THE UNIVERSITY OF AUCKLAND
Te Whare Wānanga o Tāmaki Makaurau
NEW ZEALAND

JAMES HENARE MĀORI RESEARCH CENTRE

Harirū, hongi and hau in the time of COVID-19

Findings from a study of kaumātua in Ngātiwai and Waikato-Tainui

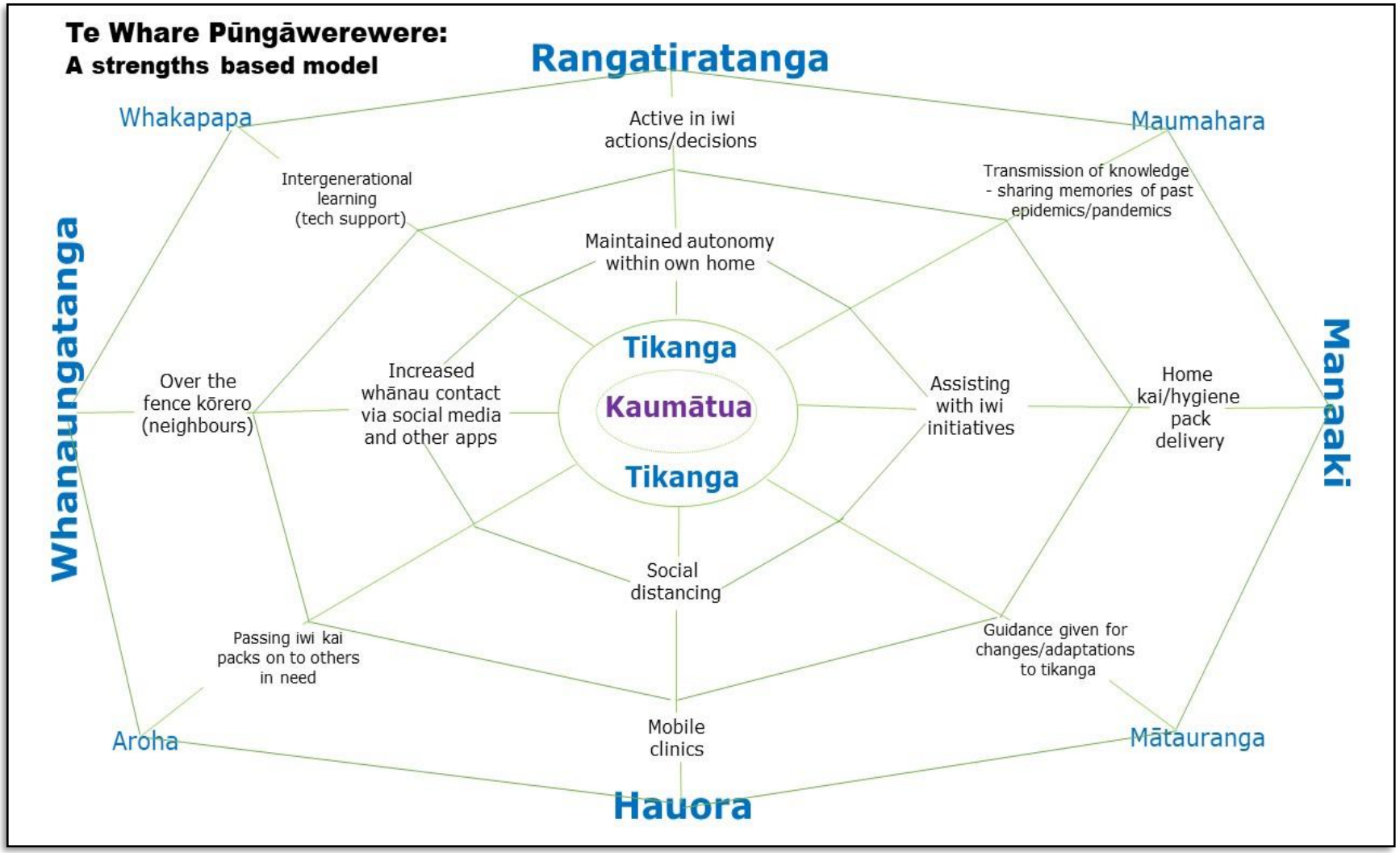
This report presents key findings from a Health Research Council funded qualitative study of kaumātua (Māori elders), aged in their early sixties to late eighties, from Ngātiwai and Waikato-Tainui iwi during the COVID-19 global pandemic. The project was co-designed between researchers from the James Henare Māori Research Centre, University of Auckland and kaumātua researchers from the participating communities. Zoom interviews were conducted with 23 kaumātua over a six-week period during May and June 2020, at a time when Aotearoa/New Zealand was emerging from a five-week lockdown into a period of reduced alert levels that retained some restrictions. Details of the research methods are to be found in Appendix 1 of this document.

1. Research aims

When COVID-19 arrived in Aotearoa, Māori responded quickly. It had become evident that kaumātua (older Māori men and women) would be especially vulnerable to the virus, given their age, living situations and often compromised health. Local hauora and iwi leaders were active, advising marae to modify social engagement practices and restrict hongi (pressing of noses), kihi (kisses), and harirū (handshakes). Our study sought to find out about kaumātua understandings of COVID-19, their experiences of lockdown and subsequent alert levels, and their roles within Māori communities in relation to tikanga around social distancing (hongi, harirū and hau , or breath) and gatherings, particularly tangihanga (mourning rites).

2. Key findings

- *Te whare pūngāwerewere* is a model we have adopted to convey our findings, gifted to us by our kaumātua researchers. Whare pūngāwerewere refers to the spider's web, the web of connections that supported kaumātua through the time of COVID-19. Relationships in the whare pūngāwerewere link whānau, hapū and iwi as a source of strength, resilience and resistance.
- At the heart of the whare pūngāwerewere is *tikanga Māori*, or Māori traditions, practices and behaviours, the central pou (pillar) of the Māori world. Our study throws light on the views of kaumātua and tikanga in the context of COVID-19. There was a view shared by many kaumātua that the Government did not understand tikanga Māori and that guidelines concerning tikanga in a crisis situation such as COVID-19 should be developed by Māori.
- Blanket marae closures and tangihanga prohibitions and guidelines during COVID-19 gave kaumātua a sense of diminished *rangatiratanga*, or autonomy, but they maintained their rangatiratanga within their own whare and whānau. They sought to protect themselves and their communities, following government advice. They were appreciative of the manaaki (support and protection) they received from whānau, hapū and iwi initiatives throughout the period. As well, kaumātua contributed to care for others and many were closely involved in marae and iwi committees and decision-making.
- *Health care*, however, did not always embody manaakitanga. While some kaumātua were pleased with the services provided, from Hauora Māori or mainstream services, others felt stranded. Some kaumātua put off seeking, or were unable to access medical assistance, which diminished their wellbeing.
- Kaumātua experience in the time of COVID-19 showed *differences across the two rohe* from which kaumātua in the study were drawn. There were some differences in tikanga. Age profiles were slightly different, influencing kaumātua experience.



Te Whare Pūngāwerewere: A strengths-based model
Te Whare Pūngāwerewere depicts the web of connections supporting kaumātua during the time of COVID-19. Te Whare Pūngāwerewere demonstrates how tikanga, while adaptable, remains central to the decision-making and support frameworks of kaumātua. There are **five** main themes in the study which are identified in bold. Other **connecting** concepts are also identified. The web demonstrates some of the tangible actions that kaumātua spoke about during the study.

3. Findings

a. Te whare pūngāwerewere, through whanaungatanga and manaakitanga, kept kaumātua safe and connected during lockdown and the subsequent COVID-19 alert levels

Te whare pūngāwerewere, based on the inter-reliance between generations, whānau, marae, iwi and Hauora (Māori health services), allowed kaumātua to feel included, valued, and safe in the time of COVID-19. It was at the core of kaumātua wellbeing and resilience during this time. Kaumātua, understood to be especially vulnerable to the disease, were strongly supported by their whānau (family) and communities through marae and iwi initiatives. More able kaumātua, mainly those in their sixties and seventies, led or contributed to initiatives in their rohe, assuming additional caring roles within households, and ensuring that tikanga was maintained, sometimes in an adapted form, throughout the period of lockdown.

Kaumātua in our study lived independently in their own homes. More than half were widowed, though not necessarily living alone. Whether married or widowed, sometimes an adult child and/or mokopuna (grandchild) lived in the same household. For lockdown, in a few instances, another whānau member joined the household to help out. Only two participants referred to shared 'bubble' arrangements with whānau outside the household. For one participant, lockdown coincided with her brother's decline and death, so she, along with her daughter and another person close to him, moved into his home to care for him.

Kaumātua learned about COVID-19 and the Government response through media – newspapers, television and, in some instances, social media – and through whānau, health services and groups they were involved with. Reactions to first hearing about the virus ranged from mild anxiety to feelings of worry and fear. Many participants shared stories and memories of past epidemics, including the Spanish influenza and tuberculosis. They recalled hearing about the precautions that had been taken during those times and were strongly aware of whānau who had been lost during epidemics.

With lockdown on the horizon, kaumātua concerns were about not being able to see their whānau. They worried more about whānau than about their own welfare. But the relationships embedded in te whare pūngāwerewere remained very active during lockdown, despite the limitations on visitors and outings. Phone calls, text messaging, Facebook, Messenger and Zoom provided alternatives, increasing contact with whānau living in other parts of Aotearoa or overseas (mostly Australia). Some kaumātua were helped with unfamiliar technologies by younger whānau living in the household or communicating with them over the phone. As well, there were over-the-fence conversations with neighbours, and safely distanced interactions with whānau who left shopping on the doorstep or called from the road as they passed by.

Lockdown was seen by many as contributing to improved relationships, both inside and outside the household. It was reported that people were kind to each other, showing aroha through help and support. Formal caregivers for several kaumātua continued to visit, taking precautions against infection. Consequently, very few participants reported feeling isolated during lockdown, although some knew of others who were lonely. What participants did miss was kanohi-ki-te-kanohi (face to face) contact, hugs and kisses with whānau and friends. The most missed of all were the mokopuna, the light of their lives for many kaumātua.

Some of the more able participants, mainly in their sixties and seventies, contributed substantially to the care of others during lockdown and subsequent alert levels by organizing and helping with preparing and delivering manaaki packs, mainly kai, as well as keeping up with their ongoing marae and iwi involvements, by phone and Zoom meetings. There was also direct involvement in care. For example, the participant who moved in with her dying brother has been mentioned; another took in her ex-husband who needed care, and a younger kaumātua formed a bubble, moving in with her father for lockdown and also making daily visits to her aunt.

Reflecting back on the lockdown, several people also suggested that it had been a time to sort things out around the house, take stock and think about what mattered. It was not uncommon to mention improved wellbeing, since they were able to rest properly and had some respite from normally busy lives.

b. Kaumātua adapted tikanga in response to the virus

Tikanga Māori, or Māori traditions, practices and behaviours, is the central pou of te whare pūngāwerewere, the web of connection. Māori responsiveness to the virus was based in tikanga. Māori communities responded quickly to the virus, with hongi and harirū being discouraged on the marae and hand sanitizer made available, while marae were still open. Some marae took the initiative of closing before lockdown made it necessary.

Advice on social distancing and restrictions on gatherings was observed by kaumātua, who did their best to stick to the rules around hongi, kihi, hugs and harirū. Sometimes social distancing was difficult to maintain in kanohi-ki-te-kanohi situations, such as when someone arrived on the doorstep and offered a kiss on the cheek or a hug. It took some getting used to the restrictions and natural responses could be hard to overcome. Occasionally, advice around social distancing was deliberately ignored, but this was uncommon. That tended to happen in situations where there were strong emotions, for example, when one kaumātua, who was also a caregiver, insisted on going in the ambulance to hospital with her frail whaea (auntie).

There was much discussion during the interviews about tikanga, for which kaumātua have a particular responsibility. Tikanga guided kaumātua in their response to restrictions on personal distancing, gatherings and customary activities. They explained the purpose of specific practices. We heard their sadness at the need to restrict hongi, harirū, and the

exchange of hau (breath), all of which carry deep spiritual meaning for Māori. Participants asked themselves whether some practices could be altered without losing their underlying significance. Moreover, would some changes, such as forgoing the hongi, become permanent?

The tangihanga is perhaps the most significant expression of tikanga Māori, so it is not surprising that kaumātua felt surprise and grief when government restrictions on tangihanga were announced. Nearly all participants reported, during lockdown or in the weeks that followed, when restrictions were maintained, a death where they would have normally expected to attend the tangihanga. Tangi, literally 'weeping', draws attention not only to the grieving process, involving the shedding of roimata (tears) and hūpē (mucus), tangible expressions of grief. Whānau come together, at the marae or the family home, to connect with past and present, to honour the dead and to pay their respects to the family. All this was not possible during lockdown and was severely restricted at subsequent alert levels.

Kaumātua reported innovative responses to ensure the preservation of tikanga associated with tangihanga. Participants spoke movingly of standing outside the home of the deceased during lockdown, or along the hearse's route. In such situations it was possible to karanga (call) and appropriately wiri (tremble with emotion) as the tūpāpaku (deceased) passed. One participant reported giving the karanga from the front of the marae, which was closed, and then following the hearse to the urupā (graveyard) and giving the karanga there, too. The inability to present koha (gift) to the grieving whānau was also mentioned.

One tangihanga at alert level 2 saw numbers restricted, sign-in policies in place, groups of no more than twenty manuhiri (guests) permitted into the wharenui, and frequent reminders to maintain social distancing. It is customary to feast together (hākari), with kai (traditional foods) as part of the tikanga around tangihanga, lifting the tapu of the event. One marae solved the problem by providing takeaway food packs for at least 100 visitors, available outside the marae.

The inability to meet to be involved in whanaungatanga (relationships) was felt to be a harm to the sense of belonging that whanaungatanga engenders. Participants repeatedly mentioned sadness at their inability to come together to express their love for those who had died, and several mentioned the inability to physically awhi (embrace) the grieving whānau. Live-streaming and the use of platforms such as Zoom mitigated some of the pain.

Kaumātua believed that tikanga had changed in the time of COVID-19. There was a general view that any modifications were only temporary, although there were some who thought changes might be more long-lasting.

c. Rangatiratanga: kaumātua supported the sovereignty of Māori communities in their pandemic response

Although kaumātua understood and supported the government lockdown, there was a strong feeling from our participants, echoed in wider Māoridom, that the government did not understand or take into account tikanga Māori. This led to a sense among some of diminished rangatiratanga, or sovereignty. Some participants expressed the view that government should not impose its own rules around how tikanga was observed. Rather, Māori should be trusted to develop their own initiatives to protect their communities, and kaumātua gave many examples of such adaptations, for example, in relation to restricting hongi, harirū and kihi as greetings, and tangihanga.

Some of the older participants had taken a step back from leadership roles and therefore did not contribute to iwi discussions around COVID-19. They maintained their rangatiratanga within their own whare and whānau and were appreciative of the manaaki they received, in the form of care or hygiene packs and phone calls. Some stated that they had no need for the goods that came in the packs, so they passed them on to those they knew were more in need.

Other participants worked very hard in roles in iwi, hapū and whānau developing a collective response to support their kaumātua and vulnerable whānau. Some were members of marae or iwi committees and conducted their business by phone or Zoom meetings. One described the work could also involve preparing funding applications to the special COVID-19 funds, such as an application for funds to support the manaaki packs, another for a work programme for planting to improve the land around the marae. Several were engaged in preparing and delivering manaaki packs, another time-consuming task which one person described as involving working every day for three weeks over lockdown. Often decisions around implementation of changes to tikanga at the marae level were guided by kaumātua and endorsed by marae committees. This decision-making process recognises the prominence of kaumātua and their leadership roles within te ao Māori and the responsibility they hold for supporting their people. One participant emphasized the commitment that was required of older people in providing guidance, stating, ‘That’s a big ask for the Government, for what they are putting on kaumātua and kuia.’

d. Hauora: kaumātua made efforts to maintain wellbeing during the time of COVID-19, but health services were not always responsive to their needs

Participants described maintaining hauora (health) during the time of COVID-19. Several mentioned the importance of looking after themselves, given that kaumātua were expected to be particularly vulnerable. One person told us how rested they became during lockdown, rather than being ‘always at people’s beck and call.’ Another told us how she was unable to maintain her usual workout regime, with the hydrotherapy pool shut.

Several participants talked about using rongoa as part of their health practices and one described making rongoa for use in the prevention of infection.

In relation to health care during the lockdown and subsequent alert levels, there were varied accounts. The most common reference to healthcare providers involved the influenza vaccine. A number of participants told of being called in by their hauora service to have their vaccination. Most kaumātua accepted the offer and appreciated being reminded, although a small number refused it.

During lockdown kaumātua could not call into their primary care provider or make normal appointments to visit. As restrictions eased, some wondered if they would be safe in doctors' waiting rooms. During lockdown, participants knew they were expected to phone the provider if they required a consultation and some described the frustration of trying to get hold of anyone at the service on the phone. A dislike of medical consultations over the phone was expressed. They were felt to be inferior to in-person consultations, especially if a doctor did not know you well or if someone was hard of hearing. One told us of a specialist appointment with an oncologist being cancelled. A serious incident was described where no contact could be made with the service. A visit to Accident and Emergency provided the medical care required for what turned out to be a stroke, but follow up with primary care was difficult to arrange. That person felt that the problem would not have been diagnosed by a phone consultation with a primary care provider.

Overall, kaumātua appreciated contact from hauora services, especially around vaccination. But during lockdown, some felt stranded, experiencing difficulty contacting services, feeling that phone consultations were inadequate, and worrying about what might happen if they needed medical care, especially if they had to go to hospital. There was anxiety about the possibility of catching the virus in health care settings. Some kaumātua, both in the study as well as older people known to participants, put off seeking medical assistance.

e. Diversity: kaumātua experience differed in Ngātiwai and Waikato-Tainui

There were some differences in the experiences of kaumātua from the two rohe in the study. These differences were partly because, on average, participants from Waikato-Tainui were older and less active. More Ngātiwai participants were involved in activities to support other kaumātua and their communities during lockdown. There were some apparent differences in tikanga across the rohe, as well, with the Waikato-Tainui participants part of a much bigger tribal group and larger geographical area, and bound by loyalty to the kingitanga. Ngātiwai is a smaller tribe and decision-making processes are different, giving participants from that rohe perhaps more influence on decisions at the marae level.

4. Kaumātua stories:

Illustrating Pūngāwerewere – Heeni

Heeni (Waikato-Tainui) was brought up in Ngāruawāhia, is retired, and now resides in Te Kauwhata. She is 79 years old and suffers from a number of health conditions, as does her partner. Heeni took steps to look after herself and her partner. She kept up to date with COVID-19 information by watching the one o'clock government reports on television.

Heeni is a very social person but lockdown stopped her weekly golf outings, going to shopping centres and attending tangihanga and other gatherings. While her daughter lives on the same piece of land, Heeni kept her household separate to safeguard her partner. She did this by locking her driveway gates.

Heeni is an avid user of Facebook, and this activity helped to mitigate the social isolation of lockdown. She was able to maintain threads of connection with eight of her friends by creating a Facebook Messenger group. Heeni was regularly contacted by her children and mokopuna, who checked on her and her partner's wellbeing.

Avoiding grocery shopping, Heeni received her first food parcel from her daughter. Thereafter, Heeni relied on regular food deliveries from her local shopkeeper who made a Facebook announcement that they would be opening up a delivery service for those over 70 years old. Heeni also used Facebook to co-ordinate receiving a manaaki kai pack and a hygiene pack from Waikato-Tainui.

Illustrating Hauora – Meihana

Residing in Ngāruawāhia, Meihana (Waikato-Tainui/Ngāpuhi) is 73 years old and recently retired from driving trucks. During Alert Level 2, Meihana experienced severe vertigo on his way to work. He attempted to see his GP, who is usually available on the day if a medical situation is urgent. However, when he rang, his local Hauora advised that they were only conducting phone consultations, and an in-person appointment would have to wait until the following day. Meihana remarked, but 'I was too sick to wait for the next day'.

Meihana and his whānau went to an accident and emergency clinic in Hamilton. On arrival, he was given a COVID-19 test and then he was admitted to Waikato Hospital, where he stayed for three nights. Meihana was supposed to undergo an MRI scan, but because it was Queen's Birthday weekend, the hospital was unable to do the MRI. This was done later at a private clinic. Meihana noted that only after being observed walking

oddly down the hospital corridor was he diagnosed as having had a stroke and he believed the diagnosis could not have been made via a phone consultation.

Meihana was discharged to the care of his GP but he found it extremely difficult to make contact with him, waiting over a week for an appointment. Meihana said, 'I ring the number and all I get is the music on the phone, you wait and wait and wait, go and get some firewood and trim the trees come back and the music's still playing.'

Illustrating Rangatiratanga - Trevor

After a career as a tradesman, Trevor, (Ngātiwai), retired and now lives in a small coastal village in his rohe with his partner. He is in his late sixties, is an iwi board member and is very active in the running of his Ngātiwai marae. He has a special interest in employment opportunities for young people. During lockdown the couple were very busy working from home. Trevor was involved in many meetings over Zoom, as well as preparing an application for funding for a project to employ young people to improve marae land. He also helped with distributing manaaki packs.

He told us how much he and his partner missed seeing their mokopuna over that period. While there were still restrictions on tangihanga, Trevor attended three during one week, one of which was for his dearest male friend. He was saddened to hear of cremations rather than burials occurring during lockdown, and he was angered when it was first announced that police might enter marae without warning. As they were preparing the marae for the move to Alert Level 2, he was confident that they would follow the rules that had been set down, because younger people would listen to the kaumātua and kuia. Overall, as a kaumātua, he felt that Māori should have been able to determine the rules affecting marae and tangihanga.

Illustrating Tikanga – Laurel

Laurel owns a small business with her husband, which had to close at lockdown. Chairing the trust for her local Ngātiwai marae, she was well aware of the hardships that might occur over the period. She used her skills and resources to organise the sourcing of supplies, preparation of meals at the marae and packaging and delivery of kaumātua manaaki packs. She spoke at length of tikanga, saying that while some say that tikanga must change, she says, 'No, you do not change tikanga, you change how you observe it.' She gave as an example of a situation where a kaumātua from their marae passed away during lockdown. The hearse drove past the marae (which was closed) on its way to the wāhi tapu. She and her daughter were preparing meals at the marae, and spontaneously they gave a karanga to the tūpāpaku (corpse). They then followed the hearse to the wāhi

tapu and gave another karanga at the entrance. They made sure they were social distancing, but also 'observed and gave respect to the tūpāpaku'. Then they put out hot food and tea for the gravediggers at the front of the marae, because it was a cold day, but they made sure that they wore gloves, and everything was scrubbed down afterwards. It was Laurel's way of observing tikanga while taking care of her health and the health of others.

5. Recommendations

The overriding recommendation from our study is that Māori voices, and particularly the kaumātua voice, should be heard and should count when government agencies and authorities design and implement policies during pandemics. Māori should be visible in communications from government. 'Put the mana back into the leadership of Māoridom,' as one participant put it. We recommend that all information is delivered in te reo Māori as well as English. This includes websites, alerts and notifications, radio announcements, social media, and televised briefings. Our te whare pūngāwerewere model illustrates how kaumātua live and what matters to them. Our study showed how strong they are, how much importance they attach to relationships, how they make contributions and give as well as receive care. They learn from the past, teach younger people and can adapt to digital futures. An understanding of kaumātua should be fundamental to plans and policies that affect them. It is particularly important to recognise the way rangatiratanga plays out in the kaumātua world – their capabilities, their wish to do things their own way, how they deserve respect and dignity and the power to make choices and take actions, in accordance with the tikanga of their iwi, hapū and whanau.

There needs to be a stronger commitment from policy makers, planners and those who deliver services to understanding the complex and valuable roles that kaumātua have in their communities, especially their roles in relation to tikanga.

Many of the kaumātua we spoke with were from remote and rural communities. Resources for older people need to be more equitably distributed, taking into account difficulties around transport, quality of housing and access to healthcare, and to digital technologies and services. The marae is a critical entity in addressing inequities. Marae need more support and better resourcing to perform this role to their full potential. For example, supplying Wi-Fi to all marae would benefit the whole community. Those without internet access at home, or with limited data or poor connectivity, could easily access the marae Wi-Fi, without needing to be in close contact with others. We recommend that the vital role of marae is recognised and that more resources and support are directed to marae, to be used by them at their discretion, in accordance with tino rangatiratanga and their own tikanga.

In relation to healthcare, we recommend health services review the way that kaumātua and their needs were met, or otherwise, during lockdown and subsequent alert

levels. The dislike of telephone consultations, and often limited digital resources, should be addressed in plans for health services during any future lockdowns or restrictions. When vaccination programmes are planned, whether for influenza or possibly for COVID-19, consideration needs to be given to the realities of kaumātua lives, access and availability issues, the tendency of kaumātua to put others' needs before their own, as well as attitudes towards, and the tikanga of, vaccination.

Appendix 1: Methodology of the study

Twenty-three kaumātua from Tai Tokerau and Waikato-Tainui, men and women aged in their early sixties to late eighties, were interviewed, mainly by Zoom, about their understanding and experiences of the COVID-19 outbreak in Aotearoa/New Zealand. The project used a co-design approach, involving researchers from the James Henare Māori Research Centre and community kaumātua researchers. Although Kaupapa Māori research emphasizes kanohi-ki-te-kanohi methods of collecting data, and on the ground contact with Māori communities, this was not possible in the context of COVID-19. It was decided that the video-conferencing platform Zoom provided the best option in the absence of physical contact, because it allowed us to record and to transcribe directly from the recording, while also allowing for recordings to be edited and used for dissemination purposes, and saved as a taonga for future generations.

The two rohe were chosen because the James Henare Māori Research Centre had good contacts and experience of conducting research in those places. Prospective interviewees were approached for the study by community kaumātua researchers. Interviews were preceded by a letter of introduction, a consent form and information sheet, all of which had been approved by the University of Auckland Ethics Committee (as had the overall study). It was established that koha would involve payment of the participant's phone/internet account for the months of the study. An initial phone call with participants involved whakawhanaungatanga (introductions), an explanation of the project and its koha and establishing what help the participant would need to be able to use Zoom.

Twelve participants were from Ngātiwai, seven women and five men; eleven from Waikato Tainui, eight women and three men. Their health ranged from excellent, to those with very diminished hauora, including dementia, living with carers, multiple co-morbidities and loss of mobile independence.

Serial interviews were flexibly scheduled around kaumātua preferences, resulting in between one and six interviews each over a six-week period (May to July 2020) as New Zealand emerged from a strict lockdown and progressed through differing alert levels towards elimination of community transmission. Sixty-three interviews (63 in all) took place.

The interviews began with asking participants about their understanding of COVID-19 and their initial experiences: how they became aware of the virus; their experience of self-isolation and other prevention practices, such as handwashing; adaptation of greetings and social distancing; support networks; health behaviours, and changes to tikanga. First interviews ranged from half an hour in length to an hour and a half. Subsequent conversations focused on updates relating to the virus and its impacts.

The research team's weekly Zoom hui facilitated the co-design process. The hui generated new points for discussion arising out of the previous week's interviews, while also providing a forum for the interviewers to support each other during these exceptional times. As the study progressed, identification of the main themes in the interviews occurred, as well as theorizing the material. The community kaumātua researchers were very active in explaining interview material and contributing to theorizing.

Interviews were transcribed and five of these also required translation from te reo Māori to English. Given the requirement of the funder for rapid reporting of results, in the context of COVID-19, the team used a rapid data analysis technique to identify main themes in the interviews. The weekly Zoom hui involved theorising the interview material with Māori concepts. The whaea (community researchers) led this process of theorisation, drawing on their deep knowledge of mātauranga Māori (Māori knowledge) and where appropriate, they imparted metaphors, whakataukī (sayings), waiata (song), tongi (prophetic sayings) and stories.

Kaimahi Rangahau

Associate Professor Marama Muru-Lanning, Dr Hilary Lapsley, Dr Tia Dawes, Dr Keri Mills, Professor Ngapare Hopa, Dr Ngahuia Dixon, Dr Suzanne Woodward, Ms Moana Oh, Ms Charmaine Tukiri, Ms Cilla Moore, Ms Charlotte Muru-Lanning, Mr Nicholas Jones