Māori Health Promotion

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Four Approaches to Māori 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 Māori 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

Programmes for Population Recovery

The end of the 19th century and commencement of the 20th century
MÄORI DEMOGRAPHIC RECOVERY
Māori 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 18TH CENTURY MĀORI LEADERSHIP

Tribal Leadership

Prophetic Leadership

Political Leadership
Tribal Leaders

Te HeuHeu
Tukino

Nireaha
Tamaki

Tawhiao

Rapata
Wahawaha
Prophetic Leaders

Rua Kenana

Te Kooti

Te Whiti
Political Leaders

Hone Heke Ngapua
1893

Wi Parata
1871

James Carroll
1887

Hori Kerei
Taiahoa
1871
New Leadership
Te Aute College
1854 -
Apirana Ngata
Graduation 1894
EARLY MĀORI 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

- 1900: 45,000
- 2000: 526,281
- 2051: 800,000

22% of total population
The Changing Leadership
Ratana and the Four Quarters  1943

Paraire Paikea   Tiaki Omana

Toko Ratana   Wiremu Ratana   Eruera Tirikatene
20th Century Change

Te Puea Herangi

Dr Rina Moore 1949

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

**Modern times**

- Suicide
- Cancer
- Obesity
- Heart disease
- Stroke
- Diabetes
- Alcohol and drugs.

**1901**

- Pneumonia
- Gastro-enteritis
- Infant deaths due to infection
- Accidents
- Malnutrition
- Tuberculosis
- Typhoid
- Diphtheria.
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

The Physical Environment
- water
- air
- land
- roads
- housing
- eating places
- SAFETY

Social Environments
- 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

Heritage

Indigenous networks

Tribal estates

Family

Language & culture
WAIORA: ENVIRONMENTAL PROTECTION
THE ECOLOGICAL FACTOR

Social environments

Urban environments

Land

Waterways

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

Codes for sensible living

Human relationships

Intellect and emotions

Spirituality

Physical health

TOIORA
WHAIORA: PARTICIPATION IN SOCIETY

THE SOCIETAL FACTOR

- Cultural affirmation
- Effective representation
- Justice
- Material circumstances
- Social equity
- Material circumstances
- Cultural affirmation

Whaiora
MANA WHAKAHAERE: AUTONOMY

- Capacity for self governance
- Authority
- Tribal governance
- Workforce capability
- Indigenous communities

MANA WHAKAHAERE
A Navigational Aid

- Mauri Ora
  - Te Ao Māori

- Whaiora
  - Environment
  - 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

<table>
<thead>
<tr>
<th>factor</th>
<th><strong>Waiora</strong></th>
<th><strong>Mauri Ora</strong></th>
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<td><strong>Risk scan</strong></td>
<td>food outlets adverts. food/drink content</td>
<td>Kai Māori Hui menus Reo usage</td>
<td>Family diet Exercise Peer influence</td>
<td>Health care Incomes Housing</td>
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<td><strong>Outcome measurements</strong></td>
<td>Ratio of fast food outlets to pop. Food standard regulations</td>
<td>Use of te reo Whanau kawa for health</td>
<td>Dietary change Weight loss Kawa - personal wellbeing</td>
<td>Affordable healthy meals</td>
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## Application of Te Pae Mahutonga to Promote the Health of Pakake

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<td>Services</td>
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<td>Level isolation</td>
<td>Expectations</td>
<td>Real choice</td>
<td>Incomes</td>
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<td>Bias &amp; Ageism</td>
<td>Whānau</td>
<td>Exercise social contacts</td>
<td>Housing</td>
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<td>Action Plans</td>
<td>Safe accommodation</td>
<td>Info. In te reo Whanau, hapu inclusion</td>
<td>Opportunities for full participation Social engagement</td>
<td>Health care Standards of living</td>
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<td>Disabilioty support</td>
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<td>Quality of life</td>
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**Waiora**
- Ecological

**Mauri Ora**
- Indigeneity

**Toi Ora**
- Life-choice

**Oranga**
- Societal

- Services
- Incomes
- Housing
- Disabilioty

- Health care
- Standards of living
- Disabilioty support

- Mobility
- Independence
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