

Health, Work, and Retirement Survey

Summary report for the 2006 data wave.

- Māori Cultural Identity -

Jack Noone and Brendan Stevenson.

A research Collaboration between

The School of
Psychology.
Massey University

The Health
Research Council
of New Zealand

The New Zealand
Institute for
Research on Aging

The Centre for Māori Health
Research and Development.
School of Māori Studies
Te Putahi-a-Toi.
Massey University

CONTENTS

INTRODUCTION	3
DEMOGRAPHIC INFORMATION	3
AGE, GENDER AND SOCIOECONOMIC STATUS	3
WORK AND RETIREMENT STATUS.	4
MĀORI CULTURAL IDENTITY	4
BACKGROUND	4
DESCRIPTIVE STATISTICS	4
<i>Self identification as Māori.....</i>	<i>4</i>
<i>Whakapapa and whānau.....</i>	<i>4</i>
<i>Māori language (Te Reo).....</i>	<i>5</i>
<i>Marae participation and contact with other Māori.....</i>	<i>6</i>
<i>Financial interests.....</i>	<i>7</i>
CATEGORISATION OF CULTURAL IDENTITY	7
MĀORI CULTURAL IDENTITY AND HEALTH	8
BACKGROUND	8
MCI AND HEALTH.....	8
MCI, HEALTH, SOCIAL SUPPORT, AND FINANCIAL DEPENDENTS.....	8
HEALTH, RETIREMENT, AND FINANCIAL DEPENDENTS.....	9
CONCLUSIONS.....	10
REFERENCES	11

Introduction

The Health Work and Retirement (HWR) study utilises two representative samples of Māori and non-Māori New Zealanders aged 54 to 70. This report is based on the Māori sample, which is comprised of 3,767¹ individuals who were randomly drawn from the electoral roll using the Māori decent indicator (see Towers, 2008, for further details). This report focuses on Māori Cultural Identity (MCI) and its relationship with several key variables, including mental and physical health. Part one describes the demographics of the sample including the age, gender, income, economic living standards, and the retirement and work status of the group. Part two gives a brief background to the MCI measure and examines the responses to each of the seven items that comprise the scale. Finally, part three describes the relationship between MCI and health alongside three key variables: retirement status, social support, and number of financial dependents supported.

Demographic Information

Age, Gender and Socioeconomic Status

The mean age for the Māori sample was 60.8 years old (SD=4.56) with approximately 45% of the sample being male and 55% female. With respect to education, 45.6% of the sample had no high school qualifications compared to 21.7% that had at least one high school qualification and 32.4% with a tertiary qualification. The mean personal income of the sample was \$37,208 (SD=\$44,243, Median = \$30,000) and the mean household income was \$92,261 (SD=\$69,947, Median = \$80,000). Scores on the Ministry of Social Development's (MSD) Economic Living Standards Index (Jensen, Spittal & Krishnan, 2005) showed that the majority of the sample reported a good standard of living (mean = 20.9, SD = 7, range = 0 – 31). However, Figure 1 shows that a substantial proportion of this sample is still experiencing some level of hardship with approximately 8% experiencing “significant hardship”.

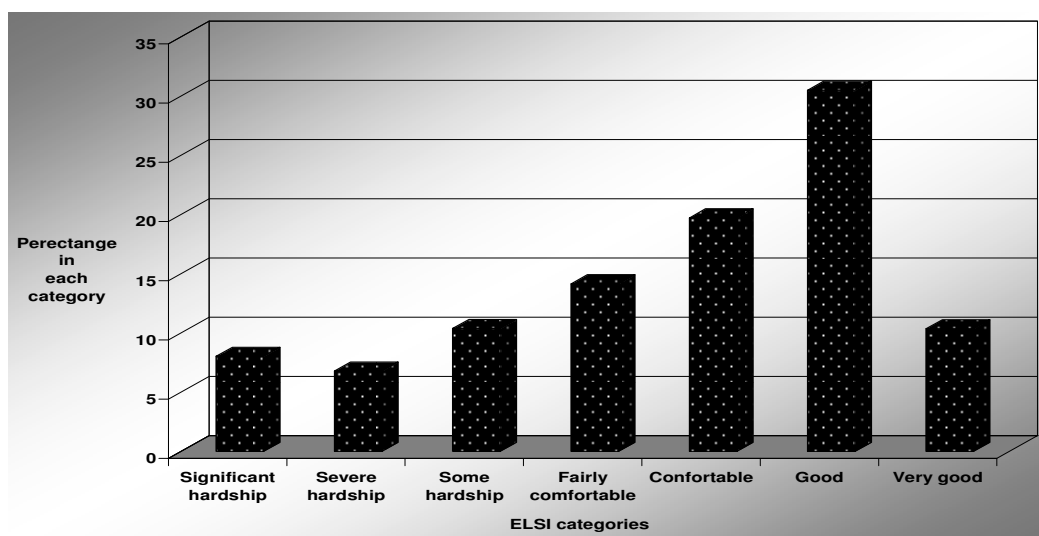


Figure 1. Economic Living Standards based on MSD categorisations.

¹ The sample includes 224 individual from the general electoral roll who identified as Māori.

Work and Retirement Status

58.3% of the Māori sample were not retired at all, compared to 20.3% who were partly retired and 21.4 % who were completely retired. Of those who did not consider themselves fully retired, 57.9% were in full-time employment, 26.6% were in part-time employment, 4% were full-time homemakers, 1.2 % were studying, 2.7% were unemployed and seeking work, and 7.1% were not in the workforce for some other reason.

Māori Cultural Identity

Background

The HWR utilises a measures of cultural identity originally developed by the Te Hoe Nuku Roa research team. This longitudinal study was established in order to “understand Māori situations at a household level and to appreciate the links between cultural identity and socioeconomic circumstances” (Fitzgerald & Durie, 2000, p. 115). One of its aims was to develop a measure of Māori cultural identity that captured both a sense of belonging and participation in Māori culture (Stevenson, 2004). They identified seven key indicators, which were easily quantifiable, but captured many of the behaviours that were common to and unique to Māori. These indicators include self identification as Māori, Whakapapa (Māori ancestry), perceived importance of whānau (extended family), perceived ability in Te Reo (Māori language), contact with Māori people, the number of Marae visits in the last 12 months, and financial interests in whenua tipu (ancestral land). Scores on each of the items are weighted and combined to form a composite measure of Māori cultural identity with a theoretical range of 0 – 18. Scores may then be recoded into three ordered categories reflecting either a “Notional” (0-5), “Positive” (6-11), or “Secure” (12-18) Māori cultural identity (see Stevenson, 2004, for further details). The following briefly describes each of the seven indicators and the response frequencies for the sample.

Descriptive Statistics

Self identification as Māori.

One can argue that “to be Māori, one only needs to believe that one is Māori” (Stevenson, 2004). For this reason self identification was afforded a relatively large weighting in the MCI score. Approximately 80% of the sample identified as Māori.

Whakapapa and whānau.

Whakapapa and whānau can have a strong influence on Māori identity by providing a sense of connection to tūpuna (ancestors). The knowledge of these connections help to link the individual with one’s wider family and tribal interests and may also provide the mandate to call oneself Māori (Stevenson, 2004). With respect to Whakapa, individuals are asked how many generations of Māori ancestry they can name (from one generation to three or more). Figure 2 shows the distribution of scores to the HWR sample. These results show that approximately 45% of the sample could name three or more generations of Māori ancestry.

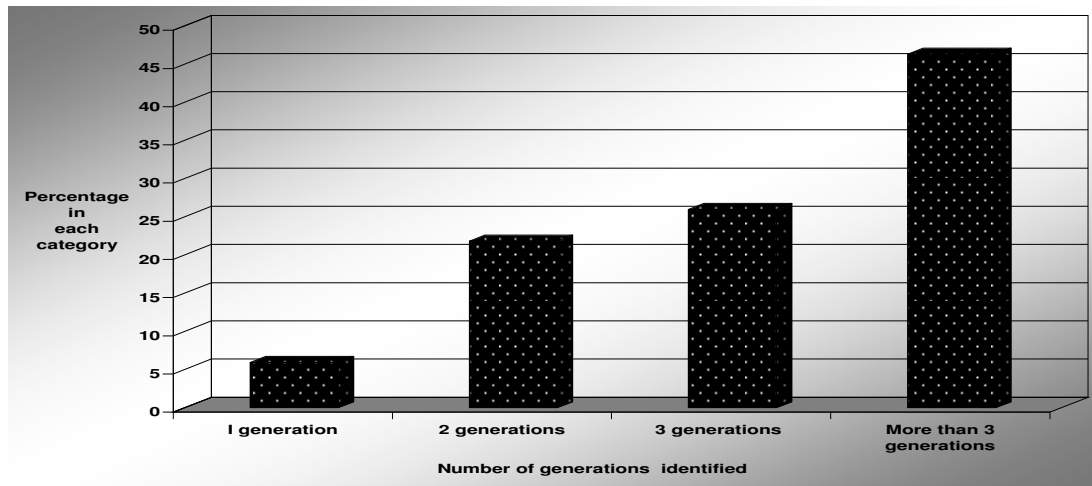


Figure 2. Generations of Māori ancestry identified.

Individuals indicated the extent to which their whānau played a part in their life. Figure 3 shows a range of responses to this item, but the majority of the sample indicated that their whānau played a large part in their life.

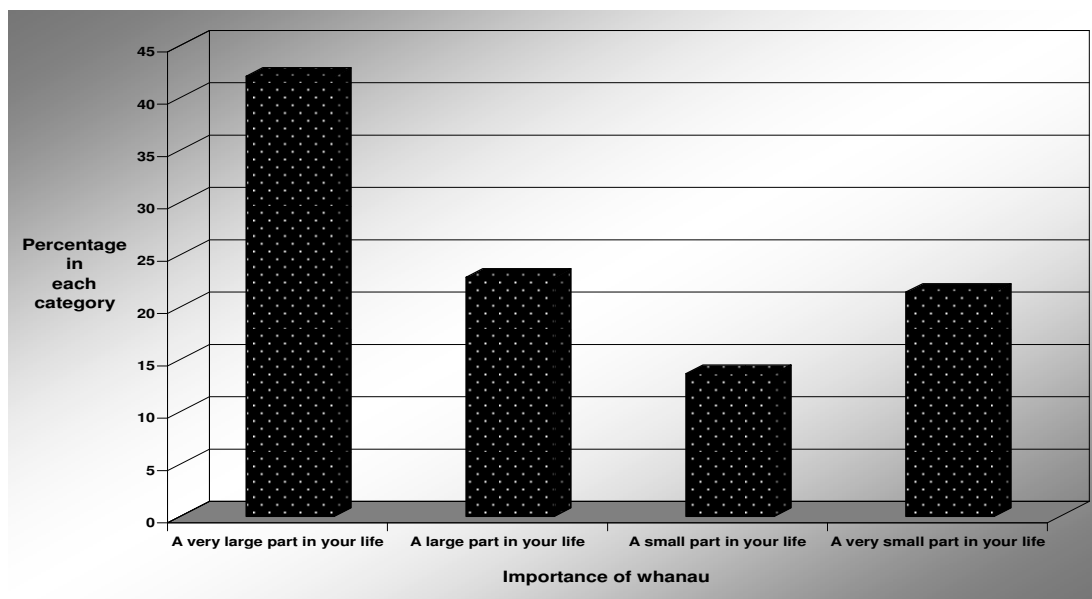


Figure 3. Percentage reporting the importance of whānau.

Māori language (Te Reo).

Māori language is critical for communication of the past and present while levels of fluency may reflect the degree to which the values and beliefs of a culture can influence the individual (Stevenson, 2004). Degree of self perceived fluency in the Māori language was measured on a five-point scale ranging from “Poor” to “Excellent”. Figure 4 shows the level of fluency for the HWR sample. These results indicate that the majority of the sample reported their ability as “poor”.

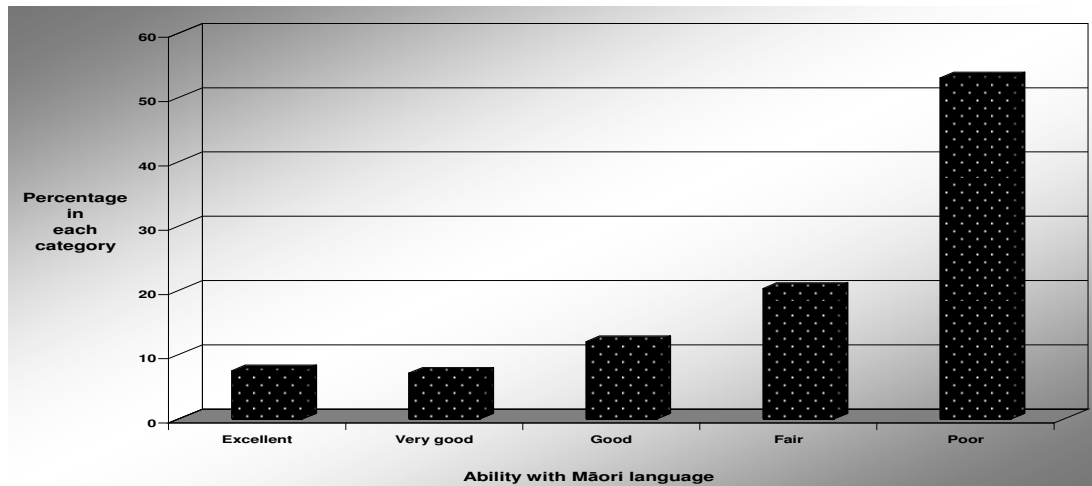


Figure 4. Self perceived fluency in the Māori language.

Marae participation and contact with other Māori.

Stevenson (2004) argues that although greater Marae participation and contact with other Māori are related to cultural identity, they are less influential than the indicators covered above. The first item asks respondents how many times they had been to a Marae in the past 12 months. Figure 5 shows that Marae attendance varies greatly across the sample. For example, approximately 23% had not visited their Marae at all in the last year, compared to 28% that had been a few times and 10% that attended more than once a month.

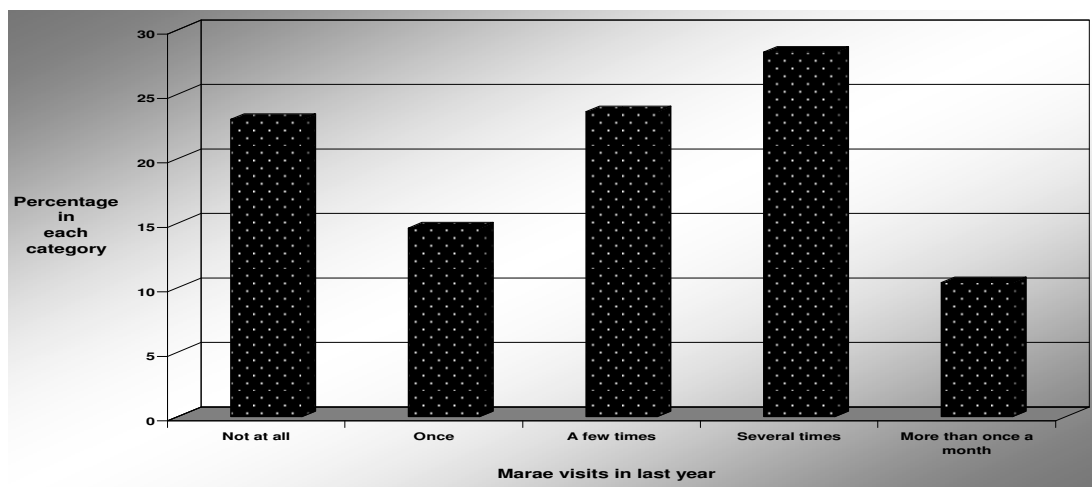


Figure 5. Number of Marae visits in the previous 12 months.

The second item assesses whether respondents personal contacts are mainly with Māori, some Māori, few Māori, or no Māori. Figure 6 shows that the majority of people had contact with at least some Māori while only a small proportion had no contact with Māori at all.

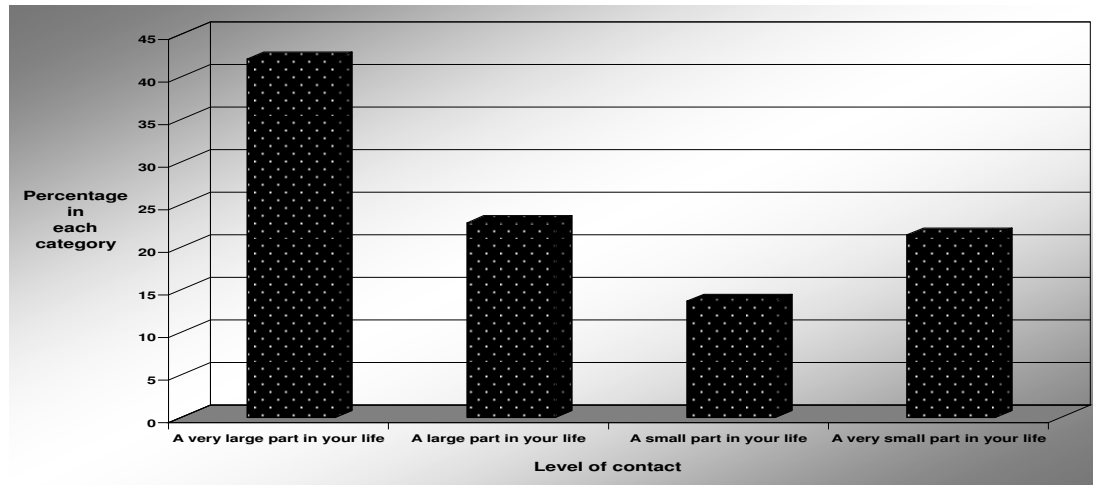


Figure 6. Level of contact with other Māori.

Financial interests.

The final indicator of MCI pertains to financial interests in Māori land. Results from the HWR showed that approximately 56% of the sample had a financial interest compared to 44% that did not have a financial interest or did not know.

Categorisation of Cultural Identity

Figure 7 displays the results according to the Te Hoe Nuku Roa classifications of cultural identity. These results show that the majority of the sample were categorised as positive or secure in their cultural identity compared to only 12% who were categorised as notional (see Fitzgerald, Stevenson, & Tapiata, 2007, for further details).

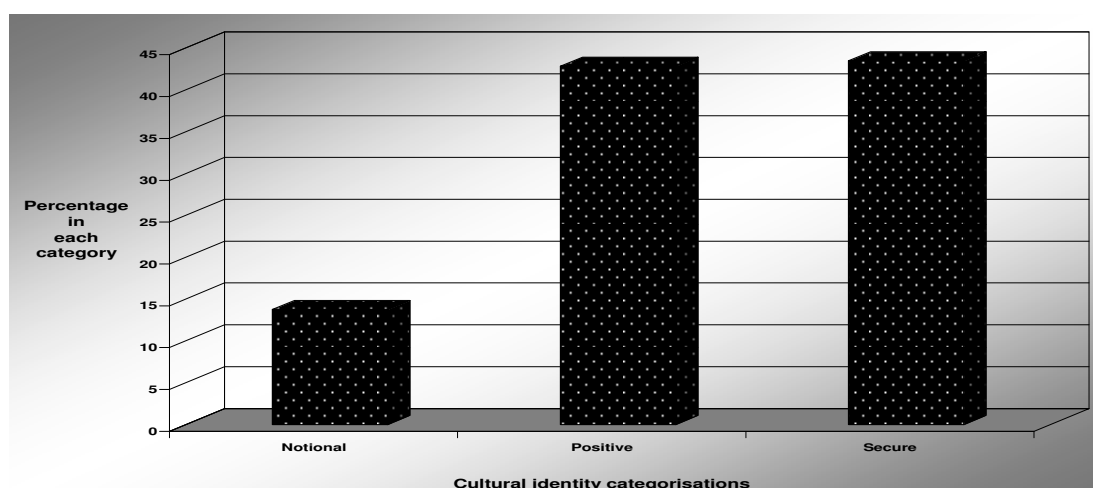


Figure 7. Categorisation of Māori cultural identity in the HWR sample.

Māori Cultural Identity and Health

Background

An abundance of research has shown that Māori report lower levels of physical and mental health compared to Pākehā (Bramley, Hebert, Tuzzio, & Chassin, 2005; Scott, Tobias, Sarfati, & Haslett, 1999). This finding is further supported by epidemiological studies which show that Māori are over-represented in acute mental disorders and have higher rates of hospital admission and readmission (Deloitte and Touche Consulting Group, 1997; Te Puni Kōkiri - Ministry of Maori, 1996). Durie (1999) argues that the first strategy for improving Māori mental health outcomes is the development of a secure cultural identity. Central to his thesis is ensuring access to a supportive extended family and the linking of Māori with "...social and economic resources of *te ao Māori* (the Māori world)" (Durie, 1999, p. 8). The following sections examine the relationship between MCI, mental health, and physical health, using the internationally validated SF-36 measure of subjective health². Also considered are the interrelationship between MCI, health, and other factors such as the number of financial dependants, and retirement status

MCI and Health

Bivariate correlations revealed very weak, but statistically significant, negative relationships between MCI and mental health ($r = -.065, p = .001$) and MCI and physical health ($r = -.089, p < .001$). However, as this is cross-sectional data, it difficult to draw clear conclusions about the direction or the nature of this relationship. For example, a strong cultural identity may act as protective barrier for those experiencing poor health, or there may be other variables that confound this relationship. For example, many Māori provide economic as well as social support for others (Fitzgerald & Durie, 2000), yet increasing levels of economic support may also be associated with poorer health due to emotional and financial strain. The following section firstly examines the relationship between MCI, economic support, social support, and mental and physical health.

MCI, Health, Social Support, and Financial Dependents

Statistical tests showed that those who felt others were dependent on them for social support reported higher levels of MCI ($p < .001$), physical health ($p < .001$), and mental health ($p = .004$) (see Stephens & Noone, 2008, for further details). However, an increase in the number of financial dependents was associated with higher levels of MCI ($p < .001$) but *lower* levels of physical health ($p = .04$) and mental health ($p = .001$). Figure 8 further clarifies this relationship. Those with three or more financial dependents reported significantly lower mental and physical health scores compared to the other groups.

² Higher scores on the SF-36 reflect better physical and mental health

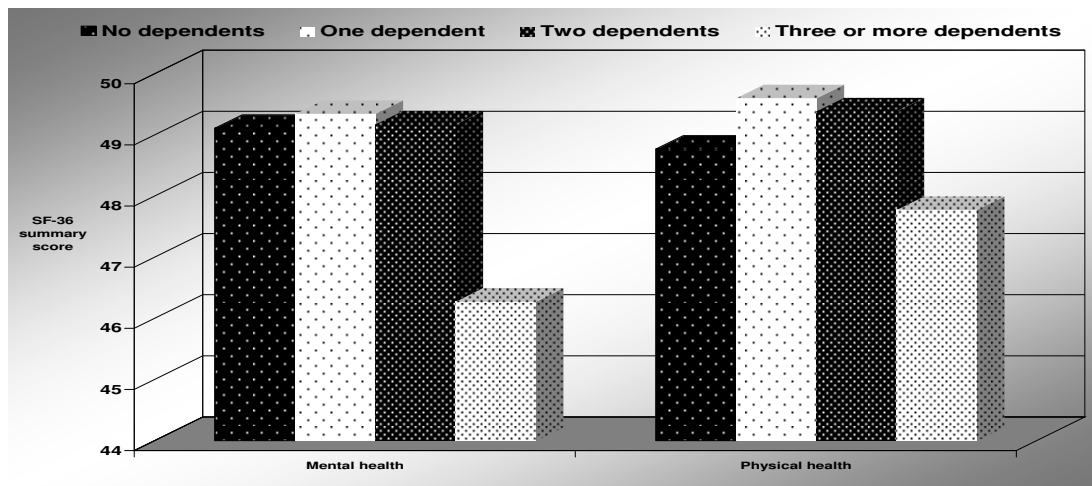


Figure 8. Mental and physical health according to the number of financial dependents.

Together these results suggest that, as expected, being able to provide social support for others is associated with a stronger MCI and greater physical and mental health. However, providing financial support for three or more people, while associated with a stronger cultural identity, is linked to lower levels of health. Those results support the theory that the strain of providing high levels economic support may lead to negative health incomes. Furthermore, the impact of financial dependency may be especially important for those in retirement, due to their lower incomes. Therefore it is likely that the presence of three or more financial dependents will have a greater impact on mental and physical health for retired people as opposed to those still in the workforce.

Health, Retirement, and Financial Dependents

The interrelationships between all the variables considered here are complex and well beyond the scope of this report. However, some clear patterns did emerge from the data. Those with three or more financial dependents reported lower mental health score than the other three groups ($p < .001$), but as figure 9 shows, this was most pronounced for those who are partly or completely retired ($p < .001$).

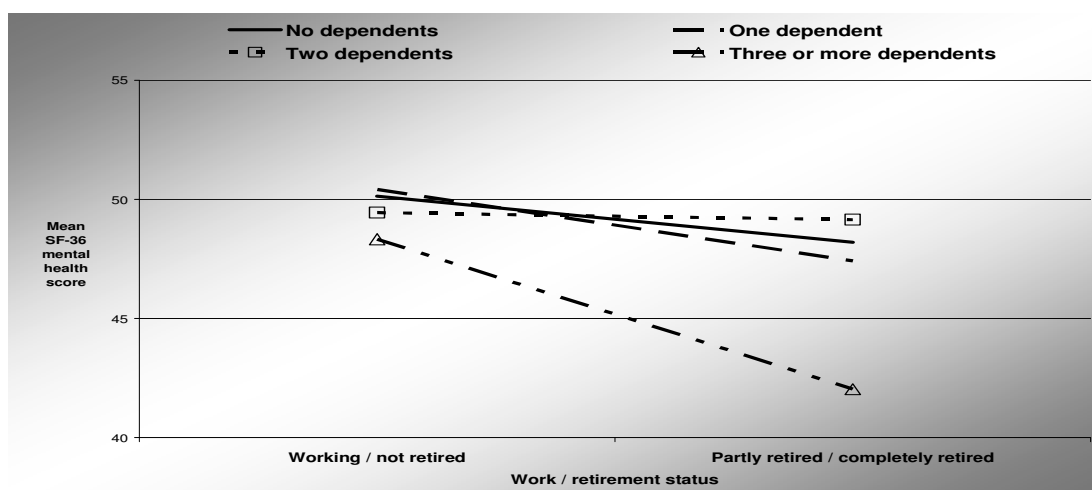


Figure 9. Mental health according to retirement status and financial dependents

Figure 10 shows that physical health was not associated with the number of financial dependents for workers. But for retirees, the number of financial dependents had a significant impact on their physical health scores ($p < .001$).

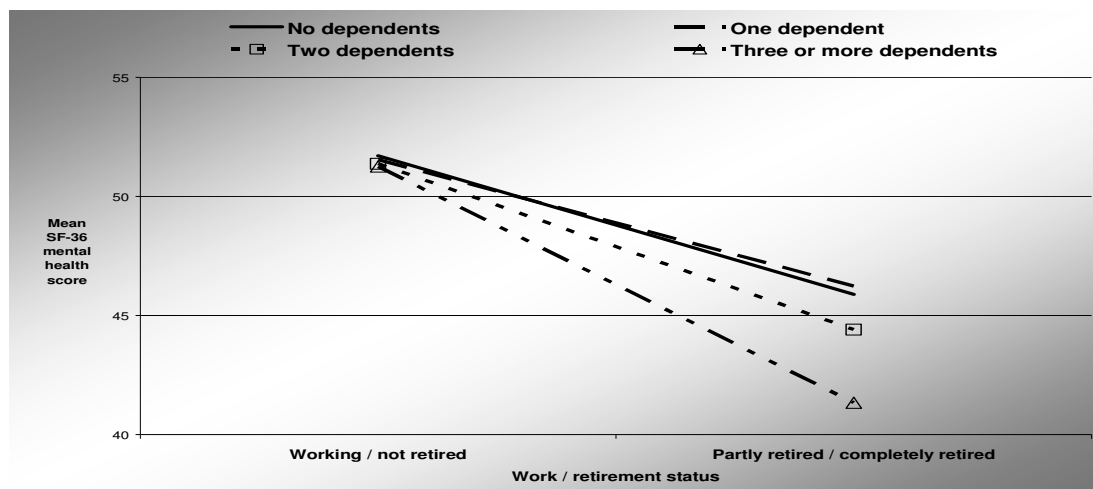


Figure 10. Physical health according to retirement status and financial dependents.

Conclusions

Together these results suggest that one cannot consider the relationship between cultural identity and health without considering other factors that may influence this relationship. Results from the first wave of the HWR indicate that the small negative relationship between MCI and health is at least partly explained by the economic strain of having three or more financial dependents, especially for those who are retired. Further work needs to be done detailing the context of those with a higher number of financial dependents. Those who choose to have dependents in retirement will have differing reasons for doing so: from a feeling of obligation to care for other whānau members, to those who value having many whānau living under their roof (particularly tamariki mokopuna).

Thus, although a strong cultural identity is an important factor for Māori health, the strain of providing financial support must remain a priority for both future research and any initiatives aimed at improving the future well-being of Māori.

Longitudinal analysis will help to determine directionality of the relationships considered here. The HWR study is ideally placed to examine changes in cultural identity and health over time in future data collection waves.

References

- Bramley, D., Hebert, P., Tuzzio, L., & Chassin, M. (2005). Disparities in Indigenous Health: A Cross-Country Comparison Between New Zealand and the United States. *American Journal of Public Health*, 95(5), 844-850.
- Deloitte and Touche Consulting Group. (1997). *National acuity review final report on New Zealand's mental health acute inpatient services*. Wellington: Ministry of Health.
- Durie, M. (1999). Mental health and Māori development. *Australian and New Zealand Journal of Psychiatry*, 33(1), 5-12.
- Fitzgerald, E., & Durie, M. (2000). Assessing and Addressing Māori Outcomes: Preliminary Findings From Te Hoe Nuku Roa Maori Household Research. *New Zealand Population Review*, 26(1), 115-121.
- Fitzgerald, E., Stevenson, B. S., & Tapiata, J. (2007). *Māori Electoral Participation: A Report Produced for the Electoral Commission*. Palmerston North: School of Māori Studies. Massey University.
- Jenson, J., Spittal, M., & Krishnan, V. (2005). *ELSI Short Form. User Manual for a direct measure of living standards*. Wellington: New Zealand: Ministry of Social Development.
- Scott, K. M., Tobias, M. I., Sarfati, D., & Haslett, S. J. (1999). SF-36 health survey reliability, validity and norms for New Zealand. *Australian and New Zealand Journal of Public Health*, 23(4), 401-406.
- Stephens, C. V., & Noone, J. H. (2008). *Health, work and retirement survey summary report for the 2006 data wave: Social support, social networks and well-being*. Palmerston North: Massey University.
- Stevenson, B. S. (2004). Te Hoe Nuku Roa: A measure of Māori cultural identity. *He Pukenga Korero*, 8(1), 37-45.
- Te Puni Kōkiri - Ministry of Maori. (1996). *Nga Ia O Te Oranga Hinengaro Maori. Trends in Maori mental health: A discussion document*. Wellington: Ministry of Maori Development.
- Towers, A. (2008). *Health, work and retirement survey summary report for the 2006 data wave: Methodology*. Retrieved November 11, 2008, from Massey University, Health, Work, and Retirement Survey Web Site: http://hwr/resources/methodology_towers.pdf.