



Some Comments on Maori Child Health for the Indigenous Child Health Workshop at the 2008 RACP Congress Adelaide

Leo Buchanan FRACP
Consultant Pediatrician, Hutt Hospital, New Zealand
Chairman Maori Health Committee to RACP



Demographics

- Around 15% of the New Zealand population identify themselves as belonging to the Maori ethnic group
- The Maori population though is a younger population than non-Maori with around 25% of the population less than 15 being identified as Maori
- Maori fertility rates have declined sharply in the last 30 years but at around 2.7 are higher than the non-Maori rate of around 2.0 – the greatest differences are seen in women under age 25
- Most Maori now live in the major urban centres of New Zealand but there remains an over representation of Maori in rural and semi-rural areas

The Attitude to Health and Children

- The most widely held view of Maori health sees it as being made up in equal measures by the four walls of a house
 - Wairua (Spiritual Side)
 - Taha Hinengaro (Thoughts & Feelings)
 - Taha Tinana (Physical Side)
 - Taha Whanau (Extended Family)
- In this context the traditional features of the culture would see children as a gift – the hope for the future and the preserver of whakapapa (hereditary) lines. The child could not be seen as separate from the extended whanau who would share on-going responsibilities for the child with the parents



Child Abuse Data

- The notion of Maori being a culture that puts people before self is sorely tested by the incontrovertible evidence that child abuse is significantly commoner among Maori than non-Maori
- Workers in the child abuse field will know how hard it is to get accurate incidence data on child abuse – especially perhaps in respect to emotional abuse. However physical abuse is probably a little easier to measure with a paper by Kelly and Farrant on the Shaken Baby Syndrome in March 2008 issue of the Journal of paediatrics and Child Health offering some chilling data



Shaken Baby Syndrome

- Wales 21 / 100,000 Under Age 1
- Scotland 24 / 100,000 Under Age 1
- North Carolina 29 / 100,000 Under Age 1
- All ethnic groups in New Zealand 22-30 / 100,000 Under Age 1
- Maori 50-60 / 100,000 Under Age 1
- Non-Maori 12-20 / 100,000 Under Age 1

- This increased incidence of Maori deaths from physical maltreatment is unfortunately further enhanced by a significant overrepresentation of Maori children in notifications to our child protection services. My boy-scout approach to child abuse is to conceptualise the chances of child abuse occurring under what might loosely be termed Intrinsic or Extrinsic Factors

Variations in the Risk of Child Abuse



Explanation for High Child Abuse Rates in Maori

The hard core and probably predominant view amongst Maori medical practitioners is to focus on environmental disadvantage as the driving force behind this sort of morbidity and mortality; that is these negative outcomes are a reflection of the impact of colonisation on Maori leading to imbedded structural and social disadvantage. Thus blatantly unjust lost of land or removal from land or in more recent times seemingly unavoidable shifts from rural to urban settings, suppression of the language and the denigration of some Maori cultural beliefs have all led to the measurable socio-economic inequities between Maori and the countries European immigrants. Socio-economic disadvantage is seen as central

Is there Evidence of a Different Kind?

If these harbingers of environmental deprivation are not the explanation then is there anything intrinsic in Maori children or Maori parents that could be driving the child abuse disparities?



Children Who are More at Risk of Abuse

- Twins and Triplets
- Autism Spectrum
- Mental Retardation
- Very Premature
- Unfortunate Negative Look-Alikes

Parental Attributes from Analyses of thousands of Children on British Child Protection Registers

- Parental mental ill-health 1 in 3
- Domestic violence in household 1 in 4
- Alcohol and Drug Abuse Problems 1 in 5

Preventative Approach

- If we are struggling to find an “intrinsic explanation” for this phenomenon and socio-economic disadvantage is undeniable as an overall phenomenon then can we look as “reasonable people” to preventative programmes for child abuse to provide the answer?
- Home visitation programmes have evolved over the last 20-30 years as the favoured approach in the laudable goal of child abuse prevention. Thousands of such programmes have been tried including programmes targeting the poor, young mothers, single mothers, and at risk ethnic groups

The Surveillance and the Outcomes

- The programmes have been delivered either by what the Americans call para professionals or nurses
- Home visitation frequencies vary between weekly or fortnightly at outset and they often ailing off towards monthly near the end. There is a variation in additional group sessions offered
- Review of outcomes has been undertaken usually at 3, 6 and 12 months from inception and then in some additionally at 24 and 26 months. One such intervention strategy from Christchurch that included a proportionate Maori representation was reported in Pediatrics in 2005 and 2006.

The Surveillance and the Outcomes - continued

- Many of these programmes seemed to show some benefits to child health in earlier presentations with illness or higher immunisation uptakes. Some would see benefits as well from higher uptakes of pre-school education and greater gaps between subsequent births. In the best outcomes mothers in intervention groups seemed to be more sensitive to children. The assessors though were mostly not blinded to whether the child was in an intervention or control group

Disappointments with the Interventions

- In the largest reported trials there was no reduction in child abuse or child abuse risk factor outcomes. The interventions seem to have mostly been unsuccessful in reducing domestic violence rates, or alcohol and drug abuse amongst the adults. Child abuse reduction rates where reduced were modest. These programmes were all labour intensive and not inexpensive
- Intervention programmes introduced after a definite abuse episode all seem unsuccessful



Is the way Forward for Maori Back to the Future?

- I suspect that only a restoration by Maori, for Maori and with Maori can reverse the current situation by re-examining and reasserting traditional views about children
- T.S. Eliot's adage that Time Past and Time Future are both contained within Time Present may be pertinent
- Maori of course live in a multi-cultural society and are influenced to varying extents by the views and practices of the dominant cultural group



Multi-Cultural Influences

- Thus the notion that children may be a choice or even a right could have negative attitudinal consequences for children compared with the traditional Maori notion that they are a gift. This could be reflected in both the high abortion rate and child abuse rate amongst Maori
- Likewise how does one square up the oldest description for a woman within Maori of U-Kai-Po – the Breast feeder in the night with concepts that a responsible real woman will help herself and society by an early return to the workforce?
- How do we go about reversing the needs it seems for many aunties and grandparents of the young child to be in the workforce and less available to help and love their mokopuna?

A Concluding Comment

- Could one of New Zealand's premier anthropologists and historians: Dame Anne Salmond be right when she says that “An ageing society that does not take care of its young has a death wish”