

Ola malolo ola Whiawhia: housing and health in Wellington Tokelau households

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Abstract

The Tokelau community in New Zealand is one of the smallest Pacific Islands communities and lives predominantly in Wellington. The community shares many problems in common with other Pacific peoples in New Zealand: lower levels of educational qualifications, employment and home ownership and higher rates of infectious disease and premature mortality. The Tokelauan community, through the Wellington Tokelau Association is trying to work out ways of improving the health of their people. A long-term relationship with researchers at the Wellington School of Medicine has led to the development of a research partnership which is now focused on the impact of housing on health. The Health Research Council has funded our partnership to carry out two projects exploring the impact of housing on health. The first was a series of focus groups examining the relationship between crowded homes and health and this is being followed by a survey about household crowding and budgets. The aim is to work with the Tokelau community to

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develop public health interventions in housing that will help to improve the health of the community.

Introduction

Crowding in Pacific homes has been a topic of considerable public and policy interest in New Zealand in recent years. Some commentators have voiced the opinion that crowding is a subjective phenomenon, Pacific peoples like to live in extended families, this is a result of cultural choice and therefore is not a problem. Others have pointed out that as most houses in New Zealand have been designed for the average family of two adults and two children, living with an extended family in a standard New Zealand house can be problematic. It has also been pointed out that since social welfare benefits were reduced in New Zealand in 1991, there has been considerable anecdotal evidence that many families reliant on welfare payments have been forced to

move in with relatives or friends to economise on rent. Recently, a number of infectious diseases which are more prevalent in the Pacific community, have been linked to crowding and this has led to calls for better housing for Pacific people in New Zealand.

The health of Pacific peoples

The 1994 Public Health Commission report *The Health of Pacific Islands People* highlighted key differences between New Zealand-born and Pacific Islands-born populations. The data showed that those born in the Pacific Islands groups were more likely to hold no post-school qualifications, to be in unskilled low income jobs or to be unemployed. While Pacific households are getting smaller, they are still large relative to those in the total population. Home ownership is low and six percent of dwelling occupied by Pacific residents were owned without a mortgage compared with 37% of European residents. State rental of housing is relatively high.

According to the 1991 census, the Pacific Islands population residing in the Health Funding Authorities Central Region comprised almost four percent (3.9%) of the total population, and three-quarters (76.8%) resided in the Greater

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Table 1. Characteristics of Tokelau households in Wellington and New Zealand

Household characteristic		Tokelau in Wellington	All Wellington	All NZ
Owned	No mortgage	45 (6%)	39,597 (29%)	396,252 (31%)
	Mortgage	222 (31%)	48,901 (36%)	449,394 (35%)
Rent	<\$100/week	30 (7%)	4,467 (12%)	59,305 (19%)
	\$100-\$200/week	315 (74%)	21,456 (58%)	167,391 (54%)
Number of occupants	1	18 (3%)		
	2	99 (14%)		
	6+	243 (34%)		
Motor Vehicles	None	264 (37%)	20,004 (15%)	146,757 (11%)
	Three or more	15 (2%)	11,034 (8%)	143,172 (11%)
Telephone	None	123 (17%)	5,160 (4%)	63,105 (5%)

Source. Statistics New Zealand. Census of Population and Dwellings. 1996.

Wellington area. The Pacific people's mortality rate was 36% higher than that of the total population.

"Pacific Islands people who suffer from economic hardships continue to have difficulty accessing services because of poor living conditions, unhealthy diets due to lack of income and persistent alcohol or drug misuse."⁵

These conditions lead to increasing hospitalisation rates in respiratory, heart conditions and mental health admissions.

While the problems are large, it is clear that the Pacific communities, including the Tokelau community are able to play a more active role in improving the health of their people and determining their own health needs.

The Tokelauans in New Zealand

The Tokelau Island community is one of many Pacific groups which migrated to New Zealand after the Second World War. Following a major hurricane in 1966, the New Zealand Government established a re-settlement scheme. Many others followed in search of better economic and educational opportunities. While, the Tokelau community in New Zealand is relatively small compared to other Pacific groups, most of the population live in Wellington.

According to the 1996 census, Tokelauans made up 2.6% of the people who identify solely as Pacific people. In the 1996 census, 4,461 people described themselves as Tokelauns and 60% of them (2,497) lived in Wellington. Of these 60% (1,584) are New Zealand born Tokelauans and 31% (819) have lived in New Zealand for three or more years.

The Tokelau community in Wellington

We asked Statistics New Zealand to provide information on all Wellington households where at least one person identified themselves as Tokelau. (*This is different from the system Statistics New Zealand uses in their published reports; if someone was part-Tokelauan and part-Maori they would be classified as Maori.*) In Wellington in the 1996 Census, there were 711 private dwellings. Of these Tokelau households 37% lived in state-owned units and a further 16% in other rental accommodation. Twice as many Tokelau households rent (50%) compared to Wellington people as a whole (28%) and their rents are higher. Almost three-quarters (74%) of Tokelauans pay rents of between \$100 and \$199 a week compared to 58% of Wellingtonians. While almost a third of all households are paying off a mortgage, fewer Tokelau households are debt-free (7% compared to 30% of all Wellington households).

In terms of modern amenities, Wellington Tokelau households are relatively deprived (see Table 1). Compared to all Wellington households, over twice as many Tokelau households in Wellington did not own cars (37% compared to 15%). Even more pronounced was the proportion of Wellington Tokelau households who did not have telephones (17%) compared to four percent of Wellington households as a whole.⁸

Significantly, over a third (34%) of Tokelauan households had six or more occupants. Almost half (47%) of all Tokelauan people live in households which they shared with other families or individuals in contrast to 17% of New Zealanders as a whole.⁸ Table 2 shows that proportionally more of the people living in these households are children. The Tokelau population on average is very young, half are less than 15 years and only five percent are aged 60 or more.

Table 2. Characteristics of Tokelauans in Wellington, and all New Zealanders

Individual characteristic		Tokelau in Wellington	All in Wellington	All in NZ
NZ born	Yes	1,584 (60%)	280,911 (75%)	2848209 (79%)
Years in NZ	<1 year	48 (2%)		51543 (1%)
	>3 years	819 (31%)		464295 (13%)
Age	<15	1018 (51%)	82011 (21%)	832077 (23%)
	60+	123 (5%)	57660 (15%)	558931 (16%)
Usual address	<1 year	678 (26%)		
	3+ years	1,302 (50%)		
Qualification	None	834 (52%)	74388 (25%)	897699 (32%)
Labour force	Not in	684 (43%)	88761 (30%)	933642 (34%)
Employment	Unemployed	252 (28%)	14610 (7%)	136506 (8%)
Smoking	Never	615 (39%)	149790 (51%)	1392342 (50%)
	Ex	165 (10%)	60177 (21%)	565722 (20%)
Religious	No	96 (4%)	53,019 (24%)	893910 (25%)

Source. Statistics New Zealand. *Census of Population and Dwellings. 1996.*

Larger numbers of people in households have tended to make the Tokelau population one of the Pacific groups where people move often. Only half the Tokelauan population had lived in the same house for three or more years and 26% been there less than one year.

There is also evidence that the Tokelau population is relatively socio-economically deprived, even in relation to other Pacific people, who are already at a disadvantage to the Wellington population as a whole. The proportion of Tokelauans without qualifications (52%) is double that of Wellingtonians as a whole, but similar to that of other Pacific peoples (50%). While the unemployment rate in the Wellington region in 1996 was seven percent, the unemployment rate for Pacific peoples was predictably higher (17%), but the rate of 28% among Tokelauans was the highest of any ethnic group.⁸ Consequently, Tokelau households have a higher proportion of lower incomes than others in Wellington.

While Tokelau people have traditionally not smoked cigarettes, there are also worrying indications that as a result of their relative socio-economic disadvantage in New Zealand, their rates of smoking, which is a high risk behaviour for increasing illness is now double that (44%) of other people in Wellington (21%).⁸

A research partnership

The Tokelau community has a long history of working with the academic community. A Wellington Tokelauan Association has been running since the sixties. The Medical Research Council funded a Tokelau Island Migrant Study in

1968. A great deal of work was carried out over the years from 1968 to 1984 when those living in New Zealand and those remaining in Tokelau were studied in considerable detail and the effects of migration were documented. The research was designed to find out how the Tokelau social, medical, socio-economic, environmental and lifestyle changes affected the health of the Tokelau people in the transitional periods of settlement. The results were published in *Migration and Health in a Small Society: The Case of Tokelau*. They showed that migration was associated with an increased rate of diabetes, gout, hypertension, asthma and obesity.

The Tokelau Island Migrant Study Project team was based in the Epidemiology Unit, Wellington Hospital from 1968 until 1984 when it transferred to what is now the Department of Public Health at the Wellington School of Medicine. Further research projects with the Tokelauan community involved a study of lactose intolerance in 1994 and a study of immunisation coverage in Tokelauan children under six in 1995 and 1996. This was funded by the Central Regional Health Authority and the Tokelauan Research Fund in the Department of Public Health. These projects have involved considerable contact with community leaders and key groups and also meant building up a census of families with children under six years.

From 1996, Gina Pene, a nurse with health promotion experience joined the Tokelau group in the Department of Public Health and worked with the Wellington Tokelauan Association in particular Ioane Teao and Loi Iupati and the broader Tokelau community to ensure that, independent of

formal consultation, there is a substantial level of community input into working out joint research projects. The Tokelauan Association and researchers at the Wellington School of Medicine have now formed a working partnership with the aim of improving the health of the Tokelau community.

The Tokelau Wellington Association Executive Committee have been actively involved in all aspects of the research process and have taken on the responsibility to communicate with the wider community and provide them with information regarding the project. A paid weekly radio program, which was also used to inform the community of the progress of various projects.

The community has been very supportive of the project not only because of its appropriate concept but also the prospects offered by this scientific study to identify appropriate areas for interventions, which will help improve and cater for the health needs of the wider community.

The key areas for research for our partnership which have been identified through community meetings, national priority setting and review of the literature is the issue of housing and health, in particular, the problem of household budgets and crowding.

Housing research

Improving housing conditions has traditionally been an important aspect of New Zealand's health and social policy. There is significant evidence that a number of aspects of housing can affect health: the internal condition of the house; whether the house is rented or owned; the number of occupants and the way in which the occupants live in their house can all have an impact on the health of the members of the household. In addition, the social and economic characteristics of the area surrounding the house can have an impact over and above the impact of housing. New Zealand research shows that people who live in the poorer or more deprived areas experience higher death rates, higher hospitalisation rates and higher rates of lung cancer.

Public health interventions can often fail to identify, involve, or understand and build upon the expertise of community members. Migration of an island community to urban areas has the potential to exert a negative influence on health status. Yet, even in the most deprived, marginalised communities, there exists an extensive set of skills, strengths and resources among the community to address problems and promote health. There is a growing awareness that greater community involvement and control, for example, through partnerships among community organisations and

academics can significantly improve the community's health. Partners in such partnerships are explicitly committed to conducting research that will benefit the community either through direct intervention or by using the results to inform action for change.

Overcrowding

The concept of overcrowding implies a normative judgment that may be culture bound. In the Tokelau Islands, typical dwelling houses are singled-room relatively open dwellings, where adult household members customarily have their own loosely defined areas in which they sleep, sit about, and store their belongings, while the elderly have set, clearly defined places. Several nuclear families may inhabit different ends or corners of the house.⁴

Overcrowding in domestic homes has been defined in several ways for policy and research. In this study we have

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used the quantitative Canadian definition, which age stratifies household members and specifies the number of adults and children per designated bedroom. According to the 1996 NZ Census, 32% of the Tokelau population in

New Zealand live in households that are overcrowded according to the Canadian definition, compared to five percent for the population as a whole.

However, whatever the definition of overcrowding, there is strong epidemiological evidence, using a range of definitions, that the risk of a variety of infectious diseases such as tuberculosis, rheumatic fever, pneumonia and bacterial meningococcal meningitis are increased by internal overcrowding. One of the risk factors associated with markers of Hepatitis B infection in a New Zealand study was more than five people in a household.

A particularly striking example of way housing and socioeconomic factors contribute to an excess burden of disease for Pacific peoples has occurred in the case of meningococcal disease. New Zealand is in the seventh year of a meningococcal disease epidemic and the disease occurs predominantly in the young, with half the cases under five. Rates of the disease have been consistently higher in Pacific and Maori peoples, relative to European New Zealanders. Using the New Zealand Index of deprivation for small areas, a recent study has examined the relationship between deprivation (including overcrowding), ethnicity and disease incidence. The overall rates of disease are highest in Pacific children and for both Pacific and European children the highest rates of disease were seen in the most deprived areas.

The Tokelau community and Wellington School of Medicine housing project

Between 1995 and 1997 we compiled a register of Tokelauans living in the Wellington Region by snowball sampling and networking during community functions. We collected the names, addresses and phone numbers of 2,450 Tokelauans living in 573 households. We asked Statistics New Zealand to define anyone who considered themselves to be Tokelauan, even in part, to be Tokelauan. The NZ Census 1996 figures were 2,625 Tokelauans living in 711 households.

The prime focus of our research now is to examine the impact of housing on health. We conducted eight focus groups to identify what physical, financial and social aspects of housing were in the view of the Tokelau community, most amenable to interventions, which can promote the health of the household and the wider community. The eight focus groups consisted of elderly men and elderly women, owners of houses, middle-aged men, middle-aged women, community workers, teenagers and single mothers. We are presently planning to present these results back to the community and after their feedback to write up the results.

The Health Research Council has now funded us to carry out the next stage of our research. This is a stratified sample of the Wellington Tokelau households, based on household size. We intend to investigate the key areas where household budget problems affect household crowding and how these two factors impact on health. We then hope to use these results to work with the Tokelau community to improve aspects of Tokelau housing and to evaluate whether the changes make a difference to the health of the people in the households.

Thus the aim of this study differs from the prevailing emphasis in prevention projects on understanding and changing individual lifestyle factors.

Discussion

Our collaborative research partnership between the Wellington Tokelau community and the Department of Public Health at the Wellington School of Medicine involves a commitment by both parties to participate as equal members. We attempt to share control over all phases of the research from the definition of the problems, to the collection of the data, through the interpretation of the results and the application of the results to address community concerns.

The concept of allowing the community to self-identify critical health issues affecting them for the purpose of possible interventions, was a new concept for many people who participated in the focus groups. It was clear from the comments from the participants, that the use of focus groups was very appropriate. It allowed the people who were affected by health issues associated with housing some dignity when talking about their personal and individual experiences in an appropriate, less threatening cultural setting for exchanging views.

The success of the partnership with the Tokelau community can be measured by the high level of enthusiasm, frank remarks and interest shown not only by those who participated in the focus groups but also by the general community. Sometimes the timetable has been different than we planned because of the considerable difficulties the community has had to face. In a community-based partnership a key consideration has to be balancing the immediate problems the community has to deal with the required participation in social events such as funerals. In a small, close-knit community, where people are related, there are strong community obligations to pay respects to the deceased and their extended family.

Part of community-based research is accepting the pressures the community is struggling under. This means that our focus groups did not always have

the planned number of people because of family or community commitments or because people had other priorities, but both partners are strongly committed to continuing our research partnership.

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The challenge is – can health promotion deliver a programme which inspires and ensures wellbeing in an age of modernity without compromising the integrity of sacredness and wholeness of being within our Pacific communities

Carmel Peteru (Pasifika Conference, 1997)