Paper II: The cultural meaning of Kaiawhina

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INTRODUCTION

It may be argued that vocabulary and diction is evolutionary, and due to social dynamics the usage of diction has also changed as new words are added. Some words lose their original meaning and some merely become a symbol or an icon to represent something or someone.

Maori language, too, has gone through an evolutionary process, particularly following colonisation and exposure to English, the dominant language. However we suggest that Maori culture, way of life and history are integral components of the Maori language. Therefore literal translation into English does not fully reflect the meaning of a word(s). In other words, it is essential to interpret Maori words in their cultural context rather than direct dictionary equivalent.

The fact that Maori social and cultural histories are encapsulated in stories and storytelling, is one of the main methods of archiving and teaching histories and there is very strong evidence that a good understanding of the original meaning of words is necessary. In other words, one must be familiar with Maori culture in order to understand the meaning of the spoken word.

A problem arises when Maori words and phrases are used by non-Maori in a mainstream or Pakeha context, e.g. in education, to support Maori success. Then through ignorance such words or phrases are translated back into English in order to serve a hidden agenda. One such usage is the term “kaiawhina”.

In earlier papers (TeApatu et al. 2014; TeApatu et al. 2015) a dictionary definition of the word “kaiawhina” was provided along with some description of its cultural roots. The main question giving rise to this research was, what is the social and cultural significance attached to this word and how has the term being utilised as position descriptor? Furthermore, is the average public understanding and perception of “kaiawhina” different to that of Maori? In those papers we argued that researching
indigenous issues requires a good understanding of Maori culture in order to inform study design and methodology. We also argued that when studying minority populations’ methodology and study design must be culturally sensitive. Although useful, it is not sufficient to simply include researcher(s) from Maori (or minority groups) and call it culturally sensitive design. In other words, standard and mainstream research methodologies applied by minority groups only increase sources of bias rather than making the study design culturally sensitive.

The current assumption is that a methodology/policy becomes indigenous-friendly and more acceptable if it is delivered by an indigenous person. Unfortunately, if a methodology or policy is developed by others with a different set of assumptions it will always be inappropriate regardless of who delivers it. There are many practical examples within the health care delivery and education industry, e.g. suicide prevention (Shahtahmasebi 2013).

A case has come to light within the education system in which a Maori appropriate, and hence successful support programme developed by Maori for Maori was disestablished by the Pakeha management and replaced with colonial philosophy of support called “pastoral care”.

Quite apart from the huge rift it created between Maori and management, Maori students reported a negative impact on their self-esteem and their ability to complete the course. Ironically, the latter was the main reason for the programme to be implemented in the first place. The case and its demonstrated willful ignorance will be discussed later in this series. Suffice to say it serves to demonstrate the interchange of the positive effects of culturally sensitive policies and/or study designs and the adverse negative impacts of insensitive methods regardless of who may deliver them.

In this paper we report on the results from the first phase of a non-restrictive application of methodology, as reported earlier (TeApatu, Liddell et al. 2014), to research the Maori word “kaiawhina”. We will illustrate how by immersion into the Maori culture the need for data was suitably met, and through a collection of Maori lived histories valuable information were uncovered.

**BACKGROUND**

As described in Paper One (TeApatu, Liddell et al. 2015), kaiawhina has been used as a job title, a position in the workplace to provide aid and support to a group or the whole organisation. However, there is anecdotal evidence that the actual meaning of the word is not well understood. For example, Pakeha management may appoint Maori in the role of “kaiawhina” to provide pastoral care or welfare support for a certain target group, e.g. students, or staff. Our research suggests that Maori view the role holistically and other factors such as family, and community should not be considered in isolation but rather as a whole. Furthermore, we suggest that the
nature and level of assistance provided by a Kaiawhina may vary with a Kaiawhina’s age, and the level of freedom and being at ease with one’s own culture.

It is therefore reasonable to assume that there will be variations in perception of what a kaiawhina does and the type of help they could and should provide. For example, some kaiawhinas are proactive and engage in developing support services while others may provide assistance when they are called upon. These differentials in the delivery of help have raised some questions about the role. For example:

- Is the nature of help individual-specific, i.e. does the type and level of help depend on the personality of the kaiawhina?
- What should a kaiawhina job description look like?
- Should there be a standard job description for all settings?

The above questions suggests that there are two main dimensions to “kaiawhina”: first, kaiawhina the word, and second, kaiawhina, the person or the role(s) expected of a person-designate. Kaiawhina posts can be found in almost every public organisation (e.g. educational establishments, government departments and libraries).

It is logical to try and understand the cultural, meaning of “kaiawhina” in order to be able to contribute to and inform the development of the role “Kaiawhina”.

**METHODOLOGY**

Storytelling and stories play an important role in Maoridom and have many dimensions. They tend to capture and record historical events, they can be used as a justification for a ruling or protocol, or they are used for educational purposes, and so on. As such it is anticipated that the stories the researchers gather will yield embedded information about Kaiawhina.

Our main task was, therefore, securing access to Maori lived histories. To achieve this we adopted an open and non-restrictive methodology to allow for cultural protocol in order to ensure Maori participation and quality data. With this philosophy, the first author was provided with full academic support to identify the parameters associated with this research and design the study within the Maori cultural framework.

The methodology has been described elsewhere, see (TeApatu, Liddell et al. 2014). There are two major elements of the methodology that need to be highlighted again. First, this project involves collecting Maori stories from Maori. Second, the korero sessions cannot proceed without following correct Maori protocol. For these reasons the project was split into three stages.

In stage one, the lead researchers approached Mutual Hekeiterangi Broadhurst (Whaea Heke), a renowned Tainui Kuia, who is an experienced and well regarded authority on Maori affairs and history, for guidance when approaching Maori iwi and
organising sessions. This approach was successful in engaging Whaea Heke in initial koreros about kaiawhina and to guide and assist with the design of stage two.

RESULTS

The stories provided by Whaea Heke can be broadly divided into two periods: pre-colonisation, and post-colonisation. Through an analysis of the relationship between the word kaiawhina and lived history we develop an understanding of the cultural value, i.e. the real meaning of the word “kaiawhina”.

The Results from Paper One can be summarised as:

- kaiawhina is made up of two words “kai” and “awhina”
- awhina meaning help is a simple word, e.g. “Haere ki te awhina i to teina” (go and help your young sister)
- the term “kaiawhina” came in when the Maori language made a comeback
- it is possible that Tuhoe prefixed it with ‘Kai’ to emphasise the holistic (cultural) notion of being “helper” rather than simply doing a task to help
- kaiawhina is a simple terminology but carries a great responsibility.

The linkage of ‘great responsibility’ with kaiawhina inevitably introduced the notion of kaiawhina as much more than doing a task such as washing up or helping around the house. It implies Maori taking responsibility for Maori in the face of adverse circumstances.

MAORI HEALTH, MORBIDITY AND MORTALITY

Historical evidence suggests that for Maori high morbidity and mortality rates were due to exposure to European diseases post-colonisation and migration from Europe for which Maori had no immunity (http://www.teara.govt.nz/en/te-hauora-maori-i-mua-history-of-maori-health/page-2). Clearly this put Maori at risk and earned them the ‘dying race’ label (Littleton et al. 2010). In addition, Pakeha’s views and perception of Maori negatively influenced the development of support policies to protect Maori and eliminate risk factors.

There is some evidence of conscious or deliberate effort to lessen the cultural barriers and make hospitalisation an experience more congenial to Māori in the 1920s and 1930s. Nevertheless, increasing numbers of Māori were willing to enter hospital. However, Fees were a barrier to admission, but in 1939, under the Social Security Act 1938, hospital admission was made free for all patients. The act also introduced universal medical benefits, in 1941. All citizens could see a doctor at little cost, although in rural districts where many Māori lived there was not always easy access to health practitioners http://www.teara.govt.nz/en/te-hauora-maori-i-mua-history-of-maori-health/page-4. It appears that Maori were (and still are) blamed for adverse health and social outcomes due to their way of life, e.g. the belief that Maori were unsanitary and responsible for their own ill-health (Littleton, Park et al. 2010), or, because of their mistrust of Pakeha, Maori refused hospital treatment, e.g. during the epidemics (http://www.teara.govt.nz/en/te-hauora-maori-i-mua-history-of-maori-health/page-2). This retelling of history is a one-sided sterile interpretation. The experiences of Maori individuals’, as well as prominent Maori (e.g. princess Te Puea)
paint a different picture which supports the negative perception of Maori by the migrants.

HELP WITH RESPONSIBILITY: KAIAWHINA

The dwindling Maori population as a result of exposure to European diseases following colonisation is well documented (e.g. see Littleton, Park et al. 2010), also see http://www.teara.govt.nz/en/te-hauora-maori-i-mua-history-of-maori-health/page-2). However, the history and nature of the high Maori morbidity and mortality rates are rather attenuated to the Maori way of life and cultural and religious beliefs. It is only when delving into historical facts such as the intervention by Princess Te Puea and other prominent Maori (and individual Pakeha doctors) that shed light on Pakeha’s perceptions and attitudes about Maori and their treatment. In telling the story of the great epidemics, Whea Heke retold the story of Maori migration through the great wars including land wars with Pakeha and colonisation:

“Now we leading up to where we are now. Well I guess colonization had just gone rampant. And there is nothing you can do. They have already set their mark already.

The first Governor General here was Sir George Grey. So they already established their rule in this country. And of course the Treaty of Waitangi 1840.

That was a document that was a document that really… Gosh we are so lucky to have that document today.

You wonder whether they… Sometimes you have to remind the government that there’s a document there, the Treaty of Waitangi. And sometimes Maori are still treated, undermined, you know. In a way the Pakeha’s put it “Oh it’s nothing.” It’s nothing to them, but to us they can almost make us feel inferior.

And so….

This is what I say. Colonization brought all the bad stuff. They brought their bad habits. The alcohol. Because soon as our people get a whiff of that, that’s it.

They brought that alcohol. And I’ve seen, I’ve seen the effect of that alcohol on our people.

They go mad, they go so mad. But they haven’t got the money. No money buy… You had to have money to buy those crates of beer. They were wooden crates and bottles…. What do they call them? So because they run out of money… They never had money. Because the land taken off you. What have you got? Nothing. You only live on the pins, the peanuts of Social Security. At that time the government paid out pensions under Social Security. And of course… Our people still suffered having the loss of the land. They suffered for a long time. And alcohol was just another avenue to forget.”
Under such social and health conditions the impact of the epidemics on Maori was devastating:

“You know that flu was so bad it killed. It really killed. And that was an epidemic.

There was TB and the flu. They called it.... what did they call it? They called it ‘The White Plague’. I said “Gee where did they get that name from because they Maori’s eh. Where did they get a name like that”? (Laughing) From the Pakeha eh. The White Plague from the Pakeha.”

When asked if there were TB or Flu before Pakeha, Whea Heke added:

“They brought the possums over. You know those furry things that are a bit of a pest. The ones they’re trying to get rid of in the native bush? They brought it over. They brought the TB over. Came from the travellers that travelled here from Australia.”

Whea Heke expressed that she had no similar stories from before colonisation and told the story that in those years Maori lived in tune with nature and heavily relied on working with nature to survive, using plants and herbs from the bush to heal and the rivers and sea for food. There was no TB, Flu or cancers. So how did Maori manage or receive care during the epidemics.

“I think I already told you about my aunty the one that set up the Maori hostel then. Because a lot of the fact that a lot of the whanau, the patients, the Maori were coming from Kawhia and they had to go to hospital. And then they take the patient to hospital but they weren’t allowed to stay there. Well they went to try and stay in the boarding houses in Hamilton. But they wouldn’t have any Maoris stay there. So there was a colour bar. So our people they had to go and sleep, find some relation. Some relation they can go and stay. And so my aunty, well you know. They kept coming to stay with her every time. And so she decided to fund raise and play cards. They played cards to take a kitty. And that’s how they were able to get funding to start with the help of... Who was he? The Maori Affairs Minister at that time? Well it was him and he helped as well as ummm And who was the Labour Minister in Hamilton at that time? She was a Pakeha... Her names all over the hospital there... Hilda Ross. The 1950’s.”

Improving Maori Health was pushed by Maori activists and Government policies, e.g. graduates of Te Aute College in Hawke’s Bay, Māori Councils Act 1900, the Māori nursing service set up by the government in 1911 (http://www.teara.govt.nz/en/te-hauora-maori-i-mua-history-of-maori-health/page-3). It is claimed that health improvements were delivered by native health professionals, e.g. “Native health nurses, both Pākehā and Māori, were appointed to the Māori nursing service set up by the government in 1911”. The question is why did such policies fail to protect
Maori against the epidemics? A short answer can be found in the archives within the reports (e.g. see http://www.teara.govt.nz/en/te-hauora-maori-i-mua-history-of-maori-health/page-3). Firstly, there were only two Maori nurses, secondly, health professionals and doctors were educated in the ways of Pakeha, thirdly, “Pakeha” health improvements were delivered in complete isolation excluding Maori philosophy and way of life. Confirmation of these can be found in the following stories:

“And so in Waikato here. I know for a fact that during the Depression times that was where the sicknesses started. We were lucky to have the Maori District Nurse. There was a Maori District Nurse. And during that time of the outbreak of TB. Yes she come out with a big needle. I used to run away when I see her. So there was an outbreak of that TB. Prior to that it was that flu. Bad flu.

And you know, a lot of our people. Well they take them to Taupiri. You know that maunga, that cemetery. Well down below there, there’s… Well before colonization. Where the road is, where the road and train run through. That was all Maori land. And that whole maunga, that cemetery was all part of it. They buried them down there. Right by the river, And when they took the land of course. They cut through the, you know, cut through the cemetery. They cut right through to where all those ones that died of the flu. Even the children you know, babies and children were dug up. Yeah they just ploughed through it. So they shifted them. The old people shifted them and put them over on the other side. Where they were safe. Yeah they had no regard for anything sacred. Like you know cemeteries. Nothing, they had nothing, no regard at all for anything we regarded as very sacred to us. And so when you are going through Taupiri. It was a very sacred place. The road and the railway was the colonizers idea of humiliating our people. But that’s alright, that’s in the past. But umm those things. But a lot of them died because of that epidemic that flu. And it came from the Pakeha’s, the ones that came into the country.”

Maori way of life and caring for the sick:-

“And they had their own way of caring for the sick. Because they lived off the land and the trees. The medicine, they were experts. They had their own. They knew how to heal themselves. Karakia, prayer. Yeah they had all that. And yeah I notice… Very few, not very many still carry that practice. They did have ummm. The last tohunga was what’s his name, down Taumarunui? Alec Phillips he was a tohunga (http://www.teara.govt.nz/en/maori-prophetic-movements-nga-poropiti/page-7). And they had their own tohunga back in the old days. They were specialists who could take care. Just about every whanau, I know about my uncle. Because he was the chief of our hapu. I could hear him in the morning, doing his chanting, doing his karakia in the morning. Then he’d go around with his water, sprinkle it all over, you know. Around his house, around us. I knew what he was doing. So you know, our own people had their
own healers. Being able to heal because they believed you know... They always believed, also believed there was the other side.... You know the dark side of our wellbeing. That had to be alleviated. Otherwise that too can play a force on the mind. And so it's not only a healing of the body, but a healing of the mind as well.”

KAIAWHINA AND THE PEOPLE

The stories suggest that “awhina” has always been in the Maori language, whether there has been much change in its usage is not of immediate concern. However, it appears from the stories that Pakeha’s use of this word (and other Maori words) have been a token gesture based on the literal translation. In Maori it is understood that everyone helps (“awhi”) in our whanau regardless of the tribal situation, it is not something given to by elders nor someone simply assuming the role:-

“So, it’s a need... You know where if there’s a need, you awhi that person. Whether it be in politics, whether it be in health. It doesn’t matter whatever the tribal situation is at the time. And so each whanau has that responsibility. Well they know, you know it’s natural.”

Therefore, in Maori “Kaiawhina” is simply a word and it is neither a status nor a title. But in Maori “kaiawhina” means much more than “help”:

“You don’t sit there and watch your grandfather, your koro, struggling to get up. You get there and you go and help him. That’s what an awhina is.”

Of course it loses the cultural and social proviso and responsibilities attached to “awhi” in translation. So for Pakeha “kaiawhina” means to help, whilst to Maori it is a lot more.

The story tellers explained that the reason for the first author to have been successful in her role as a Kaiawhina is because she adopted the Maori meaning of kaiawhina to deliver help to Maori students (and other students in desperate need and staff who needed support).

An issue that needs addressing is whether token gestures of adopting and adapting Maori words can help forge a closer relationship and heal wounds, or conversely it has had a reverse effect. The following story provides some insight:

“It’s hard to please people like that. You know it’s a simple word, language without titles and all that stuff that goes in front of it. But it’s them Pakehas they want to glamourize our language. Probably think kaiawhina is not glamorous enough. (Laughs). Well they should leave it alone. They shouldn’t dabble with our language. Leave the language alone. Leave it to the people who know. Now you tell them, you tell them.”
CONCLUSION

The stories reminded us of the adverse effects of land wars, tribal wars, and the effects of colonisation on the Maori way of life and social structure. It is inevitable that a breakdown of social and economic structures creates individual and community “needs” that Maori and the governing body must take responsibility to meet. The archives suggest that there were government policies to meet the health needs of Maori, in particular during the TB, Flu, Chicken Pox, and Measles epidemics. However, such Acts of parliament may have affected Maori adversely due to, on the one hand, their land being taken off them, and on the other hand being made to feel inferior (for their belief systems and way of life) and unsanitary. Certainly, the real experiences of Maori encapsulated in stories reflect a health, social and economic system of apartheid in New Zealand.

Maori survival in such a harsh living environment was deep-rooted in their culture by invoking the idea of “kaiawhina”. Everyone who was able to help no matter however small did so, from providing accommodation for the sick to donating money and food. There were Maori who used their social status to do more and were more prominent such as King Koriki, and Princess Te Puea (who established the first Maori hospital).

We have, to some extent, addressed the issues we identified in Paper I: post-colonisation culture attenuation (once a proud culture became subsumed into the dominant Pakeha culture), the erosion of traditions and customs, and the adverse impact on the environment, e.g. introduction of predators and spread of viruses/diseases to which Maori had no immunity (e.g. see (Rice 2013)). In other words, we have provided the basis for what is meant to be a “Kaiawhina” by providing a discussion. In forthcoming papers we will continue with this theme and discuss further corroborating evidence both from personal experiences and archives. More importantly we will address the social implications, (in relation to population health), of borrowing words from indigenous languages.

REFERENCES


