HOW TIKANGA GUIDES AND PROTECTS THE RESEARCH PROCESS: INSIGHTS FROM THE HAUORA TĀNE PROJECT

Rhys Jones[1]
Tomaiora Māori Health Research Group
University of Auckland

Sue Crengle
Tomaiora Māori Health Research Group
University of Auckland

Tim McCreanor
Te Rōpū Whariki
Massey University

Abstract

This paper examines Māori research practices in the context of a current project exploring the health of Māori men. Drawing on experiences of the researchers in undertaking the study to date, we outline some of the major issues that have arisen and examine the application of tikanga Māori in a research context. The discussion illustrates how traditional Māori concepts, values and practice – such as mana, tapu, he kanohi i kitea, whakawhanaungatanga, manaakitanga, koha and aroha ki te tangata – can safeguard the research process, the knowledge that is produced, as well as the researchers, participants and communities. In so doing, we highlight points of difference that make Māori research processes unique, and seek to open discussion around the notion of a distinct theoretical basis for health research with Māori men.

1 **Acknowledgments**
The authors gratefully acknowledge the study participants, without whom this research would not have been possible. We also owe a huge debt of gratitude to the interviewers: their insights have been the inspiration for this paper and have been invaluable in guiding the project to date. Thanks go to other members of the study team (Clive Aspin, David Jansen, Kitty Bennett and Ian Heperi), the Māori Women's Welfare League and the Rapuora 2 research team. We are grateful to Shane Edwards, who was heavily involved in the interviewer training and provided valuable feedback on an early draft of this paper. Many thanks also to the editor and reviewers for their helpful comments. The Hauora Tāne project was funded by the Health Research Council of New Zealand.
Correspondence
Rhys Jones, email: rg.jones@auckland.ac.nz

INTRODUCTION

This paper aims to explore elements of tikanga[2] Māori and the implications for contemporary kaupapa Māori research, using the current research project, Hauora o ngā Tāne Māori: Health and Māori Men (hereafter Hauora Tāne) as a working example. Drawing on experiences of the researchers in undertaking the study, we outline significant issues that have arisen and that demand an examination of traditional Māori values, concepts and processes. In so doing, we highlight features that make kaupapa Māori research unique, particularly as they manifest themselves in Māori-led research conducted with Māori men. Based on the above, we seek to open discussion around theoretical and methodological approaches to research with Māori men.

Kaupapa Māori Research

Kaupapa Māori research is a philosophical framework that has emerged at least partly in response to the largely negative impact of conventional Western research on Māori. As Smith (1999) states, "Research was an important part of the colonisation process because it defines what legitimate knowledge is." Colonial research has been instrumental in the development of theories that have legitimated the dispossession and dehumanising of Māori, privileging Western ways of knowing and denying Māori the validity of our knowledge, language and culture (Walker 1990, Stewart 1997, Durie 1998, Smith 1999, Moewaka Barnes 2000). Historically, Pākehā researchers have failed to recognise the existence of cultural differences, and assumed that the Pākehā way of doing things is a universal norm (Metge 1986, Cram 2001, Nairn et al. 2006).

In the health arena, this has led conventional positivist health research to questions, methodologies, methods and collection of data that have little meaning for Māori. In addition, analysis and interpretation has been processed through the filter of Western cultural assumptions, leading to a focus on negative aspects of Māori realities (Paraha 1993, Teariki et al. 1992, Pihama 1994, Jahnke and Taiapa 2003), labelling Māori as the problem instead of adopting a more system-analytical approach (Crengle 1997). It is important to remember that the things that are being researched, in terms of Māori health, are a product of the history of colonisation (Jackson 1996, Cram 1997, Cunningham and Stanley 2003).

Furthermore, much research has simply been descriptive, without contributing to change. There is an expectation among Māori that research in which they participate will benefit Māori in some way (Cram 1997) or even be transformational (Bishop 1996,

2 Customs, traditions and behavioural guidelines.

Smith 1997). Similarly, with much previous research the researcher has "owned" the information and has not been accountable to the participants or the community (Te Awekotuku 1991, Cram 2001, Jahnke and Taiapa 2003).

A kaupapa Māori foundation is related to being Māori and being connected to Māori philosophy and principles, and with such a foundation the validity and legitimacy of Māori knowledge is taken for granted (Smith 1997). It is part of a wider struggle towards decolonisation, which includes challenging Pākehā hegemony and reclaiming Māori realities, which is crucial to facilitating positive Māori development (Pihama et al. 2002). Smith (1999) sees kaupapa Māori research as an attempt to "retrieve some space" – first, to convince Māori people of the value of research; second, to convince the research community of the need for greater Māori involvement in research; and third, to develop new research strategies and approaches.

Kaupapa Māori in research is concerned with methodology (a process of enquiry that determines the methods used) rather than method (tools that can be used to produce and analyse data). While kaupapa Māori research can be viewed as having underlying principles or philosophies that are based on a Māori world view, methods are likely to be subordinate to the issues and utility of the research and may be drawn from a wide range of approaches (Cram 1997, Smith 1999, Moewaka Barnes 2000, Edwards et al. 2005). An important feature of kaupapa Māori research is that one must undertake research that will have positive outcomes for Māori (Smith 1999).

Kaupapa Māori challenges accepted norms and assumptions relating to the construction of knowledge and instead searches for understanding within a Māori world view (Bishop 1996). There is a growing body of literature regarding kaupapa Māori theories and practices that asserts a need for Māori to develop initiatives for change that are located within distinctly Māori frameworks (e.g. Jenkins and Pihama 2001).

Pipi et al. (2004) have described how kaupapa Māori research practices were operationalised within the Māori and Iwi Provider Success research project. They argue that critically reflecting on these practices helps us to make the subconscious become conscious. Similarly, we seek to examine the practices used in the Hauora Tāne study, a project that differs from previously described projects in several important ways. Most importantly, it is a study by and for Māori men, a domain of kaupapa Māori research that lacks a sound theoretical and practical knowledge base. We believe the lessons learned from reflecting on the study's processes contribute to an understanding of the diverse ways in which tikanga shapes our research practices.

THE HAUORA TĀNE PROJECT

In this section we examine the development and data-gathering processes of the Hauora Tāne project. This study is being undertaken by a team based at the Tomaiora Māori Health Research Group, University of Auckland, with support from the Māori Women's Welfare League (MWWL). Broadly speaking, the study consists of two phases. Phase One has been funded by the Health Research Council of New Zealand and is in progress at the time of writing. It is a qualitative study involving individual interviews with a national sample of Māori men, from which thematic analyses will encompass the key domains and parameters of Māori men's health as articulated by our participants. These insights will be of value in and of themselves, since effective health advancement for any group is dependent upon a detailed understanding of their lived experience and social practices. They will also inform the subsequent development of a survey questionnaire designed to examine the range, prevalence and determinants of health issues among Māori men as a population. The planned Phase Two study will comprise a representative national survey of Māori men, using the health questionnaire developed in Phase One.

Background to the Study

Māori men fare poorly in terms of health status and experience a disproportionately high burden of disease compared with other population groups in Aotearoa. Despite the vast array of quantitative data about the ill health, social exclusion and deprivation of Māori men, there is a paucity of qualitative information about the aetiology of this status, its experiential dimensions and the contemporary issues influencing the health of Māori men from their own perspective. Current policies that aim to address Māori men's health and reduce the disparities between Māori and other men are therefore based on information which, for the reasons sketched above, is at best incomplete, and at worst invalid or misleading.

According to the 2001 census there were 157,000 Māori men aged 15 years and over living in New Zealand, with 87% living in the North Island and 83% in urban areas (Statistics New Zealand 2002). Educational outcomes for Māori men are significantly worse than those of non-Māori men. Māori men are also more likely to be unemployed and have significantly lower average income than non-Māori men (Statistics New Zealand 2002). Māori are greatly over-represented as both criminals and victims in the criminal justice system (Te Puni Kōkiri 2000).

Māori men continue to have the lowest life expectancy of any of the major population groups in New Zealand (Ajwani et al. 2003). In 2000–2002, life expectancy at birth was 69 years for Māori males, compared with 77.2 years for non-Māori males and 73.2 years for Māori females (Ministry of Health 2002a). During the last two decades, Māori males

were more than twice as likely to die prematurely as non-Māori males (Sporle et al. 2002). Māori men experience significantly higher morbidity due to cardiovascular disease (Hay 2002), type 2 diabetes (Ministry of Health 2002b), and particular types of cancer (New Zealand Health Information Service 2002) than non-Māori, non-Pacific men, and have much higher rates of smoking (Ministry of Health 2002e).

Māori have a different mental illness profile to non-Māori (Ministry of Health 2002d), with different patterns of hospitalisation (Te Puni Kōkiri 1996). Drug and alcohol abuse is also a significant issue for Māori, and the rate of youth suicide is much higher for Māori males than it is for non-Māori males (Ministry of Health 2002c, Ajwani et al. 2003). Māori males have by far the highest mortality rate due to injury of any population group in New Zealand (Ministry of Health 1999). When need is taken into account, Māori use general practitioner and hospital services less often than non-Māori (Pōmare et al. 1995), and face financial, geographic, cultural and other barriers to accessing care (Malcolm 1996, Baxter 2002). Māori present later and more acutely to tertiary care (McAvoy et al. 1994, Westbrooke et al. 2001, Scott et al. 2003), and Māori men are reported by non-Māori general practitioners to rarely present except in crisis (McCreanor and Nairn 2002).

Ajwani et al. (2003) point out that while all-cause mortality rates fell steadily for non-Māori, non-Pacific people between 1980 and 1999, Māori and Pacific rates remained static and within these groups Māori males fared worst. They argue that the trends in the data outlined above coincide with the neo-liberal structural adjustments to New Zealand society from 1984 through to the late 1990s. This era of social and economic reform (Easton 1997, Kelsey 1997) centred on the "responsibilisation" (Witten et al. 2003) of citizens, broad-scale deregulation of labour and service markets and programmatic reduction in government expenditure. These social and macroeconomic changes impacted disproportionately on the most vulnerable groups in society, as evidenced by widening inequalities between Māori and non-Māori in education, employment status, income and housing during this period (King 2003, Fitzgerald 2004, Humpage 2004, Howden-Chapman 2005). As these factors are known to be major determinants of health, it is highly plausible that the widening social inequalities between Māori and non-Māori have in turn led to the observed increases in health inequalities (Ajwani et al. 2003).

For each of these areas of concern, although the data point to adverse health outcomes with frightening clarity, the issues of "Why?", "What are the influences?" and "How are these things experienced by Māori men?" remain largely neglected. It is necessary to ask these kinds of questions in order to move toward solutions that go beyond victim blame and a narrow biomedical focus. Only then can we develop an understanding of the broad conditions and processes within which these serious

inequalities have arisen, and use such knowledge as a basis for change which Māori men can relate to and endorse.

When the MWWL released its report *Rapuora – Health and Māori Women* (Murchie 1984), a challenge was issued to undertake a similar study by and for Māori men. This challenge went largely unheeded for two decades: while various efforts have been made to examine and address Māori men's health, there has been a lack of comprehensive research activity on a national scale. The current study seeks to redress this situation by providing national-level, in-depth, research-based knowledge that has been gathered, analysed and disseminated by a research team led by Māori men. In addition, the desired outcomes go well beyond information gathering and the production of new knowledge: a major focus of the study is on workforce development and capacity building.

Application of Research Methodology

The Hauora Tāne study is a kaupapa Māori research project that seeks to contribute to the improvement of Māori men's health and also to advance the theorising about the health and wellbeing of Māori men. Interpretation of the experiences of Māori men needs to be undertaken with a focus both on being male and being Māori. It is also important that the data can be analysed through Māori frameworks that incorporate Māori concepts of the world at the centre of the analysis.

The project involves individual, in-depth interviews with 66 Māori men from throughout New Zealand. The sample includes men from each of the eight MWWL regions (Te Taitokerau, Tamaki Makaurau, Waikato, Waiariki, Te Tairawhiti, Aotea, Poneke, and Te Waipounamu), and participants from each of the following groups: men in prisons/gangs, takataapui tāne (men who have sex with men), and men living with disabilities. The participants were selected purposively through established networks, across the age range over 16 years and from both urban and rural backgrounds, in an attempt to reflect the diversity of Māori men. Interviews were conducted by Māori men from within the participants' communities.

The interviews were tape-recorded and transcribed, and the transcripts reviewed by participants for accuracy. Thematic analysis of the interview data is being undertaken. The findings, beyond their intrinsic value, will shape the survey for Phase Two: the draft questionnaire will be developed based on the key themes emerging from the qualitative interview data. The questionnaire will then be piloted among the men who were interviewed in the first part of the study, and refined for use in the proposed national survey.

Māori Men's Health Development

The Māori health workforce is predominantly female (Health Workforce Advisory Committee 2002) and Māori men lack critical mass in many locations and domains. A major task of our project is to develop capacity and capability in the area of Māori men's health, which means developing the infrastructure and capacity to advance men's health within Māori communities. This entails two broad strands of action, the first of which is to establish or strengthen collaborative community networks to inform, support and participate in activity to improve the health of Māori men. It is intended that these networks will become self-sustaining and will make an ongoing contribution to advancing Māori men's health well beyond the timeframe of this project.

The second aspect of this task is individual workforce development, which will occur at all levels. The Hauora Tāne study provides an excellent training opportunity for experienced and emerging Māori researchers alike, and will foster the development of capacity in Māori men's health research. Critically, the project also involves training a number of Māori men to become interviewers and collaborators in data analysis and interpretation.

TIKANGA – THE RESEARCH PROCESS AND ETHICS

This section explores a number of traditional Māori values and concepts that define the parameters within which research is conducted. As a working example, we consider the ways in which these cornerstones of Māori culture play out in the process of undertaking the Hauora Tāne study. In particular, a detailed examination of the selection and training of interviewers reveals how tikanga has fundamentally shaped the research processes and outcomes.

Mana

Mana, which can be defined as power, authority or prestige (Barlow 1991), has a number of dimensions, including the power of the gods, the power of ancestors, the power of the land, and the power of the individual. If one is to adhere to research ethics that are based on tikanga, one must respect and uphold the mana of all those involved. Conversely, Smith (1999) reminds us that one of the important guiding principles in kaupapa Māori research is "Kaua e takahia te mana o te tangata" ("Do not trample the mana of the people").

An illustration of mana in the Hauora Tāne project is the status and role of the interviewers in the research process. These men have been identified from within their communities via the MWWL and other networks, and have a degree of mana

founded on trust developed over time in these communities. It has become clear as the interviewers have progressively engaged with the study that it would be inappropriate for them to simply gather data, only to have no further role in the project. This would be akin to trampling their mana.

The interviewers have drawn attention to the fact that they live in the communities in which they are working, and so need to be accountable to and uphold the mana of the participants and their communities. They are being trusted with information that belongs not only to the participants but, from a Māori perspective, is subject to a much broader, collective ownership (Edwards et al. 2005). If the information or knowledge that comes out of the project is misused, it is them, not the study investigators, who have to return to those communities and face the consequences.

Employing the interviewers in a limited role without appropriate safeguards would place them at significant risk, by essentially making them accountable to their communities while denying them any say in what happens after the data is collected. The implication is that, in order for useful and meaningful information to be obtained, the interviewer needs to be able to trust that the information he collects will not be misappropriated, misinterpreted, misrepresented or used against those who imparted it. It is therefore our belief that research projects such as this should allow for ongoing involvement and meaningful input of interviewers throughout all stages of the project. They need to be able to critique the research process and their role within it, in order to provide an appropriate level of safety for themselves and their communities.

Tapu

In historical times, tapu was central to the belief system of Māori, an all-pervasive force that touched many facets of Māori life (Walker 1990). Interaction between people, communities and the environment was to a large extent governed by the laws of tapu.

In the context of this research project it is relevant to talk about te tapu o te tangata, or the sanctity of the person (Mead 2003). When trying to manage, organise, analyse and interpret the vast array of data that a study such as this generates, it would be easy to lose sight of the fact that every word and every thought has come from a unique individual. As such, each korero (communication) is imbued with the tapu (sacredness) of that person, which must be respected when their words are combined with other individuals' korero in order to derive meaning from the collective body of knowledge. Understanding and recognition of the special tapu of each participant, and of the information and experiences they have shared, protects against the misuse or exploitation of their korero.

Closely related to tapu is the concept of noa, which refers to a state of balance (Mead 2003). Analyses and representations of tapu data, with appropriate protections (e.g. confidentiality, ethical process), can be regarded as noa. Such outputs are to an extent a transformation of private materials for public consideration. If the interview data in its raw state is tapu (private), and the products of the research are noa (publicly available), then at some point in the research process there must be a transition. Being aware of this transformation helps to ensure appropriate management of the data at different stages of the process, from data collection and analysis, to reporting and dissemination. This helps to protect te tapu o te tangata while at the same time allowing for each participant's korero to contribute to the knowledge database and ultimately advance our understanding of Māori men's health.

The selection of interviewers represents an attempt to protect te tapu o te tangata. An important and unique feature of the project is that all interviewers are Māori men, and have been chosen from the communities within which their interviews are being conducted. It is argued that matching of interviewer and participant in this way encourages particular forms of "insider" disclosure and openness that are problematic in mixed dyads. The intentional lack of distance between the interviewer and participant is recognition of the tapu nature of the information that is being shared.

Another important consideration is the personal tapu of the researchers and the potential for this to be affected through conducting the research (Edwards et al. 2005). It is suggested that appropriate support and processes such as karakia (prayer or blessing) are necessary to lift the tapu associated with research encounters and protect the personal safety of the researchers. One important function of the training hui (meetings) was to ensure that the interviewers were adequately prepared for, and supported in, dealing with any such issues that might arise in the course of the research.

He Kanohi i Kitea

He kanohi i kitea literally means "a face seen" (Mead 2003), and in the context of research implies being prepared to show one's face and share of oneself. In order for a research project to achieve the best possible outcomes, those sharing and collecting information must be able to fully trust those who are ultimately responsible for the analysis, interpretation, reporting and dissemination of that data. In other words, interviewers, participants and communities need to be able to trust the investigators on the research team. This necessitates creating opportunities for those people to know enough about the study and its investigators to be able to develop a level of trust. It must be borne in mind that the legacy of research in Māori communities has created a high degree of suspicion of, and aversion to, further research.

It is therefore extremely important for researchers to front up in the communities where the research is happening, to be interrogated and challenged, and to face criticism (Edwards et al. 2005). We must be willing to share enough of ourselves to allow others to develop trust in us as researchers, and in the structures and processes that have been established to protect the knowledge that we are working with. This may also mean sharing details of previous work, so that people are able to assess our track record of working with Māori communities or doing research, in order that a level of trust might be established.

One way in which he kanohi i kitea was operationalised in the Hauora Tāne study was the inclusion of regionally based interviewers and kaiawhina (support persons). This ensured that the faces associated with the project were both known and seen within each of the regions involved. An important lesson from the Māori and Iwi Provider Success project is that the integrity of the regionally based research team members was critical due to their status and visibility within the communities in which the research was being undertaken (Pipi et al. 2004). In our project the selection and training of interviewers was therefore of paramount importance to the credibility and success of the project.

The study interviewers were chosen based primarily on qualities unrelated to previous research or interviewing experience. The principal criteria were that they should be good communicators, good listeners, and well connected (and respected) in their communities. For a number of our interviewers, participation in the project was what might be termed "pseudo-voluntary" since many felt a sense of duty to take on the role as a result of the request coming from their kuia (senior women), koroua (senior men) or community leaders. This process in itself illustrates a fundamental difference in approach compared to conventional research practice. Rather than putting themselves forward to be involved in the study, prospective interviewers were recruited by community representatives.

One concern expressed by the research team was that, given the nature of their selection, the interviewers may lack enthusiasm for the project. However, this concern has proven to be unfounded: for most, the sense of obligation has resulted in a commitment and passion for the kaupapa that derives from recognition of the importance of being part of a collective. And it appears that the driving forces at work in this situation are qualitatively different, and arguably more powerful, than the motivations of participation in a project as a dispassionate bystander.

Interview training comprised an initial three-day training hui followed by a second, two-day gathering after the interviewers had each completed their first two interviews. The hui provided an important mechanism for connecting the central

project team and the interviewers who would come to be the faces associated with the project in the regions.

Whakawhanaungatanga

A critical aspect of the research process has been whakawhanaungatanga: allowing time and space to establish relationships. The dynamics of whanaungatanga are critical in determining participation in research and negotiating access to communities (Edwards et al. 2005). Through the process of engaging with, recruiting and training the interviewers, relationships between interviewers and the research team have been developed. This is consistent with the traditional principle of whanaungatanga, which included relationships to non-kin persons who became like kin through shared experiences (Mead 2003).

The expression of whakawhanaungatanga was most perceptible at the training hui. Arguably the most important function of these hui was not the interview training itself, but the building of relationships between interviewers and the study investigators. As a consequence, each interviewer has a genuine connection with the other interviewers and with members of the research team. Establishment of these bonds means that each party is committed to upholding the mana of the other, and that to act in a way that diminishes the mana of the other violates the principles of whanaungatanga. Allowing the time and space to develop these relationships is not an indulgence, an excess, a luxury or an optional extra: it is absolutely fundamental to the success of the project.

The importance of whakawhanaungatanga was also underlined by the early steps towards the development of Māori men's health networks. At the training hui, the interviewers used much of the available free time to advance a vision for capacity and network development in the area of Māori men's health at regional and national levels. Work towards one of the project's major objectives was taking root through the spontaneously occurring process of whakawhanaungatanga.

Manaakitanga

A related concept is manaakitanga – "nurturing relationships, looking after people, and being careful about how others are treated" (Mead 2003). In a sense, we as researchers are inviting people into our project – interviewers, participants and communities – and need to uphold the principle of manaakitanga towards our guests. This requires consideration of a number of different processes, including appropriate rituals of encounter (such as pōwhiri, whakatau and karakia), informed consent, and the ability to opt out of the project, koha (see below), and appropriate exit procedures.

Similarly, Pipi et al. (2004) discuss the principle of manaaki ki te tangata in terms of the collaborative and reciprocal nature of research. An illustration of this principle in the Hauora Tāne study was the development of the interview guide to be used in data collection. Rather than the interviewers simply being handed an interview framework and list of questions, they were given an opportunity to discuss, critique and develop these tools. At the first training hui a significant period of time was spent brainstorming among the interviewers and research team, following which the draft interview guide was revised to accommodate the key issues raised. There was also an opportunity at the follow-up hui to revisit the interview guide and make changes based on insights gained from the initial interviews.

As a consequence, the interviewers were more familiar with the structure and content of the interview guide, and the guide better reflected the key issues as perceived by them, and thus was more likely to be understood and used effectively. Furthermore, the interviewers were able to develop a sense of ownership of the research process and of the instrument they used to conduct the interviews.

The collaborative and reciprocal nature of the research process has been in evidence at all stages of the project. For example, at the follow-up training hui the process of data analysis started to occur organically during our discussions. Through conducting the interviews and reviewing the tape-recordings, interviewers had begun to analyse the information that was being collected and to identify many of the key themes emerging. It is being recognised that the interviewers represent a key source of information and insights in relation to the data being collected. Only they have had the opportunity to sit down with the participants and engage in korero with these men. It is hard to capture the richness of experiences and information shared with the interviewers simply by listening to tape-recordings or reading transcripts of the interviews. The interviewers have provided insights and observations that valuably supplement and elaborate the recorded data and should therefore not be underestimated as a resource for analysis and interpretation of the interviews and the experiences of Māori men.

Koha

Koha can be defined as a gift to be reciprocated (Mead 2003), and in the context of the Hauora Tāne study the notion of reciprocity is critical: it refers to the importance of giving something back to those who contribute to the project. This is illustrated by a number of different approaches used in the study. As is now accepted practice in research, participants were presented with a koha as acknowledgment of their contribution to the project. Workforce development and capacity building represent important ways in which the project can give something back to communities. The investment in training of Māori male interviewers has built on the significant skills already present in this group. The emergence of strategies to develop men's health

networks and capacity within communities is a way of reciprocating the contribution of Māori men generally, with a view to developing a critical mass and appropriate structures to advocate for the advancement of Māori men's health.

Aroha ki te Tangata

An overarching theme in much of this discussion is the expression of aroha to other people. According to Barlow (1991), "A person who has aroha for another expresses genuine concern towards them and acts with their welfare in mind, no matter what their state of health or wealth". Applying the notion of aroha in the context of research acts to protect against exploitation of researchers, participants and communities. However, it must be recognised that aroha ki te tangata is not a simple concept: it is usually impossible to act with everyone's best interests at heart, and compromises are often necessary.

A helpful way of conceptualising aroha ki te tangata is offered by Pipi et al. (2004), who discuss it in terms of "allowing people to define their own space and meet on their own terms". In the Hauora Tāne study this has been realised in a number of different ways. As outlined above, one of the crucial aspects of the project has been the provision of a mechanism for interviewers to critique and negotiate their role in the project. We have also endeavoured to modify the study approach in different regions based on the kaiawhina and interviewer's local knowledge, and to ensure that appropriate rituals of encounter are followed. This will continue with the dissemination hui, which will be led by regionally based members of the research team and will focus on attempting to meet the information (and possibly other) needs of the participants and their communities.

The Role of the Māori Women's Welfare League

With reference to the principles described in the previous section, the importance of the MWWL to the Hauora Tāne project can be readily appreciated. Undertaking a project with a national scope such as this requires researchers to uphold tikanga-based values and practices across many different Māori communities. The MWWL was instrumental in helping to meet these requirements in a number of ways:

- identifying prospective male interviewers with the appropriate mana to fulfil this demanding role
- considering the study's processes and, where necessary, modifying the approach regionally to ensure that people were allowed to define their own space and meet on their own terms
- providing a means for the appropriate delivery of koha to participants
- acting as a medium for manaakitanga within the regions.

It is no exaggeration to say that the involvement of the MWWL has been critical to the successful running of the Hauora Tāne project.

Research Ethics

The politics of accountability described above represent some of the key components of an ethical framework for Māori research. It can be seen that the principles and priorities inherent within this framework contrast starkly with the requirements of conventional research ethics committees. This raises the question of whose ethics should apply when conducting Māori research. Anecdotal evidence suggests that, in undertaking research with Māori, the actual requirements of ethics committees (reading information sheets, signing consent forms, etc) are ignored or rejected, or are at least regarded as less important as mechanisms through which engagement in the project is negotiated. The implication is that approval by research ethics committees is based on criteria that largely ignore the key issues that determine acceptability for Māori communities. So while the ethics approval process may provide a degree of protection against the worst excesses of colonising research, it misses the mark in terms of addressing the fundamental accountability requirements for Māori.

CONCLUSION

In this paper we have articulated a set of principles, based on tikanga, that guide and protect Māori research processes. It is by no means a comprehensive or definitive list; rather it is the result of reflecting on insights gained through undertaking the Hauora Tāne project. The emphasis is therefore on concepts and practices that underpin health research with Māori men, and as such may be seen as initiating discussion around theoretical and methodological approaches in this critical area. The principles outlined in this paper are not a checklist for doing research with Māori; rather they represent an analysis of some of the things that make kaupapa Māori research unique. These concepts contribute to an understanding of Māori research ethics that calls into question the applicability of Western research ethical frameworks in this context.

It is important that, as Māori researchers, we claim these ways of doing research as based in Māori philosophy. Otherwise there is a risk that such practices will be misappropriated by non-Māori researchers and reframed in ways that remove or invalidate the cultural context from which they derive their meaning and effectiveness. Assimilation into a Western research paradigm strips Māori research and researchers of their mana and of their value in producing research outcomes that benefit Māori. This must be resisted, and it is important that we continue to assert the need for theoretical and methodological refinement and innovation within Māori frameworks to remain consistent with the aspirations of kaupapa Māori research and positive Māori development approaches.

REFERENCES

Ajwani, S., T. Blakely, B. Robson, M. Tobias and M. Bonne (2003) *Decades of Disparity: Ethnic Mortality Trends in New Zealand 1980–1999*, Ministry of Health and University of Otago, Wellington.

Barlow, C. (1991) *Tikanga Whakaaro: Key Concepts in Māori Culture*, Oxford University Press, Auckland.

Baxter, J. (2002) *Barriers to Health Care for Māori with Known Diabetes: A Literature Review and Summary of Issues*, New Zealand National Working Group on Diabetes, Wellington.

Bishop, R. (1996) *Collaborative Research Stories: Whakawhanaungatanga*, Dunmore Press, Palmerston North.

Cram, F. (1997) "Developing partnerships in research: Pākehā researchers and Māori research" *Sites*, 35(Spring):44–63.

Cram, F. (2001) "Rangahau Māori: Tōna tika, tōna pono – The validity and integrity of Māori research" in M. Tolich (ed.) *Research Ethics in Aotearoa New Zealand: Concepts, Practice, Critique*, Longman, Auckland.

Crengle, S. (1997) *Ma Papatuanuku, ka Tipu nga Rakau: A Case Study of the Well Child Health Programme Provided by Te Whanau o Waipareira Trust*, Master of Public Health thesis, University of Auckland, Auckland.

Cunningham, C. and F. Stanley (2003) "Indigenous by definition, experience, or world view" *British Medical Journal*, 327(7412):403–404.

Durie, M. (1998) *Whaiora: Māori Health Development*, Oxford University Press, Auckland.

Easton B. (1997) *The Commercialisation of New Zealand*, Auckland University Press, Auckland.

Edwards, S., V. McManus and T. McCreanor (2005) "Collaborative research with Māori on sensitive issues: The application of tikanga and kaupapa in research on Māori sudden infant death syndrome" *Social Policy Journal of New Zealand*, 25:88–104.

Fitzgerald, E. (2004) "Development since the 1984 Hui Taumata" in P. Spoonley, C. Macpherson and D. Pearson (eds.) *Tangata, Tangata: The Changing Ethnic Contours of New Zealand*, Thomson Dunmore Press, Melbourne.

Hay, D. (2002) *Cardiovascular Disease in New Zealand, 2001: A Summary of Recent Statistical Information: Technical Report to Medical and Allied Professions*, Report no. 78, National Heart Foundation of New Zealand, Auckland.

Health Workforce Advisory Committee (2002) *The New Zealand Health Workforce: Framing Future Directions*, discussion document, Health Workforce Advisory Committee, Wellington.

Howden-Chapman, P. (2005) "Unequal socioeconomic determinants, unequal health" in K. Dew and P. Davis (eds.) *Health and Society in Aotearoa New Zealand*, Oxford University Press, Melbourne.

Humpage, L. (2004) "Liabilities and assets: The Māori Affairs balance sheet" in P. Spoonley, C. Macpherson and D. Pearson (eds.) *Tangata, Tangata: The Changing Ethnic Contours of New Zealand*, Thomson Dunmore Press, Melbourne.

Jackson, M. (1996) "Māori health research and Te Tiriti o Waitangi" in *Hui Whakapiripiri: A Hui to Discuss Strategic Directions for Māori Health Research*, Te Rōpu Rangahau Hauora a Eru Pōmare, Wellington School of Medicine, Wellington.

Jahnke, H. and J. Taiapa (2003) "Māori research" in C. Davidson and M. Tolich (eds.) *Social Science Research in New Zealand: Many Paths to Understanding*, Pearson, Auckland.

Jenkins, K. and L. Pihama (2001) "Matauranga Māori: Teaching Māori women's knowledge alongside feminism" *Feminism and Psychology*, 11(3)293–303.

Kelsey, J. (1997) *The New Zealand Experiment: A World Model for Structural Adjustment?* (2nd ed.). Auckland University Press and Bridget Williams Books, Auckland.

King, J. (2003) *Economic Determinants of Health: A report to the Public Health Advisory Committee*, Health Outcomes International Ltd, Auckland.

Malcolm, L. (1996) "Inequities in access to and utilisation of primary medical care services for Māori and low-income New Zealanders" *New Zealand Medical Journal*, 109(1030):356–8.

McAvoy, B., P. Davis, A. Raymont and B. Gribben (1994) "The Waikato Medical Care (WaiMedCa) Survey 1991–1992" *New Zealand Medical Journal*, 107(986 Pt 2):388–433.

McCreanor, T. and R. Nairn (2002) "Tauiwi general practitioners talk about Māori health: Interpretative repertoires" *New Zealand Medical Journal*, 115(1167):U272.

Mead, H.M. (2003) *Tikanga Māori: Living by Māori Values*, Huia Publishers, Wellington.

Metge, J. (1986) *In and Out of Touch: Whakamaa in Cross-Cultural Context*, Victoria University Press, Wellington.

Ministry of Health (1999) *Our Health, Our Future: Hauora Pakari, Koiora Roa: The Health of New Zealanders 1999*, Ministry of Health, Wellington.

Ministry of Health (2002a) *An Indication of New Zealanders' Health*, Public Health Intelligence Occasional Report No 1, Ministry of Health, Wellington.

Ministry of Health (2002b) *Modelling Diabetes: Forecasts to 2011*, Public Health Intelligence Occasional Report No 10, Ministry of Health, Wellington.

Ministry of Health (2002c) *Suicide Facts – Provisional 1999 Statistics (All Ages)*, Ministry of Health, Wellington.

Ministry of Health (2002d) *Te Puawaitanga: Māori Mental Health National Strategic Framework*, Ministry of Health, Wellington.

Ministry of Health (2002e) *Tobacco Facts May 2002*, Public Health Intelligence Occasional Report No 2, Ministry of Health, Wellington.

Moewaka Barnes, H. (2000) "Kaupapa Māori: Explaining the ordinary" *Pacific Health Dialog*, 7(1):13–16.

Murchie, E. (1984) *Rapuora: Health and Māori Women*, Māori Women's Welfare League Inc, Wellington.

Nairn, R., F. Pega, T. McCreanor, J. Rankine and A. Barnes (2006) "Media, racism and public health psychology" *Journal of Health Psychology*, 11(2):183–196.

New Zealand Health Information Service (2002) *Cancer: New Registrations and Deaths 1998*, Ministry of Health, Wellington.

Paraha, G. (1993) *He Pounamu Kākano Rua: Construction of Māori Women: A Visual Discourse*, MA thesis, University of Auckland, Auckland.

Pihama, L. (1994) "Are films dangerous? A Māori woman's perspective on *The Piano" Hecate*, 20(2):239.

Pihama, L., F. Cram and S. Walker (2002) "Creating methodological space: A literature review of Kaupapa Māori research" *Canadian Journal of Native Education*, 26(1):30–43.

Pipi, K., F. Cram, R. Hawke, S. Hawke, Te M. Huriwai, T. Mataki, M. Milne, K. Morgan, H. Tuhaka and C. Tuuta (2004) "A research ethic for studying Māori and iwi provider success" *Social Policy Journal of New Zealand*, 23:141–53.

Pōmare, E.W., V. Keefe-Ormsby, C. Ormsby, N. Pearce, P. Reid, B. Robson and N. Watene-Haydon (1995) *Hauora: Māori Standards of Health: A Study of the Years 1970–1991*, Te Rōpu Rangahau Hauora a Eru Pōmare, Wellington.

Scott, K., J. Marwick and P. Crampton (2003) "Utilization of general practitioner services in New Zealand and its relationship with income, ethnicity and government subsidy" *Health Services Management Research*, 16(1):45–55.

Smith, G.H. (1997) *The Development of Kaupapa Māori: Theory and Praxis*, doctoral thesis, University of Auckland, Auckland.

Smith, L.T. (1999) *Decolonizing Methodologies: Research and Indigenous Peoples*, University of Otago Press, Dunedin.

Sporle, A., N. Pearce and P. Davis (2002) "Social class mortality differences in Māori and non-Māori men aged 15–64 during the last two decades" *New Zealand Medical Journal*, 115(1150):127–31.

Statistics New Zealand (2002) *Table Builder – 2001 Census*, Statistics New Zealand, www.stats.govt.nz [accessed April 2005].

Stewart, T. (1997) "Historical interfaces between Māori and Psychology" in P. Te Whāiti, M. McCarthy and A. Durie (eds.) *Mai i Rangiātea: Māori Health and Wellbeing*, Auckland University Press, Auckland.

Te Awekotuku, N. (1991) *He Tikanga Whakaaro: Research Ethics in the Māori Community*, Ministry of Māori Affairs, Wellington.

Te Puni Kōkiri (1996) *Ngā Ia o Te Oranga Hinengaro Māori – Trends in Māori Mental Health, 1984–1993*, Te Puni Kōkiri, Wellington.

Te Puni Kōkiri (2000) *Progress Towards Closing Social and Economic Gaps Between Māori and Non-Māori: A Report to the Minister of Māori Affairs*, Te Puni Kōkiri, Wellington.

Teariki, C., P. Spoonley and N. Tomoana (1992) *Te Whakapakari Te Mana Tangata: The Politics and Process of Research for Māori*, Department of Sociology, Massey University.

Walker, R. (1990) *Ka Whawhai Tonu Mātou: Struggle Without End*, Penguin Books, Auckland.

Westbrooke, I., J. Baxter and J. Hogan (2001) "Are Māori under-served for cardiac interventions?" *New Zealand Medical Journal*, 114(1143):484–7.

Witten, K., R. Kearns, N. Lewis, H. Coster and T. McCreanor (2003) "Educational restructuring from a community viewpoint: A case study of school closure from Invercargill, New Zealand" *Environment and Planning C: Government and Policy*, 21(2):203–223.