



Theorising Māori Health and Wellbeing in a Whakapapa Paradigm: Voices from the Margins

Christine Elers & Mohan J. Dutta

To cite this article: Christine Elers & Mohan J. Dutta (16 Jul 2024): Theorising Māori Health and Wellbeing in a Whakapapa Paradigm: Voices from the Margins, Health Communication, DOI: [10.1080/10410236.2024.2378619](https://doi.org/10.1080/10410236.2024.2378619)

To link to this article: <https://doi.org/10.1080/10410236.2024.2378619>



© 2024 The Author(s). Published with license by Taylor & Francis Group, LLC.



Published online: 16 Jul 2024.



Submit your article to this journal [↗](#)



Article views: 102



View related articles [↗](#)



View Crossmark data [↗](#)

Theorising Māori Health and Wellbeing in a Whakapapa Paradigm: Voices from the Margins

Christine Elers and Mohan J. Dutta

CARE Center, School of Communication, Journalism and Marketing, Tennent Drive, Massey University

ABSTRACT

Whakapapa is an Indigenous metatheoretical framework; a phenomenon of metaphysical and social connections embedded in Indigenous epistemology unique to Aotearoa New Zealand (Aotearoa NZ). This research foregrounds the innate connection between Māori, land, health, and wellbeing as an expression of Whakapapa, nuanced through the layering of lived experience and sensemaking of 30 Māori participants, situated in dialogue with the culture-centered approach (CCA). Noting the erasure of Māori voices from the hegemonic frame of health communication in the settler colonial state, we sought to understand health and wellbeing meanings, challenges and solutions as articulated by Māori participants at the margins of Indigeneity. Drawing on the CCA approach to health communication, the manuscript highlights the relationship between Whakapapa and voice. The dialogs emergent from in-depth interviews place the CCA in dialogue with the Whakapapa paradigm, foregrounding the role of voice democracy in creating anchors to health and wellbeing among Māori, rooted in *tino rangatiratanga* (sovereignty). The articulations of Māori health voiced from/at the margins are offered as interventions into the large-scale health inequities experienced by Māori in Aotearoa NZ.

This research seeks to explore communication infrastructures at the margins of Indigeneity and in doing so, highlight Whakapapa as a communication framework and approach. We define margins of Indigeneity to mean Indigenous people who experience intersecting socioeconomic and health challenges because of the intertwined organizing forces of capitalism and colonialism. This study connects the Whakapapa metatheory with the CCA, a communication approach that was developed two decades ago in solidarity with the “margins of the margins” of Indigenous communities (Santalís in East India) to foreground subaltern¹ voices as creators and owners of health communication theories.

Whakapapa and the CCA: Dialogic anchors

Whakapapa is polysemic; it has several different meanings. Whakapapa is more than genealogy, depending on context and subject matter (Mikaere, 2011). The physical world and the spiritual world are not severed in the construct of Whakapapa and they remain intrinsically linked, anchored in Māori ontology. Whakapapa is also a framework for Indigenous theorizing (Roberts, 2013).

For Indigenous peoples, the land encapsulates an ideological holistic basis for interconnected health and wellbeing of both the people and the land (Greenwood et al., 2018). For Māori, land is part of the infrastructure of Whakapapa; it is connected to the health and wellbeing of Māori.

The inseparability of emotions and health, compounded by intergenerational trauma and pain resulting from colonization

(Smith, 2019), is a significant and enduring factor related to disparate health outcomes experienced by Māori. Lived experience of land loss is acutely felt across generations, impacting upon Indigenous health and wellbeing in the form of immense sadness, loss, grief and anger (Moewaka Barnes & McCreanor, 2019). Loss of physical and social interactions once facilitated by the land is compounded by the erosion of identity and knowledge systems, and the erasure of collective activities and responsibilities that generated and nurtured the health of the people and the health of the land (Durie, 2012). Land is consubstantial with Māori and Whakapapa (Timoti et al., 2017). Land, like people, is a tangible expression of the phenomenon of Whakapapa.

During the initial colonization process, higher child mortality rates existed in geographical areas that were subject to heavy land loss in Aotearoa NZ (Pool, 1991). For Indigenous peoples, disparate health outcomes are quintessentially indicative of historical and ongoing colonization processes (Richmond & Big-Canoe, 2018).

In a contemporary context, Paki and Peters (2015) explain that Whakapapa looks to the web of connection between people and the wider context, the places in which people live and go about their daily lives and their meaningful places that result in rich repositories of knowledge and sense making.

In this study, we use CCA for its communicative resources, embodied solidarities, and deep critical analysis of power structures in dialogue with Māori participants at the margins. The CCA interrogates structural power imbalances that constitute cognitive epistemicide, which is the erasure of

knowledge systems that exist in communities. The CCA works to make visible the mechanics of power, ongoing colonization and neoliberal processes that perpetuate health, socioeconomic and communicative inequities. It challenges the dominant cultural sensitivity approach that treats culture as an essence to be incorporated into health campaigns promoting top-down pre-configured individual health behavior change (Dutta, 2007).

Culture-centered scholarship co-created in solidarity with communities residing at the margins of societies has documented the processes of marginalization globally (Dutta, 2021; Rahman & Dutta, 2023) and more recently within Aotearoa NZ (Dutta et al., 2022; Elers et al., 2020; Jayan & Dutta, 2023). In tracing the erasures in articulations of health, culture-centered scholarship has documented the intertwined relationships among land, the ecosystem, and health. The culture-centered dialogs with Santalis connect health with spirits that reside in the trees, noting that health is threatened when the trees are cut (Dutta-Bergman, 2004). In the organizing of peasants in a land struggle against a privatized development project, health is voiced in the realm of the sacred, connected to the construction of “land as mother” (Pal & Dutta, 2013). In their struggle against mining extractivism, culture-centered articulations of the Indigenous people of Dongria Kondh situate health in relationship to the sacred mountain (Niyamraja, the target of mining development, see Dutta, 2013). Although the CCA has been placed in dialogue with diverse Indigenous cosmologies within India, this is the first time that the CCA has been welcomed and operated within an *Iwi* (tribal nation), Whakapapa embedded research project by Māori participants within the context of Aotearoa NZ.

The CCA inverts hegemonic theoretical formations of health communication by seeking to co-create communicative infrastructures with previously erased communities at the margins (Dutta, 2018). By scrutinizing the erasure of voices, it seeks to co-create infrastructures for listening to subaltern articulations, which will serve as the registers for organizing toward structural transformation (Dutta, 2008). The CCA seeks to foreground communicative spaces where communities at the “margins of the margins” build theoretical anchors to health and wellbeing by centering marginalized communities as the experts of their own realities. Through dialogical infrastructures, participants in culture-centered interventions layer their own understandings of health and wellbeing, the challenges they experience, and the potential solutions imagined. These meanings serve as the registers for co-creating solutions to health and wellbeing and are constituted at the intersections of culture, structure and agency. At these intersections, oppressive structures are highlighted and emerge as sites for interventions.

The CCA conceptualizes structures as the site for transformational social change enacted by community agency. Structure reflects the way in which systems are organized replete with rules of participation (Dutta & Basu, 2008). Historically, structures have erased voice through their hegemonic logics by privileging the voice of experts over others. The CCA is acutely attentive to the obvious and subtle ways in which structures bypass marginalized communities, looking instead to foreground voices of those who are more amenable

to its inner practices. Marginalization is written into the formation processes of structures as it looks to replicate hegemony by keeping intact practices that discriminate against community voice from the “margins of the margins” (Dutta et al., 2019).

Airhihenbuwa (1995) recognized the Eurocentric nature of health promotion and instead argued for the public health landscape to center the culture of communities. In the CCA, culture encompasses shared beliefs, customs and significance established within communities. It is constant and evolving, while also fostering avenues for adaption and evolution over time (Dutta, 2018). For voices of participants to be heard, any proposed solutions or re-imaginings need to be culturally grounded, that is localized and built from the ground up, with their participation and ownership. Agency is enacted amidst the negotiation of the structural constraints, as well as in symbolic and material practices of resistance (Basnyat & Dutta, 2012). Cultural meanings reflect agency and offer the basis for transforming structures. Dutta further explains that the voices of communities are then foregrounded, positioning communities at the margins as owners of processes of structural transformation (Dutta et al., 2019).

Whakapapa, land and Iwi context

Ngāti Kauwhata is an Iwi currently situated in the greater Feilding area, Manawatū, Aotearoa, NZ and are descended from Whatihua, an ancestor, who lived around the 15th century. Whatihua was a renowned agriculturalist, strategist and builder. Whatihua and his younger brother Tūrongo regularly engaged in competitive contests until Whatihua won the admiration and affection of Ruaputahanga of Ngāti Ruanui in Taranaki, culminating in their marriage. Ruaputahanga was a descendant of chiefs and adept in the art of *taiaha* (a form of weaponry used in hand-to hand combat). The Indigenous knowledge contained in this historical context is drawn upon by some of the participants in the Results section.

In the early nineteenth century, Ngāti Kauwhata along with their Ngāti Raukawa allies migrated from Maungatauri in Waikato to the Manawatū, Horowhenua regions. Land was held and occupied generally by sovereign Hapū. Individualised title was the antithesis of the communal nature of tribally held land (Durie, 1994).

Dr Isaac Featherston, superintendent of Wellington and appointed land purchase commissioner in 1862 served in the first to fourth colonial governments imposed in Aotearoa NZ in 1853. Having acquired large tracts of prime land in the Wellington province for settlement, Featherston, along with his fellow capitalist colonials, turned their sights toward the fertile plains of the Rangitikei and Manawatū. Vigorously opposed to the sale of their land, the majority of Ngāti Kauwhata mounted campaigns to stop the large-scale alienation of their land. Known as the Rangitikei-Manawatū block, it comprised approximately 250,000 acres and was described as “one of the finest blocks in the country” (Fallas, 1993, p. 5). Featherston crafted and implemented a shrewd and manipulative plan to deprive Hapū and Iwi of large blocks of land, to on-sell at higher prices to colonial settlers for the accumulation

of capital gains and the financing of Britain's newest colony (Hooper & Kearins, 2004).

Featherston sought signatories to the Rangitikei-Manawatū block sale, who were not the current landowners; neither were they residing on the land. Letters and petitions written by various Iwi members including Ngāti Kauwhata to Featherston and other members of Parliament stating that in effect their land had been taken by force, eventually led to the allocation of reserve land to Ngāti Kauwhata and other Iwi by the Crown (Husbands, 2018). The controversy over the sale of the Rangitikei-Manawatū block by Featherston continued as Hapū and Iwi submitted applications to the Native Land Court, disrupted land surveys (Husbands, 2018) and blocked road access that supplied goods from Palmerston North amounting to a loss of more than 100,000 pounds in perished food supplies (Gibson, 1936).

The Rangitikei-Manawatū block was sold for 25,000 pounds by predominately other Iwi and a handful of Ngāti Kauwhata people (Husbands, 2018). It was opposed by the majority of Ngāti Kauwhata. Notwithstanding the campaigns of opposition, the colonial legal system upheld the sale of the Rangitikei-Manawatū block. This sale currently forms the basis for the Treaty of Waitangi historical land claims grievance process against the Crown submitted by representatives of Ngāti Kauwhata and other neighboring Hapū and Iwi to the Waitangi Tribunal. The first round of Tribunal hearings was conducted in March 2020, almost 150 years after the deed of sale was formally enacted in 1866.

According to the New Zealand 2013 census statistics, 1,401 people identified as Ngāti Kauwhata, 55% were female, 45% were male. The median income was \$20,700. In relation to rental housing, 52.3% were living in rental accommodation and 20.8% were living in state housing (Statistics NZ, 2014).

All the participants live in the Manawatū-Whanganui region. Eighty-seven percent live in Feilding. Seventy-seven percent identified Ngāti Kauwhata as their Iwi. The remaining 23% are *whānau* (extended family) in the wider sense and comprise support networks to the Ngāti Kauwhata *whānau* participants. For example, some have Ngāti Kauwhata children, some are a spouse of a Ngāti Kauwhata *whānau* participant. All are Māori.

Research questions

The research goals, to which research questions were addressed, sought to understand: 1) the meanings of health and wellbeing; 2) the structural barriers or challenges to negotiating health and wellbeing; and 3) the solutions proposed and how these are constructed, at the margins of Indigeneity, within a small Iwi, Ngāti Kauwhata, in Aotearoa NZ.

This study foregrounds the participants' voices, asking (among other questions): What does health and wellbeing mean to you? How does land shape your health and wellbeing? What are the challenges to health and wellbeing? How do you negotiate the challenges experienced and what solutions do you propose? The everyday articulations of lived health and wellbeing experiences among Māori negotiating the intersections of structural violence and colonization constitute three main themes in response to the research questions: 1) the land

of our ancestors is vital to Māori health and wellbeing; 2) Māori meaning of good life; and 3) "heal the land, heal the people; heal the people, heal the land." These themes are constructed as speaking back to the dominance of structural impositions that impact upon the health and wellbeing aspirations of Māori navigating low socioeconomic conditions and disparate health outcomes.

Methods

This study acknowledges that Māori, living at the structural margins of Aotearoa NZ, are the health communication experts of their own realities. Our co-constructive dialogues sought to build infrastructures of listening and communication among Iwi members of Ngāti Kauwhata, located in Manawatū, Aotearoa NZ, negotiating their health at the margins. The lead researcher is Māori, a PhD student at Massey University, belongs to Ngāti Kauwhata and has lived most of her life in the Iwi area. The second researcher is a migrant, and also situated at Massey University and is a Professor, Centre director of CARE and Dean's chair in communication in the School of Communication, Journalism and Marketing.

Research participants were identified through Whakapapa relationships delving deep within the Iwi to identify possible participants whose lived experiences reflect socioeconomic disadvantage and concomitant erasure from mainstream, discursive spaces. These spaces can also include Iwi spaces. Some participated and recommended other *whānau* members. Thirty interviews were sought to obtain data thematic saturation (Dutta, 2008). Twenty-two participants were interviewed individually and eight participants preferred to be interviewed in small groups. This study was evaluated by peer review and deemed to be a low-risk notification. It did not require review by Massey University's Human Ethics Committees.

The emerging themes were evident at around 15 interviews but the interviews were continued to test whether these themes would be replicated. Twenty-one days were spent in the field interviewing participants in the first round. These interviews shaped the creation of the advisory group, which sought to co-create solutions addressing the health challenges. Prior to the interviews, two days were spent in the field discussing and amending the questions with four prospective participants. A further seven days was spent in the field arranging interviews with participants who did not have access to a phone or internet for social media messaging. Participants were provided with a *koha* (a gift) to acknowledge their time taken to share their knowledge and experiences. The master transcript comprises all 30 interviews, amounting to four-hundred and fifty-five pages of single-spaced, 12-point font. The interview length ranged from 38 min to 112 min.

Constructivist grounded theory was utilized to elucidate themes through an open coding process (Charmaz, 2014). This involved moving through the transcripts line-by-line coding sections, paying careful attention to stick closely to the participants' articulations. The next stage of coding entails axial coding, where segments of transcripts are grouped into buckets or categories. These categories were then discussed with the advisory group and three main themes concerning the connection between land and Māori health and wellbeing emerged and are shared here. In addition, we utilize Whakapapa as a tool of analysis by looking

at the layers of articulations as strands adding meaning after meaning, rooted in land.

Findings

The land of our ancestors is vital to Māori health and wellbeing

The co-constructed meanings about health are anchored in whānau relationships with land, nestled within Whakapapa. This was evident as all participants emphasized the connection between land and health as the basis of their health and wellbeing, voicing health interventions as the struggles for securing sovereignty over land. The narrations from Rehu explain the connection between land and health encased within the Whakapapa paradigm.

Rehu: I think that's very important, the land plays a very important part of the wellbeing of your health. You can extract a lot of things from your *whenua* (land) to help enhance your health. It's therapeutic you know, it's beneficial, it's growth, you know and it is a good embrace. I think for the land, yeah it's a productive thing, it's a gathering thing, it's a connection from those that have passed on to those that are still living. There's a connection there in our *urupā* (cemetery). [Land] is a resource that is vital to our health, or one of the elements yeah that's vital to our health.

Rehu emphasizes the importance of land to health and wellbeing. For example, she adds another layer of meaning as she ventures at first into land as a resource to enhance health therapy, then thinks deeper by positioning land as the foundation that connects the present generation to past generations. For Māori, this type of tracing narrative exemplifies Whakapapa as a metaphysical theory that incorporates Māori health and wellbeing in a web of connections with land and ancestors.

Many Indigenous peoples including Māori were alienated from their lands, negatively impacting upon their livelihood and their identity (Durie, 2003). Intergenerational memories of these deceptive processes of colonization continue to deeply affect many Indigenous peoples today, as it constitutes a profound sense of loss and pain. The capacity to utilize land is also another component that has a positive impact on the health and wellbeing of Māori. In addition, Teneia points to the tangible expression of land as a connector linking current generations to past generations, this connection as necessary for health.

Teneia: Yeah that's it, take care of the land, the land will take care of you. But it'll also take care of those people that are on it ... cos it will help them with their health. They know where they belong, they know that this is their little piece of dirt. [It] may not be very big but that's mine because that came from way back, my ancestors and I think that's pivotal to health.

Teneia emphasizes that whilst the land is integral to health, a symbiotic relationship with land and Māori is conceptualized, noting the necessity to "take care of the land" not just for his own health but for the health of the collective, for all who reside on the

land. The sensemaking of land in relation to Māori health and vice versa is understood as collective health and wellbeing, rather than being underpinned by an individualized ideology. Both Rehu and Teneia highlight the connection between land and ancestors as integral to health because it is common for Māori participants in this research to acknowledge that the land is our ancestor and that the land is imbued with the spirit of our ancestors (Royal, 2002). It should be noted also that these articulations are embedded within the context of place and Iwi. In this research, the participants mostly resided within their Iwi region, in a semi-rural setting and were aware of their identity in relation to their Iwi affiliations and significant landmarks and waterways. However, this is not the case for all Māori in Aotearoa NZ, with large scale expulsions of Māori from land catalyzed by urban development, that is accelerated both by aggressive settler colonialism and neoliberal expansion.

Kahi draws out the emotions related to land loss. Māori identity here is connected to Māori collectives such as whānau, *Hapū* (sub-tribe) and Iwi, which is, in turn, cemented to place. Moewaka Barnes and McCreanor (2019) refer to the destabilization of Māori identity, the breakdown of Māori societal practices, as well as the compounding of emotions associated with grief when Māori were alienated from their ancestral land. Kahi goes on to state:

I can't think about that too much because it just makes me so angry and upset. I still visit the land when we go down and it still is ours, although we have no say over it. I guess it's like having a lease over your land, like one of those perpetual leases where you own the land but you are never ever going to be able to touch it. It's like, it's like being in jail really and watching everything from the outside. Being inside and looking at people use your land and not you, not being able to touch it or have anything from it, to be honest that's probably my biggest *pouri*. (sadness)

The above comment illustrates how these effects of land alienation continue to impact upon Māori health and wellbeing. For Kahi, health is intertwined with a sense of having a voice, which in turn is rooted in the connection with ancestral land. Also, land loss is attributed to health and wellbeing, reflected in the deep sadness that Kahi feels through not being able to interact with ancestral land. Additionally, Kahi likens the loss of land to notions of powerlessness, as he states it feels like "being in jail and watching everything from the outside." Ancestral land that was once an integral part of whānau, *Hapū* and Iwi identity, and readily available to be engaged with and accessed, was severed from Kahi and his whānau. Ancestral land dispossession is tantamount to a prison sentence, described as watching "people use your land and not you" from jail. This narrative is inflected with emotion as he describes the sadness and anger resulting from land loss. Kahi emphasized the loss he feels by explaining that he is "never ever ever going to be able to touch" the land, which has the same deep feeling and sentiment as the loss of a loved family member or friend. Symbolically, Kahi still thinks of the ancestral land as part of their whānau Whakapapa but access, utilization and control of the land by Kahi and whānau was usurped. Gaining one's health is therefore tantamount to regaining the stolen land.

Marta and Whenei are *kaumātua* (elderly) participants. Both share their underlying health conditions, the long list of medications that they have been prescribed, and also the

difficulty that they sometimes experience accessing the doctor to refill their medical prescriptions due to the cost of doctor and prescription fees. They once harvested, prepared and relied upon *rongoā* (medicinal remedies) Māori for overall wellbeing and to combat minor ailments. Rongoā preparation for themselves and their whānau was a regular part of their overall wellbeing. In the past, they were ardent rongoā practitioners; however, their access to rongoā Māori was reduced over the years due to constraints such as age and cost. For example, the increasing costs incurred from traveling to gather required rongoā during seasonal times. Access to land where the desired rongoā grows was also an issue, especially as Marta and Whenei consider the ramifications of land loss for them:

That's the whole thing is based on, even prejudice is based on that too, what happened in the ole days, in history. . .cos we've lost so much land and we're still trying to get it back now . . . when you go back in the history and the lands that you are trying to get back, I get crook alright and I get angry. . .I'm just trying to think. I don't think it's affected my health. It's made me angry, which I shouldn't be. I know that, but it just goes back in the past and away I go, that's when I've got to grab that [guitar], cool it down. Is that health? Well, it is!

The narratives of Marta and Whenei conceptualize health and the loss of it within the ambits of the colonization of the land (Moewaka Barnes & McCreanor, 2019). A CCA analysis highlights that the process of land theft is seen by the participants as a fundamental site of erasing their rights to health and wellbeing. A past study conducted by Mark and Lyons (2010) weaved together Māori healers' narratives concerning health and wellbeing, linking Whakapapa and land as integral components of health and wellbeing for Māori. Similarly, Whakapapa is posited as a framework that is inextricably connected with land and that the loss of land has deep ramifications that can affect a person's identity with the land and overall physical and emotional ties to the land (Te Rito, 2007). These findings stem from in-depth discussions with participants and exemplify the critical role that land plays in the health and wellbeing for some people. Not only is the land a haven for access to rongoā, but it is also fundamental to the future health and wellbeing of Māori. In other words, the destabilization of Māori knowledge practices associated with the land and health (Moewaka Barnes & McCreanor, 2019) is reflected in the difficulty accessing land to harvest rongoā and the decline in rongoā practices, which have been and continue to be, integral to Māori health and wellbeing.

Māori meaning of a good life

Tama Tū, Maria and Haami were interviewed together as a group. Tama Tū outlines further connections between land, employment and provision for whānau as he delved back into history, into the *pūrākau* (Indigenous narrative) of Tūrongo and Whatihua as briefly summarized above. The *pūrākau* was alluded to by Tama Tū in response to a broader question about a Māori concept of health and wellbeing. He further explained: “good kai, good shelter, the original things that Tūrongo and Whatihua were trying to get their wife.” As alluded to earlier in this manuscript, Tūrongo and Whatihua competed with one another to provide the best food and shelter in order to secure

a marriage to Ruaputahanga. Culturally grounded Indigenous education, decent housing and decent food make up the infrastructures of a good life, which in turn, even today, constitutes the everyday meanings of health among the participants.

Lee (2015) outlines *pūrākau* as “a traditional form of Māori narrative, contain[ing] philosophical thought, epistemological constructs, cultural codes and world views that are fundamental to our identity as Māori” (p. 96). Tama Tū also drew on the Whakapapa framework, selecting the *pūrākau* of Tūrongo and Whatihua, both Ngāti Kauwhata ancestors dating back to around 1500AD. *Pūrākau* epitomize Whakapapa as a metaphysical and social theory of connections.

Here, the *pūrākau* of Tūrongo and Whatihua is one example of Māori philosophy associated with Māori health and wellbeing, which concerns not only the capacity to access nourishing food and good housing, but also for Tama Tū, the ability to access and provide these necessities for optimal health and wellbeing. In addition, Tama Tū views this as leveraged by land, good housing, culturally relevant pedagogy, whānau, identity, relationships and more. Overall, *pūrākau* are positioned as sites of resistance and alternative imaginaries to the colonial settings of health.

Tama Tū reveals that the education system failed him and many other Māori. He explains:

In the old days when our people taught our own children, our own mokopuna [grandchildren] and nephews, you don't want to lie to them. You want them to be the best that they can be because you care about them. When the teacher doesn't care about you, yeah well if you just miss out on a little bit of school and you don't know the next answers and then you fall behind, fall behind, fall behind, the teacher still gets paid. That's what happened to a lot of generations . . . because a lot of us slipped through the gaps and found ourselves in the working world. Like the *cuzzie* said yet it was the school that failed us, not us that failed the school.

Health is seen as being tied to some of the broader determinants of health rooted in the ongoing process of colonization that is embedded in mainstream education (Hodgetts et al., 2016). Mainstream education is constructed here as antithetical to Māori health and wellbeing and an enabler of ill-health. In Aotearoa NZ, scholarship concerning the failure of the mainstream education system to meet the needs of Māori students is prolific (Smith, 2000). Alternatively, *kōhanga reo* (Māori language immersion early childhood centers) and *kura Māori* (Māori language immersion schools – ages 5 to 17) are steeped in Māori ways of teaching and learning, which Tama Tū views as ensuring high achievement rates for its students. However, it was only in 2015 that a *kura Māori* (albeit a satellite *kura*) was established in the Feilding area. Furthermore, existing mainstream schools (where most Māori access education) are still being criticized for pedagogical practices that constitute a colonized curriculum for Māori students (Stevens et al., 2021).

“Heal the land, heal the people. Heal the people, heal the land”

Within the Whakapapa paradigm, Māori genealogical and deep-seated connections are with the land and also the environment. Local rivers are also an integral part of health and

wellbeing. Tama Tū, Maria and Haami add to their articulations associating Māori health and wellbeing to the state of the local river. They discuss the polluted state of the river, and the role that the local government played in polluting the river, when it built the town's sewage facilities upstream of the river that flows past their marae, contaminating their ancestral food source. Haami suggests that healing is rooted in the land, “[w]hat’s that saying that’s a bit of a solution, I forgot what was said, um heal the people and ya know heal the land, heal the land and you heal the people, I think that’s in any order.” Whilst Tama Tū explains that *tangata whenua* (people of the land) are the land, “us, as tangata whenua that’d be correct cos we are the land yeah . . .”

Health is situated in relationship to the destruction of nature and pollution of the local river. Processes enacted by the colonial structure have led to the pollution of rivers as health and wellbeing sources for Ngāti Kauwhata, who lived traditionally very close to and in relationship with the local river (see Knight, 2018, pp. 109–119).

Their remaining ancestral marae and land that once housed the ancestral marae are still located in close proximity to the waterways and rivers. The participants canvass the phenomenon of Whakapapa as they traverse the elements that constitute their Māori identity – land, river, language and Iwi affiliations, landing on the river as another prime example of colonial destruction impacting upon their wide meaning of health and wellbeing. These articulations highlight that their health and wellbeing are continually affected by colonial structures that center their own worldviews and dominant practices ahead of tangata whenua and in this case the Ngāti Kauwhata people. A sewage plant was needed for the town, but was it necessary to place it just upstream of a thriving Indigenous papa kāinga of Ngāti Kauwhata? Since the river does not have the same significance to Pākehā like it does for Māori, discharging sewage to rivers was not sacrilege for Pākehā and did not threaten to diminish the *mauri* (life force) of the river and the health and wellbeing of the Iwi members of Ngāti Kauwhata.

Leia explains how the pollution of the Ōroua river has robbed her of experiencing a connection to the river that generations before her experienced.

I feel like I was, in a way robbed of my connection to the Ōroua river because I wasn't able to grow up in it . . . I can't feel it anymore because you know it's *paru* (dirty). I can see it, I can see that it's hurt and I can, you know hear the river flow but is that how it's meant to sound cos it's unhealthy?"

Just as Kahi explained the deep-seated sadness that he feels as a result of land loss – likening the experience to watching others use their ancestral land from a prison cell, Leia's narrative about feeling robbed of her connection to the river also conveys their spiritual connection to land and rivers as integral determinants of Māori health and wellbeing. The narrative of the river as integral to health emerges across the interviews, even though the physical connection has been severed. Health is not only about regaining the stolen land but also includes ceasing the discharge of sewage into the local river. Haami asserted that healing is rooted in the land, with reference also to the local river suggests that healing the land and the river is mutually co-constitutive with the health of Māori, creating

registers for collective interventions co-constructed with Māori at the margins of the margins. This articulation of Māori health as centered in Whakapapa forms the basis of the health interventions that emerge through our culture-centered ethnographic collaboration with the community, led by the advisory group formed through the culture-centered process (not covered in this paper).

Discussion

This ethnographic co-creation is anchored in both Whakapapa and the CCA, foregrounding the roles played by land and local rivers as voiced by Iwi members as the basis of their health and wellbeing. This land-river interplay as the anchor to health and wellbeing is embedded within a Whakapapa framed culture-centered intervention, offering a decolonizing framework for doing Indigenous health communication scholarship/work.

The voices of the participants present in this paper attend to articulations of Māori health and wellbeing rooted in the imaginations of those Indigenous community members at the “margins of the margins” navigating socioeconomic challenges. The participants' layers of meanings center connection to ancestral land and local rivers sojourning outside the biomedical constructions of health rooted in the whiteness of settler colonial approaches. The CCA, placed within these layered narratives of Māori health and wellbeing voiced by the Ngāti Kauwhata Iwi members, co-creates communicative infrastructures for voices at the margins of the Iwi to build structurally transformative registers (Dutta-Bergman, 2004). This paper contributes to the literature by demonstrating the intersecting relationship between the CCA and Indigenous theories of health, with voice democracies at the “margins of the margins” of Indigenous communities serving as the basis for theorizing health. In addition, the dialogue between the Whakapapa paradigm and the CCA co-creates communicative infrastructures that serve as the basis of health organizing to transform settler colonial and capitalist structures that threaten Indigenous health through the alienation of land, occupation of river, pollution of river, and erasure of Indigenous education. This study has advanced new knowledge in communication scholarship by positing Whakapapa as a communication approach centered in Indigenous realities and opening up unlimited possibilities of exploring Indigenous communication processes as the basis for securing health. Furthermore, positioning the CCA as a dialogic anchor with Whakapapa adds to both approaches. A Whakapapa approach to communication benefits from the expertise of the CCA in co-creating communication infrastructures and its sharp analysis of hegemony through attention to voice. The academic labor of co-creating voice infrastructures at the “margins of the margins” of Indigeneity mobilizes an organizing framework rooted in theoretical articulations from the Indigenous margins. The concept of *tino rangatiratanga* (sovereignty) is enacted through communicative sovereignty, the ownership of voice infrastructures at the margins, a concept emergent from the CCA (see Dutta & Thaker, 2019). The CCA is advanced through the embodiment of a dual approach in solidarity with Māori, depicting the processes through which dialogs can be created between the CCA and Indigenous

knowledge. Bearing in mind that this manuscript reports only on the first phase of the research,¹ we depict the intertwined relationship of land, Indigenous education, and nature (in this instance, river) in constituting the everyday meanings of health. The conceptual nodes shared here converge with Indigenous constructions of health as intertwined with land and nature in earlier culture-centered studies carried out in India (see Dutta, 2012). Such convergence points to the openings for forging South-South connections of solidarity in building decolonizing registers for health communication, theorizing health communication as securing land rights as the basis for challenging settler colonial/neocolonial land grabs in Indigenous contexts. This manuscript adds to the literature on the CCA and land by outlining the processes through which land constitutes health, the threats to health shaped by the ongoing displacements of land propelled by settler colonialism, and the processes of healing that turn to cleaning up of the river that holds the key to health in the community. Health communication as solidarity turns to the concepts of humility and friendship with Indigenous communities at the “margins of the margins,” co-creating communicative infrastructures for community voices and walking alongside communities in seeking structural transformation (Dutta et al., 2019). Rooted in the question, “What does health mean to you?,” culture-centered solidarities with the Indigenous communities take the form of placing health amidst the Whakapapa paradigm, rooted in intergenerational relationships with land and river expressed by Māori, situated amidst intergenerational connections. The centering of health as community sovereignty over land and river, anchored in connection, serves as the basis for structurally transformative Indigenous organizing to take back the ownership of land and river (not written about in this paper). The development infrastructures of settler colonialism and neoliberal capitalist expansion are marked as the fundamental sources of threat to health, thus anchoring health communication as health activism that seeks to transform these structures of capitalism and colonialism by mobilizing to return and occupy Indigenous land and rivers. The nature of the health communication intervention as emergent from these conversations turns to agitations for safeguarding land, organizing to protect the river, and addressing the sources of pollution that threaten Indigenous health.

As opposed to culturally sensitive approaches to Māori health that accommodate Indigenous articulations of ecosystems in developing individually directed behavior change interventions, the registers of health offered by Māori community members at the “margins of the margins” articulated amidst a dialogue between the CCA and the Whakapapa paradigm foreground land dispossession as the site of transformation through the enactment of collective agency. The emergent culture-centered intervention co-created by whānau members at the margins took the form of a land occupation challenging a development project that threatened to dispossess community members from customary land and this is reported on elsewhere. The foregrounding of the colonial structure as the site of dispossession anchors health communication as community activism seeking the exercise of

sovereignty and *mana motuhake* (autonomy) over safeguarding customary land and water. Health communication therefore takes the form of activism against dispossession and displacement through projects of development.

A Māori driven, culturally centered intervention from within communities interrogates the structural violence of settler colonialism that impedes the agentic capacities of Māori communities at the “margins of margins.”

Drawing upon a web of metaphysical and social connection that constitutes Whakapapa, Māori participants’ voices offer layers of meanings generating a theory of health communication that is firmly tied to the origin and *mauri* (life force) of landscape and waterways, to social cohesion between generations nuanced in local context. When voice is foregrounded in this way, structural constraints are illuminated, reimagining a public healthcare system that foregrounds land as the basis of Māori health and wellbeing. Working then from the notion that land is central to health and wellbeing, Māori articulations at the margins seek to mobilize to secure ancestral land as the basis for achieving health equity.

Note

1. Subalternity refers to the condition of being erased.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

The author(s) reported there is no funding associated with the work featured in this article.

Glossary

Aotearoa	Land of the long white cloud; New Zealand
awa	river
Hapū	subtribe
hauora	health
hui	meeting, gather
Iwi	tribe, bones, Māori people
kaitiaki	guardians, custodian, steward
kaitiakitanga	stewardship, guardianship, custodiality
kaumātua	elder(s), elderly
Kauwhata Marae	the marae (village courtyard and surrounding buildings) of Ngāti Kauwhata
koha	a gift to maintain social relationships and has a connotation of reciprocity
mana whenua	tribal authority over land
manaakitanga	generosity; hospitality, care
mana motuhake	autonomy
Māori	Indigenous people of Aotearoa NZ
mātauranga	knowledge
mātauranga Māori	Māori knowledge
mauri	life principle, life force, vitality, ethos
Ngāti Kauwhata	descendants of the Kauwhata tribe
Pākehā	New Zealander of European descent
papa kāinga	village
Papatūānuku	Earth mother, wife of Ranginui (Sky Father)
pepeha	tribal saying, proverb
Ranginui	Father sky, husband of Papatūānuku (Earth Mother)

¹See the corresponding author for references to phases two and three.

rongoā	medicinal remedies
taiaha	a form of weaponry used in hand-to hand combat
Tangata whenua	people of the land, Indigenous people; born of the earth's womb
Te Ao Māori	the Māori world
Te Reo Māori	the Māori language
tino rangatiratanga	chiefly authority, sovereignty, Māori self-determination
whānau	family, extended family
whenua	land, placenta

References

- Airhihenbuwa, C. O. (1995). *Health and culture: Beyond the western paradigm*. Sage.
- Basnyat, I., & Dutta, M. J. (2012). Reframing motherhood through the culture-centered approach: Articulations of agency among young Nepalese women. *Health Communication, 27*(3), 273–283. <https://doi.org/10.1080/10410236.2011.585444>
- Charmaz, K. (2014). *Constructing grounded theory*. Sage.
- Durie, E. T. (1994). Custom law: Address to the New Zealand society for legal and social philosophy. *Victoria University of Wellington Law Review, 24*(4), 325–331. <https://doi.org/10.26686/vuwlrv.24i4.6228>
- Durie, E. T. (2012). Ancestral laws of Māori: Continuities of land, people and history. In D. Keenan (Ed.), *Huia histories of Māori* (pp. 2–11). Huia Publishers.
- Durie, M. H. (2003). *Ngā kāhui pou: Launching Māori futures*. Huia Publishers.
- Dutta, M. J. (2007). Communicating about culture and health: Theorizing culture-centered and cultural sensitivity approaches. *Communication Theory, 17*(3), 304–328. <https://doi.org/10.1111/j.1468-2885.2007.00297.x>
- Dutta, M. J. (2008). *Communicating health: A culture-centered approach*. Polity Press.
- Dutta, M. J. (2012). *Voices of resistance: Communication and social change*. Purdue University Press.
- Dutta, M. J. (2013). Voices of resistance: The Niyamgiri movement of the dongria kondh to stop bauxite mining. In M. J. Dutta & G. L. Kreps (Eds.), *Reducing health disparities: Communication interventions* (Vol. 6, pp. 516–532). Peter Lang.
- Dutta, M. J. (2018). Culture-centered approach in addressing health disparities: Communication infrastructures for subaltern voices. *Communication Methods and Measures, 12*(4), 239–259. <https://doi.org/10.1080/19312458.2018.1453057>
- Dutta, M. J. (2021). Singapore's extreme neoliberalism and the COVID outbreak: Culturally centering voices of low-wage migrant workers. *The American Behavioral Scientist, 65*(10), 1302–1322. <https://doi.org/10.1177/00027642211000409>
- Dutta, M. J., & Basu, A. (2008). Meanings of health: Interrogating structure and culture. *Health Communication, 23*(6), 560–572. <https://doi.org/10.1080/10410230802465266>
- Dutta, M. J., Jayan, P., Elers, P., Elers, C., Rahman, M. M., & Pokaia, V. (2022). Receiving healthcare amidst poverty during the COVID-19 lockdowns: A culture-centered interrogation. *Health Communication, 37*(12), 1503–1509. <https://doi.org/10.1080/10410236.2022.2111634>
- Dutta, M. J., Pandi, A. R., Zapata, D., Mahtani, R., Falnikar, A., Tan, N., Thaker, J., Pitaloka, D., Dutta, U., Luk, P., & Sun, K. (2019). Critical health communication method as embodied practice of resistance: Culturally centering structural transformation through struggle for voice. *Frontiers in Communication, 4*(67), 1–14. <https://doi.org/10.3389/fcomm.2019.00067>
- Dutta, M. J., & Thaker, J. T. (2019). 'Communication sovereignty' as resistance: Strategies adopted by women farmers amid the agrarian crisis in India. *Journal of Applied Communication Research, 47*(1), 24–46. <https://doi.org/10.1080/00909882.2018.1547917>
- Dutta-Bergman, M. J. (2004). The unheard voices of Santalis: Communicating about health from the margins of India. *Communication Theory, 14*(3), 237–263. <https://doi.org/10.1111/j.1468-2885.2004.tb00313.x>
- Elers, C., Jayan, P., Elers, P., & Dutta, M. J. (2020). Negotiating health amidst COVID-19 lockdown in low-income communities in Aotearoa New Zealand. *Health Communication, 36*(1), 109–115. <https://doi.org/10.1080/10410236.2020.1848082>
- Fallas, V. (1993). *Rangitikei/Manawatu block (Wai 52 #A3, Wai 113 #A12)*. Waitangi Tribunal. https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_94029157/Wai%2052%2C%20A003.pdf
- Gibson, T. A. (1936). *The purchase and settlement of the manchester block: An account of the development of the Feilding district, New Zealand*. Fisher.
- Greenwood, M., De Leeuw, S., & Lindsay, N. M. (2018). *Determinants of indigenous peoples' health: Beyond the social*. Canadian Scholars.
- Hodgetts, D., Stolte, O. E. E., & Rua, M. (2016). Psychological practice, social determinants of health and the promotion of human flourishing. In W. Waitoki, J. S. Feather, N. R. Robertson & J. J. Rucklidge (Eds.), *Professional practice of psychology* (3rd ed., pp. 425–436). The New Zealand Psychological Society.
- Hooper, K., & Kearins, K. (2004). Financing New Zealand 1860–1880: Māori land and the wealth tax effect. *Accounting History, 9*(2), 87–105. <https://doi.org/10.1177/103237320400900205>
- Husbands, P. (2018). *Māori aspirations, crown response and reserves 1840 to 2000: A Ngāti Raukawa historical issues research report for the Porirua ki Manawatū inquiry (Wai 2200, #A213)*. Waitangi Tribunal. https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_147048749/Wai%202200%2C%20A213.pdf
- Jayan, P., & Dutta, M. J. (2023). Listening for erasures as method in making sense of health disparities: Culture-centered constructions of health among refugees. In S. Kaur-Gill & M. J. Dutta (Eds.), *Migrants and the COVID-19 pandemic*. Palgrave Macmillan. https://doi.org/10.1007/978-981-19-7384-0_4
- Knight, C. (2018). *Beyond Manapouri: Fifty years of environmental politics in New Zealand*. Canterbury University Press.
- Lee, J. (2015). Decolonising Māori narratives: Pūrākau as method. In L. Pihama, S.-J. Tiakiwai & K. Southey (Eds.), *Kaupapa rangahau: A reader: A collection of readings from the Kaupapa Māori research workshop series* (2nd ed., pp. 95–103). Te Kotahi Research Institute.
- Mark, G. T., & Lyons, A. C. (2010). Maori healers' views on wellbeing: The importance of mind, body, spirit, family and land. *Social Science & Medicine, 70*(11), 1756–1764. <https://doi.org/10.1016/j.socscimed.2010.02.001>
- Mikaere, A. (2011). *Colonising myths Māori realities: He rukuruku whakaaro*. Huia Publishers.
- Moewaka Barnes, H., & McCreanor, T. (2019). Colonisation, hauora and whenua in Aotearoa. *Journal of the Royal Society of New Zealand, 49* (1), 19–33. <https://doi.org/10.1080/03036758.2019.1668439>
- Paki, V., & Peters, S. (2015). Exploring whakapapa (genealogy) as a cultural concept to mapping transition journeys, understanding what is happening and discovering new insights. *Waikato Journal of Education, 20*(2), 49–60. <https://doi.org/10.15663/wje.v20i2.205>
- Pal, M., & Dutta, M. J. (2013). "Land is our mother": Alternative meanings of development in subaltern organizing. *Journal of International & Intercultural Communication, 6*(3), 203–220. <https://doi.org/10.1080/17513057.2013.765954>
- Pool, I. (1991). *Te Iwi Māori: A New Zealand population, past present and projected*. Auckland University Press.
- Rahman, M. M., & Dutta, M. J. (2023). The COVID-19 pandemic's impact on the health of Rohingya refugees. In S. Kaur-Gill & M. J. Dutta (Eds.), *Migrants and the COVID-19 pandemic*. Palgrave Macmillan. https://doi.org/10.1007/978-981-19-7384-0_3
- Richmond, C. A., & Big-Canoe, K. (2018). The geographies of indigenous health. In V. A. Crooks, G. J. Andrews & J. Pearce (Eds.), *Routledge handbook of health geography* (pp. 179–188). Routledge. <https://doi.org/10.4324/9781315104584-26>
- Roberts, M. (2013). Ways of seeing: Whakapapa. *Sites: A Journal of Social Anthropology and Cultural Studies, 10*(1), 93–120. <https://doi.org/10.11157/sites-vol10iss1id236>
- Royal, C. T. A. (2002). *Indigenous worldviews: A comparative study*. <https://static1.squarespace.com/static/5369700de4b045a4e0c24bbc/t/53fe8f49e4b06d5988936162/1409191765620/Indigenous+Worldviews>

- Smith, G. H. (2000). Maori education: Revolution and transformative action. *Canadian Journal of Native Education*, 24(1), 57. <https://doi.org/10.14288/cjne.v24i1.195881>
- Smith, T. (2019). He ara uru ora: Traditional māori understandings of trauma and well-being. In R. Tinirau & C. W. Smith (Eds.), *Te Atawhai o te Ao: Independent Māori Institute for Environment and Health*. <https://teatawhai.maori.nz/wp-content/uploads/2020/04/He-Ara-Uru-Ora.pdf>
- Statistics NZ. (2014). *2013 census Iwi individual profiles: Ngāti Kauwhata*. <https://www.stats.govt.nz/reports/2013-census-Iwi-individual-profiles#manawatu>
- Stevens, S. R., Ovens, A., Hapeta, J. W., & Petrie, K. (2021). Tracking physical literacy in Aotearoa New Zealand: Concerns of narrowed curriculum and colonisation. *Curriculum Studies in Health and Physical Education*, 12(2), 123–139. <https://doi.org/10.1080/25742981.2021.1901598>
- Te Rito, J. S. (2007). Whakapapa and whenua: An insider's view. *MAI Review*, 1(3), 8.
- Timoti, P., Lyver, P. O. B., Matamua, R., Jones, C. J., & Tahī, B. L. (2017). A representation of a Tuawhenua worldview guides environmental conservation. *Ecology and Society*, 22(4), 20. <https://doi.org/10.5751/ES-09768-220420>