

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.

THE RELATIONSHIP BETWEEN
MĀORI CULTURAL IDENTITY
AND HEALTH

by

Brendan Stewart Stevenson

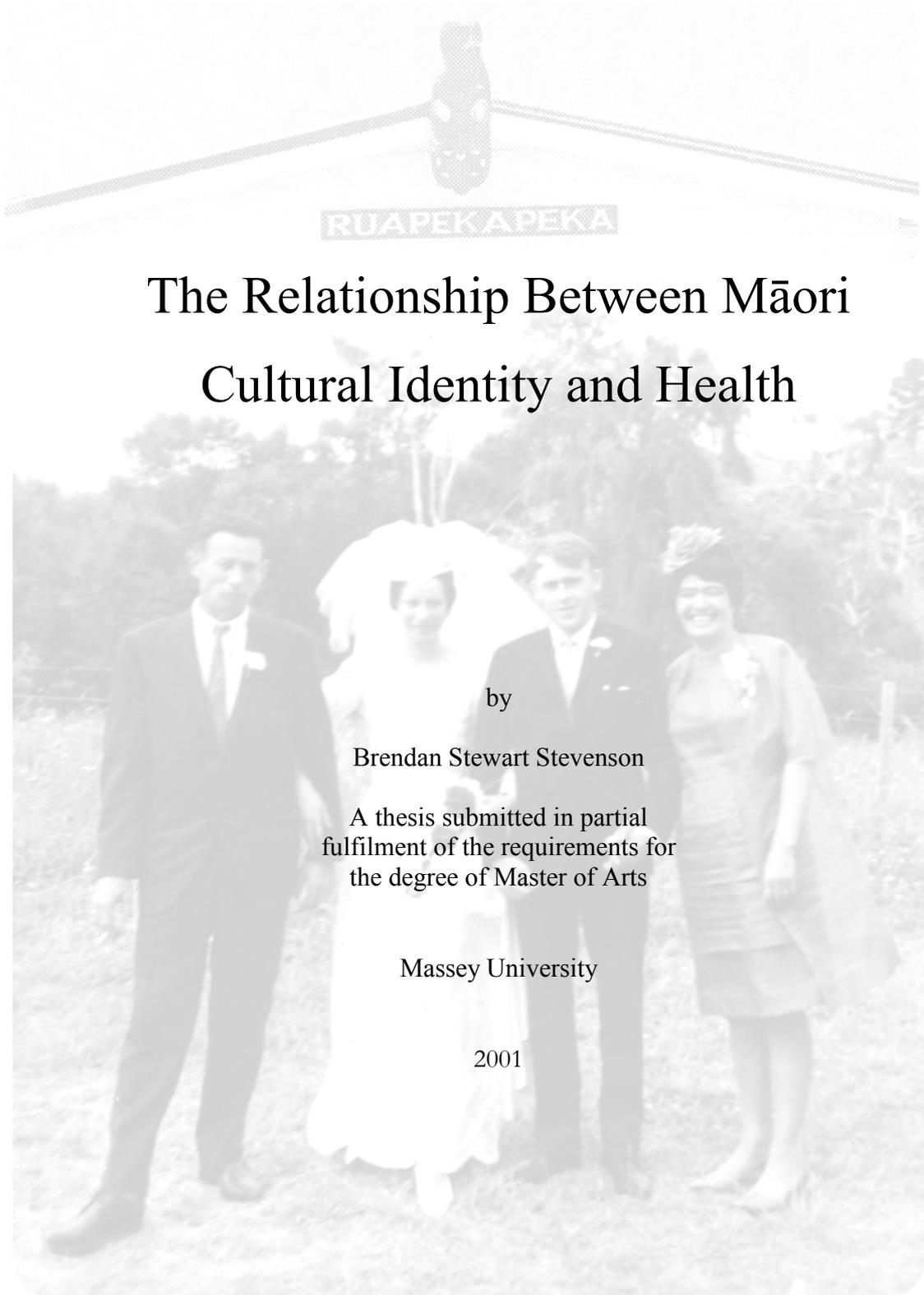
A thesis submitted in partial
fulfilment of the requirements for
the degree of

Master of Arts

Massey University

2001

Supervisor: Doctor Fiona Alpass
 School of Psychology



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

The relationship between Māori cultural Identity and Health

by Brendan Stewart Stevenson

Supervisor: Professor Fiona Alpass
School of Psychology
Massey University

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.

Table of Contents

v	Introduction
2	Chapter 1
2	Overview
8	Chapter 2
8	Literature Review
8	Health
15	Health Determinants
34	Culture
36	Cultural Identity
40	Culture and Health: The Link
48	Chapter 3
48	Theoretical Framework
51	Hypotheses and Research Aims
54	Chapter 4
54	Method
54	Design
54	Sample
55	Measures
64	Ethical Concerns
65	Chapter 5
65	Results
65	Data screening
66	Sample Description
73	Analyses

73	Bivariate Analyses
79	Regression Analyses

100 Chapter 6

100 Discussion

117 References

134 Appendices

List of Figures

Figure 1. Graph showing differences in life expectancy between Māori and non-Māori, and males and females.	5
Figure 2. A circuit of heritage and culture.	38
Figure 3. The relationship of the individual to culture, the environment and to those factors determining the individuals health through their life.	41
Figure 4. Flow chart detailing proposed relationship between Cultural Identity, Health Indicators, and Demographics	49
Figure 5. Graph showing frequency distribution of CI measure.	62
Figure 6. Graphs showing how Job Status, gender, and Health Insurance vary over Do You Smoke.	79
Figure 7. Equation showing minimum sample size.	82
Figure 8. Theorised interaction effects.	85
Figure 9. The interaction between CI and Age on Do You Smoke.	91
Figure 10. The interaction between CI and Age on Sporting Involvement.	95
Figure 11. The interaction between Crowding and Age on Sporting Involvement.	95

Acknowledgements

The Author wishes to thank:

Fiona Alpass, Jessica Kereama (my beautiful wife), Ihaia (my son), the Hildreth and Stevenson Whanaū for (hopefully) forgiving my absence from their lives while I completed my Masters, the Kereama Whanaū for supporting me and my family through this Thesis, My Marae (Akerama), John Waldon for some last minute advice, and Horiana Joyce.

The Te Hoe Nuku Roa Team (in alphabetical order):

Black, T. E., Christensen, I. S., Durie, A. E., Durie, M. H., Fitzgerald, E. D., Forster, M. E., MacDonald, A., Potaka, U. K., Rolls, R., and Taiapa, J.

This Thesis was completed with the assistance of a grant from Te Kaunihera Rangahau Hauora o Aotearoa (00/533).

Kia ora