

## CHAPTER 15

# WĀHINE TŪPONO: A KAUPAPA MĀORI INTERVENTION PROGRAMME

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### **Introduction**

The Ministry of Women’s Affairs report, *Māori Women: Mapping Inequalities and Pointing the Way Forward*, states that: “health initiatives need to be developed and delivered in ways that are specifically focused on the health needs of Māori women” (Ministry of Women’s Affairs, 2001, p 5). The report then goes on to describe how policy interventions might address socio-economic disparities that negatively impact on health by “enhancing Māori women’s choices about their health provider, including the opportunity to access programmes run by Māori women” (Ministry of Women’s Affairs, 2001, p 5).

There is evidence that Māori women were leaders in pre-contact Māori society (Te Awekotuku, 1991). The roles and responsibilities of men and women were interchangeable, dependent on whakapapa (genealogy) and marital status. Māori women demonstrate leadership to this day through the Māori Women’s Welfare League, the Māori Women’s Health League, Te Kohanga Reo, and Kura Kaupapa Māori (Māori language nests and schools) and other Māori language revival initiatives. Māori women must be acknowledged for the strength of purpose and determination demonstrated in their work. This chapter describes how Māori women are devising solutions to a problem that is becoming alarmingly prevalent for our people.

### **Historical background**

Early settlers and traders introduced gambling to Māori. Card games were popular, as was two-up and horse racing. “Tangata Whenua [people of the land] have long been involved in the racing industry, as owners,

trainers, jockeys, and club members” (Turia, 2003, p 1). Gambling is therefore not a new activity for Māori in post-colonial New Zealand. They have used various forms of gambling, such as housie, for many decades to support the building of marae (enclosed ritual space) and other community projects (Morrison, 1999). As a consequence, gambling is normalised for Māori people and is a learned behaviour from one generation to the next (Dyall & Morrison, 1999).

Women, and especially Māori women, may enjoy gambling as a social activity and an escape from poverty. Many Māori women have now developed addictions to continuous forms of gambling in the form of electronic gaming machines, commonly known as ‘pokies’ in New Zealand. Pokie machines have been in the country for more than 15 years and, due to the lack of regulation, combined with the slow response of the government in acting on this issue, gaming venues have proliferated across the country. They are noticeably in areas with low socio-economic indexes, such as South Auckland and the Bay of Plenty, where machines and venues occur in high numbers per head of population (Ministry of Health, 2003b). It has been observed that: “we have to give communities and individuals the tools to make choices. But the legislation as proposed only pays lip service to empowering local government or individuals” (Bunkle, 2003, p 6).

### **Intervention development**

“Unless historical, cultural, social and economic issues are acknowledged, it is difficult to develop effective interventions” (Pomare et al, 1995, p 142). This intervention has been developed in the context of supporting a public health approach to addressing gambling-related harm. The Manukau Community Action Project for Problem Gambling was launched in December 2002 at Manukau City Council. Two culture-specific health providers, Hāpai Te Hauora Tapui and Pacificare Trust, were contracted by the Problem Gambling Committee to deliver public health promotion messages to the general public and in particular Māori and Pacific communities in Manukau City (see Chapter 2). Manukau City is the largest Polynesian city in the world, with a high percentage of its population being Māori and Pacific peoples. At that time there was an increasing presentation rate of Māori women from South Auckland who contacted the Gambling Problem Helpline. In fact, 26% of the total calls in New Zealand were Māori callers, and 70% of these callers were Māori women (Bunkle, 2003).

## **Wāhine Tūpono development**

Wāhine Tūpono (women who stand in truth) is a kaupapa Māori intervention programme designed by Māori women for Māori women. Programme development began in late 2002 with input from several Māori women working independently and for gambling-related agencies. These women all have experience in counselling or health promotion for Māori around a range of health-related issues, which may be described as “giving the demand side realistic guides to behaviour and real information about the risks and to direct this message to the people who are drawn to this risk” (Bunkle, 2003, p 6). It was identified that there was a need to develop a strategy that was part of a collective effort and would utilise resources effectively, and would provide a funding rationale for new effective programmes. New services beginning gambling contracts identified a need for worker training and this was forwarded as a strategy to assist the new workers. The first group was piloted in early 2003.

## **Programme framework**

The framework for the programme has been adapted from the Powhiri Poutama model developed by Paraire Huata of Te Ngaru Learning Systems. This model is well known among Māori health workers and is based on the poutama, a Māori stairway design commonly seen in tukutuku (lattice) panels in a whare whakairo (decorated house).

The poutama represents higher learning and refers to a journey that people may undertake in discovering their potential. This imagery has been adopted by some educational institutions to represent the learning or development experience.

The powhiri or welcome is a ritual that is enacted on the marae, an “enclosed space in front of a house, courtyard or village common” (Williams, 1975, p 180), and is an important aspect of Māori protocol. Put together, the powhiri and the poutama create a system for growth, healing, and learning or social development. One of the eponymous ancestors or hero figures, Tāne-Nui-ā-Rangi, was the original traveller on the poutama, and upon his return to Te Ao Tūroa (the enlightened world) his name was changed to Tāne Te Wānanga to commemorate the acquisition of heavenly knowledge in the form of the three kete matauranga (baskets of knowledge). These kete form the basis of the pre-contact knowledge of Māori people, both esoteric and earthly, tangible and intangible.

## **Features of intervention**

Wāhine Tūpono utilises a multi-faceted intervention modality. The weaving of Western or mainstream models with Māori models and practices in a kaupapa Māori environment is a key component in facilitating the healing and promoting the well-being of wāhine Māori participating in the group.

The journey begins with the karanga, the call welcoming the wāhine to the ropu. Each of the eight sessions follows an identical format, primarily designed to give each of the wāhine:

1. The opportunity to share their story or disclose any event (success or crisis) which may have occurred over the past week,
2. The provision of a psycho-educational component, and
3. The opportunity to explore goals and other available options.

Karakia (prayer) plays an important role in opening and closing each session, as does the sharing of food. An unforeseen benefit has been the improved nutrition of some of the wāhine for whom food had been relatively unimportant in preference to gambling. Eating is also an important social activity for Māori, as there is a strong social responsibility to manaaki (host) people with the provision of food.

The first session ‘mihimihi’ involves the sharing of stories; these generally consist of each of the wāhine revealing their gambling history, which often includes origins within whānau. The similarity between stories establishes connection between the wāhine, and the development of rapport is immediate. This rapport is essential to forming an ongoing external support network.

The educational component of the first session explores the various non-continuous and continuous modes of gambling. This is used in conjunction with group, individual, and familial history to highlight the difference between gambling modes and to explore the benefits and/or costs that each participant has experienced with gambling. Given the predominant mode of problem gambling for wāhine Māori is identified as electronic gaming machines (pokies), focus on the effects of pokies is fundamental.

Exploration of lapse and relapse follows in the second session, utilising Marlatt and Gordon’s (1985) relapse cycle. This component is useful in normalising that lapse consequences need not be long-term or preclude full recovery. Each participant is encouraged to explore the antecedents to their gambling behaviour. Factors commonly presented by wāhine as triggers to their gambling behaviour fall into three categories:

1. Financial-related stress – receiving a bill and having no funds to pay for it can often trigger a gambling episode or, at the other end of the spectrum, knowing that money will be coming into the household, which means there is ‘spare’ money.
2. Emotional stress related to discord in a relationship for which gambling is perceived as stress relieving.
3. The placement of gambling venues in locations frequented by wāhine (e.g. near the supermarket or the bank), where the temptation to ‘have a flutter’ becomes overwhelming.

It is important to address the terminology used by the wāhine when discussing their gambling behaviour. Common phrases are: ‘have a flutter,’ or ‘a ping,’ as are the concepts of ‘spare money’ and ‘spare time.’ Challenging the apparent misconceptions introduces the reality of what is actually occurring and can be uncomfortable for the wāhine, but it is important to help them identify their gambling triggers.

Triggers are explored from an affective, cognitive and behavioural perspective which attempts to help wāhine recognise, avoid, and cope. Insight into triggers to gambling also gives an opening for introducing new skills for coping with everyday life occurrences that might normally lead to gambling episodes. The introduction of different options for dealing with situations provides the wāhine with choices; the assumption is that when one has the ability to make a selection, one exerts some control. This is reflected in the feedback from one wāhine who stated: “I know that I now have a choice.”

### **Other components**

Two significant commonalities for wāhine Māori who have participated in the group are the culture of poverty and lack of money management skills. To meet this need we have enlisted the skills of an external facilitator whose knowledge and experience of both budgeting and problem gambling counselling have proven extremely helpful. One full session is devoted to budgeting and money management skills. There has been positive feedback from these sessions, with the wāhine stating that they feel empowered by the information they receive.

While the sessions are semi-structured around the Powhiri Poutama framework, it is important that there is enough flexibility to deal with situations or events that might occur during the group. It is not uncommon for the facilitators to abandon a session’s agenda in response to the needs

of the group at the time. This may arise from emotional states triggered by disclosure or identifying with other's admissions. A percentage of the wāhine are engaged in face-to-face counselling prior to attending the group, and this opportunity is also extended to those not involved in counselling, especially when issues arise that cannot be resolved in a group situation.

One of the overall aims of the group is the improved self-efficacy of wāhine. Self-efficacy is defined as "people's beliefs about their capabilities to produce effects" (Bandura, 1994). While individual reactions to participation in a kaupapa Māori group have been favourable, entrenched beliefs about 'being Māori' are evident. One statement by one of the wāhine encapsulates this: "People judge me badly because I am Māori." Peeling away the layers of trans-generational institutionalised racism and developing an active resistance to continuous colonising techniques and negative media are of paramount importance. The intention of the group is healing, with the rationale of the programme based on a kaupapa Māori epistemological framework which is designed to be emancipatory and decolonising. The vision for the group is stated simply in its aims:

- To employ Māori strategies for Māori by Māori
- To empower wāhine Māori to find their own solutions
- To reduce the impact of harms associated with gambling
- To facilitate healing.

(Herd & Richards, 2003)

Te Whare Tapa Whā (Durie, 1994) is used as a tool by the wāhine to assess how gambling has impacted on each dimension within their lives. This model of Māori health developed by Professor Mason Durie examines aspects of Māori health. Tinana (physical), hinengaro (mental or emotional), wairua (spiritual), and whānau (family) form the four cornerstones of the Māori house of well-being. This model is incorporated into the programme and each of the aspects is examined throughout the duration of the programme.

Tohunga (spiritual specialists), mirimiri (massage) and romiromi (manipulation) have also been identified as Māori holistic healing methods that provoke a positive response from the wāhine. These techniques are provided at Te Atea Marino, Auckland Regional Māori Drug and Alcohol Service as part of their traditional healing programme. The wāhine have attended and continue to attend wananga or healing sessions in their own time as needed.

The programme is ideally co-facilitated by two people, with either or both having counselling, health education and Māori language skills, as the programme is based on kaupapa Māori, which entails using karakia (incantation), waiata (song), and whakapapa (genealogy). This arrangement can be described as ‘tuakana/teina,’ meaning elder and younger sibling, or a Māori way of relating, mentoring and supporting one another.

Participants are recruited through newspaper articles in local free papers and by word-of-mouth or agency referrals. As each eight-week programme ends, another is planned to occur after a two-week break that coincides with the school holidays. Course graduates are asked to recommend the programme to others. They are also welcome to attend the group again if they wish.

The ‘Wassup?’ (What’s up?) session at the beginning of each week’s meeting is a chance for the wāhine to share how their week went. This is the time each wāhine gets listened to intently by the whole group. Anyone present may add their insights as it goes along, but in general it is a time for active listening. The mauri (life principle) of the kaikōrero (speaker) should be respected and no one should interrupt or take over someone else’s turn. Whānau members are also encouraged to attend sessions with the wāhine if the need arises. This provides an opportunity for whānau or individuals to express support for their loved ones or to have some time for themselves in front of the group. The group wind-up is another opportunity for whānau to attend and celebrate the achievements of participants.

Each of these aspects can be defined as cultural intervention. The network is firmly embedded in the kaupapa Māori concepts of manaakitanga, tautoko, aroha, tētahi ki tētahi (caring, support and love, one to another). Any misunderstandings between the wāhine are handled sensitively and quickly to prevent a breakdown in the overall support system. The wāhine who repeat the programme are keen to facilitate and support other wāhine in their areas, and this is seen as a positive spin-off and an affirmation of the confidence they have gained while being a programme participant.

## **Research**

### *Manukau Social Economic Impact Report*

A recent social economic impact report commissioned for the Manukau City Council placed Wāhine Tūpono in its timeline for development of

programmes aimed at reducing harms of gambling (Rankine & Haigh, 2003). The researcher approached the programme facilitators to conduct a survey with the wāhine. This questionnaire consisted of approximately 30 closed-end questions on gambling modes, spending habits, criminal activity, and gambling-associated consequences.

The resulting report highlighted some of the comments of the wāhine. This report gained a lot of media coverage when it was released, due to the high estimate of gambling losses in Manukau (over \$91 million). The report has been utilised in the development of the Manukau City Council's gaming venue policy.

### *Programme assessment*

The programme has progressed through several rounds of eight-weekly groups, and has been collecting data and feedback from the wāhine on a regular basis. Previously, an evaluation form was distributed to the wāhine weekly, but is now only presented at the conclusion of the eight-week programme. This ensures that wāhine who complete the eight weeks are given an opportunity to comment on the programme. A doctoral candidate from Waikato University has had access to the wāhine for her Ph.D thesis on Māori women's gambling experiences. This thesis should produce some useful information to support the programme. Another research project is currently evaluating the programme by interviewing the wāhine and the facilitators. This research project is focusing on the kaupapa Māori aspects of the programme.

### *Evaluation report*

The Manukau Community Action Project has been evaluated by Massey University's Te Rōpū Whāriki. Wāhine Tūpono is noted as one of the project's key successes. The evaluators noted that "gambling support groups for Māori women were initiated as a result of Māori women working in the gambling field identifying a need for an intervention of this type" (Williams et al, 2003, p 6). The evaluators also noted that "there has been some emphasis on awareness raising activities regarding underlying environmental causes of gambling-related problems for Māori women" (Williams et al, 2003, p 23). This was demonstrated in the formation of the Otago Responsible Gambling Action Group, and some of their members have been involved with Wāhine Tūpono in the past year, including the co-ordinator and one other wāhine.



*Implications of research*

“Intervening takes action research to mean literally the process of being pro-active and becoming involved as an interested worker for change” (Smith, 2000, p 147). For this project, the current facilitators have made a commitment to stay involved for as long as it takes to ensure continuity and an ongoing role in the community. According to Smith, there is a need to challenge research that tells us (i.e. community members) what is already known (i.e. about our community). The idea of action research is that the researcher and the researched interact to create solutions as a favoured approach for indigenous people. This means that the community itself sets out the parameters for the study and engages in the process. The Manukau Community Action Project is an example of this type of thinking, since the co-ordinator sets out to consult and to engage the community in the process of setting project goals and frameworks. This was achieved partially toward the end of the project with the Otago Responsible Gambling Action Group’s formation and subsequent research project.

“Smith argues that ‘research’ is probably one of the dirtiest words in the indigenous world’s vocabulary” (Wilson, 2001, p 214). Research on indigenous peoples has been and continues to be an area of contestation for Māori. It has also been a time of transition from ‘Māori as the researched’ to ‘Māori as the researcher’ (Wilson, 2001, p 214). Certainly during the formation of the programme, the issues of programme research and who would conduct this research were debated and, while no clear consensus was reached, there was acknowledgment that this would be an issue for future discussion.

To support the aims of the group, the facilitators have decided to support research that will validate the ideology of the programme. Both Māori and non-Māori researchers have approached the group for assistance with various studies. The facilitators, together with the wāhine, make a decision whether or not to support a particular research project. If it will further the development of the programme, a project will be viewed positively.

“Māori women are particularly active at the whanau level, but they need support from state structures to develop systematic and well-resourced programmes which can reach out and establish more permanent structures for dealing with problems at the causal level” (Smith, 1992, p 50). This statement illustrates the opinions of the facilitators and

developers of Wāhine Tūpono at the present time, looking forward with the vision that was begun when Wāhine Whakamua was formed as a support network for the Māori women working in this field. A new network formed in Manukau City includes the few men working in the field, with a view to integrating services more effectively for wāhine and their families.

## **Conclusion**

While developing the kaupapa and framework for the group, a name was sought. Once the name was agreed upon, a phrase was coined to encapsulate the vision of the group. Tūpono is one term used to describe taking a risk or chance and has been adopted in preference to mahi petipeti (betting activity). Pono is regarded by Māori as a core value. ‘Tū Pono’ literally means to stand in truth. This is a contradiction to the stigma that accompanies a gambling problem, which is often hidden from family and friends until it is too late. It also avoids labelling someone a ‘problem gambler’ by asking that they instead claim the notion of complete integrity. The notion that ‘once a gambler always a gambler’ leaves little room for hope and sets everyone up for failure, including those who provide love and support. We leave you with these words of hope that in time more Māori women will join the movement that is Wāhine Tūpono.

*E tū wāhine pono — Let women stand in truth.*