Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.
‘Lady, is this civilisation?’

A case study of community participation in a health development programme in Aotearoa New Zealand

A thesis presented in fulfilment of the requirements for the degree of
Doctor of Philosophy
in
Development Studies
At Massey University, Palmerston North, New Zealand

Lesley Susan Batten
2008
Abstract

Community participation is a key feature of major global health declarations and a fundamental principle of health strategies in Aotearoa New Zealand. However, the frequency with which it is espoused belies the complexities associated with its practical application. Engaging communities in primary health care programmes designed to improve their health has been identified as a major challenge.

This study’s objective was to explore community members’ perspectives of participation within a health development programme. The programme chosen aimed to increase the fruit and vegetable intake of targeted population groups, including Māori, Pacific peoples, and low income earners. A qualitative instrumental case study approach was adopted to examine the programme and investigate what influenced, constrained, and sustained community participation. Data collection included fieldwork over an eighteen-month period. Two programme projects were selected as the study foci: a community-led project involving distributions of thousands of free heritage variety plants; and, instigated by health services, a project establishing community gardens. These projects provided markedly different pictures of participation occurring within the same programme. The plant distributions had widespread appeal, while the community garden faltered.

Community participation fitted within a description of ‘focused social action’. Participation was motivated by needs, values, and interests. While some were personal and family based, the programme also became an imagined vehicle for addressing wider health, social justice, and environmental sustainability goals. Ongoing challenges related to defining targeted communities and groups, varying degrees and types of participation, and different perspectives of participation, especially as health sector staff worked from an equity mandate and community members spoke of equality.
Programme groups established as mechanisms to foster community participation had contradictory effects, engaging some as advisors, while failing to reach communities targeted for the programme. The complexities of health sector bureaucracy both enabled and constrained the programme and community participation.

This thesis provides an in-depth examination of the complexities of community participation in action, the contradictory effects of contexts enveloping programmes, and the resolve of community members. It increases our understandings of how community members perceive health programmes and community participation, which are critical factors in improving population health.
Acknowledgements

My grateful thanks go to the many people who supported me in different ways during this journey – without you it would not have been possible.

To the staff of the Whanganui Regional Primary Health Organisation, who generously allowed me to join with them as a volunteer. Welcoming an unknown PhD student into your organisation was courageous, and your support and interest in my study was much appreciated. Also thanks to the Whanganui District Health Board, whose staff were endlessly supportive. A special thanks to Leanne and Gill; I will never be able to thank you enough for letting me work with you both.

To the Whanganui community, especially the Grab a Bite That’s Right Steering Group and the community gardeners. Thank you for your generosity in sharing your time, experiences, and expertise with me. Your honesty, passion, integrity and determination for a healthier and better community are inspiring.

To my academic supervision team – thanks to Barbara, Donovan, Katharine, and Regina Scheyvens for your academic guidance and understanding of my peculiar new-found enthrallment with apple trees and community gardens. Special thanks go to Maureen Holdaway, who set me on this journey with this programme and supported me throughout.

To my support team of family (especially my mum), friends, colleagues and Africa Tui. Thanks for the considered critique, coffee, discount petrol vouchers, meals, distractions, and abilities to listen with enthusiasm to endless stories of cabbages and broccoli again and again and again.

This research was supported by a Doctoral Scholarship from Massey University and a Primary Health Nursing Scholarship from the Ministry of Health. Ethical approval was given by the Central Regional Ethics Committee.
# Table of Contents

**CHAPTER ONE: BACKGROUND AND CONTEXTS**

- Introduction 1
- Doing development studies research at home 2
- Positioning this study in relation to the context of my interests 3
- Aotearoa New Zealand as part of a globalising world 5
- Whanganui – the home of the programme 10
- Summary 13
- Chapter outline 14

**CHAPTER TWO: HEALTH, THE HEALTH SECTOR AND DEVELOPMENT - OVERLAPPING CONTEXTS FOR THE CASE**

- Introduction 16
- Linking development and health 16
- The context of the effects of health transitions 19
- The context of primary health care centred on health development 20
- The context of health promotion 25
- The context of the publicly funded health sector in Aotearoa New Zealand 31
- Summary 38

**CHAPTER THREE: UNDERSTANDINGS OF COMMUNITY PARTICIPATION**

- Introduction 39
- Participation as the focus of many disciplines 40
- Creating a space for a focus on participation 41
- Participation 43
- Community as the actor 48
- Understandings of community 49
- Participation as a social practice 61
- Community participation in health development 67
- Conceptual and practical challenges 78
List of Figures

Figure 1 Map of Aotearoa New Zealand 10
Figure 2 The health sector in Aotearoa New Zealand as related to GABTR 37
Figure 3 Inherent complexities in community participation 80
Figure 4 People gardening - individuals, families and groups 101
Figure 5 Autumn leaves hiding a new community garden 103
Figure 6 The rationale for the development of polyvocal layering 110
Figure 7 Community garden car park 166
Figure 8 Four seasons in a raised garden 177
Figure 9 Four seasons in a garden row 178
Figure 10 Scarecrows watch over the community garden 180
Figure 11 Garden ready for people and planting 181
Figure 12 Active participation in a new community garden 181
Figure 13 The first planting day 182
Figure 14 The green belt, including Te Mana Park, dividing Aramoho 185
Figure 15 Different perspectives of the garden in this space 199
Figure 16 Variations of vandalism - butchered broccoli 204
Figure 17 Variations of vandalism - demolished shed 204
Figure 18 A Community Gardens group meeting 235
Figure 19 Street signage - direction but no information 245
Figure 20 Action during a working bee 253
Figure 21 Produce harvested for delivery to the Food Bank 254
Figure 22 Steering Group attendance 284
Figure 23 Members’ perspectives of the role of the Steering Group 290
Figure 24 Newly erected ‘welcome’ garden sign (and graffiti) 312
Figure 25 Children playing in the garden at dusk 313
Figure 26 Final themes 318
List of Tables

Table 1 Treaty of Waitangi provisions 8
Table 2 Modes of participation 44
Table 3 Descriptors of participatory actors 46
Table 4 Selected definitions of community participation / involvement in health development 69
Table 5 Models / toolkits using the pentagram model 76
Table 6 Data collection activities 94
Table 7 Application of a community-up ethical framework 119
Table 8 GABTR programme milestones in phase one 139
Table 9 GABTR programme milestones in phase two 157
Table 10 GABTR programme milestones in phase three 169
Table 11 My visits to the garden 194
Table 12 Attendance at working bees 253
Table 13 Steering Group membership 267
Table 14 Evaluating the governance model 288
Table 15 Two different projects in one programme 317
Table 16 Implications for practice 334
Table 17 Literature review related to community and communal gardens 354
## List of Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>DHB</td>
<td>District Health Board</td>
</tr>
<tr>
<td>GABTR</td>
<td>The Grab A Bite That’s Right programme</td>
</tr>
<tr>
<td>HEHA</td>
<td>Healthy Eating Healthy Action (strategy / programmes)</td>
</tr>
<tr>
<td>MDGs</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>NZDep</td>
<td>New Zealand Index of Deprivation</td>
</tr>
<tr>
<td>NZTCA</td>
<td>New Zealand Tree Crops Association (Central Districts Branch)</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organisation</td>
</tr>
<tr>
<td>PHO</td>
<td>Primary Health Organisation</td>
</tr>
<tr>
<td>WDHB</td>
<td>Whanganui District Health Board</td>
</tr>
<tr>
<td>WRPHO</td>
<td>Whanganui Regional Primary Health Organisation</td>
</tr>
<tr>
<td>WDR</td>
<td>World Development Report</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
</tbody>
</table>