Rapuora, Health and Maori Women

Rapuora is a milestone in Maori health, not only for the sensitive way in which Maori field-teams gathered the information from 1177 respondents but also in the 99 per cent rate from a supportive Maori population.

The women surveyed were broken up into three groups, young women, middle-years women and mature women, with further sub-groupings. Young women comprised single young, urban young and youth mother. Middle-years women comprised lone mother and partnered mother. Mature women had Whaea O Te Marae (living inside their tribal area) and Whaeo O Waho (living outside their tribal area).

The women were asked how they saw their health, and although seven out of ten saw it as good, they had reservations about it. Surprisingly young women worried just as much about their health as did their older sisters.

To the question about experience of ill-health and what they did about it, seven out of ten Rapuora women had recently experienced sickness at the time of the survey. Depression was the most common chronic illness of Young women with asthma-bronchitis next.

Young women also reported the most difficulty in getting satisfactory medical care. Middle-years Women had high blood pressure as well as depression and asthma as chronic ailments. They also had more symptons of stress than symptons of coughs of colds. Mature women experienced high blood pressure and arthritis-rheumatism but were quite satisfied with their medical care.

Although Rapuora women generally considered themselves overweight, going on a diet for most was unpopular.

Two thirds of the women again considered themselves 'fit' but only one third were involved in sport or other phsyical recreation. Smoking was most common amongst the young women but the amount smoked increased with age.

Drinking was popular with six out of ten Rapuora women with the highest concentration in the under 35 year olds.

The question of asking Rapuora women what they weighed, was considered too delicate, but field-workers came up with data that showed one in five women gave their weight as over 87 kilograms. The survey notes that by usual standards these women are clearly obese. For young women, two to three out of ten are overweight and one in ten in the over 87 kilo group. Rapuora makes the point that Maori women have not been able to control a new food regime, that celebrates convenience food and eating for the sake of eating.

"In this century Maori have become westernised to the point where many born in this period particularly during the last fifty years, lack the living experience of nga tupuna, an abstemious people with a finely tuned sensitivity to ecological balance.

"The Maori, dependent entirely for food supply on limited natural resources from land, seas, waterways and bush, ensured that only sufficient food was taken at one time; to sustain an active and healthy physical and spiritual state. Food sources were jealously guarded so that supply would not diminish."

Rapuora says the bulk availability of processed convenience food and the frequent time-tabling of meals has swamped the former reality of marae living. Smoking and drinking responses showed both habits started very young with many young women saying drinking increased their social activity. Some thought there was a 'time and place for getting drunk', this group consuming up to seven or more bottles of beer as often as twice a week.

However Rapuora middle-years women, as moderate drinkers were more concerned about partners who drank heavily and the effects on the family.

One third of all Rapuora women don't drink alcohol, with three out of five being ex-drinkers, mainly Whaea O Waho. Health and family reasons were given as reasons for giving up.

The link between all this information and the women and their whanau showed that a total sense of good health moves beyond personal health to embrace the whanau. "The healthy women is partnered and is likely to say she is not primarily involved in home-care. Her children are likely to be healthy and she is not worried about their health, or their social adjustment. She is happy in her job, or if she has no job, is content at home. Because she is able to either contribute to family finances or does not have to, she is not in economic straits. In fact she says she is free of major worries."

Conversely the woman who sees her health as poor, is unfit, worried about her health, has high blood pressure and is likely to have chronic disease.

Not only is she primarily involved in home-care but she has dependants at home, and is probably not partnered. Surprisingly she is likely to be a non-drinker, perhaps because she has seen the effects of alcohol at first hand.

Rapuora shows success of children at school and at home is essential to women's good health with mature women showing that it's also linked to not being full-time at home.

Social confidence also stemmed from good health with some Rapuora women being whakamaa in different social situations. This social confidence also meant that women were involved in activities outside the home and had more whanau contact. There was also the indication that they would not be drinkers or smokers.

In putting a Maori perception on the state of health, the women were asked about their identification with Maori lifestyle. Most Rapuora women were aware of their tribal links. Young women were seen at risk because they and their partners lived outside their tribal area and did not have tribal support readily accessible. Half of middle-years women were also in this category. Mature women had a minority living outside their tribal region and were considered most secure.

By security Rapuora says, "they or their partners have immediate access to the benefits and responsibilities of the tribe.

One in five Rapuora women were living with a whangai despite 94 percent residing in urban areas. Three-quarters of the Rapuora women considered te taha wairua important to them, with Mature women seeing it as most significant.

Knowledge of he mate maori was seen as an indication of cultural