

Māori Health:

1900, The Public Health Department was set up with a Māori section.

- Native health officer Māui Pōmare travelled around the country giving advice on health to tribes.
- The Young Māori Party also pushed for better health for Māori.
- Native health nurses were able to treat people in rural areas.
- In 1907, the Tohunga Suppression Act was passed to stop Tohunga giving people harmful treatments however, Tohunga continued to practice.
- Typhoid, smallpox and influenza still affected Māori badly.
- In 1918, influenza epidemic Māori death rate was at least eight times the European rate.

Health Improves 1900 to 1920:

In the 20th century, Māori population numbers increased considerably. This was an impressive demographic recuperation. In addition to an increasing resistance to common introduced infections, an important factor in recuperation was a vigorous health campaign mounted by Māori and by the government.

Māori Councils Act:

Under the 1900 Māori Councils Act, Māori councils and local marae committees were elected in almost every Māori district. Health improvement was one of their most important functions. A number of influential Māori for example, Dr Māui Pōmare were appointed to government positions as native sanitary inspectors, to assist the health work of the councils. Māori councils did their best work in their first decade, after which most struggled to continue, largely due to inadequate financial resources.

Māori Health Development:

- Young Māori activists, many graduates of Te Aute College in Hawke's Bay, pushed for improved health practices in Māori settlements around the country, and advocated greater use of the available health-care services and facilities.

Many influential chiefs and elders lent their support. This movement became closely associated with innovative Māori health measures adopted by the government.

The new Public Health Department established in 1900 included a Māori section headed by Dr Māui Pōmare, until he resigned in 1911 to enter Parliament, Pōmare travelled around the country, inspecting Māori settlements, and giving advice to local leaders to improve sanitary and public-health conditions.

For some years, he had the help of a native health officer, Dr Te Rangi Hīroa (Sir Peter Buck).

Native Health Nurses:

Native Health Nurses, both Māori and Pākehā were appointed to the Māori Nursing Service set up by the Government in 1911. This branch of the Health Department had the strong support of Māori Health advocates such as Pōmare, Te Rangi Hīroa and Ngata. The service concentrated on community health work in Māori settlements, many of them remote and without easy access to doctors.

Attitudes to Health:

In the second half of the 20th century, the Government began to take a more bi-cultural approach to Māori health needs, partly in response to Māori demands for greater involvement in issues concerning their health. It included...

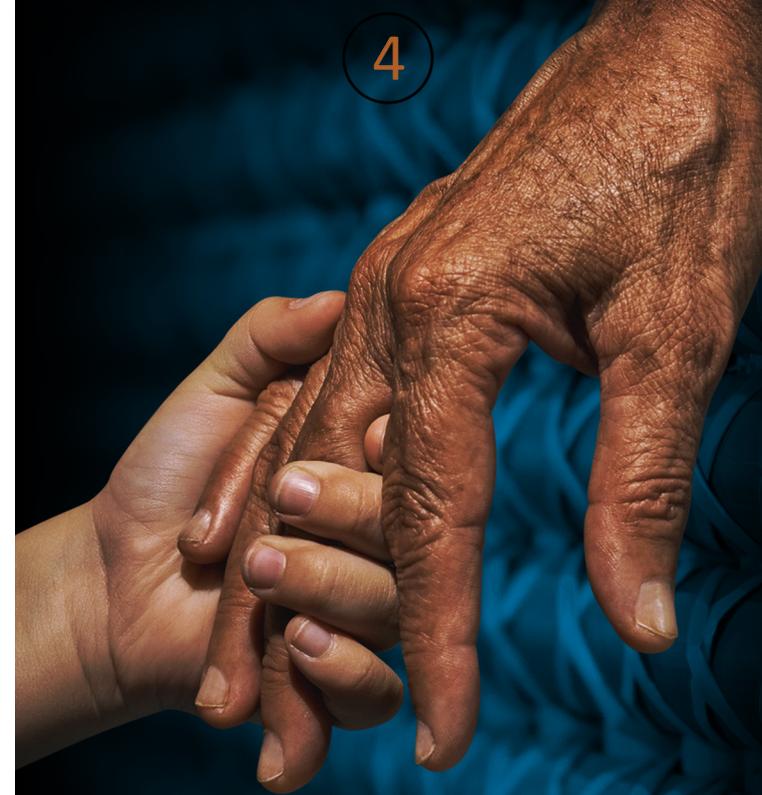
Enabling Māori to participate more in the planning and implementation of health programmes, and making greater acknowledgment of distinctive Māori values and practices in the health area.

Te Hui Whakaoranga (The Māori Health Planning Workshop), 1984, was a landmark in this change. Soon Marae-based health schemes and other Māori health providers began to emerge, offering medical care 'by Māori, for Māori'. The government publicly committed itself to ending the disparities between Māori and non-Māori health.

KA WHAWHAI TONU MĀTOU

HEALTH - HAUORA

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Ka Whawhai Tonu Mātou – Health Hauora



TE RAU ORA

TIMELINE

Pre-Colonisation:

Early European visitors described Māori as being fit and healthy people, who led active lives. Māori were physically and adequately productive before Europeans came to New Zealand.

Beliefs about ill Health:

Māori medical treatment was closely intertwined within their cultural, spiritual and religious practices and beliefs. Thus, sickness was generally related to the violation of *Tapu*, (sacred) associated with both the wairua (spirituality), the physical and natural worlds of Tangaroa, Ngahere, Moana, Papatūānuku etc.. Māori belief in tapu played an important role by guiding practices for sanitation and water supply.

- For example, the turuma (latrine) was a separate space in Māori villages.
- Tapu also affected childbirth and death ceremonies, ensuring healthy practices and limited contact with the dead which helped prevent the spread of disease.

Healing Practices:

Healing was sought from *Tohunga* (person skilled in specific activity, healer) involving physical massage, the use of water for blessings, the use of rongoā rākau (medicinal plants) and knowing which karakia (prayer) to say when treating illnesses.

Māori communities were decimated by the arrival of European diseases such as measles and influenza however, with the arrival of colonisation came more diseases including various sexual diseases.

Diseases:

When Europeans first arrived in Aotearoa, Māori had no immunity against many of the virulent diseases they brought with them.

Significant diseases were brought, including:

- Venereal infections, measles, influenza, typhoid fever (enteric fever), dysentery and tuberculosis.

TIMELINE

- Venerea diseases such as gonorrhoea and syphilis were first introduced during James Cook's voyages around New Zealand, which also had an effect on birth rates through sterility and still births. When epidemics affected Māori, the phrase 'tokotoko rangi', or 'spear from heaven', was applied to such calamitous visitations of disease.

Early 19th Century 1769 to 1901:

In 1769, Captain Cook estimated the Māori population was approximately 100,000. By 1840, it had declined by 10–30% . This was largely due to:

- 1) Introduced diseases, and...
- 2) The effects, direct and indirect, of the Musket Wars, including...

- Dislocation from lands that were important for agriculture and provided access to mahinga kai (food resource areas).
- Diseases had a significant impact on some tribes, ...but there were factors limiting their spread during this period.
- Māori had small, low-density, dispersed populations, so infections tended to be localised.
- Only certain iwi had close contact with Europeans, with many having only peripheral contact.

Dislocation and disease, 1840 to 1901:

- 'A dying race'. Many Pākehā spoke of Māori as a 'dying race'.
- They regarded the passing of the race as inevitable, some saying that under irresistible natural laws a stronger race would always displace a weaker one.
- In 1891, Māori MP James Carroll said, 'I am forced to the conclusion that it is a mistaken theory that the Native Race will rapidly decrease'.

Between 1840 and 1891, disease and social and economic changes had serious negative effects on Māori health, and a significant impact on the population.

Tribal dislocation from the traditional Māori environment was brought about by the land wars and the large-scale land confiscations that followed.

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There was....

- ...widespread loss of land through purchase and
- ...the operation of the Native Land Court, and
- ...new patterns of land use and economic activity.

Māori changed housing styles, water supplies, sanitation and diet.

- These affected standards of health, usually for the worse. Large increases in the European population during this period, ...meant Māori across the country were continuously exposed to new diseases.

Many Māori children died in their first year of life, from pneumonia and respiratory infection.

Early Health Services for Māori:

There were numerous humanitarian responses to Māori health decline. For example,

- The earliest providers of medical care were the missionaries.
- Education official, James Pope wrote a handbook entitled, 'Health for the Māori', which was translated into Māori and became widely used.
- From the 1840s, the government subsidised a number of doctors (native medical officers) to provide medical care for any Māori who could not afford to pay for treatment.

Survival of traditional medicine:

Māori still practised traditional health treatments, and...

- combined elements of the two systems according to the circumstances.
- Traditional health practices were helpful in many cases, but were often ineffective against new diseases.

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