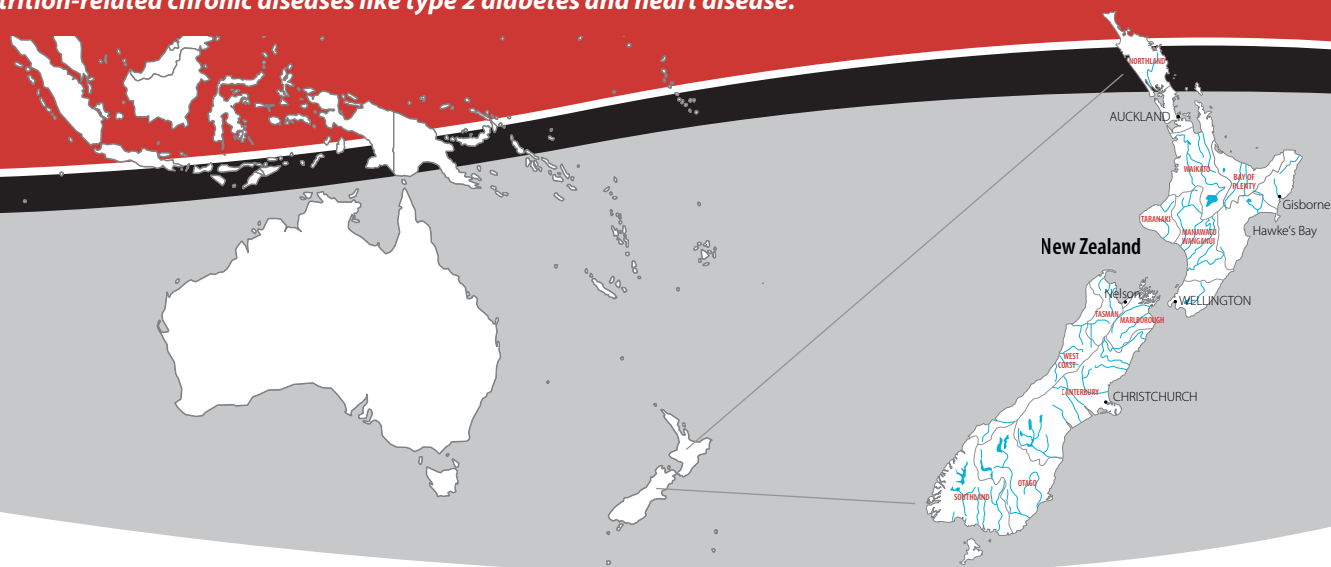


# Food and cultural practices of the Māori community in Australia - a community resource

Food is central to the cultural and religious practices of most communities. For this reason, understanding and appreciating the food and food practices of another culture is part of building your own cultural competence. What people eat is also important to their long-term health. When people migrate to Australia, changes to the food they eat and reductions in physical activity often result in poorer health in the long term. Common health problems include nutrition-related chronic diseases like type 2 diabetes and heart disease.



This resource provides information about the food and food practices of Māori people settled in Brisbane (Australia). It also provides general information on traditional greetings and etiquette, a general background on their country and their health profile in Australia. For readers who are involved in nutrition education, there is also a section on culturally appropriate ways to approach this.

## 1. Traditional greetings and etiquette

English	Māori <sup>1</sup>	Pronunciation*
Hello (literally 'be well/healthy')	<a href="#">Tēnā koe</a> (formal greeting to one person)	Teh-nah-kway
	<a href="#">Tēnā kōrua</a> (formal greeting to two people)	Teh-nah-kor-oo-ah
	<a href="#">Tēnā koutou</a> (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, it is better to ask the person to teach you to pronounce words.<sup>2</sup> 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 meeting. Māori show a preference for face-to-face and unhurried interactions.<sup>2</sup>

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

### Cultural considerations specific to food

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.<sup>2</sup> The following points need to be considered when serving food:

- Because a person's head is a *tapu* part of the body and food is *noa*, you should never pass food (such as a plate or tray) over a Māori person's head, because that action can strip them of all personal *tapu*.<sup>2</sup>
- Anything to do with death is also *tapu*. In the case of a community member'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.<sup>2</sup>

## 2. Cultural information and migration history

<b>Ethnicity</b>	There are 12 major <i>iwi</i> (tribal groups) documented in New Zealand's 2013 Census of Population and Dwellings, with sub-tribes within the main <i>iwi</i> . Different <i>iwi</i> have different values, beliefs and practices. <sup>3</sup>
<b>Religion</b>	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.
<b>Language</b>	Māori and English are used. These are the official languages of New Zealand.
<b>Migration history</b>	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. <sup>4</sup>
<b>Household size</b>	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. <sup>5</sup>
<b>Population in Australia</b>	In 2011, 128,430 Australians identified as Māori by ancestry. <sup>6</sup> 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.

## 3. Health profile in Australia

<b>Life expectancy</b>	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. <sup>7</sup> There is no data on the life expectancy of Māori in Australia.
<b>New arrivals</b>	As of 30 June 2014, New Zealand was the second-largest single country contributor to Australia's overseas-born population (2.6%). <sup>8</sup> Of New Zealand-born people living in Australia, 15% stated Māori descent in the 2006 Census. <sup>9</sup>
<b>Chronic disease</b>	There is very little data on the health of Māori in Australia because of data collection methods in Australia. In New Zealand, when their health and that of the non-Māori population are compared, there is a higher incidence of obesity and diabetes, with a younger age at diagnosis. <sup>2</sup> These disparities in overall Māori health persist even when social determinants of health such as poverty, education and location are eliminated. <sup>2</sup>  Focus groups of Māori community members in Queensland identified diabetes, coronary health disease, obesity and hazardous alcohol consumption as major health priorities. <sup>10</sup>
<b>Oral health</b>	In New Zealand, Māori children and adults have poorer oral health outcomes and access services less often than non-Māori people (NZ 2009 Oral Health Survey). <sup>11</sup>
<b>Social determinants of health and other influences</b>	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. <sup>12</sup>

## 4. 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 over the last 200 years, since the arrival of European settlers. Many of the foods brought by Europeans have reduced the quality of overall diet 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.

<b>Breakfast</b>	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.
<b>Main and other meals</b>	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, <i>puha</i> (a leafy, green vegetable), root vegetables (pumpkin and <i>kumara</i> ) and dough boys (dumplings).
<b>Fruit and vegetables</b>	When the Māori first arrived in New Zealand from tropical Polynesia, they brought tropical root crops such as sweet potato ( <i>kumara</i> ) 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.
<b>Snacks</b>	Before European settlement, Māori communities ate two meals a day, in the morning and evening. Over time, European meal patterns were adopted. <sup>13</sup>
<b>Beverages</b>	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.
<b>Celebration foods and religious food practices</b>	Community events may include a <i>hangi</i> , 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

<p><b>Watercress</b></p>		<p>Watercress is often used as an alternative to <i>puha</i>, a green vegetable native to New Zealand. <i>Puha</i> is also known as sow thistle.</p>
<p><b>Kumara (Māori potatoes)</b></p>		<p><i>Kumara</i> is unique to New Zealand and is similar to sweet potato. It can be prepared and consumed in similar ways to potatoes.</p>
<p><b>Fish heads</b></p>		<p>The fish heads are boiled, often with onions, carrots and seasoning. The eyes are considered a delicacy by some community members.</p>
<p><b>Dough boys, made from white flour (plain or self-raising) and salt</b></p>		<p>Dough boys are similar to dumplings. They are often cooked in a saucepan of boiling water, pork bones and watercress or <i>puha</i>. Other vegetables (e.g. pumpkin and <i>kumara</i>) may be added. This dish is called a Māori boil-up.</p>
<p><b>Marinated raw fish, made from raw fresh white fish fillets, water, onion and salt</b></p>		<p>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.</p>
<p><b>Rewena or 'Māori bread', made from potato, plain flour, sugar and salt</b></p>		<p>This is a traditional sourdough bread made with wild yeast.</p>
<p><b>Maori fried bread, made from self-raising flour, salt and oil</b></p>		<p>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.</p>

## 5. Food habits in Australia

<b>Food practices</b>	<p><b>Meal patterns:</b> 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.</p> <p><b>Eating practices:</b> 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.</p> <p><b>Gardening:</b> 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 (<i>kumara</i>).</p>
<b>Adaptations to diet in Australia</b>	<p><b>Substitute foods:</b> Sweet potato and taro can be substituted for <i>kumara</i>. Watercress is used as an alternative to <i>puha</i>. If snapper heads are not available for fish-head stew, then smoked eel, trout, mullet or salmon heads may be used.</p> <p><b>Changes to diet:</b> 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 (<i>rewena</i>) is generally made with dried yeast in Australia.</p> <p><b>Beverages:</b> 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.<sup>14</sup></p> <p><b>Other influences:</b> During community consultations, many participants reported consuming takeaways at least once a week. Common takeaway options include fish and chips, <i>KFC</i>, <i>McDonalds</i> and <i>Hungry Jacks</i>. 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.<sup>14</sup></p>
<b>Cooking methods</b>	<p>Boiling, frying, steaming and, during celebrations, the traditional method of cooking meat and vegetables in the ground with hot stones (<i>hangi</i>) may be used.</p>
<b>Shopping/meal preparation</b>	<p>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 <i>hangi</i>. Women and children may take on tasks such as peeling potatoes, shelling mussels, making bread, setting tables and washing up.</p>
<b>Food in pregnancy</b>	<p>In New Zealand, poor diet has been identified for women both during and after pregnancy.<sup>14</sup> 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.<sup>14</sup></p>
<b>Breastfeeding and first foods</b>	<p><b>Breastfeeding:</b> In New Zealand, breastfeeding rates for Māori, Pacific and Asian communities are significantly lower than those of other New Zealanders.<sup>15</sup> 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.</p> <p><b>Introduction of solids:</b> Some common first foods include puréed fruit and vegetables, and soft cereals. Some Māori mothers may introduce solids as early as three months.</p>

## 6. Working with Māori community members

<b>Using an interpreter</b>	<ul style="list-style-type: none"> <li>• The use of interpreters may not be required, because Māori are generally proficient in English. However, it is important to ask community members or groups if they would prefer (or benefit from) having an interpreter present (rather than asking if they speak English).</li> <li>• If an interpreter is requested, it is important that a trained and registered interpreter be used when required. The use of children, other family members or friends is not advisable. Health and other services must consider the potential legal consequences of adverse outcomes when using unaccredited people to 'interpret' if an accredited interpreter is available.</li> <li>• If you have limited experience working with an interpreter, it is recommended that you improve these skills prior to meeting with community members. There are many online orientation courses available, and Queensland Health has produced guidelines (<a href="#">available here</a>) for working with interpreters.</li> </ul>
<b>Literacy levels</b>	<p>Most Māori are literate in English.</p>
<b>Be aware that ...</b>	<ul style="list-style-type: none"> <li>• Family ties are strong, and community members often have large extended families. It is recommended that you offer individuals, especially females, the opportunity to bring a close family member to meetings or events.</li> <li>• Māori community members may have a different perception of time. Being late to a community event or meeting does not indicate that the activity is not perceived as important. Be aware of this when planning community events or appointments.</li> <li>• Maori people may need to develop skills to purchase and prepare foods that are healthy but quick and easy to prepare. Other considerations include the use of budget-friendly meals and incorporating healthy traditional foods.</li> </ul>
<b>Motivating factors for a healthy lifestyle</b>	<p>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.</p>
<b>Communication style</b>	<p>It is important to take time to build positive rapport with Māori community members.</p> <p>Many Māori have a preference for avoiding disagreements because harmony and respect are highly valued. They may be less likely to challenge statements or plans they do not support or to ask questions, but their silence does not necessarily imply understanding or agreement on their part.<sup>2</sup> For this reason, it is better to use open questions about what has been understood and what action is supported.</p> <p>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.<sup>2</sup></p>
<b>Health beliefs</b>	<p>Holistic health beliefs centre on identity, family, spirituality and culture.</p> <p>Some Māori may use traditional medicine (<i>rongoa</i>) and therapeutic massage (<i>mirimiri</i>) to complement Australian medicine.</p>

## Additional resources

- Queensland Health *Working with Interpreters: Guidelines* ([http://www.health.qld.gov.au/multicultural/interpreters/guidelines\\_int.pdf](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>
- Information to assist in working with young people and families from Māori backgrounds: [http://www.djj.nsw.gov.au/pdf\\_html/publications/general/Tagata\\_final.pdf](http://www.djj.nsw.gov.au/pdf_html/publications/general/Tagata_final.pdf)
- Heart health promotion website for Māoris (resources can be ordered): <http://www.tehotumanawa.org.nz/index.cfm>
- Healthy food for diabetes: [http://www.diabetes.org.nz/\\_data/assets/pdf\\_file/0010/2404/Healthy-Food.pdf](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](https://www.healthed.govt.nz/search?topic[0]=23&type=resource&mode=picture-view)

## References

1. History Group of the New Zealand Ministry for Culture and Heritage. 100 Māori words that every New Zealander should know. New Zealand History website. Accessed 13 February 2015 at <http://www.nzhistory.net.nz/culture/maori-language-week/100-maori-words>
2. Medical Council of New Zealand. Best health outcomes for Māori: Practice implications. 2008 (<https://www.mcnz.org.nz/assets/News-and-Publications/Statements/Best-health-outcomes-for-Maori.pdf>).
3. Statistics New Zealand, Census iwi group profiles. New Zealand Government 2013 (<http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/iwi-profiles-grouping.aspx>).
4. The Encyclopaedia of New Zealand, Māori overseas – Emigration to Australia. Accessed 6 February 2015 at <http://www.teara.govt.nz/en/Maori-overseas/page-2>
5. SBS Census Explorer (using 2011 ABS Census data). Accessed 6 February 2015 at <http://www.sbs.com.au/censusexplorer/>
6. Kukutai, T. and Pawar, S. A Socio-demographic Profile of Maori in Australia, NIDEA Working Papers No. 3, University of Waikato and National Institute of Demographics and Economics 2013 ([http://www.waikato.ac.nz/\\_data/assets/pdf\\_file/0006/156831/2013-WP3-A-Demographic-Profile-of-Maori-living-in-Australia.pdf](http://www.waikato.ac.nz/_data/assets/pdf_file/0006/156831/2013-WP3-A-Demographic-Profile-of-Maori-living-in-Australia.pdf)).
7. Statistics New Zealand. Narrowing gap between Māori and non-Māori life expectancy 2013 ([http://www.stats.govt.nz/browse\\_for\\_stats/health/life\\_expectancy/NZLifeTables\\_MR10-12.aspx](http://www.stats.govt.nz/browse_for_stats/health/life_expectancy/NZLifeTables_MR10-12.aspx)).
8. Australian Bureau of Statistics. 3412.0 – Migration, Australia, 2013–14. 2015 (<http://www.abs.gov.au/ausstats/abs@.nsf/mf/3412.0/>).
9. Australian Bureau of Statistics. New Zealanders in Australia 2010 (<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features50Sep+2010>).
10. Queensland Health. The health of Queensland's Māori population 2009 ([http://www.health.qld.gov.au/multicultural/health\\_workers/health-data-Maori.pdf](http://www.health.qld.gov.au/multicultural/health_workers/health-data-Maori.pdf)).
11. New Zealand Ministry of Health. Our oral health: key finding of the 2009 New Zealand Oral Health Survey 2009 (<http://www.health.govt.nz/publication/our-oral-health-key-findings-2009-new-zealand-oral-health-survey>).
12. Queensland Health. Queensland Health response to Pacific Islander and Māori health needs assessment. Division of the Chief Health Officer, Queensland Health. Brisbane 2011 ([http://www.health.qld.gov.au/multicultural/health\\_workers/qh-response-data.pdf](http://www.health.qld.gov.au/multicultural/health_workers/qh-response-data.pdf)).
13. The Encyclopaedia of New Zealand. Eating. Accessed 13 February 2015 at <http://www.teara.govt.nz/en/eating/sources>
14. Ministry of Health. *A Focus on Māori Nutrition: Findings from the 2008/09 New Zealand Adult Nutrition Survey*. Wellington: Ministry of Health 2012 (<http://www.health.govt.nz/publication/focus-maori-nutrition>).
15. National Breastfeeding Advisory Committee of New Zealand. *National Strategic Plan of Action for Breastfeeding 2008–2012: National Breastfeeding Advisory Committee of New Zealand's advice to the Director-General of Health*. Wellington. Ministry of Health 2009 (<http://www.health.govt.nz/system/files/documents/publications/breastfeeding-action-plan.pdf>).

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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.