

# The sampling strategies are identified sociology essay



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Tikanga refers to the way of doing correct and right things. The traditional and customs that have been handed down through the passages of time. It refers to how researchers enter the research community, negotiate their study and methodology, conduct themselves as a researcher and as an individual, and engage with the people requires a wide range of cultural skills and sensitivities. Researchers have to be respectful and culturally appropriate when engaging with indigenous communities.

Kawa refers to values, beliefs and protocols such as working with Maori health providers. Maori committees who have iwi and Hapu reps. This group can support the research through: Tika, checking the research design; Manaakitanga, advising about cultural and social matters; Mann, ensuring justice and equity for Maori and support with participants . It involves collective participation by members of a community within an important event

Quota A quota sample is conveniently selected according to pre-specified characteristics specific to the research topic. Characteristics may be according to age, gender, profession, diagnosis, ethnicity and so forth. For instance, a quota sample may be selected according to the comment as 30 Maori females and 20 Maori males diabetes whose age is from 35 to 55 in a group

## **OUTCOME 2**

### **2. 1 Sampling strategies are implemented in accordance with kaupapa Maori**

#### **Quota sampling**

Quota sampling is a method for selecting survey participants. In quota sampling, a population is first segmented into mutually exclusive sub-group. Then decision is used to select the subjects from each segment based on a specified proportion. For example, an interviewer may be told to sample 50 females Maori diabetes and 30 males Maori diabetes between the age of 45 and 60. This means that individuals can put a demand on who they want to sample.

In quota sampling, the selection of the sample is non-random sample and can be unreliable. For example, interviewers might be tempted to interview those people in one hospital where looks the most helpful, or may choose to use accidental sampling to question those closest to them, for time-keeping sake. The problem is that these samples may be biased because not everyone gets a chance of selection.

#### **Random sample**

A random sample is a subset of individuals that are randomly selected from a population. Because researchers usually cannot obtain data from every single person in a group, a smaller portion is randomly selected to represent the entire group as a whole. The goal is to obtain a sample that is representative of the larger population. Subjects in the population are sampled by a random process, using either a random number generator or a

random number table, so that each person remaining in the population has the same probability of being selected for the sample.

## **Stratified random sampling**

A stratified sample is a sampling technique in which the researcher divided the entire target population into different subgroups, or strata, and then randomly selects the final subjects proportionally from the different strata. This type of sampling is used when the researcher wants to highlight specific subgroups within the population. For example, to obtain a stratified sample of diabetes of Maori, the researcher would first organise the population by age group and then select appropriate numbers of 20 to 30, 30 to 40, 40 to 50 and 50 to 60. This ensures that the researcher has adequate amounts of subjects from each age gap in the final sample.

## **2. 2 Sampling strategies are implemented in accordance with local iwi or hapu requirements.**

1. The researcher should try to develop a cooperative working relationship with local iwi and Hapu, for example, take some food or financial reward to share with people who participates in the research and whanau.
2. Maori culture should be respected by researcher during the period of research. Researcher should use the material carefully which is from the participants. Make sure using them correctly and appropriately.
3. After all the researches are finished, the researcher should inform the participants and whanau what has been chosen and written in the report and ask the permitting for using those information in the report.

## **OUTCOME 3**

### **3. 1 The impact of colonization on hauora at regional and national levels is analysed in accordance with culture customs.**

Colonisation has had a huge impact on Maori health. Social factors like poverty, inferior housing, severe overcrowding, poor standards of domestic and community hygiene, racial discrimination, educational disadvantages, high unemployment rates and heavy dependence on social welfare along with limited access to affordable and nutritious food and poor understanding of health and nutrition all increase the risk of chronic disease in indigenous people.

#### Maori

Regional : He tangata I kakahuria ke te rimu noana e kore e ora ki te noho tuawhenua; which means literally: a person covered with seaweed will not survive dwelling inland. It gives a sense that for a person accustomed to living by the seaside and feasting on kaimoana/seafood, they will have difficulty in adjusting to living inland in an entirely different environment. When Europeans came to these lands, things changed, and today we see that Maoris have become reliant on fast foods, and high-risk behaviours like poor nutrition, alcohol abuse, cigarette smoking and a sedentary lifestyle. Westernised lifestyles also dictated regular meal times which Maori did not/do not often adhere to.

National : Pushed by the European to low lying villages, Maori left behind them fern roots, kākara, fish, birds and berries, and they progressed to

foods like flour, sugar, tea, salted pork, potatoes, along with smoking, alcohol and drug misuse, less exercise, over-eating, and long-term unemployment. While infectious diseases declined and population decline slowed, urbanization brought about other health risks with this change in lifestyle and genetic influences. Most Maori who live in deprived areas and have low income are more prone to less healthy. There is a strong link between diabetes and low income (low socio-economic), poor quality of life, social deprivation and also limited access to health care services.

#### OTHER INDIGENOUS : THE NATIVE AMERICAN INDIANS

Regional : Years ago, Native Americans did not have diabetes. Elders can recall times when people hunted and gathered food for simple meals. People walked a lot. Now, in some Native communities, one in two adults has diabetes. A hunting-gathering lifestyle does not favour excess food consumption. The majority of time is spent in subsistence with intermittent feasts, and occasional famines. During times of food abundance, the ability to “ save” excess energy for famine (i. e., be thrifty) would confer a selective advantage, and the genes would spread throughout the population.

Currently, most indigenous peoples live sedentary, westernized lifestyles. Food is plentiful, and little physical work is required. However, the thrifty genes are still in action. They promote too much insulin, obesity, and type 2 diabetes. The formerly adaptive thrifty gene is a maladaptive remnant of a hunting-gathering lifestyle.

National : Native Americans and Diabetes since the arrival of Columbus in 1492, American Indians have been in a continuous struggle with diseases. It

may not be small pox anymore, but illnesses are still haunting the native population. According to statistics, Native Americans have much higher rates of disease than the overall population. This includes a higher death rate from alcoholism, tuberculosis, and diabetes than any other racial or ethnic group. Recent studies by Indian health experts show that diabetes among Indian youth ages 15-19 has increased 54% since 1996 and 40% of Indian children are overweight. Even though diabetes rates vary considerably among the Native American population, deaths caused from diabetes are 230 percent greater than the United States population as a whole. Diabetes is an increasing crisis among the Native American population.

### **3. 2 The impact of colonization on the cultural base and the effects these have on health are analysed in accordance with cultural customs.**

Maori

Customs and language : During and after colonization Maori customs and language were majority assimilation by westernized. Because of assimilation policy the young Maori generations were separated from Kaumatau, whanau, hapu and iwi. The elderly knowledge, customs and language were reduced the roles in community. Language is a fundamental part of identity. In the decades following the signing of the Treaty, the number of native speakers reduced to the point where the language was dying out. Government has in the last 20 years supported indigenous efforts to revive te reo through kohanga reo (preschool language nests) and kura kaupapa (schools). Many Maori use English for daily living but doctors may meet older Maori who prefer to speak te reo, and younger Maori who assert their rights to converse

in their own language. The doctor should have knowledge of available translation services in their region and should learn how to pronounce Maori words correctly. This can be a powerful means of engaging with Maori patients and enhance the chance of establishing a strong therapeutic relationship. The lack of knowledge about Maori customs and language effect on providing health services in successful outcomes and a strong cultural belief that worry can worsen symptoms, led them to avoid lengthy discussion of complications. So the kaupapa research and Tikanga Best Practice were launched to be guidelines for health care providers in primary and secondary. Tapu and noa, deep concepts which have often been misinterpreted, are seen as underpinnings of a system of “ public health” in which spiritual and social health are linked with elements of physical health. Maori are dying younger than PÄkheha, because they are poorer, colder, sicker and more socially disadvantaged, are less likely to get help, so Maori health strategy, Whanau Ora strategy, DHB are the policies which government focus on improving the physical wellbeing as well as psychological perspectives. New Zealand Public Health and Disability Act 2000 recognises the Treaty of Waitangi, by requiring District Health Boards to improve the health outcomes of Maori.

Lifestyle : Maori lifestyles change in according with the urbanization and civilization. They go too far from old traditional and get used to have the westerned lifestyles. Such as, enjoyment with fast food, the seniority system was seen as less valuable, tend to less contact with whanau. When the gap between kaumatau and young Maori is wider, it leads the loss of their identity, their spiritual and psychological health.



## OTHER INDIGENOUS : THE NATIVE AMERICAN INDIANS

Reduced physical activity associated with urbanization increases the risk of type 2 diabetes. Changes in activity (i. e., a decrease in caloric output) can be attributed to changes in occupation and transportation. Urbanization moves people into cities where occupations tend to involve less physical activity. And as these occupations tend to pay more than agriculture, more money is available for luxury goods, such as vehicles. These further decreases the amount of time devoted to energy expenditure. Thus a repeating cycle of more money leading to more food and less physical activity, leading to more time to make money creates a lifestyle where obesity and diabetes develop.

Changes in the environment as a result of colonization and westernization have been dramatic when compared with traditional indigenous life ways. Westernized societies have dietary intakes vastly different from those practiced traditionally by indigenous peoples. The largest changes are found in the increase in animal fats and carbohydrates, especially secondary to processed foods.

Economic globalization has lead to widespread patterns of processed food consumption and lifestyle. This is evident in the number of McDonalds restaurants worldwide. “ Fast food” is synonymous with westernization. However, these foods have little nutritional value when compared to traditional dietary staples, and they have contributed greatly to the rise in non-communicable diseases, such as type 2 diabetes.

Indigenous peoples are aware of how colonialism has affected them at a level as fundamental as nutrition. Unfortunately, there are few alternatives at present. The wide-scale socioeconomic changes associated with westernization have impacted traditional foods and physical activities in a way that is not easily fixed. Issues of land rights, equity, and self-government are intricately entwined with current health problems. The inability to access lands, and therefore traditional foods and activities, prevents indigenous peoples from incorporating traditional life ways into current practice. All of these problems associated with colonialism are exacerbated by the processes of modernization and urbanization.

When the North American settlers took over land traditionally belonging to the Native Americans, this meant the Indians were dispossessed of their own lands. For a culture that was linked inextricably to the land, it was a real tragedy to be separated from their spiritual roots. This sort of action led to a real loss of culture, spiritually and socially.

In many cases the Native Americans were herded onto reserves, rather than permitted to freely hunt and wander around their traditional homelands. This loss of freedom and loss of land is a legacy still felt keenly by the people today and lead the increasing number of mental health people. In some cases, they were forced to take on white man's religion as well, although they did have some choice.

Missions were introduced, and Natives were aggressively encouraged to convert to Christianity. Most of the groups had had some form of ancestral worship, and this enforced change in religion altered their culture identity.

Life in the Americas changed drastically and dramatically with the coming of the Europeans. The worst thing that happened to the natives was the influx of deadly diseases for which they had no immunity. The natives died by the thousands, inundating whole tribes! The second major occurrence was the Europeans killing off the game and chopping down the forests. Then, the foreigners proceeded to kill the natives and drive them from their ancestral homelands. The Spaniards even sought to rid the natives of their customs and languages, requiring them to adopt the Roman Catholic religion. They stole their riches, desecrated their buildings, and reduced once powerful nations to slaves and servants.

### **3. 3 Contemporary issues affecting hauora as a result of the colonization process are analysed in accordance with cultural customs.**

Maori

The manner in which the land was lost was often questionable, and led to considerable protest from Maori. These protests largely fell on deaf ears until the establishment of the Waitangi Tribunal in 1975.

Establishment of the Maori Party : The foreshore and seabed controversy, a debate about whether Maori have legitimate claim to ownership of part or all of New Zealand's foreshore and seabed, became the catalyst for setting up the Maori Party.

The Maori Party believes:

- Maori owned the foreshore and seabed before British colonisation;

- The Treaty of Waitangi made no specific mention of foreshore or seabed;
- No-one has subsequently purchased or otherwise acquired the foreshore or the seabed; and
- Maori should therefore still own the seabed and the foreshore today.

Legislation : The New Zealand Public Health and Disability Act (2000) is one of result in order to recognise and respect the principles of the Treaty of Waitangi, and with a view to improving health outcomes for Maori to District Health Boards [http://www.legislation.govt.](http://www.legislation.govt.nz/act/public/2000/0091/latest/link.aspx?id=DLM80801)

[nz/act/public/2000/0091/latest/link.aspx?id= DLM80801 - DLM80801](http://www.legislation.govt.nz/act/public/2000/0091/latest/link.aspx?id=DLM80801) provide for mechanisms to enable Maori to contribute to decision-making on, and to participate in the delivery of, health and disability services.

Access and participation : The Whanau Ora Tool is a practical guide to developing health programmes where whanau, hapu, iwi and Maori communities play a leading role in achieving whanau ora. It places Maori at the centre of programme planning, implementation and evaluation. Its aim is for Maori families to be supported to achieve fullness of health and wellbeing, as defined by them, within te ao Maori and New Zealand society as a whole. The key priority is to ensure that community health services are available, accessible and appropriate for Maori; and are of high quality. With many health programmes for Maori, it shows that government recognizes the culture and visible of Maori in society, that result to Maori easily access and participate to health services. The achievement rates across developmental activities are higher than before.

## OTHER INDIGENOUS : THE NATIVE AMERICAN INDIANS

Access and participation : Health Resources and Services Administration (HRSA) improves access to health care services for all people in the U. S. who are uninsured, isolated, or medically vulnerable and supports health care providers in every state and U. S. territory.

HRSA is working with partner Federal agencies and Tribal communities in order to increase access to health professionals, health centers, and affordable health care in hopes of decreasing Tribal health disparities.

Health Resources and Services Administration provides opportunities for collaboration with Indian Health Service (IHS) facilities and Tribal organizations to improve access to care for American Indians and Alaska Natives. The two agencies are natural partners in providing comprehensive, culturally acceptable, accessible, affordable health care to improve the lives of Tribal populations.

Establishment of movement and organization : Most Native American clans have developed court structures to arbitrate issues related to native rules.

AIM-the American Indian Movement-began in Minneapolis, Minnesota, in the summer of 1968. It began taking form when 200 people from the Indian community turned out for a meeting called by a group of Native American community activists led by George Mitchell, Dennis Banks, and Clyde Bellecourt. Frustrated by discrimination and decades of federal Indian policy, they came together to discuss the critical issues restraining them and to take

control over their own destiny. Out of that ferment and determination, the American Indian Movement was born.

AIM's leaders spoke out against high unemployment, slum housing, and racist treatment, fought for treaty rights and the reclamation of tribal land, and advocated on behalf of urban Indians whose situation bred illness and poverty. They opened the K-12 Heart of the Earth Survival School in 1971, and in 1972, mounted the Trail of Broken Treaties march on Washington, D. C., where they took over the Bureau of Indian Affairs (BIA), in protest of its policies, and with demands for their reform.

The American Indian Movement (AIM), which initially created a patrol to monitor police actions and document charges of police brutality. Eventually, it promoted programs for alcohol rehabilitation and school reform. By 1972, AIM was nationally known not for its neighborhood-based reforms but for its aggressive confrontations with the BIA and law enforcement agencies.

Indigenous position in general national society : The Native American Indians position in American society is not far different from the early of colonized. Their position is still in the bottom of society even government recognize them and provide many services to support and encourage them to the better lives. But in society, the racism in skin colour still remains.

Legislation : In the contemporary relationship between the federal government and federally chartered tribes, as it has reached the present through a number of historical stages, the United States Congress with its powers to ratify treaties and regulate commerce is the trustee of the special

Indian status. The trusteeship involves protection of Indian property;  
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protection of Indian right to self-government; and the provision of services necessary for survival and advancement. In the commission of its trusteeship, Congress has placed the major responsibility for Indian matters in the Department of Interior and its subdivision the Bureau of Indian Affairs. In addition to the central office in Washington D. C., the BIA maintains regional offices in 12 states, mostly in the West, with agencies on particular reservations as well. Many Native Americans have positions in the BIA, but relatively few are at the highest positions.

The Indian Health Care Improvement Act : Declared elevating the health status of the American and Alaska Native people to a level at parity with the general U. S. population to be national policy. The Indian Health Care Improvement Act (IHClA), the cornerstone legal authority for the provision of health care to American Indians and Alaska Natives, was made permanent when President Obama signed the bill on March 23, as part of the Patient Protection and Affordable Care Act. The authorization of appropriations for the IHClA had expired in 2000, and while various versions of the bill were considered by Congress since then, the act now has no expiration date.

## **OUTCOME 4**

### **4. 1 Conclusions about the impact of colonization on the hauora of the indegenous people are drawn and substantiated in accordance with the analysis**

#### **INDIGENOUS MAORI**

EDUCATION - Before the coming of Europeans to New Zealand, the education of Maori children was shared by home and community. From their

grandparents and parents they learnt the language and standards of behaviour. In the community they developed skill in fishing, hunting, gardening, house-building, cooking, mat-making, and basketry. The more difficult arts of wood-carving and tattooing were taught by experts while instruction in tribal law was given to the sons of chiefs and priests in a building known as the “whare-wananga”. The arrival of the European brought far-reaching changes in Maori social life. To meet the demands of the new culture, radical changes in the system of education became necessary. First to accept the challenge were the missionaries who set up schools with the object of converting the natives as quickly as possible to Christianity. The first school commenced under Thomas Kendall at Rangihoua in 1816. The Wesleyans followed in 1822, and the Roman Catholics in 1838. Mission schools rapidly increased in number and their influence spread to the most remote areas. While the instruction was mainly of a religious nature, the Maori language was taught through translations of the Bible and Catechism. There was practical needlework for the girls, also carpentry and field work for the boys.

**URBAN MIGRATION** – Following the Second World War, many Māori elected to move from their tribal and rural communities to find work in the bigger centres. While some Māori attempted to bring traditional institutions into the cities – by establishing urban marae for example, urbanisation brought major change to the Māori world. Older tribal structures lost influence, and urban-based Māori became educated in western institutions. Āpirana Ngata died in 1950, and a new breed of leaders emerged in the context of the rapidly urbanised Māori communities.



EMPLOYMENT – In Tai Tokerau (Northland) high Maori unemployment, redundancies, high tribal cultural identity wonderful beaches, and forests, have set the scene for the development of indigenous sustainable economic development and tourism industry. The town of Morewa, which relied on the Freezing works for employment came to a halt during the free market reforms made almost the whole town unemployed. Recent work by the Community Employment Group with local iwi, and local authorities have turned around the town to form other forms of development. The town now thrives on tourism, fashion, and arts, agriculture from a Maori perspective through the delivery of Marae Stays, Cafes, Maori Art, Maori Fashion, and use of Maori land for agricultural purposes. Not only in one region but colonization affected whole of New Zealand in terms of employed in both positive in negative way. One good thing was that many Maori got educated and secured themselves employment, while some were left uneducated and unemployed.

HOUSING – Following the Second World War, many Māori elected to move from their tribal and rural communities to find work in the bigger centres. While some Māori attempted to bring traditional institutions into the cities – by establishing urban marae. Many Maori were facing housing difficulties due to land loss, poor education and unemployment.

#### OTHER INDIGENOUS : THE NATIVE AMERICAN INDIANS

Education: Euro-Americans began to use education as a means to refine young American Indian children; to “ kill the Indian and save the child” (Barker, 1997). Supported by the government, religious-based boarding

schools were established in which Indian children were seized from their homes and forced to attend, typically starting at the age of four or five. They were prohibited from speaking their native language and were forced to abstain from practicing their cultural traditions, and were not released back to their families for about eight years. It is upon the return of American Indian youth back into their tribal communities where we begin to see the powerful negative impacts that forced assimilation have on the indigenous populations. With the youth's homecoming, many of these children faced a cultural identity crisis, realizing they were no longer entirely "Indian," but they were also not "white" either. The confusion between two separate cultures and oneself adds even more stress onto the already complex process of one's identity development.

Urban Migration : The U. S. government began actively moving American Indians to cities in 1952 as part of the Bureau of Indian Affairs Voluntary Relocation Program. The program resulted in 150, 000-200, 000 American Indians leaving reservations for cities such as Chicago, Los Angeles and Denver before it ended in the late 1970s. Today 67 percent of American Indians live in urban areas. Of particular significance is whether urbanization constitutes assimilation and the loss of something authentically Indian. In the dominant narrative, urbanization " has become linked to cultural destruction and individuals' disconnection from their tribal foundations." many American Indians say they feel " invisible" in the multicultural urban environment.

From the 1950s through 1984, the Bureau of Indian Affairs had a program to assist Indians who wished to relocate from rural and/or reservation areas to such metropolitan sites as Chicago, Cleveland, Dallas, Denver, Los Angeles,

and Oakland, where jobs were presumably available. Urban Indians are more likely to be in the labor force than rural Indians. The most recent figures show that only 25 percent of the Indian population live on reservations, while 54 percent live in urban areas.

**Unemployment :** While white workers saw unemployment soar over the past year, American Indian workers suffered recession-level rates of unemployment long before the recession began. Like black and Hispanic workers, American Indian workers experience persistently high rates of unemployment in good times and bad. Other data suggest the jobs crisis for American Indians may be even worse than the unemployment numbers reflect. In order to be counted as unemployed, a person needs to be actively looking for work. People who have suffered long periods of unemployment often become discouraged and stop looking. Even before the recession started, the employment-to-population ratios of American Indians were lower than those of whites by region. These gaps were very large in Alaska, the Northern Plains, and the Southwest. These three regions are also the regions of the country where the ratio of the Native-to-non-Native population is among the highest (U. S Census Bureau 2007). These facts suggest that the problem of low employment rates among American Indians may be at least partially due to conflicts between the two groups. The Great Recession is hurting all groups, but for American Indians, in some areas, it is worsening pre-existing economic disparities.

**Housing :** Native American Indian tribes are currently plagued by severe housing problems. Nearly forty percent of all tribal homes are overcrowded and face severe structural deficiencies. With sixty-nine percent of tribal

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homes in overcrowded conditions that often include 18-25 people forced to jam into one and two bedroom homes overcrowding is a vital social issue. These overcrowded conditions and structural inadequacies cause many problems. These structures pose immediate risks to their occupants from structural collapse, improper ventilation, ineffective insulation, health issues, the stress of crowded living conditions, and many other causes. In addition, sixteen percent of Native American households in tribal areas also go without adequate plumbing or lack plumbing altogether. Inadequate plumbing, or the total lack of plumbing, often cause unsanitary conditions that can result in the easier spread of disease, use of unsafe drinking water, and general hardship on these families. Presently, on tribal lands more than 30, 000 people are on a waiting list for rental housing. The National American Indian Housing Committee (NAIHC) estimates that 200, 000 housing units are needed immediately on Indian lands in order to provide adequate housing. This enormous shortfall in housing is a critical concern for tribal leaders and citizens alike.

#### **4. 2 Conclusions about the social status of the indigenous people resulting from colonization, and its related impacts on hauora, are drawn and substantiated in accordance with the analysis.**

##### INDEGENOUS MAORI

The health circumstances of indigenous peoples vary according to the unique historical, political, and social characteristics of their particular environments, as well as their interactions with the non indigenous population of the countries in which they reside. An example is the Maoris,

the indigenous people of New Zealand. We focused on the health realities of this group, in particular the effects on Maori health of health care services designed according to the values and social processes of non-Maoris.

Significant differences in life expectancy exist between Maoris and non-Maoris in New Zealand, but the role of health care in creating or maintaining these differences has been recognized and researched only recently. An analysis of Maori health in the context of New Zealand's colonial history may suggest possible explanations for inequalities in health between Maoris and non-Maoris, highlighting the role of access to health care.

Two potential approaches to improving access to and quality of health care for Maoris are:

- development of a system of Maori health care provider services.
- initiation of cultural safety education.

#### OTHER INDIGENOUS : THE NATIVE AMERICAN INDIANS

It is important to recognize that terms such as “ Native American” and “ American Indian” are linguistic devices designed to denote contemporary descendents of a wide variety of tribal nations. Over 550 American Indian tribes are currently recognized by the federal government. In addition, many other tribes are recognized only by state governments, and still others are working to obtain official governmental recognition. Each tribe, whether recognized or not, is informed by a culturally unique worldview. Although Native