

MĀORI KNOWLEDGE: A KEY INGREDIENT IN NUTRITION AND PHYSICAL EXERCISE HEALTH PROMOTION PROGRAMMES FOR MĀORI

Wendy Henwood
Te Rōpu Whāriki
Massey University

Abstract

Nutrition and physical exercise health promotion programmes have been around schools and communities for a long time, but only recently has culture been acknowledged as an important feature of health promotion approaches. This paper draws on the experience of Korikori a Iwi, a community development action research project that used Māori culture as a basis for encouraging good nutrition and regular physical exercise in five Māori communities. Although community action objectives are grounded in research-based knowledge, the strategies used to achieve these objectives are grounded in the community's knowledge base – in this case, that of te ao Māori (the Māori world). In addition to findings from across the project sites, the way in which one of the programme providers, Hauora Whanui, approached Korikori a Iwi will be used to demonstrate how culture laid the foundation for a health initiative that supported the building of Māori capacity within the community. Formative evaluation assistance during the developmental phase of the programme provided a way to improve the link between research and public health practice, and to explore the significance of tikanga Māori (Māori customs and traditions) and related strategies as a vehicle for change, increased capacity and community resource development. The knowledge source drawn upon in this process is often referred to as Te Puna Matauranga, which implies that an existing pool or spring of knowledge is available and available to be accessed.

INTRODUCTION

Five Māori health providers¹ in Te Taitokerau region (Northland, Aotearoa/New Zealand) implemented the Ministry of Health-funded Korikori a Iwi project. The project sites involved a mix of rural and small-town communities in the far north

1 Correspondence

Whakawhitiara Pai Community Health Service, Te Hauora o te Hiku o te Ika, Te Runanga o te Rarawa, Hauora Whanui, and Kia Ora Ngati Wai.

and the Whangarei area, which were led by a coordinator appointed in each of the communities.

The broad health policy goal for the project was to improve health and wellbeing through health promotion programmes that promote healthy lifestyles. At a local level the objective was to develop community physical exercise and nutrition initiatives based on an integrated and holistic kaupapa Māori framework with Māori in the participating communities.

CONTEXT

Much has been written about mainstream health promotion and its focus on improving population health, about the importance of community capacity building, and about the need to anchor community programmes in the local context (Hawe and Shiell 2000, Raphael 2000). Despite this thinking being familiar in the health arena for some time, there are only scant references to specific indigenous examples in current literature.

The recent Bangkok Charter for Health Promotion in a Globalized World (World Health Organisation 2005), an international forum that built on the Ottawa Charter (World Health Organization 1986), highlighted as one of the key issues to be addressed, at both local and global levels, the links between inequalities being faced by indigenous people and their health status.

Māori are poorly represented in positive health and wellbeing statistics (Ajwani et al. 2003, Durie 1994, Pōmare et al. 1995). There are a number of Māori models being utilised as frameworks for public health and development in Aotearoa. Te Pae Mahutonga (Durie 1999) is one example currently finding favour with a range of programme providers. Based on the Southern Cross constellation, the navigational guide comprises two “pointers” regarded as necessary to undertake tasks and roles – Ngā Manukura (effective leadership) and Te Mana Whakahaere (autonomy) – and four “central stars” depicting the cornerstones of wellbeing – Mauriora (access to te ao Māori), Waiora (environmental), Toiora (healthy lifestyles), and Te Oranga (participation at all levels).

Whether or not an identified model is used to guide community initiatives, common Māori themes apparent in health and wellbeing programmes are:

- whanaungatanga, including relationships, roles and responsibilities
- tino rangatiratanga, including the authority to determine and drive issues, priorities, and solutions, and the development of aspirations
- Māori knowledge and resources, including the validation of Māori processes and knowledge, setting appropriate measures of success, and an acknowledgement of diverse Māori perspectives and realities (Conway et al. 2000, Moewaka Barnes 2000).

In discussing aspects of validation, Park (1993, cited in Raphael 2000) suggests that living experiences, or “interactive knowledge”, that reflect a group’s world views, values and principles are important in an evidenced-based approach to health promotion. Raphael (2000) supports this notion when he says “recognise what is known, and how and why it is known”, as do Joubert and Raeburn (1998) when they talk about health promotion as building on individual and whānau strengths, and positive experiences.

Such strategies are neither new nor unique for Māori, but they have been dormant and/or not credited with any value in many places. Physical activity was always an integral part of holistic wellness for Māori. Traditional games and activities required coordination, stamina and fitness. Not only were they ways of having fun; they were also important in preparation for warfare, hunting, gardening, skills and leadership development, strengthening tribal development, and the transfer of cultural knowledge (Thomas and Dyal 1999). There is a current hunger for cultural approaches to be revived, and culture is slowly being recognised as an effective medium for change, learning and wellness in the health sector. The literature suggests that local capacity needs to be strengthened for change to occur, and therefore programmes seeking positive outcomes for Māori need to be grounded in Māori realities, knowledge and aspirations.

EVALUATION

Korikori a Iwi was a collaboration between a funder (the Ministry of Health), the evaluators (Whāriki Research group) and the Māori health provider organisations. The Whāriki Research Group² was contracted by the Ministry of Health to undertake formative evaluation during the first year (May 2003 to 2004) of the five-site Te Taitokerau Korikori a Iwi projects.

Formative evaluation involved working alongside the participating health providers and coordinators, both individually and collectively, to maximise the effectiveness of the project. This included assistance with sound programme planning, the setting of clear objectives and evidence-based strategies, and working through developmental and implementation issues. The process was an opportunity to explore and draw on local experience and knowledge, relevant evidence-based information, and practical experience with similar projects, and to provide critical feedback on the development and implementation of the project. A user-friendly approach helped to break down negative perceptions of research and demonstrated the utilisation of linked research and practice.

2 A Māori research group working in partnership with Social and Health Outcomes Research and Evaluation (SHORE), Massey University.

In keeping with the “community action” approach and within the broad parameters of the contract, each site developed its own unique programme based on the coordinators’ strengths and aspirations, the needs of their community and the resources available to them.

The evaluation methodology was the same at each site. Given the limited time frame, information was gathered by the researcher working closely with each coordinator through regular visits, collective hui and email communication, and the review of project documentation. One face-to-face interview was undertaken with each coordinator at the end of the evaluation period.

KEY FINDINGS

Results from the evaluation across the five project sites are outlined below. A description of the Hauora Whanui approach follows these general findings to demonstrate a specific experience of positioning culture at the forefront of a health promotion programme.

The Cultural, Exercise and Nutrition Mix

The concept of Korikori a Iwi straddled a range of approaches common to current health initiatives, including health promotion, community development, action research and community action. In this case the difference was that the approach was underpinned by a Māori world view. In addition to the outcomes from the actual programme, the developmental stages and milestones, the relationships involved and the side issues that emerged along the way were all valued and regarded as a vital part of the learning and understanding about the project.

The local and Māori cultural basis of the programme was seen as the critical strength to emerge from Korikori a Iwi activities across the sites. Rather than being a separate “add-on” component of the programme, the approach taken ensured that these knowledge bases were central to planning and working with health and wellbeing issues affecting Māori: “It wouldn’t have happened without the cultural approach – culture is the binder for exercise and nutrition” (site coordinator).

The merging of nutrition, Māori culture and physical exercise in innovative and holistic ways to effect healthy lifestyle change was seen as validating Māori approaches and ways of doing things. Rekindling Māori knowledge and practices, and a combination of strategies founded on the strengths, passions and networks of the project coordinators, had a multiplier effect.

Māori traditional games, activities and weaponry were repackaged as forms of exercise, entertainment, learning and coordination skills development. For example:

- kapa haka (traditional and contemporary dance) and the use of te reo (Māori language) at the schools involved in the programmes helped to develop personal skills and leadership among the students
- marae were used for whānau wānanga,³ which focused on increasing mental, physical, and spiritual wellness, practical nutrition sessions and peer sports training
- there was a project to rebuild and restore a tinana waka⁴
- waka ama⁵ activities catered for all age groups and levels of abilities
- regular hikoi (walks) to historic places of local significance not only provided exercise, but also encouraged a deeper understanding of the natural environment and led to the identification of native plants, and the sharing of knowledge about rongoā (medicines) and Māori healing practices.

All were able to embrace local identity, whakapapa and community links and aspirations.

In addition to the hands-on community activity, the project coordinators also saw the need to be involved at a local policy level to influence places where whānau tended to group, such as schools, marae and sports clubs. Project work with school boards of trustees, for example, raised awareness of the importance of a holistic approach to wellbeing within the school environment. This challenged and encouraged specific policies about the food available to students in the school tuckshop at one site. It resulted in better associations being made between the tuckshop policy and student dental health, fitness, wellbeing, and the ability to learn. The process highlighted the positive spin-offs and broad implications of addressing nutritional issues within the school environment.

Local Knowledge and Leadership Paramount

Early indicators of success of the initiative point to the local knowledge that informed the project as being paramount. Each coordinator contributed a wide range of personal and local knowledge, skills and high levels of innovation in applying Māori frameworks to address physical exercise and nutrition issues. Programmes were developed to capture the interest of, and engage with, a wide range of participants, particularly those often considered “hard to reach”, delivered in a user-friendly way, and utilised resources available locally.

3 The marae is a Māori centre consisting of courtyard, meeting house and associated buildings and land. The whānau is the Māori extended family, and the wānanga is an institution of higher learning.

4 A traditional sailing canoe.

5 An outrigger canoe.

Appointed by each participating Māori health provider, the project coordinators came with track records of “walking the talk” in Māori health, wide-ranging personal strengths, whakapapa (ancestral) links to the community, a willingness to share their skills and expertise, and individual passion and commitment. These attributes highlighted the leadership dynamics involving young Māori in high-profile community roles, and the importance not only of the message they carry, but also of who they are as the messenger for their people.

Even though geographically separate, the five-site team approach ensured an important collective dimension to the project that encouraged working together, where practical and appropriate. There was a range of benefits in developing these synergies, including: the sharing of individual strengths; the pooling of diverse and innovative ideas; expanding networks and alliances among colleagues, other Māori health providers and Māori-focused groups; and opportunities to showcase the project and practise a more coordinated and unified approach to regional health promotion.

Stretching Horizons about Exercise

Site coordinators said that participants in local projects appeared to be more aware of general health issues and were starting to make links between food and exercise from their own cultural perspective.

Issues raised by the programme tended to reflect community attitudes. Sport had always enjoyed a high profile in the north, and sportspeople were held in high esteem. Participation in the Korikori a Iwi project was reported to have broadened the perception of exercise and fitness beyond sport for a number of people. The project encouraged people to participate and excel in a range of other exercise-based activities, particularly Māori culturally based activities that included a range of wellbeing components. It promoted a range of alternative methods of exercise, and in many instances physical activity was redefined. Instead of gymnasium training being recognised as the only path to sports and physical excellence, the connection was now being made between activities such as kapa haka and mau rākau (weapon training) as valid training and fitness regimes.

For example, a two-hour kapa haka practice was being acknowledged as a strenuous and intense physical workout. In addition, some participants found the kapa haka environment to be spiritually uplifting and more conducive to their total wellbeing than attending a gymnasium. It also overcame the cost factor associated with regular attendance at a gym, which had prevented some people from participating. Programme participants seemed keen to be working with all three components – physical exercise, nutrition and culture – together rather than in isolation, as had been the norm.

Sustainability and Other Challenges

Although a huge amount of potential was identified in working from a cultural base, there was concern that there were insufficient resources and time to consolidate the initial work undertaken or to pursue developmental ideas that had emerged. This was seen as limiting what the project could achieve in the longer term.

Although a raft of innovative activities were introduced to Korikori a Iwi project communities, the sustainability of these activities within a short time frame was regarded as problematic. It was likely to take considerable time for communities to understand the community development/action approach and take ownership of the initiatives introduced by the coordinators.

Workforce development was identified as an issue from the outset. Although the programme empowered local people to build their skills and capacity to run community initiatives, the coordinators' role was vital in supporting and nurturing the new leaders so that the work would continue at a high standard. The need for ongoing investment in local human capability and capacity building was identified as crucial in maintaining and further developing the progress made. Site coordinators expressed the need for more professional development to maintain and extend their skills and knowledge. Although generic public health training opportunities were available, there were not the same opportunities within the context of te ao Māori.

The concept of health promotion within a cultural framework was widely accepted in certain sectors, but there were challenges in trying to promote and validate cultural activities at a health and wellbeing level in some instances. For example, there was a perception at one school that although sport was strong, regarded as important, and actively encouraged, Māori cultural activities were not regarded as being able to provide the same potential or opportunities for students and so kapa haka was relegated to a lunchtime activity, thereby marginalising Māori students. As a result of the Korikori a Iwi coordinator challenging the situation and assisting with policy development, Māori cultural activities were subsequently integrated into the school's physical education and health curriculum.

The Hauora Whanui Approach

The broad strategy taken by this site was to revive traditional Māori skills and teachings that had a bearing on exercise. The site coordinator brought personal experience and expertise in traditional Māori games, movement, exercise, drills, dance and weaponry to the project. He developed a wānanga (lesson) series known as Ngā Mahi a Rēhia, based on reigniting the holistic philosophy of Te Tuakiri o te

Tangata. This involved understanding and applying the philosophy to physical activity and movement, and the use of te reo Māori and traditional Māori games and activities. The kōrero (talk) about traditional forms of exercise and lifestyles for Māori provided an understanding of the purpose behind the movements and actions being taught, and introduced another dimension to physical exercise and cultural activities. The concept was not regarded as anything new: it “is not one that has only now been created, but rather one that has been slowly forgotten” (site coordinator).

The programme provided a medium to involve whānau in healthy lifestyle activities that linked both physical and spiritual dimensions of wellbeing, and that would integrate health issues rather than address them in isolation. As part of the training programme, participants were taught how to make their own resources for the physical activities. Making a set of equipment such as tirakau (used in stick games), taiaha and patu (traditional weapons) not only provided knowledge about the items, but was also an opportunity to learn about local natural resources and the environment.

The coordinator recognised that for Ngā Mahi a Rēhia to realise its potential and achieve some level of sustainability, a pool of trainers would be required to deliver the programme, rather than a sole facilitator for the whole region. The first stage of a train-the-trainer approach was to recruit people from throughout Te Taitokerau for Ngā Mahi a Rēhia training wānanga. The programme was tailored for community people interested not only in building their own skills and capacity, but also in returning to their community in due course to deliver the programme. Once potential trainers were identified from the wānanga participants throughout the region, they undertook a stage-two wānanga programme, which involved specialised training and ongoing support to take up a trainer role in their local community. This process alone increased the numbers of whānau exposed to cultural forms of exercise and wellbeing practices. The trainees' skills and expertise increased, capacity was being built, and communities started to run their own Ngā Mahi a Rēhia with the ongoing support of the coordinator. It was not long before mau rākau training was established on a weekly basis in several locations. Strengthening the capacity of the wider community was the first step in ensuring more sustainable and viable activities would be available in each community.

CONCLUSION

Many examples throughout the first year of Korikori a Iwi demonstrate the huge potential for grounding healthy lifestyles programmes in culture for Māori. Although nutrition and physical exercise were the health focus of the project, spin-offs were highlighted in education, community and whānau/hapū (tribe) wellbeing and development, and longer-term economic development and tourism opportunities.

As with all health promotion programmes with short-term funding and time frames trying to address long-term issues, sustainability is both important and difficult. Building community capacity is crucial and requires a mix of effective leadership, advocacy, skills development, and the sharing of knowledge. The long and slow process requires facilitation by people with expertise and local knowledge and therefore has implications for public health workforce development. For the Māori public health workforce to be effective, appropriate training needs to be available and accessible. Mentoring for emerging workers would be beneficial, as would assistance for project managers within organisations, who also need to be up with the play about public health strategies to actively support staff.

The Korikori a Iwi project demonstrated the practical application of the theoretical framework of Te Pae Mahutonga, where each component was entwined in planning and delivery. Effective leadership was shown by the coordinators, and the level of autonomy that allowed for local development provided the impetus for development, while each of the cornerstones of wellbeing was also evident across the project activities. The project clearly worked from a Māori cultural basis, which incorporated environmental aspects of resource utilisation and learning, a holistic healthy lifestyle approach to all activities, and the encouragement and promotion of whānau to participate and be involved at a range of levels.

This strong convergence between theory and practice is a powerful and constructive development that bodes well for Māori health and development in this location. The Korikori a Iwi cultural framework could be applied in other regions, focuses and settings where there is a commitment to using local cultural knowledge as a vehicle to promote health. For culture to be an effective component for improving Māori health, public health policy development needs to acknowledge the small but important inroads being made by approaches such as Korikori a Iwi. A better understanding of the links between culture and health would contribute to more appropriate programme development. The use of community action/development approaches to health promotion is an important consideration because it acknowledges that each community is unique and has different needs and aspirations.

REFERENCES

- Ajwani, S., T. Blakely, B. Robson, M. Tobias and M. Bonne (2003) *Decades of Disparity: Ethnic Mortality Trends in New Zealand 1980–1999*, Public Health Intelligence Occasional Bulletin Number 16, Ministry of Health and University of Otago, Wellington.

- Conway, K., M. Tunks, W. Henwood and S. Casswell (2000) "Te whānau cadillac – A waka for change" *Health Education and Behaviour*, 27(3): 339–350.
- Durie, M. (1994) *Whaiora: Māori Health Development*, Oxford University Press, Auckland.
- Durie, M. (1999) "Te Pae Mahutonga: A model for Māori health promotion" paper presented at the *Health Promotion Forum Conference*, Napier.
- Hawe, P. and A. Shiell (2000) "Social capital and health promotion: A review" *Social Science and Medicine*, 51: 871–855.
- Joubert, N. and J. Raeburn (1998) "Mental health promotion: People, power and passion" *International Journal of Mental Health Promotion*, 1(1): 15–22.
- Moewaka Barnes, H. (2000) "Collaboration in community action: A successful partnership between indigenous communities and researchers" *Health Promotion International*, 15(1): 17–25.
- Pōmare, E., V. Keefe Ormsby, C. Ormsby, et al. (1995) *Hauora: Māori Standards of Health III: A Study of the Years 1970–1991*, Eru Pōmare Māori Research Centre, Wellington.
- Raphael, D. (2000) "The question of evidence in health promotion" *Health Promotion International*, 15(4): 355–367.
- Thomas, D.R. and L. Dyal (1999) "Culture, ethnicity, and sport management: a new Zealand perspective" *Sport Management Review*, 2: 115–132
- World Health Organization (1986) *Ottawa Charter for Health Promotion*, adopted at the *First International Conference on Health Promotion: The Move Towards a New Public Health*, 17–21 November, Ottawa, Canada, http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf.
- World Health Organization (2005) *The Bangkok Charter for Health Promotion in a Globalized World*, adopted at the *6th Global Conference on Health Promotion*, 7–11 August, Thailand, http://www.who.int/healthpromotion/conferences/6gchp/bangkok_charter/en/print.html.