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A blessing in disguise

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Reconnecting Māori in a post-COVID-19 world: a blessing in disguise

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Abstract

Connectedness for Māori (Indigenous people of New Zealand) is considered a protective factor that maintains hauora (good health) and contributes to holistic wellbeing. A scoping review of the literature was conducted to examine how Māori maintained connectedness during COVID-19. Key themes identified were *the digital divide*, *cultural isolation* and *revival of traditional practices*. Māori methodology and qualitative design involved 10 individual interviews and two hui (gatherings) face-to-face and online with members of Ngāti Kahungunu (an East Coast tribe descended from the eponymous ancestor Kahungunu) from New Zealand to explore how they maintained connectedness during COVID-19. Braun and Clarke's thematic analysis identified the following three themes: *The digital divide*, *the pandemic seen as blessing in disguise* and *preventing marae (traditional meeting places) from becoming white elephants*. The findings of this study will assist the community to develop a bigger project and implement protective factors to remain connected beyond physical space and place.

Keywords

COVID-19, hauora, kaumātua Māori, Māori, Ngāti Kahungunu

Introduction

COVID-19 arrived on the shores of New Zealand on February 28, 2020, and the government responded rapidly including Māori (Indigenous people of New Zealand) leaders. The country's number of cases rose quickly, initiating a state of emergency and nation-wide lockdown period to reduce the transmission of the virus. As Māori experience poorer health outcomes compared to non-Māori, took the lead and enacted their rangatiratanga (self-determination) by coordinating vaccination and testing stations (McLeod et al., 2020).

Iwi (tribal) leaders were effective in implementing social measures that would protect Māori from contracting COVID-19, including restrictions on cultural practices such as hongi (pressing of noses), harirū (handshakes) and (hui) gatherings (Dawes et al., 2021). It became evident that kaumātua (elders) with underlying health issues were at increased risk of fatal consequences from the pandemic (Keelan et al., 2021). Therefore, iwi leaders employed interventions to protect their communities and prevent the spread of the virus (Dutta et al., 2020).

Kaumātua status is complex, as it encompasses a variety of different meanings and responsibilities (Durie, 1999). For Māori, kaumātua are generally associated with those in the older age bracket and hold multiple roles, mana (authority) and knowledge. Within these roles, kaumātua usually provide leadership to their whānau (families), hapū (sub-tribe) and

iwi (tribes) (Muru-Lanning et al., 2021). Conversely, a western worldview considers kaumātua to be from an age and stage perspective aged above 65 years (Hurnard, 2005). Given the shorter life expectancy for Māori, which is 7 years less than non-Māori, kaumātua within this study were identified above 55 years (Stats NZ, 2021) and held a vital role within the Māori world (Muru-Lanning et al., 2021) as leaders from within their communities. Dawes et al. (2021) and Lapsley et al. (2020) acknowledge the importance of kaumātua responsibilities to Māori communities and therefore, the significance of caring, nurturing and supporting kaumātua is emphasised. Although this study did not intentionally seek to gather information from kaumātua specifically, a major finding was that their whakaaro (thoughts and ideas) were most significant.

This article therefore outlines an exploratory study involving Ngāti Kahungunu (an East Coast tribe descended from the eponymous ancestor Kahungunu) from rural

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communities within the East Coast of the North Island of New Zealand from 2021 to 2022. Kaumātua provided their understandings of COVID-19 in relation to social connectedness and the measures taken to follow government regulations while continuing to maintain Māori traditions. This discussion prompts the context to be left open, enabling further information to arise from any setting, for example, health care, sociocultural and geographical. Understanding social connectedness within a range of contexts, will provide insights into the best methodological approach for engaging with other iwi to implement new approaches for supporting kaumātua in a post-COVID-19 world.

Methodology

During COVID-19, a respected kuia (female elder) approached the primary investigator to help her understand the health concerns of her rural and remote East Coast hapū (sub-tribes), Ngāti Hikatoa, Ngai Tamaterā and Ngāti Oatua, located 60km from the closest regional town of Hastings. The association between physical isolation and wellbeing was highlighted in her kōrero (discussions) as well as the ability to maintain connectedness which is a key feature of Māori culture (Smith, 1990). As a Māori researcher, the primary investigator, of Ngāti Kahungunu descent, connected through whakapapa (genealogical descent) to the kuia and hapū. The collective responsibility for health and wellbeing of the hapū identified by the kuia also resonated with the primary researcher where kaupapa Māori (Māori-focused topic) research involves commitments and relationships that extend beyond a research project (Bevan-Brown, 1998; Wepa & Wilson, 2019).

With the support of a Māori Health Research Development Grant from the Health Research Council of New Zealand, the team was able to dedicate time and resource to examine this kaupapa (topic). Building the capacity and capability of Māori researchers is one of the imperatives of kaupapa Māori research (Health Research Council, 2021). The grant for this scoping study enabled the recruitment of a Research Assistant. Together, the team developed and implemented the study objectives which culminated into this article. Each of the authors is identified by their initials.

Methods

Identifying the research question

This study incorporated kaupapa Māori methodology and qualitative methods to *explore how members of a remote hapū from Ngāti Kahungunu maintained connectedness during and after COVID-19*. To assist with strengthening the methodology and research questions, we conducted a scoping review of the literature before engaging formally with members of the hapū. Once the scoping review was complete, we obtained ethical approval from the Auckland University of Technology. The interviews were conducted soon after. The following section provides a description of each of the steps taken during this process.

Data collection

The scoping review

The Joanna Briggs Institute framework for scoping review provides clear guidelines of how to develop a rigorous research protocol (Peters et al., 2020). This review did not appraise the quality of evidence found as it sought to explore the topic which has not been systematically reviewed before. The research team did however use the Population-Concept-Context framework to strengthen the importance of this methodology (Peters et al., 2015).

The search strategy was developed in consultation with the academic research librarian. The following eight databases were searched: PUBMED, CINAHL, OVID, Medline, NZ research, ProQuest, Ebsco and Oxford Scholarship. Grey literature searches included Stuff NZ, Scoop Press Release, Ngāti Kahunugnu Iwi Incorporated website, government and non-government health websites, Google and Google scholar. Search results for peer-reviewed literature were uploaded to the reviewing software, Covidence, for title and abstract screening before full-text screening began (Veritas Health Innovation, 2021). The first reviewer (DW) undertook full screening of the literature and the second reviewer (LG) provided input where further clarification was required. The third reviewer (RS) resolved any conflicts. Upon completion, data extraction organised the relevant information into categorical formations (Supplemental Material 1).

The inclusion criteria were aligned with the Population-Concept-Context framework (Peters et al., 2020). *Population* included Māori, Indigenous, iwi, kaumātua, whānau and hapū. *Concept* referred to COVID-19, coronavirus, COVID, health, loneliness, connections, relationships and impact. *Context* was identified as rural communities in New Zealand, rural, tikanga Māori (Māori practices) and Māori culture. Given that little is known about COVID-19 and connectedness for Māori, the search timeframe was set from 2012 to 2022. Literature that was inclusive of Māori words and phrases and English language studies were searched as well as primary and secondary literature. Exclusion criteria were studies from outside of New Zealand, study protocols, opinion, editorial items and publications before 2012.

Eighty-seven studies were uploaded into the bibliographic software EndNote X9.0 and 11 duplicates were removed. Seventy-six studies were exported into the Covidence review programme and the initial selection was screened by title and abstract. Further screening involved reading the full text to obtain articles that met the inclusion criteria with a further 46 studies excluded after reviewing. The remaining 31 studies aligned to the research question and examined with the grey literature.

The grey literature searches identified 30 initial records that met the inclusion criteria. NZ media such as Stuff NZ and Scoop Press Release (8); tribal websites such as Ngāti Kahunugnu Iwi Incorporated and Radio Kahungunu (5); government websites such as Ministry of Health, Unite against COVID-19, Te Puni Kokiri (Ministry of Maori Development) (7) and non-government health websites GovInsider (5), Google and Google Scholar (5). After

screening, 25 records were excluded and five records remained for eligibility.

Together with the 31 studies identified by the Covidence review, the sources included in the final review totalled 36. Details of the search process are illustrated through the PRISMA flow chart and extracted data are summarised in Supplemental Material 2.

The themes that emerged from the included studies were *the digital divide* (sub-theme: *kaumātua at risk*), *cultural isolation* (sub-theme *mental health and mental distress*), *revival of traditional ways* (sub-theme: *self-determination*).

A discussion of each theme follows:

Theme one: the digital divide

A total of five research articles examined *the digital divide* for Māori from the published literature. Four articles used secondary data such as scoping reviews (Camp et al., 2020; Morgan et al., 2021; Rangiwai & Sciascia, 2021; Shah et al., 2020). One article examined qualitative data (Hunia et al., 2020). Data from grey literature discussed the digital divide within government and non-government websites (Nolan, 2021; Te Puni Kokiri, 2020; Unite against COVID-19, 2021).

Within the theme of *the digital divide*, authors identified challenges during the pandemic such as providing tele-health services and a sub-theme of *kaumātua at risk* emerged (Camp et al., 2020; Morgan et al., 2021; Unite against COVID-19, 2021). The media generally promoted an ageist view of older people as digitally incompetent (Nolan, 2021). Alternative narratives and strengths based approaches consider the active context of older people who contribute knowledge and experience as opposed to the stereotypical perception of being frail and passive (Morgan et al., 2021; Te Puni Kokiri, 2020).

From a mental health perspective, *the digital divide* was considered a contributing factor towards feelings of loneliness and isolation during lockdown (Hunia et al., 2020; Rangiwai & Sciascia, 2021; Shah et al., 2020). For Māori, moving from the traditional practice of grieving for loved ones over several days to watching online was most challenging (Rangiwai & Sciascia, 2021). Nevertheless, the authors highlighted the adaptability of Māori to adjust cultural traditions using digital technology within the West Coast of the North Island. For rangatahi (youth) within the Ngāti Whātua Orākei (a sub-tribe located in Auckland) region, moving to online learning over such as short timeframe revealed disparities in digital education. The qualitative study identified the capacity of iwi to promote and enhance digital inclusiveness by building partnerships with the community, education providers and the government (Hunia et al., 2020).

Theme two: cultural isolation

Nine articles explored the effects of COVID-19 on Māori within the theme of *cultural isolation* (Akuhata-Huntington et al., 2020; Boulton et al., 2022; Cheung et al., 2022; Cram, 2020; Gray et al., 2021; Houkamau et al., 2021; Long et al., 2022; Rose et al., 2020; Tinirau et al., 2021).

Qualitative interviews and surveys explored factors affecting physical distancing requirements for Māori (Gray et al., 2021; Tinirau et al., 2021). Tinirau et al. (2021) focused on kuia (female elders) and koroheke (male elders) responses. The authors noted that as Māori communities viewed themselves from a holistic perspective, then during times of crisis, a holistic approach was required to meet their health and wellbeing needs to prevent cultural isolation. Gray et al. (2021) found physical distancing measures were highly accepted and encouraged; however, behavioural changes would take time to prevent cultural isolation. Boulton et al. (2022) and Houkamau et al. (2021) exploratory studies both noted that Māori perceptions of cultural isolation were mitigated through maintaining connections with each other rather than a physical location or a physical dwelling.

Mental health and mental distress featured as a sub-theme within the theme of *cultural isolation* (Akuhata-Huntington et al., 2020; Cheung et al., 2022; Cram, 2020; Long et al., 2022; Rose et al., 2020). Fears related to mental health such as catching the virus, losing connections with communities and housing security were common concerns (Cram, 2020; Long et al., 2022). Secondary research within New Zealand, Australia and the Pacific region highlighted mental health concerns arising from cultural isolation for Indigenous youth (Akuhata-Huntington et al., 2020). Māori also reported lower rates of loneliness and focused on creating social and material environments to enhance meaning and purpose of life (Cheung et al., 2022; Rose et al., 2020).

Theme three: revival of traditional practices

Sixteen articles from published literature emerged from the theme of revival of *traditional practices* (Dawes et al., 2021; Dutta et al., 2020; Finiki & Maclean, 2020; Keelan et al., 2021; Manurirangi & Jarman, 2021; McLeod et al., 2020; McMeeking et al., 2020; McMeeking & Savage, 2020; Muru-Lanning et al., 2021; Moeke-Maxwell et al., 2020; Penetito et al., 2021; Pihama & Lipsham, 2020; Rewi & Hastie, 2021; Severinsen et al., 2021; Stanley & Bradley, 2021; Whaanga & Merchant, 2021). Grey literature included Ngāti Kahungunu Iwi Incorporated (2021) and Radio Kahungunu (2021).

Traditional Māori practices were accessed during the pandemic as a strategy to provide support and prevent the spread of COVID-19 (Dawes et al., 2021; Penetito et al., 2021; Whaanga & Merchant, 2021). As *kaumātua* are considered guardians of cultural traditions, there were concerns for their health and wellbeing during the pandemic and their inability to fulfill their roles in the community (Keelan et al., 2021). Alternatively, iwi-led reporting supported a more holistic understanding of *kaumātua* health (Muru-Lanning et al., 2021; Ngāti Kahungunu Iwi Incorporated, 2021; Radio Kahungunu, 2021).

Concepts such as tapu (protection) and noa (safety) were used as public health practices (Dawes et al., 2021; Durie, 1998; Penetito et al., 2021; Whaanga & Merchant, 2021). Furthermore, the concept of rāhui (temporary prohibition against a particular area or activity) was integrated into a

modern-day form of policing for Māori. The mobilisation of rāhui helped protect Māori within rural and remote communities while supporting the revitalisation of these traditional practices (Rewi & Hastie, 2021; Severinsen et al., 2021; Stanley & Bradley, 2021; Whaanga & Merchant, 2021). Drawing on the experiences of birth, death and spirituality during the pandemic, Moeke-Maxwell et al. (2020) and Finiki and Maclean (2020) maintained that traditional practices and protocols would continue to be practised and adapted as they are essential to health and wellbeing for Māori.

Self-determination arose as a sub-theme of *revival of traditional practices*. Historically, Māori and other Indigenous populations have been severally affected with previous pandemics such as the influenza virus in 1918 (McLeod et al., 2020; Pihama & Lipsham, 2020; Rice, 2018). The lessons learnt have empowered Indigenous communities including Māori to explore self-determination approaches as a response to COVID-19 (McMeeking et al., 2020). More specifically, implementing provisions under Te Tiriti o Waitangi (Māori version of The Treaty of Waitangi) are identified as key enablers for Māori led responses to future emergencies (Dutta et al., 2020; Manurirangi & Jarman, 2021; McMeeking & Savage, 2020; Severinsen et al., 2021).

Interview data

Ethical approval

The Auckland University of Technology Ethics Committee (AUTEC 22/4) approved the research. Participants were recruited through posters and word-of-mouth disseminated through the kuia and members of her hapū. Thirty-two people in total were interviewed from individual semi-structured interviews (10) and hui (22). Social distancing protocols due to COVID-19 restrictions were followed for kanohi-ki-te-kanohi or face-to-face interviews and hui.

Interviews and hui process

The region of focus was the Ngāti Kahungunu tribe which is located on the East Coast of the North Island extending between Māhia and Wairarapa. According to Statistics New Zealand (2013), Ngāti Kahungunu comprises 9.2% or 61,629 people of the total Māori population. Of this population, 5.1% or 3,171 people were aged above 65 years (Statistics New Zealand, 2013). The participants in this study resided in rural and remote areas within the Ngāti Kahungunu boundary. Ten people were interviewed on an individual basis and 10 people participated in the 2 hui. The average age was 58 with 13 females and 7 men. A koha (gift) was provided to each of the participants in recognition of their contribution to the study. Field notes were recorded after each of the hui and interviews by the research team to assist with data analysis and findings. The participants agreed to receive a summary of the findings once the study was completed.

Embedded within kaupapa Māori research is the use of appropriate traditional kawa (protocols) and tikanga (practices) (Berryman, 2008). The researchers engaged in

the process of whakawhanaungatanga (making connections) and pepehā (reciting genealogy) to commence hui and interviews. The venue for the two hui was held at a Te Kohanga reo (Māori language pre-school) and marae (traditional meeting places). The venue for interviews was either online or in peoples' homes. Interviews commenced with karakia (prayer) followed by kai (sharing of food) as part of the pōwhiri (welcoming process) and ended with a poroporoaki (farewelling process) (Duncan & Rewi, 2018). Each hui were held for 3 hr each and interviews were from 1 hr to 2 hr. All interviewees were provided with an Information Sheet and Consent Form to complete.

Data analysis

Data analysis of the interviews was guided by Braun and Clarke's (2006) six-phase framework. The details of the analysis stages are as follows. Phase 1 involved becoming familiar with the data. During this phase, DW and LG independently transcribed the interviews, read and re-read the data, noting initial ideas from the literature and interviews. Phase 2 involved generating initial codes from the transcripts. DW and LG manually generated codes which were discussed with each other to further refine the codes into themes during phase 3 with RS. All members of the research team refined specifics of the themes within phase 4 to meet the research question on how members of a remote hapū from Ngāti Kahungunu maintained connectedness during and after COVID-19. The final four themes were arrived at by consensus in phase 5 by DW and reported narratively in phase 6 by the research team.

Findings

As a result of undertaking Braun and Clarke's (2006) six stages of thematic analysis, three themes emerged from the interview data. The first theme was *the digital divide* (sub-theme: *Kaumātua adaptability to digital technology*), the second theme was *the pandemic seen as blessing in disguise* (sub-theme: *re-educating rangatahi to live off the land and sea*) and the third theme was *preventing marae from becoming white elephants* (sub-theme: *uncertainty of marae in the future*; Supplemental Material 3).

Theme 1: the digital divide

Participants discussed having limited access to digital technology during the pandemic, however, their adaptability to the situation was also highlighted:

Some marae have not got large TV screens for whānau to Zoom in for hui, but we've managed to go to the local school instead. We have adapted like Māori always have. (P1, female, aged 70 years)

I only use my phone to make calls. I rely on my grandchildren to help me as they know how to use the internet to get things done. (P3, female, aged 60 years)

Barriers such as remoteness, digital literacy and financial distress were identified but were overcome by connectedness to whānau (family) support:

When the pandemic hit, living in the country made it difficult to go into town to see the doctor. It cost too much to put petrol in the car and we couldn't just ring anymore to make an appointment. You had to book on the internet. Luckily whānau helped me otherwise I wouldn't have got my medications. (P4, female, aged 70 years)

The theme of *the digital divide* emerged and can be described as the gap between those who have access to technology and having the confidence to use technology compared to those without due to social factors such as race, gender, education or location (Bennett et al., 2020). Bennett et al. (2020) argue that Indigenous people experiencing digital divide are generally ignored as national databases suggest that all households have access to Internet, mobile devices and costs associated with this access. Data from Statistics New Zealand (2021) states that one in five Māori children lived in households with less than 50% of the median disposable household income, which suggests that many Māori whānau are experiencing poverty that would limit them from having access to technologies (Stats NZ, 2021). For the participants in this study their experience of the digital divide during COVID-19 was confounded by their remoteness which at times resulted in delays to access health care services. Therefore, the findings from this theme supports the view that there remains a significant gap for Māori to be connected to others during COVID-19 and include circumstances such as finances, literacy and remoteness.

The sub-theme of *kaumātua adaptability to digital technology* emerged where their collective ownership or we-dentity contributed to developing resilience and adaptability to the situation (Wepa, 2020). Despite experiencing the digital divide due to the participants' remoteness and socio-economic factors, their resolve and tenacity supported kaumātua to seek out and remain connected to others. Parker's (2003) survey of 3,000 people supports the view that Māori are considered early adopters to technology and with appropriate access are capable of navigating this type of knowledge. As far back as 2001, research on an international level recommended strategies such as subsidies for communities to support access to digital technologies (Cullen, 2001). The digital divide can have an impact on kaumātua mental health and wellbeing as they are limited in their ability to socially interact with others in a modernised world. In addition, kaumātua may feel mentally distressed with the inability to access and navigate the technological world.

Theme 2: the pandemic seen as blessing in disguise

The pandemic was described by participants in a variety of ways with the focus on the positive aspects resulting from this life-changing event. For example, participants at both hui agreed that the many benefits included seeing whānau

on a more regular and purposeful basis compared to pre-pandemic when visits were less often:

Covid was a blessing, where we cared more for each other. (P3, female, aged 60 years)

I quite liked it since it started. More of the whānau would come and check up on me. (P2, female, aged 65 years)

I'm lucky as my husband is in the garden all of the time, he's self-sustainable. (P4, female, aged 70 years)

Covid was a blessing in disguise except when someone got sick. (P5, male, aged 64 years)

The theme of *the pandemic seen as a blessing in disguise* was also linked to the recovery of air quality and the environment because of the reduced carbon monoxide from less motorised and air travel (Ghosh & Ghosh, 2020; Suwito et al., 2021). The sub-theme of *re-educating rangatahi to live off the land and sea* was an unexpected benefit identified by the participants. The opportunity to re-engage with rangatahi about traditional customs and practices was noted:

Being a coastal marae, rangatahi didn't know about fishing, they thought the fish came from the fish'n'chip shop. (P2, female, aged 65 years)

Enjoyed teaching rangatahi how to snorkel, gather kaimoana [seafood], living off the land as much as possible. (P9, male, aged 56 years)

We did some work with Ministry of Primary Industries, they looked at the biology of kina [sea urchin], crayfish, the rangatahi learnt to fillet fish. (P5, male, aged 64 years)

Various authors examined the positive outcomes of re-introducing traditional practices such as hunting and fishing to youth among Indigenous communities (Bowra et al., 2021; van Vliet et al., 2022). Within this study, COVID-19 created opportunities to create place and space for re-engaging between generations. The participants reported deep joy and satisfaction with having time to take a pause and be connected on a deeper level with rangatahi. As a consequence, the time spent together created opportunities to visit traditional fishing and hunting areas which were close to their homes. Such traditions involving food harvesting are important part of continuing cultural vitality and reflect deep social-environmental relationships within Māori communities (Wehi et al., 2023).

Theme 3: preventing marae from becoming white elephants

For some participants, having a marae located in a remote area, away from where most of the iwi members lived was identified as a concern. Issues such as the cost to travel to the

marae and inability to adapt cultural practices to meet modern-day demands were clearly articulated by participants:

There is no marae at one of the beaches . . . as it burnt down, not sure if we would build it again as it might become a white elephant. (P7, female, aged 67 years)

Petrol is a killer, we have to be careful using our vehicles—it's a long way to the marae. (P12, male, aged 69 years)

We did up survivor packs, our tipuna [ancestors] adapted and we can't stay back in the 1920s. (P6, female, aged 62 years)

The literature is silent on whether marae are considered surplus and framed as white elephants. This study has, therefore, highlighted an important area requiring further investigation as marae are traditionally considered to be central to Māori identity and culture (Bennett, 2007; Tangihaere & Twiname, 2011). The sub-theme of *uncertainty of marae in the future* is important and worthy of further investigation to determine if place and space for marae will look and feel different in the future.

Discussion

COVID-19 has caused a global effect on peoples' abilities to interact with their families as they were forced to isolate, limit interactions with others and cope with increased mortality rates. In the Māori world, family relationships have been recognised as one of the most profound elements to support the health and wellbeing of Māori (Longmore, 2021). Drawing on such relationships assisted kaumātua in this study to overcome barriers associated with the theme of the digital divide such as digital literacy, finance and geography. Protective factors embedded within whānau and hapū, such as a strong sense of obligation and reciprocity ensured kaumātua could call upon various members to meet their digital health needs.

The theme of a blessing in disguise highlighted opportunities for the environment to heal itself and for people to re-engage across different generations. For example, teaching rangatahi to learn traditional ways of fishing, hunting and gathering food was associated as gift of time which allowed a deep level of knowledge transition between members of the whānau and hapū.

Government media and literature portrayed kaumātua as a risk to be managed, whereas Māori-led media and interviews from this study, found kaumātua to be resilient and adaptable with their lived experience framed a strengths based position. The whānau unit is the foundation of connectedness and forms identity, support and comfort for its members (Pere, 1991). The importance of whakawhanaungatanga for Māori is fundamental to a person's wellbeing and since colonisation, connectedness has survived within a socio-political context of racism and marginalisation for Māori (Wilson et al., 2021).

The ability of Māori to remain connected has been highlighted within a variety of initiatives centred around

mobilisation of marae. Within rural and remote communities, however, the fear about whether marae will remain as the cultural hub to gather is not clear. This concern was identified within the theme of *preventing marae from becoming white elephants*. Establishing and maintaining communications is an area requiring further investigation as the pandemic required a new way of communicating that was not based around physical structures such as marae.

Historically, global pandemics have proven to have a greater effect on Indigenous peoples. COVID-19 brings to the forefront, the historical injustices which continue to affect on Indigenous health and wellbeing resulting in inequities and poorer health outcomes. Indigenous-led knowledge and interventions provide relevance and meaning to the importance of Māori health and wellbeing. This study has examined the importance of obtaining a Māori voice as an effective approach for developing the most effective methodological approach for improving internal resources and solutions to improve Māori health and wellbeing.

Conclusion

This study has the potential to influence the development of Indigenous-orientated public health policies and action within Indigenous communities during the global pandemic. Policies and public health actions which prioritise Indigenous communities and recognise the importance of self-determination through community-led initiatives is urgently needed. The ability to deliver quality care to Indigenous peoples requires equity to be established, with Indigenous communities at the forefront of all decision making, leadership and delivery of public health action. The information provided in this study will help to guide direction and a methodological framework to inform a wider project which explores the issues and recommendations for improving the health and wellbeing of Māori across the iwi.

Strengths and limitations

Strength of this study is that it enabled members of rural and remote communities within the Ngāti Kahungunu region to discuss their experiences of re-connection during and after COVID-19. Coming together through hui either face-to-face or online was reported as an unexpected benefit for participants as part of the study. As this project was a scoping study, the sample size was relatively small due to the limited recruitment site and the findings may not be transferable to other communities.

Authors' note

Dianne Wepa (Ngāti Kahungunu) (PhD) (Taupua Waiora Māori Research Centre, Auckland University of Technology; Faculty of Health, Charles Darwin University, Australia; Faculty of Health, University of Bradford, United Kingdom; Faculty of Clinical & Health Sciences, University of South Australia) is an Associate Professor and registered social worker and senior academic with expertise in Indigenous research, mental health and digital health on an international level.

Rosemary Smith (Ngāti Kahungunu; BA), Kuia. Over many years working to improve Māori health status within Ngāti Kahungunu. She has supported her whānau, hapū and iwi to address the effects isolation on the spiritual, cultural and physical wellbeing of the community through her involvement in Te Kohanga reo, sports and community development projects.

Laura Gemmell (Ngāti Kahungunu, Tūwharetoa, Tainui; BHSci) Maori Health. As a new graduate of Maori health studies, Laura has begun the journey to develop her knowledge for research opportunities in the future.

Declaration of conflicting interests

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Glossary

hapū	sub-tribe, sub-tribes
harirū	handshakes
hauora	good health
hongī	pressing noses
hui	gatherings
iwi	tribal, tribes, tribe
Kahungunu	eponymous ancestor of the Ngāti Kahungunu tribe
kai	food
kaimoana	seafood
kanohi-ki-te-kanohi	face-to-face
karakia	prayers
kaumātua	elders, tribal elders, male elders
kaupapa	topic
kaupapa Māori	Māori-focused topic
kawa	protocols
kina	sea urchin
koha	gift
kōrero	discussions
koroheke	male elders
kuia	female elder, female elders
mana	authority
Māori	Indigenous people of New Zealand
Marae	traditional meeting places
Ngai Tamaterā	an East Coast sub-tribe
Ngāti Hikatoa	an East Coast sub-tribe
Ngāti Kahungunu	an East Coast tribe descended from the eponymous ancestor Kahungunu
Ngāti Oatua	an East Coast sub-tribe
Ngāti Whātua Orākei	a sub-tribe located in Auckland
noa	safety
pepehā	reciting genealogy
poroporoaki	farewelling process
pōwhiri	welcoming process
rangatahi	youth
rangatiratanga	self-determination

tapu	protection
Te Kohanga reo	Māori language pre-school
Te Puni Kōkiri	Ministry of Maori Development
Te Tiriti o Waitangi	Māori version of The Treaty of Waitangi
tikanga	practices
tikanga Māori	Māori practices
tipuna	ancestors
whakaaro	thoughts and ideas
whakapapa	genealogical descent
whakawhanaungatanga	making connections
whānau	families, family

Supplemental material

Supplemental material for this article is available online.

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