

# A Study of New Zealand's Indigenous Healthcare Model and Its Impact on Curtailing Obesity

Sanjeev Kumar Arya<sup>1</sup>, Dr. Mahesh Singh Rajput<sup>2</sup>

<sup>1</sup>Ph.D Scholar and Learning Delivery Adjunct, Open Polytechnic (Te Pukenga), New Zealand

<sup>2</sup>Associate Professor, Department of Management, JJTU University, Jhunjhunu, Rajasthan, India

Corresponding Author: Sanjeev Kumar Arya

DOI: <https://doi.org/10.52403/ijshr.20221044>

## ABSTRACT

The Māori holistic model of healthcare was established by Sir Mason Durie in 1984 to stipulate a Māori perspective on health. This model deals with taking care of all elements of life to maintain sustainable welfare. The four elements and their significance are represented by the whareniui (meeting house). The whareniui's link to the whenua (land) serves as the foundation for other elements, thereby pioneering health and wellbeing of yourself and whanau (family). The Māori holistic model of healthcare draws on strong bonding between the foundation and other walls in case any issues crop up (Health Navigator NZ, 2022). #). The purpose of this research paper is to identify the significance of Māori holistic healthcare framework and analyze how obesity affects the healthcare systems of New Zealand by shedding light on its impact on confronting individuals, families, and primary health-care professionals.

**Keywords:** Māori holistic model, Healthcare, Obesity

## INTRODUCTION

Māori holistic healthcare model encourages Māori's to take progressive action steps at a time to develop resilience during difficult situations. Taha tinana (physical well-being) represents the well-being of the body. It is about how one cares for the body and how it develops, feels, and moves. Nourishing and strengthening one's physical well-being allows one to deal with life's varying situations. Taha hinengaro (mental well-being) represents wellness of mind and

heart. It is about how one senses things, connects with people and expresses feelings. Taking care of mental health is decisive for everyone, irrespective of whether they have experienced mental health issues or not. This aspect helps to deal with life's hardships better. Taha wairua (spiritual well-being) deals with one's spiritual essence. This is about who one is, where one comes from and where one is heading. People's perspectives of spirituality might vary greatly. While some, it is about having faith or religious beliefs, others believe it to be an core connection with the cosmos. Taha whānau (family well-being) is about who makes one feel at home, who one cares for, and with whom one lives. Family is about extended connections - not just personal family, but also friends, colleagues and wider community. Everyone has a place and a job to play in their family which adds to one's own well-being and identity (Rolleston et al., 2022, #).

Obesity is a major public health concern, with New Zealand having one of the highest rates i.e 32% in the world. The adults living in high-poverty regions and of Māori origin are the most vulnerable people. Obesity leads to other diseases like diabetes, cardiovascular disease, cancer, and reproductive problems. It is also considered a socially stigmatized health condition that is linked to psychological diseases like depression. Thus, obesity can also cause impaired mobility leading to loss of quality life, and other issues like limited social life

and losing job (Norman et al., n.d., #). The research objective of this paper is to discuss purpose of this literature review is to analyse the significance of New Zealand's indigenous healthcare model and discuss how obesity affects the healthcare systems here. The author will aim to highlight the effect of the stated parameters on ailing individuals, their families, and primary health-care professionals.

## LITERATURE REVIEW

### 1. Māori holistic healthcare:

**1.1 A study by Denise Wilson et.al** focused on extensive literature review on what is required for a Māori-centered relational model of care. It highlights the interconnection of numerous factors that influence Māori and their family's health and well-being. The aspects of health care identified in this research paper include the four pillars that are interconnected: spirit, extended family network, mind and body. These connections, anchored by tikanga and cultural values, enable respect for others, indicating that a Māori-centered relational form of engagement is possible. The NZ HPCA Act of 2003 requires health practitioner to follow cultural competence which encompasses successful and respectful contact with Māori. Healthcare practitioners tend to have issues with Māori holistic healthcare as disparities are visible across the healthcare spectrum. There is a lack of clarity and measurability within the healthcare organizations in NZ leading to issues in implementing cultural safety for Māori and their family. Thus, a Māori-centered interpersonal model of care can assist healthcare experts in NZ with a realistic means to engage in respectful dialogue with patients.

**The research paper followed a secondary research method** where qualitative literature analysis on Māori holistic healthcare was undertaken. The methodological framework was divided into identification of the research issue; identification of appropriate studies;

selection of literature, data recording and collation, summarization, and reporting of the results. For conducting the literature review, the researchers used the four databases of CINAHL Plus, PubMed, SCOPUS, and INDEX NZ (Wilson & Moloney, 2021, #).

**1.2 A study by Ashlea D. Williams et.al** explored the favorable effects of cultural distinctiveness on Māori youths' health outcomes. The researchers discovered that high degrees of socialism, cultural awareness, and language resulted in better mental health. Having a stable identity, strong relationships with community and a sense of belonging were beneficial factors for preventing suicide in Māori youth. It was further found that several Māori youth were vulnerable, connected with a greater risk of abuse in childhood and inter-parental violence. Despite the serious emotional damage, Māori youths are not likely to avail of the required medical aid as they are subjected to stigma and ethnic prejudice. The mental health practitioners in New Zealand need to be considerate in these situations so that Māori youth are supported well with health benefits and avoid the notion that interpersonal racism in healthcare is deleterious for them.

**The research methods used in this research paper was primary research method** where an anonymous survey of NZ secondary school pupils aged 12 to 19 years old was conducted. The survey requested one-third of all secondary schools in NZ to participate, out of which 20% of each participating school's student list was invited to participate. This represented around 3 - 4% of the entire secondary school population in NZ. The questionnaire was administered on Chromebooks and tablets (Williams et al., 2018, #).

**1.3 A study by Kiri Hunter** investigated the conflicts experienced by Māori nurses when incorporating cultural considerations into healthcare treatment. This study

investigates how Māori nurses provide culturally appropriate care to Māoris in various healthcare settings. By contextualizing their professional practice experiences, the research provides insight into the nurses' holistic healthcare view. The research yielded four primary themes of cultural identity, bearing burden, racism and reciprocity. Cultural safety has been incorporated into the competency evaluation framework for nursing and NZ National Code of Ethics. Even though, significant changes in healthcare have occurred, we still face severe staffing shortages and have become dependent on internationally qualified nurses. This has led to a further marginalization of Māori nurses. The study suggests that healthcare organizations must focus on health approaches that are mainly centered on Māori holistic models with significant health reforms by involving Māori nurses as an important stakeholder.

**The research methodology used was the primary research method** by collecting data from 12 Māori RN and nurse practitioners who were questioned in semi-structured interviews. Thematic analysis was used for both inductive and deductive reasoning (Hunter, 2020, #).

**1.4 A study by Rebekah Graham** explored how New Zealand's public healthcare system accommodates the wider viewpoints of Māori patients and their family. The researcher's evaluation focused on Māori's experiences in the public health systems in Aotearoa New Zealand and if Whanau Ora approach enhanced outcomes for hospitalized children. The research sought to record the impact of using a screening tool in a culturally appropriate manner by integrating health, education, and social services. This assisted in increasing equality of access to existing resources, assuring supreme quality and culturally appropriate communications, and demonstrated how adopting Kaupapa Māori practice into daily operations would reduce hospital readmissions.

**The research methods used in this paper was a secondary research method** wherein qualitative data was analyzed for a systematic evaluation of NZ healthcare system. This method provides methods for integrating and analyzing data in order to generate new knowledge and understandings of the Māori holistic healthcare system. The researcher used a systematic method in conjunction with PRISMA protocols and reflective discourse to conduct a systematic literature review, screened articles for relevance to the research topic, study selection and assessment, and ensured analysis and synthesis of findings were all part of the review process (Graham, 2020, #).

**1.5 A study by Tess Moeke-Maxwell et.al** discussed the indigenous holistic viewpoint on palliative care among Māori and the cultural practices followed by their family. End-of-life cultural care supports the dying person and lets him, and his grieving family receive utmost care. It is the responsibility of healthcare practitioners to develop a holistic healthcare strategy to support a family's grief and cultural norms. The researchers emphasized the importance of comprehensive and relational care to address the needs of indigenous Māori people. They examined that the barriers to giving care are health disparities, racism, and limited access to palliative care. Healthcare organizations like retirement villages who deal with palliative care need to ensure that the family does not face high levels of stress and there are sufficient extended family members to take of financial expenses. Every healthcare area must be reinforced and integrated to guarantee Māori cultural norms to maintain the mana (dignity) of the dying Māori person and their family and achieve the ideal balance of physical, emotional and spiritual healthcare dimensions.

**The research paper followed a secondary research method** where qualitative literature analysis was done. The researcher

analyzed the research issue, identified relevant studies related to palliative care, selected relevant literature by searching the databases of PubMed, SCOPUS and medical journals (Moeke-Maxwell et al., 2018, #).

## **2. Impact of obesity resulting from individual lifestyle choices on healthcare services**

**2.1 A study by Kimberley Norman et.al** discussed that effective weight loss strategies are accessible for primary health-care physicians to use. Although most treatments ensued modest weight reduction, patients may need better and comprehensive remedies like better nutrition, physical activity, and other culturally suitable alterations. The researcher suggested healthcare practitioners should focus on identifying the lifestyle choices made by the patients in gaining weight and removing possible blockades to obesity treatment in primary care, as well as developing complete, multileveled therapies that are successful for the local community. The study includes information that can help to enhance obesity health-care delivery by giving patients information about leading quality life, adopting healthier lifestyle, thus reducing obesity prevalence and financial load on the national health-care system.

**The research methodology used here was a secondary research method** as the researchers analyzed six internet databases for peer-reviewed studies on adult obesity management. NZ adults in between 25 - 64 years with a BMI >30 or >25 BMI if participants had health issues. The weight reduction in kilograms was a quantifiable result in the inclusion criteria. Eleven studies were found, with nine reporting statistically significant weight reduction from baseline and two reporting no meaningful weight loss (Norman et al., n.d., #).

**2.2 A study by Aditi Tiwari et.al** examined how primary care physicians in New

Zealand can assist obese patients by continually monitoring their weight and BMI and scheduling yearly health maintenance appointments on a regular basis. The physician needs to understand the lifestyle choices made by the individual and make an attempt to overcome any barriers to obtaining treatment that the patient feels. Dieticians can be involved in management and can assist in developing a diet plan that takes into account the patient's specific preferences and beliefs especially if binge or emotional eating is part of their routine lifestyle. Exercise professionals can give age-appropriate exercise suggestions for patients as well as family activities. The study also examines the role of public health authorities in preventing obesity by focusing on coordination between healthcare providers and policymakers. They need to work as an interprofessional team, for determining the burden of obesity and addressing barriers to treatment and preventive screenings.

**The research paper followed a secondary research method** where qualitative literature analysis was done. The researcher examined literature related to the obesity-related issues, outlined the psychological factors in obese individuals and explained the personal and public health repercussions of obesity. The relevant literature was searched on the databases of PubMed, SCOPUS and medical journals (Tiwari & Balasundaram, 2022)

**2.3 A study by Clare Pearce et.al.** reviewed the role of hospital and community-based health care in adult obesity prevention by mapping the evidence, and identifying gaps in existing research. The data supported that healthcare organizations must screen all patients for obesity and refer them to suitable intervention programmes, but it also revealed that health professionals do not frequently conduct this. In addition to practical constraints such as time and resources, implementation is influenced by

health professionals' perspectives on the causes of obesity and their misgivings about the health sector interventions. The study emphasized that it is critical that the scope of health services should be expanded beyond medical treatment to include obesity prevention via screening and referral by examining the deep rooted causes of lifestyle affecting obesity and if there is any past emotional or genetic issues involved in this. This would assist in implementation of a holistic systems-level approach to investigate perspectives of evolving models of care.

**The research paper followed a secondary research method** where research articles published between 2006 and 2016 were used. The papers included in this review examined papers pertaining to preventing obesity in adults that were executed within a healthcare organization. The focus of research papers selected also included staff perceptions of obesity and measures taken by them to control it (Pearce et al., 2019, #).

**2.4 A study by Bolaji Lilian** discussed how obesity is tightly connected to lifestyle choices, and risk behaviors that lead to obesity-related morbidities in young people. This may be traced back to acceptable standards of health in childhood and adulthood. The researcher used WHO cataloguing for examining impact of obesity among female students at the United Arab Emirates University. The study deduced that students who spent extended periods of time sitting were more likely to be obese, with a lack of time being cited as a primary factor for physical inactivity. This is applicable for students in New Zealand too who are desirous to reduce weight for improved health and appear better. Given the pervasiveness of obesity resulting in health risks, the researcher encourages prompt action to be taken by enforcing preventive measures that could restrict obesity like having a gym in university campus or creating joggers pathway around the campus.

**The research paper followed a primary research method** wherein a self-administered questionnaire was used to perform a cross-sectional survey of 321 female students aged 18 - 30 years on their lifestyle choices, risk behaviors, and views of obesity with their BMI. These students were asked questions pertaining to their nutrition and physical exercise habits (Ilesanmi-Oyelere, 2011).

**2.5 A study by Cervantée EK Wild et.al.** identified the barriers to adopting and maintaining healthy lifestyle changes for families with obese children / adolescents who were enrolled in a healthy lifestyle assessment and intervention programme Whānau Pakari in New Zealand. Participants identified a variety of elements that contributed to their capacity to create and maintain change, including those outside their direct control at the larger socio-environmental level. Even with the help of a multidisciplinary healthy lifestyle program, participants struggled to make long-term changes in an obesogenic environment. Healthy lifestyle intervention programs, as well as families' ability to make and sustain changes, necessitate coordination of prevention efforts, with a focus on policy changes to improve the food environment and eliminate structural inequities. The study examined how the socioeconomic disadvantage and racial discrimination faced by Māori people is a fundamental predictor of disparities in healthcare access and resource allocation. Hence, it is vital that health equity is prioritized in service delivery in order to improve results for indigenous people, particularly in complicated health domains such as healthy lifestyle modification.

**The research paper followed a primary research method** where 38 interviews were conducted with parents / caregivers of children who had previously availed service of this multidisciplinary package for childhood obesity intrusion, and who

highlighted barriers to implementing healthy lifestyle changes (Wild et al., 2021, #).

## RESEARCH METHODOLOGY

This research is based on secondary data and is descriptive in nature. The secondary research comprised of analysing healthcare and medical research journals and databases relevant to New Zealand. The entire research has been conducted on the premise around indigenous healthcare model of New Zealand and how the healthcare system is trying to cope with the wide spread of obesity.

## RECOMMENDATIONS AND CONCLUSION

The Māori holistic healthcare model focuses on multiple dimensions for a total well-being. Physical well-being is connected to mental well-being, and these can be enhanced by exercise, proper food, sleep, and not smoking. The healthcare practitioners can encourage Māori's to make a pledge with their family, friends, or colleagues to select one aspect of their lifestyle which they can enhance for positive physical wellness. Motivating each other to quit alcohol, going for a walk together during work breaks or including one fruit or vegetable in each meal can improve this aspect. For better mental health Māori can be encouraged to express their thoughts and seek assistance from a wider community including doctors for dealing with mental health issues. Some unexpected lifestyle decisions might interfere with having healthy mental wellness. The healthcare practitioners can encourage Māoris to exercise regularly and have fresh fruits to improve one's mood and mental well-being and advise how having alcohol might have the opposite effect. There is no correct or incorrect way to think about spiritual wellbeing as per this holistic model as this is a crucial component of one's mental health and depends on one's belief. The healthcare practitioners can support the Māori beliefs of visiting marae are connected with their values, traditions, and practices that

promote self-awareness and contribute to their spiritual well-being especially during palliative situations. Finally, the model promotes that family is essential to one's well-being since it is a source of strength, support, security, and identity. The healthcare practitioners can encourage Māoris to spend time with family by going on vacations, cook meals for them and to become more involved in children's activities as it will provide them a sense of purpose, connection, and well-being that can enhance this aspect (Health Navigator NZ, 2022).

By providing healthy settings for patients, visitors, and staff, hospitals and other healthcare institutions may support positive lifestyle changes. This requires them to offer healthy alternatives in their cafeterias but banning unhealthy foods like fast food and cold drinks. A healthy lifestyle can be modelled by healthcare professionals by utilizing their knowledge and influence to promote constructive changes that have an impact on people well outside of their workplace as they are active members of the greater community. Health insurance providers can significantly affect how people manage their weight because of their extensive reach. They can provide funding for obesity prevention and treatment, create, and promote preventative initiatives through health camps and cover the cost of obesity checkups. They can also team up with wider community status to support and sponsor broad-reaching prevention efforts such as healthy meals in schools, jogging and walking events (Harvard T.H. Chan School of Public Health, n.d.).

### *Declaration by Authors*

**Ethical Approval:** Not Applicable

**Acknowledgement:** None

**Source of Funding:** None

**Conflict of Interest:** The authors declare no conflict of interest.

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- How to cite this article: Sanjeev Kumar Arya, Mahesh Singh Rajput. A study of New Zealand's indigenous healthcare model and its impact on curtailing obesity. *International Journal of Science & Healthcare Research*. 2022; 7(4): 313-319.  
DOI: <https://doi.org/10.52403/ijshr.20221044>

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