



Research Centre for Māori Health & Development

MĀORI WOMEN IN AOTEAROA

*A REPORT FOR THE MINISTRY OF WOMEN'S
AFFAIRS*

*ANALYSING DATA FROM 'BEST OUTCOMES FOR
MĀORI – TE HOE NUKU ROA'*

EXECUTIVE SUMMARY

Chris Cunningham, Brendan Stevenson,
Eljon Fitzgerald, Rangihaanu Rolls

May 2006

ABOUT THE AUTHORS

Chris Cunningham is Professor of Māori Health and the Director of the Research Centre for Māori Health & Development at Massey University's Wellington campus. Brendan Stevenson, Eijon Fitzgerald and Rangihaanu Rolls are researchers with the **Best Outcomes for Māori: Te Hoe Nuku Roa** Longitudinal Study within the Research Centre for Māori Health & Development at the Turitea campus of Massey University.

ABOUT “BEST OUTCOMES FOR MĀORI: TE HOE NUKU ROA”

Best Outcomes for Māori: Te Hoe Nuku Roa is a Māori Households longitudinal study funded by the Foundation for Research, Science & Technology. Starting in 1994, the study has been designed in consultation with Statistics New Zealand to be a random survey of Māori households in New Zealand. Initially the study operated in Manawatu/Wanganui, Lower Hutt, South Auckland and Gisborne. Recently the study has been extended for a further five years and two additional sites were recruited: Northland and Southland.

The longitudinal waves are completed every third year, and in 2004/2005 the fourth wave of the study is being run.

Some 1500 Māori in over 600 households are participating.



CONTENTS

About the Authors.....	1
About “Best Outcomes for Māori: Te Hoe Nuku Roa”	1
E EXECUTIVE SUMMARY.....	4
E.1 Te Hoe Nuku Roa.....	4
E.1.1 About this Report.....	4
E.1.2 Dataset	4
E.1.3 Housing, Accommodation and Living Arrangements	4
E.1.4 Employment.....	4
E.1.5 Education.....	5
E.1.6 Health.....	5
E.1.7 Access to Culture.....	5
E.1.8 Te Reo Māori.....	5
E.1.9 Māori Women who are Employed	5
E.1.10 Māori Women who are Not Employed.....	6
E.1.11 Māori Women with a Notional Cultural Identity	6
E.1.12 Māori Women with a Positive Cultural Identity.....	7
E.1.13 Māori Women with a Secure Cultural Identity	7
E.1.14 Māori Women who have a Secondary School Qualification.....	7
E.1.15 Māori Women who do not have a Secondary School Qualification.....	8
E.1.16 Māori Women who have a Post-secondary Qualification Taking more than Three Months' Study	8
E.1.17 Māori Women who do not have a Post-secondary Qualification Taking more than Three Months' Study.....	8
INTRODUCTION	9
1.1 Best Outcomes for Māori: Te Hoe Nuku Roa.....	9
1.1.1 A Stratified Random Sample of Māori Households	9
1.2 Representivity.....	10
1.2.1 Weighting.....	10
1.2.2 Data Screening/Cleaning.....	10

VIGNETTES	11
2.1.1 Mere.....	11
2.1.2 Margaret	11
2.1.3 Mary	11
2.1.4 Makere	12
2.1.5 The Waaka Whānau	12
2.1.6 The Walker Whānau	13
2.1.7 The Wakefield Whānau	14
2.1.8 The Winiata-Westfield Whānau	14

TABLE OF FIGURES

Figure 1. Participant selection (darker indicates selection).....	10
---	----



EXECUTIVE SUMMARY

E.1 TE HOE NUKU ROA

E.1.1 ABOUT THIS REPORT

This report includes information on Māori women (over the age of 15) who participated in the *Best Outcomes for Māori: Te Hoe Nuku Roa* (THNR) Longitudinal Study. The report describes the current circumstances of the Māori women participating in the study and extends these descriptions to the previous waves (where possible). Further, three sets of bivariate analyses are performed focusing on employment, education and cultural diversity. Finally a description of the changes to households and transitions over time is given.

E.1.2 DATASET

Three waves of the “Best Outcomes for Māori – Te Hoe Nuku Roa” study have been collected. Māori women make up 58% of the sample, statistically weighted to reflect changes in the census populations. The sample covers 600 households.

E.1.3 HOUSING, ACCOMMODATION AND LIVING ARRANGEMENTS

Most Māori women live with their children, mostly with a partner or alternatively as a sole parent. Although still a minority option, the choice of flatting with other people (not children) has increased as a preference over time.

Living in their own home, either owned with a mortgage or freehold, is the most common housing situation for Māori women, followed by renting. Māori women are less likely to own a home than Māori men, and ownership for women is decreasing over time.

Māori women report very high levels of satisfaction with their accommodation.

Most Māori women who are renting, rent from private leasers. Housing Corporation had been the majority leaser in wave one of the survey, but they are now a minority leaser to Māori women. Most Māori women who are leasing accommodation aspire to own their own home, although this aspiration is slightly less popular over time.

E.1.4 EMPLOYMENT

Most Māori women are employed, although at lower rates than Māori men. The population of women retirees has remained reasonably constant over time. Most employed Māori women work full-time. Full-time employment has become 10% more popular, with part-time work decreasing by the same amount.

E.1.5 EDUCATION

Māori women rate their education status highly, which is an interesting finding given that fewer than half of Māori women have a formal secondary school qualification. Women have slightly lower rates of qualification than Māori men, and women's rates have decreased slightly over time.

School qualifications held are mostly School Certificate (or the equivalent) with few (10%) having a higher school qualification.

About one-third of Māori women have a post-secondary qualification which has required at least three-month's study. This too is a lower rate than that reported for Māori men.

Currently, for those Māori women who are in study (about 20%), more are in tertiary institutions followed by schools (6%).

E.1.6 HEALTH

Most Māori women rate their health status as being high, a trend which has been evident over the course of the survey.

Most women report that they have very sober habits when it comes to alcohol, yet half of Māori women report smoking – a very high rate.

Most Māori women do not have private provision for health or sickness insurance.

About 20% of Māori women report having a major/minor disability. A majority of women report that they have sought medical treatment in the 12 months prior to the survey.

E.1.7 ACCESS TO CULTURE

Most Māori women feel that their ability with te reo Māori is poor.

A large majority of Māori women prefer to identify as Māori, although a small but growing proportion prefer NOT to identify as Māori (up to 12% in wave three).

Most women reported a good knowledge of their whakapapa. They also said they had visited a marae in the previous 12 months.

Knowledge of iwi was very good, but knowledge of hapu and/or waka was not as good.

Most Māori women also reported that non-household whānau members lived in their immediate communities.

E.1.8 TE REO MĀORI

The majority of Māori women are dissatisfied with their te reo Māori language ability. As many women were happy with the availability of te reo Māori on TV as were unhappy.

Unsurprisingly, most Māori women were raised in English language only speaking households.

E.1.9 MĀORI WOMEN WHO ARE EMPLOYED

Employed Māori women in the Te Hoe Nuku Roa Study typically live in a couple situation with children; are more likely to live in and own their own home (freehold or with a mortgage).

Employed Māori women typically rate their education level highly, are more likely to have a formal secondary school qualification and slightly higher rates of holding a post-secondary qualification requiring at least three months' study.

Employed Māori women tend to self-rate their health highly; they report higher levels of alcohol drinking and smoking tobacco (although ALL Māori women have relatively high rates of smoking). They are more likely to hold private medical or sickness insurance.

Employed Māori women prefer to identify as 'Māori' although more are likely to express a nationalist identity (Kiwi or New Zealander). They have high knowledge of their iwi and moderate knowledge of their hapu and waka. Most also report having other whānau as members of their immediate community.

Employed Māori women are not satisfied with their te reo Māori ability, and were mostly exposed to English up to the age of 15 years.

E.1.10 MĀORI WOMEN WHO ARE NOT EMPLOYED

Not-employed Māori women in the Te Hoe Nuku Roa Study are more likely to be sole parents and living in rented accommodation (being less likely to own their own home).

Not-employed Māori women are more likely to be attending an educational institution.

Not-employed Māori women report that they drink alcohol less often and smoke slightly less often (although ALL Māori women smoke at relatively higher rates). They report higher levels of requiring medication and having a major/minor disability. There are no differences in having required medical attention in the year prior to the survey.

Not-employed Māori women are not satisfied with their te reo Māori ability, and were mostly exposed to English up to the age of 15 years.

E.1.11 MĀORI WOMEN WITH A NOTIONAL CULTURAL IDENTITY

Māori women with a 'notional cultural identity' are those whose Māori Cultural Identity (MCI) score is between 0 – 6 (out of a possible score of 18). Fewer than 10% of Māori women are members of this group (2%, 3%, 8% in the three waves respectively).

It is possible to build up a picture of how Māori women with a 'notional' identity differ from other Māori women.

Māori women with a notional identity:

- Are more likely than other Māori women to live as a couple with children
- More often live in a no rent/no board situation
- Are more likely than other Māori women to own their own home
- Have decreasing rates of full time employment
- Are more likely than other Māori women to have a formal secondary school qualification
- Are more likely than other Māori women to be attending an educational institution
- Are more likely than other Māori women to have a condition requiring medication and are also more likely to have required medical attention in the previous 12 months

- Have the strongest preference for a nationalist identity, although the majority prefer Māori as an identity
- Are more likely to have been exposed to an English-language only speaking environment as a child.

E.1.12 MĀORI WOMEN WITH A POSITIVE CULTURAL IDENTITY

Māori women with a 'positive cultural identity' are those whose Māori Cultural Identity (MCI) score is between 7 – 12 (out of a possible score of 18). Most Māori women are members of this group (54%, 48%, 67% in the three waves respectively).

It is possible to build up a picture of how Māori women with a 'positive' identity differ from other Māori women. As most Māori women fit into this category the differences from the Māori-norm will be few.

Māori women with a positive identity:

- Have increasing rates of full time employment
- Are slightly less likely to own a home
- Have a weaker preference for a nationalist identity, although the majority prefer Māori as an identity
- Are likely to have been exposed to some Māori language as a child

E.1.13 MĀORI WOMEN WITH A SECURE CULTURAL IDENTITY

Māori women with a 'secure cultural identity' are those whose Māori Cultural Identity (MCI) score is between 13 – 18 (out of a possible score of 18). This is the second most populated group (44%, 50%, 25% in the three waves respectively).

It is possible to build up a picture of how Māori women with a 'secure' identity differ from other Māori women.

Māori women with a secure identity:

- While more likely to have higher rates of satisfaction with their ability in te reo Māori, overall are dissatisfied with their ability
- Have a weaker preference for a nationalist identity, although the majority prefer Māori as an identity
- Are likely to have been exposed to some Māori language as a child

E.1.14 MĀORI WOMEN WHO HAVE A SECONDARY SCHOOL QUALIFICATION

Māori women in the Te Hoe Nuku Roa study who have a formal secondary school qualification most likely own a home (freehold or mortgage) and are also most likely to live in a couple with children situation, although flatting has become a more popular option over time.

While there are no differences in self-reported health status, qualified women report slightly lower levels of sobriety and slightly higher rates of tobacco smoking. They also have slightly higher rates of having a condition requiring medication, lower rates of reporting a disability but seek medical treatment at a similar frequency.

E.1.15 MĀORI WOMEN WHO DO NOT HAVE A SECONDARY SCHOOL QUALIFICATION

Māori women in the Te Hoe Nuku Roa study who do NOT have a formal secondary school qualification most likely own a home (freehold or mortgage) and are also most likely to live in a couple with children situation. In comparison with their qualified peers however, Māori women without qualifications are more likely to be sole parents and to be renting a home.

While there are no differences in self-reported health status, women without qualifications report higher levels of sobriety and lower levels of tobacco smoking. They also have slightly lower rates of having a condition requiring medication, higher rates of reporting a disability but seek medical treatment at a similar frequency.

E.1.16 MĀORI WOMEN WHO HAVE A POST-SECONDARY QUALIFICATION TAKING MORE THAN THREE MONTHS' STUDY

Around 35% of Māori women report that they have a formal post-secondary school qualification which required them to study for at least three months.

There are some relative differences between the two groups. Those with qualifications report:

- Flattening as their most frequent and increasing household type (from 11% in wave one to 36% in wave three), and sole parent household has decreased dramatically (from 27% in wave one to 4% in wave three)
- Renting accommodation is decreasing (from 48% in wave one to 21% in wave three) and ownership is increasing (from 40% in wave one to 62% in wave three, combining ownership with a mortgage or freehold)
- Optimism in terms of self-rated health, increasing sobriety over time, similar rates of tobacco smoking, somewhat larger proportion with private medical or sickness insurance, somewhat larger proportion reporting a disability (decreasing over time) and similar rates of having a condition requiring medication and having sought medical treatment in the previous 12 months.

E.1.17 MĀORI WOMEN WHO DO NOT HAVE A POST-SECONDARY QUALIFICATION TAKING MORE THAN THREE MONTHS' STUDY

Around 65% of Māori women report that they do not have a formal post-secondary qualification which required them to study for at least three months.

Those without formal qualifications report:

- Living in households with their children (about 70% over time), either as a couple or a sole parent
- Renting accommodation increasingly (from 36% in wave one to 44% in wave three) but mostly and increasingly owning their homes (from 49% in wave one to 55% in wave three)
- Optimism in terms of self-rated health, increasing sobriety over time but at lower rates, similar rates of tobacco smoking, somewhat smaller proportion with private medical or sickness insurance, somewhat smaller proportion reporting a disability (decreasing over time) and similar rates of having a condition requiring medication and having sought medical treatment in the previous 12 months.



INTRODUCTION

The report contracted by The Ministry of Women's Affairs will provide a broad picture of the circumstances and indicative trends for Māori women in a number of key areas covering housing and accommodation, employment, education, health, te reo Māori and cultural indicators.

1.1 BEST OUTCOMES FOR MĀORI: TE HOE NUKU ROA

The dataset used for the report will be drawn from the adult data for the first three waves of data from *Best Outcomes for Māori: Te Hoe Nuku Roa* (THNR) covering 1995, 1998, and 2002. Wave four is currently being collected and this report will be updated to reflect the addition of the fourth wave.

1.1.1 A STRATIFIED RANDOM SAMPLE OF MĀORI HOUSEHOLDS

The THNR survey was developed in conjunction with Statistics New Zealand (Te Hoe Nuku Roa, 1996) to measure a range of geographic, economic, cultural and social circumstances representing the diverse realities of contemporary Māori in Aotearoa/New Zealand. The initial survey was begun late in 1995, with those participating generously consenting to be re-surveyed at 3-year intervals. The survey is now completing its fourth sample from these participants.

Initially, six hundred and fifty-five Māori households (956 adults and 618 children) in the Manawatū-Whanganui, Gisborne, Wellington, and Auckland regional council areas were sampled. The sample from each region was selected using a differential sampling approach based on information from past census, Household Labour Force Surveys (HLFS), and Household Economic Surveys (HES) all conducted by Statistics New Zealand. Based on stratifications within each region (strata are geographically related areas with similar attributes), and in relation to Māori population density, certain Primary Sampling Units (PSUs) were chosen to be surveyed (PSUs consist of 18,800 geographically defined areas which make up the country). An enumeration phase involving a door-to-door survey within each PSU was undertaken to establish which households were eligible for inclusion in the study (i.e. which households said they had at least one Māori resident). For methodological consistency, each PSU was surveyed three times or until each dwelling had been contacted and an interview time arranged. Repeat surveys were conducted at different times of the day and on different days of the week to increase the likelihood of contacting households. Eligible households were then selected at random to achieve predetermined totals (allowing for non-participation and no-contact) in line with the population stratum proportions.

As at the fourth Wave, new samples were drawn from Northland and Southland using the same methodology to further improve representivity and the statistical power of the study.

1.2 REPRESENTIVITY

To allow for unequal sampling of the populations sampled, a weighting variable was calculated (which is related to the probability of selecting that particular individual) from the survey population.

1.2.1 WEIGHTING

The weighting variable accounts for unequal sampling of the populations and adjusts the resulting dataset so that it better resembles the regions from which the sample was drawn.

A graphical representation of the selection process is shown in Figure 1.

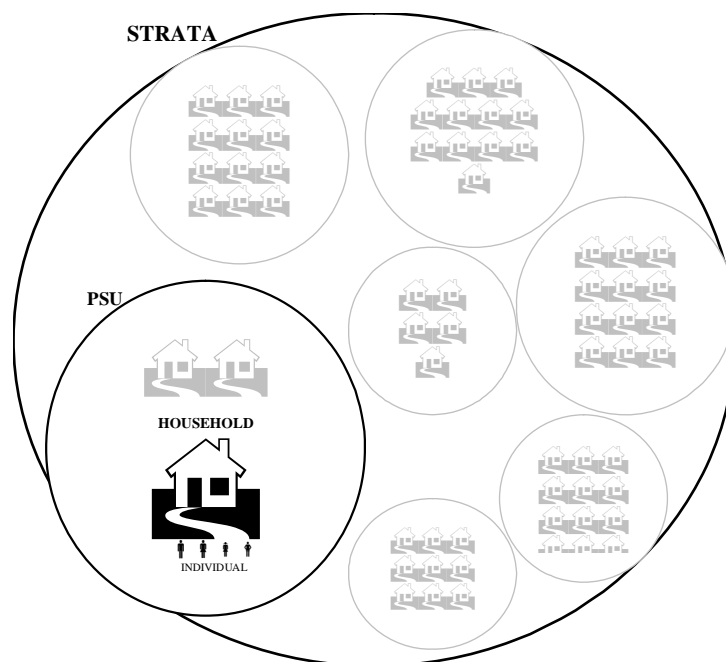


Figure 1. Participant selection (darker indicates selection).

Post-stratification was also carried out to ensure the final sample reflected the gender and age distribution of the region as assessed by the most recent census results. This post-stratification calculation is recalculated after each census.

1.2.2 DATA SCREENING/CLEANING

Before conducting any analyses, the data is screened firstly for accuracy of data entry and missing values. Secondly, extreme weights (above 1000) were scaled back to 1000 to prevent these values 'dominating' the weighting distribution.

VIGNETTES

The following vignettes are drawn from the real experiences of respondents in the Best Outcomes for Māori: Te Hoe Nuku Roa survey. They are composite pictures largely representing majority experiences, although some are provided to also indicate the breath and diversity of Māori women in contemporary New Zealand.

2.1.1 MERE

Mere is a Māori women living in the Manawatu. She is 29 lives with her partner and children in a house they rent from a local private landlord. Mere would love to buy their own house in the near future, although she is happy with the accommodation that they have.

Mere works full-time. She would like to study further but is not at the moment. She didn't complete her secondary schooling but has undertaken a te reo Māori course at Te Wananga o Aotearoa.

Mere feels she is healthy, she drinks a little but she does smoke tobacco. She takes medication for asthma. She does not have medical insurance but this has not stopped her seeing the doctor a couple of times in the last year.

Mere is unhappy with her inability to speak Māori well. She grew up in a household where te reo Māori was not spoken. She has a good knowledge of her whakapapa, visits the marae regularly where she often meets other members of her whānau who live near.

2.1.2 MARGARET

Margaret is a Māori women living in South Auckland. She is married with four children and lives in a home with a small mortgage with her husband. She is retired. She receives government superannuation.

Margaret is positive about her health although she does not enjoy the best health. She wears glasses, has dentures and is a little hard of hearing. She is overweight, but has been for many years, and she still smokes cigarettes.

Margaret has not ever participated much in Māori cultural practices. She knows her grandfather came from the Rotorua area and that her iwi is Te Arawa, but she is not sure of other details. She does not visit the marae, and her ability with te reo Māori is virtually non-existent. Her grandfather could speak Māori but her own parents did not encourage Margaret or her siblings to learn. Her grandchildren know quite a few Māori words, but her children never showed any interest.

Margaret is not on the Māori electoral roll and would prefer to describe herself as a Kiwi – a New Zealander.

2.1.3 MARY

Mary is a Māori women from the Hutt Valley. She is a sole-parent with two school age children. They live in a Housing Corporation flat and Mary does not work, except for

a part-time casual job when her Mother or friends can mind the children. Mary is quite happy with her flat, it is sunny and tidy and the proximity to neighbours gives her some sense of security.

Mary is very positive about her health and has recently given up smoking – she can't really afford the habit and was always only a 'social smoker' – her former partner was a heavy smoker and so she joined him in his habit. She has a good relationship with a local health clinic as one of her children has an on-going problem with a skin complaint; she herself doesn't go to the doctor often – she has a reminder letter for a cervical smear test and knows she should attend – maybe she'll go after the school holidays.

Mary can speak and understand some te reo Māori, but she would like to be a better speaker. She is very strong in her identity as a Māori women and has a number of strong Māori women as friends – the often get together and share a meal, share child-minding responsibilities, swap clothes and things and Mary feels very well supported by this network. She'd love to have a moko but she appreciates that there is a lot of tapu involved and she's not sure she understands the process well enough yet to commit.

Mary would love to be able to save for a home of their own, but she knows this is an unrealistic dream. When her children are well settled at school she will find a more full-time job. One of her friends has told her about some of the after school care programmes which are running and she thinks these sound a really good idea. She'd also love to undertake some more education. She was quite good at school and managed to get her School Certificate and, in retrospect would have liked to have continued, but jobs and boyfriends and babies all happened very quickly...

2.1.4 MAKERE

Makere is a Māori women who lives in Palmerston North. She is currently attending University and lives in a flat with two other women. She was good at School and her parents are both tertiary educated – her Mother has a degree and teaches, and her father is a senior technician at a large industrial plant.

Makere has learned te reo Māori extensively at School. She participated in kapa haka and was lucky enough to travel internationally with a cultural group. She is also keen at sport and still plays netball during the season. She doesn't smoke and drinks alcohol very occasionally. She has regular health check-ups through the student union and because of the odd injury in sports has a good relationship with a physiotherapist.

She would like to study at post-graduate level, probably in NZ, before settling down and doing the whānau-thing. Her parents are very keen to have grandchildren (Makere is the eldest child) but they want their children to choose the right time and think about careers and education.

Makere enjoys the marae, and even though they live at some distance she always feels at home when she visits. She has served an apprenticeship as one of the ringawera preparing the kai. She recently attended the tangi of a great aunt – her Nanny's sister – who died at 75. She admired her own Nanny's strengths and skills at the tangi and hope to one day fulfil a similar role.

2.1.5 THE WAAKA WHĀNAU

The Waaka whānau are from Ngati Porou and live in Gisborne near the coast not far from town. They live in the old whānau house which is now the responsibility of Pita, who lives there with his Mother, his wife, four children and one grandchild. The house and surrounding three acres are owned by a whānau trust, with Pita's five siblings

being trustees since their father's death in 1990. Pita is responsible for the upkeep and paying the bills, but pays no rent as such.

The Waaka's are comfortable but not wealthy. Pita has a good job and his wife is a part-time teachers' aid at the local primary school where she helps out in the bilingual unit. Neither have tertiary qualifications. Their youngest child is a unit member, two of the older children are at secondary school and the eldest daughter is caring for her 6-month old baby. She usually stays home with her Nanny and does the household chores. She is also enrolled in a part-time extramural course from Massey University, but she hasn't been making good progress.

Other whānau members live in the same street. Pita's sister and her family are practically next door neighbours, and the cousins are often around the Waaka dinner table for a kai.

The Waaka's have an older model computer at home and they have several televisions and a Playstation.

The Waaka's are enrolled on the Māori electoral roll and have encouraged their daughter to follow suit. They usually take the time to vote.

The marae is about a 10 minute walk away, although mostly the Waaka's take the car. Pita helps out with the marae upkeep and his Mother is a frequent attendee sometimes offering a welcoming karanga when manuhiri are visiting. The marae is a very important aspect of the Waaka's life.

2.1.6 THE WALKER WHĀNAU

The Walker whānau live in one of the old dormitory suburbs of Wellington called Taita. Both partners are Māori – Mr Walker is from Taranaki and Mrs Walker from Tainui.

Their little house isn't much but they have hardly any mortgage and it is very neat and tidy. They have been married for 23 years and have three daughters, one of whom is married with two kids of her own. She lives in the Wairarapa and they see each other about once a month.

Both of the Walkers work – Mr Walker has been a fitter and turner all of his working life and the wife works in a local supermarket on the checkouts. The Walkers do not have tertiary qualifications although Mr Walker did complete his trade training through one of the Kokiri Training Centres in Wellington. Neither of their jobs pay particularly well, and Mrs Walker's working hours are inconvenient because they involve late nights and weekends.

Mr Walker has a sister and brother living in Wellington, but his philosophy is that he doesn't annoy them and vice versa. Mrs Walker has a large family ('dominating' her husband thinks) including a flash sister who lives in England and three brothers who live in Hamilton and two sisters in Auckland. Another sister died recently of lung cancer – she was only 53.

The Walkers don't have a computer and don't see the need for one either.

Mr and Mrs Walker have opted for the general electoral roll, but Mrs Walker doesn't usually vote as her vote will cancel out her husband's.

Taita doesn't really have a local marae. Lower Hutt's main marae is down in Waiwhetu but the Walkers have only been there once in 23 years of living in Taita. The Walker's haven't really encouraged their children to follow their Māori heritage mostly because Mr Walker can't see the relevance of the old ways to modern living. What the kids need is a good job.

2.1.7 THE WAKEFIELD WHĀNAU

The Wakefield whānau live in a small, semi-detached, Housing Corporation flat in Johnsonville. Jolene is a sole-mother of two children. Their father was imprisoned for his role in a series of robberies and now lives in Auckland somewhere. They haven't seen him for 18 months, and the tax department are looking for him for his liable parent contributions. Jolene was 17 when her first child was born and when she left school she didn't have School Certificate.

Jolene receives the DPB and also earns an additional \$50 a week cleaning at the local school with a friend whose husband keeps an eye on Jolene's kids while she's working. Her rent is income related, but after that she only has \$180 per week to spend on essential items like food and clothing. She is behind with the phone bill and her credit card is near its limit of \$2000. She recently had to make a hurried trip to Christchurch to see her parents as her father is ill with cancer. She wishes she lived closer to them but doesn't want to uproot the children from the school. They are settled now after having to move when their father got into his trouble. Sometimes Jolene has to do without things. She economises by cutting back on food and heating. Sometimes the three of them sleep in the same room for warmth.

The Wakefields don't have a computer but Jolene thinks she will need to save for one when the kids are at high school. If she could just get that credit card paid off. Anyway the neighbours have one and her son sometimes uses that.

Jolene hasn't bothered to enrol on any roll. She can't see the relevance of politicians anyway.

Jolene is really pleased her son is so good at te reo Māori. She is proud of her Ngai Tahu ancestry. The teachers say he is a good learner. Her daughter isn't as keen but probably she'll come around, next year she can join the kapa haka group. They all recently attended a tangi at Takapuwahia marae for the kaumatua of her son's football team, and Jolene felt it was good for the kids, although she feels a bit whakama there as her reo is not very good, but the other parents were very supportive and she felt comfortable there.

2.1.8 THE WINIATA-WESTFIELD WHĀNAU

Henare and Helen and their three children live in a comfortable home in the Wellington suburb of Seatoun. Henare and Helen are both Civil Servants working for central government. Their eldest two children are at University (one in Australia and one in Wellington) and their youngest child, a much later birth, is in Year 9 primary school in a total immersion unit at the local Kura Kaupapa Māori. Henare and Helen have both completed degrees and Henare is undertaking a part-time Executive MBA course at Victoria University paid for by his employer. Henare has a Māori advisory position and travels a lot around the country, often to marae and hui. He gets to visit his own marae in Hawkes Bay regularly.

The WWs are well off. Their large home has a reasonable mortgage and they have made a number of alterations in the 5 years they have owned it. They have two cars, a modern computer with a broadband internet connection and Henare has a laptop from work. While the children have a number of computer games, Playstations and Gameboys are not allowed in this house. They use the e-mail a lot to keep in contact with their eldest daughter who is in Melbourne studying to be a Clinical Psychologist.

After kura their youngest child attends an after-school care club where he does his homework and undertakes activities like kapa haka until his Mother picks him up about 5pm.

The WWs are both on the Māori roll as is their eldest son. They are very interested in politics and have talked seriously about how they might strategically vote for their local Labour Māori MP and the Māori party.

The WWs spend a fortnight of each Christmas holiday with Helen's parents in Northland. Helen's parents are in their late 70s but enjoy good health and the children enjoy the contact with their grandparents – except that they make them go to Church! Henare's parents are both dead – his two sisters are both married to pakeha and they have irregular contact with Henare and his whānau during the year. The most recent contact was at the wedding of a niece. In a month's time they are all going to Melbourne to see their daughter graduate from her course. She might stay for post-graduate and her parents are proud as can be. Just as long as she doesn't marry an Aussie!

SELECTED PUBLICATIONS

- Cunningham, C. W. (1998). *A Framework for Addressing Māori Knowledge in Research, Science and Technology*. Paper presented at the Te Oru Rangahau: Māori Research and Development Conference, School of Māori Studies, Massey University, Palmerston North.
- Cunningham, C. W. (1999). *Health Care for Older Māori - A Paper prepared for the National Health Committee*. Wellington: Ministry of Health.
- Cunningham, C. W. (1999). *Purchasing Research - Responsiveness to Māori* (Paper prepared for the Ministry of Research, Science and Technology). Palmerston North: Te Pūmanawa Hauora, School of Māori Studies, Massey University.
- Cunningham, C. W. (2000). *The Dual Goals Framework*. Palmerston North: School of Māori Studies, Massey University.
- Cunningham, C. W., Durie, M. H., Olson, R., Coupe, N. M., Waldon, J. A., Gillies, A., & Taite, S. (Eds.). (1999). *Proceedings: Te Oru Rangahau - Māori Research and Development Conference* (2nd ed.). Palmerston North: Te Pūmanawa Hauora, School of Māori Studies, Massey University.
- Cunningham, C. W., & Taite, S. (1997). *A Framework for Strategic Policy Development for Māori, A Report Prepared for the Ministry of Health*. Palmerston North: Te Pūmanawa Hauora, School of Māori Studies, Massey University.
- Durie, M. (1993). *The CHI Audit Model, A Culturally Appropriate Model for use by the Public Health Commission to Monitor Provider Contracts*. (TPH 93/2). Palmerston North: Te Pūmanawa Hauora, Department of Māori Studies, Massey University.
- Durie, M. (1995). *Ngā Matatini Māori: Diverse Māori Realities - A Paper Prepared for the Ministry of Health*. Palmerston North.: Massey University.
- Durie, M., Allan, G., Cunningham, C., Edwards, W., Gillies, A., Kingi, T. R., Ratima, M., & Waldon, J. (1996). *Oranga Kaumātua - a report prepared for the Ministry of Health and Te Puni Kōkiri* (TPH 96/3). Palmerston North: Te Pūmanawa Hauora, Department of Māori Studies, Massey University.
- Durie, M. H. (1996, February). *Characteristics of Māori Health Research*. Paper presented at the Hui Whakapiripiri, Hongoeka Marae.
- Durie, M. H. (1998). Puahou: A Five Part Plan for Improving Māori Mental Health. *He Pukenga Korero: A Journal of Māori Studies*, 3(2), 61-70.
- Durie, M. H. (1998). Strategic Directions for Māori Health Research. *He Pukenga Korero: A Journal of Māori Studies*, 4(1), 77-84.
- Durie, M. H. (1998). *Whaiora: Māori Health Development*. (2nd ed.). Auckland: Oxford University Press.
- Kingi, T. K. R., & Durie, M. H. (2000). *Hua Oranga - A Māori Measure of Mental Health Outcome*. Palmerston North: Te Pūmanawa Hauora, School of Māori Studies, Massey University.
- Ratima, M., Durie, M., Allan, G., Morrison, P., Gillies, A., & Waldon, J. (1995). *He Anga Whakamana: A Framework for the Delivery of Disability Support Services for Māori*. Massey University.: Department of Māori Studies.
- Ratima, M. M. (1998). *Evaluation of the Plunket Kaiawhina services* (A Report to the Royal New Zealand Plunket Society). Palmerston North: Te Pūmanawa Hauora, School of Māori Studies, Massey University.
- Te Hoe Nuku Roa Research Team. (1995). *Interconnectedness, a paper prepared for the Ministry of Māori Development*. Palmerston North: Department of Māori Studies, Massey University.
- Te Hoe Nuku Roa Research Team. (1997). *Reports of the Manawatu-Whanganui and Gisborne Baseline Studies*. Palmerston North: Department of Māori Studies, Massey University.
- Te Hoe Nuku Roa Research Team. (1999). *Te Hoe Nuku Roa Source Document: Baseline History*. Palmerston North: School of Māori Studies, Massey University.
- Te Hoe Nuku Roa Research Team. (2000, 4 September 2002). *Te Hoe Nuku Roa Web Site*. Retrieved February, 2003, from <http://www.tehoenukuroa.org.nz/>
- Te Pūmanawa Hauora. (1993). *Cervical Screening in Māori Women - Knowledge and Service Factors* (TPH 93/1). Palmerston North: Department of Māori Studies, Massey University.
- Te Pūmanawa Hauora. (1993). *Evaluation of a Māori Immunisation Programme - A Report prepared for the Māori Women's Welfare League*. Palmerston North: Department of Māori Studies, Massey University.
- Te Pūmanawa Hauora. (1996). *A Report on the Education and Training Issues Relevant to Māori Alcohol and Other Drug Needs*. Palmerston North: Department of Māori Studies, Massey University.
- Te Pūmanawa Hauora (Ed.). (1999). *Proceedings of Te Hua o te Whānau - Whānau Health and Development Conference*. Palmerston North: Te Pūtahi-ā-Toi School of Māori Studies, Massey University.

Best Outcomes for Māori: Te Hoe Nuku Roa is a research programme within the Research Centre for Māori Health & Development (RCMHD) at Massey University.

It was established in 1993 with funding from the Foundation for Research, Science & Technology and Massey University.

RCMHD has a focus on Māori Health and Development Research, especially including

Māori Social Development, Tobacco Smoking, Māori Mental Health, Diabetes, Hepatitis B, Child Health & Development, Māori Health Policy, Health Services Evaluation, Health Sector Governance & Purchasing, and Performance Measurement.

A selected publications list is given on the inside back-cover.

Publications can be obtained by contacting

Publications,
Research Centre for Māori Health & Development,
Massey University at Wellington,
PO Box 756,
Wellington.

www.hauora.org.nz
04-380-0626
hauora@massey.ac.nz