Cultural Context
Ngā Āhuatanga Māori

Māori demography

The vast majority of older people in New Zealand are non-Māori . Older Māori comprise only 4% of the total population of people aged 65 years and over in New Zealand. The proportion of Māori in the older population decreases with increased age, with people of Māori ethnicity making up only 2% of people aged 80 years and over (see Table 1).

Table 1: Age breakdowns for Māori and non-Māori populations in New Zealand

	Non-Māori population		Māori population		Total population	
	No.	%	No.	%	No.	%
Under 65 yr	2,768,207	85	508,644	15	3,276,851	100
Persons 65-69 yr	119,976	94	7,938	6	127,914	100
Persons 70-79 yr	205,008	96	7,755	4	212,763	100
80 yr and over	107,805	98	1,944	2	109,749	100
Total population	3,210,996	86	526,281	14	3,737,277	100

Source: Statistics New Zealand, 2001 Census

A major contributor to the small proportion of Māori in the older age ranges is the historical pattern of higher mortality in earlier age groups resulting in lower life expectancy for Māori . Table 2 shows that for both men and women the life expectancy at birth for Māori is about eight years shorter than for non-Māori . Greater female longevity is apparent for both Māori and non-Māori populations.

The Māori population is ageing due to a combination of decreasing birth rate and increasing life expectancy. However, although the Māori population will age over the next 50 years, it will remain a relatively young population. By 2051, the median age for the Māori population is expected to be 32 years, compared with 45 years for the total New Zealand population.

An increasing number of Māori in the present population will reach retirement age in the next 50 years. By 2051, Māori in the 65-and-over age group are expected to make up 13% of the total Māori population, compared with only 3% in 2001 (Statistics New Zealand, 2001a).

Table 2: Life expectancy at birth, Māori and non-Māori, 1995-97

	Men	Women
Māori	67.2	71.6
Non-Māori	75.3	80.6

Source: Statistics New Zealand, 1998

Māori diversity

Comparing Māori and non- Māori on health, educational, social, and economic factors has been useful in ascertaining the comparative status of Māori in relationship to other New Zealanders. Such comparisons have drawn attention to the relative disadvantage of Māori and have subsequently been used as a rationale for policies and programmes.

However, such statistical comparisons, based on summary statistics such as population averages and proportions leads to Māori being viewed as a homogeneous group. Although there has been emphasis on iwi and hapū as a basis for considering social service delivery and social policies, since the commencement of the Decade of Māori Development in 1984[3], this approach similarly carries an assumption of homogeneity in viewing all Māori as relating to tribal structures.

It has become apparent, however, that far from being homogenous, Māori are as diverse and complex as other sections of the New Zealand population, even though they may have certain characteristics and features in common.

Durie has noted that:
"Māori live in diverse cultural worlds. There is no one reality nor is there any longer a single definition which will encompass the range of Māori lifestyles" (Durie et al, 1996).

A similar theme was debated at the hui *Te Ara Ahu Whakamua* (Ministry of Māori Development, 1994).
"In considering policies for Māori health, the diverse realities of Māori people must be taken into account. It can no longer be assumed that most Māori are linked to the conservative structures of hapū and iwi or that kohanga reo will be accessed by all Māori children or that the marae will continue to be the favoured meeting place for all Māori" (Durie, 1994a).

To examine the cultural heterogeneity amongst Māori further, Te Hoe Nuku Roa (1996) formulated a set of indicators of an individual's level of Māori cultural identification. These have more recently been statistically combined into a single scale measure that provides a quantitiative measure of an individual's Māori cultural identification (Te Hoe Nuku Roa, 2002).

3 For more information about the Decade of Māori Development 1984-1994, see Te Ara Ahu Whakamua (Te Puni Kōkiri, 1994)

The realities of older Māori range from those existing largely within mainstream society (often indistinguishable from non-Māori) to those living a more traditional or culturally conservative lifestyle (and including large numbers of kaumātua).

Roles of kaumātua

Although in many cultures older adulthood leads to a more leisurely lifestyle, the opposite can be said for many kaumātua (Maaka, 1993; Durie, 1999). An older person who participates in Māori society may experience reduced privacy, less time with family, longer working hours and a relative loss of independence (Durie, 1999).

The roles of kaumātua include: resolving disputes and conflicts between families and between iwi, carrying the culture, recognising and encouraging the potential of younger members, cultural guidance and advice, maintenance of protocol, reception and care of visitors, protection and nurturing of younger adults and children, performance of ceremonial duties, spiritual leadership, and attendance at tangihanga (Durie, 1999). Although some roles are usually gender defined, such as karanga or whaikōrero, the roles of older Māori men and women may vary in different areas or situations for a number of reasons.

However, it is important to remember that kaumātua are not a homogeneous group. For example, between individuals there is diversity in socio-economic levels and cultural characteristics. Some kaumātua will have experienced a lifetime of unemployment while others will be well qualified and will have been employed. The extent of participation in Māori society will vary between individuals, some may be active within the Māori community while the participation of others may be limited by knowledge, experience, confidence (Maaka, 1993) or perhaps motivation. Further, some kaumātua will be alienated not only from Māori society, but also from mainstream New Zealand society. Meeting the needs of the diverse population of kaumātua will be a challenge to planners, policy makers, health service purchasers and providers.

An earlier research study of older Māori

A description of a study conducted in 1995-1996 focussing on the health of kaumātua has been included to provide context and to assist in the comprehension of the realities that certain groups of older Māori exist within. Oranga Kaumātua (Durie et al, 1996) was a study of 400 older Māori located in a "culturally conservative" reality, which involved iwi and Māori groups identifying and recruiting known kaumātua for inclusion in the study (i.e. kaumātua in this study were defined as such by their community). In addition, nine providers of health services to kaumātua were also interviewed. This had been the biggest such study of older Māori to date.

The sample in the Oranga Kaumātua study was non-random and distributed as follows:

	<60	60-64	65-69	70-74	75-79	80+	Total
Male	5	36	45	37	20	18	161 (41%)
Female	9	66	50	59	20	29	233 (59%)

(Source: Durie et al, 1996)

The sample included a mix of metropolitan (10%), urban (51%), and rural (39%). Home ownership was high in this group (75%), 10% rented accommodation, 5% lived with relatives and 5% in papakainga housing. In this group about 75% provided care for whānau, and in turn between one-third and one-half received care from whānau when necessary.

A finding of the study was that being considered a kaumātua was more about role and function than age.

Factors impacting on well-being (social, economic, cultural)

From the research (undertaken by the School of Māori Studies, Massey University), it was possible to form a picture of some of the key factors that appeared to impact on the well-being of older Māori (Durie et al, 1996).

Health and disability: In Oranga Kaumātua, high levels of disability were reported, with over half of the kaumātua describing major or minor disabilities and roughly one-third admitting to poor health. While less than a third smoked, nearly half had smoked at some time in the past and over a third were moderate or heavy drinkers. Access to health and disability support services was therefore important and, although not regarded as a serious problem by kaumātua, health providers were critical of mainstream provision for kaumātua and the unfriendly nature of services. Kaumātua themselves had definite views about the preferred type of provision as well as the barriers which existed. Generally there was confidence in mainstream medical care, with few opting for traditional healers, but many more respondents were keen that cultural appropriateness should be part of any health service. The suggested implication of the study is that Māori health providers and medical doctors must be aware of kaumātua health needs, and services should be planned jointly so that an integrated approach is possible.

The costs of medical care were a particular potential barrier for kaumātua. Private insurance was uncommon and although eligible, uptake of disability support services was relatively low. These findings suggested a need for re-examining information systems so that better use is made of the provisions which are already available. If this were to occur, it is likely that Māori health services would have a special role in this area.

Workforce development was identified by health agencies as a priority. While choice (for kaumātua) was recognised, purchasers of health and disability support services and providers were in agreement that Māori services had the potential to enhance health promotion and effect better liaison with primary and secondary health services. There was an additional recognition amongst the health agencies that the needs of older Māori cannot be addressed outside the social and cultural context of everyday life.

Socio-economic position: Kaumātua were not well off. Most were dependent on NZS or benefits for income, and most had a total annual income of less than $20,000 with little opportunity for supplementation. Surprisingly, less than a third of kaumātua received dividends from Māori resources such as land, fewer were able to rely on savings or investments, and even fewer had full or even part-time employment. On the other hand, an unexpected finding was the relatively high numbers (three-quarters of the study group) who lived in their own home, usually shared with other whānau members. For those who had higher incomes and lived in their own home, there was a greater likelihood of better health.

Provision for Māori retirement was considered a matter that iwi, hapū and the state should be concerned with. High home ownership may be less likely among the next generation of kaumātua since many will have known long periods of unemployment. Financial support from the state at current levels may be less certain and it is difficult to predict how much support whānau will be able to contribute. Long hours of voluntary work (on marae or among whānau) were not atypical, and there may be a case for recognising those efforts through a revised system of marae management. But provisions for kaumātua by trusts, incorporations and iwi also require further debate. In the past, education (for children and youth) has featured prominently in iwi planning. As dependency ratios change, with a larger proportion of older people, the study suggested policies should also be revised to ensure that potential at both ends of the life-cycle is fulfilled.

Whānau: whānau relationships were typically close, and older Māori reported a type of reciprocal involvement that was both rewarding and demanding. While most could count on the wider whānau for assistance, including financial aid, transport and help when unwell, by far the more common finding was the assistance offered to whānau by kaumātua. It included cultural assistance, accommodation, support during illness, encouragement with education, and strong leadership in learning and speaking te reo Māori. There was some suggestion that these high levels of reciprocity contributed to intergenerational understanding and provided a sense of satisfaction among kaumātua.

The study concluded that consideration must be given to strengthening whānau to avoid further fragmentation and alienation. Whānau circumstances are rapidly changing and if kaumātua in the future are to remain involved and continue to play essentially positive roles, then active policies for whānau development are needed. The study recommended that such policies should take into account cultural and social developments but also whānau economics, income derived from land, forests and fisheries and the ways in which iwi and hapū are interacting with whānau in the pursuit of the wider dimensions of Māori development.

It must be noted however, that the Oranga Kaumātua study took a snapshot of kaumātua who were a relatively culturally homogeneous group with a strong attachment to traditional values, and as has been acknowledged within that study and elsewhere, Māori exist within a very diverse range of realities. What the Oranga Kaumātua study did not capture were older Māori who did not exist so strongly within te ao Māori and were more likely to function within non-Māori realities.

The study suggested three important areas of focus in relation to older Māori:

- health and disability, and issues relating to health and disability services
- economic circumstances and material well-being
- whānau relationships, and issues relating to whānau development.

The present study on the living standards of older Māori complements the work undertaken in the Oranga Kaumātua study by addressing the second of these areas of focus (economic circumstances and material well-being) amongst a more culturally diverse and representative sample of older Māori.

Data Collection
Te Whakaemi i Ngā Kōrero

The living standards survey of Māori aged 65-69 years

Statistics New Zealand was commissioned to undertake two surveys of older people in 2000, one focusing specifically on older Māori and another of 3,000 people aged 65 years and over in the general population. The survey of 500 older Māori was commissioned to boost the number of older Māori in the living standards survey programme. This was because Māori make up only 4% of the population aged 65 and over, so a general survey of 3,000 persons was expected to include only approximately 120 Māori respondents which is insufficient to allow statistically reliable results to be produced for the Māori population.

Survey design

Various options were investigated by Statistics NZ to achieve a sample that would enable reasonably accurate statements about the situation of older Māori to be made. These included using the electoral roll, and approaching Māori respondents who had previously participated in the Household Labour Force Survey. The approach eventually adopted was to use the NZS database administered by the Department of Work and Income[4] (the NZS database) as the sample frame for the survey.

Seventy was chosen as an upper age limit for the target population because of the incompleteness of ethnicity data for Māori aged 70 years and over who qualified for NZS in the years before ethnicity was fully recorded in the administrative records. Where ethnicity was not recorded for a person aged from 65 to 69 years on the NZS database, a matching exercise was undertaken with the roll of Māori electors[5] to identify those of Māori descent. A simple random sample of Māori aged from 65 to 69 was then selected from the NZS database. Only one eligible person per household was selected for the survey. Following selection, confirmation was sought from potential respondents that they identified as being of Māori ethnicity (with or without other ethnic identifications) before they participated in the survey.

The survey population

The survey population for the survey of older Māori was defined as the usually resident, non-institutionalised New Zealand Māori population aged 65 to 69 years, living in permanent private dwellings and in receipt of NZS. Māori aged 65-69 but not in receipt of NZS were not included in the survey population.

4 In October 2001, the Department of Work and Income merged with the Ministry of Social Policy to become the Ministry of Social Development.

5 The roll of Māori electors includes all adults who have Māori ancestry and who have the option to go onto a Māori electorate roll, regardless of whether they choose that option.

For practical reasons a small number of individuals, who were part of the defined survey population, were excluded from the survey because they:

- had agents responsible for their finances
- had their records held secure by WINZ for confidentiality reasons
- lived in very remote locations.

Recipients of NZS who have agents are excluded from the survey population, as they are likely to be frail and therefore unable to participate in the survey. The exclusions of these individuals, people living in remote places, and those with secure records will have negligible impact on the results.

Questionnaire content

The questionnaire design phase included consultation with Te Puni Kōkiri and Eljon Fitzgerald and Dr Chris Cunningham of Massey University's School of Māori Studies and the pre-testing of questions.

The same information was collected in both the survey of Māori aged 65 to 69 years and the general survey of older people for comparability purposes[6]. This common content included general and demographic data, information about disabilities and health, items for the living standards measure (including items on ownership, social participation, economising, serious financial problems and self-assessment), information to assess the validity of the living standards measure and information about potential factors underlying variation in living standards.

Specific to the survey of Māori were questions on cultural identity developed by Te Hoe Nuku Roa Research Unit, Māori Studies, Massey University. These cultural indicators assessed aspects of language, identity, whānau involvement, whakapapa, marae involvement, involvement with other Māori, and any financial interest in Māori land. A single factor has been derived from these cultural indicators to give a measure of the degree to which individuals participated and identified in te ao Māori (Stevenson, 2001; Te Hoe Nuku Roa, 2002). Eljon Fitzgerald of Massey University's Te Hoe Nuku Roa Research Unit provided cultural training to the survey interviewers. A non-monetary koha was offered to all persons interviewed. Based on interviewer de-briefing sessions following the survey, participants did not seem to have any major concerns with the interview process, and few problems were reported.

6 For a copy of the questionnaire used in the general survey of older people, see Appendix 1 of the published technical account (Fergusson et al, 2001b)

The achieved sample

The survey:

- was conducted between 10 April 2000 and 12 June 2000
- involved face to face interviews about 90 minutes in length
- achieved a sample of 542 Māori aged 65 to 69 years
- achieved a response rate of 63%.

The survey data was then weighted (adjusted - refer Technical Appendix) to take into account the sampling approach used for the survey. Analysis for the research has been undertaken using this weighted data.

An analysis of the distribution of characteristics of the survey respondents compared with 1996 Population Census data on Māori aged 65-69 was undertaken by Statistics NZ to assess potential response bias for the survey. Overall, the analysis found little evidence of any bias in the Māori sample with respect to sex, marital status, labour force status, total income, home ownership or secondary school qualifications. There was some evidence that households of larger size were under-represented in the survey sample. However, this suggestion of bias needs to be treated with caution, as the Census Night occupants count includes visitors. The analysis also found that Māori aged 65-69 act as a good proxy for all Māori aged 65 and over with respect to marital status, total income, home ownership, secondary school qualifications and household size. A copy of this analysis is available on request from the Ministry of Social Development.

The Survey of Older People

The Survey of Older People was administered through the Household Labour Force Survey (HLFS) using the HLFS sampling frame. All people aged 65 and over who were eligible for and participated in the HLFS were eligible for selection into the Survey of Older People. One eligible person per household was selected. HLFS non-respondents were automatically considered to be Survey of Older People non-respondents.

The survey:

- was conducted between 7 February 2000 and 7 April 2000
- involved face to face interviews about 90 minutes in length
- obtained a sample of 3060 people 65 years and over
- achieved a response rate of 68%.

The survey data was then weighted (adjusted) to take into account the sampling approach used for the survey. Analysis for the research has been undertaken using the weighted data. For a full description of this survey, see Fergusson et al, 2001b.