Mai a Papa ki a Rangi:
M_ori research methods, methodology and theory – A ground up approach

A paper prepared for the First International Congress of Qualitative Inquiry

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Abstract

M_ori are the Indigenous people of Aotearoa[1] and they share similar experiences with other Indigenous Peoples, including colonising experiences, relationships with the natural world, oral traditions, and the gathering and transferring of knowledge. Research or knowledge gathering is not a new phenomenon for Indigenous Peoples, it is a natural ongoing process of any society, and much indigenous knowledge was, and in many situations still is, processed orally. However, indigenous knowledge and ways of knowing have not been privileged nor accepted as valid by Western society. According to Deloria (1995) indigenous epistemologies and ways of knowing are considered to be older than, the traditional Western epistemologies that have previously been regarded as the 'one' way to view the world.

While Western society has advanced in the 'ways of thinking about research' - methods, methodologies and theory are being re-evaluated within Western academic circles. In particular, qualitative research has undergone phenomenal change including the recognition of new and emerging epistemologies (Denzin & Lincoln, 2000).. For example, 'new paradigm research' has emerged since the 1970's and is led by those who are in opposition to the traditional positivist view (Reason & Rowan, 1981; Heron & Reason, 1997). Although there are many in academia who still struggle to recognise and accept epistemologies that are neither new nor emerging.

Along with other Indigenous Peoples "M_ori have a different epistemological tradition which frames the way we see the world, the way we organise ourselves in it, the questions we ask and the solutions which we seek" (Smith, 1999, pp 187-188). This epistemology has given rise to a methodology known as 'kaupapa

[1] New Zealand

M_ori research' which provides validity for M_ori knowledge, language and culture (Smith, 1999, p 183). Although kaupapa M_ori research may employ Western methodologies and methods it is not based on a Western research philosophy. Guba and Lincoln (1998) state that 'new paradigm research' or 'alternative paradigm research' provides previously silenced, colonised, and marginalised groups with a legitimate 'voice'. Kaupapa M_ori research then, provides a M_ori voice, Graham Smith summarises kaupapa M_ori research as that which "… is related to 'being M_ori'; is connected to M_ori philosophy and principles; takes for granted the validity and legitimacy of M_ori including the importance of M_ori language and culture; and is concerned with 'the struggle for autonomy over our own cultural wellbeing'" (cited in Smith, 1999, p 185).

This paper presents an overview of kaupapa M_ori research undertaken by Ng_ Kairauhii (a collaboration of Ng_ti Kahungunu marae). In 1998, research showed that rural M_ori in the Hawkes Bay were poorly serviced in terms of what health services were available and accessible. The need for further research was identified by Ng_ Kairauhii, and subsequent research was undertaken in 2002. How the information was collected, collated and analysed using a kaupapa M_ori approach is fully outlined and discussed in our paper. From the analysis of the data a composite health service delivery framework (MARAE) was developed. NGA KAIRAUHII was used as an acronym to develop a set of accountability and responsibility statements based on the MARAE framework.

Introduction

Ways of thinking about research are being re-evaluated within Western academic circles. Specifically, qualitative research as an approach, has undergone phenomenal change including the recognition of new and emerging epistemologies (Denzin & Lincoln, 2000). New Paradigm Research has emerged since the 1970's and has been described as being in opposition to the traditional positivist view (Reason & Rowan, 1981; Heron & Reason, 1997). Academia however, is still struggling to recognise and accept epistemologies that are neither new nor emerging. Indigenous epistemologies are considered to be older than, the traditional Western epistemologies that have previously been regarded as the 'one' way to view the world (Deloria, 1995).

This paper outlines a M_ori view of the world in relation to 'kaupapa M_ori research'[2]. Secondly, aspects of kaupapa M_ori research used to collect and analyse data from a study undertaken by Ng_ Kairauhii[3] (a collaboration of six marae[4] in Ng_ti Kahungunu[5] - see Appendix 1) are discussed. The kaupapa[6] M_ori methodology used in this research is evident in a number of ways. For example the research was:

- initiated by M_ori;
- undertaken by M_ori community researchers;
- conducted using a kanohi ki te kanohi[7] approach; and
- analysed from a M_ori perspective.

Also discussed in this paper is the rationale for undertaking the research, description of the methods used and an overview of the findings for wh_nau[8] and hap_[9].

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[2] Usually explained as research 'by M_ori for M_ori'.
[3] M_ori community health group incorporating the following marae; Mihiroa, Waimarama, Matahiwi and Omahu with Te Awhina and Runanga under the umbrella of Omahu.
[4] Marae are institutions in their own right and are often the community focal point for all activity also representing ancestral linkages.
[5] A tribe on the East Coast of Aoteaora/New Zealand.
[6] Variety of meanings e.g. objectives, focus, reason, plan.
[7] Face to face, consultative.
[8] Extended family.

A M_ori View of the World

Te Ahukaramu Royal (1998, 2002) in developing the Te Ao Marama 'framework'/paradigm for the advancement of M_ori knowledge noted that a key M_ori aspiration is that of cultural survival. The Te Ao Marama paradigm echoes 'traditional M_ori culture' and is therefore "the paradigm of traditional matauranga M_ori[10]" (p 79). Te Ao Marama provides a vehicle from which the past is drawn upon to inspire contemporary M_ori theorizing and 'philosophical' reflection. A sort of reclaiming of what Newell (1954) acknowledged was previously present in traditional M_ori society when he referred to the different levels of tohunga[11] education. He noted that 'whare wananga' were teaching institutions for tohunga and there existed three distinct levels of tohunga education. The highest level of tohunga education concentrated on 'ritual' and 'tribal lore', the next level provided in-depth 'historical and genealogical' education and the third level involved education in what he termed 'healing'. Newell concluded that in traditional M_ori society M_ori were "scholars, scientists, philosophers, and theologists" (1954, p 12). Perhaps in this sense traditional matauranga M_ori can be said to be culture-laden. Te Ao Marama allows for the resumption of these philosophical practices alongside contemporary and future thinking. Cultural survival then, is assured when M_ori are confidently able to do what Royal (2002, p 11) refers to as the "perpetuation of our knowledge, our traditions, our worldviews, our philosophies".

Therefore the key role of the 'framework' becomes one of developing interpretations on the traditional M_ori worldview. Royal (2002) maintains that this mainly involves research into the principles of a traditional M_ori worldview, establishing its basic views on 'reality' as well as applying those principles and views in new and 'creative' ways in a 'contemporary' M_ori context. Te Ao Marama enables the investigation of indigenous knowledge and worldviews bringing the contemporary experiences of indigenous peoples into focus and

[9] Larger family groupings within a tribe.
[10] M_ori knowledge.
[11] A person with expertise in specific areas, i.e. healing, carving.

providing spaces for indigenous theorizing and philosophical reflection outside of a common colonial experience (Royal 2002). In developing a framework for the study of worldview Royal draws upon the works of the late Rev. M_ori Marsden:

> *Cultures pattern perceptions of reality into conceptualisations of what they perceive reality to be; of what is to be regarded as actual, probable, possible or impossible. These conceptualisations form what is termed the 'world view' of a culture. The world view is the central systemisation of conceptions of reality to which members of its culture assent and from which stems their value system. The world view lies at the very heart of the culture, touching, interacting with and strongly influencing every aspect of the culture (2002, p 18)*

In a similar vein to other Indigenous Peoples "M_ori have a different epistemological tradition which frames the way we see the world, the way we organise ourselves in it, the questions we ask and the solutions which we seek" (Smith, 1999, pp 187-188). This epistemology has given rise to a methodology known as 'kaupapa M_ori research' which is a way of undertaking research that provides validity for M_ori knowledge, language and culture (Smith, 1999, p 183). Although kaupapa M_ori research may employ Western methodologies and methods it is not based on a Western research philosophy. Guba and Lincoln (1998) and Lincoln and Guba (2000) state that new paradigm research or alternative paradigm research provides previously silenced, colonised, and marginalised groups with a legitimate 'voice'. Kaupapa M_ori research then, provides a M_ori voice, and Graham Smith summarises kaupapa M_ori research as that which;

- "…is related to 'being M_ori',
- is connected to M_ori philosophy and principles,
- takes for granted the validity and legitimacy of M_ori including the importance of M_ori language and culture, and
- is concerned with 'the struggle for autonomy over our own cultural wellbeing" (cited in Smith, 1999, p 185).

Kaupapa M_ori Methods

It is generally acknowledged that information available about M_ori is inadequate, distorted, inaccurate, and in most cases flawed (CRHA, 1996; Reid & Robson, 1998). The reasons for this include;

- problems with the collection of information,
- issues of quality, and
- dissemination of information.

There are three main issues related to the collection of information about M_ori. Firstly, it is often difficult to recruit the required numbers of M_ori respondents[12]. The second issue relates to the fact that the methods of data collection are not always appropriate for M_ori and there are possible language and cultural barriers, for example the phraseology used in surveys (Gillies & Barnett, 2003; Comrie, Gillies & Day, 2002). Finally, access to M_ori participants may present difficulties for researchers from other cultures (Soutar, 2000).

The issue of quality data on M_ori relates directly to the methods of data collection discussed above, if the methods used are appropriate for M_ori participants then the quality of the information collected will improve (Royal, 1992). Problems are also reported relating to the dissemination of information and M_ori respondents have found that results and findings are not reported back to the community in modes and fora that are appropriate (Smith, 1998).

M_ori have increasingly become involved in research at all levels and this has lessened some of the problems involved with collection, quality and dissemination of information, however it has been argued that it is in our own best interests to collect, collate, analyze, and disseminate M_ori information ourselves (Durie, 2003; Smith, 1999). Given the previous adhoc nature of, and problems associated with M_ori data collection, Karetu states: we could do no worse than successive Government agencies have done till now (1990).

[12] For example, the New Zealand Health Survey 1996/1997; the National Nutrition Survey, 1998.

A Ground up Approach: The Ng_ Kairauhii Study

One group that began to undertake research in their local area was Ng_ Kairauhii and they gathered initial data which pointed to rural M_ori being poorly serviced in terms of what health services were available and accessible[13]. The need for further research was identified and subsequently undertaken in 2002 with a study that complimented other M_ori research initiatives that deal with a diverse range of realities affecting M_ori wellbeing[14]. In this sense, it provides and explores a M_ori perspective using the marae as a platform to launch initiatives, such as health services, health education and promotion initiatives in M_ori communities.

The interview schedule that was used in the 2002 study was developed by Ng_ Kairauhii in order to give M_ori a chance to have their say about proposed health services in their area (Napier/Hastings on the East Coast of Aotearoa– see Appendix 2). It included sections about health, health services, health perceptions and health preferences. As well as dichotomous items and limited choice items the majority of questions were open ended and gave respondents the opportunity to talk about their own health, the services they use and prefer to use, their perceptions of the health care they currently receive and whether they felt different methods of health care delivery would be more appropriate for M_ori. In total there were 141 items and the interview took approximately 1_ hours to complete.

The personal interview or kanohi ki te kanohi approach was used because of the nature of items included in the interview; there were a number of personal questions relating to health issues and respondents needed to feel at ease to answer the questions fully. Alreck and Settle (1995, p 33) maintain that "personal

[13] A 1998 feasibility study conducted by Ng_ Kairauhii looked at M_ori health services delivery in rural Hawkes Bay.

[14] Oranga Kaum_tua Study 1996; He Anga Whakamana – A framework for the delivery of disability support services for M_ori, 1995 (a report prepared for the core services committee of the Ministry of Health by Te P_manawa Hauora.

interviewing provides the most complete contact with respondents because face-to-face interaction permits both audible and visual communication with respondents". For M_ori the kanohi ki te kanohi approach is acknowledged as the most accepted form of communication used by M_ori (Cram, Keefe, Ormsby & Ormsby, 1997).

Ng_ Kairauhii recruited a team of community researchers from each marae to interview respondents as they were more aware of local issues and experiences of the sample population group. As part of the local community the researchers were regarded as insiders and were more likely to be given access to information that outsiders would not have been privilege to (Soutar, 2000). According to Alreck & Settle (1995), researchers need to be trained to interview respondents and to understand the specific characteristics and requirements of the project. Training was undertaken by experienced researchers to ensure that the community researchers understood the interview schedule itself and were able to administer it confidently and correctly. Training took place at Mihiroa marae and was conducted over 1_ days. Several training techniques were used including role-plays, 'what if' scenarios, and videos showing actual interviews being undertaken and data being collected using the interview process.

For this research to be successful it was important to identify a survey sample which represented M_ori affiliated with each of the six marae. The sample was chosen using a mixture of quota sampling and network sampling. Allison, O'Sullivan, Owen, Rice, Rothwell & Saunders state that in quota sampling "… we accept whatever subjects are accessible to us, as long as they come from the sub-groups we have identified" (1996, p 41). In this research it was important that respondents were affiliated through whakapapa[15] with one of the marae. The community researchers identified potential respondents through their own wh_nau, hap_ and iwi[16] networks. Identifying respondents in this way is referred to as network sampling and was first used for M_ori research by Te P_manawa

[15] Tracing lines of descent to a common ancestor.
[16] Major tribes.

Hauora[17] in 1996 to draw a sample for the Oranga Kaum_tua[18] study. For this research, and based on the network sampling method, a new sampling method considered more appropriate for research with M_ori was used. Called k_riporipo it is a sampling method which recognises, acknowledges, and supports whakapapa M_ori, tikanga M_ori, waka and marae when a sample is chosen or self-selects (Gillies, pers comm, 2004).

The interviews were undertaken in July 2002 and information from 124 people was obtained. Returned interview schedules were checked for completeness and assigned an individual identifying number which then linked the schedule to one specific marae and interviewer. Information from the dichotomous items and limited choice items was entered into an EXCEL spreadsheet for ease of analysis. The open ended questions were analysed by experienced M_ori researchers using content analysis and results were written up in a report for Ng_ Kairauhii[19].

Discussion of Findings

Only one specific aspect of the interview results are discussed below – access to 'mainstream' health services and the idea of mobile health units visiting marae. Overall the findings highlighted a number of aspects that respondents felt were a problem for M_ori health and wellbeing and they indicated that there was a lack of direct M_ori participation in areas such as health service planning, policy, education and promotion. For example most respondents had no idea what health services were available in their specific areas, the promotional material available was not always available in rural communities and most are not written in te reo[20] M_ori. Other findings illustrated a problem with access to appropriate health services with the following comments recorded:

[17] M_ori Health Research Centre, based with the School of M_ori Studies, Massey University
[18] A study of the health and wellbeing of older M_ori undertaken in 1996.
[19] Gillies, A., & Barnett, S. (2003). *Ko te tangata te kaupapa, ko te tikanga te t__papa, ko te marae te matatiki*
[20] M_ori language

Too costly can't afford it

Only [go] when I have to

Only [go] if dying

I have to pay my account before the doctor will see me

Hard to communicate 'medical talk'

Respondents were specifically asked "If a mobile health service unit called at your marae would you make use of the service?" Overwhelmingly the response was positive with comments like:

I feel marae based heath unit would be appropriate

I hope it goes, would be an asset to marae

If there was a mobile clinic it would make my life easier, even marae visits once a week

There were specific interview questions relating to marae and many felt that an association with their marae was important for their health and wellbeing and/or aspirations for good health. First and foremost, was that over two thirds of those interviewed saw marae as the 'last bastion' where M_ori culture and language remained at the heart of all activities. Those not involved with marae cited the following reasons:

Sickness or retirement

Live away from the marae

Busy lifestyles

Marae are institutions in their own right and are often the community focal point for all activity within a community, in particular, the rural communities. Many advocated making more use of the land surrounding marae for things such as

communal gardens

social services, health, and recreation

Therefore, the researchers saw that any future planning for M_ori health and wellbeing would need to take into consideration the marae and the hap_ who support it. However, it was evident in the findings that, for whatever reason, there was also an inability for many of the respondents to gain access to 'te ao M_ori'[21] (including their marae). Comments included:

Wairuatanga[22] has been lost through colonisation

A lot of M_ori has not been brought up in our M_ori cultural aspects, need to be taught their culture

Teach our rangatahi[23] so they learn their roots, waka[24], iwi, hapu etc

What we discovered was that many M_ori who were interviewed felt that they could not access 'mainstream' health services, but equally many respondents found that they had lost their links to 'te ao M_ori' so they did not see marae based health units as a solution.

Implications

To 'factor in' the marae, taking account of the research findings, literature, and hui[25] with hap_ and marae Ng_ Kairauhii developed a framework which incorporates important aspects of M_ori health aspirations. Using 'MARAE' as the acronym; the framework essentially identifies a practical model for the achievement of M_ori aspirations for good health. Table 1 summarises the composite MARAE Framework.

Table 1: Health services delivery framework for M_ori

M_ori access to and participation in Te Ao M_ori, in health service delivery, in health policy and planning, and health promotion and education. Barriers to appropriate health care eliminated.
Autonomy of marae acknowledged and to remain in tact at the same time accommodating health and other social services for wh_nau, hap_.

[21] The M_ori world
[22] Spirituality
[23] Young M_ori
[24] Canoe
[25] Gathering.

Relevant to M_ori needs and aspirations and inclusive of traditional medicines and M_ori cultural practices. **A**bsolute commitment to work affirmatively with wh_nau and hap_ and in collaboration with other providers building long term strategic alliances to meet present and future M_ori health needs. **E**nabling health services to provide culturally effective, efficient, and equitable health services delivery and empowering wh_nau and hap_ through information and education.

From the composite Health Service Delivery Framework for Marae, Ng_ Kairauhii was able to provide a guide to their own operations. Using NG_ KAIRAUHII as an acronym, and based on the MARAE framework, a set of accountability and responsibility statements were formulated to guide the operations of Ng_ Kairauhii as a specialised Health service provider.

The accountability and responsibility statements summarised in Table 2 are self-explanatory and effectively operationalise the MARAE (Health Service Delivery Framework) within a specific health service. The framework then, can have an immediate impact on a health and or social service that wishes to actively interact in a meaningful way with M_ori communities.

Table 2: Ng_ Kairauhii accountability and responsibility statement

Negotiate appropriate health care for wh_nau, hap_ and iwi through networking locally and nationally. **G**uaranteed guardianship of M_ori intellectual and cultural property. **A**rticulate and advocate for M_ori wh_nau, hap_ and marae.	**K**ey performance measures established, kinship relationships established and maintained. Transfer of knowledge to key stakeholders. **A**ccountability maintained with wh_nau, hap_ and iwi of marae as well as health and social service funding agencies. **I**nfluence positive affirmative action for Marae wh_nau and hapu. **R**esponsibility for providing a safe working environment for Maori health workers. **A**ccelerate the development of a culturally competent M_ori health workforce. **U**tilisation of resources undertaken with due care and diligence. **H**ands on approach to activities, maintain harmonious and healthy relationships with clients, marae and other health service providers.

	Incorporate M_ori customary practice in a contemporary context. **I**ntegration of services across sectors encouraged to provide M_ori a more holistic system of care by incorporating information that influences healthy decision making.

However, there is also a need for 'mainstream' health providers to recognise that there is a need for them to adapt to the changes being demanded by M_ori; in order to meet these health needs the services provided must first be relevant and inclusive of traditional medicines and socio-cultural practices rather than exclusive (Ruakere 1998; Durie, 1994; Prichard, 1992). Health service planners, policy makers, and especially providers must at all times be committed to the M_ori communities and marae they are to engage with. It is this mutual respect and commitment that will facilitate and encourage future relationships and alliances with a range of health service providers working together for a common goal.

Health service providers are much more likely to be able to provide more culturally efficient and effective health services when they have accepted and acknowledged that their role is also about being educated and informed by wh_nau and hap_. It is a two way process that needs to be adopted whereby information and education empowers the wh_nau and hap_ and health service providers also benefit from the engagement.

Although there were a range of issues elicited from the research only a small section of the findings and implications are discussed in this paper.

Conclusion

We opened our discussion with an outline of a M_ori view of the world leading to a kaupapa M_ori methodology and methods. Kaupapa M_ori as an approach has provided a space for dialogue by M_ori across disciplines, about research. (Smith, 1999, p 193) it is a form of resistance to marginalisation or being seen as the 'Other[26]' within traditional Western research philosophies.

[26] Denzin & Lincoln discuss a concern to understand 'Other' and describe 'Other' "… as the exotic other, a primitive, a non white person, from a foreign culture judged to be less civilised than that of the researcher …" (2000: 2). "The 'Other' was turned into an object of the ethnographers gaze" (2000: 2).

The research discussed here was initiated by Ng_ Kairauhii who represents six marae in the Ng_ti Kahungunu region. Community researchers were recruited from each of the affiliated marae and the research was conducted using the kanohi ki to kanohi approach. The sample was chosen using the k_riporipo method that recognises, acknowledges, and supports whakapapa M_ori, tikanga M_ori, waka and marae. While EXCEL was used to collate some data the main analysis was undertaken by M_ori researchers providing a M_ori perspective.

The results from this study encouraged health planners, health policy makers and health funders to develop sound policies and mechanisms that support M_ori health development initiatives. Finally, the study informs policies from a M_ori wh_nau and hap_ perspective to ensure they are relevant and make sense to M_ori communities supporting marae.

There have been three major outcomes from the findings of this research. Firstly, a Health Services Delivery Framework for M_ori was developed and Ng_ Kairauhii used this to establish accountability and responsibility statements to guide their operations as a specialised health service provider. Secondly, Ng_ Kairauhii has been funded to operationalise the MARAE framework with the six marae who were involved in the initial study. Thirdly, the study has provided a foundation for further research and Nga Kairauhii has recently been successful at gaining FoRST[27] and HRC[28] research funding.

[27] Foundation for Research Science and Technology
[28] Health Research Council

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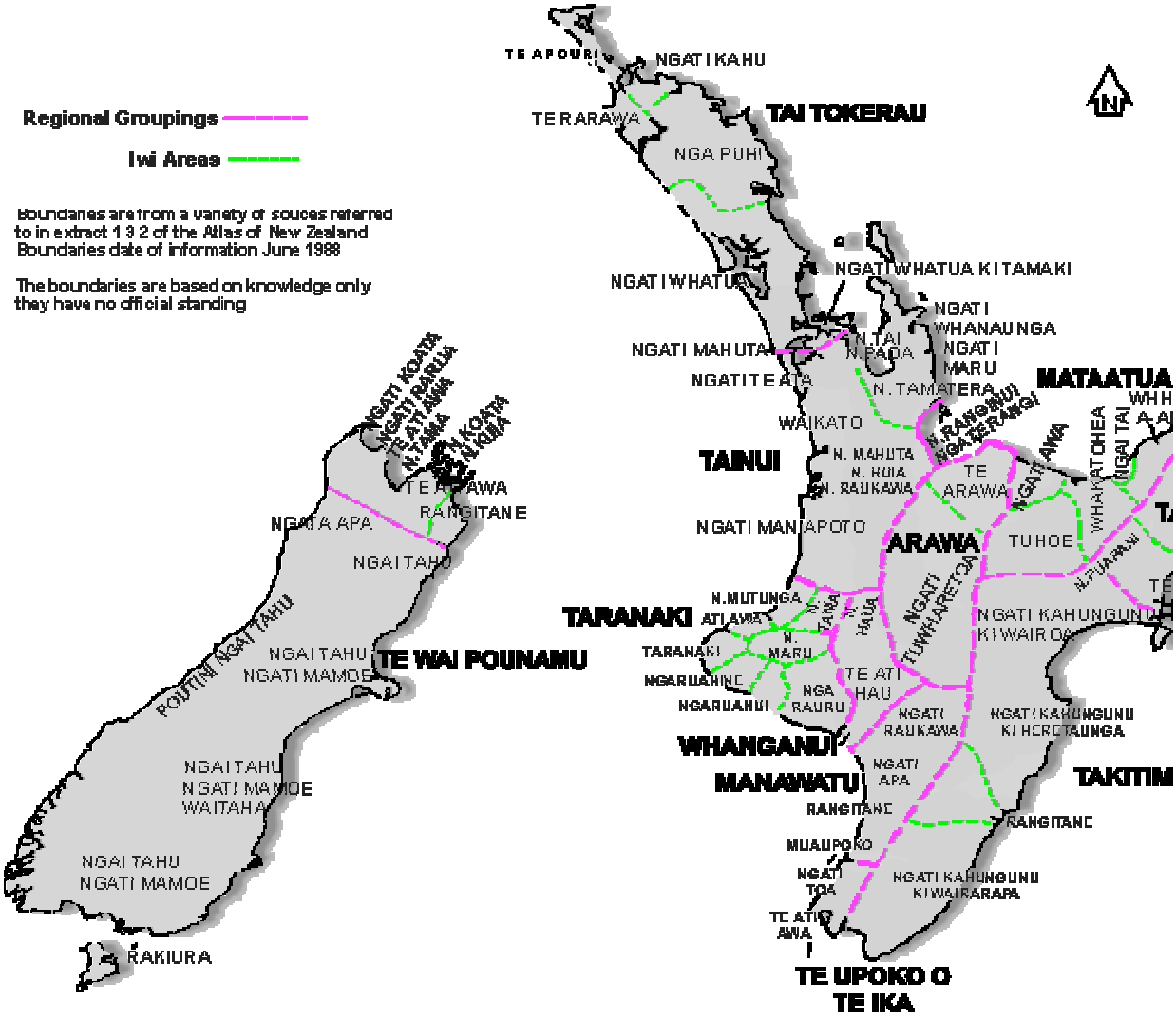
Appendix 1: M_ori Tribal Areas in Aotearoa



Appendix 2: Map of Aotearoa