

Smoking, diabetes and alcohol in the maori culture



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Task 1

Introduction

The region that I have chosen to study is Auckland Region and my research of Hauora Maori trends and contemporary issue are smoking, diabetes and alcohol which extract from housing, education, employment, lifestyle and health statistics.

Te Whare Tapa Wha is a traditional approach to Hauora base on Whanau, Tinana, Wairua and Hinengaro to understand Maori health with a strong foundation of Maori well-being.

The areas that I have written about are Literature Review for collating, analyzing and presenting in finding on this research.

Maori patients receiving a lower standard care than non-Maori from primary and secondary health care providers. It was some non-consistent results relationships between suppliers and patients.

Explain the research methodology

1. Smoking: the researcher used qualitative research with 60 pregnant Maori women in the women's 17-43 ages. The questionnaire was used to guide the interview. Responses were categorized using Te Whare Tapa Wha (the four-sided house), an indigenous theoretical framework.
2. Diabetes: the researcher used quantitative and statistical analysis to compare different ethnic group of health and care status that attending general practices with diabetes.

3. Obesity: the researcher used statistical analysis which collected data from children in 60 countries, suggested that childhood obesity in New Zealand is increasing at one of the greatest rate in the world (Wang & Lobstein 2006). Similar results can be seen among adult in New Zealand which indicated that 26.5 percent of adult were obese (Ministry of Health, 2008).

Describe the research methodology

Literature Review

Obstract

Smoking, diabetes and obesity are still the most prevalent for Maori than any other ethnic group in New Zealand. Maori women are particularly high smoking rates. In 1996, the proportion of Maori women who smoked who smoked one or more cigarettes per day was more than twice than non-Maori women. Thirty-nine percent of Maori women smoke during pregnancy. On the other hand, diabetes is also the high risk health issue among Maori in New Zealand. In addition, obesity among children and adult Maori is also high compare to non-Maori.

1. Smoking(Why Maori women continue to smoke while pregnant?)

Smoking is the biggest killer of Maori. Not only did the tobacco smoking accounts in 1989-1993, one-third of Maori deaths from smoking-related diseases plaguing the concept of Maori. It was nearly 60 per cent of Maori that smoked in 1976 and dropped to 50 per cent in 1991 but it hasn't changed much since then. New Zealand health promotion and promotion

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education tried to reduce Maori smoking but it was not success in the last fifteen years. Unchanged Maori smoking prevalence showed low activity between either quit or quit Maori success rate. By the 1976, Maori women between aged of 20 to 24 had the highest smoking rate at 69 per cent and it was increased to 70 per cent in 1981. Up to two-thirds of pregnant Maori women smoke. Sudden infant death syndrome, asthma, glue ear, lung infection rate, rheumatic fever is common among Maori children.

Education: There are poor understanding of the risks associated with smoking during pregnancy.

Life Style: They lived in the smoky environment or with a partner who smoked. Some they used smoking as a method to release their stress.

2. Diabetes(between Maori and non-Maori)

Diabetes is the leading cause of blindness, kidney failure and lower extremity amputation. It is also major risk factor for nerve damage, stroke, heart attack, heart failure and early death. The Ministry of Health estimates that 210 million people will be affected by diabetes through 2012. Certain ethnic groups (especially Maori, Pacific Islanders and South Asia), since 1996 in diabetes and high-risk data suggested that the incidence of diabetes in Maori and Pacific peoples are more than three times higher interest rates than in Europe, and the Maori and Pacific peoples are more than five times the likelihood of diabetes 2 is dead.

Lifestyle: Most of people are lack of exercise and had unhealthy diet plan option with including of high fat food that can cause them to become overweight and it can also cause other health condition.

3. Obesity(Among children and adult Maori)

Obesity is one of the major health issues in New Zealand in recent year which affected in every age and ethic group. While population studies have shed much light on obesity and its growing prevalence, it is important to interpret finding with caution, especially in regard to Maori health. In the 2008 report shown that adult Maori had the highest rate of obesity than non-Maori. 41. 7 per cent of adult Maori were obese compare to 24. 3 percent in European (Ministry of Health, 2008). Thus, considering the importance of overall wellbeing to Maori, as expressed by contemporary Maori health models, both the prevention and reduction of obesity among Maori would go a long way to achieving Maori health aspirations and advancing Maori lifestyles.

Employment: Maori do not have much chance to find a job because they have a low degree or qualification because they left school early. Statistics show that Maori have the highest rate of unemployment in New Zealand.

Lifestyle: Because of unemployment, they do not have enough money to buy or provide nutrition food for themselves or their children and also nowadays, there are a lot of fast food shops everywhere and it is cheap so it is easy for them to buy without cooking.

Task 2

The Research Finding

1. Smoking

One of the most disadvantaged groups in New Zealand society is Maori women as they have the highest prevalence of smoking. The investigation has been shown that Maori women smoke at the age of 15-24 years old up to nearly 61%; aged 25-29 years in 39%, while 57% of 30-39-year-old. In 2007, the first registration of midwives, 19% of pregnant women were smoking in New Zealand and it declined slightly to 15%, when discharged from nursing midwives still smoking. Maori women are much higher prevalence with smoking at the first registration with midwife at 43% and there is 34% still smoking at discharge. Smoking during pregnancy can cause a problem of miscarriage and difficulties during childbirth. Women who continue to smoke during pregnancy may be living in a household with other smokers, partners, family and friends who smoke. In addition, qualitative study found that addiction, habit and stress are the reason pregnant women continue to smoke. It is a very challenging to reduce smoking among pregnant women in New Zealand and international as it is a priority over a decade.

The researchers found out that 88% of 60 pregnant Maori participation had a partner and the average aged was 26. 23% of participants did not have a degree, only 38% had some employment. More than half of the participants (68%) live in urban areas. Almost the same numbers of participants were in to the second (43%) or third (40%) trimester of their pregnancy and 38% were having their first baby. They smoked around 9 cigarettes per day and within 5 minute for their first cigarette after woke up (Table 1). There were

also some reasons that they smoked such as habit, stress, addiction etc (Table 2). Moreover, social and work environment were also a factor that related to their smoking because they lived with their family or partner who are smoking. When they were at workplace, they smoked with their colleagues or other people and it was easy to smoke at work because they just went out whenever they want (Table 3).

2. Diabetes

No other disease is a significant health inequalities more apparent than when we look at diabetes. Diabetes is nearly three times more common in Maori than non-Maori. Due to diabetes, Maori in the 45-64 age group have a death rate 9 times higher than non-Maori. Maori are diagnosed younger, more likely to develop complications of diabetes, such as eye disease, kidney failure, stroke and heart disease. Type 2 diabetes is expected to increase significantly over the next 20 years (along with pre-diabetes, insulin resistance and obesity) and the biggest impact is on Maori, Pacific people, and those living in poor areas.

Type 2 diabetes, including prevalence, age of onset, mortality and hospitalization rates ethnic inequality :

- Maori in the diagnosis of type 2 diabetes, the estimated average age was 47. 8 years old in 1996, six years younger than New Zealand European (54. 2 years) (Ministry of Health 2002).
- In 2002/03, the self-reported prevalence of diabetes was 2. 5 times higher among Maori than non-Maori (Ministry of Health 2006).

- The estimated lifetime risk of being diagnosed with diabetes for Māori in 1996 was more than double that for New Zealand Europeans (Ministry of Health 2002).
- The death rates in type 2 diabetes for non-Maori are 7 times lower than Maori.
- The different in death rate is higher in the aged 45 to 64, where Maori women with type 2 diabetes die 13 times than non-Maori women and 10 times for Maori men compare to non-Maori men.
- Due to type 2 diabetes, the risk for hospitalisation of Maori is 4 times higher than non-Maori.

3. Obesity

Rate of obesity and obesity-related illness, are associated with socioeconomic status, with the greatest rate among the least deprived classes (Drewnowski & Specter, 2004). This finding has major implications for Maori who are proportionately over represented in the more deprived quintile, having an annual income approximately 20 per cent lower than Europeans in New Zealand (Statistics New Zealand, 2006). What's more, the 2006/07 NZHS showed that the time children spent watching television, as well as their " fizzy drink" and " fast food" consumption, were higher in areas of high neighbourhood deprivation than in areas of low deprivation (Ministry of Health, 2008). Likewise, these three measures were higher within Maori children compared with the general population (Ministry of Health, 2008).

Obesity is detrimental to the health and function of many systems of the body including digestion, the immune system, respiration and pulmonary function, reproductive health, bones and joints, and even the health of skin.

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Hospitalisation and mortality from heart failure is much higher for Maori than non-Maori in New Zealand. The link between obesity and CVD is multifaceted, affecting blood pressure, altering blood lipid profile, and increasing cardiac expenditure in order to compensate for increased circulation requirements in the obese.

The relationship between obesity and the health disorder identified highlights the importance of reducing and preventing obesity among Maori, to reduce health inequalities in New Zealand as well as lengthen and improve quality of life in Maori.

Task 3

Present research finding and explain a present day health priority for Maori

1. Smoking

The research has been shown that the full range of ill-effects of smoking in pregnancy Maori knowledge is limited and not many of them know about the quitline. Even they received a support from their whanau but in fact that their whanau also smoked. Strategies were being used to inform Maori about effective or risks associated with smoking during pregnancy, and it seemed not effectively reach Maori women. One of the current risk program is that it waits for pregnant Maori women come in contact with the health system.

This may mean that some women do not get support to quit until late in pregnancy. New Zealand has been focusing on tobacco control on young Maori women, in particular, not to smoke and not to develop a regular habit of smoking. In order to prevent on smoking, New Zealand had a restrictions

on smoking legislation in shared office, shops and food preparation areas, public places of public transportation and dining, a ban on tobacco advertising and sponsorship of sports, or a gift to under 18s, sports sponsorship smoking. The promotion of smoke-free pregnancy, smoking cessation assistance needs to be extended to the whole whanau. Impact of maternal smoking on pregnant women around education can help communities.

2. Diabetes

Type 2 diabetes is not a sudden illness. The disease reflects the complexity and interaction of our bodies and our environment, including the social determinants of health, low socioeconomic status, and racism-related stress and the incidence of type 2 diabetes. Diabetes is one of many factors contributing to low Maori health status. A strategy for reducing the impact of diabetes on Maori must be set with in the context of making general improvements in Maori health status. It has been well defined and incorporates a number of principles including the Treaty of Waitangi, Ottawa Charter and Te Whare Tapa Wha. The treaty recognises that Maori need to receive effective health care services that reflect the needs and world view of Maori. The development of Maori communities and infrastructures that are consistent with Maori values and provide a positive healthy lifestyle is accepted as central to improving Maori health status. A guiding principle is that services need to be developed by Maori with Maori for Maori. Diabetes services need to be developed as part of an integrated health care service. Ngāti Porou Hauora (NPH) on the east coast is implementing a program called Ngāti and Health, is characterized by promoting healthy eating and <https://assignbuster.com/smoking-diabetes-and-alcohol-in-the-maori-culture/>

regular exercise lifestyle to reduce the risk of type 2 diabetes (Tipene-Leach et al 2004; NgÄti Porou Hauora 2007). The programme also aims to improve the conditions of diabetes and pre-diabetes awareness in those who are at high risk of developing diabetes and communities. In order to improve diabetes care for Maori is to ensure early detection and primary prevention of diabetes. Secondly, regional and local services can provide access to their services and quality problems, develop strategies to improve service delivery, and monitor the effectiveness of these changes.

3. Obesity

In all aspect of health, research is relatively limited in Maori when compared with European/Caucasian groups. Although this could be looked on as obstructive to achieving successful outcomes for Maori, the limited body of research in this area is also a great opportunity for Maori to design and lead research that will have the most benefit for Maori. Lastly, by focusing research and intervention on how to improve physical health alone, the researchers are disregarding the other aspects of well being identified in contemporary Maori health models. Thus, a line of research which could be great benefit to Maori would be aimed at understanding the effects of obesity on te taha wairua, hinengaro, whanau, tinana and from the result, developing intervention which maintain the balance of overall wellbeing. As has been touched upon, Maori involvement in all aspects of health from research to delivery of services is essential. According to He Korowai Oranga (The Maori Health Strategy) involvement should be at whanau, community and Iwi levels for maximum Maori participation (Ministry of Health, 2002). Because children with obese parents are more likely to become obese adults

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themselves, interventions such as the “ Healthy Eating-Healthy Action Plan” which are being implimented in many New Zealand schools, maybe more effective when parents and whanau are involved. What’s more, because of the part whanau play in the achievement of hauora, this approch may also be more culturally appropriate for Maori. Training in cultural sensitivity and Maori system of health for non-Maori health workers as well as participation in all aspects of planning and delivery is essential to developing policies tha twill achieve the desired outcome in this case, bringing to an end the obesity epidemic amoung Maori.