

# 9 Pacific peoples in New Zealand

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People from the Pacific Islands have been in New Zealand for over one hundred years. In 1991 there were 167,000 (4.9 percent) Pacific peoples in New Zealand and in 2001 more than 231,802 (6.5 percent) were living in the country. In 2006, it had risen to just under 266,000 people, and increase of 15 percent since 2001. In comparison to the total New Zealand population, Pacific peoples constitute a predominantly youthful population. Adverse socioeconomic circumstances and poor access to health care services put Pacific peoples among groups in New Zealand with the highest health needs. Like Māori, Pacific peoples regard health in a holistic socioecological framework. Ill health is thought to be the result of disharmony between humans and their environment. The patient may be seen as the victim of family wrongdoing. Mental illness is often thought of as possession by evil spirits. Pacific peoples are very religious and some observers have attributed their apparent apathy to fatalism, which is part of these beliefs. Christian doctrine dominates many customs and traditions, including those surrounding death and dying.

## Demographic characteristics

On average, Pacific males can expect to live for 71.5 years and Pacific females for 76.7 years. Pacific males and females have life expectancy at birth lower than the average for New Zealand: 4.8 years lower for males and 4.4 years lower for females.

The Pacific population is characterised by a high birth rate and low death rate, putting some Pacific ethnic groups among the fastest growing ethnic groups in the country. Total fertility rate is 3-4 times the rate in the general population. In 2006, children and young people under 15 years of age comprised 38 percent of the Pacific population compared with 22 percent of the total New Zealand population. High population growth is attributed to low utilisation of family planning methods and a strong cultural desire for large families. Pregnancy termination rates are highest among Pacific women in New Zealand.

Only 4 percent of the Pacific population are aged 65 years and over compared with 12 percent of the national population. Older people are held in high regard and their care and comfort is extremely important to Pacific families.

While there are many similarities among the Pacific peoples in New Zealand, the population group consists of several distinct language and cultural entities. The Samoan community is the largest (49 percent) followed by the Cook Islands (22 percent), Tongan (19 percent), Niuean (8 percent), and other smaller communities. A substantial proportion of Pacific peoples claim descent from more than one ethnic group.

The Pacific population is mainly concentrated in urban centres of Auckland (67 percent) and Wellington (16 percent). While migration was an important contributor to population growth in early years, more than 60 percent of all Pacific people living in New Zealand in 2006 were born here. The majority of the children and young people are born in New Zealand; many do not affiliate with the traditional social and cultural values of their parents.

### **Socioeconomic circumstances**

Pacific people are over-represented at the lower end of the socioeconomic spectrum compared with other New Zealanders. The group is highly skewed, with 42 percent living in decile 10 areas (most deprived) instead of the expected 10 percent. While there has been some improvement in socioeconomic indicators in recent years, Pacific peoples remain worse off than other New Zealanders. Socioeconomic disadvantage is closely linked with poor health status.

Pacific young people tend to leave school without a formal qualification but the proportion of Pacific people gaining NCEA Level 2 improved significantly between 2005 and 2007. The annual average unemployment rates for Pacific peoples (6.3 percent) fell by 0.7 percentage points between the year to June 2007 and 2008, while data for Māori (7.7 percent) and Europeans (2.6 percent) remained relatively stable. In 2006, the median income for Pacific peoples was \$20,500 compared with \$24,400 for other New Zealanders.

Overcrowding and poor quality housing is a major social and public health problem for Pacific families. Over-crowding among Pacific households is more likely to result from economic hardship than from cultural preference, although the central role of the family among Pacific communities is also important in determining living arrangements.

### **Morbidity and risk factors**

Household Health Surveys showed many Pacific people rated their overall health as poor/not so good. They were least likely to exercise regularly. Despite debate about the accuracy of Body Mass Index (BMI) as a measure of obesity in Polynesians, several studies have shown that 75 percent of Pacific people are overweight. Obesity is more prevalent among Pacific peoples in New Zealand than among Pacific peoples living in their islands of origin. Obesity is one of the major causes of morbidity for adult Pacific people, especially for Type 2 diabetes. It is also a growing problem among Pacific children and young people in New Zealand. Results from the 2002 National Children's Nutrition Survey showed that nearly 1 in 3 New Zealand children aged 5-14 years are overweight or obese. The

situation is worse for indigenous Māori and Pacific children where 2 in 5 and 2 in 3 are overweight or obese respectively. NZ has a major public health problem that needs urgent attention and measures currently planned or in place are insufficient.

Pacific children have poorer health status than other New Zealand children. The Infant Mortality Rate is 40 percent higher among Pacific population than the all New Zealand average. Hospitalisation rates for respiratory conditions, infectious and parasitic diseases, burns and unintentional injuries also exceed national rates. Hospitalisation rates for asthma is 50 percent higher than the all New Zealand average. Age specific annual notification rates for rheumatic fever between 1990-1995 for children aged 10-14 years were 77.7 per 100,000 for Pacific children, 30.4 per 100,000 for Māori children and 1 per 100,000 for European children. These childhood problems are consequences of poverty, substandard housing and inadequate health care.

Pacific children were more likely to fail their hearing test at new entrant level. Estimated iron deficiency among Pacific children at 36 months is 30 percent compared with 7 percent among European children. A school-based survey showed that iron deficiency and anaemia is higher in adolescent Pacific girls.

Young Pacific people generally show morbidity patterns similar to those of other young New Zealanders. However, a needs assessment process carried out by Pacific young people in the Auckland region showed that identity crisis, poor self esteem and lack of confidence are important underlying contributors to the observed problems of suicide, unwanted teenage pregnancy, alcohol misuse and sexually transmitted diseases. The youth suicide rate among Pacific young people is similar to the national average rate.

Pacific peoples consume alcohol less often than Māori and European, but they consumed more alcohol at the last occasion. 57 percent of Pacific peoples do not consume alcohol compared with 12 percent of the general population. The prevalence of tobacco use among Pacific peoples remains higher than other New Zealanders. The Ministry of Health estimates that Pacific males aged 15 years and over have a higher prevalence of cigarette smoking than the males in the total population but female rates are similar.

Non-communicable diseases are the leading causes of morbidity and mortality in the adult Pacific population. The prevalence of Type 2 or non-insulin dependent diabetes mellitus (NIDDM) is 3-4 times the rate of European New Zealanders and complications are common. Type 2 diabetes is the leading cause of end stage renal failure presenting for dialysis at Auckland hospitals. Pacific peoples with Type 2 diabetes have the poorest knowledge about the disease and are least likely to be receiving optimum care. Reported morbidity from coronary heart disease is lower but mortality rates are higher compared with European rates. The difference is more likely to reflect poor access to health information and care rather than inherently more severe disease among Pacific peoples. The prevalence of hypertension is higher among Pacific peoples compared with other New Zealanders but they are less likely to be on treatment. Pacific men have a predisposition to hyperuricaemia and gout. In general, incidence of the common cancers is similar to the all New Zealand population average but they tend to present later with advanced invasive disease. Cervical cancer incidence (and mortality) rates are higher among Pacific women, partly reflecting lower uptake of screening services.

Pacific peoples suffer the second highest rates of tuberculosis reported in New Zealand. Unintentional injuries are the leading causes of admission to hospital followed by asthma, stroke and coronary heart disease. In spite of similar coronary heart disease hospitalisation rates, Europeans have a three times higher coronary bypass graft and seven times higher angioplasty rate than Pacific peoples.

There is no accurate information on the prevalence of disabilities among Pacific people in New Zealand. Similarly, reliable community-based information on the prevalence of mental health problems of Pacific people is not readily available. One study showed that Pacific people were under-represented in total psychiatric admissions but were over-represented among committed patients. The most common reasons for first admissions to mental health institutions for Pacific men are alcohol and drug abuse followed by schizophrenia. For Pacific women, affective psychoses, paranoid states and other psychoses are the leading cause of first admissions.

### **Mortality patterns**

Standardised all cause mortality rates for Pacific people are reported to be lower than national rates, but studies have shown the recording procedures and changes in the definition of ethnicity underestimate the true mortality rate for Pacific people.

The perinatal mortality rate is 34 percent higher than the national rate. Sudden infant death syndrome (SIDS) or cot death in Pacific families was previously reported as low. However, a review of cases in Auckland showed that SIDS rate increased fourfold between 1994 and 1995 but the number of SIDS notifications has declined in recent years.

Coronary heart disease is the leading cause of death for both men and women with mortality rates midway between those in Māori and European. One study showed that deaths from coronary heart disease among Pacific peoples have not declined in line with national and international trends. Cancer is the second commonest cause of death and cancer death rates increased among Pacific peoples while there was a decline among other New Zealanders between 1980 and 1990. The leading sites for cancer in men are lung and prostate, and breast and cervical cancer in women. Large bowel cancer rates increased ten-fold in the same period.

### **Use of health services**

Five-year hospitalisation rates for Pacific people are above the national rates. Admission rates for preventable conditions such as asthma and diabetes are two to three times the national rates. Pacific people with asthma are seen more often in hospital emergency departments and are less likely to be on preventive therapy than other New Zealanders. Similarly, Pacific people with diabetes develop more complications as a result of their disease. Children of Pacific origin are six times more likely to be admitted with pneumonia than children of other New Zealanders. These observations are likely to result from delay in seeking care compounded by traditional beliefs about health and illness, poor access to primary care providers and preference for hospital services.

Over-representation of Pacific peoples in hospital discharge statistics could be attributed to lower primary care utilisation. The number of primary care

practitioners is generally lower in areas with high Pacific and Māori populations densities. Primary care consultation rates are lower for Pacific people than for other New Zealanders. One study has shown that Pacific peoples were more likely not to visit a health professional or to delay seeking care than other New Zealanders. Other studies have shown that general practitioners rated their rapport with Pacific people as the lowest, and Pacific peoples were least satisfied with doctor's fees.

Financial, social, language and cultural factors are likely to be important barriers but objective information on the relative importance of these factors is not available. Many Pacific health professionals are aware that Pacific peoples are using traditional remedies in New Zealand. Traditional healers and/or remedies are often brought from the islands for this purpose. Traditional remedies are often used simultaneously with conventional medicines. The introduction of Primary Health Care Organizations has seen high enrolment rates by Pacific peoples, but the impact on health service utilisation remains unclear.

### Caring for the Pacific patient

While every patient is unique, the Pacific patient may present additional challenges such as language difficulties, cultural differences and socioeconomic problems. Doctors should also note that Pacific patients come from distinct language and cultural groups, and the general principles outlined here are meant as general guidelines only. It is clearly not possible to be familiar with the customs and traditions of all cultural groups, but familiarity with the larger Pacific groups is a worthwhile investment. Simple measures such as greeting the patient in their own language can improve the doctor-patient relationship significantly.

Older Pacific people are often accompanied by several members of the extended family to the consultation. While this situation may present some challenges for patient privacy, it is common practice and one that is generally beneficial for the patient and the family. The older Pacific patient is often unable to speak in English nor relay a reliable social and clinical history, and family involvement is generally useful. Doctors should, however, note that in some cases, older Pacific people value their privacy and this should be respected.

Doctors should note that some Pacific people still regard doctors highly and may not provide a complete account of their clinical, social and economic situation. Under these circumstances, it may be advisable to check and verify information independently in an appropriate way. Some Pacific patients may tell doctors what they think doctors want to hear rather than a true account of the circumstances. This applies to the clinical situation as well as facilities in the home. Therefore, it is useful to enquire about telephone ownership and transport options before discharging a sick patient home.

Most Pacific patients are deeply religious and regular church goers. These beliefs often influence attitudes to illness and care. While these beliefs can present challenges for patient education and care, church ministers can be a useful contributors to the care of selected patients for certain conditions.

A limited published number of published studies have shown that in general, Pacific peoples who were born in the islands are more traditional in their approach to health care compared with New Zealand-born Pacific people. For example, a

study of infant care practices among several Pacific (and Māori) care-givers in Auckland showed there were similarities across cultural groups and differences were more marked among those born in the Pacific. Pacific-born caregivers gave more importance to traditional beliefs, including family views and practices while New Zealand-born care-givers gave more importance to professional advice, and Western biomedical understandings of health and illness. Another example relates to circumcision of young boys. Circumcision for cultural reasons is routine in the Pacific islands but is generally harder to obtain in New Zealand without a medical indication. A study in Christchurch showed that 89 percent felt that circumcision should be performed for cultural and hygiene reasons. Furthermore, circumcision was expected and generally well accepted by the boys despite the discomfort from the procedure.

## Contacts

There are a number of organisations throughout the country that can help with advice. In Auckland, there are several Pacific-owned providers of health care services. A number of Primary Health Organisations have been established in the main centers owned and operated by Pacific individuals and organisations. Some hospitals and commercial organisations provide interpretation and translation services. The Ministry of Health has a dedicated Pacific health team who plan, fund and monitor health care services for Pacific people. The Ministry of Health, Statistics New Zealand and Ministry of Pacific Island Affairs websites includes a number of useful reference documents about Pacific peoples. The Pasifika Medical Association has members in various centres throughout New Zealand who can provide medical advice. Most of the hospitals in cities where Pacific people live have Cultural Resource Units or Pacific staff who can assist with patient care. The University of Auckland and the Whitireia Polytechnic host research centres focusing on the health needs of Pacific people. Many Pacific community groups exist throughout New Zealand.

## References

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