

Using a community based participatory research model within an indigenous framework to establish an exploratory platform of investigation into obesity



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ABSTRACT

Obesity, together with related co-morbidities and psycho-social stigma, is highly prevalent amongst indigenous populations including the Māori people of New Zealand. This is of particular concern as indigenous peoples historically and currently experience health inequities. The primary objective of this work is to use the community-based participatory research (CBPR) paradigm to develop a methodological framework in an indigenous context, to enable an interpretation of health and wellness in relation to obesity. In this paper we present the process we used to develop our approach and our modified CBPR framework as a platform to explore perceptions of wellness to facilitate improved health outcomes. We embedded cultural values and beliefs held within a traditional Māori knowledge framework into CBPR, as a way to identify meaningful health promotion and prevention strategies in a New Zealand indigenous community. Our modified framework positioned indigenous people as decision-makers at the forefront of the research process from conception through to implementation and analysis. Acknowledging the research capacity of an indigenous community and facilitating their leadership research role was identified as being crucial in order to engage in a process aimed at investigating a priority public health issue. CBPR with an indigenous community identified three foundation elements of when conducting research: [1] relationship building, [2] consultation and generation of an identified research area of need, and [3] formation of an indigenous panel of expertise to provide leadership for all aspects of the research process.

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1. Introduction

Obesity, together with related co-morbidities and psycho-social stigma, is becoming an increasing global public health concern (World Health Organization, 2014). Furthermore, obesity

is more prevalent amongst indigenous populations which suggests that current health-related processes, interventions and messages for that population are largely ineffectual (Utter et al., 2010; Ministry of Health (2014)). Although obesity is present amongst all population groups, indigenous New Zealanders (Māori) are overly represented with 46% considered obese, compared with 26% amongst their non-indigenous cohort (Ministry of Health (2014)). Obesity and associated co-morbidities such as heart disease, diabetes, as well as some cancers and musculoskeletal problems are an increasing cost burden on the health system. Initial weight loss and then weight maintenance are difficult achievements for Māori, and may be alleviated through culturally appropriate intervention strategies (Mohindra and Labonté, 2010). Elders from an indigenous community in New Zealand from an area of Northland known as Te Tai Tokerau had communicated to the first author (RB) that obesity

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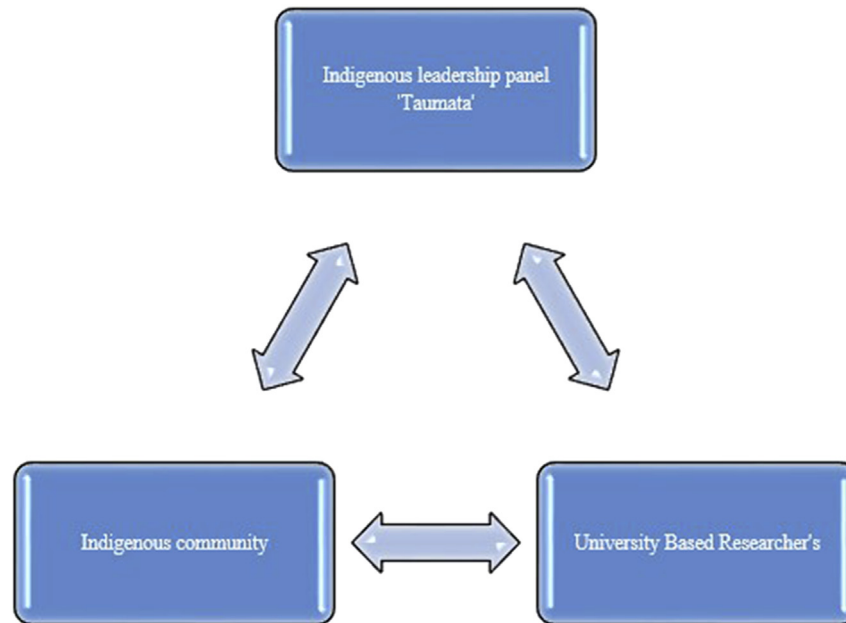


Fig. 1. Research relationships.

was of significant concern and that this was an area of health that they deemed important for further research, particularly with a view to developing an intervention that could reduce levels of obesity for Māori in Te Tai Tokerau. Current research processes are often incongruous with indigenous knowledge systems and if we are to try and mitigate obesity trends for indigenous peoples, we cannot continue doing as we have always done. Hence, this research was commissioned to identify a more meaningful and effective way to start to ascertain how to mitigate the disproportionate prevalence of obesity amongst an indigenous population.

Previous research has demonstrated that, in order to inform effective public health promotion strategies, in particular among indigenous peoples, community participation in the research process is required to gain a culturally-specific understanding (Braun et al., 2014; Rasmus, 2014; Tara et al., 2012). CBPR is an approach that aims to enable co-learning and partnership between university-based researchers and community members at every stage of the research process, to not only anchor community programmes in the local context, but also promote community-capacity building (Wallerstein and Duran, 2006; Daley et al., 2010). The theoretical underpinnings of CBPR namely, research that is founded on relationships between academic and community partners, with a presumption of mutual gain, equipoise and participation was the starting point for this research (Holkup et al., 2004). This represents a shift from conducting research about a specific population, to conducting research with that community (Koster et al., 2012).

Contributing factors to the obesity epidemic among indigenous peoples of New Zealand (Utter et al., 2010; Ministry of Health (2014)) are multiple and varied and may be attributed in part, to socioeconomic factors, the availability of healthy food choices, as well as the significant effects of disempowerment, colonisation, assimilation and resultant urbanisation (Eliassen et al., 2012; Pan et al., 2010). Furthermore, indigenous peoples are recognized as having unique social, cultural, and health needs (Mark and Lyons, 2010; Marsden et al., 2003), often within larger

mainstream societies to which they are expected to adapt. Notably, there is no current published evidence addressing wellness for indigenous peoples in the context of obesity, or translates current indigenous knowledge and concepts of wellness into practice.

This paper represents a first step in a research programme designed to draw upon mātauranga Māori (indigenous knowledge systems) to both inform and guide the research process to explore obesity. While previously described CBPR models have incorporated communities of interest into the research process in a consultative role, one of the limitations of this approach is it can be seen as a perfunctory gesture with indigenous peoples (Braun et al., 2014; Cargo et al., 2008). This aim of this study was to clearly conceptualise a CBPR paradigm in an indigenous context while empowering indigenous research capacity to enable an investigation of health and wellness in relation to obesity based on cultural values and beliefs.

2. Material and methods

The CBPR methodology employed required careful planning with regards to the parallel input of both university-based research processes and community-based participation from Māori. Institutional ethical approval was obtained from the University of Otago Human Ethics Committee [Reference Code: H14/037].

To help facilitate community engagement we also used community-wide information strategies that included stories about the research in local newspapers and numerous community meetings. The community meetings to establish the research question, determine methodological processes, and discuss findings were conducted at traditional indigenous venues (marae), public facilities and private residences encompassing indigenous people of different genealogy, socioeconomic status, educational background and knowledge base of traditional indigenous concepts. The hui were guided by an open forum style that maintained indigenous customs, and explained the overriding research themes while concurrently handing over research authority to the

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