

# Health disparities in new zealand: a literature review



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Nateeh R. Cueva

## Introduction

Health is an integral part in the context of human existence. Each individual's views regarding health and practices concerning healthcare vary depending on one's historical, political and economic status, including the level of education, gender and personal experiences.[1]Hence, it is imperative to consider these aforementioned factors affecting health in the healthcare system.

The principal objective of this paper is to review the specific historical, cultural, social, educational and economic backgrounds of the Maori people and each corresponding effects to healthcare approach. This paper also aims to investigate the imparity of the Maori and non-Maori health status. As several studies prove health disparities, this paper examines the actions taken to achieve equilibrium in healthcare service delivery among Maori and non-Maori people.

## Maori History and the Treaty of Waitangi

New Zealand's first east Polynesian settlers discovered the country during the 13<sup>th</sup> century, approximately 500 years before Europeans became aware of its existence.[2]The tribe is now known as Maori, meaning ' original', to characterize their distinction after the Europeans' arrival. Due to lawlessness and the British government's goal to protect trading interests, the Treaty of Waitangi was created and signed by several Maori chiefs and British Crown representatives.[3]

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The Treaty was translated into English and Maori versions containing three articles with substantial interpretation differences.[4]As explained by St. George (2013), the first article in the English version refers to sovereignty. It indicates transfer of power to the British Crown. However, Maori version conveys share of power. Maori used the term “ kawanatanga”, which means setting up of British government without implicating transfer of authority. The second article chiefly safeguards property of rights, concerning “ tino rangatiratanga” or chieftainship. Maori people are granted control and rights over their lands, woodlands, waters, fisheries and other properties in the English version. In contrast, Maori version denotes more extensive rights for Maori, including proprietary and reassurance of cultural and social items like language and villages. The third article warrants the Maori people equal rights as the British subjects.

Regardless of the differences, the two versions of the Treaty are legitimate as they were both signed (St. George, 2013). Although protecting Maori health is part of the objectives of the Treaty, the population decline in the 1800's proved past neglect on its principles. Basing on the data presented by Wishart (2012), Maori population went as low as 43, 927 in 1886 while non-Maori migration constantly increased. The land wars between Maori and Pakeha (non-Maori) as well as the diseases introduced by the increasing migration had also caused devastating effects to Maori population (Durie, as cited in Kingi, 2007).

After a major Maori protest, the Waitangi Tribunal was established in 1975 to investigate Crown breaches to the Treaty of Waitangi.[5]Its goal is to

consider the principles of the Treaty upon making decisions rather than the <https://assignbuster.com/health-disparities-in-new-zealand-a-literature-review/>

mere conflicting interpretations of both English and Maori versions. This had led to compensation grants, return of lands and financial recompense to tribal authorities for economic development. Subsequently, the Maori population dramatically recovered to over half a million during the 20<sup>th</sup> century (St. George, 2013).

St. George further elaborated that the Treaty has three key principles relating to Maori health: partnership, participation and protection.

Partnership basically means working with Maori communities in developing strategic health care practices for the community. Participation is the act of involving the Maori people upon planning and during healthcare services delivery. Protection is ensuring equality on Maori and non-Maori health status while considering Maori cultural concepts, values, and practices.

### Culture and Impact on Health

Culturally-based beliefs, values and attitude relating to health influence engagement to health-promoting activities and access to health services. As non-Maori population continuously surged, healthcare services became highly Pakeha-dominated.[6]This led Maori on becoming suspicious about health services rendered by hospitals because of cultural reasons.

The Maori cultural health perspective is holistic. It comprises four cornerstones of health: wairua (spiritual), hinengaro (psychological), tinana (physical) and whānau (extended family).[7]Maori's concepts of tapu (sacred, restricted) and noa (free from tapu or unrestricted), the basis of law and order during pre-European time, interrelate with today's Maori health

environment. In terms of daily activities, this entails that food (noa) should be placed separately from bodily functions like faeces (tapu). Practices and healthcare services that do not mirror these cultural concepts receive lesser support and often distress the Maori community.

As Maori slowly embrace Pakeha-predominated health services, traditional Maori health practices largely remained (Lange, 2012). These health practices, though helpful in some cases, oftentimes risk patient safety and jeopardize medical treatment when opposed or delayed in consideration to cultural beliefs.

### Maori Socioeconomic Status and Health

Socioeconomic status, basing on aspects such as income, education and occupation, is a fundamental element of health. Studies prove that favourable living condition is closely relevant to better health quality.

[8]Health disparity can be brought about by material poverty, poor nutrition, mediocre housing standards and stress resulting from low social and economic status. Health services fees further hinder medical treatment access.

Statistics New Zealand (as cited in Marie, Fergusson & Boden, 2010) supports well documented studies proving that Maori are at greater socioeconomic disadvantage than any New Zealanders by ethnicity. This socioeconomic deprivation likely predisposes Maori to poor health conditions and limit healthcare access.

### Health Disparity and Inequality

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Regardless of the efforts to apply the Principles of the Treaty to health development, health inequality and disproportion among Maori and non-Maori is still evident. Studies prove that Maori are underprivileged in terms of health among any New Zealand ethnic groups, showing higher morbidity and mortality rates.[9]Blakely, Fawcett, Atkinson, Tobias and Cheung (as cited in St. George, 2013) stated that Maori infants have lower birth weight and die more frequently from sudden infant death syndrome (SIDS) than non-Maori. Brown (as cited in St. George, 2013) also added that Maori die eight to ten years earlier, on average, with avoidable death rates twice as much compared to non-Maori. New Zealand's cancer death rate is greater than Australia, consisting of two thirds male Maori and one quarter Maori female deaths (Skegg and McCredie, as cited in St. George, 2013). Obesity in Maori community is also of greater proportion, contributing to higher rates of diabetes (Ministry of Health, as cited in St. George, 2013).

These data show that Maori are more susceptible to illnesses and their lesser access to health services is detrimental. According to Durie (as cited in St. George, 2013), the suboptimal Maori health status pose negative effects on the community's outlook of the healthcare system as a whole. This may lead to stereotyping healthcare system basing on their less suitable health situations and experiences. Studies further claimed Maori being treated differently in the healthcare setting. As per findings of the 2001–02 National Primary Medical Care Survey (as cited in St. George, 2013), doctors spent only 2 minutes out of 12 minute consultation time or 17% less time on caring for Maori than non-Maori patients. Racism also affects Maori health status (Harris, as cited in St. George, 2013), suggesting that the greater the

number of racial discrimination experiences, Maori self perceived health status becomes lesser.

### Maori Health Development and Addressing Inequalities

During the 20<sup>th</sup> century, eliminating inequalities became a considerable section of government health policy and statutory obligation of district health boards (Pollock, 2012). Social welfare policies and intersectoral activities promoting health equality such as retrofitting and housing insulation were implemented. The New Zealand Public Health and Disability Act 2000 absolves the Treaty of Waitangi and Maori health (Blakely & Simmers, 2011). Health programmes and healthcare service delivery focus on Maori and low socioeconomic people. Constant monitoring on health inequalities and research conduction allowed better understanding of health disparities and progress tracking.

The increasing awareness on health inequalities concerning Maori people paved way to more improved funding on health services addressing deprivation and ethnicity. As a result, immunization rates soared, smoking cessation rates increased and improved Type 2 diabetes and cardiovascular risk management.[10]The policies relevant to health equity strongly develop Maori health status and healthcare service access.

### Conclusion

Health is indeed affected by several determining factors that can enhance or diminish quality of life. Historical, political, cultural, educational and

socioeconomic backgrounds are crucial aspects to consider in delivering effective health services that support health equality.

Looking into the health disparities affecting Maori people, it is unacceptable in the context of medical practice to provide partial health services basing on individual's ethnicity, cultural beliefs, values and economic status. While it is a fact that traditional practices can hinder medical treatment and healthcare goal achievement, better ways and policies should be implemented to meet the greater Maori health needs.

The Maori culture, being the first settlers in New Zealand, has become an indispensable component of the country's society. For Maori to live longer, achieve healthier lives and contribute to the society at their utmost potential, the root causes of inequalities ought to be rightfully addressed. In the same manner, may the past mistakes and neglect be a grounding lesson to further strengthen the efforts to eliminate health disparities. May impartial health services prevail and be maintained for Maori, non-Maori and other ethnicity of different backgrounds alike.

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Glossary

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Hinengaro - the mental health

Kawanatanga - governorship

PÄ)kehÄ) - non-Moari, usually of British ethnic origin

Tinana - the physical health

Tino rangatiratanga - absolute sovereignty

Wairua - the spiritual health

Whänau - extended family

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