

5.0 Health and Well-being

This section of the report explores participants' understanding of good and poor health, and well-being, and what indicators they associated with each. It also outlines the health and well-being concerns that families/whānau in this study had, considers the cultural context of health and well-being, and the impact of health and well-being on family/whānau functioning.

5.1 The Meaning of Health and Well-being

Participants were asked to outline how they perceived good health, poor health and well-being. The purpose of this was to explore what overlap, if any, participants perceived existed between 'health' and 'well-being'.

5.1.1 Good Health

Opinion was divided among participants on the meaning of good health. One view of good health related solely to good physical health, while the other view reflected a holistic perspective in which good health was perceived as a superset of good physical, spiritual and emotional health.

Good Health as Good Physical Health

While it was mainly Pakeha who associated good health with good physical health, some Māori, Pacific and Indian people also held this view.

"Good health is eating properly, being physically fit and active. Yeah. Looking after yourself probably."

Pakeha Female – Wairarapa

"Good health is about physical health, as well as your appearance."

Māori Female – Auckland

"I think things like [have] high blood pressure and have the cholesterol sewn up – that's the thing."

Samoan Male – Auckland

Good health as good physical health was viewed by participants from either a medical or physical activity point of view.

From the medical point of view, any one or more of the following was perceived as an indicator of good physical health:

- Not having any obvious or known signs of being physically unwell (e.g. not having an acute or chronic condition)
- Not being overweight or obese
- Not easily succumbing to sickness or being able to recover quickly if so afflicted through having a “good” immune system.

From the physical activity point of view, indicators of good health included:

- Participating in more physically demanding sports (e.g. netball or tennis as opposed to bowls) and/or exercise, e.g. running, cycling or going to the gym
- Having the energy to do things that needed to be done, e.g. in terms of running a home, maintaining a property and going to work and taking part in activities with one’s children.

Most participants reasoned that if people were not in good physical health they would not be able to function in the ways outlined above.

“Yeah, but we both are pretty active. We play a lot of sport like touch and basketball so we are okay I reckon.”

Tongan Female – Auckland

There was general agreement that any one or more of the following factors could contribute to good physical health:

- Having a diet that included fruit and vegetables and avoided or only had a moderate intake of fatty and sugar-laden foods was seen as essential to enjoying good physical health, and preventing the onset of medical conditions (or at least reducing the likelihood of these occurring).

“Probably just making sure you’re just eating right and just not constantly sick.”

Māori Female – Christchurch

“If you get up and feel energetic, no headaches, you just don’t feel any pain, then you’ll know you’re eating sensibly.”

Samoan Female – Auckland

- Eating appropriately-sized portions (combined with a suitable amount of exercise – for some people) was seen as key to avoiding becoming overweight or obese and potentially getting a health condition stemming from these, e.g. diabetes and heart-related issues.

“Just [eating] good foods and the right amounts and stuff.”

Māori Male – Auckland

- Getting an appropriate amount of exercise was perceived as keeping the body in good physical shape, and this translated to it being less susceptible to sickness and diseases.

“Good health [is about] fit people, fruit and vegetables, active lifestyle, medium slim build, not [being] tired [or having] drowsiness during the day time.”

Māori Female – Auckland

- Being physically active was strongly associated with not being overweight, which was taken as evidence that the person was eating healthily. This was about appearances rather than less tangible, nutritional benefits.
- Excluding alcohol, or drinking it in moderation, to avoid the damaging effects of excess alcohol intake, e.g. to the liver.
- Not smoking or reducing the number of cigarettes smoked (if unable to give up) to reduce the risk of cancer and respiratory conditions.

“Good habits too – like no smoking and no drinking too much.”

Chinese Female – Christchurch

- Getting plenty of sleep to ensure that the body was well rested and therefore able to restore itself.
- Minimising stress because of its association with potentially life threatening conditions such as cancer and heart attacks.

Good Health as Holistic Health

Good health as holistic health was a perspective embraced more by Māori, Pacific peoples and Chinese and Malaysian people, and to a considerably lesser extent by Pakeha.

Holistic health was a super-set of good physical, spiritual and emotional health. It was perceived as being achieved through feeling physically fit and well, being able to live life according to one's beliefs (spiritual health) and feeling positively engaged with life emotionally. The latter two were achieved through being supported by appropriate networks, e.g. within the family/whānau or the wider context of friends and work colleagues, and having balance across priority areas in life, especially family/whānau.

"I think I should say both mentally healthy and physically healthy."

Chinese Female – Christchurch

"To get up in the morning, enjoying yourself and not feeling like crap when you get up in the morning. To me that is healthy. I like to get out and enjoy life with the kids. Play squash a couple of nights a week, like I do. Going to the track like I do. Go for a walk and bike. Go out and attack life really."

Pakeha Male – Christchurch

Many Māori in this study provided a holistic view of what they considered to be good health. In doing so they talked about health in the context of their whānau (both in and outside the household), including members' physical, emotional and spiritual health. It was reasoned that if these aspects of health were in place, then the whānau was healthy, happy and well. This was described in a number of ways as reflected in the following quotes:

"Health and well-being go hand in hand. We can't have one without the other. It's a ladder effect."

Māori Female – Wairarapa

"We think of a good mind and body and soul – just don't look at one because one can't be balanced without the others."

Māori Female – Gisborne

5.1.2 Poor Health

Poor health was largely seen as the opposite of good physical health. Indicators of poor (physical) health were having a medical condition, being overweight or obese, being run down, lacking energy, readily succumbing to illness and not being able to bounce back quickly if taken ill, and not being physical fit.

“Poor health covers poor eating, you’re not exercising, not looking after yourself, your teeth are bad and your general hygiene [is poor].”

Pakeha Male – Wellington

“You’re [physically] sick all the time.”

Samoan Female – Auckland

There was general agreement that any of the following factors could contribute to poor physical health:

- Eating unhealthily, in particular, having a diet that included lots of takeaways, and fatty, starchy and sugary foods, and lacked nutrient-giving foods such as fruit and vegetables. By virtue of not receiving appropriate nutrients from food, the body was seen as being more susceptible to illness.

“Having a poor immune system due to unhealthy eating – eating cheap food like pies, fried chips.”

Indian Female – Wellington

“Too much junk food, too much sugar. So for me it is diet and yeah that’s pretty much [it].”

Māori Female – Auckland

“Obesity. Large people like myself. Bad skin. Fast food. Fizzy drink – high in sugar products.”

Māori Female – Auckland

“Bad food, not eating the right stuff or staying on top of things. I have island food occasionally – like taro ... I love it. All summer I can eat it every weekend.”

Samoan Male – Auckland

- Irregular eating patterns – skipping meals and failure to have three well-spaced meals daily (regardless of the quality of food consumed) were associated with placing stress on the physical body and reducing its ability to function effectively. While isolated incidents of such behaviour may have been perceived as relatively harmless, it was felt that repetition over time could result in people experiencing poor health.
- A history of chronic conditions in the family/whānau – in this study some Māori participants believed they were more likely to be susceptible to getting a chronic condition because their family/whānau had a history of, for example, diabetes, heart-related conditions, being overweight or smoking-related illnesses. These participants had a fatalistic approach to health in that they expected that such conditions may well appear (if they had not already) in the present generation, and believed there was little or nothing they could do to prevent disease on-set.

“You can’t stop the illness because it’s genetic.”

Māori Female – Gisborne

- Smoking – this was seen by some as a factor that contributed to poor health, not only of the person who was the smoker but also those they smoked in the presence of. It was associated with promoting cancer and various respiratory conditions.
- Alcohol consumption – because of the damaging effects of excess alcohol intake had on the body, e.g. to the liver.
- Lack of exercise – there was a perception that lack of exercise, especially when combined with unhealthy eating, led to being overweight or obese (and increased the likelihood of getting health problems associated with these conditions, e.g. diabetes and heart problems).

“Unfit. Yeah – eating bad stuff or maybe the wrong stuff or too much of it, and no exercise. Yeah – just things like that.”

Tongan Male – Auckland

- Lack of money – this had left some families/whānau reliant on cheap and filling but unhealthy food²¹ and/or having to cut back on, or go without, home heating in order to make ends meet financially.

²¹ Note: Some lower socio-economic status families/whānau did eat healthily and cheaply through buying the cheapest fruit and vegetables available, and focusing on staples such as rice and pasta and avoiding convenience foods and takeaways.

- Sleep deprivation – some parents cited sleep deprivation, e.g. through attending to babies or to unwell or unsettled children during the night, as the key cause of them having temporary periods of feeling run-down and being unable to effectively manage the family/whānau or function well at work.
- Overcrowding – having a number of people living in overcrowded conditions created an environment that made it more likely for sickness and diseases to spread quickly (noted more in relation to some Pacific peoples).
- Mental element – for some people, poor health also included a mental element, e.g. feeling unhappy, depressed and generally not having the coping skills to handle what was occurring in life.

“Being a sloth really I guess. A state of mind as well I guess. Probably not doing as much as you can with your day, unfit and can’t be bothered.”

Tongan Male – Auckland

5.1.3 Well-being

Well-being was not a commonly used term and nor did it have a universal meaning. One view of well-being equated with that used to define good health in a holistic sense, i.e. as a superset of physical, spiritual and emotional health (see details earlier).

“Good health is physical, mental, it’s spiritual. It’s a combination of the two. Just try to form well-being ... [an] overall glow ... well-being, and health would be part of it ... well-being would be the centre of health, and well-being would spring from that ...”

Samoaan/Tokelauan Male – Wellington

“Well-being is the whole model, the whole mind and soul. I think with health, just our physical looks and appearance. But well-being is the whole. The inside of the mind, as well as your health. The physical, emotional, mental and spiritual.”

Māori Female – Auckland

“Yeah a healthy balance. Trying to be in a place where you’re able to be shoulder to shoulder, being able to better handle things that come as a surprise.”

Tongan Male – Auckland

An alternative view was that well-being involved spiritual and/or emotional health, i.e. that it related to people's state of mind and did not involve their physical body.

"Well the thing [well-being] is mental and spiritual and your soul sort of thing ... I feed my mind every day. I feed my mind and look at scriptures and meditation. It is like cleaning my waste paper basket [out]. Mental health for me. I make sure during the day, I make sure that I forgive people and just move on. That's the mental well-being, which I regard as very important."

Samoan Male – Auckland

However, most people regarded good physical health as the foundation on which well-being rested. Without good physical health, it was not possible to enjoy positive well-being.

"I think that well-being is being happy, and being happy as to where you are at that time. Yeah and in order to be there you have to have good [physical] health."

Māori Female – Auckland

"I suppose health affords you the ability to do the things that you need to do to be able to achieve a high level of well-being, doesn't it? So basically it gives you the wherewithal, otherwise if you don't have your health, then you're reliant on other people and that loses your independence."

Pakeha Male – Wairarapa

Some people recognised that environmental factors, such as adequate housing and income impacted on well-being. For parents, the well-being of their children was central to their own well-being.

"Probably spirituality [is part of well-being] ... well-being's like when you're well-rounded isn't it? ... actually, well-being's probably environmental as well ... if your environment is not conducive ... [where there is] violence and abuse I suppose – as well as having a cold, damp house I suppose, or nowhere to live."

Pakeha Female – Gisborne

5.2 Health and Well-being Concerns for Families/Whānau

Participants were asked what health and well-being concerns (if any) their families/whānau faced on a day-by-day basis. A list of concerns appears below, according to the frequency identified across the sample. Given the information is based on qualitative research findings, it is indicative only.

The researchers have split the concerns listed below into *health* and *well-being* concerns, with *health* concerns reflecting physical health and *well-being* concerns reflecting emotional and spiritual concerns.

Frequency	Health	Well-being
High	Diabetes (adults) Heart problems (adults) High cholesterol (adults) Overweight (children, young people and adults)	Blended family/whānau issues (discussed earlier) Dealing with the various developmental phases of childhood and teenage years (discussed earlier)
Medium	Asthma (children and adults) Cancer (adults) Eczema (children and adults)	
Low Note: health and well-being concerns marked with an asterisk (*) were reported by one participant only	Arthritis (adult) Autism (child)* Emphysema (adults) Lupus (adult)* Stroke (adult)*	Acne (young people) - emotional impact Anorexia (young person)* Bipolar depression (adults) Bulimia (young person)* Difficult pregnancies Stress (reported by some Indian parents who were dual income earners and needed to juggle home and work life without extended family support)

5.3 Cultural Context of Health and Well-being

5.3.1 Pakeha

Pakeha participants typically associated good health with good physical health, and understood well-being as relating to spiritual and emotional well-being. Only a minority of Pakeha participants perceived good health from a holistic perspective (as described above).

5.3.2 Māori

The following passage outlines the cultural factors shaping perceptions of health and well-being, as identified by Māori who took part in this study.

Māori who participated in this study could be divided into two broad groups, in terms of how they perceived health and well-being.

Some Māori viewed health and well-being from a western perspective, where health typically related to physical health, and well-being related to spiritual and emotional well-being.

Other Māori had a more holistic view of health and well-being which embraced physical, spiritual and emotional matters. This view equated with the holistic view of good health discussed earlier. Those with a holistic view of health and well-being considered it in the context of their whānau, both in and outside the household (as opposed to taking an individual approach).

“We need to look at the whole picture which includes wairua [spirituality] and whānau.”

Māori Female – Gisborne

Other factors identified by Māori participants as defining the cultural context of health and well-being for Māori are outlined below:

- The mokopuna-grandparent relationship resonated with many Māori. There was a strong desire among grandparents to ‘be around’ for their mokopuna, to see them grow up and to be influential in terms of instilling Māori values, e.g. manakitanga (looking after people) so that mokopuna understood how to perform their roles within the whānau and on the marae. This had motivated some Māori grandparents to take (better) care of their health to ensure they would be around to participate in the lives of their mokopuna.

- Some Māori in the study had had contact, either directly or through a whānau member, with a range of health conditions common amongst Māori, e.g. diabetes, heart-related diseases, being overweight, smoking-related illnesses. As mentioned earlier, while these conditions were not solely Māori conditions, some Māori participants viewed them as ‘Māori conditions’, because they had become part of their whānau – often affecting many whānau members over generations. This had resulted in some Māori participants having a fatalistic approach to health. However, other Māori participants had made lifestyle changes, e.g. were eating more healthily and taking more exercise, to avoid the abovementioned health conditions.

“Well my Mum was an obese person ... I am one of eight [children]. So when my Dad was out working, drinking and he wasn’t working, she would find comfort in us kids, and then find comfort in food. So the whole package of health – I don’t want my kids to have that as a comfort for them. ... I am certainly trying to break that cycle.”

Māori Female – Wellington

5.3.3 Pacific Peoples

The following passage outlines the cultural factors shaping perceptions of health and well-being, as identified by Pacific peoples who took part in this study.

Pacific participants were similar to Māori in that some people had a western perspective of health (as physical health) and well-being (as spiritual and emotional health), while others had a holistic view of health and well-being as embracing physical, spiritual and emotional health.

Some Pacific families who were strongly religious viewed well-being from a spiritual perspective and saw it as the foundation upon which all things were derived, including good health. Those with this perspective saw God as the centre of their universe and ‘providing all things’, including good health and well-being.

Some Pacific participants recognised the link between healthy eating and better health and well-being. Typically this had stemmed from having a health scare and making dietary changes (on medical advice) to eliminate or manage the situation. Those in this situation had been motivated to enjoy better health on a personal level (including so they could be there for their family in the longer term) and to have their family enjoy better health.

However, some Pacific participants did not make the connection between diet and health. Rather they relied on medical solutions for health problems and did not see that they had a role to play in achieving better health and well-being for themselves and their family, e.g. by eating more healthily.

There was increasing recognition among some younger Pacific peoples of the need to move away from less healthy traditional Pacific foods to introduce healthier eating behaviour. Some were trying to disseminate this view in the wider Pacific community, even in the face of adversity, e.g. treading on the toes of older Pacific peoples, who may have felt that this move was tantamount to younger Pacific peoples rejecting their culture.

5.3.4 Asian Peoples

The following passage outlines the cultural factors shaping perceptions of health and well-being, as identified by Asian peoples who took part in this study.

While most Asian participants in this study had a holistic view of health and well-being, some participants – Indian people – had a western perspective.

Those with a holistic view of health and well-being did not tend to see health and well-being issues as ‘sleeper issues’ (i.e. only coming to the fore in times of crisis), rather they saw them as central to having a good life both now and in the future.

Health and well-being were often considered (more so by Chinese people) in financial terms. Enjoying good health and well-being meant less time off work sick and less money spent on medical bills. This meant effort was placed on staying healthy – with healthy eating being seen as central to achieving this.

Many migrant Indian people had become more conscious of their physical health, especially their weight, since arriving in New Zealand. This had followed exposure to messages received from general practitioners, friends, work colleagues and various television programmes about the importance of ‘*staying healthy*’. As part of the commitment to be more healthy, some Indian people were opting to eat more healthily (e.g. through substituting saturated fats with healthier alternatives and reducing the amount of fried foods consumed) and engage in more physical activity.

Some Chinese families who were strongly religious viewed well-being from a spiritual perspective, and saw it as the foundation upon which all things were derived, including good health. Considerable emotional strength was derived from attending church.

Indian families relied heavily on prayer for emotional strength and peace, particularly during times of stress.

5.4 Impact of Health and Well-being on Family/Whānau Functioning

Smoking, gambling, alcohol consumption, physical activity and healthy eating were health issues identified by HSC for exploration in the SMAR project. The impact of each of these health concerns on family/whānau functioning is discussed in detail later in the report – see:

- Smoking – Section 6.2.5
- Gambling – Section 6.3.5
- Alcohol consumption – Section 6.4.5
- Physical activity – Section 6.5.5
- Healthy eating – Section 6.6.5

Discussion also took place with participants on how other aspects of health and well-being (identified by participants) impacted on the way their family/whānau functioned. Sections 5.4.1 to 5.4.8 below outline how different aspects of health and well-being impacted on the families/whānau that took part in this study.

5.4.1 Focus on Negative Impact

The impact of health and well-being on family/whānau functioning was more likely to be considered by participants from a negative than a positive perspective. Because (good) health and well-being tended to be taken for granted (and only became an issue when a problem arose – as discussed earlier) it was more difficult for people to conceptualise the impact of good health and well-being on family/whānau functioning.

When a health or well-being issue occurred this typically resulted in families/whānau experiencing stress and conflict (to varying extents). As a generalisation, families/whānau that were close-knit and well supported were likely to manage more effectively when health and well-being issues arose, than those that were less close and less supported.

Some Pakeha families of high socio-economic status were aware that they were not struggling with some of the social issues that impacted on family well-being (e.g. inadequate income or poor housing) that less affluent families had to deal with.

5.4.2 'Ripple Effect'

In some cases, families/whānau drew on past experiences of poor health to reflect on the impact that on-going poor health had on the functioning of their family/whānau. The poor health of one family/whānau member was perceived as being able to affect parents' ability to care for their children, disrupting routines and creating anxiety and other emotional difficulties.

"It would be very stressful if we had unhealthy [children] – like if one of the children was very ill ... I mean, even when [the baby] was born, she was in and out of hospital for the first two weeks and it was hugely stressful on the family."

Pakeha Female – Wairarapa

5.4.3 Behavioural Changes

Some families/whānau had experienced a health scare or been told by their doctor to adopt a healthier lifestyle (e.g. lose weight and do more exercise) to overcome or manage their health issues. As a result of such triggers, some families/whānau had engaged in more healthy eating and drinking behaviours, and increased their levels of physical activity. This was noted particularly in relation to some Māori and Pacific families/whānau.

Moving to a more healthy diet was sometimes a source of conflict within families/whānau, until there was acceptance of the 'new way of being' (which typically took time).

5.4.4 Elderly Parents

Providing caregiving to an elderly parent (or parents) who needed physical and/or emotional support (whether they lived in the household or away from it) had the potential to place a strain on families/whānau, particularly where there was a long history of caregiving (especially on a day-to-day basis). Simply having to be *on call* for an elderly parent was an ongoing stressor for the caregiver, and this often limited how engaged he/she was with close family/whānau members, e.g. a partner or children.

“Probably a day-to-day thing for me is my Dad ... Yeah, he’s a big issue He had a pretty bad stroke. I mean I do his pills for him. He has like 17 pills a day and I do all that ... that’s like my biggest thing – because I like to think that my family runs relatively smoothly ... my biggest thing is [my] Dad because I know one day I’m going to ring him and he’s not going to answer the phone. I mean we’ve had that several times ... [It’s a] worry. I mean we’ve had phone calls from the hospital [they tell us] ‘he’s in here and he’s got heart problems’. He’s probably my biggest issue, worry, problem – however you want to put it.”

Paheka Female – Wellington

Having to tend to the needs of elderly parents was a source of conflict in some families/whānau. Partners and children had times when they felt resentful of being deprived of the caregiver’s time, love and attention (even for a short time). This created additional pressure on the caregiver because he/she was typically striving to maintain a high level of harmony within the family/whānau.

5.4.5 Babies and Children

As mentioned earlier, parents suffering from sleep deprivation through tending to babies or to unwell or unsettled children during the night were likely to have temporary periods of feeling run-down, stressed and unable to effectively manage the family/whānau or function well at work.

“Yes. In my case I have [a] younger one who is nearly three years. He wasn’t well last night for example and we couldn’t sleep. I think their health causes tension in our lives. He was born premature, so [we] had some health problems. That was very stressful.”

Chinese Male – Auckland

5.4.6 Acute Illness

As discussed earlier, chronic but stable health conditions typically got accommodated into day-to-day life without too much concern. However, when a condition elevated to a crisis situation it had the potential to significantly impact on family/whānau functioning. Family members (often grandparents) were sometimes called on at short notice to provide assistance, e.g. caring for children and helping with running the household (especially cooking meals).

5.4.7 Blended Families/Whānau

Blended family/whānau issues also impacted on family/whānau functioning – see Section 4.3.2 Key Issues/Challenges – Blended Family/Whānau.

5.4.8 Pre-adolescent Years

Some parents and caregivers of pre-adolescents reported feeling the strain of dealing with their pre-adolescent children's developmental changes, especially those which manifested themselves on the emotional front.

“X started getting her period now and started developing, and being such a young age [11 years old] as well as getting into her teenage years and having mood swings and how kids think and talk about men at times. [She often says] ‘but you said you were going to do it – but you said you were going to do this!’ ... Like Y [my wife–X’s grandmother] we try to talk more sternly to her [X]. If you raise your voice she’ll [X] say, ‘don’t yell at me!’”

Pakeha Male – Wellington

Dealing with children's unpredictable mood changes and (in some cases) demanding ways, took its toll on family/whānau relationships, either between parents or between parents and caregivers and children. While the goal of most parents was to have a happy, harmonious family/whānau, this was sometimes difficult to achieve during the turbulent pre-adolescent years unless effective *strategies* were put in place to manage the situation, e.g. listening effectively to children, allowing them to have their say and parents responding to get their views across but without making the children wrong (this approach had worked successfully in one Pakeha family).