



# A Māori Lens on Kai and Hauora

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# Who are we?



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# Objectives

- By the end of this session you will be able to:
  - Identify the barriers for Māori accessing Eating Disorder Services
  - Identify strategies that can be used to support Māori with an Eating Disorder/Disordered eating
  - Understand the relationship between Kai and Hauora Māori

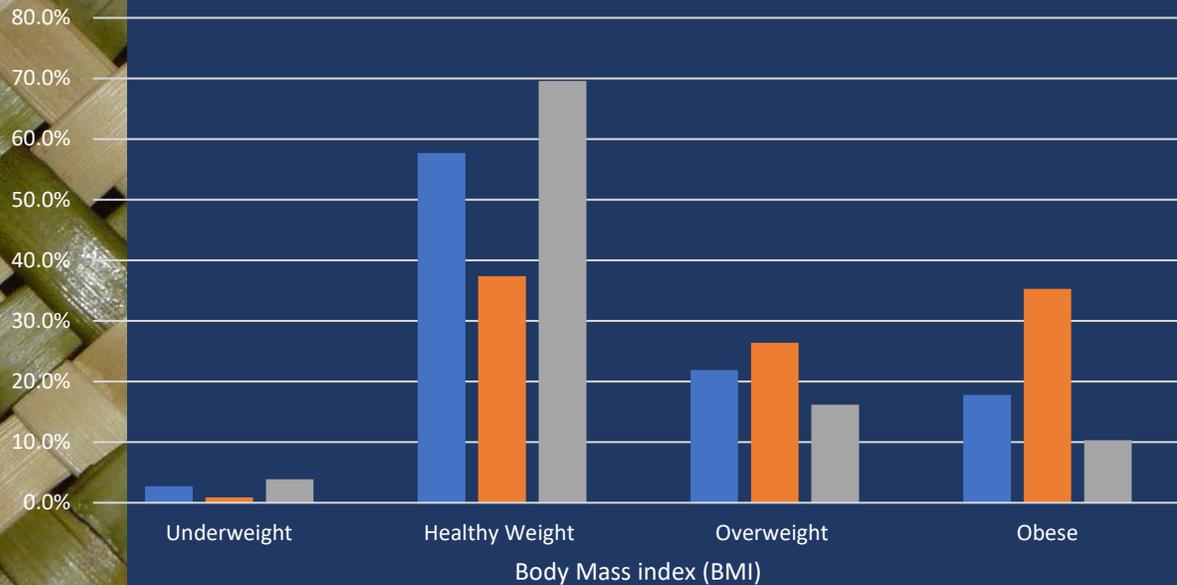


“But Māori don’t get eating disorders...”

- In a recent Te Rau Hinengaro Study of 12,992 rangatahi:
  - 0.7% Māori were diagnosed with Anorexia Nervosa (cf 0.6% NZEO), 2.4% with Bulimia Nervosa (cf 1.3%) or 3.1% for any Eating Disorder (cf 1.7%)
  - Māori were less likely to receive specialist Mental Health Services for EDs
  - Māori are also more likely to have higher rates of psychiatric comorbidity and self-harm hospitalisation
  - Limited ability to adapt diagnostic classification
  - Limited research on Māori and Binge Eating Disorder - anecdotally Māori don’t get screened for Binge Eating Disorder

# Overweight and Obesity vs. ED diagnoses

2020/21 NZ Health Survey  
2-14yrs



■ Māori 2-14 yrs ■ Pasifika 2-14 yrs ■ NZEO 2-14 yrs

2020/21 NZ Health Survey  
15+ years



■ Māori 15+ years ■ Pasifika 15+ years ■ NZEO 15+ years



# Anecdotal Evidence



## Barriers for Māori accessing Eating Disorder Services

Māori are less likely to access specialist Eating Disorder services because:

- More likely to experience racism and unconscious bias in the health care system
  - Weight status, institutionalised racism, knowledge of health professional
- Less likely to be screened for Eating Disorders
  - Weight status, compounding factors
- Living in higher levels of deprivation
  - Unable to access a GP, unable to attend appointments
- Lower health literacy



# What can the education sector do?

- Advocate for your students!
- Irrespective of body size students should be screened using eating disorder screening tools such as SCOFF in an appropriate way
- Support whānau to reflect upon what kai means to them and how they can use kai to support health
- Support students to access the information and people who can support them to be involved with traditional Māori kai processes

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# Te Tairāwhiti



# Erepeti te marae



# Ruakituri te awa



# Iri-te-kura te Marae





# Māori have always valued food

*Po! Po!*

*e tangi ana tama ki te kai māna!*

*Waiho, me tiki ake ki te Pou-a-hao-kai*

*Hei ā mai te pakeke ki uta ra,*

*Hei waiu mo tama,*

My son is crying for food

Wait until it is fetched from the pillars of netted food

and the whale driven ashore

To give milk for you my son



**Food security is a political issue  
– and this is not a new thing..**

Image: Pou Whakairo of Tuna, at  
Papawai Marae, Wairarapa



# Ngai Tahu Claim 1991

- *The tribunal in looking at the evidence concluded that Ngai Tahu were the losers in a conflict between two economic systems with different priorities over natural resources. On the one hand Ngai Tahu relied on their traditional economy and expected that their rights to mahinga kai would be reserved to them. On the other hand the Crown saw that the Ngai Tahu economy must not prevent the needs and demands of land settlement. The agricultural and pastoral demands won the conflict.*
  - Ngai Tahu Report 1991



ENVIRONMENT / TARANAKI

# Eels die as Taranaki streams dry up

From **Checkpoint**, 6:21 pm on 15 February 2018

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**Robin Martin**, Reporter

[@robincharles](#) [robin.martin@rnz.co.nz](mailto:robin.martin@rnz.co.nz)



32%

Participated in looking after the **health of the natural environment**



24%

Cared for **Māori sites of importance**



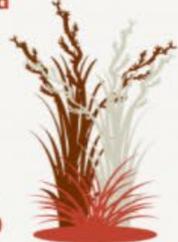
58%

Grew their own **fruits or vegetables**



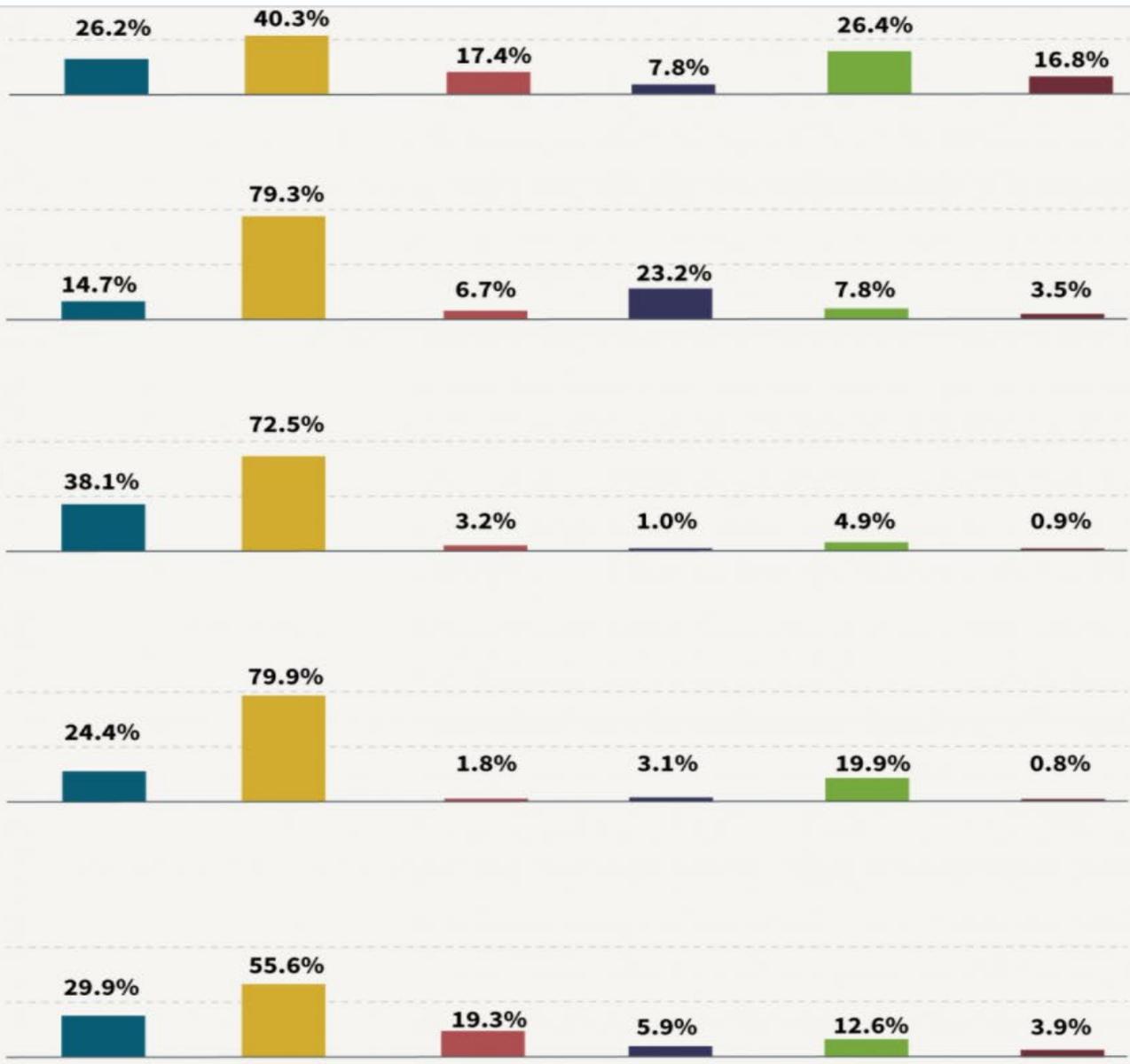
41%

Gathered **traditional Māori food**



17%

Gathered materials for use in **traditional Māori practices**



# Nutrition transition?

*'whereby traditional food and food habits have been progressively replaced by the globalised food system'*

## Health Warning

Stormwater is discharged into this area

He Tupato Tanga

E tuku ana nga waiparu pirau me nga waiawha, ki roto i tenei wahapua.



Water quality sampling is undertaken over summer.

Me taiki i to awa te raumati kapai mata i to awa.



It is not safe to eat Shellfish taken from this area.

Kia Tupato! Kaua e kai nga maataitai/kaimoana o tenei takiwa.

Christchurch  
City Council 

http

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The survey questions about traditional kai, in particular, show just how these attacks on rangatiratanga affect us across generations. Being able to gather, prepare and eat the foods of our tūpuna is a way to keep our traditions alive. Sharing this with younger generations is one of the best parts of being Māori. While 76% of Māori said they or their whānau had knowledge about traditional kai, a large proportion of people (32%) felt a deep sense of loss when they couldn't harvest or buy Māori kai and this only got worse with age.



ILLUSTRATION: GABRIELLE BAKER

# He aha te tino kai i to koutou rohe?



# Makatārana





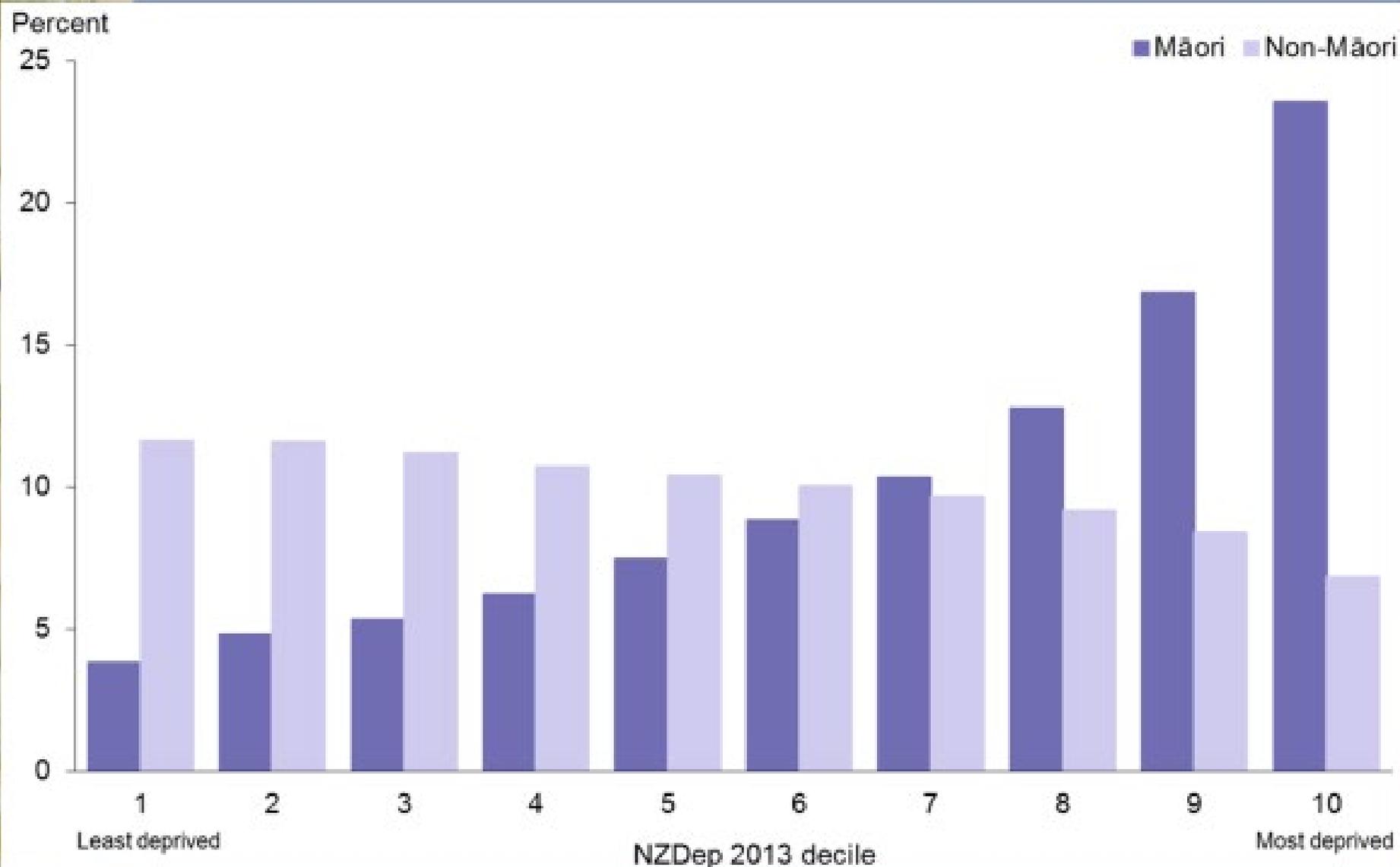
# Māori Population (2018 Census)

- Māori ethnicity:
  - 16.5% (n=775,836) of NZ resident population
  - Largely young median age 25.4 (NZ European is 41.4 median age)



**Approximately 80% of the Māori population live in urban areas**

# Neighbourhood deprivation distribution(NZDep 2013), Māori & non-Māori, 2013



# Executive Summary

Food insecurity in Aotearoa New Zealand is of growing concern among policy makers, organisations and the wider public. The food hardships that families and whānau with young children—particularly children in their first year of life when nutrition is so important for optimal development and growth—have not been comprehensively investigated before in Aotearoa New Zealand.

This study sought to understand the relationship between household food hardship and early childhood nutrition, specifically whether a mother's report of being forced to buy cheaper food or having to go without fresh fruit and vegetables to pay for other things they need, plus the use of special food grants and food banks to obtain sufficient food, had an impact on their child's breastfeeding, fruit and vegetable intake, and unhealthy food and drink intake in the preschool period. Data from the contemporary *Growing Up in New Zealand* longitudinal cohort study of more than 6,000 children, followed from before their birth in 2009/10, was used to paint a detailed picture of food hardships experienced by young children.

## Food hardships were prevalent among families of infants and preschoolers, and characterised by large ethnic inequities from infancy

At 9-months of age, almost half of mothers/primary givers reported being forced to buy cheaper food, and around one in eight (12%) used food grants or food banks or went without fresh fruit and vegetables to pay for other things over the previous 12 months.

All three food hardships were much more common in the first year of life compared to later in the preschool years.

One in four Māori 9-month olds and almost one in every three Pacific 9-month olds lived in households that reported use of a special food grant or food bank in the previous year compared to one in fifteen European infants.

## Indicators of nutrition in early childhood were suboptimal across the whole cohort, particularly in the first year of life

68% of all infants were breastfed for less than 12 months.

Two out of every three infants did not meet the guidelines for fruit and vegetable intake (37% had fruit twice a day or more and 33% had vegetables twice a day or more)

By 9-months, 51% of infants had tried unhealthy food (sweets, chocolate, hot chips or potato chips); and 37% had tried unhealthy drinks (fruit juice, soft drinks, coffee, tea or herbal drinks).

12% of 4-year olds were drinking soft drinks or energy drinks 3 or more times per week.

## Children in food hardship were more likely to consume unhealthy food and drinks and had a lower variety of fruit and vegetables than those from similar socioeconomic backgrounds who were not in food hardship.

After adjusting for differences in household income and size, child education, mother's age and education and neighbourhood deprivation, all three indicators of food hardship remained statistically associated with poor indicators of child nutrition. Children in families who reported using a food bank or food grant were around 45% more likely to have tried unhealthy food or drink at 9-months compared to children with similar socioeconomic characteristics whose families did not use a food bank or food grant. They were also more likely to have high soft drink intake at age four years, but results were only statistically significant for tamariki Māori after adjustment. Food grant or food bank use was also associated with low to moderate variety of fruit and vegetable intake at four years even after adjusting for all of the above socioeconomic characteristics.

### Policy implications

This research supports the policy directions of the Child Poverty Reduction Act and the Child and Youth Wellbeing Strategy, including the focus on food security. It is also consistent with the Welfare Expert Advisory Group's finding

### Key implications for policy-makers

- 1. Policy to reduce food hardship in childhood requires specific attention to early childhood** as well as school-aged children, particularly for infants and families in the first year of life. Food programmes should aim to include a variety of early childhood settings (including marae) as well as schools and kura kaupapa.
- 2. Monitoring of food hardship and nutrition should include adequate numbers of children less than five years of age**, including infants less than one year, so the data can be disaggregated by age and ethnicity and monitored over time. Regular monitoring of children's nutrition will be especially important post-COVID-19.
- 3. Policy to address food hardship should be made in meaningful partnerships with, and advance the aspirations of Māori and Pacific whānau and communities**, given the marked ethnic inequities, and the cultural significance of food.
- 4. Policy to reduce the prevalence and nutritional consequences of food hardship should be part of a comprehensive food policy** developed to improve nutrition and reduce obesity more widely. Priority actions should encompass:
  - a. Addressing the determinants of low family income** as recommended by the Welfare Expert Advisory Group, including, but not limited to, ensuring adequate social assistance for families with young children.
  - b. Local and national initiatives to increase the**

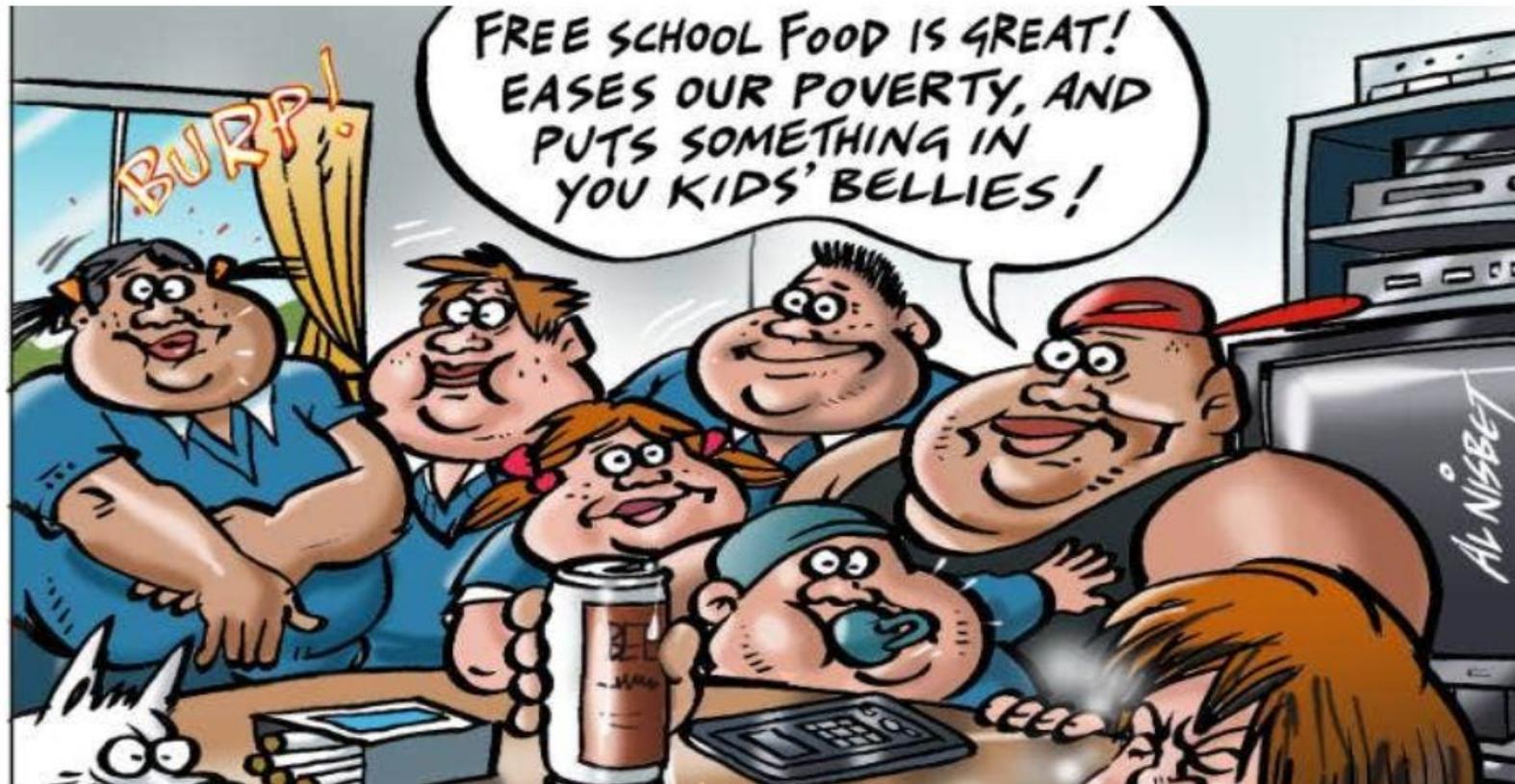


## But they don't look like they're starving...

- In western countries 'Energy Dense Nutrient Poor' food is usually cheaper than healthy food
- 2013 Regional Public Health report found that many families on limited incomes would have to spend 70% of their net income after rent to purchase a basic diet in line with NZ Food and Nutrition guidelines.

# Controversial Fairfax Media cartoons could have made racism against Māori worse, panel member says

Michelle Duff · 18:18, Nov 22 2017

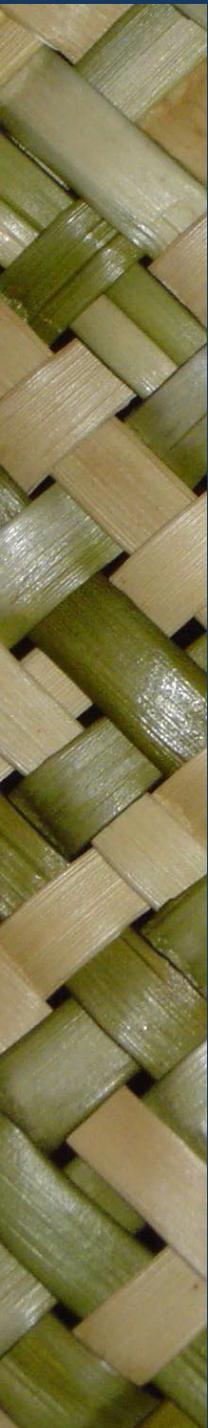


AL NISBET

# 2013 Re Breakfast in Schools



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- What can the education sector do?
  - Advocate for your students!
  - Irrespective of body size students should be screened using eating disorder screening tools such as SCOFF in an appropriate way –*Recognise many Maōri students will be experiencing stigma and racism as a result of body size*
  - Support whānau to reflect upon what kai means to them and how they can use kai to support health – *Recognise the impact of food insecurity on whānau. Food hardship is stigmatised in Aotearoa.*
  - Support students to access the information and people who can support them to be involved with traditional Māori kai processes e.g *Pūhoro*



# Resources

Child Poverty Action Group Aotearoa, land of the long wide bare cupboard: Food insecurity in New Zealand

<https://www.cpag.org.nz/campaigns/the-latest-aotearoa-land-of-the-long-wide/>

McKerchar, C., Lacey, C., Abel, G., & Signal, L. (2021). Ensuring the right to food for indigenous children: A case study of stakeholder perspectives on policy options to ensure the rights of tamariki Māori to healthy food. *International Journal for Equity in Health*, 20, 67. doi: 10.1186/s12939-021-01407-4

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# Resources

<https://thespinoff.co.nz/society/24-05-2021/a-free-school-lunch-isnt-just-about-hunger-but-about-dignity/>

<https://www.growingup.co.nz/sites/growingup.co.nz/files/documents/UoA%20Food%20Hardship%20Report%20Final%20-%20Single%20Page.pdf>

<https://whakatika.teatawhai.maori.nz/>

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