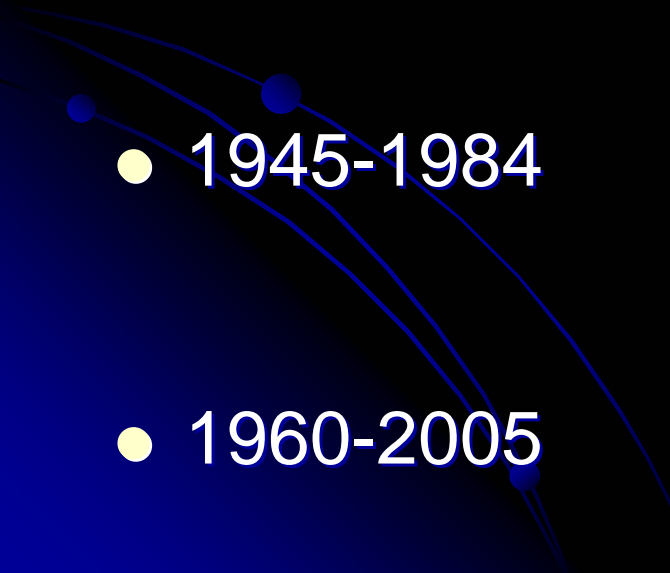


# Māori Health Promotion

Mason Durie  
Massey University



# Four Approaches to Mäori Health Promotion

- Pre 1800 Customary Protocols for Tribal Survival
  - 1880-1920 Programmes for Population Recovery
  - 1945-1984 Programmes for Urban Adaptation
  - 1960-2005 Strategies for Mäori Wellbeing
- 

# I Early Māori Health Promotion

## Tapu and Noa

- Survival in a new (and often harsh) environment
- Adaptation to environment through a code of behaviour
- Tapu linked to health risks, environmental hazards
- Noa equated with safety
- Protection of food source, sustainability
- Personal and group safety

# Tapu and Noa

## A code for survival

- Broad aims:
  - survival of future generations by:
- adaptation to the environment
- and
- developing a guide for social interaction

# The code

- tapu – risk  
noa – safety  
rahui – off limits
- The practical basis for the code tended to be incorporated into a spiritual code for living

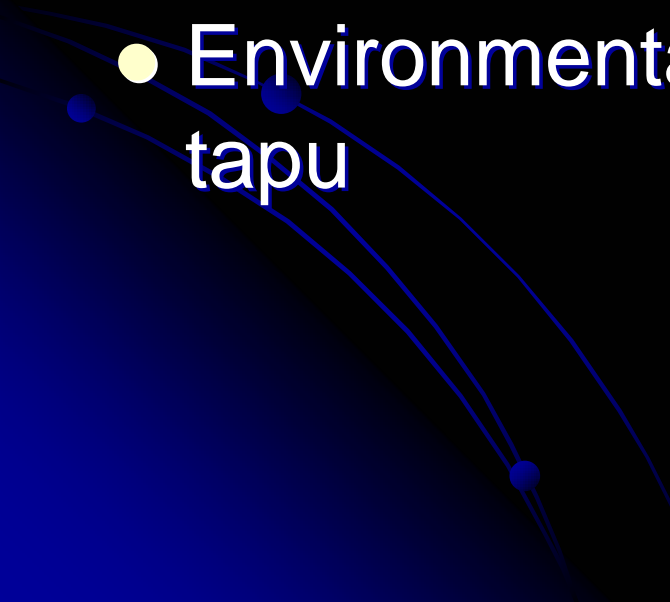
# Modern Interpretations of Tapu

- Emphasis on safety and environmental protection gave way to sense of sacredness, spirituality
- Missionaries, anthropologists saw tohunga as priests rather than health experts
- But Te Rangi Hiroa regarded tapu and noa as part of a public health regulatory system
- The first health protection officers were tohunga
- They identified harmful environments and imposed regulations to minimise danger.


# Tapu and Noa Today

- Observed on marae but not otherwise widely enforced
- Rahui may be endorsed where there is an environmental risk e.g. drowning, toxic
- But health regulations, statutes have largely replaced the older system

# Domains where tapu is retained

- Marae
  - Formal encounters e.g. powhiri
  - Environmental management e.g. waahi tapu
- 

# Tapu and Noa as a Code for Living

- Required full community endorsement
  - Was displaced as a major means of protecting health by 1860
  - Public health regulations fulfilled a similar purpose
- 

# Māori Health Promotion

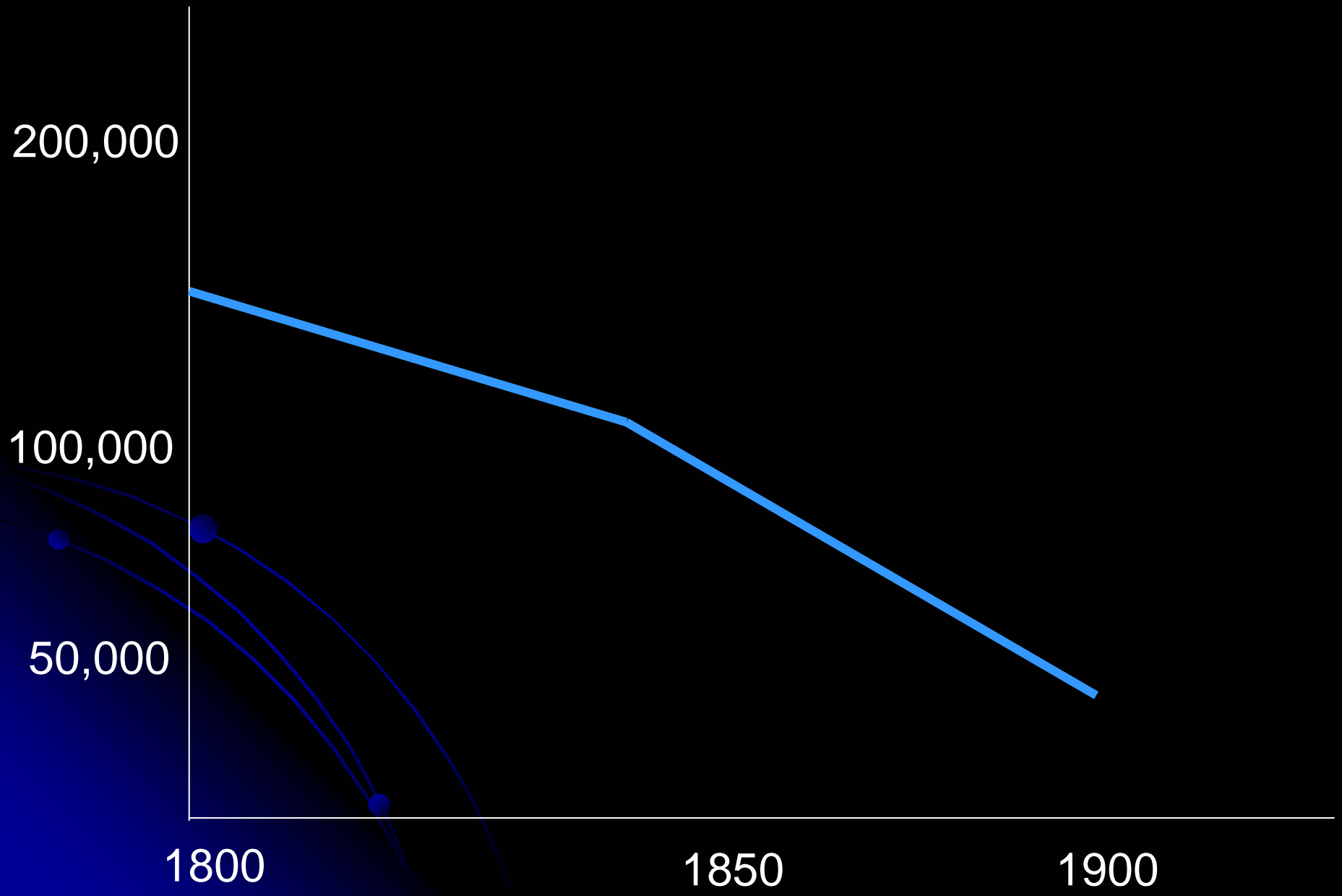
## II Programmes for Population Recovery

The end of the 19<sup>th</sup> century  
and

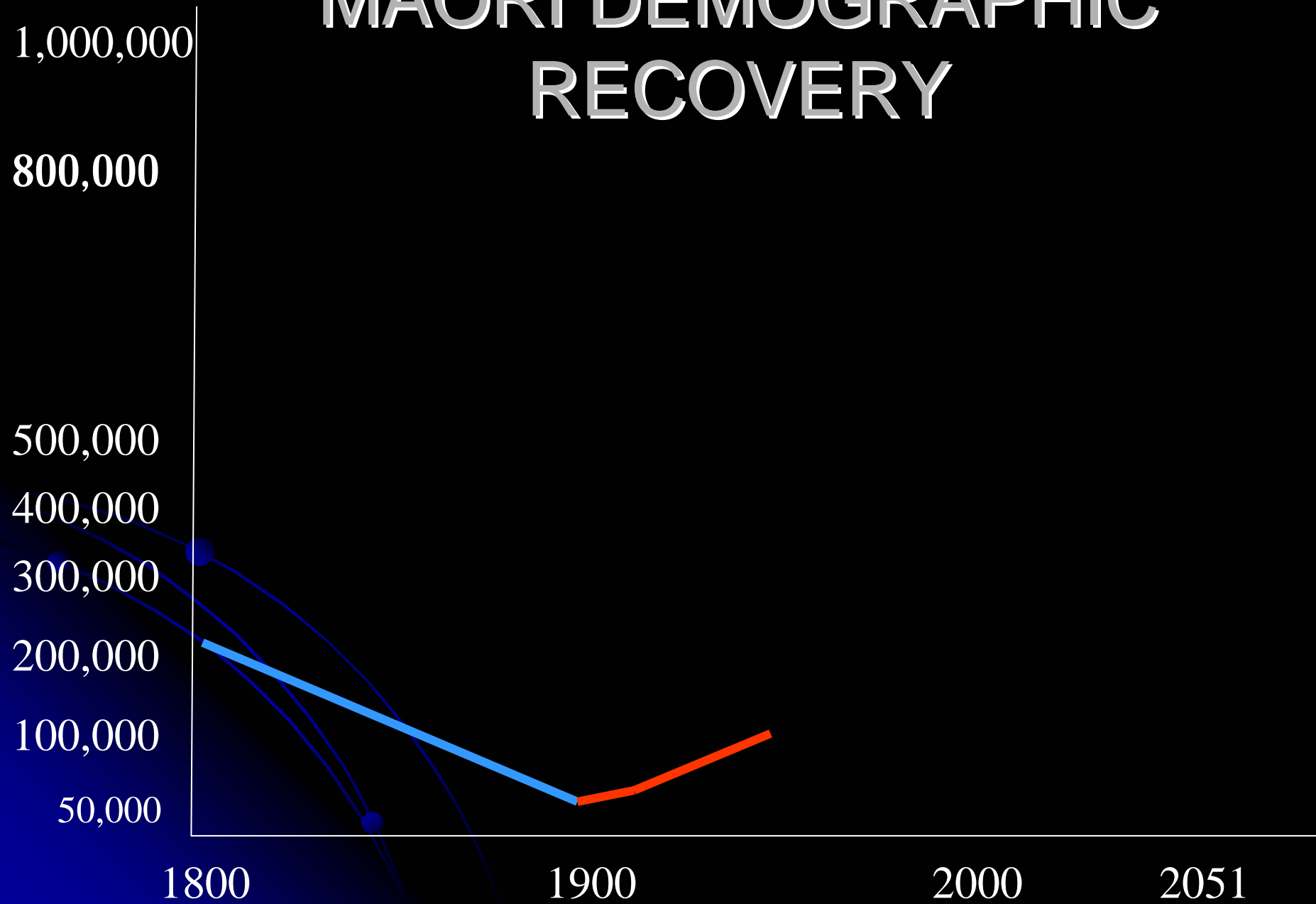
commencement of the 20<sup>th</sup> century



# Maori Depopulation 1800 - 1900



# MÄORI DEMOGRAPHIC RECOVERY



# MÄORI DEPOPULATION

## Short-distance factors

Muskets & warfare

Infectious diseases

Malnutrition

## Medium-distance factors

Alienation of land

Relocation to low-lying areas

Shift to a new economy

Suppression of lore

## Long-distance Factors

Loss of political voice

Discriminatory legislation

Assumptions about racial superiority

# REVERSING THE TREND THE ROLE OF LATE 18<sup>TH</sup> CENTURY MÄORI LEADERSHIP

Tribal  
Leadership

Prophetic  
Leadership



Political Leadership

# Tribal Leaders

Te HeuHeu  
Tukino



Tawhiao



Nireaha  
Tamaki



Rapata  
Wahawaha



# Prophetic Leaders



Rua Kenana



Te Kooti



Te Whiti

# Political Leaders

Hone Heke Ngapua  
1893



Wi Parata  
1871



Hori Kerei  
Taiaroa  
1871



James Carroll  
1887

# New Leadership Te Aute College 1854 -



# Apirana Ngata Graduation 1894



# EARLY MÄORI MEDICAL GRADUATES



Pomare



Te Rangi Hiroa



Wi Repa



Ellison

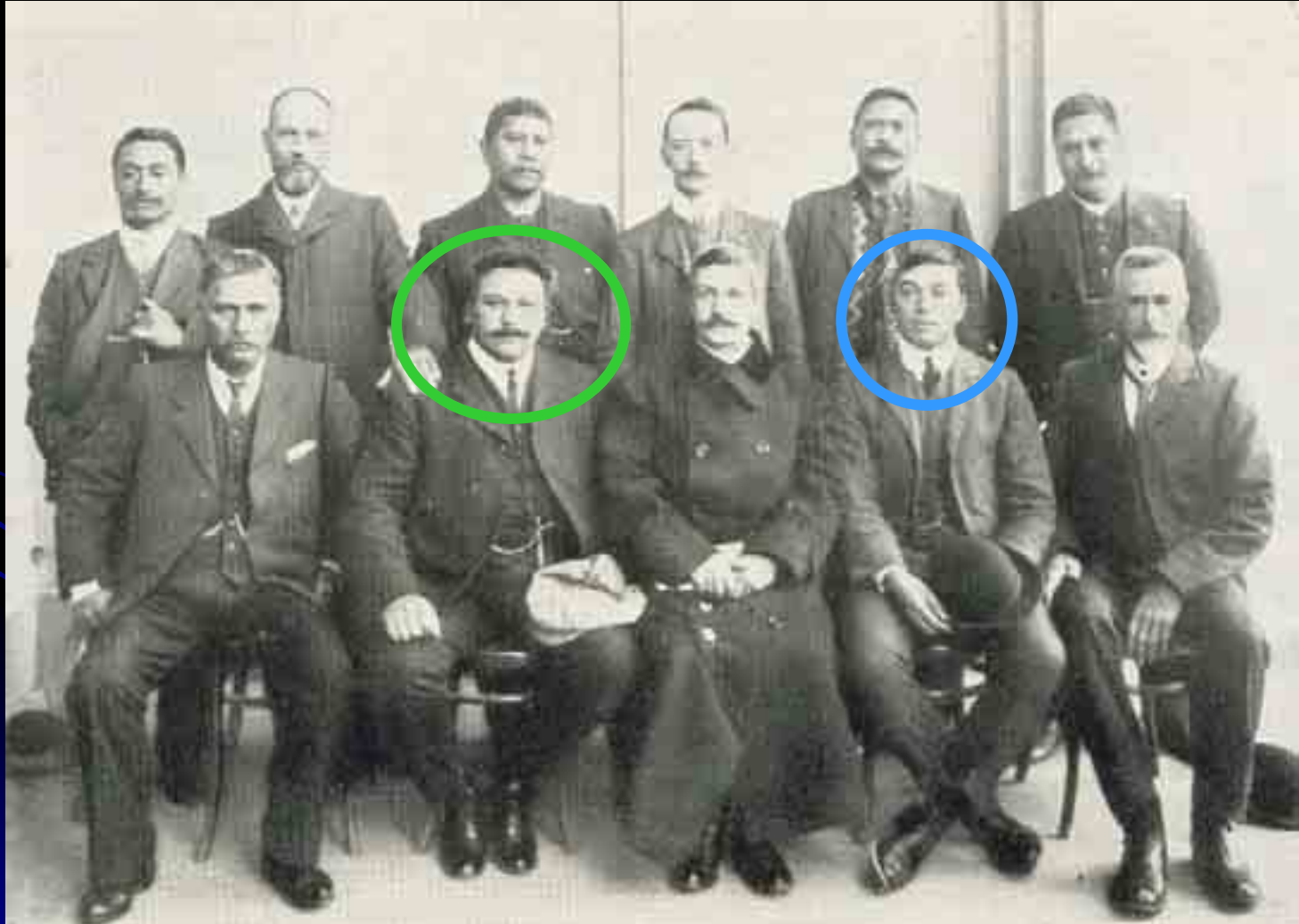
# Dr Maui Pomare – Medical Officer to the Māori

- 1899 Graduated MD from the American Missionary College, Chicago
- First Māori doctor
- 1901 Appointed to the new Department of Public Health with responsibility for Māori health
- Faced with depopulation, high mortality rates, tuberculosis, pneumonia, typhoid fever, Māori life expectancy of 31 years

# Pomare and an Ecological Approach to Health

- Identification of environments that led to poor health
- Prevention of spread of infectious diseases by improving environmental conditions
- Water, drainage, dry homes, sewerage
- Collaboration with community leaders
- Appointment of Māori Sanitary Inspectors

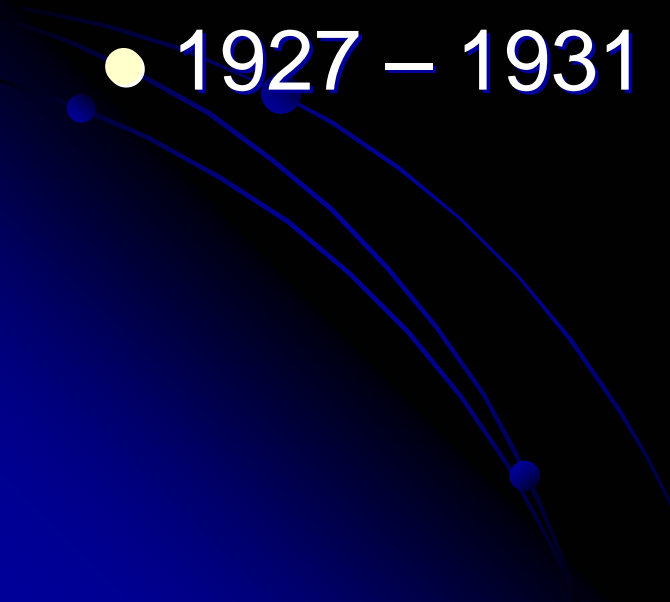
# Maori Sanitary Inspectors with Drs Pomare and Buck 1905




# Māori Sanitary Inspectors

- Collaboration with Māori Councils
- Community leaders appointed as Māori Health Inspectors (no previous health experience)
- Sanitation, water supplies, housing, (employment, education), collation of statistics (health protection and health promotion)
- 1909 Replaced by Public Health Nurses
- Professional vs Community leadership.

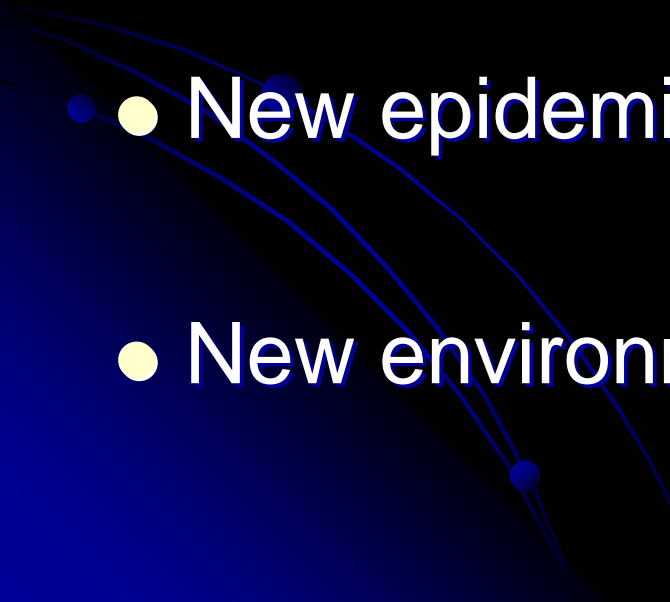
# Division of Māori Hygiene Directors

- 1919 - 1927 Te Rangi Hiroa
  - 1927 – 1931 Pohau Ellison
- 

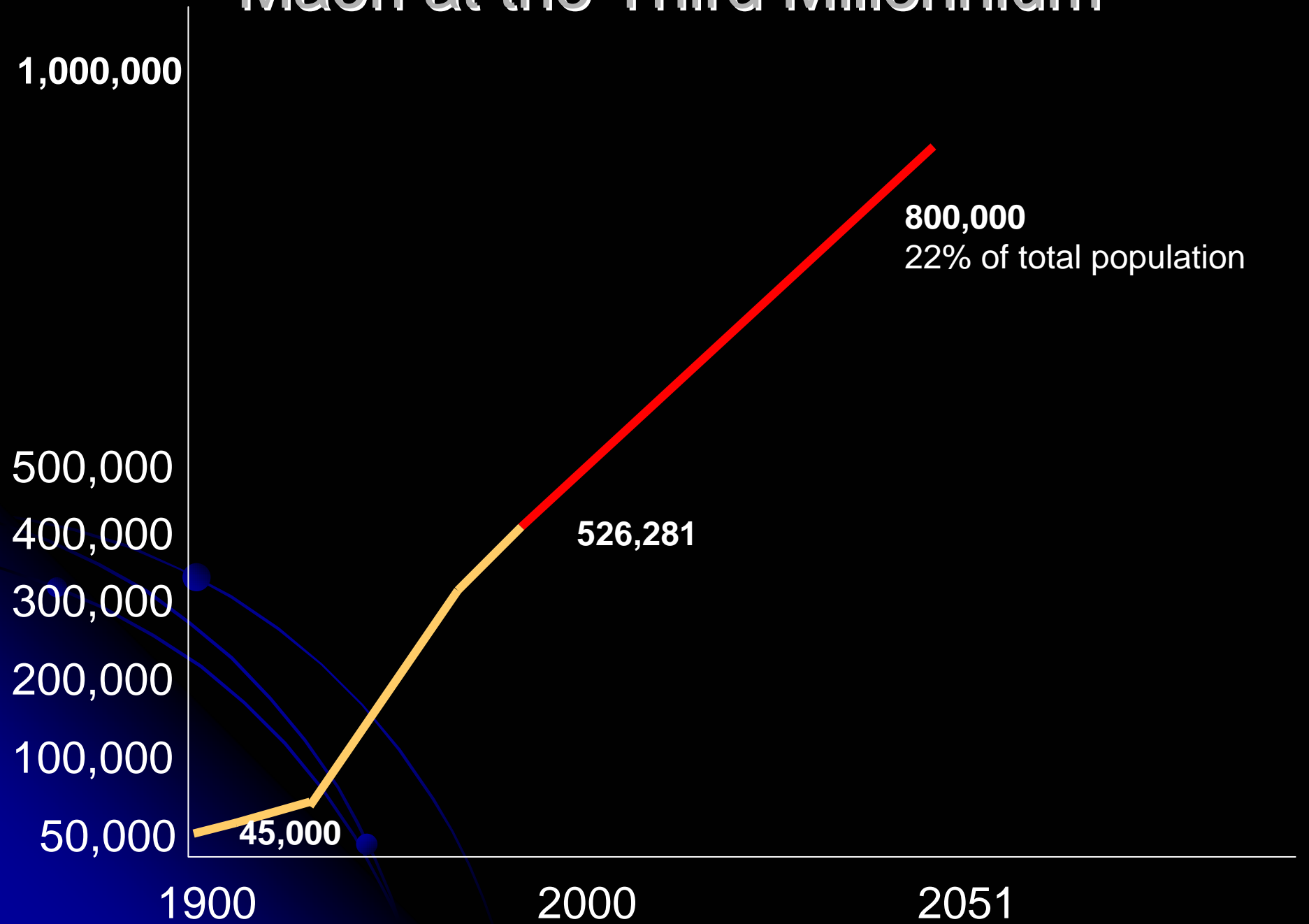
# Pomare Strategies

- Community leadership
  - Socio-economic programmes e.g. housing, education
  - Cultural realities
  - Policies for health
  - Skilled workforce to complement community leaders
- 

# III Programmes for Urban Adjustment

- Demographic change
  - New forms of leadership
  - New epidemiological patterns
  - New environments
- 

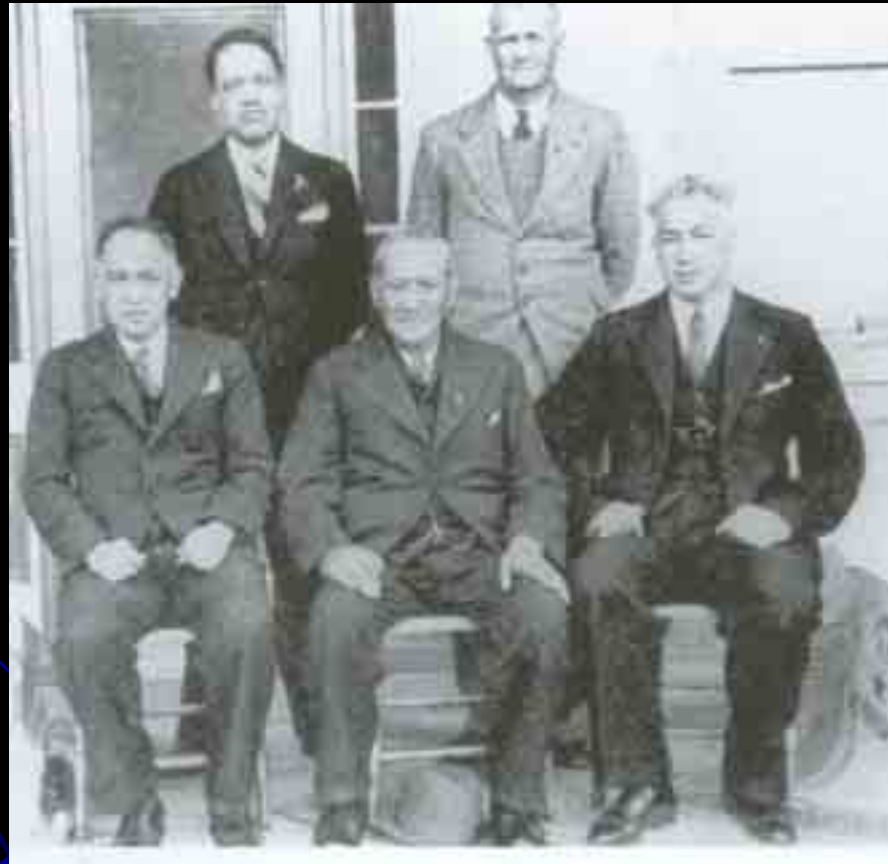
# Maori at the Third Millennium



# The Changing Leadership

## Ratana and the Four Quarters 1943

Paraire Paikea      Tiaki Omana



Toko Ratana      Wiremu Ratana      Eruera Tirikatene

# 20th Century Change



Dr Rina Moore 1949

Te Puea Herangi



Iriaka Ratana  
1949



Whina Cooper



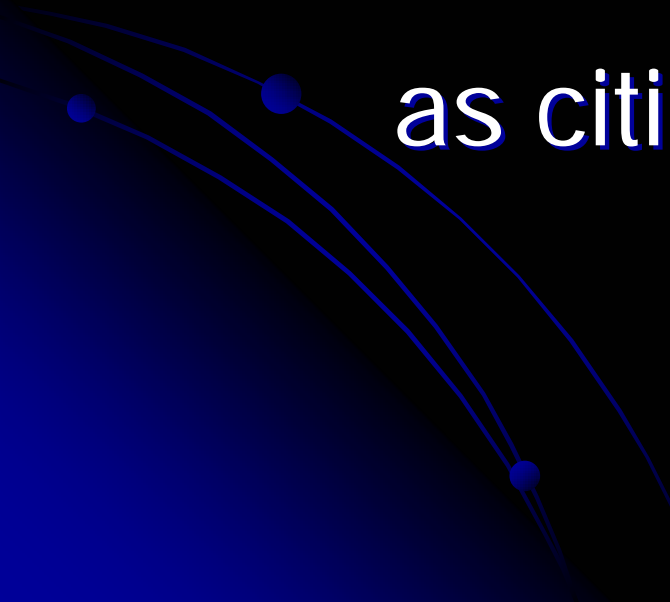
MWWL  
1953



Mira Szasy

# Strategies for Māori Wellbeing “Beyond Survival”

‘To live as Māori  
and  
as citizens of the world’



# The Aim

## Best Outcomes & High Achievement



# Changing Patterns of Disease

## *1901*

- pneumonia
- gastro-enteritis
- infant deaths due to infection
- accidents
- malnutrition
- tuberculosis
- typhoid
- diphtheria.

## *Modern times*

- suicide
- cancer
- obesity
- heart disease
- stroke
- diabetes
- alcohol and drugs.

# The Focus on the Natural Environment

- Early tribes needed to develop synergy with the environment
- Laws of man were integrated into the laws of nature
- Food resources protected
- Early health protection focused on the natural environment in order to reduce spread of infection
- Regulations for clean water, effective sanitation, reduction of pollution and protection of food sources.

# Modern Hazardous Environments

## *Social*

## *Environments*

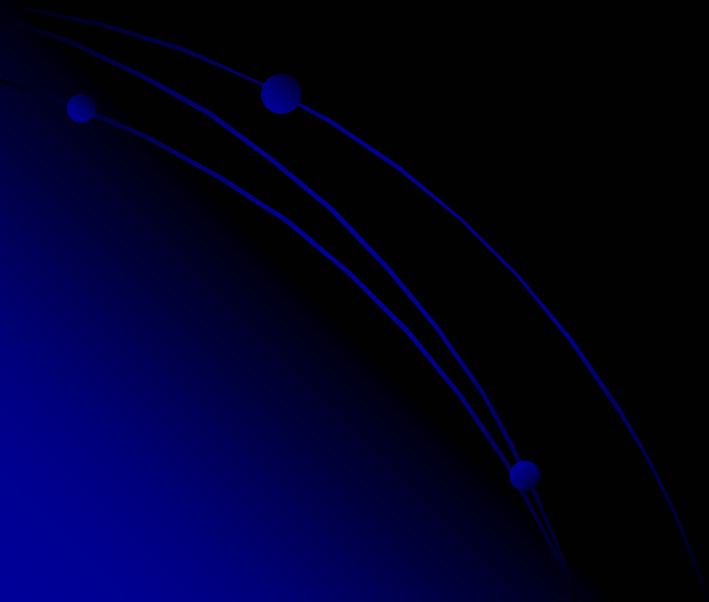
## *The Physical Environment*

- water
- air
- land
- roads
- housing
- eating places
- SAFETY

- exercise
- alcohol
- drugs
- relationships
- employment
- nutritional patterns
- LIFESTYLE.

# Te Pae Mahutonga

## A Framework for Māori Health Promotion



# Te Pae Mahutonga

## The Southern Cross - *Crux Australis*





Mauri Ora

Cultural identity; access to  
the Maori world



Waiora

Environment



Whaiora

Participation in Society



Toiora

Life-style

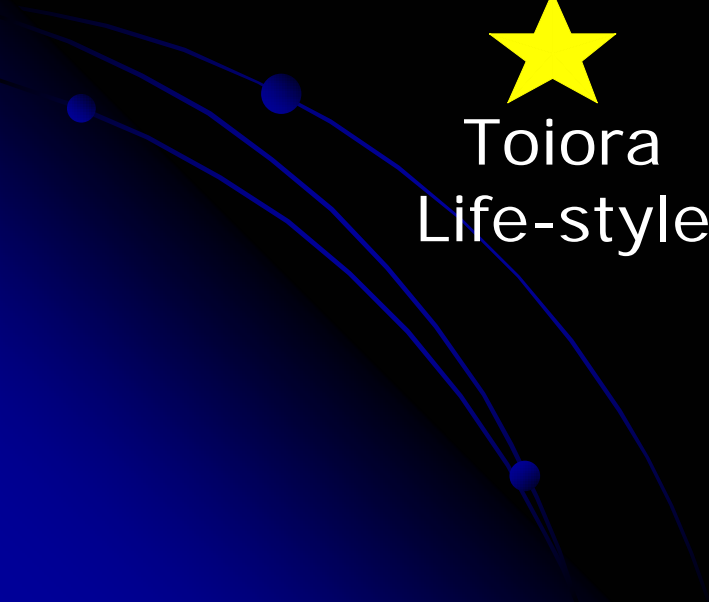


Nga Manukura

Effective Leadership



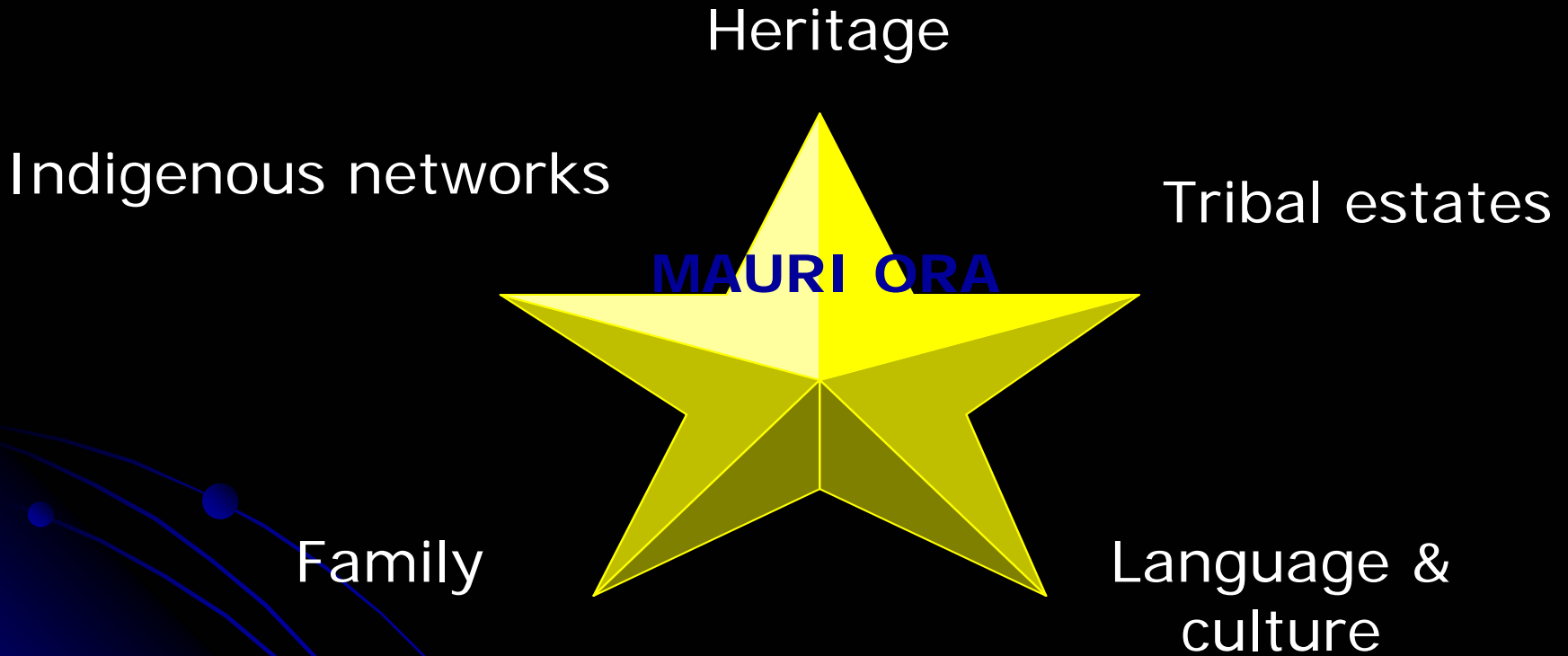
Mana Whakahaere  
Autonomy





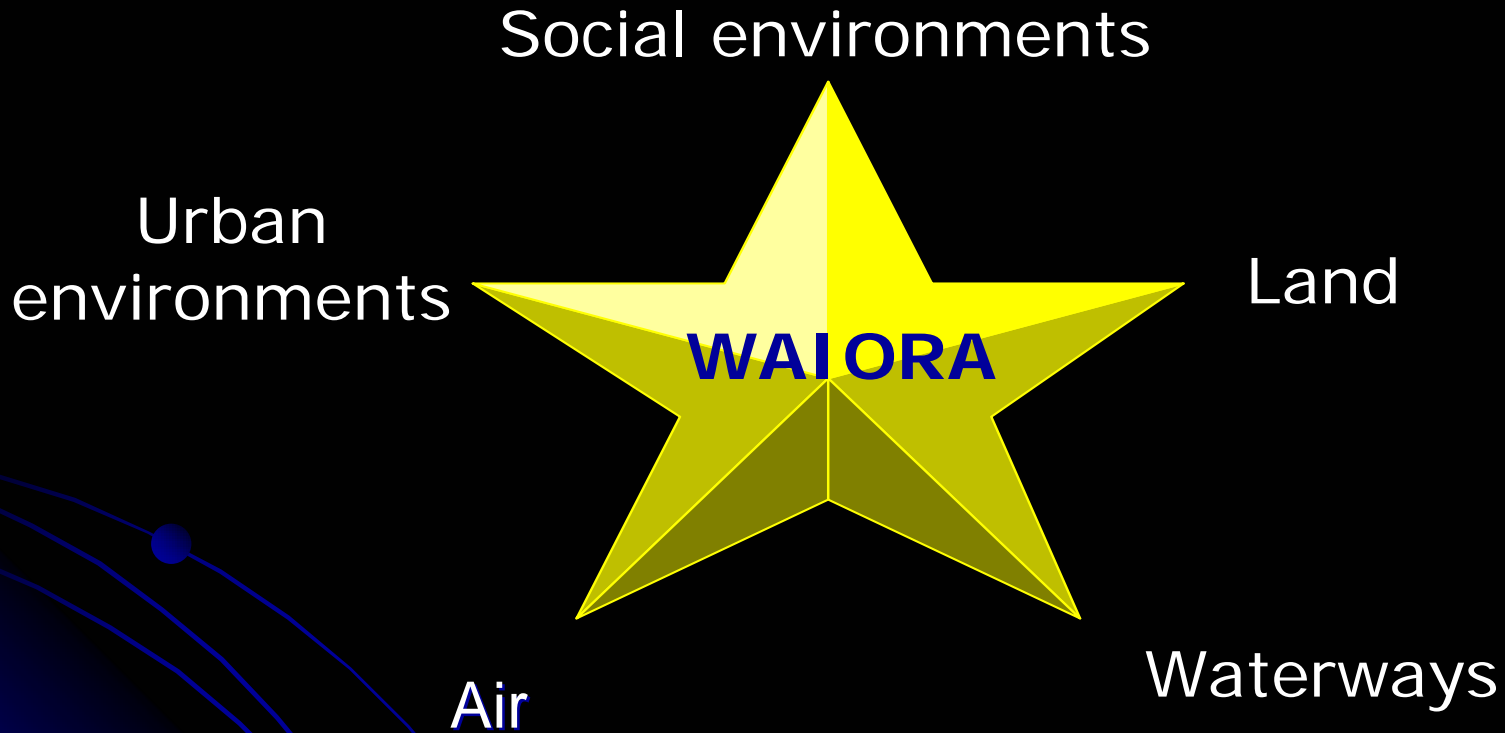
# MAURI ORA: Cultural Identity

## The Indigeneity Factor





# WAIORA: ENVIRONMENTAL PROTECTION THE ECOLOGICAL FACTOR





# TOIORA: WELL-BEING, THE LIFE-CHOICE FACTOR

Codes for  
sensible living

Human  
relationships

**TOIORA**

Spirituality

Intellect and  
emotions

Physical  
health





# WHAIORA: PARTICIPATION IN SOCIETY

## THE SOCIETAL FACTOR

Effective  
representation

Justice

Material  
circumstances

**Whaiora**

Cultural  
affirmation

Social equity



# NGA MANUKURA: LEADERSHIP



# MANA WHAKAHAERE: AUTONOMY

Capacity for self  
governance

Authority

**MANA  
WHAKAHAERE**

Tribal  
governance

Workforce  
capability

Indigenous  
communities



# A Navigational Aid



Mauri Ora  
Te Ao Māori



Waiora  
Environment



Whaiora  
Participation in Society



Toiora  
Well-being



Nga Manukura  
Leadership



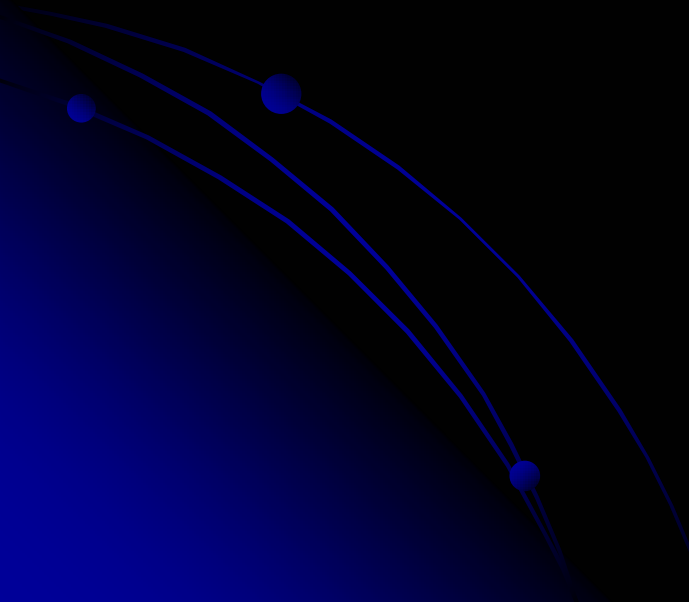
Mana Whakahaere  
Autonomy



# Challenges for Māori Leadership

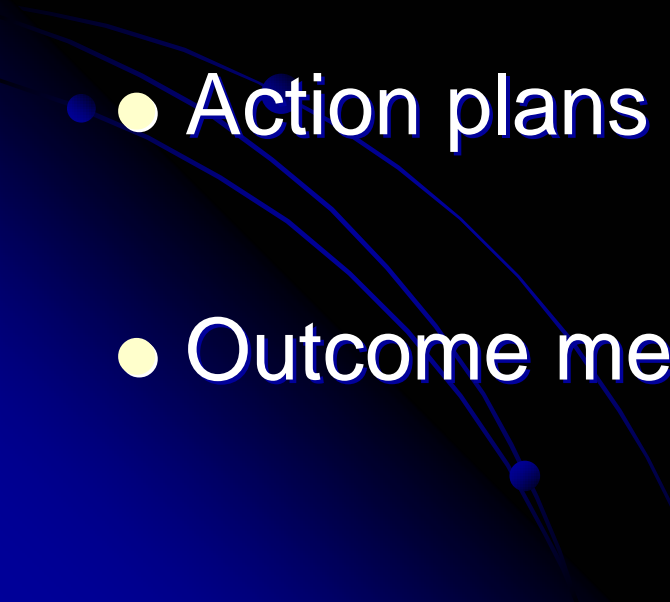
- Indigenous peoples live in two worlds
- Leaders need to be able to negotiate both of those worlds
- Māori health promoters need to be well trained and able to straddle the interface between indigenous worlds and wider society

# Application of Te Pae Mahutonga to Māori Health Promotion




# The Application of Te Pae Mahutonga

## KEY TASKS

- Risk scan
  - Action plans
  - Outcome measurements
- 

# The Application of Te Pae Mahutonga

## TWO EXAMPLES

- Diabetes (a disease state)
  - Pakake (older Māori) (a sub-population)
- 

# Example One - Diabetes

- prevalence increasing in developed countries
- also predicted to increase in India and Africa
- rates of type II diabetes for Māori and Pacific peoples over 8% compared to 3% for non-Māori
- 11% of over 75 year olds have diabetes
- approx 1200 deaths per year from diabetes
- third most common cause of death for Māori and Pacific males aged between 45 and 64 years
- **THE PROBLEM IS GETTING WORSE.**

# The Diabetes Environment – could the laws of tapu reduce prevalence?

- 1907 Tohunga Suppression Act
- ***First approach:*** avoid harmful foods
- A ***rahui*** on foods where quality and abundance posed a health risk
- ***Second approach:*** modify eating habits by regarding the mouth as a tapu organ
- Mouth is point of entry for harmful agents – alcohol, drugs, food, high fat diets, cigarettes, caffeine
- Encourage children to treat mouth as the ‘gatekeeper’ for health.

# The Diabetes Environment – could health protection reduce prevalence?

- health promotion has appealed to rational, evidence based debate
- health protection has focused on the safety of food – avoidance of contamination
- less attention to standards of nutrition
- fast food outlets allowed to proliferate to satisfy the market, to penetrate schools, even hospitals
- diabetes environment is becoming the norm.

# The Diabetes Environment

- type II diabetes accounts for nearly 90% of diabetes
- possible genetic factor but is largely caused by:
  - obesity
  - diets high in fat and sugar
  - lack of exercise
  - smoking
- Health promotion has not reduced the problem
- Health protection has focussed on food safety without addressing the wider issue of nutrition.

# Application of Te Pae Mahutonga to Reduce the Impact of Diabetes

| <i>factor</i>        | <b><i>Waiora</i></b><br>Ecological                                    | <b><i>Mauri Ora</i></b><br>Indigeneity                                  | <b><i>Toi Ora</i></b><br>Life-choice                                      | <b><i>Oranga</i></b><br>Societal                              |
|----------------------|---|---|---|---|
| Risk scan            | food outlets<br>adverts.<br>food/drink content                        | Kai Māori<br>Hui menus<br>Reo usage                                     | Family diet<br>Exercise<br>Peer influence                                 | Health care<br>Incomes<br>Housing                             |
| Action Plans         | Advert. Control<br>Food standards<br>Workplace<br>environs            | Info. In te reo<br>Celebrate Kai<br>Māori<br>Hui catering<br>Whanau ed. | Family<br>modelling<br>Peer education<br>Real options<br>Codes for living | Early<br>intervention<br>Standards<br>of living<br>Budgetting |
| Outcome measurements | Ratio of fast food<br>outlets to pop.<br>Food standard<br>regulations | Use of te reo<br>Whanau kawa<br>for health                              | Dietary change<br>Weight loss<br>Kawa - personal<br>wellbeing             | Affordable<br>healthy<br>meals                                |

# Application of Te Pae Mahutonga to Promote the Health of Pakake

| <i>factor</i>        | <b><i>Waiora</i></b><br>Ecological                | <b><i>Mauri Ora</i></b><br>Indigeneity                      | <b><i>Toi Ora</i></b><br>Life-choice                      | <b><i>Oranga</i></b><br>Societal                          |
|----------------------|---|---|---|---|
| Risk scan            | Accommodation<br>Level isolation<br>Bias & Ageism | Access to marae<br>Expectations<br>Whānau                   | information<br>Real choice<br>Exercise<br>social contacts | Services<br>Incomes<br>Housing<br>Disabilites             |
| Action Plans         | Safe accommodation<br>Policies of positive ageing | Info. In te reo<br>Whanau, hapu<br>inclusion<br>Marae roles | Opportunities for full participation<br>Social engagement | Health care<br>Standards of living<br>Disabilioty support |
| Outcome measurements | Housing<br>Social-network<br>Transport            | Use of te reo<br>Whānau contact                             | Mobility<br>Quality of life                               | ILE<br>Mobility<br>Independence                           |

# Application of Te Pae Mahutonga to Promote the Health of Pakake

| <i>factor</i>        | <b><i>Waiora</i></b><br>Ecological | <b><i>Mauri Ora</i></b><br>Indigeneity | <b><i>Toi Ora</i></b><br>Life-choice | <b><i>Oranga</i></b><br>Societal |
|----------------------|------------------------------------|--|--------------------------------------|----------------------------------|
| Risk scan            |                                    |  |                                      |                                  |
| Action Plans         |                                    |  |                                      |                                  |
| Outcome measurements |                                    |  |                                      |                                  |