.

This concept of Māori health and wellbeing is contrasted with top–down health communication strategies that co-opt Māori concepts to target Indigenous behaviour change. Instead, Māori navigating low socioeconomic conditions are positioned as the experts of their own realities, fully capable of exercising their agentic capacity to co-create strategies and solutions, and seeking to mobilise to secure ancestral land as the springboard to achieve health equity. Health and

wellbeing meanings are offered as registers towards thinking through strategies and solutions to address some of the barriers and challenges to health.

Both of my supervisors, Professor Mohan Dutta and Professor Helen Moewaka Barnes, provided feedback on the draft. I also utilised Massey University's writing consultant service to check some of the chapter for structure and flow.

I presented part of this chapter to the ICA conference in 2020. This afforded me the opportunity to finish and update the chapter. Out of the three chapters in this section, this paper took the longest to complete. I submitted it to the journal of *Health Communication* on 21 June 2021 and it went through three rounds of revision. The manuscript was accepted by *Health Communication* on 5 June 2023. The version contained in this thesis is the second version. The full and final version can be found in the *Health Communication* journal.

Elers, C. & Dutta, M. J. (in press) Theorising Māori health and wellbeing in the Whakapapa paradigm: Voices from the margins. *Health Communication*.

CHAPTER FOUR: THEORISING MĀORI HEALTH AND WELLBEING IN THE WHAKAPAPA PARADIGM: VOICES FROM THE MARGINS

Abstract

Whakapapa is an Indigenous metatheoretical framework; a phenomenon of metaphysical and social connections embedded in Indigenous epistemology unique to Aotearoa (New Zealand). This research foregrounds the innate connection between Māori, land and health and wellbeing as an expression of Whakapapa, nuanced through the layering of lived experience and sense making of 30 Māori participants, situated in dialogue with the Culture-Centered Approach (CCA). This research sought to understand health and wellbeing meanings, challenges and solutions as articulated by Māori participants at the margins of Indigeneity. Drawing also on the CCA approach to health communication that explores communicative inequalities and the myriad of ways in which voices are silenced by hegemonic structures, the manuscript highlights the relationship between Whakapapa and voice. The dialogues emergent from in-depth interviews place the (CCA) to health communication within the Whakapapa paradigm, foregrounding the role of voice democracy in creating anchors to health and wellbeing among Māori, rooted in *tino rangatiratanga* (Māori sovereignty). The articulations of Māori health voiced from/at the margins are offered as interventions into the large-scale health inequalities experienced by Māori in Aotearoa New Zealand.

Keywords: Māori health, land, Whakapapa, Culture-Centered Approach, sovereignty, Indigenous health

Communication scholarship is largely silent about Indigenous communication theories, and specifically Māori communication practices and theory. The domain of health and wellbeing communication theorising typically rests with experts (Kreps, 2001). Strategic frameworks, policies, action plans and health promotion campaigns in the settler colonial state arise from various health theories and approaches rooted in whiteness (M. J. Dutta, 2022).

People navigating structural violence are often confronted with health disparities and are generally framed as passive recipients of top-down individualised health communication theories, policies, and campaigns (Airhihenbuwa, 1995; M. J. Dutta, 2016; Kreps, 2001). Marginalized populations such as low-income communities, refugees, people living with disabilities, the elderly, LGBQTIA+ communities, many people of colour including Indigenous communities, are the experts of their own realities, fully capable of taking care of themselves, their families and communities (Hodgetts et al., 2016).

These inequitable health outcomes experienced by marginalised communities are associated with structural determinants of health, exposing those at the intersectional margins to an array of heightened risk factors. Health risks are shaped by socioeconomic positioning (Hodgetts et al., 2007), intersecting with raced, gendered, classed, sexual orientation, religious discrimination and other marginalised identity markers (D. Wilson & Neville, 2017). The structural contexts of health have been defined by the World Health Organization Commission on Social Determinants of Health (Marmot et al., 2008) as power and income inequalities, access barriers to education, healthcare, employment, leisure and meaningful and fulfilling community experiences.

This research seeks to explore communication infrastructures at the margins

of Indigeneity and in doing so, highlight Whakapapa as a communication framework and approach that has its origins in the beginning of creation (Haami & Roberts, 2002). This study connects the Whakapapa metatheory with the CCA, a communication approach that was developed two decades ago in solidarity with the "margins of the margins" of Indigenous communities (Santalis in East India) to foreground subaltern voices as creators and owners of health communication theories (Dutta-Bergman, 2004a, 2004b).

Whakapapa and the CCA: Dialogic Anchors

Whakapapa is polysemic; it has several different meanings. Scholarship indicates that Whakapapa is more than genealogy; it has fluid meanings, depending on context and subject matter (Mikaere, 2011). The physical world and the spiritual world are not severed in the construct of Whakapapa (Hond, 2013); they remain intrinsically linked, anchored in Māori ontology (C. T. H. Mika, 2014; M. Roberts, 2013). Whakapapa is also a framework for Indigenous theorising (Graham, 2009; Royal, 2002).

For Indigenous peoples, the land encapsulates an ideological holistic basis for interconnected health and wellbeing of both the people and the land (Ford, 2012; Greenwood et al., 2018). For Māori, land is part of the infrastructure of Whakapapa; it is intricately sinewed to the health and wellbeing of Māori. The relationship, influence and pervasiveness of deep-seated emotions to the land is traced back to time immemorial, interlaced with the plexus of human health and the health of the planet (H. Moewaka Barnes & McCreanor, 2019).

From a Māori worldview, the inseparability of human emotions and human health juxtaposed with the compounding of trauma and pain (Dell & Dell, 2021; T.

Smith, 2019) across generations as a result of land alienation and other colonising processes is a large and enduring component of disparate Māori health outcomes (H. Moewaka Barnes & McCreanor, 2019). Lived experience of land loss is acutely felt across generations, impacting upon Indigenous health and wellbeing in the form of immense sadness, loss, grief and anger (H. Moewaka Barnes & McCreanor, 2019). Loss of physical and social interactions once facilitated by the land is compounded by the erosion of identity and knowledge systems, and the erasure and reshaping of collective activities and responsibilities that generated and nurtured the health of the people and the health of the land (E. T. Durie, 2012; M. King et al., 2009). Land is consubstantial with Māori and Whakapapa (Timoti et al., 2017). Land, like people, is a tangible expression of the phenomenon of Whakapapa.

During the initial colonisation process, higher child mortality rates existed in areas that were subject to heavy land loss (Pool, 1991). In other words, it can be argued, that the ongoing state of disparate Māori health outcomes, in part, has been exogenously produced; reflective of a settler-colonial state borne from the malfeasance of fracturing Māori from the land, livelihood and longevity of health and wellbeing. For Indigenous peoples, disparate health outcomes are quintessentially indicative of historical and ongoing colonisation processes (Griffiths et al., 2016; Paradies, 2016; Richmond & Big-Canoe, 2018).

In a contemporary context, Paki and Peters (2015) explain that Whakapapa looks to the web of connection between people and the wider context, the places in which people live and go about their daily lives and their meaningful places resulting in rich repositories of knowledge and sense making.

In this study, the CCA lent its communicative resources, embodied solidarities, and deep critical analysis of power structures in dialogue with Māori

participants at the margins. The CCA interrogates structural power imbalances that constitute cognitive epistemicide and steadfastly works to make visible the mechanics of power, ongoing colonisation and neoliberal processes that perpetuate health, socioeconomic and communicative inequities. It challenges the dominant cultural sensitivity approach that treats culture as an essence to be incorporated into health campaigns promoting top-down pre-configured individual health behaviour change (M. J. Dutta, 2007).

CCA scholarship co-created in solidarity with communities residing at the margins of societies has documented the processes of marginalisation globally (Basnyat & M. J. Dutta, 2012; Basu & M. J. Dutta, 2009; M. J. Dutta, 2012, 2013; M. J. Dutta et al., 2013; M. J. Dutta et al., 2017; U. Dutta & M. J. Dutta, 2019; Dutta-Bergman, 2004b; Koenig et al., 2012; Yehya & M. J. Dutta, 2015) and more recently within Aotearoa (M. J. Dutta et al., 2021; M. J. Dutta, Moana-Johnson et al., 2020; C. Elers et al., 2020; P. Elers et al., 2021). This is the first time that the CCA has been welcomed and operated within an iwi, Whakapapa embedded research project by Māori participants.

The CCA inverts hegemonic theoretical formations of health communication by seeking to co-create communicative infrastructures with hitherto erased communities at the margins (M. J. Dutta, 2018a). By scrutinising the erasure of voices, it purposefully seeks to co-create infrastructures for listening to subaltern articulations, which in turn serve as the registers for organising for structural transformation (M. J. Dutta, 2008). Centring marginalised communities as the experts of their own realities, it seeks to foreground communicative spaces where communities at the "margins of the margins" build theoretical anchors to health and wellbeing. Attending to communicative inequalities in the discursive terrains of

Māori health, the CCA offers a register for co-creating communicative infrastructures for the voices of Māori at the margins of hegemonic systems in building health equity. Through dialogical infrastructures, participants in CCA interventions layer their own understandings of health and wellbeing, the challenges they experience, and the potential solutions they imagine. These meanings serve as registers for co-creating solutions to health and wellbeing. Meanings, voiced by participants at the margins, are constituted at the intersections of culture, structure and agency, identifying the oppressive structures that emerge as the sites for interventions.

It is well established that income inequality enables health and wellbeing challenges for marginalised communities (M. H. Durie, 2003; Wilkinson, 2002). The perpetuation of socioeconomic disadvantage and related health challenges are not the result of communities that do not know how to take care of their health because there are a range of broader determinants of health that affect certain communities than others (Marmot et al., 2008). The CCA conceptualises structures as the site for transformational social change enacted by community agency. Structure reflects the way in which systems are organised replete with rules of participation (M. J. Dutta & Basu, 2008). Historically, structures have erased voice through their hegemonic logics by privileging the voice of experts over others (M. J. Dutta, 2011). The CCA is acutely attentive to the obvious and subtle ways in which structures bypass marginalised communities, looking instead to foreground voices of those who are more amenable to its inner practices. In fact, marginalisation is written into the formation processes of structures as it looks to replicate hegemony by keeping intact the very practices that discriminate against community voice from the "margins of the margins" (M. J. Dutta et al., 2019).

Airhihenbuwa (1995) recognised the Eurocentric nature of health promotion and instead argued for the public health landscape to centre the culture of communities. In the CCA, culture is characterised as reflecting "shared values, practices, and meanings that are negotiated in communities…culture is both static and dynamic; it passes on values within a community and at the same time co-creates opportunities for transforming these values over time" (M. J. Dutta, 2018a, p. 241). For voices of whānau participants to be heard, any proposed solutions or re-imaginings need to be culturally grounded, that is localised and built from the ground up, with their participation and ownership. Agency is enacted amidst the negotiation of the structural constraints, as well as in symbolic and material practices of resistance (Basnyat & M. J. Dutta, 2012). Cultural meanings reflect agency and offer the basis for transforming structures. Dutta further explains that the voices of communities are then foregrounded, positioning communities at the margins as owners of processes of structural transformation (M. J. Dutta et al., 2019).

Whakapapa, Land and Iwi Context

Ngāti Kauwhata is an iwi currently situated in the greater Feilding area, Manawatū, Aotearoa, New Zealand and are descended from Whatihua, an ancestor, who lived around the 15th century. Whatihua was a renowned agriculturalist, strategist and builder. Whatihua and his younger brother Tūrongo regularly engaged in competitive contests until Whatihua won the admiration and affection of Ruaputahanga of Ngāti Ruanui in Taranaki, culminating in their marriage. Ruaputahanga was a descendant of chiefs and adept in the art of taiaha (a form of weaponry used in hand-to hand combat).

Kauwhata, fourth generation descendant of Whatihua and Ruaputahanga was

also similarly adept at construction and at least four other talents depicted by the five peaks carved at the pinnacle of the ancestral meeting house named Kauwhata, sited near Feilding. This ancestral house has accommodated the iwi and multitudes of visitors since the late nineteenth century.

In the early nineteenth century, Ngāti Kauwhata along with their Ngāti Raukawa allies migrated from Maungatauri in Waikato to the Manawatū, Horowhenua regions. Land was held and occupied generally by sovereign hapū. Individualised title was the antithesis of the communal nature of tribally held land (E. T. Durie, 1994; Kawharu, 1977; R. Walker, 1990).

Dr Isaac Featherston, superintendent of Wellington and appointed land purchase commissioner in 1862 served in the first to fourth colonial governments imposed in Aotearoa in 1853. Having acquired large tracts of prime land in the Wellington province for settlement, Featherston, along with his fellow capitalist colonials, turned their sights towards the fertile plains of the Rangitīkei and Manawatū. Vigorously opposed to the sale of their land, the majority of Ngāti Kauwhata mounted campaigns to stop the large-scale alienation of their land. Known as the Rangitīkei-Manawatū block, it comprised approximately 250,000 acres and was described as “one of the finest blocks in the country” (Fallas, 1993, p. 5). Featherston crafted and implemented a shrewd and manipulative plan to deprive hapū and iwi of large blocks of land, to on-sell at higher prices to colonial settlers for the accumulation of capital gains and the financing of Britain’s newest colony (Hooper & Kearins, 2004).

Featherston sought signatories to the Rangitīkei-Manawatū block sale, who were not the current landowners; neither were they residing on the land. He favoured certain iwi, particularly those that had fought in battle as allies of the Crown

(Fitzgerald, 1866). Letters and petitions written by various iwi members including Ngāti Kauwhata to Featherston and other members of Parliament stating that in effect their land had been taken by force, eventually led to the allocation of reserve land to Ngāti Kauwhata and other iwi by the Crown (Husbands, 2018). The controversy over the sale of the Rangitīkei-Manawatū block by Featherston continued as hapū and iwi submitted applications to the Native Land Court, disrupted land surveys (Husbands, 2018) and blocked road access that supplied goods from Palmerston North amounting to a loss of more than 100,000 pounds in perished food supplies (Gibson, 1936).

The alienation of the Rangitīkei-Manawatū block was achieved by Featherston's chicanery and propped up by the neoliberal machinery of the Native Land Courts. The sellers were not all owners of the block and not all owners of the block agreed to sell (Fallas, 1993; Husbands, 2018). The block was sold for 25,000 pounds to predominately other iwi and a handful of Ngāti Kauwhata people (Husbands, 2018). It was opposed by the majority of Ngāti Kauwhata. Notwithstanding the campaigns of opposition, the colonial legal system upheld the sale of the Rangitīkei-Manawatū block. This sale currently forms the basis for the Treaty of Waitangi historical land claims grievance process against the Crown submitted by representatives of Ngāti Kauwhata and other neighbouring hapū and iwi to the Waitangi Tribunal. The first round of Tribunal hearings was conducted in March 2020, almost 150 years after the deed of sale was formally enacted in 1866.

For the first time in the history of the New Zealand census, Ngāti Kauwhata was included as an iwi in 2013. The number of people that identified as Ngāti Kauwhata by descent amounted to 1,401 (Stats NZ, 2014). It is expected that this number will rise in future censuses as more people become aware that Ngāti

Kauwhata is now an iwi option. According to the Ngāti Kauwhata 2013 census statistics, 55% were female, 45% were male. The median income was $20,700. In relation to rental housing, 52.3% were living in rental accommodation and 20.8% were living in state housing (Stats NZ, 2014).

All of the whānau participants live in the Manawatū-Whanganui region. Eighty-seven percent live in Feilding. Seventy-seven percent identified Ngāti Kauwhata as their iwi. The remaining 23% are whānau in the wider sense and comprise support networks to the Ngāti Kauwhata whānau participants. For example, some have Ngāti Kauwhata children, some are a spouse of a Ngāti Kauwhata whānau participant. All are Māori.

Research Questions

This study foregrounds the participants' voices, asking (among other questions): What does health and wellbeing mean to you? How does land shape your health and wellbeing? What are the challenges to health and wellbeing? How do you negotiate the challenges experienced and what solutions do you propose? The everyday articulations of lived health and wellbeing experiences among Māori negotiating the intersections of structural violence and colonisation constitute three main themes in response to the research questions: 1) the land of our ancestors is vital to Māori health and wellbeing; 2) Māori meaning of good life; and 3) "heal the land, heal the people; heal the people, heal the land." These themes are constructed as speaking back to the dominance of structural impositions that impact upon the health and wellbeing aspirations of Māori navigating low socioeconomic conditions and disparate health outcomes.

Methods

This study acknowledges that Māori, living at the structural margins of Aotearoa, are the health communication experts of their own realities. Our co-constructive dialogues sought to build infrastructures of listening and communication among iwi members of Ngāti Kauwhata, located in the Manawatū, Aotearoa New Zealand, negotiating their health at the margins. The lead researcher is Māori, a doctoral student at Massey University, belongs to Ngāti Kauwhata and has lived most of her life in the iwi area. The second researcher is a migrant, and also situated at Massey University and is the Dean's Chair, Professor in Communication and Director of CARE, Massey University.

Research participants were identified through Whakapapa relationships delving deep within the iwi to identify possible participants whose lived experiences reflect socioeconomic disadvantage and concomitant erasure from mainstream, discursive spaces. These spaces can also include iwi and/or marae spaces. Some participated and recommended other whānau members. Thirty interviews were sought to obtain data thematic saturation (M. J. Dutta, 2008).

The emerging themes were evident at around 15 interviews but the interviews were continued to test whether these themes would be replicated. Twenty-one days were spent in the field interviewing participants in the first round, which shaped the ongoing ethnographic fieldwork in the form of creating an advisory group that sought to co-create solutions addressing the health challenges. Prior to the interviews, two days were spent in the field discussing and amending the questions with four prospective participants. A further seven days was spent in the field arranging interviews with participants who did not have access to a phone or internet for social media messaging. Participants were provided with a koha (a gift) to

acknowledge their time taken to share their knowledge and experiences. The master transcript comprises all 30 interviews, amounting to 455 pages of single-spaced, 12-point font. The interview length ranged from 38 minutes to 112 minutes. This manuscript draws on phase one, the in-depth interviews.

Constructivist grounded theory was utilised to elucidate themes through an open coding process (Charmaz, 2014). This involved moving through the transcripts line-by-line coding sections, paying careful attention to the participants' articulations. The next stage of coding entails axial coding, where segments of transcripts are grouped into buckets or categories. These categories were then discussed with the advisory group and three main themes concerning the connection between land and Māori health and wellbeing emerged and are shared here. Subsequent research phases involving advisory group meetings, intervention development and implementation have been progressing for two years and are not the focus in this paper.

Findings

The Land of our Ancestors is Vital to Māori Health and Wellbeing

The co-constructed meanings about health are anchored in whānau relationships with land, nestled within Whakapapa. This was evident as all participants emphasised the connection between land and health as the basis of their health and wellbeing, voicing health interventions as the struggles for securing sovereignty over land. The narrations from Rehu explain the connection between land and health encased within a Whakapapa paradigm. In addition, we utilise Whakapapa as a tool of analysis by looking at the layers of articulations as strands adding meaning after meaning, rooted in land.

> Rehu: I think that's very important, the land plays a very important part of the wellbeing of your health. You can extract a lot of things from your whenua to help enhance your health. It's therapeutic you know, it's beneficial, it's growth, you know and it is a good embrace. I think for the land, yeah it's a productive thing, it's a gathering thing, it's a connection from those that have passed on to those that are still living. There's a connection there in our urupā (cemetery). [Land] is a resource that is vital to our health, or one of the elements yeah that's vital to our health.

Rehu emphasises the importance of land to health and wellbeing. For example, she adds another layer of meaning as she ventures at first into land as a resource to enhance health therapy, then thinks deeper by positioning land as the foundation that connects the present generation to past generations. For Māori, this type of tracing narrative exemplifies Whakapapa as a metaphysical theory that incorporates Māori health and wellbeing in a web of connections with land and ancestors.

Many Indigenous peoples including Māori were alienated from their lands, negatively impacting upon their livelihood and their identity (M. H. Durie, 2003; Te Rito, 2007). Intergenerational memories of these deceptive processes of colonisation continue to deeply affect many Indigenous peoples today, as it constitutes a profound sense of loss and pain. The capacity to utilise land is also another component that has a positive impact on the health and wellbeing of Māori. In addition, Teneia points to the tangible expression of land as a connector linking current generations to past generations, this connection as necessary for health.

> Teneia: Yeah that's it, take care of the land, the land will take care of you. But it'll also take care of those people that are on it … cos it will help them with their health. They know where they belong, they know that this is their little piece of dirt. [It] may not be very big but that's mine because that came from way back, my ancestors and I think that's pivotal to health.

Teneia emphasises that whilst the land is integral to health, a symbiotic relationship with land and Māori is conceptualised, noting the necessity to "take care of the land" not just for his own health but for the health of the collective, for all who reside on the land. The sense making of land in relation to Māori health and vice versa is understood as collective health and wellbeing, rather than being underpinned by an individualised ideology. Both Rehu and Teneia highlight the connection between land and ancestors as integral to health because it is common for Māori participants in this research to acknowledge that the land is our ancestor and that the land is imbued with the spirit of our ancestors (Royal, 2002). It should be noted also that these articulations are embedded within the context of place and iwi. In this research, the participants mostly resided within their iwi region, in a semi-rural setting and were aware of their identity in relation to their iwi affiliations and significant landmarks and waterways. However, this is not the case for all Māori in Aotearoa, with large scale expulsions of Māori from land catalysed by urban development, that is accelerated both by aggressive settler colonialism and neoliberal expansion.

Kahi draws out the emotions related to land loss. Māori identity here is connected to collectives such as whānau, hapū and iwi, which is, in turn cemented to place. H. Moewaka Barnes and McCreanor (2019) refer to the destabilisation of

Māori identity, the breakdown of Māori societal practices, as well as the compounding of emotions associated with grief when Māori were alienated from their ancestral land. Kahi goes on to state:

> I can't think about that too much because it just makes me so angry and upset. I still visit the land when we go down and it still is ours, although we have no say over it. I guess it's like having a lease over your land, like one of those perpetual leases where you own the land but you are never ever ever going to be able to touch it. It's like, it's like being in jail really and watching everything from the outside. Being inside and looking at people use your land and not you, not being able to touch it or have anything from it, to be honest that's probably my biggest pouri (sadness).

The above comment illustrates how these effects of land alienation continue to impact upon Māori health and wellbeing. For Kahi, health is intertwined with a sense of having a voice, which in turn is rooted in the connection with ancestral land. Also, land loss is attributed to health and wellbeing, reflected in the deep sadness that Kahi feels through not being able to interact with ancestral land. Additionally, Kahi likens the loss of land to notions of powerlessness, as he states it feels like "being in jail and watching everything from the outside." Ancestral land that was once an integral part of whānau, hapū and iwi identity, and readily available to be engaged with and accessed, was severed from Kahi and his whānau. Ancestral land dispossession is tantamount to a prison sentence, described as watching "people use your land and not you" from jail. This narrative is inflected with emotion as he describes the sadness and anger resulting from land loss. Kahi emphasised the loss he

feels by explaining that he is “never ever ever going to be able to touch” the land, which has the same deep feeling and sentiment as the loss of a loved family member or friend. Symbolically, Kahi still thinks of the ancestral land as part of their whānau Whakapapa but access, utilisation and control of the land by Kahi and whānau was usurped. Gaining one’s health is therefore tantamount to regaining the stolen land.

Marta and Whenei are kaumātua participants. Both share their underlying health conditions, the long list of medications that they have been prescribed, and also the difficulty that they sometimes experience accessing the doctor to refill their medical prescriptions due to the cost of doctor and prescription fees. They once harvested, prepared and relied upon rongoā (medicinal remedies) Māori for overall wellbeing and to combat minor ailments. Rongoā preparation for themselves and their whānau was a regular part of their overall wellbeing. In the past, they were ardent rongoā practitioners; however, their access to rongoā Māori was reduced over the years due to constraints such as age and cost. For example, the increasing costs incurred from travelling to gather required rongoā during seasonal times. Access to land where the desired rongoā grows was also an issue, especially as Marta and Whenei consider the ramifications of land loss for them:

> That’s the whole thing is based on, even prejudice is based on that too, what happened in the ole days, in history...cos we’ve lost so much land and we’re still trying to get it back now… when you go back in the history and the lands that you are trying to get back, I get crook alright and I get angry...I’m just trying to think. I don’t think it’s affected my health. It’s made me angry, which I shouldn’t be. I know that, but it just goes back in the past and away I go, that’s when I’ve got to grab that [guitar], cool it down. Is that health? Well,

it is!

The narratives of Marta and Whenei conceptualise health and the loss of it within the ambits of the colonisation of the land (H. Moewaka Barnes & McCreanor, 2019). A CCA analysis highlights that the process of land theft is seen by the participants as a fundamental site of erasing their rights to health and wellbeing. A past study conducted by Mark and Lyons (2010) weaved together Māori healers' narratives concerning health and wellbeing, linking Whakapapa and land as integral components of health and wellbeing for Māori. Similarly, Whakapapa is posited as a framework that is inextricably connected with land and that the loss of land has deep ramifications that can affect a person's identity with the land and overall physical and emotional ties to the land (Te Rito, 2007). These findings stem from in-depth discussions with participants and exemplify the critical role that land plays in the health and wellbeing for some people. Not only is the land a haven for access to rongoā, but it is also fundamental to the future health and wellbeing of Māori. In other words, the destabilisation of Māori knowledge practices associated with the land and health (H. Moewaka Barnes & McCreanor, 2019) is reflected in the difficulty accessing land to harvest rongoā and the decline in rongoā practices, which continue to be integral to Māori health and wellbeing.

Māori Meaning of a Good Life

Tama Tū, Maria and Haami were interviewed together as a group. Tama Tū outlines further connections between land, employment and provision for whānau as he delved back into history, into the pūrākau (Indigenous narrative) of Tūrongo and Whatihua as briefly summarised above. The pūrākau was alluded to by Tama Tū in response to a broader question about 'what is a Māori concept of health and

wellbeing?' He further explained: "good kai, good shelter, the original things that Tūrongo and Whatihua were trying to get their wife." Culturally grounded Indigenous education, decent housing and decent food make up the infrastructures of a good life, which in turn constitutes the everyday meanings of health among the participants.

Lee (2015) reveals that references to pūrākau in academia typically constructed Māori concepts of health and wellbeing as "Māori myths and legends...the category of fiction and fable of the past" (p. 96). In an effort to claim space for Māori philosophy and to make visible the chicanery of colonisation, Lee (2015) outlines pūrākau as "a traditional form of Māori narrative, contain[ing] philosophical thought, epistemological constructs, cultural codes and world views that are fundamental to our identity as Māori" (p. 96). Tama Tū also drew on the Whakapapa framework, selecting the pūrākau of Tūrongo and Whatihua, both Ngāti Kauwhata ancestors dating back to around 1500AD. Pūrākau epitomise Whakapapa as a metaphysical and social theory of connections.

Here, the pūrākau of Tūrongo and Whatihua is one example of Māori philosophy associated with Māori health and wellbeing, which concerns not only the capacity to access nourishing food and good housing, but also for Tama Tū, the ability to access and provide these necessities for optimal health and wellbeing. In addition Tama Tū views this as leveraged by land, good housing, culturally relevant pedagogy, whānau, identity, relationships and more. Overall, pūrākau are positioned as sites of resistance and alternative imaginaries to the colonial settings of health.

Tama Tū reveals that the education system failed him and many other Māori. He explains:

In the old days when our people taught our own children, our own

> mokopuna [grandchildren] and nephews, you don't want to lie to them. You want them to be the best that they can be because you care about them. When the teacher doesn't care about you, yeah well if you just miss out on a little bit of school and you don't know the next answers and then you fall behind, fall behind, fall behind, the teacher still gets paid. That's what happened to a lot of generations… because a lot of us slipped through the gaps and found ourselves in the working world. Like the cuzzie said yet it was the school that failed us, not us that failed the school.

Health is seen as being tied to some of the broader determinants of health rooted in the ongoing process of colonisation that is embedded in mainstream education. (Hodgetts et al., 2016). Mainstream education is constructed here as antithetical to Māori health and wellbeing and an enabler of ill-health. In Aotearoa, scholarship concerning the failure of the mainstream education system to meet the needs of Māori students is prolific (G. H. Smith, 2000; 2012; L. T. Smith, 1999). Alternatively, kōhanga reo (Māori language immersion early childhood centres) and kura Māori (Māori language immersion schools - ages 5 to 17) are steeped in Māori ways of teaching and learning, which Tama Tū views as ensuring high achievement rates for its students. However, kura Māori are not available to every Māori student and it was only in 2015 that a kura Māori (albeit a satellite kura) was established in the Feilding area. Furthermore, existing mainstream schools (where most Māori access education) are still being criticised for pedagogical practices that constitute a colonised curriculum for Māori students (S. R. Stevens et al., 2021). The ongoing processes of colonisation have separated Māori from their ancestral lands and this is

exacerbated by the other social determinants of health such as, but not limited to, colonised education and inequitable Māori achievement rates.

"Heal the Land, Heal the People. Heal the People, Heal the Land"

Within the Whakapapa paradigm, Māori genealogical and deep-seated connections are with the land and also the environment. Local rivers are also an integral part of health and wellbeing. Tama Tū, Maria and Haami add to their articulations associating Māori health and wellbeing to the state of the local river:

> Tama Tū: I see that as our pepeha (tribal saying, proverb) aye its part of my identity, so and my river the government is polluting.
>
> Maria: With the sewerage.
>
> Tama Tū: The council is putting the sewerage straight into our food source, um it's just like our food source, it's polluted and it's um provided by the government.
>
> Maria: We can't even drink out of our own river aye.
>
> Tama Tū: Yeah and because of their actions ah that they have damaged our river, our life source and damaged us by doing that.
>
> Haami: Probably healthier to drink beer than to drink out of the river. Least that water that they use will be distilled and filtered aye. I think that the land is a reflection of the people, the state that we're in so if the water is polluted then so are our veins, the blood that runs out of our veins.

Maria: Yip. The birds have gone so our language is gone, the trees are gone our homes are gone. The knowing of ourselves has gone. That's our identity. They've taken our river away. It's taken well half our identity, alot of people, well alot of people don't even know that they are Kauwhata.

Haami: Yeah what's that saying over in Whanganui about the river?

Tama Tū: Ko au ko te awa ko te awa ko au (I am the river and the river is me).

Haami: Yet when I see that river I wouldn't be so proud to say that.

Tama Tū: I'm not so proud to say that of our own and but like I said it's government, councils has um done that directly. They have put their sewerage plant right before our pā (village), so the sewerage goes right past our marae every day, where we used to gather our kai and they did that on purpose and um blatantly that's just a fact yeah.

Haami suggests that healing is rooted in the land, "[w]hat's that saying that's a bit of a solution, I forgot what was said, um heal the people and ya know heal the land, heal the land and you heal the people, I think that's in any order." Whilst Tama Tū explains that tangata whenua (people of the land) are the land, "us, as tangata whenua that'd be correct cos we are the land yeah ..."

Health is situated in relationship to the destruction of nature and pollution of the local river. Processes enacted by the colonial structure have led to the pollution of rivers as health and wellbeing sources for Ngāti Kauwhata, who lived traditionally very close to and in relationship with the local river (Knight, 2018, pp. 109-119).

Their remaining ancestral marae and land that once housed the ancestral marae are still located in close proximity to the waterways and rivers. The participants canvass the phenomenon of Whakapapa as they traverse the elements that constitute their Māori identity – land, river, language and iwi affiliations, landing on the river as another prime example of colonial destruction impacting upon their wide meaning of health and wellbeing. These articulations highlight that their health and wellbeing is continually affected by colonial structures that centre their own worldviews and dominant practices ahead of tangata whenua and in this case the Ngāti Kauwhata people. A sewage plant was needed for the town, but was it necessary to place it just upstream of a thriving Indigenous papa kāinga of Ngāti Kauwhata. Would the local council at the time have placed the sewage system upstream of their neighbourhood? It is highly unlikely. Since the river does not have the same significance to Pākehā like it does for Māori, discharging sewage to rivers was not sacrilege for Pākehā and did not threaten to diminish the mauri (life force) of the river and the health and wellbeing of the iwi members of Ngāti Kauwhata.

Leia explains how the pollution of the Ōroua river has robbed her of experiencing a connection to the river that generations before her experienced.

> I feel like I was, in a way robbed of my connection to the Ōroua river because I wasn't able to grow up in it…I can't feel it anymore because you know it's paru (dirty). I can see it, I can see that it's hurt and I can, you know hear the river flow but is that how it's meant to sound cos it's unhealthy?"

Just as Kahi explained the deep-seated sadness that he feels as a result of land loss, likening the experience to watching others use their ancestral land from a prison

cell, Leia's narrative about feeling robbed of her connection to the river also conveys their spiritual connection to land and rivers as integral determinants of Māori health and wellbeing. The narrative of the river as integral to health emerges across the interviews, even though the physical connection has been severed. Health is not only about regaining the stolen land but also includes ceasing the discharge of sewage into the local river. Haami asserted that healing is rooted in the land, with reference also to the local river suggests that healing the land and the river is mutually co-constitutive with the health of Māori, creating registers for collective interventions co-constructed with Māori at the "margins of the margins." This articulation of Māori health as centred in Whakapapa forms the basis of the health interventions that emerge through our culture-centered ethnographic collaboration with the community, led by the advisory group formed through the culture-centered process (not covered in this paper).

Discussion

This ethnographic co-creation is anchored in both Whakapapa and the CCA, foregrounding the roles played by land and local rivers as voiced by iwi members as the basis of their health and wellbeing. This land-river interplay as the anchor to health and wellbeing is embedded within a Whakapapa framed culture-centered intervention, offering a decolonising framework for doing Indigenous health communication scholarship/work.

The voices of the participants present in this paper attend to articulations of Māori health and wellbeing rooted in the imaginations of those Indigenous community members at the "margins of the margins" navigating socioeconomic challenges. The participants' layers of meanings centre connection to ancestral land

and local rivers sojourning outside the biomedical constructions of health rooted in the whiteness of settler colonial approaches. The CCA, placed within these layered narratives of Māori health and wellbeing voiced by the Ngāti Kauwhata iwi members, co-creates communicative infrastructures for voices at the margins of the iwi to build structurally transformative registers (Dutta-Bergman, 2004a, 2004b). This paper contributes to the literature by demonstrating the intersecting relationship between the CCA and Indigenous theories of health, with voice democracies at the "margins of the margins" of Indigenous communities serving as the basis for theorising health. In addition, the dialogue between the Whakapapa paradigm and the CCA co-creates communicative infrastructures that serve as the basis of health organising to transform settler colonial and capitalist structures that threaten Indigenous health through the alienation of land, occupation of river, pollution of river, and erasure of Indigenous education. This study has advanced new knowledge in communication scholarship by positing Whakapapa as a communication approach centred in Indigenous realities and opening up the unlimited possibilities to explore Indigenous communication processes further. Furthermore, positioning the CCA as a dialogic anchor with Whakapapa adds to both approaches. A Whakapapa approach to communication benefits from the expertise of the CCA in co-creating communication infrastructures and its sharp analysis of hegemony. CCA is also advanced through the embodiment of a dual approach in solidarity with Māori. Bearing in mind that this manuscript reports only on the first phase of the research. The next phases involve further conversations and the co-creation of campaigns and strategies, whereby the CCA is positioned at every step of the process, privy to the unfolding of culturally-centered solutions.

Health communication as solidarity turns to the concepts of humility and

friendship with Indigenous communities at the "margins of the margins," co-creating communicative infrastructures for community voices and walking alongside communities in seeking structural transformation (M. J. Dutta et al., 2019). Rooted in the question, "what does health mean to you?," culture-centered solidarities with the Indigenous communities take the form of placing health amidst the Whakapapa paradigm, rooted in intergenerational relationships with land and river expressed by Māori, situated amidst intergenerational connections. The centring of health as community sovereignty over land and river, anchored in connection, serves as the basis for structurally transformative Indigenous organising to take back the ownership of land and river (not written about in this paper). The development infrastructures of settler colonialism and neoliberal capitalist expansion are marked as the fundamental sources of threat to health, thus anchoring health communication as health activism that seeks to transform these structures of capitalism and colonialism by mobilising to return and occupy Indigenous land and rivers. The nature of the health communication intervention as emergent from these conversations turns to agitations for safeguarding land, organising to protect the river, and addressing the sources of pollution that threaten Indigenous health.

As opposed to culturally sensitive approaches to Māori health that accommodate Indigenous articulations of ecosystems in developing individually directed behaviour change interventions, the registers of health offered by Māori community members at the "margins of the margins" articulated amidst a dialogue between the CCA and the Whakapapa paradigm foreground land dispossession as the site of transformation through the enactment of collective agency. The emergent culture-centered intervention co-created by whānau members at the margins took the form of a land occupation challenging a development project that threatened to

dispossess community members from customary land and this is reported on elsewhere. The foregrounding of the colonial structure as the site of dispossession anchors health communication as community activism seeking the exercise of tino rangatiratanga (Māori sovereignty) and mana motuhake (self-determination and autonomy) over safeguarding customary land and water. Health communication therefore takes the form of activism against dispossession and displacement through projects of development.

A Māori driven, culturally-centered intervention from within communities interrogates the structural violence of settler colonialism that impedes the agentic capacities of Māori communities at the "margins of margins." Culture-centered interventions seek to de-center expert-driven hegemonic constructions of health that reproduce whiteness, instead building communicative infrastructures for listening to the voices of the most marginalised within communities, seeking to co-create spaces of knowledge generation at the margins (M. J. Dutta, 2008; Dutta-Bergman, 2004a, 2004b). Knowledge generation here turns to the ontological framework of Whakapapa (Graham, 2009). The infrastructures of knowledge generation in the context of Māori health are placed in the hands of communities at the "margins of the margins." In this way, the locus of decision-making is placed in the hands of these communities in resistance to the hegemonic discourses of health and wellbeing, serving as the basis for land agitation as health communication. The concept of health as Māori sovereignty builds a register for challenging the colonial structures of dispossession, in contrast to hegemonic health communication interventions targeting Indigenous communities with culturally sensitive individual behaviour change strategies, deployed through the co-option and incorporation of te reo Māori and Māori cultural symbols.

Drawing upon a web of metaphysical and social connection that constitutes Whakapapa, Māori participants' voices offer layers of meanings generating a theory of health communication that is firmly tied to the origin and mauri (life force) of landscape and waterways, to social cohesion between generations nuanced in local context. When voice is foregrounded in this way, structural constraints are illuminated, re-imagining a public healthcare system that foregrounds land as the basis of Māori health and wellbeing. Working then from the notion that land is central to health and wellbeing, Māori articulations at the margins seek to mobilise to secure ancestral land as the basis for achieving health equity.

Glossary

Aotearoa	Land of the long white cloud; New Zealand
awa	river
hapū	subtribe
hauora	health
hui	meeting, gather
iwi	tribe, bones, Māori people
kaitiaki	guardians, custodian, steward
kaitiakitanga	stewardship, guardianship, custodiality
kaumātua	elder(s), elder male
Kauwhata Marae	the marae (village courtyard and surrounding buildings) of Ngāti Kauwhata
koha	a gift to maintain social relationships and has a connation of reciprocity
mana whenua	tribal authority over land
manaakitanga	generosity; hospitality, care
Māori	Indigenous people of Aotearoa New Zealand
mātauranga	knowledge
mātauranga Māori	Māori knowledge
mauri	life principle, life force, vitality, ethos
Ngāti Kauwhata	descendants of the Kauwhata tribe
Pākehā	New Zealander of European descent
papa kāinga	village
Papatūānuku	Earth mother, wife of Ranginui (Sky Father)
pepeha	tribal saying, proverb
Ranginui	Father sky, husband of Papatūānuku (Earth Mother)
rongoā	medicinal remedies
taiaha	a form of weaponry used in hand-to hand combat
tangata whenua	people of the land, Indigenous people; born of the earth's womb
Te Ao Māori	the Māori world
te reo Māori	the Māori language
tino rangatiratanga	chiefly authority, Māori sovereignty
whānau	family, extended family
whenua	land, placenta

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LINK TWO

Chapter Five: “Local government engagement practices and Indigenous interventions: Learning to listen to Indigenous voices” continues to develop a dialogic framework between Kaupapa Māori and the CCA to theorise Indigenous resistance to hegemonic norms of consultation and engagement enacted by local government.

This chapter analyses the communicative processes 1) used by local government to take possession of ancestral land without the consent of the Māori owners and 2) by whānau Māori to take the land back from local government. The chapter extends on and provides specific examples that develop the meanings of health and wellbeing from the previous chapter, particularly the correlations with land.

In doing so, the voices of whānau involved in the advisory group and also wider whānau who are were directly involved with halting a stopbank construction of some of the few remaining acres of ancestral Māori land, are amplified utilising Pūmau as an Indigenous Māori method of data collection and storytelling. In this narrative, Pūmau is fleshed out further, documenting the immersive nature of this research method in Indigenous communities and heightened accountability that comes with being a “researcher-in-relation.” Pūmau also provides the context within which to analyse the settler-colonial ideology of communicative particpation and decision-making processes, constituting the erasure of Indigenous voices, particularly Indigenous voices from the “margins of the margins.” One way to undo these erasures, is to create platforms for voices to emerge into mainstream communicative spaces.

The chapter utilises the tenets of Kaupapa Māori drawn from whānau and iwi tikanga Māori to construct the communicative space. This develops the study intention of, decolonising and (re)Indigenising communication, stripping the power and the agenda from the coloniser and centring Māori voices, who narrated the feelings of sorrow and despair associated with, what they considered to be, the theft of their few remaining acres of ancestral land.

A draft of this chapter was presented at the ICA conference in 2021. This chapter also took significant time to craft because in-depth research had to be undertaken into the Resource Management Act (1991), the Local Government Act (2002) and the Soil Conservation and Rivers Control Act (1941) in order to explain how the local government used these Acts as a tool to seize the ancestral land for a stopbank. The original draft was around 44 pages and had to be reduced considerably in order to meet the journal's requirements. The chapter was initially reviewed by Professor Helen Moewaka Barnes. I then developed it further and then it was reviewed by Professor Mohan Dutta. I submitted it to the *Human Communication Research* journal in April 2022. Significant revisions were requested and the paper was resubmitted to the same journal on 7 September 2022. The manuscript went through three revision rounds. It was accepted on 23 June 2023. The version contained in this thesis is one of the earlier versions. The full and final version can be found in the *Human Communication Research* journal.

Elers C., & Dutta, M. J. (in press). Local government engagement practices and Indigenous interventions: Learning to listen to Indigenous voices. *Human Communication Research.*

CHAPTER FIVE: LOCAL GOVERNMENT ENGAGEMENT PRACTICES AND INDIGENOUS INTERVENTIONS: LEARNING TO LISTEN TO INDIGENOUS VOICES

Abstract

Engagement is a critical tool in the hands of settler-colonial power in alienating Indigenous communities from land in Aotearoa New Zealand. Kaupapa Māori processes drawn from tikanga Māori (Māori practices) underscore a whānau-led land occupation to wrestle back Māori ancestral Māori land from local government. Māori participation in these communicative infrastructures mobilised toward a transformative agenda rooted in claims to social justice. This article seeks to examine the consultation and engagement processes, propped up by a colonial legislative framework and used as a method of modern-day confiscation of ancestral Māori land. Māori organising in resistance decolonise local government consultation processes, situating listening by local government as an ethic of community care rooted in Kaupapa Māori. Culturally-centered voice infrastructures at the margins bring about social justice transformations through the foregrounding of Indigenous knowledge as the basis of re-organising community development.

Keywords: Kaupapa Māori, Culture-Centered Approach, communication, land confiscation, engagement, community-led participation

Hegemonic forms of community engagement and participation forms key resources in the extractive agenda of neoliberalism, being deployed toward the incorporation of Indigenous communities to alienate them from land and resources (M. J. Dutta & Elers, 2020). Simultaneously, Indigenous resistance against neoliberal expansion through land dispossession offer critical registers for exploring the ways in which Indigenous sovereignty is enacted (J. P. Mika et al., 2022). This essay builds a dialogic framework between the decolonising registers[4] offered by Kaupapa Māori (G. H. Smith, 1997) and the Culture-Centered Approach (CCA) (M. J. Dutta, 2008) to theorise Indigenous resistance to the settler colonial state's incorporation of engagement. Utilising Pūmau, a Kaupapa Māori method of immersed storytelling, derived from local iwi, we draw upon our immersed participation in a land occupation between January and March 2020. Māori collectivising processes challenged colonial constructions of Indigenous engagement and halted the modern-day confiscation by local government of ancestral Māori land within the iwi boundaries of Ngāti Kauwhata, Manawatū, Aotearoa New Zealand.

We aim to analyse the communicative processes utilised by: (a) local government to seize ancestral Māori land for the purposes of a stopbank construction; and by (b) Māori to wrestle their land back from local government. These communicative processes enacted by Māori were nestled in Kaupapa Māori methods of organising, drawing upon a culture-centered analysis that offered an intricate knowledge of voice infrastructures. Throughout this study, we go back and forth between Kaupapa Māori and CCA, to analyse the co-creation of voice infrastructures as decolonial and Indigenous communication practices in solidarity

4 Language created as a result of conversations with communities and/or an analysis of emergent themes. See M. J. Dutta, Moana-Johnson, et al. (2020).

with whānau at the "margins of the margins" (who are hitherto erased from the colonial processes of decision-making), and our academic team. Our analysis at the interplay between Kaupapa Māori and the CCA, emphasises experiences of heartache, distress and turmoil through the desecration and theft of ancestral land by local government processes. The dialogue between KM and CCA shaped deliberate, planned Indigenous communication strategies which were deployed into the settler colonial structure, pushing into and rupturing the local government decision-making spaces. This culminated in the return of ancestral land to Māori by local government, restoring the land to its original spiritual and physical state. This land reinstatement process was enveloped in Indigenous ceremonial practices to instigate healing and contribute to Māori health and wellbeing.

Method

Data collection in this part of the study occurred in phase two of a wider study. The data were drawn utilising an Indigenous research method. Drawson et al. (2017) explains that Indigenous research methods are not just about the process of data collection to acquire or create knowledge. Instead, Indigenous methods are multifarious, culturally specific, relational, and seek to decolonise, critique power imbalances, heal, and support Indigenous self-determination. We posit Pūmau as an Indigenous, Kaupapa Māori data collection and storytelling method (see more details below), derived from a Ngāti Kauwhata knowledge base and world view. A significant Ngāti Kauwhata whakataukī (proverb) is "Pūmau tonu te haere, e kore e hiki te haere." This literally means to remain steadfast in the pursuit, do not give up. The word Pūmau is a verb and in this context, denotes a deep and enduring commitment to the pursuit or project at hand. It is purposefully posited as a verb to

depict the immersive action that underscores Pūmau. It does not entail conducting observations from the side-line. But rather it implies that the researcher is fully embedded in the journey or project.

Furthermore, this whakataukī (proverb) forms part of a Ngāti Kauwhata ngeri (ceremonial dance) that encourages the collective to be resolute, to stand together and work through the challenges that will inevitably arise. Pūmau as a method of data collection and storytelling, entails immersing oneself in the research, standing in solidarity with the community, whether that be on the front line of the land occupation or in some other enmeshed capacity. During the land occupation, Pūmau as a method of data collection, occurred organically, within the whānau[5]-led occupation, during the everyday activities of immersed observation and experience, negotiated in campfire strategy meetings and situated amidst a range of emotions related to modern-day experiences of colonial land dispossession.

Pūmau means being attuned to the unmet needs, and to power imbalances by critically interrogating the structural drivers that perpetuate the inequities and retain hegemonic dominance. Pūmau is relational, focusing on the collective and navigates amongst the community closest to the issue and not from ivory towers. Pūmau entails that the researcher is already known or recognised by the community and vice versa, rather than inserting oneself into the community for the sole purpose of research. Pūmau in the context of research as an Indigenous method means that the researcher was in the community before the research began and is still amongst the community long after the project has ended. Peltier (2018) explains that for Indigenous researchers or "researchers-in-relation" who conduct research from within their

5 We use whānau to depict a number of family groups that descend from a common ancestor and belong to the same hapū (a section of a large kinship group) and iwi (Māori nation). See the "Glossary" section.

communities, there is a heightened level of accountability, which should be shouldered with humility and respect. Pūmau is usually visible only to those within the community and could be mistaken for participant observation or autoethnography until one looks from within the community, with knowledge derived from the community and makes this transparent. Therein lies the nuanced difference between this Indigenous Māori research method, drilled down further to an iwi and whānau research method and Euro-western participant observations and autoethnographic research methods.

Drawing on the interplay of Kaupapa Māori and the CCA, we present Pūmau to tell the story of how ancestral Māori land was confiscated by the settler-colonial local government and then returned. We examine communicative strategies and hegemonic divisive practices deployed by local government to confiscate ancestral Māori land, negatively affecting Māori health and wellbeing through land theft (an analysis of these in-depth interviews is presented in another manuscript that is undergoing revisions). The data analysis thus is embedded within Pūmau, situated amidst the occupation and constituted in the process of making sense of the colonial construction of engagement. The process of analysis as storytelling shapes the land occupation and the strategies of the occupation.

The first author is a Ngāti Kauwhata member, whose children have interests in this ancestral block. She was heavily involved in the land occupation amongst the whānau members. She has had legal training and utilised this training to find gaps in the local government's procedures utilised to confiscate ancestral land. She is also a doctoral student Massey University. The second author utilised his extensive expertise in the field of communication to assist with advice concerning the media statement and expertise in the CCA to assist with the co-construction of voice

infrastructures with the community, including visiting the land occupation in solidarity with the community and supporting with the development of the communication strategy. Approximately 240 hours were spent in the field over four weeks, in conversation with the community, researching the stopbank issue including the relevant legislation and local government rules, storyboarding, filming and editing, and assisting with the drafting of a media statement for publication.

Kaupapa Māori: Beginnings, Resistance and Re-imaginings

A Kaupapa Māori approach is a contemporary resistance movement against the perpetual erasure of Indigenous voice and its transformative capabilities in Aotearoa, New Zealand (Pihama, 2010). It is sourced in Māori epistemologies and shaped by Māori historical and contemporary realities as the impetus for critical transformations (Nepe, 1991; G. H. Smith, 1997; L. T. Smith, 2012). Whenua (land) personified as Papatūānuku (Earth Mother) nurtures and provides sustenance to her descendants. A Māori world view, positions Māori as descendants of the land; the land is a part of Māori and Māori are synonymous with the land (E. T. Durie, 2012). Colonisation imposed a different world view. The systematic alienation of land from Māori accelerated the transfer of communally held land to individualised title expediting land acquisition (E. T. Durie, 1994). Accordingly, Kaupapa Māori movements crystallised as part and parcel of the Māori renaissance (Pihama, 2010).

Pihama (1993) argues that Kaupapa Māori theory acts as a basis from which to critically interrogate hegemonic discourse that has in turn rendered Māori as invisible. G. H. Smith et al. (2012) adds that a critical structural analysis is an integral part of Kaupapa Māori theory. Both cultural and political elements are imperative if hegemonic structures are to be disrupted, opening up possibilities for

social transformation.

Mane (2009) pointed out that Māori communities are more likely to refer to their understandings and practices as tikanga Māori because at that time Kaupapa Māori was predominately talked about in academic spaces. Whether conceptualised as tikanga Māori or Kaupapa Māori, both entail positive outcomes for Māori communities (L. T. Smith, 1999) and are derived from Māori concepts and values. Pihama (2015) highlights that Kaupapa Māori is rooted in tikanga Māori and te reo Māori (Māori language). In addition, Kaupapa Māori is derived from a rich landscape of iwi knowledge systems (Taki, 1996).

G. H. Smith (2017) accentuates the wide scope of Kaupapa Māori theory encouraging Māori communities to claim space to exercise self-determining, political and transforming actions. In this manuscript, we present a dialogue between Kaupapa Māori and the CCA, co-creating theories of communication and resistance rooted in community solidarities with communities.

A Culture-Centered Approach to Communication

As a decolonising meta-theory, the CCA stands in solidarity with Kaupapa Māori resistance, activism and re-imaginings, seeking to co-create voice infrastructures for Indigenous articulations and imaginations (M. J. Dutta, 2008). Drawn from subaltern theory and critical theory, CCA is concerned with co-creating voice infrastructures at the "margins of the margins" of communities, which entail cultural specific nuances and not culture that exists in an array of hegemonic spaces. Though this is often interrogated in the CCA. The CCA examines the processes of erasure in dominant, hegemonic discursive spaces, which further perpetuate the socioeconomic subjugation of the colonised, raced, gendered, classed margins of the

settler colonial state.

The settler colonial ideology dictates the rules for communicative participation and concomitant decision-making processes, constituting the erasure of Indigenous voices (M. J. Dutta, 2012). To undo these erasures, the CCA co-creates infrastructures for listening with communities at the margins. Examples of infrastructures are digital storytelling, campaign slogans, t-shirts carrying messages, placards, and artwork. These are usually negotiated in conversation with communities. Communicative processes of structural transformation are shaped by local meanings of everyday life, constituted amidst the relationship between culture, structure and agency (M. J. Dutta & Basu, 2008). The basis for a culture-centered approach to social justice communication can happen when hegemonic structures centre listening to communities, without pre-determined agendas. M. J. Dutta (2014) suggests that a culture-centered approach to listening works toward "opening up dominant discursive spaces to the voices of the marginalised other, noting that mainstream organising of spaces within dominant structures foreclose opportunities for listening" (p. 70). A dialogue between the CCA and Kaupapa Māori foregrounds the infrastructures for Indigenous voices on which Indigenous communities lay claim to and organise processes of decolonisation.

The Colonial Theft of Māori Land and Correlation to Health and Wellbeing

Many Indigenous peoples worldwide have experienced massive land loss as a result of imperialistic colonising forces (Behrendt, 2010). In Aotearoa New Zealand, statutory confiscation of Māori land by the colonial government was one method deployed to extinguish Māori title to their ancestral land (Boast, 2010b). Approximately twenty-two legislative Acts were designed to confiscate Māori land

and on-sell it to settlers for profit (see Boast, 2010a). Part of the proceeds from the land sales, financed colonial warfare against Māori (Gilling, 2020). The drive for statutory confiscation of Māori land, amounted to forced dispossession of Māori ancestral land, for settler colonial settlement purposes (Wynyard, 2017). Furthermore, Wynyard (2017) highlights that even the use of the word "settlement" belies the actual reality that took place in many districts, which was the forced colonial imposition and theft of Māori land.

Since the enactment of the colonial government's strategy to pursue the acquisition of Māori land, at all cost (lives and finances), five percent of Māori land holdings remain today (Wynyard, 2019). The communal retention of land is inextricably intertwined with Indigenous wellbeing (see Graham, 2009; Greenwood et al., 2018). Research outlining the connection between land and Māori health emphasises that land is a determinant of Māori health and wellbeing (Hond et al., 2019). Such large-scale land loss, a key part of the process of colonisation, deeply harmed Māori communities, reverberating through the generations (see M. H. Durie, 2003; R. Walker, 2004). Moreover, H. Moewaka Barnes and McCreanor (2019) carefully analysed studies that highlight the population change markers, life expectancy margins associated with land dispossession rates and figures, plus the impact of racism upon health. These findings point to the onset of colonisation as the beginning of disparate health outcomes experienced by Māori.

Consultation Discourse Embedded in the Legislative Framework

Consultation, engagement or participatory processes have defined the relationship between the hegemonic settler colonial structures and Māori in Aotearoa, New Zealand, and are embedded within the infrastructure of colonisation

(P. Reid et al., 2019). Central government, the structure of the Crown, determines the legislative framework for the use and management of land and natural resources, along with national environmental policy standards. The day-to-day administration and control is delegated to local government in the form of city, district and regional councils as part of a deliberate strategy to increase public participation in local decision-making processes (Cheyne, 2015).

In Aotearoa New Zealand, there are a mixture of local government authorities that carry out the colonial process of governance. Territorial authorities comprise 11 city and 50 district councils (LGNZ, 2021). In addition, there are also 11 regional authorities; these are concerned with the management of resources and the protection of the natural environment (LGNZ, 2021).

"Local government" is the term utilised in this manuscript to denote local government authorities. The Local Government Act (2002) (LGA 2002) and the Resource Management Act (1991) (RMA 1991) are integral pieces of legislation that determine the scope of the decision-making processes of both local government and communities regarding environment resource management. The RMA 1991 together with its associated amendments, provide the legal apparatus and directives for the use and management of land and natural resources (Bargh & Jones, 2020; Ruru, 2018). Despite the provisions in the RMA 1991 directing local government to be cognisant of the relationship of Māori to land and natural resources, and to take into the principles[6] of the Treaty of Waitangi, the enactment of these provisions by local

6 There are varying views about the principles of the Treaty of Waitangi. The courts and the Waitangi Tribunal have enunciated these principles, which can vary depending on context e.g. health, environmental management etc. Regarding the latter see Bargh & Jones (2020). Recently, the Waitangi Tribunal (2019) found that the principles of the Treaty of Waitangi are outdated and require further analysis and reformation.

government have occurred in a haphazard manner across the country. Māori attempts to hold local government to account against their obligations to Māori communities by pursuing legal action is demonstrated by a long record of judicial decisions in resource management law that continue to minimise Māori world views and interests and centre Crown supremacy (Ruru, 2018).

N. Coates (2009) emphasises the democratic nature of local government elections as a factor that can urge councillors to minimise Māori participation in decision-making in favour of community opinions and bias against Māori management of resources; lest they be voted out at the next election. On the one hand, while participatory processes can make space for Māori to articulate their own culturally embedded understandings of resource management practices, this is often carried out only to the extent that local government retains control and decision-making authority (Lowry & Simon-Kumar, 2017). Low level consultation with Māori ought to be an antiquated discursive settler-colonial relic of the past. It is this type of low level consultation process that enabled local government to seize possession of ancestral Māori land in Ngāti Kauwhata lands.

Soil Conservation and Rivers Control Act (1941) (Rivers Control Act 1941)

The provisions in the Rivers Control Act 1941 were deployed by local government to take legal possession of ancestral Māori land in January 2020. This Act provides extensive powers to local government to prevent flooding and soil erosion. Local government councils are empowered to construct stop banks on private land, provided notice has been served on the affected parties. Notwithstanding the powers contained in the Act, section 10A gives primacy to the RMA 1991. Nothing in the Rivers Control Act 1941 can derogate from provisions of

the RMA 1991. A local government council wishing to take possession of land under the Rivers Control Act 1941 must serve notice of its intention in accordance with the notice provisions of the Act.[7] This notice must be served on the occupier of the land and the owner of the land. The notice provisions of the Rivers Control Act 1941 is the mechanism through which the local government confiscated ancestral Māori land and will be explored further as we tell the story in the section "Not one more acre of Māori land."

"Not One More Acre" of Māori Land

This section seeks to unpack local government engagement and consultation processes that enabled the modern-day confiscation of ancestral Māori land in 2020. The Ōroua river is approximately 140 kilometres long and flows southwards from the headwaters out of the Ruahine ranges, to the Feilding township and out to the Manawatū river, south of Palmerston North, Aotearoa, New Zealand. Both the Ōroua river and the Ruahine ranges are significant landmarks for whānau, hapū and iwi. Ngāti Kauwhata is one iwi that cites a longstanding relationship with the Ōroua river.

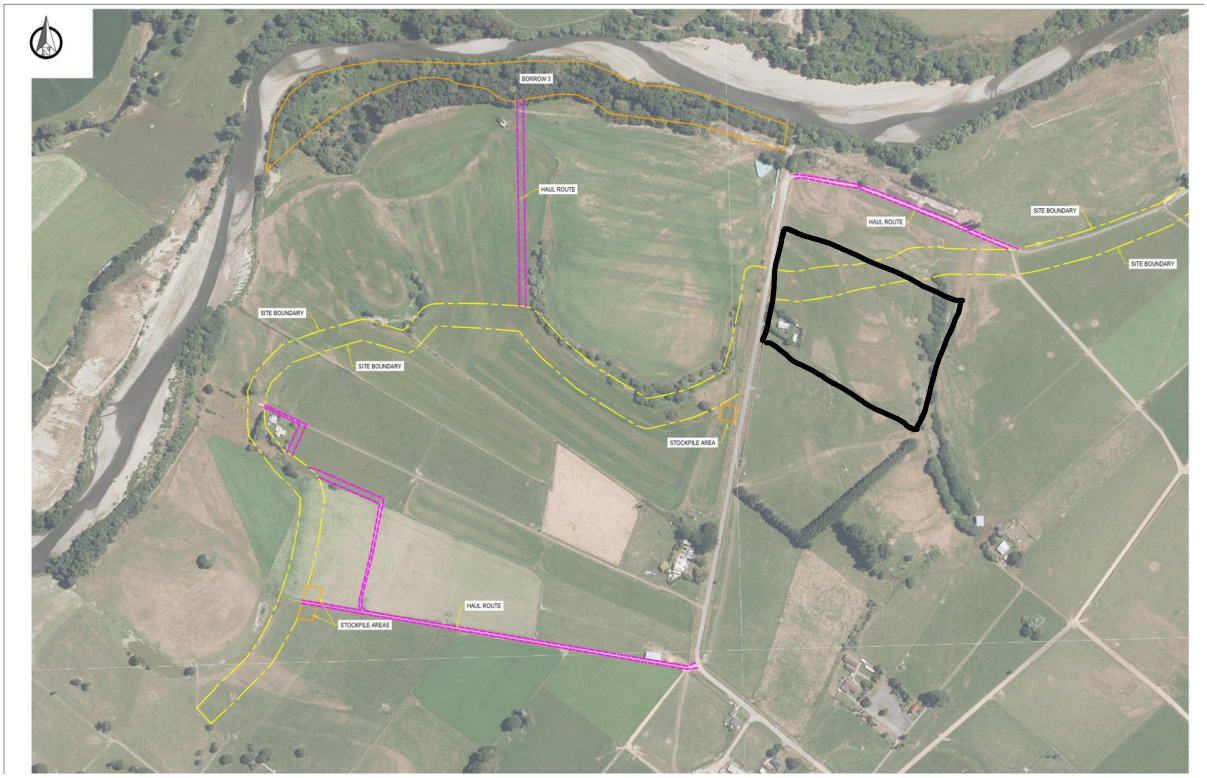
The purpose of the stopbank proposal, according to the local government, is to protect the adjacent rural area from the one in 100-year flood, which last struck the region in 2004. Among the rural land blocks affected by the stopbank proposal are around 12 blocks of ancestral Māori land, a few houses, an ancestral marae where the iwi members gather to participate in events and meetings according to iwi custom.

The stopbank is estimated to be around 3.3 kilometres in length and was to be erected along the south bank of the Ōroua river (Ganesh et al., 2021; J. P. Mika et al., 2022). Horizons Regional Council (Horizons), a local government council with

7 Rivers Control Act 1941, s 137.

authority for over 22,200km^2 of land, and a population close to 250,000 is responsible for the region's natural resources, land transport planning, passenger transport services and responses to natural disasters (Horizons Regional Council, 2022). Horizons effectively proposed to confiscate ancestral Māori land within the Ngāti Kauwhata iwi area as one site to erect a stopbank.

Figure 11: Proposed Stopbank Structure Within Ngāti Kauwhata Iwi Area



Note. Adapted from Horizons Regional Council with permission. *(2017). Lower Manawatū scheme: Oroua river left bank: New stop banks. [Unpublished maps: BM 31.8km LB to Feilding Golf Club, Aorangi Road, site access, stockpile areas and borrow locations 1. Drawing 5098, sheet 9 of 44 sheets].*

The yellow dotted lines in Figure 11 above indicates the path of the stopbank. The black rectangle highlights one block of ancestral Māori land where the land occupation took place in January 2020 by the whānau of the land as an act of resistance to the confiscation of the remnants of our ancestral land. The trees that are

encased in orange depict the burrow area. Horizons felled thousands of these trees to extract soil for the stopbank construction. The pink dotted lines are the accessways for Horizons' construction diggers and machinery. There is one dwelling within the land block in discussion, highlighted by the drawn black rectangle. The stopbank proposal threatened the vital relationship of whānau with land. Whānau discussed the vitality of land to health and noted, "You don't have no existence without land. Your health diminishes without your land."

Engagement and Colonisation

Whānau draw attention to local government manipulative strategies played out through communicative inversion, the turning of materiality on its head (M. J. Dutta, 2015) throughout the resistance to their land confiscation. Horizons' consultation and engagement process with the general community and wider iwi members regarding the stopbank proposal has been described as a "council dominated process," by a whānau member, who notes: "We come across…the bad consultation. Yeah like forever in a day, the Manawatū District Council and Horizons, they get an idea in their head. They're not gonna be turned by iwi, hapū, especially in this area. There's a big history of it. It's still happening today." What the whānau member describes as bad consultation is reflective of the ongoing settler colonial process of land grab, performing consultation as manipulation to accelerate the land grab. Another whānau member notes:

> Well um as rate payers and that we'd ideally like the council to put the stopbank in where it was proposed by Alex (Pākehā farmer) and closer to the river and not on our land and yeah I wouldn't mind putting it there [on Alex's land]. I don't think we'd get

> flooded badly if um you know appropriate infrastructure was put in. We know what sort of drainage we need. We know the old run of the river and the possibility that the river will take a full path in its time so we can prep for that. Shit, who says we can't have houses on stilts.

The whānau highlighted their continued and ongoing erasure from community development and decision-making processes. This erasure, according to them, is shaped by the racist colonial structure of local government that undermine Māori knowledge and sovereignty. Note in the excerpt above the overarching sense of being undermined in the decision-making process. Knowledge of the Ōroua river and how to live in relationship with it are held by local whānau and this knowledge is erased in the Horizons decision-making process, couched in the language of engagement. Whānau members note that the engagement process begins with local government having already created a solution and made up a decision, and then, performing the facade of outreach.

The erasure in the engagement process was shaped by the process of selecting whom to engage with, determined by the colonising logics of the local government. In a number of meetings discussing the stopbank, the whānau pointed out that Horizons had not consulted the whānau that needed to be consulted with, because they held the land rights:

> Well Horizons to their belief they had asked permission, but they asked the wrong ones. And they even had asked the farmer and he's got nothing to do with it. He doesn't even own the land. He was only leasing it. The one that was trustee, she didn't even get notified about it. So, they had gone to the wrong people. The farmer which is

Alex and other whānau that are not trustees of this land.

Note here the whiteness of the consultation process, working as an exclusionary tool and reflected in the erasure of whānau members who were the trustees of the land. In its decision of whom to engage with, Horizons selected iwi representatives to consult with, yet these representatives were not trustees of the land.

Even as whānau members raise their voices pointing to the failures in Horizons' consultation process, their voices are erased. Here is a depiction of what happened when a whānau member raised concerns about the gaps in the consultation process:

> Also, there was a meeting of the trust at Laura's home and while we were there, Horizons came, which I did not know why [the council representative] was there, and Hēmi came. They were discussing about what they were going to receive money-wise concerning the blocks on their land that the stop banks were going on. Then they said they had already started down, digging up and we said we didn't give permission concerning that. Then she said "oh, they haven't started just yet." But anyway, after that meeting, in which Hēmi was present there, and after that meeting, I drove down there, and I saw that they had started digging without our permission. So, I was quite upset at it and got hold of my daughter…and I let her know what had happened to the land. So that's when…we started getting into meetings, concerning protesting on that land against Horizons.

The communicative inversions that shape the local government-led process of engagement reflect the deployment of lies by Horizons to steal Indigenous land. Horizons representative stated the digging hadn't yet started while the digging had actually already begun. Whānau draw out these communicative inversions that form the communication practices of the local government. They note that the denial of land theft is essential to the perpetuation of theft. When asked further about what happened at the meeting with Horizons and whether she had raised her concerns, the whānau member noted:

> [S]he [referring to the council representative] was more concerned with speaking with Hēmi concerning their block of land because he was there to talk about his land when it was meant to be our trust meeting, not the [the other Māori landowners] land meeting. So that confuses the whole thing because he's there putting in his ideas and to Horizons. So no, the council wasn't willing, well I thought the council wasn't willing to listen, because the council felt like they had it all, Hēmi and others that they had gone to, but not realizing that they had gone to the wrong ones.

Note here the active erasure of the rangatiratanga (Māori sovereignty) of the Māori trustees of the land, carried out paradoxically through the process of consultation propped up as Indigenous and local engagement. This process of erasure is reflected in the unwillingness of the Horizons representative to listen to the legitimate owners of the land, the trustees. The whiteness of the Horizons engagement turns to white Pākehā farmers in the community to fill the "tick box" of consultation while denying Māori trustees the right to participate in the decision-

making processes. The denial of Māori right to voice and participation in decision-making as the rightful owners of the land shapes the process of land theft.

The members who attended Horizons consultation processes (not all were notified) reported that their objections to the stopbank proposal, whilst heard by Horizons, were discarded. The performance of consultation as hearing shapes the erasure. The overriding goal of protecting the rural community including Māori from the one in 100-year flood was paramount, removing their agentic capacity to co-create their own strategies, if indeed they deemed protection from floodwaters was at all needed. That the emerging life-style housing development was the motivating reason for the stopbank proposal rather than the wellbeing or benefits to the small rural Māori community and their ancestral land was blatantly obvious to Māori yet remained unacknowledged by the local government council. “We lived here for two centuries. Our ancestors used the trunks of willow trees to reinforce the riverbank, those same trees that the council cut down and now they say they want to protect us, bullshit!” (Whānau member, Ngāti Kauwhata, personal communication, February 2, 2020).

Land Occupation and Resistance

Against this backdrop of the erasure of whānau voices from the consultation process established by Horizons, several Ngāti Kauwhata whānau and the legal owners of Te Ara o Rēhua Ahu Whenua Trust (Te Ara o Rēhua land trust), (on behalf of all the owners) occupied the land on the banks of the river, at the construction site on 20 January 2020. The land occupation sought to disrupt the communicative erasure of Māori from the colonial framework of engagement and stop the development through land theft. With little to no resource support and no

power, water, or shelter on the land, whānau collectivised around the concept of land theft. Whānau members built make-shift tents on the land, placing their bodies on the land as infrastructures for talking back to the local government. Kuia (older women) regularly sent baked food to whānau on the front line, workers stayed at night and went to work during the day. Kauwhata marae opened its bathroom facilities to the whānau and other whānau supplied make-shift cooking facilities, shelter and tents. Describing the occupation, a whānau member noted:

> Yeah, okay well the land… was taken over by Horizons and they had not got in touch with us…the trustees of the land and they had gone ahead and started digging up on the land without permission. So, we gathered and had a meeting and decided to go down there and protest and the whānau…we gathered to protest on the land and then from there, some of the nephews and cousins and nieces stayed down there in tents on the land.

The act of staying on the land by placing the bodies of whānau on the land sought to stop the ongoing digging of the land. The tents on the land, cooking area campfire conversations and placards (see Figure 12) emerged as discursive registers for resistance. The whānau felt narrating the story of the occupation would be key to disrupting the erasure constituted in the consultation process. Moreover, the whānau noted the ways in which dominant media narratives reproduce the narrative frame created by the local government council. With the support of the media production team housed within CARE, Massey University, whānau members narrated their experiences of erasure. They participated in co-creating storyboards that shaped digital stories accompanying the occupation, articulated their voices in video

interviews, and co-created snippets of short 30 second videos and posted them on Facebook #WhatWeSayMatters, as a means of talking back to the colonialist discourse of the local government and sharing their stories.

These whānau members were not contacted or consulted by Horizons about the Ōroua stopbank that was being constructed on their ancestral land. The video narratives co-created spaces for voicing their concerns about the erasures in the consultation process, and laying claims to their voices. They co-created a slogan and a tagline for the digital platform, voicing the slogan as a collective. The occupation thus foregrounded the ways in which voices from the margins emerge into discursive spaces, disrupting the colonising logics of occupation as development. Kaupapa Māori processes and the CCA co-created spaces for their voices and foregrounded solutions rooted in their lives, and in so doing, highlighted the hegemonic, discursive practices of engagement carried out by the local government.

Figure 12: Entranceway to Occupation on Māori Land, February 2020

Note. Photo credit: Waituhia ki te rangi Elers-Metuamate, 2020. Private collection. Reprinted with permission.

In the face of the occupation and the digital campaign, Horizons quickly agreed to meet with the whānau, in the hope, it seemed, that there was still a possibility that the stopbank construction would proceed. This time, the whānau constructed the discursive space and determined the rules of engagement, as outlined in the reflection of the first author:

> Council representatives will meet with the whānau at our marae to discuss a way forward for their stopbank proposal. The trustees of the land have just had another meeting. I sat in on the meeting. Aunty has advised us to seat the council reps near the back in the

ancestral house, under a large six-foot painting of Te Ara o Rēhua, a pivotal iwi female ancestor, who was a leader in the late 1800s and early 1900s. She resisted Māori land alienation so that the iwi and future generations would not be displaced from their ancestral land. Her spirit of resistance and leadership will spur us on to take back our land. Te Ara o Rēhua land trust took on her name as the name of their trust. The trustees and the whānau members present discussed this positioning favourably connecting the current land theft situation to historical land dispossession experienced by the ancestors. The whānau members will sit in a semi-circle encasing the council reps… Culturally-centering communication here is wider than dialogue and encapsulates the physical-spatial and spiritual dimensions of communication (links to our ancestor). I am to point out the loophole in the council's legal notice and then our pakeke (older relatives) will recount their oral accounts of whānau life immersed within the wider iwi, connected to the land plus their memories growing up on the land. My generation and younger will speak about the growing up in urban areas rather than on our land. Some will talk about the mamae (pain) they felt when they saw our kuia (older women) crying on the land because the land has been desecrated by the council. One whānau member will offer an alternative route for the stopbank, closer to the river and wrap up the whānau articulations then the council will be offered the opportunity to respond. An Aunty expresses her confidence that this time the council will listen "we will be seated around them,

> they will have to listen, *if they cared, they'd listen*" (C. Elers, reflections, 27 January 2020).

The construction of the communicative space in the overarching organising logics of Kaupapa Māori takes control away from the coloniser and places it in the hands of Māori. The meeting emerged as a site for disrupting the communicative inversions and communicative erasures carried out by the local government. The loophole in the Horizons notice crafted under the Rivers Control Act 1941 failed to include a full date, and this became the basis of the challenge offered by the whānau. It only included the month and year; then this was crossed out and replaced with a handwritten alternate month and year. Whānau argued that without a confirmed full date on the notice, how were they to know when the one-month time frame to lodge objections had lapsed. Secondly, according to the Rivers Control Act 1941, the notice should be served on the occupier and the owner of the land. Instead, the notice was served on the lessee. The occupier did not receive any notice of the proposed works from the local government council. The notice was served on the secretary of the land trust, on behalf of all of the Māori owners. The whānau pointed out the discrepancies in the notice regarding the date and the fact that the occupier did not have any opportunity to object, as allowed under the Act.

The meeting resulted in Horizons stating that they would be listening to the whānau voices, who were articulating their intergenerational lived experiences on the land and the distress that they had endured when Horizons seized their last remaining acres of ancestral land. Horizons' two leaders delivered a verbal apology in the meeting and acknowledged that they had not fully consulted the whānau. Horizons chairperson was recorded by our whānau notetaker stating:

> Thank you for telling all your stories. I would like to apologise on

> behalf of the council for the hurt. I do take today as a very strong learning, our intention was not to cause any pain and I apologise for that. You don't need to occupy the land any longer. We will not be coming back and we can make a plan for going forwards. Thank you (Whānau meeting notes, 29 January 2020).

Horizons project Manager was also recorded as stating:

> We did think we were doing the right thing. There was never any intent to cause offense and we apologise for that. I appreciate all the connotations of the issue of the notice. I probably look like a bureaucrat, but I really do want to keep communities safe. Assumptions obviously lead to mistakes. (Whānau meeting notes, 29 January 2020).

Notwithstanding these two apologies and remembering the settler-colonial context within which Māori have generations of lived experiences of marginalisation, whānau members issued a verbal and written trespass notice under the Trespass Act (1980), asking Horizons to stay off their ancestral land. This last strategy was deemed vital by the whānau to ensure that Horizons fully understand that the ancestral land cannot be taken. Even though present generations cannot live on it due to access barriers associated with a different local government council and its rules, that being the Manawatū District Council, (which whānau are seeking to amend), future generations maybe able to return as kaitiaki, guardians of the land and the river.

Discussion

We utilise the interplay of Kaupapa Māori theory with the CCA as a dialogic anchor of analysis for this discussion section. Although the CCA has built on Subaltern studies to interrogate erasures of voice and assertion of sovereignty in the context of Indigenous struggles (Dutta-Bergman, 2004), this is the first time that the CCA has engaged with an Indigenous-owned theoretical approach and vice versa. The wide scope of Kaupapa Māori theorising makes space for and encourages iwi and whānau nuanced approaches and methods to research. The critical lens that the CCA brings to communication studies in interrogating power dynamics that constitute communicative erasures plus the co-creation of voice infrastructures through solidarity with the "margins of the margins" complements and aligns with Kaupapa Māori resistance and social transformation interventions. The literature is therefore extended for both Kaupapa Māori theory and the CCA, depicting the transformative power of theoretical solidarity among decolonising epistemologies. Through the actual work of building voice infrastructures that constitute a land occupation, the manuscript depicts the materially situated structural transformation produced through iterative dialogues between Kaupapa Māori theory and the CCA rooted in manaakitanga (the process of showing respect, generosity, and care).

The principles of consultation and engagement with Māori, bolstered by legislation as outlined in the literature review above are key tools for the usurping and theft of Māori land. The principles of consultation and engagement underscore public participation in local government democratic processes and are scripted into New Zealand's legislative framework (Cheyne, 2015). Despite provisions in legislation to increase Māori participation in local government decision-making, these dominant structures exist within a paternalistic governing order that configure

decisions for Māori communities through the erasure of Māori voices at the "margins of the margins" (Ryks et al., 2014). Consultation with Māori is relegated to external engagement practices such as the appointment of a sole iwi liaison to assist with the dissemination of local government regional policies and plans via iwi consultation meetings (Cheyne & Tawhai, 2008; Harmsworth et al., 2002). As depicted by utilising Pūmau, a Kaupapa Māori method of data collection and story-telling, derived from Ngāti Kauwhata knowledge systems, the consultation processes deployed by local government as the dominant approach to Indigenous engagement continues to reproduce the erasure of Indigenous communities. Participation, as constructed within this dominant approach, emerges from within the colonial agenda and works as a site of erasure. Building on CCA analyses of colonial/capitalist engagement that co-opt Indigenous participation (M. J. Dutta & Elers, 2020), this manuscript demonstrates that communicative inversion of erasure as community engagement is vital to the perpetuation of land theft.

The participation of Māori communities in enacting tino rangatiratanga (Māori sovereignty) narrates the ways in which the communicative erasures perpetuated by the settler colonial state through communicative inversion is resisted through the articulation of Indigenous knowledge, voicing the relationship with land. Through the presence of Indigenous voices resisting the participatory strategies deployed by the settler colonial state, the manuscript offers an entry point for theorising the ways in which Indigenous voices resist participation as a tool of the settler-colonial state. With the growth of participatory methods and narratives within the ambits of the neoliberal/neocolonial state, increasingly carried out under the chador of sustainability and climate adaptation (Jordan & Kapoor, 2016), the land occupation renders visible the urgency of decolonisation as resisting participation in

the hegemonic register. Moreover, the example of the land occupation lays out the communicative processes through which participation as a method located within the structures of the settler colonial state erases Indigenous agency as well as the decolonising processes of organising communication to resist participation as a tool of the settler-colonial state.

The struggle for meaningful inclusion of voices from the "margins of the margins" is shaped by the perpetuation of colonial inequalities that starkly mark a myriad of communicative spaces in colonial logics, including the spaces of Māori consultation within the structures of government. This concomitant erasure of whānau Māori voices from local government decision-making produced a mainstream monophony that demanded that whānau Māori give up their remaining ancestral land for the benefit of the town and the district. The framing of the town collective good and development goals as a preventive response to climate change lies at the heart of the theft of Indigenous land; in other words, the narrative of climate adaptation serves the instrument for further alienation of Indigenous people from land. The stopbank construction violated the sovereignty of the whānau, challenged the health and wellbeing of whānau members through further alienation from ancestral land, and erased whānau voices by not culturally-centering communication in local government participatory processes. Critical to the processes of erasure is communicative inversion that turned the erasures as processes of local community engagement. The selective construction of Horizons' engagement process actively worked to cancel the authentic and original whānau Māori trustees of the land. Critical here is the gap between the rhetoric of engagement and the actual practice of the engagement, imbued in the logics of colonial power. The invitations to participate actively erased a large number of Māori whānau members, selectively

inviting some participants. This selective process of engagement, carried out under secrecy and under the rules created by local government, is central to the erasure of Māori voices, particularly at the "margins of the margins" from the very decision-making processes that are constructed as engagement in the process of stealing Māori land.

In this backdrop of erasure as the basis of ongoing alienation of Māori from land as part of the settler colonial project, whānau members foreground the communicative processes of erasure, the violation of the very engagement processes established by local government, and the communicative gaps in the engagement process. Whānau voices narrating the effects of land displacement upon generations of iwi members emerged into the local government's discursive space through the meeting with the local government held on Indigenous land. Whānau collectivisation happened as an organic process that drew upon the organising concepts of tikanga Māori known and utilised by the whānau, through the voicing of colonial land theft in conversations and meetings during the land occupation. This opened up opportunities to foreground lived experiences of pain associated with cultural alienation, shifting Horizons to the registers of compassion and display of care by returning the land to the owners. Moreover, Māori grassroots community participation in critically interrogating the consultations in the engagement processes established by the local government foregrounded the many lapses, and the gaps between the rhetoric of consultation and the actual practice of consultation. Communicative infrastructures of listening co-created through culture-centered processes invert dominant practices of communicative consultation and engagement through foregrounding the voices of marginalised Indigenous communities rooted in localised cultural values (M. J. Dutta, 2014). That these articulations and re-

imaginings emerge, take root and become embedded into mainstream discursive spaces is tied to a culture-centered approach to listening that is voiced in community spaces at the "margins of the margins" (Ganesh et al., 2021).

The organising of resistance as Indigenous occupation of land, building the tents to stay on the land, stopped Horizons from its ongoing digging work and is a grassroots whānau-led operation. The land occupation was supported by resources gathered together through community support and mutual aid. The symbolic occupation of the land by placing Indigenous bodies on the line disrupted the colonial practices of erasing Indigenous voice and participation. Moreover, the whānau worked alongside our media production team at CARE, Massey University to co-construct video narratives, telling their stories of erasure and displacement from land. Co-creating a communication campaign held together by a slogan, #WhatWeSayMatters and its derivatives #WhānauVoicesMatter, #OurVoicesMatter, the whānau drew attention to the erasures that formed the basis of the development project carried out by Horizons. Issuing the trespass notice to Horizons was central to the enactment of tino rangatiratanga. These organising practices co-created decolonising infrastructures for listening that interrogated the engagement processes crafted by the local government.

On 20 March 2020, Horizons delivered on their verbal and written promise and reinstated the land to Māori and returned the soil to the dug-up areas. This happened one day before the country went into level four lockdown restrictions due to rising COVID-19 community transmission. The stopbank construction realignment is on hold for now. Although the whānau received verbal and written assurance that the stopbank will not be constructed on their land, they note that they are still on guard. The land occupation co-created through the enactment of Kaupapa

Māori practices grounded in tikanga Māori and a culture-centered analysis depicts the role of voice infrastructures in retaining Indigenous sovereignty. Voice infrastructures in Indigenous contexts are key to the enactment of Indigenous control of land and resources. For Māori to enact tino rangatiratanga, the infrastructures for participation need to be moved out of the colonial structure, and instead placed within tikanga, suggesting the urgency of constitutional transformations led by Māori and rooted in Te Tiriti. Moreover, the enactment of tino rangatiratanga by Māori voiced around safeguarding of the river as the basis for collective health and wellbeing challenges the organising of communication studies along parochial inter-disciplinary boundaries such as health communication, organisational communication, environmental communication etc., depicting the ways in which questions of health, environment and organising are intertwined around fundamental questions of Indigenous sovereignty over land and resources.

One of the limitations of this manuscript is the linear structure within which we narrate the land occupation. This entailed placing the epistemology of Indigenous knowledge, specifically Kaupapa Māori, in the ambits of an overarching structure of constructing knowledge in Communication studies that follows a linear flow. The image-based and oral forms of generating knowledge that constitute the dialogues within the land struggles are erased from the narration of the struggle within the textual form. This is particularly salient in the context of the deployment of the text of the colonising instrument to manipulate Indigenous peoples and to perpetuate their alienation from land. Moreover, structural features of reporting the manuscript shaped the contexts that are erased even as we draw on the critical aspects of the occupation to be presented in the manuscript. For instance, the culture-centered process of co-creating communicative resources such as digital stories and a 360

degrees campaign are not reported in the current manuscript. We hope that our experiment with de-centering some of the traditional forms of writing, such as placing the method and the context in the front of the manuscript and including images of the occupied spaces co-creates an opening for voicing communication knowledge in multiple communicative modes in the future.

Glossary

Aotearoa	land of the long white cloud; New Zealand
hapū	subtribe or larger kinship group, pregnant
iwi	tribe, nation, bones, Māori people
kaitiaki	guardian(s)
Kaupapa Māori	research methodology grounded in Māori views
Kauwhata Marae	the marae (village courtyard and surrounding buildings) of Ngāti Kauwhata
kuia	elderly women
mamae	pain
Manawatū	a region in the central North Island
marae	courtyard in front of an ancestral meeting place, where formal discussions take place
Ngāti Kauwhata	iwi (Indigenous nation) of Feilding and surrounding areas in the Manawatū
Ōroua	the name of a river running through Feilding; a tributary of the Manawatū river
Pākehā	New Zealander of European descent
pakeke	adults
papa kāinga	village
Papatūānuku	Earth mother, wife of Ranginui (Sky Father)
Pūmau	Kaupapa Māori data collection and storytelling method derived from Ngāti Kauwhata knowledge systems
rangatiratanga	sovereignty, self-determination and self-management, chieftainship
Ruahine ranges	the largest of several mountain ranges in the North Island New Zealand located inland from Hawkes Bay
Te Ara o Rēhua Trust	a whānau land trust, affiliated to Ngāti Kauwhata, that holds ancestral land in Manawatū
tikanga Māori	Māori practices
Waitangi Tribunal	a permanent commission of inquiry
whānau	family, extended family
whenua	land, placenta

Data statement

The data underlying this article cannot be shared publicly due to the privacy of individuals that participated in the study. The data will be shared on reasonable request to the corresponding author.

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LINK THREE

Chapter Six: "Communicating Māori health and wellbeing: Platforms for voice and (re)connecting with whenua through māra kai practices" develops the concept of a Whakapapa-based framework of communication in conversation with the CCA demonstrated by the activities of the advisory group. The COVID-19 pandemic resulted in a level four lockdown in Aotearoa New Zealand in 2020. While food (in)security is always present, in this context it emerged amidst a wide range of challenges discussed by the advisory group. The chapter documents practical examples of communication infrastructures at the margins of Indigeneity. As in the previous chapter, I develop the themes of decolonisation and relationships between health and land by privileging voices that sit at the centre of these stories, despite the dominant culture marginalising such communities. Chapter six also reflects the energy and hard work of the advisory group to decolonise health and wellbeing practices and (re)Indigenise spaces for voices to be heard, not just by a select few community champions or leaders but by whānau doing their best to navigate structural disadvantage, socioeconomic and health inequities.

Rather than being passive recipients of food parcels that were not always suitable for their dietary needs, the advisory group set about enhancing food security by being active decision-makers and participants in the cultivation of a māra kai grown on ancestral Māori whenua. The māra kai became a site of intergenerational wellbeing pushing out the parameters of health and to include more than one whānau and more than one generation. The departure from expert-dominated solutions to health *for* communities to culturally-centering intergenerational whānau approaches to oranga provides the impetus for localised strategies to emerge.

The chapter describes how some of the produce from the māra kai was sold

regularly at the Feilding farmers' market and how the site became a multi-functional space; to sell produce, to generate conversations about Ngāti Kauwhata history in the area and to foreground Māori voices from the Feilding community about Māori representation in local government on the Manawatū District Council. The chapter illustrates how such conversations can disrupt colonial narratives of erasure of history and place names. Here, this is positioned as constituting a communication framework embedded in relationship to the land, woven through intergenerational histories and forged in whānau, hapū, iwi and community struggles for Māori representation in local government.

I really enjoyed writing this chapter and it took the shortest time to write out of all of the chapters in this thesis. Both my supervisors reviewed this chapter. I chose to submit it to *AlterNative*. It was submitted there on 20 September 2022. The manuscript was rejected and on 5 June 2023 I submitted it to *MAI* journal. The version contained in this thesis is the full version. It has since been edited down to fit the word requirements of *MAI* journal.

CHAPTER SIX: COMMUNICATING MĀORI HEALTH AND WELLBEING: PLATFORMS FOR VOICE AND (RE)CONNECTING WITH WHENUA THROUGH MĀRA KAI PRACTICES

Abstract

This manuscript presents a communication framework embedded in Whakapapa (research approach of connections). It foregrounds the voices of whānau (extended family) Māori who speak about the constraints and enablers of health and wellbeing, whilst navigating socioeconomic inequities. These constraints and enablers are contextualised in local meanings and connections to whenua (land), ancestral place names and the nurturing of kinship ties. The opening of discursive spaces provides platforms for voice, led to the establishment of māra kai (vegetable garden) on ancestral whenua and the (re)clamation of Indigenous knowledge and place names in the Feilding, Manawatū. Māra kai are positioned here, as a site for decolonising health and wellbeing meanings, generating conversations in the Feilding community to disrupt colonial narratives that threaten Māori health and wellbeing. Reclaiming māra kai practices through connecting with ancestral land and nurturing whanaungatanga constitutes an intergenerational approach to Māori health and wellbeing, expressed through a Whakapapa-based communication framework.

Keywords: Indigenous communication, whānau voice, Māori health and wellbeing, Whakapapa, Culture-Centered Approach, māra kai

This study documents a māra kai initiative, co-created by 16 predominately Māori participants based in the Manawatū region of Te Ika a Māui (North Island) and Te Waipounamu (South Island) Aotearoa New Zealand (hereinafter referred to the shortened name of Aotearoa). Drawing upon Whakapapa as a base for a Māori communication framework, localised understandings of Māori health and wellbeing were articulated through the co-creation of platforms for voice. Utilising the dialogic anchors of Whakapapa and the Culture-Centered Approach (CCA) to research, we amplify Māori health and wellbeing meanings in relationship with whānau and whenua to (re)Indigenise communication frameworks.

Whakapapa Framework

Whakapapa can be explained as genealogy (N. Mahuika, 2019) and also the "layering of knowledge, with one layer needing to be set down, before the next one is added" (Kereopa, 2003 as cited in Moon, 2003, p. 43). Whakapapa carves out spaces of existence; yet it is also a super connector that enables and expands upon a lexicon of social relationships (Rameka, 2012; Rout et al., 2020).

Whakapapa is positioned here as a research approach of connections, comprising an ontological framework (C. T. H. Mika, 2014; M. Roberts, 2013) within which knowledge is stored (Lythberg et al., 2019) and new knowledge is created and organised (Graham, 2005, 2009). Within this paradigm, Indigenous communication constitutes whānau voices, drawing on local context, social relationships with others and spiritual connections to ancestors and deity. Communication is instilled in the connections with environment, ecosystems and all living organisms.

In this manuscript, Whakapapa provides a base for an Indigenous

communication approach, rooted in the genesis of creation. It entails how Māori in this study communicate their health and wellbeing challenges and solutions, in relation to one another, to ancestral practices, to land and the wider environment. Activated in this way, Māori communication practices draw upon Whakapapa and manifest Whakapapa, bringing forth intergenerational mātauranga (knowledge systems), replete with ancestral wisdom that is embedded in places of significance.

Methodologies: Whakapapa and the Culture-Centered Approach

The interplay of Whakapapa and the CCA offer a dual methodological approach to the research. Whakapapa as a methodology occurred organically, and was visible among the participants' connections to one another and to the land. This Whakapapa approach to communication is a Kaupapa Māori methodology and an expression of tino rangatiratanga (Māori sovereignty) (Phillips et al., 2016). In this study, Whakapapa is positioned as a paradigm, an approach, a methodology and as the apparatus for an Indigenous communication framework. Utilising the dual methodologies of Whakapapa and the CCA, Māori navigating the "margins of the margins" (M. J. Dutta, Moana-Johnson et al., 2020, p. 16) set the parameters of the discussion and the principles and tikanga (values and principles that guide practice) that guide the discursive space in order to create entry points for the communication of sense making and knowledge generation.

This Whakapapa approach and the CCA both have distinct theoretical positions and features. They also share a focus on centring culturally dynamic relationships between people and localised spaces, acknowledging the association of marginalised experiences with historical and contemporary contexts. The CCA looks to the connections between people, place and hegemonic formations, to open up

discursive spaces for the voices of communities pushed to the "margins of the margins" (M. J. Dutta, 2016, p. 16) in order to prompt social change communication.

Methods

All of the participants either belong to or are associated with Ngāti Kauwhata, an iwi (tribal nation) affiliated to the Tainui waka (canoe) in the Manawatū region. The participants also form the Feilding advisory group (advisory group), established to analyse the themes of the broader research titled *Māori health and wellbeing within a Whakapapa paradigm: Voices from the margins* (manuscript under revision). The participants were drawn from the advisory group and opted for one-to-one interviews with the researcher(s). These took place in-person from August 2021 but were put on hold as a result of COVID-19 level four lockdown and resumed again by phone from November 2021 to January 2022. The interview questions were discussed and reworked at an advisory group with the participants prior to the interviews. The advisory group meeting notes form part of the data collection as well.

The advisory group co-designed campaigns to amplify their articulations of health and wellbeing, nuanced with everyday challenges and carefully planned strategies focused on salient features of health and wellbeing. Four main themes are nestled within this Whakapapa-based communication framework: 1) platforms for voice; 2) decolonising health and wellbeing; 3) intergenerational wellbeing; and 4) generating conversations to disrupt colonial narratives and hegemonic domination.

One of the researchers is a doctoral candidate at Massey University and also belongs to the same iwi.

Mahinga Kai: Māra Kai

For Indigenous peoples, mahinga kai (food production and gathering) are associated with wellbeing (Richmond et al., 2005). Payne (2020) emphasises that all elements of mahinga kai and the environment are connected through the paradigm of Whakapapa. Māra kai is one of the food production and gathering practices. Roskruge (2020) defines māra kai as "land under cultivation for the production of food" (p. 22). Māra kai were integral in pre-colonial Māori society. Archaeological evidence of kumara gardens in Waikato estimated an established garden area of 6-7 hectares (Higham & Gumbley, 2001) and an overall total garden area of over 3,000 hectares highlighting the enormity and importance of māra kai in Māori society (Gumbley & Hutchinson, 2013).

Māra kai were indicative of continuous hapū (subtribe) and iwi land settlements in Aotearoa, also known as ahi kā (those who keep the home fires alive) and representative of mana whenua (territorial rights over a specific area) in that area (Taiapa et al., 2021). Māra kai can be defined as communal spaces, that are discursive and multifunctional spaces, facilitating spiritual and physical nourishment for knowledge transmission, physical activity and food growth and security (Hond et al., 2019; Raerino, 2017). This concept is also echoed by P. King et al. (2015), who noted that "Māori gardens provide spaces to connect and re-connect with the very essence of what it means to be Māori" (p. 17).

Land confiscation and dispossession through ongoing colonisation processes had a drastic effect on the foundation of Indigenous health and wellbeing (Griffiths et al., 2016; H. Moewaka Barnes & McCreanor, 2019). In addition, extensive land confiscations by the Crown, coupled with land alienation through the conversion of communally-owned land to individualised titles, has had an enduring impact on

Māori health outcomes. In the absence of land or access to fertile land, and amidst the urbanisation drive that resettled Māori away from ancestral homelands to urban areas, communal māra kai practices and knowledge began to wane (Viriaere & Miller, 2018).

There has been growing interest and movement towards revitalising māra kai in Māori communities (McKerchar et al., 2015) and establishing national Māori vegetable growers' collectives (see Tāhuri Whenua Inc. and Waka Kai Ora). These movements by Māori reflect efforts to (re)connect with land and foster social cohesion through kinship ties. This is evident across both familial and urban community-oriented environments, and has aided in reinforcing Māori identity and promoting overall wellbeing (Panelli & Tipa, 2009).

Taiapa et al. (2021) utilise the pūrākau (story-telling) methodology (Lee, 2015) to foreground the hapū participants' narratives concerning the journey of Ngāti Tāwhirikura in their hapū-led māra kai initiative to build kinship connections with one another and with the whenua. In so doing, the exploration of māra kai as a visible expression of land reoccupation and culturally-centered food practices affirmed their enduring ties to the land, despite a history of colonial processes that caused large-scale land confiscation, conflict and assimilation.

Kaiiwi Māra Kai and Ngāti Kauwhata

There is scant written literature documenting māra kai practices in the Manawatū region. However, māra kai ancestral narratives are held within the oral histories of whānau and hapū of Ngāti Kauwhata in Manawatū. These histories tell us that prolific māra kai grew in the area known as Kaiiwi pā (village). The stories of our ancestors' māra kai cultivations include many acres of gardens, that were collectively cultivated and kai shared.

Sharing stories with one another in the advisory group regularly occurred throughout the whole kaupapa (project) from the planning to the selling of some of the produce at the Feilding farmers' market ('the market'). When planning for the māra kai establishment, the advisory group decided to give one third of the produce to the whānau that own the whenua, to kaumātua and to other whānau needing kai. One third would be set aside for seed and the remaining third would be sold at the market to raise money to purchase more seed to grow vegetables on Ngāti Kauwhata ancestral land.

Ngāti Kauwhata is a relatively small iwi and many have experienced iwi invisibility in the Feilding community, seeing only neighbouring iwi names that are fixed to buildings in schools, in community and the surrounding area. In addition, the supplanting of ancestral place names by the Manawatū District Council, who favoured colonist names over ancestral names, effectively invisibilised hapū and iwi history within the area.

The town of Feilding was named after Colonel William Feilding, who purchased the area (43,000 hectares) in 1871 from the Crown (Kilmister, 2018). This area was a part of a bigger Rangitīkei-Manawatū land block of approximately 240,000 acres. The sale and purchase of Feilding is remembered by Ngāti Kauwhata as the most fraudulent and dishonest purchase by the Crown in New Zealand's history (Durie, 2020 as cited in Hurihanganui, 2020). Notwithstanding that Colonel Feilding spent a minimal amount of time in the area, the town was named after him, with no recognition of Ngāti Kauwhata who held papa kāinga (village) and marae in the area. Kawakawa-ki-te-tonga was one of the ancestral names of the area due to the abundance of Kawakawa trees, used as a staple rongoā (medicinal remedies) by the iwi.

The advisory group asserted the name Kaiiwi for the māra kai and stall name at the market. Kaiiwi is the name of the papa kāinga area encircling Kauwhata marae. However, the name of Kaiiwi was not associated locally by customers at the market, who thought the advisory group participants were from a different Kaiiwi settlement, situated on the banks of the Whanganui river. The erasure of Ngāti Kauwhata place names equates with the invisibility of iwi and has a significant negative impact upon generations of Ngāti Kauwhata.

Taiapa et al. (2021) report on similar experiences of Ngāti Tāwhirikura hapū when their ancestral place names were also supplanted, disrupting tikanga practices associated with naming places affecting the collective remembrance of significant tūpuna and events. In establishing māra kai and a market stall with the name Kaiiwi, the advisory group were able to utilise the market place not only as an alternative economy to the rising food prices in the supermarket but also to reclaim a significant mana whenua name, and generate conversations to disrupt colonial narratives that had long sought to erase Ngāti Kauwhata history from the whenua.

The Advisory Group

This current study arose from the advisory group meetings following the first nationwide level four COVID-19 lockdown in 2020. That lockdown lasted for 33 days. In Feilding, the advisory group became aware of food (in)security and noted the scarcity of basic food supplies such as fresh vegetables, flour and pasta: “The supermarket shelves were bare of food that we could afford, we had no choice but to ask for help to buy food” (personal communication, Feilding advisory group meeting notes, June 29, 2020). This comment highlighted some of the challenges for local people around access to affordable food. This issue was also recognised by the

government as they soon released funding for community and iwi organisations to assist families with food access, resulting in bulk food purchases that probably contributed to the shortage of basic food supplies. Millions of dollars of government funding was allocated for food purchase and distribution to communities, which raised further issues about access to resources by communities at the "margins of the margins," as well as the nutritional quality of food for whānau members with underlying health conditions.

The advisory group participants with underlying health conditions noted: "We were grateful for the food parcels but we couldn't eat a lot of the food because it was processed food with high sugar and fat content, or it was repackaged into smaller bags with no food labels, so we had to give it away" (personal communication, Feilding advisory group meeting notes, June 29, 2020). Some participants received food vouchers and were able to make their own decisions about the food they purchased but since basic, cheaper food was scarce, the food vouchers had to be spent on more expensive food items that were impractical and unable to sustain large families for more than a few days. Others commented about the bulk quantities of carrots and onions as this resulted in families consuming the same produce for days on end and trying to come up with new and creative ways of cooking carrots and onions for their whānau (personal communication, Feilding advisory group meeting notes, June 29, 2020).

The conclusion drawn by the advisory group was that whilst they were extremely grateful for the food parcels they received, they lamented the lack of opportunity afforded to them and in particular, those with underlying health conditions, to make decisions regarding access to food. As one participant stated: "It felt like the grocery list was written by people in Wellington for us in Feilding, rather

than us being a part of the discussions. If they knew us well, they'd know that whānau has 15 people in their whare and they've got Nannies and Koros (grandfathers) with diabetes so we won't give them cans and cans of processed high salt and sugar food. Actually why don't we ask them what they need? It ain't rocket science!" (personal communication, Feilding advisory group meeting notes, June 29, 2020).

In a bid to reclaim decision-making about food security in the Feilding community, the participants discussed their desire to (re)connect with ancestral land and establish a māra kai in order to enhance food security by being active decision-makers and participants in the cultivation, harvesting and distribution of organically grown kai (food). With the resource support of CARE, Massey University, the advisory group began preparing ancestral land on two property blocks for māra kai in August 2020.

Findings

The advisory group participants' names have been changed to reflect Ngāti Kauwhata ancestral names. The findings have been grouped into the following four themes: 1) platforms for voice; 2) decolonising health and wellbeing; 3) intergenerational wellbeing; and 4) generating conversations and disrupting colonial narratives.

Platforms for Voice

The Whakapapa-based framework of Māori communication and the CCA share a focus on co-creating platforms for voices at the "margins of the margins," in order to foreground their articulations into mainstream, discursive spaces. Tamihana highlights below that regardless of education or lifestyle, people are fully capable of

contributing to decisions that impact their lives. In fact, the kōrero of Tamihana shows that regardless of education and lifestyle, Māori who occupy the "margins of the margins" or the "grassroots," if given the opportunity and resourcing, are able to come together to co-design strategies for wellbeing, cloaked in tikanga of "respect," "care" and "love."

> Yeah, I just think the advisory group is a platform for those… that are afraid to say their bit, those that think they aren't educated enough, but they have still got common sense and foresight, and hindsight but because we live in a certain way we're overlooked. That is how it feels. I really enjoyed our meetings, not structured as a chairman, secretary, treasurer thing. We didn't have that, but we had respect and we had care and we had love….We are the grassroots and everyone has a lot of good ideas. (Tamihana, male, 46-55 years)

Listening is a both a conceptual and pragmatic tool emphasised in the CCA (M. J. Dutta, 2014). The act of listening to community voices create entry points for alternative understandings, problem configurations and community aspirations to emerge into discursive spaces.

> I think the biggest thing is just being able to listen to the people, listen to them because if you continue to listen to the people, they feel they're needed you know...If everybody gets a voice, everybody gets a say. Everybody is listened to. (Taimoana, male, 56-65 years)

> Back then it was just kind of like 'oh I've got stuff to do,' but now, I really like going because I do like the fact that we all have differing

> opinions and it's taught me so much more patience about myself and a lot more learning for myself as well, and yeah trying not to be as judgmental and just listening to other people through why they think that way, instead of being 'they think that because of this,' but actually fully understanding it. (Haringaroa, female, 26-35 years)

Inherent in this commitment to listening and voice, is the necessity to ensure that advisory group participants set the terms of engagement; both with one another and others. The advisory group participants determined the tikanga to guide the meeting structure and flow. Sometimes the meetings were facilitated by the principal researcher (who is also an iwi member) and sometimes the meetings ran as a more informal discussion, going around the table to ensure that everyone had an opportunity to have a voice. Rauarangi shares that "I was able to express without being criticised or judged on my opinions" (female, 36-45 years).

> Everybody had an input. I mean, everybody participated in our huis (meetings) and we didn't leave anybody out. I think everybody... we were all on the same page. So it was great because we were all thinking the same thoughts on how we were going to plan the māra kai, how it was going to be harvested...because we needed to know also, the people and who we had available at the time, so we could get as many people down there for the harvesting. Because that's when we needed our people the most was in harvesting times. And it was really lovely. (Te Ara, female, 54-65 years)

> I find this whole board system, quite, well some people take it to their head I guess. Like some people get that power role and

> sometimes it gets a bit too heated up I guess. And then some people start to drop off because of it. But I feel by not having one, you know, we all had a view and I think because everybody has that same mutual respect....It was just kind of like, oh, yeah, well, this is how it's going and kōrero (discussion) just kept flowing. I liked it like that. (Haringaroa, female. 26-35 years)

Here, Haringaroa reflects on structures of board meetings that can dissuade the participation of grassroots whānau or community members. Her reflection challenges monolithic formations of community or district and government board meetings replete with expert members, advisors and agendas that are constructed to either engage with communities or represent community voice. M. J. Dutta (2015a) investigated the insidious ways in which structures co-opt community participation to carry out programmes of empowerment that are scripted within dominant neoliberal governance frameworks. When configured in this way, power, resources and decision-making are still held intact by neoliberal boards and voices of communities at the "margins of the margins" are effectively side-lined. The concept of "community participation" becomes equated with the appropriation and co-option of community voice or "cultural sensitivity," (M. J. Dutta, 2007).

Conversely, the articulations of Tamihana, Te Ara, Rauarangi and Haringaroa indicate a resistance to monolithic, neoliberal board formations and a preference towards culturally-centered, dynamic, Whakapapa-framed collectives that offer a wider understanding of communication, rooted in relationship to the health and wellbeing of whānau, the land, the environment and the building of mutually constitutive relationships.

Decolonising Health and Wellbeing

The participants frequently referenced the māra kai mahi back to the work carried out by our ancestors in previous generations. Some participants could recall first-hand the regular contribution of whānau in mahinga kai practices and others drew upon stories that had been passed down through the generations, as a blueprint or a pattern towards decolonising health and wellbeing.

> I grew up eeling with my Dad and my Uncles… I was like a boy (laughter) …so with the māra kai you are learning, not only the ability to feed yourself, but actually learning tikanga behind it as well, like intergenerational tikanga. (Māmaku, female, 46-55 years)

> Māra kai are what our ancestors did. This was their norm. That's how they fed the people. And it was sort of, you know, just slowly but surely taken away from us. And if we can re-establish it, it is never going to get back to the way that it was, but we can try and sort of introduce those ways back into everyday living. (Manawanui, female, 36-45 years)

The narratives of Māmaku and Manawanui exemplify a Whakapapa-based communication frame not just because they reference the ancestors and their prowess at food gathering and cultivation practices but they highlight that recovering and normalising these practices in contemporary life does more than produce kai to sustain people. It also decolonises individualistic pursuits through continuing the transmission and activation of tikanga associated with kai for the collective and the wider purpose of cultivating social cohesion and health and wellbeing. In this way, we are encouraging thinking outside of ourselves as individuals or individual whānau

and caring about others within the wider whānau and community. Hoeta (male, 46-55 years) notes the difference in cultivating a māra kai for a household and cultivating māra kai with and for the wider whānau: “I always had a kai (food) garden but it is a different experience coming together with others and everyone having their input into the decision-making.” These configurations of Māori health and wellbeing are activated by connecting to the whenua, the environment and recovering and extending upon connections amongst and between whānau. Hinepare and Taimoana explain further:

> Just because we are related, doesn’t mean to say that we are in one another’s lives… but this group and the māra kai kind of helped cultivate that manaakitanga (care for others) amongst us and with the whenua and our concern for the wider whānau and community. We cultivated the whenua and manaakitanga was cultivated within us. (Hinepare, female, 46-55 years)

> In respect to the old man, he always shared his kai and they would share kai with one another. So, we would go out hunting eels together as families, as bulk families, not just the one family, but you would get three or four families together and we would go hunting eels. You don’t see that these days. It brought those kinds of things back to me...it brought all those tikanga back, in the way that we used to work together....We planted, we weeded, sowed, harvested, year after year and it was my experience as a kid. So, it was good to see it come back, to be reminded. (Taimoana, male, 56-64 years)

As a platform for voice and grassroots decision-making, the advisory group planned, organised and harvested māra kai established on ancestral land, connecting to the whenua and (re)activating tikanga practices. These activities widened understandings of Māori health and wellbeing to include the health and wellbeing of the whenua, the whānau and the community through the deployment of ancestral food security practices. The layering of participants' narratives adds further context and contributes to ongoing knowledge generation concerning collective group formations and māra kai as decolonised meanings of Māori health and wellbeing.

Intergenerational Wellbeing

Māra kai scholarship provides a robust synopsis of the benefits of māra kai for nurturing Māori health and wellbeing (Hond, 2013; Stein, 2018; Taiapa et al., 2021; Viriaere & Miller, 2018). The advisory group's articulations of their experiences creating a māra kai concur with these views and affirmed that the experience was "soul healing," "full of joy and happiness," and "lifted the oranga (health) of our whānau…and our whenua and awa (rivers)."

The advisory group participants' narratives concerning the involvement of multiple generations in the māra kai mahi can be conceptualised as centring intergenerational health and wellbeing, pushing out the parameters of health and communication to include more than one whānau and more than one generation.

One of the highlights of the māra kai was to see mokopuna getting in there, getting their hands dirty. Getting the rīwai (potatoes), digging up all the spuds, it was massive! Inwardly I was, oh my look at this. I was full of joy and happiness about that. (Taimoana)

That was beautiful. That's the kind of soul healing stuff that you can

> get from bringing whānau together, with whānau that are your family and you don't even know who they are. The real connecting and even getting my kids out there and connecting with their cousins that they don't know but they've been going to school with. (Manawanui)

> It was definitely beneficial for the young, even right down to the primary school kids coming down and getting involved. It is instilling memories in them. I guess for the ones living in the city, they wouldn't have a clue or know anything about that kind of stuff, but actually getting involved in it, coming down and putting their hands in the whenua, harvesting the spuds and then being able to cook them and eat them, all those kinds of things. It is really…the memories, and I guess for the old, for the kaumātua (elders), coming down and just that whole whānau environment through the different generations is something that you don't really see much anymore. Everyone is too busy these days working. (Hoeta)

These examples demonstrate whānau agency in setting their own journeys to nurture wellbeing across generations, guided by tikanga and embedded in Māori epistemologies. The departure from top-down approaches to health towards culturally-centering intergenerational whānau approaches to oranga provides the impetus for localised strategies. Tamihana brings together the various strands explored through the māra kai operation as an enabler of oranga:

> Connecting back to the land, gathering food with the whānau, not doing it as a job, a paid job, but doing it as a sustenance was a big

> up. And the oranga of that little thing we've done was worth more than money. (Tamihana)
>
> I just couldn't believe how many people turned up to the whenua to do the harvesting and do the kai. Yeah, I was just excited. And I just got in there and was just looking around at all the whānau and going; oh, this is so cool. Just goes to show how much whanau want to do this [and] the supermarket prices are getting terrible. (Ōroua, female, 36-45 years)

The sentiment shared by Ōroua is the same as what every person in the advisory group and other whānau who also came to be a part of the harvest expressed. For Papa, connecting with the whenua is an affirmation of being Māori. "The feeling of being Māori being tied to the whenua, working with Papatūānuku (earth mother)…I don't know how, but the feeling inside the wairua (spirit), it is uplifting in itself, with the whānau" (male, 26-35 years). Accordingly, decreased access to environmental resources and control over those resources within iwi/hapū areas has negatively impacted Māori health and wellbeing (Richmond et al., 2005). Conversely, improving Māori access to whenua and the environment through generating opportunities for (re)connection has been identified as a key determinant for Māori health and wellbeing (H. Moewaka Barnes & McCreanor, 2019). This has certainly been the experience of the Feilding advisory group.

Generating Conversations and Disrupting Colonial Narratives

The advisory group set up their first stall at the market on 19 March 2021 to sell one third of their māra kai produce. To our knowledge, it was the first stall by Ngāti Kauwhata iwi members at the market, since it began in 2005. The items for

sale included varieties of organic rīwai, moemoe (a variety of Māori potato), red desiree and agria plus kete waikawa (baskets made from native flax) and kawakawa (pepper tree) balm (see Figure 13 below). In 2022, the advisory group continued selling produce at the market and expanded to also include kamokamo (squash), kale and mainesse (Cook Island potato salad) the latter made with moemoe by one of the advisory group participants, who is also of Cook Island descent.

Figure 13: Selling Produce at the Feilding Farmers' Market

Note: Photo credit: Christine Elers, CARE, Massey University. Private collection. Reprinted with permission by CARE, Massey University.

The presence of Māori with produce grown locally by hapū and iwi members at the market drew attention and generated conversations. A few customers shared their stories with us; stories about gathering kai in the local rivers with our ancestors. The majority of others wanted to know where the produce was grown. When the advisory group explained the location which is near our ancestral marae, sited about 7km out of Feilding on a no exit road towards the Ōroua river, many were astonished, not realising that they had lived many years (some had lived most of their lives) in Feilding and were not aware who the local iwi is and where our ancestral site is situated. Manawanui explains further:

> There were a few people that would come to us, just to yack to us, actually and talk about how they would grow their potatoes...some would even just go into a bit of history….It was really interesting. But sometimes it was quite full on…because it's a different opinion to what we have. (Manawanui)

The different opinions that Manawanui refers to were regarding the establishment of a Māori ward. In the midst of the māra kai kaupapa, the Manawatū district council voted against the establishment of one Māori ward in the district. A protest was organised and all the affected hapū and iwi came together, with others in support and marched down one of the main streets in Feilding to the Manawatū District Council office (Gill, 2021) (see Figure 14 below).

Figure 14: Protest for a Māori Ward in Local Government Representation in Feilding 2021

Note. Protest march on Manchester Street, Feilding for the establishment of a Māori ward 2022. Photo credit: Richard Torres, CARE, Massey University. Private collection. Reprinted with permission.

All of the Feilding advisory group participants joined the protest and the quest for Māori representation at the district council. Some of the group participants spoke at various council meetings with others relaying the hurt that they felt seeing very little semblance of Ngāti Kauwhatatanga in the council representation in the community. The market place provided another opportunity to disrupt colonial narratives of separatism associated with our pursuit of Māori representation in local government.

> The Manawatū District Council councillors, well the market seems to be their go to place every Friday, well for some of them and so you know, our stall gave us a chance to have conversations directly, especially during our fight to have a Māori ward. There was one Pākehā councillor, who came along and he didn't vote for a Māori ward and he's still trying to tell us why we shouldn't have dedicated Māori representation on council because it's separatist you know ra di ra and we were able to tell him that this here market and this town is on Ngāti Kauwhata whenua and we have been dispossessed of much of our ancestral land, which feels the same as you all blocking and denying us Māori representation at the council. (Hinepare)

Generating conversations at the market to disrupt the erasure of Ngāti Kauwhata history, place names, and identity is seen here as part of an Indigenous communication framework embedded in relationships to the land, communicated through intergenerational histories and forged in contemporary struggles for Indigenous representation in local government.

Discussion

Whakapapa provides the basis for an Indigenous communication approach. Māori situated at the "margins of the margins" articulated health knowledge and built platforms for voice so that this knowledge can emerge into dominant discursive spaces. Whakapapa is also utilised as a methodology positioning the participants' articulations as both the reclamation of knowledge and the generation of new knowledge placed in connection to kinship ties and relationships with the whenua amidst the settler-colonial landscape of Feilding, Manawatū.

The formation of an advisory group and māra kai provided opportunities for whānau to (re)connect with ancestral land, building whanaungatanga amidst complex realities that had rendered hapū and iwi ancestral place names and spaces invisible, as a result of ongoing processes of colonisation. The advisory group meetings presented as a platform for whānau voices that are often not heard and enabled discussions cloaked in tikanga of "respect," "care" and "love" to co-design strategies for food security amidst the COVID-19 pandemic, challenging board formations that adopt strategies *for* but *without* whānau voices from the "margins of the margins."

The cultivation of māra kai equated to the cultivation of kinship relationships and the expression of manaakitanga amongst the group and to wider whānau and community members, who were also navigating low socioeconomic realities. This affirmed identity, not only as Māori but as Ngāti Kauwhata. The frequent referral to and sharing of ancestral māra kai practices enabled the presence of ancestors through conversations. Therefore, Indigenous communication practices constitute ancestral whispers over the contours of whenua, embodied in their descendants' contemporary practices of māra kai, decolonising meanings of health and wellbeing and accentuating the exigency of intergenerational wellbeing.

Indigenous communication concerning health and wellbeing also lies in the disruption of colonial narratives that sought to erase Ngāti Kauwhata ancestral and significant place names from the region. The market place became a discursive site to generate conversations about ancestral Māori land, historical places names and the connection to the local hapū and iwi. It also afforded opportunities to speak back to local government attempts to block the establishment of a Māori ward for Māori representation in the community. Here, Māori health communication speaks to the challenges that constrain health and wellbeing, due to the fraudulent dispossession of the Rangitīkei-Manawatū block. Hence, a pathway to enabling Māori health and wellbeing is the (re)clamation of whenua and mahinga kai practices through bringing whānau voices to the fore, and through local environmental sovereignty embedded in Māori espistemology. Māori representation via one Māori ward in local government is a start at opening up diverse discursive spaces for Māori. This study has shown how alternative spaces for dialogue concerning Māori health and wellbeing can also be opened up, culturally-centering the complex realities of Māori through Māori communication practices. These were expressed through māra kai processes, drawing upon enduring Whakapapa connections and (re)Indigenising colonial spaces, which were identified by the advisory group as essential for localised Māori health and wellbeing and is resurgent within whānau of Ngāti Kauwhata in the Manawatū region.

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office since September 2019 to hold our meetings and for supporting the māra kai establishment.

Glossary

ahi kā	fires signalling continuous occupation of whenua; those of keep home fires alive
Aorangi	one ancestral name for the Feilding area
awa	river
hapū	subtribe or larger kinship group, pregnant
hui	meeting, gathering, where discussion takes place
iwi	tribe, nation, bones, Māori people
kai	food
Kaiiwi	ancestral place name encircling Kauwhata marae
kamokamo	squash, stubby green vegetable marrow (or gourd), favoured Māori food eaten young and immature
kaumātua	elder(s)
kaupapa	project, topic, subject
Kauwhata Marae	the marae (village courtyard and surrounding buildings) of Ngāti Kauwhata
kawakawa	pepper tree, *Macropiper excelsum* - a small, densely, branched tree with heart-shaped leaves, Indigenous to Aotearoa
Kawakawa-ki-te-tonga	one ancestral name for the Feilding area
kete waikawa	harakeke (native flax) woven baskets used to store items and in contemporary times used for shopping
kōrero	talk, narrative, discussion
mahinga kai	food gathering practices
manaakitanga	hospitality, support, care for others
Manawatū	a region in the central North Island
mana whenua	territorial rights over land sourced in ancestral connections to place
marae	courtyard in front of an ancestral meeting place, where formal discussions take place
māra kai	land under cultivation for the production of food, vegetable garden
mātauranga	knowledge systems
moemoe	a variety of Māori potato with purple skin and reddish-yellow mottled flesh
Ngāti Kauwhata	iwi of Feilding and surrounding areas in the Manawatū
Ngāti Tāwhirikura	one hapū of Te Ātiawa in Taranaki
oranga	health, livelihood
pā	fortified marae and surrounding areas
papa kāinga	village
Papatūānuku	Earth mother, wife of Ranginui (Sky Father)
pūrākau	Māori narratives containing philosophical thought
rangatiratanga	sovereignty, self-determination and self-management, chieftainship
rīwai	potatoes
rongoā	medicinal remedies
Te Ika-a-Māui	North Island

Te Waipounamu	South Island
tikanga	values and principles that guide practice
tino rangatiratanga	chiefly authority, Māori sovereignty
wairua	spirit
Whakapapa	utilised here as a research approach of connections. Whakapapa also means genealogy, placing upon layers, to form a foundation
whānau	family, extended family
whanaungatanga	kinship, sense of family connection
whenua	land, placenta

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CHAPTER SEVEN: CONCLUSIONS, LIMITATIONS AND FUTURE DIRECTIONS

Introduction

This chapter presents the key findings of this study, along with discussion of study limitations, my personal journey, and reflections and contributions to Māori health scholarship. The co-constructed meanings of health and wellbeing discussed in this thesis emerged from the interviews and serve as a communication infrastructure for sense making and health and wellbeing articulations.

In response to the thesis questions and voiced by the whānau participants, Māori health and wellbeing meanings are specific to the connections among and between whānau and community, land, rivers, and the wider environment. These meanings emphasise Whakapapa as a basis for communicating health and wellbeing. Sourced in Māori epistemology, the enduring intergenerational relationship between land and health was foundational to the participants' understandings of health and wellbeing. Moreover, it illustrates Māori health and wellbeing as constituted amid a web of connections with land and ancestors spanning back to creation and bound together through Whakapapa. Tama Tū, a participant in this thesis, emphasised the importance of good food and shelter as a Māori concept of health and wellbeing, as well as challenges such as access. He went on to provide further context, explaining that "...the only kai that is affordable is um [pauses] will give you cancer. It will give you cancer and we will all die slow and painfully and in your 50s or your 60s. This is our fate" (26–35yrs/M/Ngāti Kauwhata).

Tama Tū's story, like so many others situated at the "margins of the margins" draws sharp attention to the social determinants of health, such as affordable, quality

food and housing, as highly significant to health and wellbeing. A health system that is concerned with embedding the whānau voice into all levels, needs to engage with and listen to everyday people such as Tama Tū and whānau. The proverbial saying "nothing about us, without us" means seeking out voices of whānau who have lived experiences of disparate health outcomes, which may also include intergenerational lived experience as well. Tama Tu's poignant narrative is positioned in the realities of Māori health inequities for many whānau.

The articulations of Māori health and wellbeing extrapolated Whakapapa as a basis for an Indigenous approach to communication in addition to deep-seated, enduring connections. The participants' assertions are placed or arranged as layering, one upon the other, posited also as an expression of Whakapapa. This thesis branched out into further layers of dialogue, fleshing out the structural barriers and challenges to health and wellbeing, and co-constructing strategies to enhance health and wellbeing through the co-creation of platforms for whānau voices. These platforms included regular advisory group meetings that led to the group discussing food insecurity for whānau during COVID-19 lockdowns, not just as a result of job losses but as a result of basic food shortages in supermarkets, which were the only places where food could be bought during lockdown.

The identification of issues and challenges experienced by the advisory group during lockdown led to a discussion about the solutions. In other words, in order to travel the path towards solutions, a reckoning of the issues is required. M. J. Dutta (2014) explains that culturally-centered listening to communities means acknowledging that community understandings are forged in the rhythms and nuances of community life, complete with dialectical tensions indicative of heterogeneous formations of communities. These whānau voices depict the

contested, fragmented, heterogeneous and dynamic nature of community, negotiated through everyday lived struggles. Through listening to the voices of participants, health and wellbeing meanings were scaffolded, and the problems situated amid structural barriers and oppressions. Thus, reimagining solutions begin to take shape, offering the bases for mobilising to transform racist colonial-capitalist structures.

Health, Wellbeing and Whenua

For the whānau participants, land was integral to health; a key determinant of health and wellbeing (H. Moewaka Barnes & McCreanor, 2019) and fundamental to the future health and wellbeing of generations to come. The interplay of land, rivers, and health is a dominant theme. In addition, health is intertwined with voice, which is in turn rooted in the connection with ancestral land. Māori health disparities caused by land theft reverberated through the generations and were acutely felt, captured in Chapter Four as powerlessness, deep sadness and anger and as setting some people up as vulnerable to ill-health (M. H. Durie, 2001).

Chapter Six, "Communicating Māori health and wellbeing: Platforms for whānau voice and (re)connecting with whenua through māra kai practices," demonstrated the challenges to health and wellbeing, such as the erasure of Ngāti Kauwhata historical place names in the area, supplanted, for example, by colonial names such as Feilding. This erasure correlates to voice erasure and communicative inequities. The privileging of colonial place names over Indigenous place names in the area occurred in tandem with the assertion of colonial voice and the erasure of Indigenous voice, even though Ngāti Kauwhata had resided in the area before colonisation. The fact that Ngāti Kauwhata had no representation in the local government decision-making processes where decisions and strategies are determined regarding land-use in the area, is an indicator of communicative inequity.

At the time of writing, for the first time, a Ngāti Kauwhata representative has been elected in the first Māori ward for the local council elections in the Manawatū, enabled by the Māori ward protest mentioned in Chapter Six.

Pursuing Health and Wellbeing

Strategies for improving health, equate to the co-creation of platforms for voice at the margins of Indigeneity by reinstigating Indigenous place names in the area, and regaining the stolen land. Co-constructing communication infrastructures at the margins for the voices of these participants to circulate locally lived experiences in relation to health and wellbeing disrupt understandings that Ngāti Kauwhata localised areas were "settled" by Europeans, when Ngāti Kauwhata was resident in the area long before colonisation. The land was fraudently stolen by the Crown (Hurihanganui, 2020) from Ngāti Kauwhata and other related iwi (Editor, 2020; Manawatū Reporter, 2020). The invasiveness of coloniality in relation to land and health, impacted on Māori in this study in a myriad ways. Limited access to land to collect rongoā for health and wellbeing, entrenched feelings of powerless, sadness and anger, and the destabilisation of customary knowledge practices associated with land and health are structural barriers, explained in Chapter Four, which profoundly impede the longevity of good health and wellbeing.

Māori meanings of "a good life" are contextualised by delving back to around 1500 AD, synthesising the indicators of good health and wellbeing as "good kai" and "good shelter" from a precolonial story of rivalry between two brothers, Turongo and Whatihua. Though that story often focuses on the competition between the brothers vying for the affection of a young maiden from Taranaki, it is this female, Ruaputahanga, who decides which brother has cultivated "good kai" and built a "good shelter" and makes her selection on this basis. Her selection centres

Indigenous localised knowledge in the configurations of health and wellbeing. It positions Indigenous women as having an active and decisive role in the constituents of good health and wellbeing, providing overall decolonial understandings to combat notions of passive women who rely on males to make decisions. Colonial framings disrupted Indigenous communities, further positioning them at the "margins of the margins" and foreclosing opportunities for knowledge making by the margins of communities.

Along with resisting and disrupting colonial framings, Māori health and wellbeing is found in the embrace of Whakapapa, in social cohesion and connections to the environment. It is not limited to one generation. A lifecourse approach for Māori entails an intergenerational approach to whānau health and wellbeing. The departure from top-down approaches to health towards culturally-centering intergenerational whānau approaches to oranga provides the impetus for localised strategies, centring Indigeneity.

Indigenous Communication Processes and Infrastructures

Indigenous communication infrastructures disrupt the insignia of hegemonic communication definitions saturated in whiteness, foreclosing, silencing and erasing Indigenous methods of communication (M. J. Dutta, 2022). Examples provided in this study, for culturally-centering Indigenous communication, go beyond the revered verbal or spoken word, exalted in non-Indigenous frames of communication (Na'puti & Cruz, 2022). These examples are shown in the preparation of the seating arrangement in the whare for a meeting between the council representatives and Māori land owners and whānau. These preparations communicated messages for the council that the whānau were extremely serious about holding onto the remnants of their ancestral land and would not part with it for a stopbank. Furthermore, the

spatial arrangements in the ancestral meeting house, situated the council representatives in close proximity to a photo of our eponymous ancestress, Te Ara o Rēhua, who was known to mount campaigns to hold onto land. The significance of placing the council representatives close to Te Ara o Rēhua was so that her prowess and reverence for land and the wellbeing of the people would be spiritually communicated to the council representatives and they would feel and sense this communication, together with the communication from the whānau, and would understand that the proposal to seize this ancestral land needs to be rejected. Consequently, the framing of the stopbank as development and necessary for the community was disrupted by the voices in the ancestral meeting house, who have been dispossessed of ancestral land for generations for the building of the town infrastructures.

In Chapter Five, hegemonic configurations of community consultation processes are depicted by preconceived agendas, plans, and the parameters for discussion are guarded, together with the rules of engagement about who will and who will not be invited to participate. Community consultation is the paradigmatic example of mainstream colonial communicative practices. Of the whānau who attended these community consultation and engagement meetings, many reported they felt that their views were not listened to. Instead, the council pushed its narrative that the stopbank was a vital piece of infrastructure for the protection of the community from future flooding and the taking of Māori land was a necessary step to protect the community. Yet this type of narrative underscores the pre-eminence or supremacy of settler-colonialism practices over Indigenous lands, Indigenous world views, and Indigenous health and wellbeing.

On the one hand, this is an example of local government thinking they know

best for Indigenous communities. On the other hand, it can also be concluded that the insidiousness of coloniality works to subjugate Indigeneity and this is enacted by the ideology of whiteness. Furthermore, when the dominant narrative is pulled apart and Indigenous communication infrastructures foreground Indigenous voices, that very narrative is judged to be lacking in substance. There was absolutely no need to further dispossess Māori of their lands when an alternative site for the stopbank was proposed by the adjoining farmer. The spiritual connection to this ancestral land and the special significance that it holds for whānau meant the whānau would not part with it, and a land occupation ensued.

The RMA 1991 and the LGA 2002 provide the legal apparatus for community engagement into local government decision-making processes. However, these pieces of legislation do not go far enough to recognise the sovereignty of Māori communities to participate meaningfully in local government decision-making as partners, as intended by Te Tiriti o Waitangi. Instead, Māori participation is at the behest of local government (Cheyne & Tawhai, 2008).

Limitations and Challenges

Twenty-four advisory group meetings, about 90 minutes each, were held between September 2019 and October 2021. During this time, the advisory group co-created more strategies and solutions for foregrounding voices into dominant spaces than are reported in this thesis. When the advisory group meetings began, and with the participants' permission, the meetings were audio-recorded and then transcribed by the advisory group participants, as paid work. The transcripts were then filed in order to analyse themes in the meetings. Transcribing work became time-consuming and was abandoned in favour of note-taking; advisory group participants took turns taking and collating the meeting notes. This generated multiple data gathering points

that were revisited by the advisory group from time to time when seeking clarity and context about why decisions were made. the revisiting and reading out of meeting notes triggered memories of decision-making discussions. These were then affirmed or amended after fresh consideration. The notes held by the advisory group illustrate their sovereignty over record keeping.

The first level four COVID-19 lockdown occurred in March 2020 and disrupted an event the advisory group had planned in Feilding to discuss racism in the context of local government processes. The planned guest speaker, Andrew Judd, was able to return one year later, but the reluctance to physically gather due to COVID-19 was apparent in a smaller gathering. As fate would have it, Andrew Judd returned again about one year later to an audience of hundreds of people, and joined the march to local government for designated Māori representation in the form of a Māori ward in local government governing and decision-making processes. Notwithstanding the stymied event planned for March 2020, the advisory group did gather again in late July 2020, after they deemed it safe, and began planning the māra kai project.

The next round of face-to-face interviews (as part of this study) was undertaken in mid 2021 and was disrupted by the next COVID-19 level four lockdown. Interviews resumed two months later but were largely conducted by phone. The advisory group meetings too had stalled because the iwi office where we had been meeting was no longer available due to the threats of Delta and then Omicron that were expected to rapidly spread in communities. Since past pandemics revealed glaring gaps in access to vaccines and medical assistance for Indigenous Peoples, the iwi acted cautiously by limiting the number of physical gatherings within their offices. In addition, their major focus was with the COVID-19

vaccination drive and trying to ensure that the vaccine was available and accessible to their people.

Notwithstanding the delays in completing the interviews and the decrease in advisory group meetings, the interviews were completed. During the interviews, it became apparent that while the participants were quick to recall their participation and thoughts about recent advisory group activities, they struggled to recall the earlier organising events that took place between 2019 and 2020. If additional interviews were undertaken in 2020, then the organising events of that timeframe might have been spoken about further by the participants. Instead, the participants spoke mainly to the event in which they were involved at the time, which was the māra kai. Prompts to past events were largely unsuccessful at garnering further insights, other than brief descriptions. Alternatively, it may have been that the māra kai project was the most stand-out project of them all for the participants; the interviews certainly pointed to this conclusion.

The ongoing nature of the advisory group in building communicative infrastructures to talk about health and wellbeing, which is the focus of this thesis, may have been better presented as a monograph thesis rather than a thesis by publication. The word count for each article had to be significantly reduced in order to fit the editorial requirements of the journals. Presenting the data in a monograph thesis may have allowed more leeway for greater research scope instead of abridging sections for brevity and narrowly confined word counts. However, the requirements also meant that findings needed to be succinctly distilled and presented, and a clear focus for each chapter emerged.

Personal Journey and Research Reflections

The interviews drawn on for Chapter Six were also framed as an evaluation

of all the projects, though only the māra kai project is reported here. The participants carefully considered the questions before the interviews and were given the choice to be interviewed by myself or another researcher. Since I had been involved in every advisory group meeting and all the advisory group activities, I gave them the option of talking about the projects with someone else in case there were aspects that they did not like but did not feel comfortable to share that with me. The response from one of the participants at an advisory group meeting was, “We’re pretty straight-up. We would have told you at the time if there was something that you were doing that we didn’t like” (personal communication, Feilding advisory group meeting notes, 16 June 2021).

I had hoped that if the advisory group participants did not want to participate in this research, or were critical of it in anyway, they would make this known to me. CCA researchers work steadfastly to interrogate their own privilege and power when working among communities. This is done through written or audio notes in a process of reflexivity and through discussions in regular staff meetings. There is also the heightened responsibility that I felt conducting this study within my own iwi – people with whom I will be interacting at marae, hapū, and iwi events in the foreseeable future.

Furthermore, Māori are the most researched people in Aotearoa and, as a Māori woman engaged in my marae and iwi, it is a common experience to have encountered research requests and visits to the marae from stranger researchers wanting to know intricate details of our marae, cultural beliefs, and history but are nowhere to be seen in solidarity when we are contesting an issue that is usually in the local government domain.

The constant interrogation of power and privilege as a researcher-in-relation

led me to reflect on an event where the advisory group were preparing a story board for a short video that would be submitted to the Waitangi Tribunal hearings. I opted out of participating in the video and instead stayed in the background, organising and preparing food, and taking care of administrative matters. I thought to refrain from speaking on video so as not to take up the communicative space and instead let that be open for the other advisory group members. This thinking is reflective of a CCA researcher, but it did not bode well within an Indigenous perspective, as we all have the right to speak, regardless of marginality or power and privilege. In addition, Indigenous communicative processes are anchored to Whakapapa; to connections with the group, the land and the hapū and iwi. My Uncle, who is also an advisory group member, reminded me of this, when he noticed that I did not speak in the video. I was extremely grateful for this reminder and it helped to clarify a dialectical tension that can happen with dual approaches. A Whakapapa analysis of this dialectical tension would point to the Whakapapa-based communication framework within which my voice has every right to be heard. A CCA analysis privileges voices from the margins, which is not me, but would support the wishes of the advisory group. The video had already been wrapped up by CARE, Massey University's technical producer. I was encouraged by my Uncle's advice and spoke instead at the Waitangi Tribunal hearing in Feilding in July 2021, along with eight other advisory group participants.

Contributions and Recommendations

What is the contribution of the CCA and Whakapapa-based communication approaches to Māori health and wellbeing? The CCA is relatively new to Aotearoa New Zealand. Since the CCA is oriented to dialogue with communities in the margins of society, it was inevitable that the CCA would sooner or later engage with

Māori communities. The decolonial culturally-centered stance of the CCA appeals to many Māori, particularly those whose voices are not heard in mainstream spaces. The contribution the CCA brings is its commitment to the unrelenting pursuit of reducing health disparities through culturally-centering processes (M. J. Dutta, 2020a). In so doing, the CCA is highly critical of hegemonic logics scripted into structures. The CCA is well-versed in co-creating communicative structures with communities. The CCA looks deep and wide into communities. It looks beyond community leaders or champions to grassroots intelligence, to the people manoeuvring through everyday communicative and socioeconomic inequities. These inequities do not affect all Māori. Above all, CCA researchers, in humility, bring their bodies and their privileges for use in the pursuit of social justice communication (M. J. Dutta et al., 2019).

This study added a further dimension to communication studies by culturally-centring the margins of Indigeneity and opening up dialogue for the emergence of a Whakapapa-based communication framework in literature. Na'puti and Cruz (2022) note the erasure of Indigeneity in Rhetorical studies as Indigeneity is joined with Ethnicity and Race. Similarly, the ICA annual conferences do not have an Indigenous division. When I submitted papers to the ICA on Indigenous topics, I had to submit through the Ethnicity and Race division. I hope that the emergence in literature of an Indigenous communication framework to health communication studies encourages the broader communication studies to (re)examine communicative spaces to ensure that there are spaces for Indigeneity.

The Indigenous land occupation and platforms for voice documented in this thesis significantly contribute to the CCA as there are no previous studies in this context leaning on CCA methodological tools. The study presents the immersive and

empirical labour that required collective organising against entrenched settler-colonial configurations in mainstream spaces. G. H. Smith (1997) has exhorted researchers to embody the Indigenous concept of "ringa raupā" meaning calloused hands, depicting the action – not just empirical observations – in solidarity with Māori needed by researchers. It is also common for actions to speak louder than words in an Indigenous context. Herein lies the confluence with Kaupapa Māori theory, a Whakapapa-based approach to research and communication and the CCA.

For me, the question is not what has this thesis contributed to the CCA or what it has contributed to Kaupapa Māori theory, rather, the main question is in what ways has this study contributed to health scholarship concerning achieving health equity for Māori. And as I write this, whānau are preparing to bury their loved one, and our neighbouring relatives have just buried their loved one. Cancer has been on the rise in our Indigenous communities and I can't help but wonder if the pandemic has contributed to delayed diagnoses for Māori (Gurney et al., 2022).

During the course of this study, I have tried to keep up with new publications documenting Māori health and wellbeing. Quantitative and qualitative studies exposing the inequities in Māori health outcomes feature widely and frequently and many are cited in this thesis. It is certainly my hope from the depths of my being that, by co-creating platforms for whānau voice to emerge, whānau understandings, challenges, and solutions to health will emerge, and the domain of Māori health and wellbeing theorising will be opened to the "margins of the margins," including sharing power and resources, in accordance with the articles of Te Tiriti o Waitangi. Māori sovereignty was guaranteed by article two of Te Tiriti, which included the exercise of sovereignty over our lands and taonga. M. H. Durie (1989) has highlighted that health is included in the innumerable list of taonga. This study

asserts that the whānau voice is also included as a taonga and the right to be listened to by the Crown is also guaranteed under article two of Te Tiriti. Engagement in the form of consultation with Māori falls short of the obligation by the Crown to enable whānau voice to be amplified and heard across all levels in the health system reforms. The right to determine and control the way that voice is amplified and through which platforms is ultimately decided by Māori, according to article two of Te Tiriti. For example, if whānau Māori wish to co-create platforms for their voices via iwi/Māori partnership boards or via other means, then according to Te Tiriti that is for whānau Māori to determine and control. Māori sovereignty is therefore enabled by communicative sovereignty, that is the co-creation and sharing of communicative resources dispersed among Māori communities and especially centred within whānau residing on the "margins of the margins." This is also an area for future research – whānau voice and article two of Te Tiriti. It is also my hope that this study has honoured the transforming power of Indigenous knowledge (Gifford, 2021) and communicative processes.

Future Research

I have yet to see written research that documents the genesis of communication in Te Ao Māori. In that process of becoming and developing, there will be lessons and guidelines for those interested in the study of Indigenous health communication and communication per se. I would also like to see further research with different areas of Māori communities in health, for example, how do Māori living with disabilities articulate health and wellbeing, and what are the solutions they propose for the challenges they face? In another context, how do night shift workers articulate health? How do Māori experiencing mental distress articulate health and wellbeing and what communication infrastructures would they co-design?

How does whānau voice in these contexts draw on the assurances in Te Tiriti?

An additional example of centring Indigenous communication processes is that communication is not just the prerogative of human beings. Rather, the land communicates, the environment communicates, all living organisms communicate, and communication can be ethereal, reverberating through generations past as imperatives to act, or to strive for survival and Indigenous sovereignty (Mikaere, 2011). Further research documenting Indigenous understandings of multiple forms of communication, not just verbal would also enhance communication scholarship.

On that note, I would like to end this thesis with some of the voices in this study, further capturing snippets of health and wellbeing meanings, challenges and solutions, without an analysis of their articulations. The voices are shared in solidarity towards the reclamation of our Indigenous ways of constructing health and wellbeing:

> Just because certain people show up for a meeting, doesn't mean that the other people aren't concerned, or don't have worries or questions. A lot of people have given up on coming to meetings. There is no physical progress witnessed. We're still going to the same doctors and the same everything. There are not really many Māori mediums for us. There is just still not enough setup for our people, our Māori people. So yeah, being in the advisory group; our leaders need to hear it from everybody and this was just a platform to get there, the Feilding advisory group. I believe so. I wouldn't have had the chance to speak at the Waitangi Tribunal, I wasn't asked, it was only through the advisory group that I got a chance to be asked to let my little story out. Yeah, I just think it's a platform

for those who can't make meetings, those that are afraid to say their bit, those that don't think they are educated enough, but they have still got common sense and foresight, and hindsight, but because we live in a certain way we're overlooked. That is how it feels...Now, about the whenua, using our whenua is massive, kai and houses on our whenua, that's the only two things we need for now...I think we get the kai and houses sorted, a lot of hinengaro and a lot of ngākau and manawa come right. (Tamihana)

I feel that the culture-centered approach actually is a Māori concept...I mean, that is who we are, we are all about culture, we are all about care. I mean, when you take that out of the equation, you have nothing. It's very much, it's the pinnacle of who we are as Māori. It's our whole, it defines us for who we are, and how we, how we develop as iwi, I mean, for any human race. I mean, without that, you have nothing. I mean, it's like we call that kotahitanga you know, and our sense of belonging, I guess – it is who we are, it is our identity. (Te Ara)

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APPENDICES

Appendix 1: Ethics: Phase three – Evaluation

See the next page.

29/06/2021

Dear: Ms Christine Elers

Re: Low Risk Notification - 4000024665 - Maori health and wellbeing: Voices from the margins - Phase 3

Thank you for your notification which you have assessed as Low Risk.

Your project has been recorded in our database for inclusion in the Annual Report of the Massey University Human Ethics Committee.

The low risk notification for this project is valid for a maximum of three years.

If situations subsequently occur which cause you to reconsider your ethical analysis, please contact a Research Ethics Administrator.

Please note that travel undertaken by students must be approved by the supervisor and the relevant Pro Vice-Chancellor and be in accordance with the Policy and Procedures for Course-Related Student Travel Overseas. In addition, the supervisor must advise the University's Insurance Officer.

A reminder to include the following statement on all public documents:

"This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named in this document are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you want to raise with someone other than the researcher(s), please contact Professor Craig Johnson, Director - Ethics, telephone 06 3569099 ext 85271, email humanethics@massey.ac.nz."

Please note, if a sponsoring organisation, funding authority or a journal in which you wish to publish requires evidence of committee approval (with an approval number), you will have to complete the application form again, answering "yes" to the publication question to provide more information for one of the University's Human Ethics Committees. You should also note that such an approval can only be provided prior to the commencement of the research.

Yours sincerely

Professor Craig Johnson
Chair, Human Ethics Chairs' Committee and Director (Research Ethics

Research Ethics Office, Research and Enterprise
Massey University, Private Bag 11 222, Palmerston North, 4442, New Zealand T 06 951 6841; 06 95106840
E humanethics@massey.ac.nz; animalethics@massey.ac.nz; gtc@massey.ac.nz

Appendix 2: Phase Three – Participant Information Sheet

Māori Meanings of Health: Voices from the Margins, Phase three – Evaluation

INFORMATION SHEET

Kia ora

You are invited to participate in a research project that seeks to examine health meanings among whānau members with lived experiences of ongoing socio-economic disadvantage in New Zealand, Aotearoa. The aim of this research is to understand how individuals and whānau living on low-incomes in New Zealand, Aotearoa seek health, the challenges to health, and the potential solutions they foresee in addressing the health challenges they experience.

This information sheet provides you with information about the research. The Principal Investigator (the person in-charge of this research) is Professor Mohan Dutta. Either the Professor or his representative Christine Elers, Junior Research Assistant will describe this research to you and answer all of your questions. Please read the information below and ask questions about anything you don't understand before deciding whether or not to take part.

Who can participate in the research? What is the expected duration of my participation?

Feilding Advisory Group members are asked to participate in this evaluation research. You are requested to spend about 60-90 minutes in at an indepth interview with the researcher. You may withdraw within two weeks from 11 August 2021. After this time, your confidential responses will be integrated into the research analysis and it will be extremely difficult to recognize and then pull out your responses. Please note that the responses you share will be kept confidential.

What is the approximate number of participants involved?

It is expected that there will be around 8-20 people participating in this research in Feilding. This project fits in with a similar nation-wide project aimed at interviewing 1,000 people all over Aotearoa, New Zealand.

What will be done if I take part in this research?

The participants and the researcher/s together will reflect upon and evaluate the campaigns and meetings that they have been involved in with the Feilding Advisory group.

The information gathered from the Advisory Group will be used to get a better understanding of the health needs of those living on low-incomes in Aotearoa, New Zealand and will be utilised as anonymous data in Christine's thesis and other publications. This will help develop more meaningful health solutions.

How will my privacy and the confidentiality of my research records be protected?

Upon your consent, the interview will be audio-recorded for analysis at a later date. Upon request, a copy of your transcript can you provided to you. Please let the researcher know asap. If you do not wish the interview to be audio-recorded, please inform the researcher/s. No identifiers will be used in the interview in order to protect your identity and only the research team will have access to the data.

Excerpts from the audio transcripts will be used in published research articles and/or presentations, but no personal identifiers will be used to link you with your responses, without your express consent. Please note that because the data contains no personal identifiers, it may not be possible to track you down from the interview data, and we will discard your responses once the transcription of the interview is completed.

What are the possible discomforts and risks for participants?

No risks are expected for participants in this research.

What is the compensation for any injury?

No injury is expected from participating in this research. Hence, there will be no compensation awarded.

Will there be reimbursement for participation?

You will be reimbursed a $40 supermarket voucher for participating in an interview.

What are the possible benefits to me and to others?

There is no direct benefit to you from participating in the study, although individuals and whānau on low incomes in New Zealand, Aotearoa will benefit from the development of health solutions that are locally meaningful. The knowledge gained will benefit broadly those living in poverty by generating solutions that seek to improve health infrastructures, prevention resources, health campaigns, and health care services and programs.

Can I refuse to participate in this research?

Yes, you can. Your decision to participate in this research is voluntary and completely up to you. You can also withdraw from the research within two weeks from 11 August 2021 without giving any reasons by informing the Principal Investigator or the Research Assistant. All data collected from you up to that point will be discarded.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study at any time;
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- request a copy of your transcript;
- be given access to a summary of the project findings when it is concluded;
- ask for the recorder to be turned off at any time during the interview.

Whom should I call if I have any questions or problems?

Please contact the Principal Investigator, Professor Mohan Dutta, if you have any questions (email: m.j.dutta@massey.ac.nz or phone 021 959 729).

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher named above is responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Prof Craig Johnson, Director, Research Ethics, telephone 06 356 9099 x 85271, email humanethics@massey.ac.nz

Appendix 3: Phase Three - Participant Consent Form

Māori Meanings of Health: Voices from the Margins, Phase three, Evaluation

PARTICIPANT CONSENT FORM

I have read and I understand the Participation Information Sheet (attached). I have had the details of the study explained to me, any questions I had, have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

1. The interview will be audio recorded and a transcript produced for the use of the Feilding Advisory Group only and the researcher/s.
2. I wish/do not wish to have a copy of the transcripts.
3. I agree to participate in this study under the conditions set out in the Information Sheet.
4. I agree/do not agree to be contacted with information should there be another stage of the research project that I can be involved in.

Declaration by Participant:

I [print full name] _____ hereby consent to take part in this study.

Signature: _____

Date: _____

Appendix 4: Statement of Contribution: Chapter Four

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

GRADUATE RESEARCH SCHOOL

STATEMENT OF CONTRIBUTION
DOCTORATE WITH PUBLICATIONS/MANUSCRIPTS

We, the student and the student's main supervisor, certify that all co-authors have consented to their work being included in the thesis and they have accepted the student's contribution as indicated below in the Statement of Originality.

Student name:	Christine Helen Elers
Name and title of main supervisor:	Professor Mohan Dutta
In which chapter is the manuscript/published work?	Chapter Four: Māori health and wellbeing in a Whakapapa paradigm: Voices from the margins
What percentage of the manuscript/published work was contributed by the student?	86%

Describe the contribution that the student has made to the manuscript/published work:

Christine has carried out the fieldwork, participated in leading the advisory group meetings, carried out the in-depth interviews, and carried out the coding of the data. She has taken the leadership in writing the manuscript.

Please select one of the following three options:

√	**The manuscript/published work is published or in press** Elers, C., & Dutta, M. J. (in press). Māori health and wellbeing in a Whakapapa Paradigm: Voices from the margins. *Health Communication.*
	The manuscript is currently under review for publication Please provide the name of the journal:
	It is intended that the manuscript will be published, but it has not yet been submitted to a journal

Student's signature:		Main supervisor's signature:	

This form should be placed at the beginning of each relevant thesis chapter.

Appendix 5: Statement of Contribution: Chapter Five

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

GRADUATE RESEARCH SCHOOL

STATEMENT OF CONTRIBUTION
DOCTORATE WITH PUBLICATIONS/MANUSCRIPTS

We, the student and the student's main supervisor, certify that all co-authors have consented to their work being included in the thesis and they have accepted the student's contribution as indicated below in the Statement of Originality.

Student name:	Christine Helen Elers
Name and title of main supervisor:	Professor Mohan Dutta
In which chapter is the manuscript/published work?	Chapter Five: Local government engagement practices and Indigenous interventions: Learning to listen to Indigenous voices
What percentage of the manuscript/published work was contributed by the student?	77%

The student has led the advisory group meetings, carried out the fieldwork, and taken Leadership in analysing the interviews and writing the manuscript.

Please select one of the following three options:

√	**The manuscript/published work is published or in press** Please provide the full reference of the research output: Elers, C. & Dutta, M. J. (in press). Local government engagement practices and Indigenous Interventions: Learning to listen to Indigenous voices. *Human Communication Research.*
	The manuscript is currently under review for publication Please provide the name of the journal:
	It is intended that the manuscript will be published, but it has not yet been submitted to a journal

Student's signature:		Main supervisor's signature:	

This form should be placed at the beginning of each relevant thesis chapter.

Appendix 6: Statement of Contribution: Chapter Six

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

GRADUATE RESEARCH SCHOOL

STATEMENT OF CONTRIBUTION
DOCTORATE WITH PUBLICATIONS/MANUSCRIPTS

We, the student and the student's main supervisor, certify that all co-authors have consented to their work being included in the thesis and they have accepted the student's contribution as indicated below in the Statement of Originality.

Student name:	Christine Helen Elers
Name and title of main supervisor:	Professor Mohan Dutta
In which chapter is the manuscript/published work?	Chapter Six: Communicating Māori health and wellbeing: Platforms for voice and (re)connecting with whenua through māra kai practices
What percentage of the manuscript/published work was contributed by the student?	100%

The student has carried out the fieldwork, synthesized the findings, and written the manuscript.

Please select one of the following three options:

	The manuscript/published work is published or in press Please provide the full reference of the research output:
√	**The manuscript is currently under review for publication** Please provide the name of the journal: *MAI journal*
	It is intended that the manuscript will be published, but it has not yet been submitted to a journal

Student's signature:		Main supervisor's signature:	

This form should be placed at the beginning of each relevant thesis chapter.