Māori food and cultural profile: dietetic consultation guide

This resource is a guide for dietitian/nutritionists to provide culturally appropriate and effective services to Māori community members. It follows the ADIME format and provides information about the food and food practices of Māori from New Zealand who have settled in Brisbane (Australia).

The profile follows the chronological steps in individual case management.

These include:
1. ***Booking a client appointment***
2. ***Preparation for the consultation***
3. ***Assessment***
4. ***Diagnosis***
5. ***Intervention***
6. ***Monitoring and evaluation.***

Food service cultural considerations

In Māori culture, what is considered sacred, special or restricted is known as* tapu. *Things that are seen as normal, ordinary or safe are known as* noa. *Keeping* tapu *items separate from noa items is very important.[1] The following need to be considered in the hospital food service context:

- ***Because a person's head is a* tapu *part of the body and food is* noa, *you should never pass food (such as a meal tray) over a Māori person's head, because that action can strip them of all personal* tapu.[1]
- ***Anything to do with death is also* tapu. *In the case of a hospital patient's death, relatives are likely to wish to spend time in the room with their loved one. The presence of the dead body makes the room* tapu, *and therefore food and drinks cannot be brought into the room.[1]***

1. Booking a client appointment

Key considerations

- The use of interpreters may not be required, because Māori are generally proficient in English.
- Family ties are strong, and clients often have large extended families. Consider asking the client to bring a close family member along to the session for guidance and support.
- Provide a gentle reminder to the client two or more days prior to the appointment.

2. Preparation for the consultation

Working with an interpreter

Although it is uncommon for someone of a Māori background living in Australia to require an interpreter, if one is required, it is important that a trained and registered interpreter be used. The use of children, other family members or friends is not advisable. Health services must consider the potential legal consequences of adverse outcomes when using unaccredited people to 'interpret' if an accredited interpreter is available.

If you have limited experience working with an interpreter, it is recommended that you improve these skills prior to the appointment. There are many online orientation courses available, and Queensland Health has produced guidelines for working with interpreters, which can be accessed here.

Traditional greetings and etiquette

English	Māori	Pronunciation*
Hello (literally 'be well/healthy')	*Tēnā koe* (formal greeting to one person)	Teh-nah-kway
	Tēnā kōrua (formal greeting to two people)	Teh-nah-kor-oo-ah
	Tēnā koutou (formal greeting to many people)	Teh-nah-ko-toe

* Follow hyperlinks to hear pronunciation.

Language and pronunciation are often very important to people with a Māori background.

Learning how to pronounce Māori names correctly is a way to show respect. Because mispronouncing Māori words or names can be jarring to the client, it is better to ask the person to teach you to pronounce words.[1] Māori generally wish to learn the names and roles of those involved in their care, so make sure you introduce yourself and anyone else in the room (e.g. students) and describe your role and the purpose of the appointment. Māori show a preference for face-to-face and unhurried interactions.[1]

When greeting and leaving, a firm handshake with good eye contact is appreciated. Men may wait for the woman to initiate a handshake.

Background

Ethnicity	There are 12 major *iwi* (tribal groups) documented in New Zealand's 2013 Census of Population and Dwellings, with sub-tribes within the main *iwi*. Different *iwi* have different values, beliefs and practices.[3]
Religion	Christianity is the most widely practised religion amongst Māori. Tribal religious variations also exist that are based on Christianity. Current beliefs may be influenced by traditional religions, the primary religions being Ratana and Ringatu.
Language	Māori and English are used. These are the official languages of New Zealand.
Migration history	Since the 1960s, significant numbers of Māori began travelling to Australia to acquire new skills and also for trade, especially during downturns in the New Zealand economy.[4]
Household size	The 2011 Australian Census found the most common number of people living in a Māori household was four persons (18.1%), with a significant number of extended family households (9.2%) being made up of eight or more persons.[5]
Population in Australia	In 2011, 128,430 Australians identified as Māori by ancestry.[6] Accurate data on the number of Māori born in New Zealand who live in Australia is not available because the Australian Census collects country of birth data, and Māori are included in New Zealand figures.

Health profile in Australia

Life expectancy	Based on death rates in 2010–2012, the gap between Māori and non-Māori life expectancy at birth was 7.3 years in New Zealand, while the life expectancy of Māori at birth was 72.8 years for males and 76.5 years for females.[7] There is no data on the life expectancy of Māori in Australia.
New arrivals	As of 30 June 2014, New Zealand was the second-largest single country contributor to Australia's overseas-born population (2.6%).[8] Of New Zealand-born people living in Australia, 15% stated Māori descent in the 2006 Census.[9]
Chronic disease	There is very little data on the health of Māori in Australia. In New Zealand, there is a higher incidence of obesity and diabetes, with a younger age at diagnosis for Māoris vs non-Māori populations.[1] These disparities in overall Māori health persist even when social determinants of health such as poverty, education and location are eliminated.[1] Focus groups of Māori community members in Queensland identified diabetes, coronary health disease, obesity and hazardous alcohol consumption as major health priorities.[10]
Oral health	In New Zealand, Māori children and adults have poorer oral health outcomes and access services less often than non-Māori people.[11]
Social determinants of health and other influences	In Queensland, the key community issues that influence Māori health include lower attainment of education, lower skilled employment, lower average weekly income than Australian-born people, higher levels of family stressors, including intergenerational conflict, lower access to services, and poorer housing and over-crowded conditions. Family support and orientation are strengths.[12]

Traditional food and food practices

Religious and cultural influences

Māori celebrate a large number of community events accompanied by food. These include Waitangi Day, church, community days, weddings and funerals. Funerals can be three-day events.

Traditional (pre- and post-European contact) meals and snacks

The diet of Māori in New Zealand has changed dramatically since the arrival of European settlers. Many of the foods brought by Europeans have reduced the diet quality of Māori, while increasing their energy intake, e.g. the addition of fatty meats, sugar and white flour. The foods described below include foods described by community members as traditional. These include pre- and post-colonial foods.

Breakfast	Porridge made from white wheat flour and water. Cream and sugar are added. This is a meal that can be made extremely cheaply and can feed a large family while providing satiety.
Main and other meals	Dinner is the main meal. It will usually consist of meat with some form of potato. This meal tends to be high in carbohydrate because white bread is usually consumed. Other dishes include a 'Māori boil-up', which consists of pork bones, *puha* (a leafy, green vegetable), root vegetables (pumpkin and *kumara*) and dough boys (dumplings).
Fruit and vegetables	When the Māori first arrived in New Zealand from tropical Polynesia, they brought tropical root crops such as sweet potato (*kumara*) and taro. These grew on the North Island but not on the South Island. Native New Zealand plants were also sourced for food over time. With white settlement, potatoes and pumpkin became popular.
Snacks	Before European settlement, Māori communities ate two meals a day, in the morning and evening. Over time, European meal patterns were adopted.[13]
Beverages	Māori are one of the few cultures to have had no form of alcoholic beverage until white settlement. Before this, water was the primary beverage, with every Māori community having its own fresh-water springs.
Celebration foods and religious food practices	Community events may include a *hangi*, where baskets of food are cooked on heated rocks buried in a pit oven. Steamed puddings or other desserts may be eaten on special occasions.

Common traditional foods

Watercress		Watercress is often used as an alternative to *puha*, a green vegetable native to New Zealand. *Puha* is also known as sow thistle.
***Kumara* (Māori potatoes)**		*Kumara* is unique to New Zealand and is similar to sweet potato. It can be prepared and consumed in similar ways to potatoes.
Fish heads		The fish heads are boiled, often with onions, carrots and seasoning. The eyes are considered a delicacy by some community members.
Dough boys, made from white flour (plain or self-raising) and salt		Dough boys are similar to dumplings. They are often cooked in a saucepan of boiling water, pork bones and watercress or *puha*. Other vegetables (e.g. pumpkin and *kumara*) may be added. This dish is called a Māori boil-up.
Marinated raw fish, made from raw fresh white fish fillets, water, onion and salt		Traditionally, raw fish was made with water, onion and salt, with only the freshest white fish fillets used. This dish has been influenced by Pacific Islander and other cultures, with the addition of coconut milk, vegetables such as tomato and capsicum, and herbs such as parsley or coriander.
***Rewena* or 'Māori bread', made from potato, plain flour, sugar and salt**		This is a traditional sourdough bread made with wild yeast.
Maori fried bread, made from self-raising flour, salt and oil		This is a fried damper that is rolled out to 1.5 cm thickness, cut into individual serves and then fried until it is golden on both sides.

Food habits in Australia

Food practices	**Meal patterns:** Three main meals are commonly eaten, with some people also consuming snacks in between main meals. This may be cut down to one main meal per day depending on finances. Large servings are quite common at main meals. **Eating practices:** Elders and children are respected and may eat before others. Māori can be very spiritual and bless meals by giving thanks before they are eaten. Once food is blessed, individuals can start their meal; they do not need to wait until everyone is seated at the table with their meal before they begin to eat. It is often expected that each person will finish all the food on their plate, or other family members will help them finish, so there is no food wasted. Meals are consumed at the table with family. **Gardening:** Growing vegetables at home was common amongst older generations in Australia, but this is decreasing. The most common vegetables grown are purple and yellow Māori potatoes (*kumara*).
Adaptations to diet in Australia	**Substitute foods:** Sweet potato and taro can be substituted for *kumara*. Watercress is used as an alternative to *puha*. If snapper heads are not available for fish-head stew, then smoked eel, trout, mullet or salmon heads may be used. **Changes to diet:** Some children take packed school lunches, but many are given money to spend on their choice of foods at the tuckshop. Many members of the Māori population have adapted to Western ways of eating. Snacks are common amongst school-age children and may include chips, muesli bars, fruit and biscuits. Māori bread (*rewena*) is generally made with dried yeast in Australia. **Beverages:** Soft drink, cordial, water and fruit juice are frequently consumed. In New Zealand in 2009, 42% of Māori males and 29% of Māori females drank soft drinks or energy drinks three or more times a week.[14] **Other influences:** During community consultations, many participants reported consuming takeaways at least once a week. Common takeaway options include fish and chips, KFC, McDonalds and Hungry Jacks. This is consistent with the 2008/09 New Zealand Adult Nutrition Survey's finding that 50% of Māori men and 46% of women in New Zealand ate fast food and takeaways three or more times a week.[14]
Cooking methods	Boiling, frying, steaming and, during celebrations, the traditional method of cooking meat and vegetables in the ground with hot stones (*hangi*) may be used.
Shopping/meal preparation	Both men and women participate in shopping and meal preparation. Men may perform the labour-intensive tasks of cooking and preparation, including preparation for the *hangi*. Women and children may take on tasks such as peeling potatoes, shelling mussels, making bread, setting tables and washing up.
Food in pregnancy	In New Zealand, poor diet has been identified for women both during and after pregnancy.[14] Contributing factors include the adoption of a Western diet and the loss of traditional food sources, as well as poorer economic and social status. The nutrition issues that may be of most concern for Māori women during pregnancy and breastfeeding include low calcium, iron and folate intakes, and high fat and sugar intakes.[14]
Breastfeeding and first foods	**Breastfeeding:** In New Zealand, breastfeeding rates for Māori, Pacific and Asian communities are significantly lower than those of other New Zealanders.[15] In community consultations within the South Brisbane Māori community for this resource, participants reported that breastfeeding was highly valued and common, with babies being breastfed for 6–12 months. **Introduction of solids:** Some common first foods include puréed fruit and vegetables, and soft cereals. Some Māori mothers may introduce solids as early as three months.

During the consultation

3. Assessment

Key considerations

- **Anthropometry:** It is particularly important to ask permission before touching someone with a Māori background, as well as explaining what you will do and why you are doing it. In Māori culture, the head is the most sacred part of the body (for adults and children), so it is very important to ask permission before touching it for any reason.[1]
- Because of the interconnectedness of Māori with family, as well as bringing family members to appointments, the client may need to consult with them during the appointment. The family member may even want to speak on behalf of the client, and this is culturally appropriate.[1]
- **Meal patterns:** How meals are defined varies between cultures. It is important to ask more generally about when food and beverages are consumed throughout the day rather than set meal patterns (breakfast, lunch and dinner). Check the frequency of takeaways and snack food consumption.

When taking a diet history, be sure to check the following:

Prompt	Why?
☐ Amount and types of vegetables consumed	There may be low total vegetable consumption.
☐ Amount and types of fruits consumed	Fruit consumption may be low or high depending on preferences. Check the form of fruit consumed.
☐ Amount of added oil and fats to foods	These are used for cooking and seasoning.
☐ Amount of sweet foods consumed (e.g. biscuits, cakes, sweetened beverages and celebration foods)	Consumption may be high.
☐ Use of sauces and condiments high in salt	Consumption of soy sauce and the use of salt in cooking and at the table may be high.
☐ Amount of salt added in cooking and at the table	Consumption may be high.
☐ Takeaways/soft drink consumption	Consumption may be high. High sugar, high fat Western foods are considered desirable.
☐ Amount, type and cooking method of meats	Fatty cuts of meat may be frequently used. Fat may not be trimmed prior to cooking.
☐ Snack frequency, type and amount	Snacking behaviours may become more common in Australia.
☐ Portion sizes (especially of discretionary foods)	Portion sizes may be large.
☐ Dietary changes due to cultural or religious events	Some community members may not eat meat, e.g. some Seventh Day Adventist Church members.
☐ Food insecurity	This may limit the number of meals and the type of food eaten.

4. Diagnosis

The following examples may be used as a guide for common PESS* statements. 'Problems' are taken from the *Nutritional Diagnosis Terminology eNCPT 2014*, which is available free in the members' section of the Dietitians Association of Australia website.

	Examples of common Problems (P) for PESS* statements	Common (A)Etiologies (E) for PESS* statements
Overweight and obesity	• Excessive energy intake (NI-1.3) • Excessive oral intake (NI-2.2) • Excessive fat intake (NI-5.6.2) • Unintended weight gain (NC-3.4) • Overweight/obesity (NC-3.3)* ** Please note that due to the different body composition of Pacific Islanders, different BMI classes could apply.*	• Consumption of large portion sizes of energy dense foods (e.g. potatoes, bread and dumplings) (NI-2.2, NI-NI-1.3, NC-3.3, NC-3.4) • Lack of structured meal times (NI-5.8.4) • High intake of foods high in saturated fat (e.g. untrimmed meats, deep fried, home cooked and takeaway foods) (NI-5.7.3, NI-5.6.2) • Preference for highly seasoned foods and large amounts of salt added during cooking and at the table (NI-5.10.2) • Traditional diet with low intake of high iron foods and no supplementation (NI-5.10.1) • High consumption of takeaway foods (NI-1.3, NI-5.6.2, NI-5.10.2) • Reliance on traditional knowledge and little access to government generated dietary information or campaigns (NB-1.1) • Low consumption of fibre containing foods, such as fruit, vegetables and whole grains (NI-5.8.5) **Note:** It is important to identify the underlying cause/s of eating behaviours.
Type 2 diabetes and gestational diabetes	• Inconsistent carbohydrate intake (NI-5.8.4) • Excessive carbohydrate intake (NI-5.8.2) • Intake of types of carbohydrate inconsistent with needs (specify e.g. high consumption of high GI starches such as white rice) (NI-5.8.3)	
Cardiovascular disease	• Excessive fat intake (NI-5.6.2) • Intake of types of fat inconsistent with needs (specify e.g. high saturated fat intake) (NI-5.6.3) • Excessive mineral intake – sodium (NI-5.10.2)	
Chronic kidney disease	• Excessive mineral intake – sodium (NI-5.10.2) • Excessive fluid intake (NI-3.2) • Excessive protein intake (NI-3.2)	
General	• Food- and nutrition-related knowledge deficit (NB-1.1) • Inadequate mineral intake – iron (NI-5.10.1) • Impaired ability to prepare foods/meals (NI-2.4) • Inadequate fibre intake (NI-5.8.5)	

* PESS: Problem, (A)Etiology, Signs and Symptoms

For the Signs and Symptoms (SS) for PESS statements, use standard clinical measurements. Make sure the Signs and Symptoms relate to the identified Problems and not their (A)Etiologies.

5. Intervention

Nutrition education

Motivating factors for a healthy lifestyle	Because family links are highly valued, Māori people are likely to be motivated to be fit and healthy to fulfil family and community obligations, including looking after children. The ability to excel at sport may also be a motivating factor for young males.
Preferred education methods	**Counselling style:** It is important to build positive rapport, especially with young Māori clients. Many Māori have a preference for avoiding disagreements because harmony and respect are highly valued. They may be less likely to challenge treatment plans or ask questions, but their silence does not necessarily imply understanding or agreement on their part.[1] For this reason, it is better to use open questions about what has been understood and what action is supported. Be aware that you do not need to prolong eye contact. Māori often say, "We listen with our ears, not our eyes." Many Māori will look at a neutral spot rather than the speaker, in order to focus on what is being said rather than being influenced by the speaker's appearance. Sustained eye contact can be interpreted as a sign of disrespect.[1]
Literacy levels	Most Māori are literate in English.
Health beliefs	Holistic health beliefs centre on identity, family, spirituality and culture. Some Māori may use traditional medicine (*rongoa*) and therapeutic massage (*mirimiri*) to complement Australian medicine.

6. Monitoring and evaluation

Methods for monitoring

- Family and community are integral components of the Māori culture, with the individual being seen in the context of their family and community. Therefore, this may be useful in considering methods of measuring change, and reinforcing the benefits of continued dietary compliance. Motivators are likely to include being able to work to bring in money for the family, the individual's ability to appropriately care for their family and/or to support their community.
- Relationship building is important. A phone call between appointments may assist in building trust and rapport, and may increase the likelihood of the client returning to the service.
- Check whether the client has access to transport (especially if referring to an outpatient clinic); otherwise phone follow-up may be more appropriate, but take into account the common preference for face-to-face communication.
- If required, confirm the client's preference for having an interpreter present at their next appointment. For short follow-up consultations, telephone interpreting services may be more appropriate.
- Encourage men to bring their wives to attend follow-up appointments so that wives can support dietary change and be involved in preparing appropriate foods.
- Be aware that clients may provide positive answers regarding compliance out of politeness. For this reason, it is important to explain the purpose of the review and ask probing questions on behaviour change. Stress that there are no right or wrong answers, to encourage open conversation without fear of judgement.

Additional resources

- Queensland Health *Working with Interpreters: Guidelines* (http://www.health.qld.gov.au/multicultural/interpreters/guidelines_int.pdf)
- To find out more about multicultural health, Queensland Health's Multicultural Health page has information for the public and for health workers, including the Multicultural health framework. Go to http://www.health.qld.gov.au/multicultural/default.asp
- Medical Council of New Zealand, 2008. Best health outcomes for Māori: Practice implications. Accessed 6 February 2015 at https://www.mcnz.org.nz/assets/News-and-Publications/Statements/Best-health-outcomes-for-Maori.pdf
- Heart health promotion website for Māoris (resources can be ordered): http://www.tehotumanawa.org.nz/index.cfm

Additional resources – *continued*

- Information to assist in working with young people and families from Māori backgrounds: http://www.djj.nsw.gov.au/pdf_htm/publications/general/Tagata_final.pdf
- Healthy food for diabetes: http://www.diabetes.org.nz/__data/assets/pdf_file/0010/2404/Healthy-Food.pdf
- Healthy eating for adult Māoris: https://www.healthed.govt.nz/search?topic[0]=23&type=resource&mode=picture-view

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Please note: The web links in this document were current as at March 2015. Use of search engines is recommended if the page is not found.

This information is to be used as a guide and is not intended to describe all members of the community. There will be cultural differences between people belonging to different regions, religions and social groups, as well as between individuals within any culture.