INDIGENOUS HEALTH IN NEW ZEALAND: 'by Maori, for Maori'

Understanding Maori culture and empowering Maori nurses has helped New Zealand’s indigenous people improve their health, reports Derek Hand.

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In Australia, there have been calls for a ‘New Zealand-style revolution’ in responding to the poor health of indigenous Australians. A parliamentary inquiry into Aboriginal health last October also received evidence that the extent of participation of Maori people in the social, political and economic life of the country flowing from the Treaty of Waitangi was an important contributor to the better health of Maori.

The Treaty of Waitangi, signed in 1840 by British settlers and Maori leaders, is a partnership agreement setting out how coexistence in Aotearoa/New Zealand should operate. Today, it forms an important legal and policy framework, setting the tone and direction for health initiatives and other government activity that impacts on Maori well being. The Department of Health, for example, builds its Maori health policy around the Treaty, committing itself to improve Maori health status so that Maori will in future have the opportunity to enjoy at least the same level of health as non-Maori.

However, sweeping statements about revolutions and the fine rhetoric of policy documents hide some of the reality of the state of Maori health, especially when compared to the rest of the Aotearoa/New Zealand population. A comprehensive series of studies of Maori health produced by Te Ropu Rangahau Hauora a Eru Pomare (the Eru Pomare Maori Health Research Centre) at the Wellington School of Medicine, offers greater insight to the current state of affairs.

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When the World Health Organisation released a report into the health of the world’s indigenous peoples earlier this year, it tried hard to find some good news amid the harsh realities that it otherwise painted.¹ Overall, the evidence pointed to huge inequities in the health of indigenous peoples compared to general populations. Destruction of their habitat, the source of spiritual and material sustenance, threatened not only the health, but also the very survival, of the 200 million indigenous people globally.

Yet there were some encouraging stories. Where traditional ways of life and diet had not been severely disrupted, indigenous peoples had low prevalence of diabetes, cardiovascular diseases and hypertension. At the same time, different pictures emerged between different countries, suggesting that some indigenous health initiatives were working.

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In the third of its reports, covering the period 1970-1991, the centre notes that death rates for Maori from almost all major causes have indeed continued to decrease, but with some important exceptions. Among these are high rates of sudden infant death syndrome among Maori infants, youth suicide (particularly among young Maori males), homicide and violence, and motor vehicle accidents. Although life expectancy at birth for Maori has certainly improved in the last 50 years, it has not improved as much as non-Maori. 'At present the difference in life expectancy remains static,' the report states.

It also stresses the link between health and socioeconomic factors such as income, employment, education and housing. 'A review of these indicators for the last decade show that Maori have become relatively worse off compared to the non-Maori population,' it notes. This is evident in figures from the 1996 census, which show that the median annual income for Maori men aged 15 years and over was NZ$16,000, compared to NZ$22,000 for all men in Aotearoa/New Zealand. For women, the figures were NZ$11,200 and NZ$12,600 respectively.

**GIVING VOICE TO MAORI NURSES**

Where there has been success in improving Maori health, a great deal of credit can be claimed by Maori health professionals themselves, including nurses, despite their relatively small numbers. Of more than 28,000 Registered Nurses working in Aotearoa/New Zealand in 1994, only 2.8% (780 nurses) identified themselves as Maori (another 1.1% identified themselves as Pacific Islander, and 92.1% were European/Pakeha). A slightly larger proportion of Enrolled Nurses identified as Maori (8% of the country's 6552 Enrolled Nurses), but there were fewer midwives (1.9% of the country's 3482 midwives identified as Maori).

Giving a voice to these nurses' views on Maori health is the National Council of Maori Nurses. Formed in 1982 and now representing more than 1000 members, the council is governed by a national executive, and its work is framed within a formal constitution. Members sit on special sub-committees that bring together nursing and midwifery expertise across a range of portfolios, including mental health, family health, child health, care of the elderly, midwifery, smoking and health promotion.

'Our job is to work at the coalface,' said Ngaire Whata, the council's national president, during a break from volunteer nursing duties at the indigenous health workers' conference. 'The council is owned and controlled by Maori nurses and for Maori people, so we can make our own decisions and set our own policies on the health of Maori. It has given us the opportunity where we can set the scene for the future health directions of Maori.'

Working at the coalface is also about lobbying governments over changes that might lead to improved health for Maori. For example, the council has used its support to push for nurse prescribing rights, and met with the health minister to present a Maori perspective. It argued that prescribing rights were particularly important for nurses working with rural iwi (tribes), where they needed to be equipped to deal with a broad range of health problems.

More broadly, within the nursing profession itself there is acknowledgment of the need for greater understanding of Maori culture and traditional values. This is reflected in a revamped nursing curriculum that requires all nurses to be tutored in the Treaty of Waitangi and in Maori cultural interpretations of 'health'. This so-called 'cultural safety' (whakaruruhua) component of the national nurse education courses was introduced in 1992 and is taught in 15 nursing and five midwifery colleges around the country.

**KOROWAI AROHA**

Aotearoa/New Zealand has embraced the idea of applying free market principles to health and other community services. It operates a 'purchaser/provider' split, where funding authorities (the 'purchaser') contract with clinics and other programs (the 'provider') for health services. In some instances, Maori act as co-purchasers in this system, effectively allowing them greater autonomy in deciding the shape of health care for Maori within fixed budgets.

Of the different 'providers' of health care to Maori people, some are described as being 'by Maori, for Maori' (a term used by Maori groups to underline their strengths, and by government funding agencies as a category in their formal accounting and reporting systems). The Korowai Aroha ('Cloak of Love') health centre in Rotorua is an example of a service operated by Maori nurses for Maori people. Catering for a Maori population of about 22,000 in the area around Rotorua, the clinic was set up with government funding in 1992 by a group of local Maori nurses. It provides 'culturally appropriate' care and services and is committed to working with traditional practices. The centre has a full-time staff of 15 people, including four nurses, five midwives, a
traditional spiritual healer and a general practitioner. It also acts as coordinator for a team of 50 community-based, part-time, paid carers. Korowai Aroha is overseen by a Board of Trustees, all of them Maori, except an accountant member.

Ngaire Whata, herself a Registered Nurse, is the centre’s manager. ‘We see Maori health as having many dimensions,’ she said, adding that the centre’s strength lay in its ability to view the notion of ‘health’ through the lens of Maori culture and tradition.

‘Our people are comfortable in dealing with us.’

Staff at the centre see about 11,500 clients a year, and offer a wide range of services, including checks for asthma, diabetes and cervical screening. While deaths from heart disease have gradually declined, cancer has become the leading cause of death for both Maori and non-Maori.

Cancer of the breast, lung and cervix are the most common cancers for Maori women. Cervical cancer is three times as common in Maori women as in non-Maori women, a situation which has in turn been linked (at least in part) to the high prevalence of smoking among Maori women.

Improved testing and follow-up is regarded as the best way of reducing the incidence and mortality from cervical cancer. Korowai Aroha underlines the importance of incorporating Maori values into the structure of services such as cervical screening. ‘Our women treat the cervix as very sacred. It is a bit different from the Pakeha [Europeans],’ she explained.

The difference, she said, plays itself out in the greater reluctance of Maori women to come forward for cervical screening. Recognising the importance of privacy, a Maori woman’s cervical screening register has been compiled and the information it contains is protected by a guardian. Access to the register can only be granted by a panel of caretakers.

Another important factor in whether people access primary health care is its cost, especially when the ‘user-pays’ principle is dominant. ‘We have to charge people who come to see our nurses,’ said Ms Whata. ‘We used to only charge a kauhau [donation]. Now we charge NZ$5 for each visit to the nurse or doctor to people with a community services card.’ The clinic does not charge for children under six years, and for others, the fee is NZ$15. It may not be free, but it compares favourably to a fee of up to $40 that is otherwise charged for a standard visit to a GP. Although its primary focus is on Maori people, the centre does not exclude non-Maori. ‘We are also prepared to work outside our region, but only when we are invited,’ she said.

Millie Heke, a nurse at the centre, said education was a large part of the day-to-day work, such as holding stop-smoking clinics on local marae, the traditional Maori meeting places. ‘In sports, we see that a lot of people are now doing warm-up exercises. That avoids a lot of injury and is an excellent health gain for us in that area.’

Another of the clinic’s strengths is its strong links to the Maori community’s elders, who offer their support. ‘With our old people behind us, it gives us a powerful force that allows us to reach Maori,’ Ms Whata said. Staff recently reported a drop in the number of older people attending the clinic. ‘They were busy doing line dancing!’ Millie quipped. ‘We had told them not to sit at home thinking they were going to get sick. We told them to get out and walk and dance and do things.’

Acknowledging the particular skills and insight that they bring to their work, the WHO has called for a swelling of the ranks of indigenous health workers. In Australia, that sentiment is echoed by the Council of Aboriginal and Torres Strait Islander Nurses (CATSIN), which was formed in the wake of a forum held last August to find ways of recruiting and retaining indigenous nurses. CATSIN has endorsed the Aotearoa model of cultural safety, and has called for its implementation in Australia.

CATSIN chair Sally Goold said she was optimistic that nursing education in Australia will successfully take on notions of cultural safety, in turn rectifying the absence of a strong indigenous presence in nursing. ‘It would pave the way for reconciliation, for nurses to really examine their feelings and take on the philosophy of reconciliation.’

**AUTHOR**

Derek Hand is a Sydney-based journalist. He travelled to Aotearoa/New Zealand with the 1997 annual award of the Australian Medical Writers’ Association.

**REFERENCES**


2 In a press statement dated 15 September 1997, the president of the Australian Medical Association, Dr Keith Woolard, described the need for a ‘New Zealand-style’ revolution in indigenous health. He added: ‘In just three short decades, the health status of the Maori has improved dramatically. In contrast, the health of Australian Aboriginal people has, if anything, got worse.’


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