

# Ignorance and responsibility in health.

by Pat Todd.

**The issue of Maori Standards of Health raised by Dr Eru Pomare in his report released last year, indicates that the incidence of mortality from most of the common killing diseases was still noticeably higher among Maori than among non-Maori, even though health standards have improved considerably over the past 10 years.**

Statistics today show that Maori make up 8.6% of the total New Zealand population. Almost half of them are under 25 years of age; while at the other end of the scale, only one Maori in every 100 is 70 years of age or older compared with 6 non-Maori. In my own urban-rural area of public health nursing, 35% of my families are Maori. By Maori I mean those people who identify themselves as such.

Earlier this year, Ann Barham, a Supervising Public Health Nurse in Hamilton, stated:

'that society today places more emphasis on its ability to discover

defects in man, (and) that the illnesses of man have become more important than the man himself.'

A system of health based on knowledge of disease alone cannot produce

PAT TODD is a Public Health Nurse (since 1978) in the Hamilton Urban-Rural area. As stated, a good third of the people in her area are Maori, and she is greatly concerned about their health. Nursing experiences have given added impetus to her personal interest in things Maori: This year (1982) therefore, she will be taking courses in Polynesian Studies together with Nursing Studies at University level.

good health. Erik Schwimmer had this to say:

'... ignorance in matters of health and disease can only be met by programmes designed to make people aware of the problems so that they can see for themselves the benefits that will accrue to the health of their family, community and themselves.'

The identity, cultural beliefs and practices of the European New Zealanders stem from their European ancestry, and are naturally, quite different from those of the Maori. When referring to the issue of Maori standards of health, therefore, we should look at the structure of our society as a whole — its institutions, communities and role relations — in order to have an understanding of the problems Maori people face today.

## Too much beer.

Up to the time of European contact, the Maori was healthy, muscular and well built but not obese. Now they are much less healthy, less muscular and too many are obese! Too many also suffer from lung cancer and coronary heart diseases.

It is said their obesity is caused by the richness of the food they now eat; too much beer and alcohol; and not enough exercise. Such devastating changes in health following European contact, clearly illustrate the result of changes in life style.

It is also said that some Maori families have been visited by several health services for generation after generation and have been given up as hopeless by the services. I have discussed current health problems with some of the Maori people in my area,

## EDITORIAL

The introduction of Maori values into the health care system is more than a step in the right direction, it is a vital necessity.

A recent conference of public health nurses in Wellington wanted to know more about cultural differences between Maori and Pakeha with specific reference to health matters.

Two Maori women talked with the nurses and explained that to the Maori, health was just a part of the wider social life of the social life of the community. He wasn't told to eat this or that, and such things as dieting and sex education were unknown to the rural Maori.

Similarly sex education wasn't taught as a set subject but was observed as part of the rural environment. Such observances for women as not gathering seafood or working in the garden during menstruation had religious as well as health reasons.

To the nurses at the conference, this attitude was difficult to understand and they wanted to know how many of the traditional beliefs still exist amongst Maoris.

It was explained that for the Maori, the ritual of hygiene meant that the body never mixed with food preparation. It was just plain common sense that the washing of tea-towels with underclothes wasn't done. In terms of good hygiene it's obvious.

Questions were asked how sex education was taught to young people.

"By observation, at certain times we would see Mum not going into the garden as usual or going to collect kaimoana (seafood). And you would pick up woman talk, the personal aspect."

From the previous comments its obvious health authorities need to be aware of differing values between Maoris and Europeans.

For nurses visiting Maori homes or trying to make contact with Maori families it's important that the awareness is there.

For example because of the importance placed on no contact between the body and preparation of food, one wouldn't weigh a baby on the kitchen table or wash hands in the kitchen sink.

For some people working in health care, it may have already come to their attention that they have offended in some way when making such a home visit. For this reason it's also important that Maoris let public nurses and other such visitors know if they unknowingly offend against this code of hygiene.

What's needed is awareness on all sides of cultural differences. After all the health care is there for all people to share so the community can look after itself and grow.