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THE RELATIONSHIP BETWEEN
MĀORI CULTURAL IDENTITY
AND HEALTH

by

Brendan Stewart Stevenson

A thesis submitted in partial
fulfilment of the requirements for
the degree of

Master of Arts

Massey University

2001

Supervisor: Doctor Fiona Alpass
School of Psychology
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ABSTRACT

While the differences in health between cultures co-existing in the same country have been well researched, there has been insufficient attention paid to the definition of culture used in these studies. Typically the ethnicity of an individual has been determined along biological lines or by the country of origin. However, the culture with which an individual identifies may not be so clear: an individual may identify with a number of cultures, from the social group with whom they socialise, to the religion they follow. Measuring the degree to which an individual identifies with a particular culture (their cultural identity), would allow an assessment of how membership in that culture influences health outcomes. The present study investigated the relationship between the cultural identity (CI) of Māori and their health. The main hypothesis was that a higher CI would be positively correlated with better health. The relationships between demographic factors (e.g. age, gender, & socio-economic status (SES)), CI, and a number of health indicators (self rated health, smoking behaviour, alcohol consumption, & exercise/sporting behaviours) were also examined. The sample used in the present study (767 adult Māori) was a subset of the data collected the Te Hoe Nuku
Roa Māori profiles project. The development of a CI measure incorporated seven cultural indicators: Whakapapa (ancestry), Marae Participation, Whanaū associations (extended family), Whenua Tipu (ancestral land), contact with Māori people, Use of te Reo (Māori language), and kai (food preferences).

A series of hierarchical linear regressions found that CI was not directly related to health indicators in the present study. There were weak interactions between CI, age, and smoking behaviour; CI, home ownership, and involvement in sport; and age, Crowding and involvement in sport. Additional findings were that more Sporting Involvement/exercise was moderately correlated with improved health, and there was a weak relationship between CI and SES. It was speculated that the lack of significant findings may be due to a difference in the quality of participants’ CI: The CI measure did not distinguish between those who learn their culture and those who live their culture (each group tending to be in differing social and economic positions). Recommendations from the study were: Further validation of the CI measure, and assessment of the distribution of CI over urban/rural areas, SES and age; additional research into the relationship between young Māori smokers and their CI; assessing how the level of Sporting Involvement varies across the social and economic realities of Māori; and the development of appropriate measures utilising the whanaū/household as the unit of analysis.
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