

Taku Manawa: Patterns of alternative health care practices in Aotearoa/New Zealand.

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I te wa ka taea e te whānau ki te tiaki e o ratou ake hauora, kua whakapakari ake te whānau, kia mahi tahi i te taha i o ratou ake hapu iwi.

Where whānau can manage our own health, the whānau is strengthened, as is whānau ability to participate in our own communities.

(Ministry of Health, 2001, p. 10)

Currently, there are an increased number of Māori people seeking alternative solutions to their health needs. The use of Rongoa Māori is not just an alternative health practice, but also a traditional one, making the practice far more significant than one that simply meets health needs.

This thesis extends the work by Segina Te Ahuahu and me during the summer of 2001/2 where we collected qualitative data about patterns of rongoa rākau use among Māori in Ruatoria and Rotorua (rural and urban areas respectively). In that study we found that, both people who reside in rural and urban communities have limited financial resources, and limited access to mainstream medical facilities. They rely upon alternative medical interventions as a first, or complementary, response to illness prevention or to ill health and injury. Using this work, I developed a conceptual framework that formed the basis for my thesis. While my own experience as Māori attests to the relevance and significance of these health practices, little documentation regarding the use of both alternative therapies and Rongoa Māori, in the context of Aotearoa/New Zealand, exists. Due to this, I felt it important that I advance this work in an attempt to gather knowledge regarding these health-care practices.

Herbal medicine is currently undergoing a resurgence in many developed countries (Fraser, 1995). Nearly half of all medicines currently prescribed are derived from species of the plant kingdom (Dobelis, 1986). According to the World Health

Organisation, 80% of the world's population use herbal medicines in one form or another (Fraser, 1995). The resurgence in herbalism has been a worldwide movement. Indigenous people from around the world (including Māori) are now re-considering the economic value of traditional healing methods. In Aotearoa, there has also been a renewed interest across the health professions, which in general, have become more aware of Māori models of health, wellness, and healing (Durie, 2001), and of alternative therapies such as homeopathy, acupuncture, and reflexology. People described as 'ordinary' or services described as 'mainstream' are now actively engaging in these practices (Clarke, 2001).

Promoters of alternative medicine believe that these approaches to healing are safe, natural, and through experience do work. In certain countries, alternative medical practices such as acupuncture, homeopathy, and reflexology are the most widely used methods of health care. However, many practitioners of modern conventional medicine believe these practices are unorthodox and unproven (Blackman, 2002). Thus, literature relevant to Rongoa Māori, like the traditions of many non-Western peoples, tends to dismiss such practices as unscientific, quaint, and superstitious (Voyce, 1989). Traditional, complementary, herbal, and alternative medicine attracts the full spectrum of reactions, from enthusiasm to uninformed scepticism. Despite this, the

use of traditional medicine remains widespread in developing countries and the use of complementary and alternative medicine is increasing rapidly in developed countries (World Health Organisation, 2002).

In Aotearoa, there is an increasing existence of integrated health services. Acknowledgement of cultural values is occurring, and service providers are gradually moving towards servicing the consumer's rather than an institution's needs. The importance of culture to Māori well-being is being recognised with the establishment of Kaupapa Māori programmes and Māori health services (Durie, 2001). With the establishment of these services, people now have alternatives available in their health care. Given the convergence of mainstream medicine with traditional and alternative healing practices, the value of this research resides in knowing more about the place of alternative therapy with particular reference to Rongoa Māori as a health care practice indigenous to the Aotearoa/New Zealand context. However, for the purpose of this paper I will only be presenting the data relevant to the current use of alternative therapies.

Methodology

Students enrolled in two undergraduate psychology courses at the University of Waikato constituted the population from which the sample in this study was drawn. The researcher invited students in one course to participate in the study. While students did not have to complete the questionnaire as part of their course work, they were required to at least familiarise themselves with the content of the questionnaire so that they could engage in required online tutorial discussions about alternative therapies. For the other course, a 1% course credit was an incentive. To gain this credit students completed the questionnaire as well as a one-page commentary about the research process. This commentary was used only as a learning exercise and was not included in the data set for this study.

The people who participated in this study were all undergraduate students of psychology at the University of Waikato. In total, there were 106 respondents to the

online questionnaire. Of the respondents, 32 replied that they were female and four male, with 71 respondents' providing no response to the gender question. Almost half (43) of the respondents were aged less than 20 years old, 12 were in their twenties, and nine were mature students over 30 years old. Forty-three respondents provided no response to the age question. Given the high rate of participants not responding to these questions, the researcher can only presume that the respondents had concerns with providing personal information.

Findings

With respect to the current use of alternative therapies, the findings indicate that respondents' families facilitated initial exposure to alternative therapies. The data also show that many respondents continue to be reliant on these networks. For the majority of respondents, these relationships were important for facilitating access to the relevant resources. Issues such as knowledge-base limitations, time constraints, and cost concerns were identified as barriers to respondents' use of alternative therapies.

Similar factors were also evident in data pertaining to medical pluralism. Respondents admitted to being more reliant on Western therapies simply because they were more familiar with this form of health care. While some people used alternative therapies as their main health care method, Western therapies were utilised more frequently and with more confidence. Although alternative therapies were more popular as a preventative health care measure, Western therapies were generally utilised more frequently.

Alternative therapies were used by this sample to achieve increased chances of better health through more holistic, non-intrusive, and natural health care practices. Respondents identified that various barriers such as knowledge limitations, accessibility issues, time constraints, and cost concerns had influenced their use of alternative therapies. Accordingly, these barriers were also highlighted as deterrents to the attendance of workshops relating to alternative therapy use, as well as workshops on ritual procedures associated

with such therapies. It is important to note that themes similar to those found in the current use section were also common in both the future use and Rongoa Māori data.

Conclusion

This thesis sought to gain information pertaining to the use of alternative therapies within the context of Aotearoa/New Zealand. Although this study is a continuation of a preliminary investigation entitled *Urban/Rural Patterns of Rongoa Rakau Use Amongst Māori*, I feel that it has only begun the initial stages of what is needed in this area. This research has contributed to increasing the current level of knowledge regarding this field of research. It has provided a basis of knowledge from which future researchers can work. However, implementation of the recommendations for further research might also encourage improved safety, efficacy, status, access, affordability, and knowledge

of alternative and traditional therapies and relevant services.

Overall, alternative therapies (Rongoa Māori inclusive) are a health care method that is experiencing a current resurgence due to its holistic, natural, and non-intrusive approach. Nevertheless, for most people, access and knowledge limitations are having an impact on their patterns of use. This research suggests that if access to these therapies, and knowledge about services, increases, so too would the levels of competency and the patterns of traditional and alternative therapy use.

I leave you to dream the dream that I and many friends have treasured through the years, that worthwhile elements of the old Māori culture, the things that belong to this beautiful land, may be preserved for the New Zealand Nation (Sir Apirana Ngata, 1936).

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