

MĀORI HEALTH MODELS

Why are Māori health models necessary for rangatahi Māori?

Māori kowhaiwhai [photograph]. (2016). Retrieved 10 May, 2016, from <http://www.istockphoto.com/vector/maori-kowhaiwhai-seamless-designs-gm455441319-22880557>

INTRODUCTION

Māori health models should be specific to Māori but must be adaptable to suit the individual. Every rangatahi has had a unique upbringing and are therefore culturally diverse. One rangatahi may identify as Māori but may not have been brought up in a Māori setting, therefore, will not have the same values and beliefs as someone who may have been immersed in Māori culture. Thus, it is important that the models be adaptable to the individual's unique way of life.

TE PAE MĀHUTONGA

Te Pae Māhutonga is the name given to a constellation of stars also known as the Southern Cross. The four central stars are represented as Mauriora (access to te ao Māori), Waiora (environmental protection), Toiora (healthy life styles) and Te Oranga (participation in society) (Durie, 1999). Te Pae Māhutonga can be used in a modern setting, but must be modified to work alongside what Durie (2004) defines as macro-level impacts. "Te Pae Mahutonga can be used as a symbolic map for bringing together the significant components of health promotion, as they apply to Māori health" (Durie, 1999, p.2). This model can be used to assess how much exposure rangatahi have had to the four elements mauriora, waiora, toiora and te oranga.



TE WHEKE

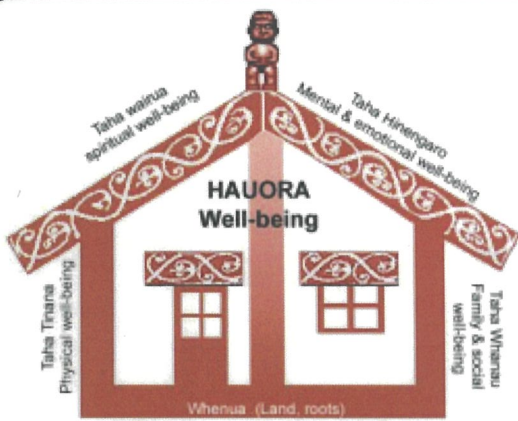
Te Wheke translates to the octopus (McNeill, 2009). The body parts of the octopus are represented as Wairuatanga (spirituality), Mana ake (individuality), Mauri (philosophy which sustains all life forms e.g. language), Hā a kui ma a koro ma (traditions), Taha tinana (physical), Whānaungatanga (kinship), Whatumanawa (emotional), Hinengaro (mind) (McNeill, 2009). The basis of Te Wheke is tūturu Māori (traditional Māori beliefs) It clearly does not take into consideration the deprivation of Māori culture of rangatahi.



Te Wheke [photograph]. (2015). Retrieved 10 May, 2016, from <http://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-wheke>

TE WHARE TAPA WHA

Te Whare Tapa Wha was developed in 1982 and is a theory of wellbeing. It encompasses the four cornerstones of health being, taha tinana (physical), taha hinengaro (emotion), taha whānau (social), taha wairua (spiritual). Te Whare Tapa Wha recognizes both wellness and in the absence of, illness (Signal & Ratima, 2015). Rochford & Durie (2004) state "the introduction of Te Whare Tapa Wha into clinical practice has allowed a wider understanding of the holistic nature of Māori mental health", as cited in (New Zealand Psychological Society, 2007). When applying Te Whare Tapa Wha to rangatahi, the model can be used to identify the physical, mental, whānau, and spiritual beliefs or needs that are specific to them, as one rangatahi has different values of Māori culture to another rangatahi.



Te Whare Tapa Wha Model [photograph]. (2009). Retrieved 10 May, 2016, from <https://akoatearora.ac.nz/download/ng/file/group-3740/n3756-the-new-role-of-the-wananga-educator--laws-hamilton-pearce->

RECOMMENDATIONS

- Māori health models must be adaptable to suit the individual. Every rangatahi has had a unique upbringing and are therefore culturally diverse.
- Health models need to be established that are specific to rangatahi needs e.g. their own unique lifestyle, which can also be adapted to suit the individual and their way of life.

IMPLICATIONS

Creating an appropriate environment is key when caring for Māori. We as nurses, have a responsibility to provide care that is appropriate to each individual and is suited to what may be essential to them and the values they hold in their life.

CONCLUSION

As nurses it is our role to provide health care responsive to the client. When working with Māori clients we have to adapt our care to suit their needs. There is a large amount of cultural diversity within Māori culture, and when using health models specific to Māori clients, they must be adjusted to suit the individual and what is important to them personally.

References

- Durie, M. (1999). Te pae mahutonga: *A model for māori health promotion*. Health promotion forum of New Zealand newsletter 49, 2-5. Retrived from <http://www.renaresourceconsent.org.nz/wp-content/uploads/2015/07/67891-Brief-of-evidence-Enid-Ratahi-Pryor-Appendix-221.pdf>
- Durie, M. (2004). An Indigenous model of health promotion. *Health Promotion Journal of Australia*, 15(3), 181-185.
- McNeill, H. (2009). Māori models of mental wellness: *Te Kaharoa*. 2, 1. 97-115. Retrieved from <http://tekaharoa.com/index.php/tekaharoa/article/view/47->
- New Zealand Psychological Society. (2007). Meihana model: *a clinical assessment framework*, 36, 3. Retrieved from <http://www.biomedsearch.com/article/Meihana-model-clinical-assessment-framework/173643516.html>
- Rochford, T., & Signal, L. (2009). Keeping up to date: *Using a framework of Māori models for health to promote the health of Māori*, 29-30, 1-8. Retrieved from <http://www.hauora.co.nz/resources/Hauora%20KeepinguptoDate3-09.pdf>
- Signal, L., & Ratima, M. (2015). *Promoting health in Aotearoa New Zealand: Hauora, health and wellbeing, the right of every child and young person*. Dunedin, New Zealand: Otago University Press.

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PECOT table

PECOT category	Information relating to question	Explanation
Patient/population	Rangatahi Māori (adolescents).	This age is an important age in development as experiences that happen now, have life long consequences and can affect health in the future. Focusing on this age group will help with adult health.
Exposure/Intervention	Rangatahi who are exposed to the use of Māori health models in the health system.	I will examine the benefits of using Māori health models for rangatahi. I am interested in why they are necessary and how they work.
Comparison/ Control	Rangatahi who are not exposed to the use of Māori health models in the health system.	I will look in to the lack of use of Māori health models and why they may not be being used.
Outcome	To determine why the use of Māori health models are necessary for rangatahi within the health system.	I aim to find how Māori health models benefit rangatahi and why they are necessary.
Time	Not applicable	Not applicable

(Schneider & Whitehead, 2013).

Rationale

I chose to present my information using a poster as a large amount of health information is presented as a poster and as it has been proven to be an effective way to transfer of knowledge. A study completed to examine whether people acknowledged posters in waiting rooms and remember them. The study showed that of 319 patients attending a clinic, 82% had noticed posters and 95% of those, reported that they had read them (Ward & Hawthorne, 1994). My audience is not only clients, but also health professionals; therefore it had to be appealing to both (Schneider & Whitehead, 2013). I chose a poster as it is an efficient way to get information across to a wide range of people and they can read at their own pace. It can put up in a number of different areas such as, hospitals, waiting rooms and hallways (Llic & Rowe, 2013). Māori are an oral and visual culture, therefore, the use of diagrams are more likely to attract Māori readers than a poster with a large amount of reading. I included the diagrams as they are significant to some Māori and may draw the client in.

References

- Ward, K., & Hawthorne, K. (1994). Do patients read health promotion posters in the waiting room? *A study in one general practice*. The British Journal of General Practice. 44(389). 583-585. Retrieved from PubMed database.
- Llic, D., & Rowe, N. (2013). What is the evidence that poster presentations are effective in promoting knowledge transfer? *A state of the art review*. Health Information and Libraries Journal, 30, 4-12. doi: 10.1111/hir.12015
- Schneider, Z., & Whitehead, D. (2013). Nursing and midwifery research: *Methods and appraisal for evidence-based practice*. Chatswood: Elsevier Australia.
- Schneider, Z., & Whitehead, D. (2013). Writing and presenting research findings for dissemination. In Z. Schneider & D. Whitehead (Eds.). *Nursing and midwifery research methods and appraisal for evidence based practice* (pp 373-390). Australia: Elsevier.