



Health and Well-being and Family/Whānau Functioning

The family environment is an important influence on a wide range of social and health outcomes and there is general agreement that strong families lead to successful and healthy outcomes for family members.

In 2007, around 100 New Zealand families and whānau participated in a study that explored how health issues are viewed and dealt with in the family setting.

The project, which was commissioned by the Health Sponsorship Council (HSC), explored:

1. Concepts of family and whānau.
2. Concepts of health and well-being.
3. The importance of health and well-being in relation to other key challenges families and whānau face.
4. Views on specific health concerns, including healthy eating, smoking, gambling, alcohol and physical activity.
5. Healthy eating in the context of family/whānau functioning.
6. Communication of health and well-being issues.

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Research Method

Qualitative research was carried out by TNS New Zealand and included 12 focus groups, 18 family and whānau groups, 48 individual in-depth interviews with parents and caregivers, as well as 10 children's interviews. The sample comprised a mix of Māori, New Zealand European, Pacific and Asian participants, with a sample bias in favour of Māori and Pacific peoples.

View the full report methodology at:
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Concepts of family and whānau

The study found that family or whānau was interpreted in two broad ways:

1. Blood and marriage/partner relations – people were regarded as family or whānau because they were related by blood or through partnerships such as marriage or de facto relationships.
2. Adopted family – people were regarded as family or whānau because of their emotional ties to the family, the mutual emotional (and sometimes financial) support provided, and the long-term nature of the relationship. This grouping included people such as close family friends and neighbours.

New Zealand European participants were more likely to interpret family as blood relations and relationships arising from marriage or de facto partnerships.

The concept of whānau was understood by many Māori participants as a collective of people connected either through whakapapa to a common ancestor (whakapapa whānau), or through a common purpose, mission or interest (kaupapa whānau). Kaupapa whānau ties were not usually based on kinship.

Family for Pacific and Asian participants often extended beyond individuals' immediate households to include family members living nearby and overseas.

Key issues and challenges facing families and whānau

Issues identified by families as challenges that played an ongoing and prominent role in their day-to-day lives included:

1. Money worries – these were experienced by most families and whānau. For some families, surviving from pay-day to pay-day was a struggle and, in some cases, skimping on the food budget was one way of making ends meet. Other families were concerned about getting ahead financially and being able to do things like buy their own home or save for retirement.

"Bills. If something is overdue or if I have missed a payment I think, 'how am I going to catch up that payment and what am I not going to pay this week in order for me to catch up for last week?' I think a lot about that."

Pacific Female – Auckland

2. Blended families and whānau, where the parents had children from previous relationships, were worried about how children were coping. Parents were struggling with children's emotional reaction to loss and change, as well as having to work hard at creating and maintaining emotional bonds within the family.
3. Time scarcity was a common issue for families and whānau, with many parents feeling the pressure of having too much to do, and too little time to do it. This was felt most keenly in single parent households and in dual income households where adults worked full-time or hours that were not family-friendly. Time scarcity diminished quality of life for many families and led to feelings of guilt for parents.
4. Parenting – the physical and emotional tasks of parenting were ongoing issues for many parents. As children moved through the various developmental phases, parents often felt under-prepared to cope.
5. Cultural compromise – some Asian and Pacific families were worried about their children adopting Kiwi culture and values at the expense of their parents' traditional values and practices. Some Asian families responded to this perceived challenge by having the mother in a homemaker role, where she could keep an eye on the children.
6. Life's surprises – unexpected circumstances, such as an unplanned pregnancy, the death of a partner or parent, a relationship break-down or redundancy, presented challenges that required significant adjustment.



Concepts of 'health' and 'well-being'

HEALTH

Families and whānau in this study understood 'health' in one of two ways:

1. Health as physical health – indicators of good health included:
 - No obvious signs of being physically unwell.
 - Not being overweight or obese.
 - Not easily succumbing to illness and recovering quickly from illness.
 - Being physically active and energetic.
2. Health as holistic health – this view incorporated feeling physically fit and well, being able to live life according to one's beliefs (spiritual health), and feeling positively engaged with life on an emotional level. Spiritual and emotional health was associated with having a supportive network (e.g. within the family and whānau, or among friends and work colleagues) and having balance across priority areas in life, particularly in relation to family and whānau relationships.

Poor health was seen as the opposite of good physical health. Factors that were seen to contribute to poor physical health included:

- Eating unhealthily.
- Having a family history of chronic conditions.
- Smoking.
- Alcohol consumption.
- Lack of exercise.
- Lack of money.
- Sleep deprivation.
- Overcrowding.

WELL-BEING

'Well-being' did not have universal meaning among families and whānau in this study. Some viewed well-being in a holistic sense (i.e. as a superset of physical, spiritual and emotional health). Another view was that it involved spiritual and/or emotional health, that is, it related to people's state of mind and did not involve their physical body.

Most people regarded good physical health as the foundation on which well-being rested. For parents, the well-being of their children was central to their own well-being.

CULTURAL CONSIDERATIONS

New Zealand European participants tended to associate good health with good physical health and understood well-being as relating to spiritual and emotional well-being. Some Māori and Pacific participants also held this view.

Many Māori had a holistic view of health and talked about health in the context of their whānau, 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.

"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."

"We need to look at the whole picture which includes wairua (spirituality) and whānau."

Māori Female – Gisborne

Many Māori in this study had a family history of health conditions such as diabetes, heart-related diseases, being overweight and smoking-related illnesses. Some Māori viewed these as 'Māori conditions' because they had become part of their whānau. For some, this resulted in a fatalistic approach to health, however, for others this motivated them to take better care of their health. For Māori grandparents this was often to ensure they were around for their mokopuna/grandchildren.

Some Pacific and 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.

Some Pacific participants focused on the link between healthy eating and better health and well-being and were motivated to improve their lifestyle in order to enjoy better personal and family health. People in this situation had typically experienced a health scare that required dietary change to eliminate or manage the situation.

Most Asian families had a holistic view of health and well-being and 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. Enjoying good health and well-being meant less time off work sick and less money spent on medical bills.

The importance of health and well-being

Most families and whānau in this study did not include health and well-being among the key issues or challenges they faced on a daily basis. Instead, health and well-being issues were treated as sleeper issues - they remained in the background until a problem arose, at which point they became a significant (and often dominant) issue. Even where significant health issues existed, such as chronic conditions,



their ongoing nature meant that they tended to become part of the background unless a significant worsening occurred, at which point they took centre-stage.

Some Pacific families were aware of health problems but did not prioritise them as requiring medical attention until the problem became acute.

Families for whom health and well-being was an active concern had typically experienced a crisis of some kind that led to a new emphasis on health.

The impact of health on family and whānau functioning

Health and well-being issues were seen to impact on family functioning by affecting:

- Parents' ability to earn an income to support their family and whānau.
- Parents' ability to physically care for their children. This was particularly important to mothers of young children, who reported that when their health suffered the whole household was affected.
- Parents' energy and motivation to consistently attend to the physical and emotional tasks of parenting. This included giving time and energy to meeting children's nutritional needs by providing healthy foods and drinks, and avoiding or limiting less healthy ones. When parents were lacking in energy and motivation, their consistency and quality of their attention could slide.
- Parents' energy and motivation to model physical activity to their children, by participating in physical activity with them and supporting their participation in organised sports. Parents who felt unfit and overweight were typically less ready to get involved in physical activity with their children.

Family and whānau views on specific health concerns

HEALTHY EATING

Healthy eating was of low to moderate concern for most families and whānau in this study. Not all participants understood that a good diet was a key contributor to good physical health. The belief that being physically active and not overweight were evidence of good physical health, regardless of diet, was relatively common.

The study found that it takes knowledge, commitment, planning, time and energy on the part of at least one adult in the household to consistently prioritise healthy eating, and to follow through on healthy eating intentions. Other adults with less commitment to healthy eating can undermine these intentions.

SMOKING

There was a high level of concern about smoking and its potential for harm among families and whānau in this study. Many households had rules about smoking outside, or not smoking around children, but these were not always consistently enforced.

GAMBLING

Most families and whānau in this study were relatively unconcerned about gambling and its potential for harm. Many families perceived that problem gambling was a remote risk for their children, because the parents themselves were not problem gamblers and the children were not exposed to gambling.

However some Pacific families, who were aware their community was vulnerable to gambling harm, had higher levels of concern about problem gambling.

ALCOHOL CONSUMPTION

Alcohol consumption was of high concern to many parents and caregivers in this study. However, many parents were not sure how to normalise alcohol consumption and how to teach their children to manage the risks associated with alcohol consumption.

PHYSICAL ACTIVITY

Physical activity was a low-level concern for most families and whānau in this study, particularly New Zealand European and Asian families. Many parents cited lack of weight problems as tangible evidence that family members were sufficiently active. Other, less immediately apparent benefits of physical activity, such as cardiovascular health and having more energy, were less top of mind than weight issues (and seemed less relevant in relation to children, who appeared to have plenty of energy regardless).

Despite the links made between physical activity and weight, some relatively inactive, overweight parents saw no pay-off for increasing their fitness levels.

Some Pacific and Māori participants were placing greater emphasis on physical activity, partly as a result of health scares or warnings from doctors. Some Pacific participants were aware that the Pacific community was being targeted in relation to obesity and the messages about the benefits of physical activity in preventing and reducing obesity were starting to gain traction with this audience.

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