Health Promotion Assignment: Education as a Determinant of Health for Māori in Aotearoa

Part 1: The Impact of Colonisation and Neoliberal Reform on Māori Education and Health

Education is widely recognised as a fundamental determinant of health, influencing income, employment, social participation, and wellbeing. For Māori in Aotearoa, historical and contemporary inequities in education have had profound and lasting effects on health outcomes. (1) The processes of colonisation and neoliberal reform are two critical social and economic changes that have shaped Māori educational experiences and, consequently, health inequities. (2) Colonisation disrupted traditional Māori systems of knowledge and imposed Western education models that devalued te reo Māori and Māori epistemologies. Neoliberal reforms, particularly from the late 1980s onward, introduced market principles into education that exacerbated disparities by privileging schools and communities with greater resources (3). This section critically examines how these processes have shaped education as a determinant of Māori health.

Before colonisation, Māori education was holistic, relational, and culturally embedded. Knowledge was transmitted through wānanga (learning forums), whakapapa (genealogy), and daily life experiences, integrating spiritual, emotional, and physical wellbeing (4). Children were taught the skills, values, and cultural knowledge necessary for participation in collective life. Colonisation disrupted these systems. The Native

Schools Act 1867 established state-run schools with the explicit purpose of assimilating Māori into European society (5). Te reo Māori was prohibited, and Māori knowledge was largely excluded from curricula. These policies undermined Māori identity and self-determination, eroding cultural cohesion and contributing to intergenerational disadvantage (6). Loss of language and cultural alienation had significant psychosocial and health consequences, including diminished self-esteem, increased stress, and weakened whānau structures, all of which are recognised determinants of health (7).

The health impacts of colonisation on education are evident in literacy and achievement disparities. Māori students historically achieved lower literacy and numeracy outcomes compared with Pākehā peers, a gap that persists despite policy interventions. (8) Lower educational attainment correlates with limited employment opportunities and income, which in turn affect housing quality, access to healthcare, and nutrition — all factors contributing to poorer health outcomes. (9, 10) Furthermore, the psychological effects of systemic exclusion, including alienation and internalised deficit narratives, exacerbate mental health inequities. (11) Colonisation, therefore, operated not only as a structural disruptor of education but also as a determinant of health by weakening social, cultural, and economic conditions that sustain wellbeing.

Neoliberal reforms in the late 20th century further entrenched inequities. The Tomorrow's Schools policy (1989) decentralised governance, creating self-managing schools and introducing competition for student enrolment. (12) While framed as increasing efficiency and parental choice, this approach privileged schools in higher socio-economic areas and disadvantaged schools serving Māori and low-income

communities. Funding models tied to enrolment numbers meant that schools in resource-poor areas struggled to provide culturally responsive teaching and retain experienced teachers. (12) The emphasis on individual responsibility and standardised testing reinforced deficit narratives and ignored structural barriers created by colonisation. (13) Neoliberal reforms therefore compounded the effects of colonisation, further limiting Māori access to equitable education and the associated health benefits.

The intergenerational impacts of these processes are substantial. Educational inequities limit career prospects and increase income disparities, both of which influence health outcomes such as chronic disease prevalence and life expectancy. (14) Equally important is the impact on cultural and social wellbeing. Education systems that marginalise Māori epistemologies compromise taha wairua (spiritual health) and taha whānau (family health), dimensions central to the holistic Māori health model Te Whare Tapa Whā. (15) Loss of cultural connection, language, and identity due to historical and structural inequities contributes to poorer mental health and social cohesion, demonstrating the interlinked nature of education and health determinants. (14)

Despite these challenges, Māori communities have demonstrated resilience and resistance. The establishment of Kōhanga Reo (language nests) in the 1980s and Kura Kaupapa Māori (Māori-language immersion schools) represents a deliberate reclamation of education. These initiatives restore cultural identity, language, and pedagogy aligned with Māori worldviews, promoting self-determination and holistic wellbeing. (16) Evidence suggests that Māori students in Kura Kaupapa Māori exhibit

higher engagement, stronger cultural identity, and improved educational outcomes compared with peers in mainstream schools. (16) These gains illustrate the potential of education as a health-promoting determinant when grounded in cultural relevance and collective empowerment.

In conclusion, colonisation and neoliberal reform have profoundly shaped education as a determinant of Māori health. Colonial policies suppressed Māori language and knowledge, disrupting identity and social cohesion, while neoliberal reforms reinforced inequities through marketisation and standardisation. These processes created structural and intergenerational barriers to educational attainment, with impacting socioeconomic status, cultural wellbeing, and health. Māori-led initiatives such as Kura Kaupapa Māori demonstrate alternative pathways that align education with cultural identity and health promotion, offering a model for addressing the persistent inequities shaped by historical and systemic change.

Part 2: Health Promotion Policy – Ka Hikitia: Ka Hāpaitia (Equity Focus)

Ka Hikitia: Ka Hāpaitia is the New Zealand Government's leading strategy for Māori education, aiming to support Māori to "enjoy and achieve educational success as Māori" (17). As an upstream health promotion intervention, Ka Hikitia addresses the root causes of health inequities by transforming educational systems rather than treating health symptoms. By targeting education—a fundamental social determinant—the strategy aims to prevent health disparities before they emerge, recognizing that educational success shapes lifetime health trajectories through employment, income,

and health literacy. This section critically assesses Ka Hikitia through the lens of equity, highlighting its strengths, limitations, and implications for Māori health.

Equity is a central value in health promotion, emphasizing fair access to resources, opportunities, and outcomes, while recognising the structural barriers that create disparities. (18) In education, equity involves not only reducing gaps in attainment but also ensuring that curricula, pedagogy, and governance reflect the cultural and social realities of learners. (18) For Māori, educational equity means systems that actively value mātauranga Māori and Te Reo Māori as taonga, not merely accommodate them. (19) Ka Hikitia explicitly aligns with this principle, seeking to transform the education system to respond to Māori learners' needs and aspirations rather than requiring Māori to conform to a Westernised model of success. (20)

Ka Hikitia operates on multiple levels: at the individual level, it promotes culturally responsive teaching and positive identity development; at the whānau and community level, it encourages engagement and partnership; and at the systemic level, it guides education agencies to implement policies that support Māori success. (20) The strategy's five focus areas — whānau engagement, culturally competent teachers, recognition of Māori diversity, affirmation of identity and language, and support for lifelong learning — aim to embed equity throughout the education system. (21) By framing Māori success holistically, Ka Hikitia aligns with Māori models of health, including Te Whare Tapa Whā, acknowledging the interdependence of cultural, social, emotional, and cognitive wellbeing. (22)

These educational improvements translate to health gains through multiple pathways: stronger cultural identity reduces depression and anxiety rates (13); improved education enhances health literacy for better health decision-making; higher qualifications lead to safer employment, reducing occupational injuries that disproportionately affect Māori (17); and whānau engagement strengthens social support networks critical for mental health.

Critically, Ka Hikitia represents a shift from deficit-based policies that emphasise remediation to a strength-based, empowerment-focused approach that recognises Māori epistemologies. This multilevel approach reflects comprehensive health promotion addressing both individual and systemic factors. By prioritising Te Tiriti o Waitangi obligations, it affirms the value of Māori identity and self-determination. (23) Studies under the strategy, such as increased Māori achievement in NCEA Level 2, though still below non-Māori rates, demonstrate that culturally responsive frameworks support improved educational outcomes for Māori learners in professional development for teachers in culturally responsive pedagogy, and by partnerships in governance and decision making to reducing structural barriers to education and health equity. (20)

However, challenges remain. Evaluations by the Education Review Office (2017) indicate uneven implementation across schools and regions. (24) Many schools demonstrate 'implementation fatigue,' adopting surface-level changes without fundamental pedagogical shifts. (24) The strategy's reliance on voluntary school engagement maintains inequities as schools serving disadvantaged communities often lack implementation capacity. Many schools still operate within mainstream

frameworks prioritising standardised assessment, limiting the full realisation of equity and cultural responsiveness. The strategy's reliance on existing state structures constrains Māori control over resources, decision-making, and curriculum design. While Ka Hikitia promotes equity rhetorically, structural power remains largely within government agencies rather than being fully transferred to Māori communities, reflecting ongoing tensions between policy aspirations and systemic transformation. (25)

Furthermore, Ka Hikitia's evaluation framework lacks specific health outcome indicators, missing opportunities to demonstrate education-health linkages. Without tracking mental health or chronic disease risk factors alongside educational metrics, the strategy cannot fully demonstrate its value as health promotion. (20)

The health implications of Ka Hikitia are significant. Educational equity influences long-term health outcomes through pathways such as improved employment prospects, income, and social participation. Moreover, culturally affirming education fosters self-esteem, identity, and social cohesion, which are protective factors for mental health and community wellbeing. (20) In this way, Ka Hikitia functions as an upstream health promotion intervention, addressing the systemic determinants of inequity rather than focusing solely on individual behaviour change.

Ka Hikitia illustrates how equity-focused health promotion must address not only material outcomes but also cultural identity and social justice. While the strategy has made progress, achieving genuine educational equity—and subsequently health equity—requires sustained political commitment, adequate resourcing, mandatory

implementation standards, health outcome monitoring, and genuine power-sharing with Māori. Without these elements, even well-intentioned policies risk maintaining the disparities they look to eliminate, highlighting the complex relationship between policy intent and systemic transformation necessary for health equity.

Part 3: Health Promotion Through Kura Kaupapa Māori – A Te Pae Mahutonga Analysis

Kura Kaupapa Māori (Māori immersion schools) offer a Māori-led educational model that contrasts with mainstream education and embodies an upstream, culturally grounded health promotion intervention. As upstream interventions, Kura address root social determinants of health by transforming educational experiences that shape lifelong health trajectories through employment, income, health literacy, and psychosocial wellbeing. Using Te Pae Mahutonga as an analytical framework, this section critically assesses how Kura Kaupapa Māori advance Māori health and wellbeing through education, highlighting the principles of autonomy, identity, participation, and leadership.

Te Pae Mahutonga, developed by Mason Durie (1999), conceptualises health promotion for Māori using six interrelated components: Mauriora (cultural identity), Waiora (environmental protection), Toiora (healthy lifestyles), Whaiora (participation in society), Ngā Manukura (community leadership), and Mana Whakahaere (autonomy and control). These components collectively guide the development of interventions that are culturally grounded, holistic, and empowering (26). This framework recognizes that health promotion must address not just individual behaviours but broader cultural,

social, and political determinants. For Kura, all six elements work together to create environments where Māori students thrive holistically.

Mauriora forms the foundation of Kura's health promoting approach. Strong cultural identity serves as a protective factor against mental health issues, substance abuse, and suicide among Indigenous youth. (11) In Kura, students develop secure identities through daily immersion in te reo Māori, tikanga, and mātauranga Māori, contrasting with mainstream schools where Māori students often experience cultural alienation contributing to psychological distress.

Kura Kaupapa Māori operationalise these principles. Mauriora is central; the curriculum and pedagogy affirm te reo Māori, tikanga, and whakapapa, strengthening students' cultural identity and sense of belonging. By embedding Māori language and knowledge as core to learning, Kura Kaupapa Māori promote spiritual and emotional wellbeing, directly addressing determinants of mental and social health. (27)

Te Mana Whakahaere (autonomy and self-determination) is evident through whānau governance structures that empower communities to shape their children's education. (28) This participatory approach extends beyond educational decisions to encompass health promotion priorities. Whānau determine how Hauora is taught, integrating traditional healing practices, nutrition based on customary foods, and physical activities rooted in Māori traditions. (29) This self-determination contrasts with mainstream schools where health curricula are externally imposed without cultural relevance or community input. (19)

Te Mana Whakahaere enables Māori communities to set priorities, allocate resources, and design learning consistent with cultural values. Research shows community control over health and education services correlates with improved Indigenous health outcomes globally. (30) Research demonstrates that self-determination in education fosters engagement, resilience, and identity formation, which are protective factors for health. (31)

Ngā Manukura is enacted through Māori leadership within teaching staff and school governance. Māori educators model cultural competence, leadership, and community responsibility, supporting students' educational and social development. (28) This visible Māori leadership provides role models and mentors who understand the cultural context of their students' lives, offering culturally responsive support for both educational and health challenges. By fostering whānau participation through active involvement, co-learning practices, and intergenerational knowledge sharing, Kura address social determinants of health through community connections and support networks. (32)

While Kura Kaupapa Māori represents culturally grounded, upstream health promotion, challenges remain. Schools often face funding disparities, limited resources, and marginalisation within national assessment frameworks. (33) Ironically, while Kura demonstrate stronger health and educational outcomes, they receive less per-student funding than mainstream schools, limiting their ability to expand. (34) Standardised accountability measures may conflict with kaupapa Māori approaches to learning, and expansion is constrained by policy and systemic barriers. Nevertheless, evidence indicates that students in Kura Kaupapa Māori achieve higher retention, enhanced

cultural identity, and greater engagement compared with mainstream counterparts, demonstrating both educational and health benefits. (35)

The health promotion impact extends beyond individual students to whānau and communities. Parents report improved family cohesion, stronger cultural connections, and enhanced collective efficacy when involved in Kura. (36) This ripple effect demonstrates how upstream interventions create cascading benefits across multiple health determinants. Intergenerational trauma from colonization begins healing as families reclaim language, traditions, and educational sovereignty.

Critically, Kura Kaupapa Māori illustrate the integration of education and health promotion. By fostering identity, empowerment, and participation, they address upstream determinants of health extending beyond academic metrics to holistic wellbeing. Unlike mainstream interventions targeting symptoms of inequities, Kura transform fundamental conditions creating disparities. These schools illustrate Māori agency and self-determination, demonstrating that Indigenous-controlled institutions achieve equitable health outcomes. This challenges deficit-based approaches blaming Māori for poor health, instead revealing how culturally-aligned, community-controlled institutions successfully promote health equity. Kura provide a blueprint for decolonizing health promotion, showing true equity requires not just cultural sensitivity but genuine transfer of power and resources to Indigenous communities.

Part 4: Critical Reflection on Approaches to Complex Health Problems

This assignment has highlighted the complex interplay between social, economic, and cultural factors in shaping health outcomes for Māori in Aotearoa, using education as a critical determinant. Analysis of colonisation and neoliberal reforms, alongside interventions such as Ka Hikitia and Kura Kaupapa Māori, reveals important lessons about the appropriateness of different approaches to addressing complex health inequities.

Through examining these three distinct but interconnected analyses, several key insights emerge about what makes health promotion approaches appropriate or inappropriate for complex problems. First, the temporal dimension matters. Part 1 demonstrated that health inequities have deep historical roots that require long-term, sustained interventions rather than quick fixes. The persistence of educational disparities despite decades of policy interventions illustrates how complex health problems resist simple solutions. This suggests that appropriate approaches must acknowledge and address historical trauma while building towards intergenerational change.

Part 1 demonstrated that structural processes, including colonisation and neoliberal reform, produced ingrained educational inequities with cascading effects on health. These processes were not only historical but continue to shape contemporary opportunities and outcomes. The disruption of Māori knowledge systems and imposing Western education models undermined cultural identity, social cohesion, and access to resources — all factors recognised as determinants of health. (1, 7) Neoliberal reforms further developed disparities through market-driven funding and

standardisation, illustrating how economic policies can worsen health inequities via the education system. These insights emphasise the necessity of addressing upstream determinants rather than focusing solely on individual behaviour or downstream interventions.

Parts 2 and 3 contrasted government-led and Māori-led approaches to educational equity. Ka Hikitia represents a policy-driven, top-down intervention that prioritises equity, cultural responsiveness, and whānau engagement. Its alignment with Te Tiriti o Waitangi demonstrates recognition of Māori rights and obligations to ensure equitable outcomes. (17) However, structural power remains predominantly with government agencies, and implementation challenges reveal a critical lesson: even well-designed interventions fail when they lack community ownership and when schools can choose whether to participate. The voluntary nature of Ka Hikitia's implementation ironically maintain inequities, as under-resourced schools serving disadvantaged communities often lack capacity for meaningful engagement.

In contrast, Kura Kaupapa Māori demonstrates the transformative potential of community-controlled interventions. The success of Kura in promoting holistic wellbeing while achieving educational outcomes comparable to mainstream schools challenges deficit-based narratives about Māori capacity. This comparison reveals that appropriate approaches to complex health problems must align with community values, be led by affected communities, and address multiple dimensions of wellbeing simultaneously. The Te Pae Mahutonga framework used to analyse Kura illustrates how Indigenous conceptualisations of health can guide more holistic and effective interventions.

The course and the assignments have reinforced that complexity in health problems arises not just from a combination of factors but from their interactions across levels and time. Educational inequities affect health through material pathways (employment, income), psychosocial mechanisms (identity, belonging), and biological embodiment (stress, allostatic load). Suitable interventions therefore need to be just as complex and cover multiple areas. Single-issue approaches or those targeting only one level of influence are insufficient.

Furthermore, this assignment shows the importance of epistemological alignment. Western biomedical models that separate health from education, culture, and spirituality are inappropriate for addressing health problems caused by colonisation and cultural disruption. Kura Kaupapa Māori's integration of hauora across all aspects of school life demonstrates how Indigenous knowledge systems offer more appropriate frameworks for understanding and addressing health holistically.

Power relationships play a central role in shaping how appropriate these approaches can be. Both Ka Hikitia and Kura face limitations when ultimate authority remains with colonial structures. This suggests that appropriate approaches to Indigenous health inequities require fundamental redistribution of power and resources, not just cultural sensitivity or community consultation. The principle of tino rangatiratanga (self-determination) is not only symbolic but essential for effective health promotion.

Critically, this analysis challenges the assumption that evidence-based interventions can be universally applied. What works depends on context, history, and power relations. The relative success of Kura Kaupapa Māori cannot be replicated through

mainstream adoption of Māori pedagogies without the crucial element of Māori control. Similarly, Ka Hikitia's principles are sound, but their implementation through existing colonial structures limits their transformative potential.

This reflection emphasises that addressing complex health problems requires approaches that are historically informed, culturally grounded, community-led, and politically courageous enough to challenge existing power structures. Health promotion must move beyond behaviour change and service delivery to address the fundamental determinants of health: power, resources, and self-determination. The most appropriate approaches are those that recognize health as inseparable from education, culture, identity, and sovereignty, particularly for Māori whose health inequities stem from ongoing colonisation. Ultimately, this assignment demonstrates that complex health problems demand complex solutions that transform systems rather than simply reform them.

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