



Premature mortality resilience and wellbeing within urban Māori communities



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ABSTRACT

Māori (the indigenous peoples of Aotearoa New Zealand) experience of colonisation has negatively affected access to many of the resources (e.g. income, adequate housing) that enable health and well-being. However Māori have actively responded to the challenges they have faced. With the majority of the Māori population now living in urban settings this exploratory study aimed to understand factors contributing to mortality resilience despite exposure to socio-economic adversity with reference to Māori well-being. Resilient urban neighborhoods were defined as those that had lower than expected premature mortality among Māori residents despite high levels of socio-economic adversity. Selected resilience indicators theoretically linked to a Māori well-being framework were correlated with the novel *Māori_RINZ* resilience index. Of the selected indicators, only exposure to crime showed a clear gradient across the resilience index as predicted by the Māori well-being framework. Future research is needed as unclear trends for other indicators may reflect limitations in the indicators used or the need to develop a more comprehensive measure of well-being.

1. Introduction

Māori are the indigenous peoples of Aotearoa (meaning “land of the long white cloud” and one of the original Māori names for New Zealand). Following European contact in the 18th century and subsequent colonisation, the Māori population experienced rapid decline (Sorrenson, 1956). It was not until the 20th century that the Māori population began to recover and, in the post-World War Two period, made the transition from a predominantly rural to an urban way of life. In 2013 there were almost 600,000 people who identified as Māori living in Aotearoa (Statistics New Zealand, 2013a), 85% of whom lived in urban settings (Kukutai, 2011).

European colonisation left a legacy of disenfranchisement from material, social and political resources for Māori (Barcham, 1998). This is despite a treaty (the Treaty of Waitangi) being signed between representatives of Māori tribes and the English Crown that provided guarantees for the well-being of Māori (e.g. retention of resources and equal rights as citizens). The ongoing impacts of colonisation have contributed to contemporary Māori experiencing poorer health, less financial security, poorer education, and lower quality housing compared to non-Māori. On average, life expectancy is over seven years

shorter (Bascand, 2013) and cancer survival is poorer for Māori than non-Māori. In Aotearoa, exposure to adversity is often conceptualised at the community level by high levels of socioeconomic deprivation (Atkinson et al., 2014; White et al., 2008). Larger proportions of the Māori population reside in the most deprived communities, compared to non-Māori (24% versus 7%) (Ministry of Health, 2010). While this measure is a simplification of the adversity faced by Māori communities, it can be considered as one indicator of the cumulative effects (particularly economic) of colonisation over time.

Māori living in urban environments (urban Māori) have actively responded to the challenges they have faced and taken advantage of opportunities presented by the urban setting. In cities (and many other locations), *mana whenua*¹ have built new social, health and economic institutions, engaged with local and central government, and managed and protected natural resources (Te Rūnanga o Ngāti Whātua, 2011, New Zealand Government, 2012, Waikato-Tainui Te Kauhanganui Incorporated, 2013). Non-*mana whenua* (known as *mataawaka*²) have established pan-tribal organisations (for example social support and health agencies), sports groups, and churches (Meredith, 2000).

Obligations under the Treaty of Waitangi and, in many cases, a sense of social justice have also compelled central government, local

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¹ *Mana Whenua* (authority over the land) are those Māori whose *iwi* (tribes) traditionally inhabited a location. In the context of this study, *Mana Whenua* refers to Māori whose traditional *iwi* lands have been encroached upon by urban development.

² *Mataawaka* (the many canoes) are those peoples who have migrated to urban locations and have no traditional habitation connection to that location.

government, and other organisations to take action. For example, portions of traditional lands have been returned or compensation made to *mana whenua* (Office of Treaty Settlements, 2012) and legislation has required local government to facilitate Māori participation in decision making (New Zealand Government, 2016 (reprint)-a). This has led to a few councils establishing formal provisions for elected Māori representation (Bargh, 2013; Ryks et al., 2010; Simmonds et al., 2016) and in the case of Auckland the establishment of an independent board to review and comment on Auckland Council performance for Māori (New Zealand Government, 2009). As part of managing natural and physical resources the Resource Management Act (New Zealand Government, 2016b (reprint)-b) also requires local government to engage with *mana-whenua* in decisions about the management of natural and physical resources, particularly in terms of environmental protection and places of cultural significance.

Improving urban Māori well-being can be seen as the ultimate goal of efforts to recognize Treaty of Waitangi obligations, address social injustices, and other adversities experienced in the urban environment. However well-being is a complex concept with a range of (often competing) interpretations (Edwards et al., 2015). Traditional notions of well-being from the psychological literature define wellbeing in terms of emotive (hedonic) states or degree of functioning (eudaimonic) (Deci and Ryan, 2008). However these tend to have an individual focus and the concept of well-being can be seen as highly relative between individuals and over life courses (Edwards et al., 2015). Another perspective, the ‘capabilities approach’ is concerned with people’s access to the freedoms and capabilities that enable them to be well (Sen, 1999). In this context “wellness” is gauged in terms of the value people place in the lives they are able to lead. Understanding *how well* people are is not the aim, rather the focus is on how society enables people to be well. According to Sen, wellness is enabled through five core freedoms linked to opportunities to participate in society, being safe, having freedom from persecution, fair distribution of wealth, and transparent governance arrangements. We have adopted a capabilities approach to well-being in this paper as it helps to place focus on the social and physical environments that enable people to be well and avoids potentially homogenizing understandings of what wellness is across diverse urban Māori populations.

The detrimental effects of exposure to socio-economic disadvantage on health are well documented (Alder and Ostrove, 1999). However, there is a growing body of research that has identified variations in health outcomes between communities despite being exposed to similar levels of disadvantage (Grotberg, 2003; Carver, 1998; Ungar, 2006; Pearson et al., 2013a; Sanders et al., 2008). Evidence suggests that being able to respond to causes of socio-economic disparities or mitigate its impacts is positively associated with health and well-being (Sampson, 2003). Such evidence is consistent with a capabilities approach and highlights the importance of the social and physical environment as enabling (or otherwise) people to lead valued lives. Factors that appear to mitigate against socio-economic disadvantage include access to quality housing (Sanders et al., 2008; Cairns et al., 2012), social support (Sanders et al., 2008), quality employment opportunities (Cairns et al., 2012), place attachment, and access to healthy natural environments (Cairns-Nagi and Bamba, 2013; Pearson et al., 2013a). In this context, *resilience* to adversity is an important function of a capabilities approach (Bartley, 2006). Drawing from the existing literature, we define urban health resilience in the present study as the capacity to maintain or even strengthen good health and well-being in the face of significant adversity for an indigenous population.

This paper describes an exploratory study focused on identifying factors that affect well-being related outcomes (specifically unexpectedly low mortality (Pearson et al., 2013a)) among Māori living within urban communities. Understanding factors that enable resilience among urban sub-populations (in this case urban Māori) will develop our understanding of well-being and how it can be improved and

maintained among disadvantaged groups. The aims of this research were to 1) develop a set of resilience measures for urban Māori communities; 2) quantify levels of resilience across communities (called Māori_RINZ) defined as unexpectedly low premature mortality among Māori in areas of high neighbourhood deprivation; and 3) examine the relationship between Māori_RINZ and the selected indicators of resilience.

2. Methods

2.1. Theoretical framework

There are a number of excellent guiding frameworks exploring conceptions of Māori well-being (Durie, 1999; Love, 2004; Morgan, 2004; Whakaatere and Pohatu, 2011; Te Puni Kōkiri, 2007; Durie et al., 2010; Awatere et al., 2010). However, many are not specific to urban settings, are tailored for specific types of organisations, or have a limited focus. Consequently, it can be difficult to apply them individually across a range of urban governance structures or to take account of a full range of determinants for well-being in urban settings. *Ngā Pou Mauriora (NPM)* (Author, 2014) is a conceptual framework that consolidates existing Māori and international literature on well-being. Its purpose is to align the activities of different urban governance organisations of relevance to Māori towards a common set of Māori well-being outcomes. It focuses on the ways urban governance creates or supports social, built and physical environments that are “able to sustain a way of life that Māori collectively have reason to value.” The focus applies a capabilities approach to well-being that enables Māori communities to be sustainable.

The framework includes five ‘enabling’ domains that contribute to well-being. The first, *Whanaungatanga* highlights the importance of social support where shared experiences of community members develop a sense of collective belonging, obligations, and reciprocal caring. *Kaitiakitanga* acknowledges human dependence on the natural environment. Typically, those tribes who traditionally inhabited an urban area (*mana whenua*) play a primary role of *kaitiaki* (guardians of the natural environment). However, all urban dwellers are obligated to serve as guardians to ensure sustainability of natural resources and in respect of *mana whenua*. *Ukaipotanga* is a metaphorical term that highlights the importance of urban environments promoting a sense of Māori identity and belonging. Within Māori culture the concept of *manaaki* is a core value based on the importance of providing hospitality, support, and nurturing for both guests as well as family and community members. *Wāhi Manaakitanga* extends the concept of *manaaki* and applies it to how urban governance acts to create communities that are healthy and safe places to live. The fifth domain, *Whairawa*, describes the accumulation, distribution, and access to wealth and capital within Māori communities. This includes monetary wealth and assets (such as *marae*³), environmental and social resources more broadly, and the processes through which resources are generated, protected, and used to address the needs of communities. Indicators for each domain have also been drawn from the models and frameworks on which *NPM* is based.

Ngā Pou Mauriora is aligned to theories and literature on community resilience that describe the importance of 1) social environments and social capital (*whanaungatanga*) (Norris et al., 2008); 2) physical environments that provide clean water, air and land (*kaitiakitanga*) (Shortt et al., 2012); and 3) built environments facilitating access to healthy foods, places for physical activity and meeting places (*wāhi manaakitanga*), particularly in urban settings (Pearce and

³ Traditional *marae* act as cultural and social focal points for Māori communities. They usually include outdoor open spaces, a carved meeting house (also a place where people can sleep), dining hall, kitchen, and ablution amenities. In addition to *mana whenua marae*, communities within most Aotearoa New Zealand cities have built pan-tribal *marae* that serve the needs of *matawaka* as well as the community at large.

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