

# Rangitāne Iwi profile

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This profile presents a subset of the findings from the Wairarapa District Health Board Māori health questionnaire, which was conducted in late 2020.

The questionnaire could be completed either online (via SurveyMonkey) or through a paper-based form. The questionnaire sought views on mauri ora, wai ora, and whānau ora, and the results will contribute to the development of a Māori Health Strategy for the Wairarapa rohe.

In total, 461 people self-identifying as Māori completed the overall questionnaire.

This factsheet examines only the answers from those who identified Rangitāne as one of their Iwi. The 2013 New Zealand Census showed that 2,217 people (less than 1% of the total Māori population) gave Rangitāne (Te Matau-a-Māui/Hawke's Bay/Wairarapa) as either their Iwi or one of several Iwi. The Rangitāne (Te Matau-a-Māui/Hawke's Bay/Wairarapa) Iwi profile from Statistics New Zealand can be viewed here:

<https://www.stats.govt.nz/assets/Uploads/2013-Census-iwi-individual-profiles/59-iwi-profiles-Rangitane-Te-Matau-a-Maui-Hawkes-Bay-Wairarapa.pdf>

Estimated counts for 2018, presenting data for Rangitāne Iwi, can be found here:

<https://www.stats.govt.nz/information-releases/iwi-affiliation-estimated-counts-2018>

## Demographic profile<sup>1</sup>

In the questionnaire, 90 people (27%) identified with as Rangitāne (as one of three possible Iwi responses). Around half of the respondents (49%) who identified as being from Rangitāne Iwi were aged between 45 and 64 years, followed by those aged between 25 and 44 years (30%) (see Table 1). Most of them (80%) were female and around half had one or more dependents in their households (see Table 3).

**Table 1: Ō tau (age)**

	Number	Percent (%)
15–24	8	9.1
25–44	26	29.5
45–64	43	48.9
65+	11	12.5
Total	88	

Table note: No data = 2

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<sup>1</sup> Analysis presented in Tables 1–8 excludes missing data.

**Table 2: Taukiri ā ira (gender)**

	Number	Percent (%)
Female	70	79.5
Male	18	20.5
Total	88	

Table note: No data = 2

**Table 3: Pararau (dependents)**

	Number	Percent (%)
0	43	48.9
1	12	13.6
2	10	11.4
3+	23	26.1
Total	88	

Table note: No data = 2

Table 4 shows that most of the respondents (82%) earned \$60,000 or less, with more than a quarter (27%) earning \$20,000 or less. When asked about their employment status, three-quarters of the respondents (77%) said they were working (see Table 5).

**Table 4: Income**

Income band	Number	Percent (%)
Under \$20,000	23	27.1
\$20,000–\$40,000	22	25.9
\$40,000–\$60,000	25	29.4
\$60,000–\$80,000	9	10.6
Over \$80,000	6	7.1
Total	85	

Table note: No data = 5

**Table 5: Employment status**

	Number	Percent (%)
Not working	5	6.3
Working	61	77.2
Student	6	7.6
Retired	6	7.6
Student/Working	1	1.3
Total	79	

Table note: No data = 10, Other= 1

Table 6 shows that half of the respondents (50%) lived in a home that they were renting; nearly half (46%) owned their own home; and 4% lived in a precarious housing situation. Most of the respondents (70%) lived in Masterton at the time of the survey (see Table 7).

**Table 6: Wāhi noho (housing)**

	Number	Percent (%)
None	3	3.8
Renting	40	50.0
Owens own home	37	46.3
Total	80	

Table note: No data = 10

**Table 7: Rohe (location)**

	Number	Percent (%)
Masterton	62	69.7
Outside Wairārapa	3	3.4
South Wairārapa	11	12.4
Wairārapa	13	14.6
Total	89	

Table note: No data = 1

More than half of the respondents (60%) said they had ‘some’ proficiency in te reo Māori, and a further 12.4% were fluent or competent (see Table 8).

**Table 8: Te reo Māori**

	Number	Percent (%)
Not at all	25	28.1
Some	53	59.6
Fluent/competent	11	12.4
Total	89	

Table note: No data = 1

## Exploring views of health and wellbeing for Rangitāne Iwi: Aspirations

This section presents some overall findings regarding aspirations regarding good health and wellbeing from the respondents who identified as being from Rangitāne Iwi (as one of three possible Iwi responses). The responses are drawn from the mauri ora, whānau ora, and wai ora sections of the survey, where respondents were asked what good health and wellbeing meant to them, both as individuals and for their whānau.

## Mauri ora

The questionnaire asked respondents what good health and wellbeing meant to them as an individual. Many responses centred on wanting good health and to live a long and healthy life.

*“To have good-quality life in everything I do.”*

*“It means everything. I’ve lived longer than my parents and their parents. My dream to make it into my 90s and still be active is strong some days.”*

A common thread in responses was a view of health and wellbeing that was holistic, incorporating all elements of physical, mental, and spiritual health.

*“Good health to me is ensuring my physical health and mental wellbeing [are] at [their] best.”*

*“Having a strong mental/emotional and physical balance by eating healthy food along with physical activity and access to [the] outdoor environment during my day.”*

Being able to have healthy kai and be more physically active was also an aspiration expressed throughout the responses.

*“Good diet, sleeping about 7–8 hours a night, and regular exercise.”*

## Whānau ora

The questionnaire also explored what good health and wellbeing meant to the respondents’ whānau, with many respondents saying that what they expressed for them as an individual flowed over to what they desired for their whānau in relation to good health and wellbeing.

It was common for respondents to express aspirations for good health for the whole whānau.

*“Ensuring all members are as healthy as they can be.”*

Some approaches to whānau ora reinforced a holistic approach to health and wellbeing.

*“Being able to support each other. Healthy living, healthy body, and healthy spirit.”*

## Wai ora

When asked about their aspirations for wai ora, the environment, respondents consistently expressed concern regarding the natural environment.

*“At present it is good. However, concerns for our future wellbeing are always there. Climate change, world-wide pandemics, overcrowding, and other factors will influence our futures.”*

*“Clean air and water everywhere. No or low pollution. Healthy people with access to health facilities for physical, mental, and emotional wellbeing. A health-literate population, educated, adventurous people, creative, living in harmony with the environment. A people strong in their culture respecting others’ cultures. A people with knowledge and respect for Te Tiriti o Waitangi and what this means to Māori who have been assimilated, culturally and economically decimated, to the point of near desolation.”*

The concept of wai ora also extended to the built environment and places where people lived, with access to quality housing seen as a key determinant of health and wellbeing.

*“Affordable housing. Having continued access to clean water. Learning to be sustainable e.g. growing our own food.”*

There was a close association between the environment and access to healthy kai.

*“To me a healthy environment would look like easier access to housing and kai. After paying all the weekly bills, some families are left with no kai money. I think that more resources to access cheaper and healthier kai is a must. More help to get people out of hotels and into proper housing is needed also.”*

## Stated priorities around the determinants of health

This section presents the common themes that emerged from an analysis of the responses to the three questions concerning the government’s Pae Ora framework.

### Affordability of daily living

When asked about health and wellbeing for themselves and their wider whānau, 14% of the respondents expressed concerns about the affordability of living.

*“Affordable everything. Be informed ... aware of what illnesses we have. I don’t have a community services card so I’m not entitled to anything cheap. I work.”*

*“Every day is a struggle, with everything from housing, medical care, schooling, healthy food being very expensive.”*

### Housing

Housing was a concern for 13% of the respondents, who expressed concern over the lack of housing stock and housing that was safe, warm and dry.

*“More help getting whānau out of hotels and temporary housing. Also help with budgeting and ways to help whānau, better living. Community events like Christmas in the Park, etc. I think a lot of these types of events have disappeared over the years.”*

*"I think today's environment is pretty harsh when it comes to access to healthy kai (prices), and also access to housing for Māori is very hard."*

## Concerns around individual risk and protective factors

### Wellbeing (nutrition and exercise)

Many respondents (38%) expressed concerns around fitness and nutrition.

*"Need to lose weight and keep moving, need incentives to get out and about. Keep prices relatively low so that we can access health [services] when we need to."*

Respondents talked about wellbeing for the wider whānau, particularly in relation to the affordability and accessibility of resources to support their whānau to be healthy and well.

*"[I] struggle to afford healthy food."*

*"[My] food choices are not the best."*

### Addictions

Five percent of the respondents raised concerns around addressing risk factors such as smoking, often in the context of making changes for the benefit of their wider whānau.

*"I should give up smoking to live life in a better environment, especially for my mokos."*

## Health status – what respondents were concerned about regarding their health and wellbeing

### Perception of good health

#### *Individual health and wellbeing*

Of those respondents who rated their own health (categorised as 'poor', 'fair', 'good', or 'very good'), 82% indicated that they felt they had 'fair', 'good', or 'very good' health.

*"Slightly above average – only because I can afford it. I can afford to eat well. I can afford to visit the doctor regularly. Mental health-wise, below average – there is a sense of shame around the word 'depression' and lack of advertisement for help! Talking about what's wrong is a struggle."*

*"My health is okay, considering the environment I work in and compared to others."*

Eighteen percent of the respondents who rated their own health indicated that they felt that their health was 'poor'.

*“Poor. I suffer from stress and depression.”*

*“I feel that my health could be better. Why? Balance with work and whānau, finance, etc.”*

#### *Whānau health and wellbeing*

For those respondents who rated the health of their whānau, most respondents (70%) indicated that the health of their whānau was ‘fair’, ‘good’, or ‘very good’.

*“Pretty good. We have money, warm home, good education and a house full of love. We could do with better habits i.e. less digital and better diet.”*

Seventeen percent of the respondents rated their whānau health as ‘poor’.

*“Slightly below average. Have respiratory conditions in the house.”*

*“My father has just recovered from cancer, my mum has diabetes.”*

#### *Health conditions*

Several specific areas of health and wellbeing concern or health conditions were raised by 32% of the respondents. Their concerns were particularly around mental health (9%), diabetes (2%), respiratory conditions (3%), and other conditions such as arthritis.

*“Poor. I suffer from anxiety, PTSD, and would like to gain more weight.”*

*“I am prediabetic. For the last couple years my lifestyle and workplace environment have also been sedentary. I am now playing golf and have a goal to drop below 100 kg.”*

*“Respiratory issues, with mokos under 4 all having been in hospital for this, but not all were offered flu vaccine. We had to take moko to hospital to get tonsils out, was very stressful for both of us. [They] don’t do those basic ops here any more.”*

*“Suffer from COPD and asthma.”*

A small number of respondents said they suffered from multiple health conditions.

*“Poor mental health issues, high blood pressure, stress anxiety, depression, gout, overweight.”*

## Concerns around health and disability services

Half of the respondents (51%) identified concerns around health and disability services, primarily the availability of services, along with quality of care. The cost of services was of great concern to respondents.

*“Free or subsidised. Access to all health services – GPs, dental, chiropractor. Free marae clinic days held monthly across Wairārapa marae. Better transport options to Masterton hospital for rural towns. Better support to mental health consumers and disabled consumers.”*

### Location of services and transport

A small number of respondents (5%) pointed to issues with accessing services because of their own location and/or lack of transport.

*“More GPs, more services here in Masterton, not having to travel to Wellington.”*

One suggested solution was to have both better transport options and free marae-based clinics monthly across all Wairārapa marae.

### Availability of services

When thinking about health and wellbeing, both as an individual and for the wider whānau, 23% of the respondents raised issues with accessing health services. They mentioned concerns about the waiting time for appointments and specialist services, and the need for flexible after-hours services.

*“Ease of access to GP appointments (not having to wait weeks to see your GP), following through with commitments (sometimes I haven’t heard back about test results or been charted a medication as talked about in consults). Also having an on-call nurse that you can ring just for advice on whether you need to see a GP.”*

*“It’s hard to make appointments when you need one. Not enough health professionals.”*

*“Unless you know certain people and things, then accessing agencies/support is difficult.”*

*“Most professionals are easily available, except mental health providers. It needs an overhaul. There is no need for an ambulance at the bottom of the cliff. Get rid of the cliff and put in a road. Well sign-posted. ... If you don’t, then nothing will change.”*



## Quality of health and disability services

Twenty-four percent of the respondents raised concerns about the quality of the health and disability care they received, particularly for mental health services. They also mentioned the lack of holistic approaches to health and wellbeing.

*"[Health and disability services need to] listen to the whānau when they present with health issues. Change clinics for weekend, or night, or marae. More understanding of Māori values, to heal ourselves."*

## Cost of health and disability services

The high cost of accessing health and disability services was especially apparent when respondents talked about oral health and wellbeing, specifically asking for cheaper dental care.

*"More resources [are needed], more funding into mental health, [ensuring] our dental and eye care is at a price that is achievable for the average family."*

While some respondents raised concerns regarding prescription costs, others wanted more options around the use of mātauranga Māori in health.

*"[I need] longer scripts for medications, as I am paying a lot for repeat scripts for asthma pumps and allergy meds."*

*"Alternative medication could be helpful; e.g. rongoā Māori."*