Harirū, Hongi and Hau in the time of COVID-19

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Ki te kotahi te kākaho ka whati, Ki te kāpuia e kore e whati

Alone we can be broken, Together we are invincible

Kingi Tāwhīao

When COVID-19 arrived in Aotearoa in 2020, Māori responded quickly. It was evident that kaumātua and kuia would be especially vulnerable to the virus, given their age, living situations and often compromised health. Local hauora and iwi leaders were active, advising marae to modify social engagement practices and restrict harirū (handshakes), hongi and kihi (kisses), all of which involve the exchange of hau (breath).

Marama is from Tūrangawaewae Marae in Ngaruawahia, the principal marae of the Kingitanga. Before the Government put Aotearoa into lockdown for the first COVID outbreak, the marae restricted entry to protect its elders. Marama cannot remember this ever happening at Tūrangawaewae in her lifetime. *[image of Tūrangawaewae gates closed around here]* Māori have a collective memory and can readily recall past epidemics. Gravesites in urupā around the country are testament to the devastating impact of the 1918 Spanish flu. Additionally, infectious diseases such as measles, introduced by Pākehā, ravaged the Māori population during the nineteenth century. Later epidemics, including tuberculosis, are well within living memory of kaumātua today.

At the James Henare Māori Research Centre (JHMRC) we have developed a programme of kaupapa Māori research, investigating the wellbeing of kaumātua. In the early stage of the

pandemic our ‘Harirū, Hongi and Hau: In the Time of COVID-19’ proposal received funding from the Health Research Council. It sought to investigate kaumātua understandings of COVID-19, their experiences of lockdown and subsequent alert levels, and their roles within Māori communities in relation to altered tikanga around social distancing and large gatherings, particularly tangihanga.

It was a challenge to modify our usual kaumātua research methods. When conducting research in Māori communities we hold a mihi whakatau, to make connections and explain our intentions. Our central method is the noho wānanga, a method for sharing mātauranga about ageing, wellbeing and kaumātuatanga. The wānanga goes over two days, in the comfortable and congenial setting of a hotel, freeing kaumātua from their usual responsibilities. Kaumātua are transported to the venue, may bring a caregiver with them, and receive a koha in the form of petrol or grocery vouchers as a gift for their time. As well as korero at the wānanga sessions, we also record kānohi-ki-te-kānohi (face to face) interviews. Transcripts of their interviews are sent to them, and after data analysis is concluded, our findings are returned to them at a dissemination hui.

COVID-19 completely turned this research process on its head. We needed to organise a different and safe process, and submit a winning funding application with a nearly impossible deadline. The Health Research Council and the Ministry of Health wanted quick results in this pressing situation.

Kaupapa Māori Methods in Lockdown

For our new approach, we relied heavily on the connections with communities that we already have. We recruited three kaumātua researchers, Professor Ngapare Hopa (Waikato) and Dr

Ngahuia Dixon (Tauranga Moana) and Whaea Cilla Moore (Ngātiwai), onto our team to participate in co-design and to recruit participants. We planned to conduct kānohi-ki-te-kānohi interviews by Zoom over a six-week period. At that stage we had no idea what the future might bring in terms of spread of COVID-19 and responses to it.

Recruitment and information sharing was mainly by phone. Koha posed an issue when our community researchers pressed for a fairer reward for participation than the university policy allowed. We had thought to buy devices for participants, but supply was a problem and most potential participants had household access to a device that could Zoom. We negotiated payment of phone bills for several months across the study as the appropriate koha and persuaded the university to agree to going beyond the usual monetary range. We note that koha is still an issue when university policies undermine Māori tikanga in relation to koha.

Setting up participants over the phone for Zoom was time-consuming. One team member was dedicated to this task throughout the study. Some kaumātua were familiar with Zoom but most were not. However, most used e-mail and even more took part in Instagram, Facebook and video calls with whānau, especially those overseas. Many participants had younger members of their household who gave them IT support.

We recorded 63 interviews with 23 participants over a two-month period, 15 women and 8 men, aged from their early sixties to late eighties. There were similar numbers from Ngātiwai and Waikato-Tainui, and their health ranged from excellent to diminished. Every week throughout the project we held Zui (Zoom hui) with our team, who were all working from home. *[image of Zoom meeting around here]*. Holding Zui meant that we were able to include the Whaea (community researchers). As we transcribed and analysed via rapid data analysis techniques, we discussed emergent themes and the community researchers contributed profoundly to theorising the material

with Māori concepts. The Whaea led this process of theorisation, drawing on their deep knowledge of mātauranga Māori and where appropriate, they imparted metaphors, whakataukī (sayings), waiata, tongi (prophetic sayings) and stories.

Te Whare Pūngāwerewere

The whare pūngāwerewere is a model we have adopted to convey our findings. *[image of pūngāwerewere around here].* Pūngāwerewere is the spider's web and symbolises the web of connection. The relationships in the whare pūngāwerewere link whānau, hapū and iwi. These relationships are a source of strength, resilience and resistance.

At the heart of the whare pūngāwerewere is tikanga Māori, or Māori traditions, practices and behaviours, the central pou (pillar) of the Māori world. Kaumātua responsiveness to COVID-19 was based in tikanga, involving fairness and doing the right thing. It was frequently debated amongst kaumātua and their networks, as they revealed to us during the interviews. Tikanga guided them in their response to restrictions on personal distancing, gatherings and customary activities, and many – echoed in wider Māoridom - felt that government ignored tikanga, imposed their own rules and did not allow Māori to be adaptive.

We heard their sadness at the need to restrict hongi, harirū, and the exchange of hau, all of which carry deep spiritual meaning for Māori. Participants asked themselves whether some practices could be altered without losing their underlying significance. Moreover, would some changes, such as forgoing the hongi, become permanent? But they did their best to stick to the rules, although natural responses could be hard to overcome, such as when someone arrived on the doorstep and offered a kiss on the cheek or a hug. Whānau relationships were still strong, but conducted differently, for example, over the fence or via Facebook. In fact, kaumātua often

reported more contact with whānau concerned about their wellbeing than during normal times, through phone calls and Facebook.

The tangihanga is the most significant expression of tikanga Māori, so it is not surprising that kaumātua felt surprise and grief when government restrictions on tangihanga were announced. Nearly all reported a death where they would have expected to attend the tangihanga. Tangi, literally 'weeping', draws attention not only to the grieving process, involving the shedding of roimata (tears) and hūpē (mucus), tangible expressions of grief. Whānau come together, at the marae or the family home, to connect with the past and the present, to honour the dead, to pay their respects and give koha to the grieving whānau. All this sense of belonging that whanaungatanga engenders was no longer possible during lockdown and participants repeatedly mentioned sadness at their inability to come together and physically awhi (embrace). However, kaumātua reported innovative responses to preserve tikanga. Standing outside the home of the deceased during lockdown, or along the hearse route, giving the karanga and wiri (trembling with emotion) as the tūpāpaku (deceased) passed by. Live-streaming and the use of platforms such as Zoom mitigated some of the pain.

Kaumātua contributed to care for others and many, especially the younger ones, were closely involved in marae and iwi committees and decision-making. They were engaged in funding applications, developing work programmes, preparing and delivering manaaki packs, and providing guidance. Some older participants had taken a step back from leadership. They maintained their rangatiratanga within their own whare and whānau and were appreciative of the manaaki they received, in the form of care or hygiene packs and phone calls. They often passed the packs on to those they knew who were more in need. Some told us they rested during lockdown, rather than being 'always at people's beck and call.'

Health care did not always embody manaakitanga. While some kaumātua were pleased with mainstream services but especially Hauora Māori, others felt stranded. They could not call into their primary care provider or make normal appointments to visit. A serious incident with what turned out to be a stroke was described, where no assistance was provided by the service. A dislike of medical consultations over the phone was expressed. Some kaumātua put off seeking help, which diminished their wellbeing. However, they worked at maintaining hauora and one described making rongoa for use in the prevention of infection.

There were some differences in the experiences of kaumātua from the two rohe. Participants from Waikato-Tainui were older and less active. More Ngātiwai were involved in activities to support other kaumātua and their communities. There were some apparent differences in tikanga across the rohe, as well, with the Waikato-Tainui participants part of a much bigger tribal group and larger geographical area, and bound by loyalty to the Kīngitanga. Ngātiwai is a smaller iwi and decision-making processes are different, giving participants from that rohe perhaps more influence on decisions at the marae level.

Conclusions

Our new Kaupapa Māori methods worked surprisingly well, although of course we are looking forward to returning to our noho wānanga. Participants seemed to enjoy the Zoom calls and the greater involvement of our Whaea was a gift which taught us much.

Our whare pūngāwerewere model illustrates how kaumātua live and what matters to them. Our study showed how strong they are, how much importance they attach to relationships, how they make contributions and give as well as receive care. They learn from the past, teach younger people

and can adapt to digital futures. A commitment to including kaumātua should be fundamental to plans and policies that affect them. It is particularly important to recognise the way rangatiratanga plays out in the kaumātua world – their agency, their capabilities, their wish to do things their own way, how they give and deserve respect and dignity and their power to make choices and take actions, in accordance with the tikanga of their whānau, marae, hapū and iwi.

The overriding recommendation from our study is that Māori voices, and particularly the kaumātua voice, should be heard and should count when government agencies and authorities design and implement policies during pandemics. Māori should be visible in media communications from government. 'Put the mana back into the leadership of Māoridom,' as one participant put it. Unfortunately, although this same message has come from nga hau e wha (the four winds) across Māoridom, there is no sign of it being heard during the current Delta outbreak.

This article is based on a conference presentation given at the Community Psychology Symposium at the New Zealand Psychological Society Annual Conference in September 2001 and on our final report to the Health Research Council.

References

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doi: 10.1080/03036758.2020.1853182

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