Māori kuia in Aotearoa/New Zealand: Perceptions of Marae and How Marae Affects their Health

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Abstract

This article reports and discusses the perceptions that kuia (older Māori female or grandmother) have of their health and, how their connections to marae (place and space, often consisting of a collection of buildings and in many instances considered to be the physical embodiment of ancestors) influence these perceptions. The research was undertaken and driven by a group of Māori communities through their individual marae (6) and hapū (sub-tribe/extended family), and provides the data source for this paper. The study involved quantitative (survey) and qualitative (focus groups) methods with data collected from over 350 Māori participants; half of these were Māori women. Information and data relating to kuia have been extracted from the quantitative survey and their views and perspectives from a focus group session are discussed in this paper. Drawing from these two sources not only confirmed what earlier research and literature asserted — that kuia have significant influence in their whānau (family/extended family), hapū (sub-tribe/extended family) and iwi (tribe/people) — it showed that kuia particularly endorse the idea of marae “place and space” being living, breathing, entities, and the focal point of the community; being a location for the provision of health services would be an extension of this. Having health services provided on the marae along with other activities is likely to have positive effects and bring whānau back to the marae.

Key words: Māori, Aotearoa, marae, kuia, health, space, place

Research Contributions from Whānau and Hapū

In 2005, Dr Gillies obtained funding from the Health Research Council of New Zealand, on behalf of Ngā Kairauhii Inc, a Māori health provider representing six affiliated marae in the Heretaunga (Hastings) region. The research project was designed and implemented by whānau researchers. Our involvement has been in an advisory capacity both as members of the whānau and as researchers. A report was written and findings were reported back to whānau at a hui at Waimarama marae. Ngā Kairauhii are currently looking at pathways for implementation alongside the nationwide Whānau Ora strategy.

Introduction

This paper presents kuia Māori voices in relation to marae as a place and space, a venue or space where Māori woman can give expression to health and wellbeing through their connection to their environment. In this paper their named environment is the marae and includes the streams and rivers, mountains and bush; that not only physically weave in and out of the boundaries of various marae environs, but also weave spiritual and mental bonds to places and spaces. For Indigenous peoples of Aotearoa New Zealand these mind and body connections and reconnections are manifest in whānau, hapū, and iwi groupings — the genealogical ties between the land and the people are interrelated and linked.

Information and data relating to kuia have been extracted from both the quantitative survey and a focus group session and form the basis of this paper. In particular, the focus group sessions with these kuia

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In this paper we focus on the experiences of *kuia* and their interpretation/thoughts about those experiences of growing up in fairly close proximity to their *marae* and with *tipuna* at their sides. *Marae* environs were explored not just as a positive and familiar cultural place and space for Māori but as a space and place where the level of interaction with and connections to *marae* environs stimulate notions and practices of positive healthy behaviours, habits, and perceptions about health. Even though the health of Māori women was not the sole focus of the research it became clear that to Māori women notions of health and wellbeing are not just confined to the physical or focused on illness but include the social, spiritual, mental, and physical elements embodied in place and space. Given these women are likely to be considered the holders of or the main repositories of *whānau* knowledge, (*whakapapa*, genealogy), culture, *matauranga Māori* (*Māori* knowledge about the environment, land, people and places, education), *te reo me ōna tikanga* (*refers to those who are competent and comfortable with the Māori language*) their perceptions of health are likely to have an influence on the health of their *whānau*. For many women, their involvement, participation, and connection to *marae* does influence how they perceive their own health and that of others in their *whānau* and *hapū*.

A unique feature of this particular piece of research is the leadership and drive provided by several Māori communities through their individual *marae* and *hapū*. This included Māori community engagement in relatively unfamiliar roles in terms of the research process, such as research proposal writing, recruitment and selection of participants, selection of methods, data collection, collation, analysis and report writing. While these communities received guidance and training in undertaking research interviews and focus groups, and brought in expertise for short periods, they undertook quantitative (survey) and qualitative (focus groups) data collection from over 350 Māori participants. Over half of the participants were Māori women of different age groups. Data/information relating to *kuia* have been extracted from both sources to inform this paper. The survey results highlighted themes,

are discussed with supporting analysis and presentation of findings from the survey (Gillies and Barnett, 2010). From this type of analysis and engagement with these women it became evident that *kuia* favour the idea of *marae* being used as living, breathing, entities, and the focal point of the community. Each of the *kuia* in the focus group had grown up on or around their *marae* with grandparent and great grandparents and therefore they were exposed to the range of Māori cultural contexts, lore, and language as children. They talked about the great orators—both men and women that they either saw or heard their *tipuna* (*ancestors*) speak of; also who carried out what roles on the *marae* and why. Grandparents were always there to whangai (*feed*) the children—not just physical sustenance but sustenance of the mind and spirit—they were the teachers, they ensured the children were looked after and nourished. *Kuia* maintain the *marae* was and continues to be the place with the physical elements/objects defined (as in buildings), and a space where cultural, spiritual, social, and physical wellbeing flourishes.

It is generally understood that different ideas and perspectives of place and space guide collaborative and integrative social (Hornecker, n.d), and cultural interactions between the physical and metaphysical (Tomlins-Jahnke, 2002). Place describes the world of human experience and space the humanistic, often abstract, thinking strengthened, as Kearns and Alun (1993) suggest, by infusions of social theory. Indigenous views and perspectives see these two variables as interrelated, interconnected, and real. The *marae* is both a place and space—a place that is spatially, geographically, and contextually focused rather than abstract (Deloria in Brooks, 2008). The past, the present, and the future are in the space and place, linking the physical and metaphysical in a time continuum. Tomlins-Jahnke (2002) pursues the idea of “home-place” as the “locale of being” and, intrinsic to this, the differing contexts (e.g., identity, colonization, cultural, tribal) within which Māori and other Indigenous groups share distinct commonalities in both human experience and philosophical thought. The women in this study have lived experiences that reflect the notions of both “home-place” and “locale of being.”

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current status and issues that were explored further in the focus groups. There was one focus group session that engaged a number of kuia in conversations with each other and the researchers about a range of issues, and we have, in their words, woven a succinct strand to ensure their stories emerge in their own voice rather than ours. To provide some background, a conscious effort to elucidate thinking, and clarification around marae — what they are — and previous research about Māori women’s health is outlined below.

**BACKGROUND**

The development of marae has followed an established pattern whereby a whare, wharenui, whare-puni, whare-tipuna (meeting house or home at a marae) is central to an arrangement of family units and other buildings constituting marae. The meeting house is the personification of an ancestor and the pride of the village and was also often a gauge of a chief’s mana (power or authority) — giving an atmosphere “that nothing else can equal” (Buck, 1950, p. 374). The meeting house is usually built first then the complement of other supporting buildings form around it. In recent cultural development (19th century onwards) the meeting house and the marae “became complementary to each other and one could not function adequately without the other” (Buck, 1950, p 374). Combined, they serve the various social needs of Māori communities. Given the human element marae are not just a set of buildings — the marae also embraces a human and spiritual dimension and has come to symbolize the essence of Māori health aspirations” (Ngata and Pomare, 1992, pp. 45–46).

A ground breaking piece of research on the health of Māori women — Rāpuora I — was undertaken in 1982–1984 by the Māori Women’s Welfare League and published in 1984. The research involved face to face surveys with 1100 Māori women (Murchie, 1984) with interviews carried out by Māori women. The findings from the 1984 study contributed to major changes in Aotearoa in increased health and social support services for Māori women and in new policy development. It was found in the study that women who had no strong tribal links or no involvement in Māori activities faced higher health and social risks (Binney and Chaplin, 1986). This suggested that women with strong Māori identity and confident in their awareness of things Māori were likely to have better health outcomes. So, in 1984 strengthening whānau, and kinship ties — whakawhanaungatanga — was as important as it is now. In 1999 consultation with Māori women occurred nationwide through a range of media and hui (meeting or gathering) to determine Māori women’s health priorities and to initiate support for a repeat of Rāpuora (National consultation on Māori women’s health, 2000). In 2001 Rāpuora II was launched, this time to collect the qualitative stories and perceptions of health and well-being from 72 Māori women nation-wide. As with Rāpuora I similar data were collected about self-assessed health, and major influences on health such as weight, diet, smoking, alcohol, and the relationship between well-being and stressful circumstances. Cultural security, a new element of enquiry, was also explored in some detail with these women (Rāpuora II funded, 2001).

Unfortunately, in 2012 Māori women’s health still remains relatively unexplored apart from the studies discussed above and some small discrete focused pieces of research on, for example, cervical screening, breast screening, gambling, smoking cessation, and breast feeding. Even in the general population of publicly funded research programs and the willingness to include Māori in health studies, the numbers are so small that analysis of Māori data is difficult if done at all. To this end, research that is Māori centred (for, with, and by Māori) has been successful in helping to understand the health and wellbeing of Māori communities, their needs, priorities, and preferences.

**RESEARCH DESIGN**

The research discussed in this paper is based on findings from a 2009 study underpinned by a kaupapa Māori (Māori centred) philosophy where methods emerged from, or incorporated, a Māori cultural perspective validated by hapū leaders and kaumatua (older Māori — men and women). Māori engagement protocols were utilized in all aspects of the research and featured whakawhanaungatanga (process
of establishing relationships and kinships, relating well to others and a sense of family connection), koha (acknowledgement for participation in the research, setting out the obligations and reciprocity), karakia (prayer or church/religious service), and poroporoaki (take leave of, depart).

In this study, as in previous work by the same community, Māori engagement protocols formed the basis by which respondents to the survey and participants in the focus groups were selected and recruited. Koriporipo (Gillies, 2006; Gillies [2002] in Gillies and Barnett, 2003) is a culturally affirming methodology for recruitment and selection of participants and incorporates aspects of both network sampling and the snowball method. Koriporipo is a distinct kaupapa Māori sampling method which recognizes, acknowledges and affirms whakapapa Māori (genealogy pertaining to Māori people), tikanga Māori (unspoken but formal rules and regulations), waka (sea going vessels, canoes, often used in reciting genealogy), and marae of each respondent.

Data was collected in the 2009 study using both kanohi-ki-te-kanohi (face to face – one on one) survey interviews, and hui-a-rōpu (focus groups). The 30 kuia who participated in the interviews come from one geographic region in Aotearoa and all had whakapapa links to the local iwi and one or more hapū and marae in the region. The results discussed in this paper are not generalizable across Aotearoa as iwi are distinct entities each with their own kawa (marae protocol — customs of the marae and wharenui, particularly those related to formal activities such as powhiri — beckon someone onto the marae, welcome) and tikanga.

At the conclusion of each interview kuia were invited to participate in a focus group. Given the geographical spread of marae the focus group was held at a venue that was easily accessible to all. To encourage conversation and discussion among kuia issues relating to: marae; interactions with marae; and relationships between health, wellbeing, and marae were explored. In the following discussion we privilege the kōrero-a-kuia1 — therefore quotes in te reo Māori (the Māori language) and words and phrases used by kuia have been translated or explained in footnotes. We then go on to explore the links and relationships that kuia perceived between their health and the place and space of marae.

**Findings and Discussion**

**Demographics**

This discussion begins with an overview of the demographic data collected from the kanohi-ki-te-kanohi interviews with kuia which were undertaken in individual’s homes. In the age groups 65–69 years and 70–74 years respondents were evenly spread but as age increased (75+ years) numbers of respondents decreased (see Figure 1). These numbers, while small, mirror the 2006 Māori population census data which shows a tapering off of Māori women aged 65 and over (QuickStats About Maori).

**Figure 1: Age of Kuia**

In line with reported statistics on income the majority of kuia (21) reported they earned less than $21,000 per annum. All were receiving a retirement benefit and after tax their income was approximately $17,000 for a single person or $13,500 per person for those who are married or in an acknowledged relationship (New Zealand Super Rates). Three kuia (one aged 65–69 and two aged 70–74) reported they earned $21,001–$40,000; the extra income was dividend payouts from land interests. Two (aged 65–69) were in paid employment and reported they earned $40,001+ per annum. Four kuia did not respond to this set of questions (see Figure 2).

**Figure 2: Income of Kuia**

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1. Allows for the discussion about the things that matter to the kuia — hear their voices.
Other questions in the survey asked participants about their health, accessing health care providers, relationships with marae, and the roles undertaken on the marae. Relevant findings are integrated and discussed below with the ideas and perspectives that emerged from the focus group.

**Marae: A Place and Space**

Kuia in their discussion about marae confirmed that they are places of Māori community activity consisting of a collection of buildings and land areas (places and spaces) that have survived the impact of colonization. Marae are central to Māori cultural identity; and te reo Māori, kawa, and tikanga are given their fullest expression on the marae at tangihanga (time of bereavement or funeral process) and hui. The marae is sacred to the living and a memorial to the dead when kuia were asked to provide their thoughts of what they perceived marae to be, they echoed these ideas. The marae is a focus point, a space where families could congregate together.

and on the marae you can

**kōrero ngā kōrero i roto i a ratau.**

The women had a strong belief that the marae is where a persons’ Māoritanga (sense of being Māori) is with one saying that

marae to me means everything — without a marae you’re not a Māori that’s where your Māoritanga your home is.

They were clear that while marae provided that space where whānau could meet and greet visitors it was also a place where debate about a range of issues (good or bad) could happen. In this sense the kuia intimated that it was a good and healthy thing to “air” issues and get them out in the open and allow people to speak their minds. Kuia contend that marae are not always places of “peace”; they are places where there are opportunities to vent frustrations, fear, anger, and to verbalize differences of opinion. One suggestion was that marae are not just for the “goody goodies”

They are for everyone. In contemporary Māori society it is very rare that anyone will be turned away from a marae and even whānau identified in criminal events have been able to use the marae as a safe space and place to talk through issues. The marae is where the whakaaro [thoughts or thinking someone has about something in particular or a topic], everything, your roimata [tears, crying], your hupe everything whatever you do it’s all there on the marae and when you walk away calm and cool and collected, it’s achieved its purpose.

There was some agreement that in the past, even for those not living at the marae, it was the focal point of the community where interaction and contact within whānau and extended whānau took place. Intergenerational interactions such as care and responsibility for mokopuna (grandchild or grandchildren) and vice versa were common elements discussed by kuia who had experienced such relationships with their own grandparents and would like similar relationships with their mokopuna.

Comments included:

I wanna see them bring the kids back down here [the marae] to learn about themselves.

They’re missing out big time.

Kuia were keenly aware that marae may not be as important to the younger generation and they believe that interactions at the marae are becoming a rarity for many whānau. They felt that as much as they would like their children and mokopuna to have the same feelings about the marae as they did, they did not think this was the case. One kuia said

a lot of families have to go out and away from the marae to forge a living.

They discussed changing times, changing values, work commitments, marriage, alcohol, drugs, violence and abuse, housing, urbanization, and just surviving as some of the issues which they thought were preventing their whānau from participating in marae activities in the same way as they had. One

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2. This phrase suggests that the marae is a place where individuals or groups can talk about or bring out into the open, anything that they want to talk about.

3. Hupe refers to the mucous that emits from the nose and mouth when overcome with emotion and grief usually for someone who has passed on although with Māori grief can occur for different reasons. The more hupe the more grief stricken a person is said to be — for those that have passed on — and hupe drops — it is an honour and tribute to them (they will be missed for generations)
kuia also felt that apathy towards things Māori could be attributable to the common belief that following in the ways of the Pākehā (a person of predominantly European descent, non-Māori) would lead to success, opportunities for travel, education, and all the things they didn't have as children, she commented that

the telephone, the motorcar, all the modern conveniences, accessibility to schools ... educating our children has actually helped to take them away.

Lack of interaction and involvement at marae for the younger generation could also be as a result of what kuia referred to as “the lost generation.” While not lost physically this generation grew up without the reo (language) and therefore without completely understanding the tikanga, kawa, and protocols needed to properly uphold the mana of their marae. While most of the kuia participating in the focus group were competent in te reo me ōna tikanga some commented that their understanding of te reo was limited and two said they had no understanding of te reo Māori. Kuia understood that loss of te reo had not been the fault of tipuna and they discussed the reality that much of this loss of te reo could be attributed to the colonizing process.

Comments included:

*Ki au nei ko te reo, ko te reo* that’s where we lost it.

From our generation to the next generation the reo was forgotten.

Most kuia had been raised near or on their marae and even with the negative impacts of the “lost generation” had childhood memories of being at the marae. They remembered their own kuia and koroua (older male or grandparent) often referring to them as the old people and, noted with humour, that that is now how they themselves are referred to by others. Having grown up on or near the marae kuia admitted that their connection to the marae was strong and that they had grown up during a time when tikanga and the kawa of the marae were strictly observed. Kuia agreed that marae continue to be important in their lives, referring to marae as being “like another home,” and

it’s very important for to me to have our marae for us and you know ... that gathering of everyone ... you can share your kōrero [talk, articulate – usually verbal] and be with one another as a whole whānau ... it’s very important to me and I’d be quite lost without our marae ... and helping everyone out ... just being there for one another as well and you got that closeness ... well that’s how I feel anyway.

As reflected in the quote above it is very important to kuia that there is somewhere for whānau to go for things like tangihanga and other large hui. Most mentioned that if there were no marae, there would be nowhere for whānau to meet and this was a real concern. Kuia felt marae should be available to all, old or young, because it held a wairua (spiritual essence, sense) that could not be found elsewhere. They felt that this is where the reo should be prominent and Māori custom and protocol could take precedence. Kuia acknowledged that some whānau feel the

wairua of the marae and some don’t [referring mainly to younger whānau members]

and they [kuia] believe it is because they [younger whānau] have not been encouraged to participate.

Kuia felt that there is some pressure on them right now, along with the koroua, to keep the mana of the marae intact until the next generation comes through. They believe their role is one of encouragement, support, and nurturing of the next generation who will step up to the roles on marae. Their (kuia) thinking suggests that if the young ones see the relevance of marae to their physical and spiritual health and wellbeing they will be more likely to return and participate.

**Marae: A Teaching/Learning Place and Space**

Kuia understand marae as a place and space where, in the past, matauranga Māori was transferred to mokopuna. They know that (in the past) marae served as “classroom” where the educational needs of the children and mokopuna were met and where kaumātua had responsibility for the intergenerational transfer of knowledge. Kuia made comments about the importance of the marae as a place and

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4. This kuia is commenting that the reo stopped with her, it wasn’t passed down.
space of learning for them as children, with one commenting:

I think our marae was our school of learning I know when we used to plant our kumara [similar to sweet potato or yam] … there was sharing there would be people sitting there and you didn’t realize how we were learning we were in the outdoor classroom … it’s those childhood things that come back because that was … that’s where we learnt.

The marae continues to be a place and space of learning for kaumātua and one kuia said:

I love going to the marae because it is place for knowledge especially when you go back to your own roots it’s all there it’s inside the marae it’s a place of harmony yeah you are always learning new things on the marae even though you think you know it all but in fact you don’t.

Quite clearly the value of the marae as a storehouse of knowledge and a place to pass on knowledge was comforting for kuia. Just knowing that their tipuna had been there provided a sense of belonging, a spiritual connection, a link to the past that was important to them. What stood out for them was the marae as a learning environment, it did not matter how many times you went to the marae there was always something new to learn.

Marae continue to provide a place and space for teaching and learning through the various Māori language immersion initiatives that have emerged through the kohanga reo (language nest) movement. Kuia and koroua have embraced these Māori immersion initiatives (such as kohanga reo) and many participate in providing language support for children on the marae. They talked with great pride at listening to their own mokopuna fluent in te reo Māori. Most of all, the kuia could see that these children are confident in their own cultural identity and that this has come about through having access to the language and being at the marae. While there are also kohanga reo in urban areas kuia believe that there is not the same link to cultural identity that is available on the marae. That is,

they get the reo, it’s different but at least they’re trying.

but they don’t get the sense of belonging or spiritual connection that comes with being on the marae. The importance of teaching and learning on the marae was made apparent by one kuia who said:

My moko [short for mokopuna] come from town to the kohanga to learn the reo.

Given that the numbers of kaumātua are small in comparison to the general Māori population there is a sense of urgency from kuia about the passing on of knowledge to rangatahi (young people, teenagers and up to mid 20s) especially for formal roles on the marae like whaikorero (traditional speechmaking — a role mainly carried out by men) and karanga (ceremonial call to welcome visitors — a role mainly carried out by women).

We’ve got to encourage the next generation it’s our job to encourage them and it’s pretty hard at times we have quite a few young people who speak Māori pretty good … but they don’t come, they always got an excuse, you know.

While kuia feel a responsibility — that they themselves are somewhat to blame having encouraged their younger people to leave the area for work and employment — they are now struggling to keep the marae alive, not just “keep the fires burning.” They see the provision of marae-based health care services as one positive step in keeping marae alive.

Marae: A Place and Space for Health Service Provision

The survey revealed that a number of kuia have a range of different health problems, from what they consider minor issues, i.e., wearing glasses or using walking aids to more serious health problems like high blood pressure, asthma, or heart problems. Even with these health problems, kuia continue to participate at the marae on a regular basis. Kuia do not see the marae as negatively affecting their health and wellbeing nor link ill health to their involvement or time spent at the marae. Even when they were sick, the marae was still where they wanted to be, one saying:

You’re sick but you don’t want to be, you want to be at the marae even when you’re ill. I think
it’s been good for my health [going to the marae] when I wake up in the morning and I know I got to go to the marae I get up extra early so I can get everything done so I can get to the marae.

*Kuia* look forward to going to the *marae* and link this activity to good health. So, even when they are sick going to the *marae* makes them feel better both physically and spiritually.

[It’s been good it’s been good for me being at the marae.... It’s just like another home to me so it’s never ever affected me ... if I was sick oh well, you do get sick but it’s not from the marae.]

In the main, *kuia* mentioned that they are influenced by those who have gone before and the memories they have of past leaders. Recalling the activities, words, and actions of past leaders is, they maintain, a positive influence on their own health and wellbeing.

I’ve thought who has trodden here before me and this is my health aspect, this is where I see my health come from.

There was a strong feeling among *kuia* that *marae* should and could be used as an appropriate place and space to provide health services for whānau. Many reported that they currently use a mix of health services provided in local towns and cities some of which were at a distance from their home and *marae*. Location and transport to health services was reported as a problem for *kuia* living at more rural *marae*. They often found it difficult to get into town to see the health provider, and relying on whānau for transport was not always an option. Others living closer to urban areas had the option of utilizing health provider transport services. The cost of visiting a GP was noted as a barrier by *kuia* even though they receive a subsidized service based on age and location.

*Kuia* believe that *marae* should be involved in the provision of health services for whānau. Figure 3 highlights the various ways in which *kuia* thought marae could be involved in health service provision. The majority agreed or mostly agreed that information about health issues and promoting healthier lifestyles should be provided on the marae. A similar number agreed or mostly agreed that specific health services (for example, nursing clinics, ante/post natal care, cancer screening, doctors’ visits, etc.) should be available on the marae.

**Figure 3. Do You Think the Marae should be able to Supply You with...**

It was clear from the conversations and responses by *kuia* that their notions and views of *marae* as a place and space were founded on their own lived experiences. *Kuia* undoubtedly understand the complexities of Māori living in modern contexts and the impact these have on marae and whānau. They commented on the effects of urbanization and the complicit roles that the necessities of employment and education had on whānau Māori and rural marae. Even so, *kuia* sensed a movement towards a younger generation re-engagement with things Māori, including marae, as a result of the revitalization of te reo me ōna tikanga.

*Kuia* also commented that they are strongly connected to their marae, physically and spiritually. Being unwell physically does not prevent them from attending at marae. In fact some referred to the marae, or being at the marae, as making them well. The reasons they stated were twofold: first the socializing aspect of being with their contemporaries...
and pulling their own weight in the different roles that were expected of them; and second being where their *tipuna* had stood in the past. These were the memories, the actions and activities, that *kuia* claim have a positive influence on their own health and well-being.

Given the challenges that *whānau* currently face across the broad spectrum, and the resulting impacts on the wellbeing of *whānau*, *kuia* thought that *marae* could and would have a positive role for *whānau*. They believe *marae* are living, breathing places and spaces — “locale of being” and the focal point of Māori communities. Hence, within the “place” are ideal extensions of “space” — social, cultural, spiritual, and physical contexts for *whānau* Māori to interact, reconnect, and reinforce their “home-place.”

**REFERENCES**


Glossary

Aotearoa  New Zealand
Hapū  sub-tribe/extended family
Hui  meeting or gathering
hui-a-rōpu  focus group
Iwi  tribe/people
kanohi-ki-te-kanohi  face-to-face — one on one
Karaka  prayer or church/religious service
Karanga  ceremonial call to welcome visitors — mainly a role for women
Kaupapa Māori  Māori centred
Kaumātua  older Māori — men and women
Kawa  marae protocol — customs of the marae and wharenui, particularly those related to formal activities such as pōwhiri
Koha  acknowledgement for participation in the research, setting out the obligations and reciprocity
Kohanga reo  language nest
Kōrero  talk
Kōrīperīpo  Māori-centred research methodology
Korua  older male or grandfather
Kūia  older female or grandmother
Mana  power or authority
Māori  indigenous people of Aotearoa
Māoritanga  sense of being Māori
Marae  place and space, often consisting of collection of buildings; in many instances considered to be the physical embodiment of ancestors
Matauranga Māori  Māori knowledge about the environment, land, people and places, education
Mokopuna  grandchild or grandchildren
Pākehā  a person of predominantly European descent, non-Māori
Poroporoaki  take leave of, depart
Pōwhiri  beckon someone onto the marae, welcome
Rangatahi  young people, teenagers and up to mid 20s
Reo  language
Tangihanga  time of bereavement or funeral process
Te reo Māori  the Māori language
Te reo me ōna tikanga  those who are competent and comfortable with the Māori language
Tikanga Māori  unspoken but formal rules and regulations
Tipuna  ancestors
Wairua  spiritual essence, sense
Waka  sea going vessels, canoes, often used in reciting genealogy
Wananga  place of learning
Whaikōrero  traditional speech making — a role generally for men
Whakapapa  genealogy
Whakapapa Māori  genealogy pertaining to Māori people
Whakawhanaungatanga  process of establishing relationships and kinships, relating well to others and a sense of family connection
Whānau  family/extended family
Whangai  feed
Whare, Wharenui  meeting house or home at a marae
Wharepuni, Whare tipuna  meeting house or home at a marae
Dr Annemarie Gillies has Ngāti Kahungunu, Ngāti Awa, Te Whānau-a-Apanui and Te Arawa tribal affiliations. She has worked in health research for over twelve years and has completed a PhD in Māori health workforce development. In particular, Annemarie has been involved with the marae community group as research advisor for a number of years and has whānau connections to each of the marae involved in the research. Contributing to Māori and Indigenous development and advancement across the spectrum is an ongoing ambition. Annemarie is also a Senior lecturer and Director of Te Au Rangahau — Māori business research centre, in the School of Management at Massey University.

Dr. Shirley Barnett’s iwi is Ngāti Tuwharetoa from the central North Island of Aotearoa/New Zealand. Her hapū are Ngāti Karauia and Ngāti Hikairo. Both of these hapū are located in rural areas and have kaumātua and other whānau living close to the marae. While the study described in this paper is from a different iwi the issues and problems discussed are relevant for all rural marae and whānau in Aotearoa. Shirley is a lecturer in the School of Management, Massey University and a research associate of Te Au Rangahau, Massey University.