

8 Māori and Disability

Key points

This chapter looks at the nature and extent of long-term disability experienced by Māori and how the lives of Māori are affected by disability.

Māori living in households

- In 2001, there were an estimated 106,500 Māori adults and children with disability living in households. This was 21 percent of all Māori. By comparison, 19 percent of non-Māori adults and children living in households had disability.
- Adjusting for age differences, Māori had higher age-standardised rates of disability (24,000 per 100,000 or 24 percent) than non-Māori (16,700 per 100,000 or 17 percent).
- Māori were more likely than non-Māori to have a functional disability requiring assistance (14 percent of all Māori living in households compared with 9 percent of all non-Māori living in households).¹
- Fifteen percent of Māori children aged 0–14 living in households had a disability. The disability rate for the non-Māori population aged 0–14 was 10 percent. Māori boys were more likely to have a disability than Māori girls (16 percent compared with 13 percent).
- The most common types of disability experienced by Māori children were chronic conditions/health problems. The next most common were use of special education and hearing disability.
- The prevalence of disability among Māori increased with age. Sixty-one percent of Māori aged 65 and over had a disability, compared with 34 percent of Māori aged 45–64, 22 percent of Māori aged 25–44 and 13 percent of Māori aged 15–24.
- Mobility disability and agility disability were the most common types of disability experienced by Māori adults (reported by 11 percent and 9 percent of all Māori adults living in households respectively).²
- Disease/illness was the most common cause of disability reported by Māori (with an age-standardised rate of 8400 per 100,000 people living in households). The most common cause of disability for non-Māori was also disease/illness with an age-standardised rate of 5500 per 100,000.
- Māori with disability were more likely than non-Māori with disability to live in the more deprived areas of New Zealand. In 2001, 43 percent of Māori with disability living in households lived in NZDep2001 deciles 9–10 (the areas of greatest deprivation in New Zealand) compared with 17 percent of non-Māori with disability.
- Forty-nine percent of Māori adults with disability living in households had a personal income of \$15,000 and under per year.

¹ These are age-standardised percentages. Functional disability relates to the limitations around activity that has lasted more than six months.

² These are age-standardised percentages.

- Māori adults with disability were less likely to be in the labour force than Māori adults without disability (48 percent compared with 26 percent were not in the labour force).
- The proportion of Māori adults with disability living in households with no educational qualification was 39 percent. This was considerably higher than non-Māori adults with disability (30 percent).
- Māori children with disability were more likely than non-Māori children with disability to live in two-family households (6 percent compared with 2 percent).
- Māori with and without disability were more likely than non-Māori with and without disability to live in rented accommodation.
- In 2001, Māori with disability were more likely than non-Māori with disability to report an unmet need for transport costs (17 percent compared with 7 percent).

Māori living in residential facilities

- In 2001, only a few Māori adults with disability (an estimated 700) lived in residential facilities such as rest homes, private hospitals and long-stay residential units.
- Māori with disability were less likely than non-Māori with disability to live in residential care facilities.

Introduction

Using results from the 2001 New Zealand Disability Survey, this chapter focuses on Māori to provide an overview of trends and patterns of disability experienced by Māori living in New Zealand. The first part of the chapter presents survey results for Māori with disability living in households and the second part presents results for Māori with disability living in residential facilities.

There is no distinction between health and disability in Māoridom and the definition of disability in this report has been determined using the parameters applied to non-Māori with disability. Indicators of 'wellness' for Māori are broader than health and disability status as they include factors that encompass ethnic dimensions such as language, tikanga and involvement in Māori institutions. Wellness for Māori is defined by an individual's ability to contribute to the iwi and whānau, so is based on personal performance within an iwi and whānau setting.

The data presented in this chapter highlight inequalities within the disability sector and provide the opportunity on which Objective 11 of the New Zealand Disability Strategy can be used to help promote participation of disabled Māori and their family and whānau within the community (Minister for Disability Issues 2001). Proposed actions linked to this objective include:

- building the capacity of disabled Māori through the equitable allocation of resources within the context of Māori development frameworks
- establishing more disability support services designed and provided by Māori for Māori
- ensuring mainstream providers of disability services are accessible to and culturally appropriate for disabled Māori and their whānau
- training more Māori disability service provider professionals and increasing the advisory capacity of Māori
- ensuring government funded or sponsored marae-based initiatives meet the access requirements of people with disability
- supporting training and development of trilingual interpreters for Deaf people
- ensuring Te Puni Kōkiri undertakes a leadership role in promoting the participation of Māori with disability.

The New Zealand Health Strategy clearly recognises the importance of 'reducing inequalities for all New Zealanders including Māori' (Minister of Health 2000). Specific actions to address the participation of Māori with disability in te ao Māori and wider New Zealand society are outlined in the Ministry of Health's internal planning document, Māori Disability Action Plan for Disability Services (Ministry of Health 2003b).

The quality of ethnicity data poses a considerable challenge for official statistics. Issues of validity, continuity through time, consistency across data sets and completeness are ongoing. The method of data collection is important and the changes in the Census of Population and Dwellings ethnic question has demonstrated this with the varying results in 1996 and 2001. Caution is advised when analysing disability trends over time for Māori and comparing results for Māori and non-Māori (Te Rōpū Rangahau Hauora a Eru Pōmare 2000). Therefore, in this chapter we have chosen not to compare the 1996 and 2001 surveys.

Features of the Māori population

Just 4 percent of New Zealand's older population (aged 65 years and over) are Māori, compared with 15 percent of the total population. Several factors contribute to this difference, a higher mortality in earlier age groups resulting in lower life expectancy, (Cunningham et al 2002), the gap between Māori and non-Māori life expectancy due to the earlier onset of age related illness and disease (Ajwani et al 2003) and a higher birth rate. These factors combined with a higher concentration of the Māori population in the childbearing age groups, results in a younger Māori population.

The Ministry of Health's report, *Decades of Disparity: Ethnic mortality trends in New Zealand 1980–1999*, shows that non-Māori, non-Pacific peoples now live, on average, 10 years longer than Māori (Ministry of Health 2003a).

A Māori girl born in 1996 can expect to live to age 72. This is 16 years longer than her 1951 counterpart (56 years) and five years longer than a Māori boy born in 1996 who can expect to live to age 67, which is 13 years more than his 1951 counterpart (54 years) (Ajwani et al 2003).

At the 2001 Census, the median age of Māori was 22 years, while the median age for the total New Zealand population was considerably higher at 35 years (Statistics New Zealand 2002a).

Māori mortality rates at all ages, except 15–24 and 75 and over, were greater than for non-Māori. The most marked differences occurred in the under 1 age group and for females aged 45–64. These rates were nearly twice those for the non-Māori population (Ajwani et al 2003).

To control for these differences in the age structures of the Māori and non-Māori populations, age-standardised rates are used as much as possible when summarising Māori disability statistics in this chapter.

When appropriate, age-specific rates have been presented to provide a more accurate and meaningful comparison between Māori and non-Māori.

This chapter concentrates on disability issues where there were notably different survey results for Māori and non-Māori.³

³ Calculating 'age-standardised' rates enables populations with different age profiles to be compared. Age standardisation adjusts for age by applying age-specific rates to a standard population to produce a single, age-adjusted rate for each population. This report uses the World Health Organization's (WHO's) world standard population to calculate age-standardised rates of the number per 100,000 population.

Māori living in households

Māori disability rates

All Māori

In 2001, an estimated 106,500 Māori living in households had a disability. This was 21 percent of all Māori living in households. By comparison, 19 percent of non-Māori living in household had a disability.

Adjusting for the different age profiles of the two populations, age-standardised rates of disability were higher for Māori (24,000 per 100,000 or 24 percent) than for non-Māori (16,700 per 100,000 or 17 percent).

Children

The disability rate for Māori children aged 0–14 was 15 percent. This was higher than the rate for non-Māori children (10 percent). Sixteen percent of Māori boys aged 0–14 reported a disability, compared with 13 percent of Māori girls in the same age group.

Adults

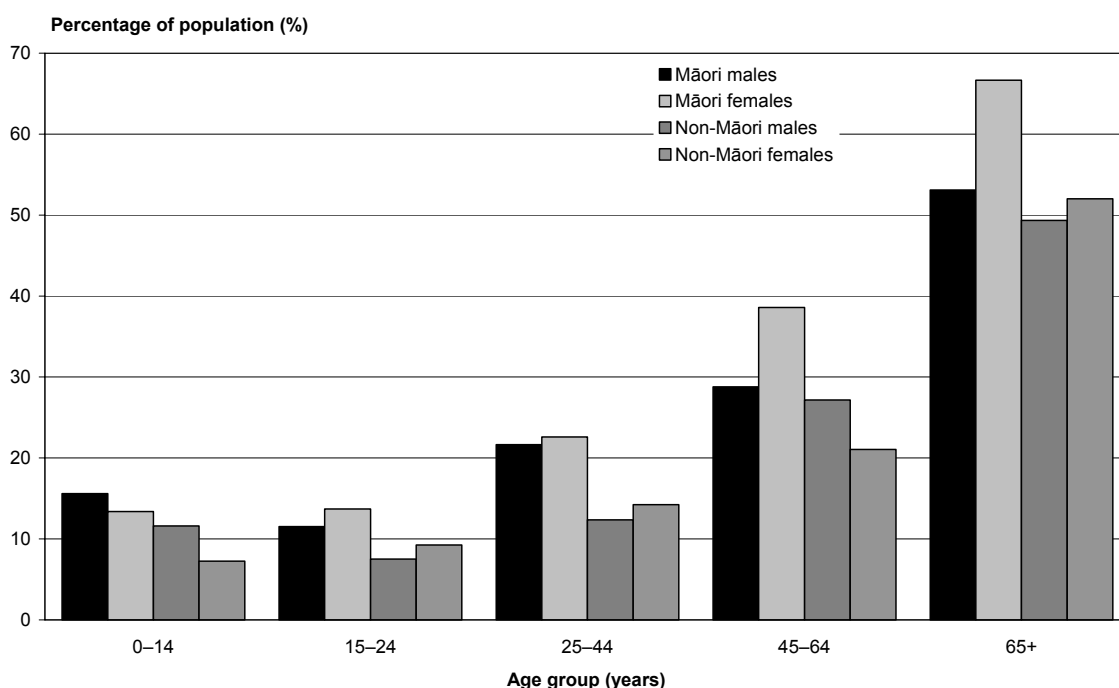
In 2001, among Māori adults living in households, the prevalence of disability was closely associated with age. Sixty-one percent of Māori aged 65 and over reported having at least one kind of disability, compared with 34 percent of Māori aged 45–64, 22 percent of Māori aged 25–44 and 13 percent of Māori aged 15–24.

In contrast, 51 percent of non-Māori adults aged 65 and over had a disability, as did 24 percent of non-Māori aged 45–64, 13 percent of non-Māori aged 25–44 and 8 percent of non-Māori aged 15–24.

Sex

In 2001, just over half (54 percent) of Māori with disability living in households were female. While Māori males with disability outnumbered Māori females with disability in the 0–14 age group, Māori females outnumbered Māori males in all other age groups. This gender pattern of disability over the different age groups was similar to non-Māori (Figure 8.1).

Figure 8.1: Percentage of Māori and non-Māori people (adults and children) with disability living in households, by age and sex, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Note: Calculated from data in Appendix Table 8.1B.

Rates of disability were also higher for Māori women than Māori men in all the adult age groups. For instance, 39 percent of Māori women aged 45–64 reported at least one disability, compared with 29 percent of Māori men in the same age group.

Among children the situation was reversed with more Māori boys (16 percent) than Māori girls (13 percent) having disability.

Socioeconomic factors

There may be several explanations for the discrepancy between Māori and non-Māori rates of disability but the over-representation of Māori in the lower socioeconomic groups and the higher levels of social and material deprivation experienced by Māori can be seen as a major factor (Crampton et al 2000).⁴

⁴ Deprivation is determined by the lack of material, social, cultural and spiritual needs that are linked to the norms of a person's society and culture. It is possible to be deprived in one or more respects.

Disease/illness was reported as the most common cause of disability for Māori. The effects of disadvantage accumulate over time. Health in middle and old age depends on past and present circumstances such as poor housing, lack of educational achievement, unemployment, low wages, living in disadvantaged neighbourhoods and disease. Therefore, the influence of socioeconomic factors on health and the risk of premature death cannot be ignored when looking at Māori and disability (Ministry of Health 2002b).

Disability type

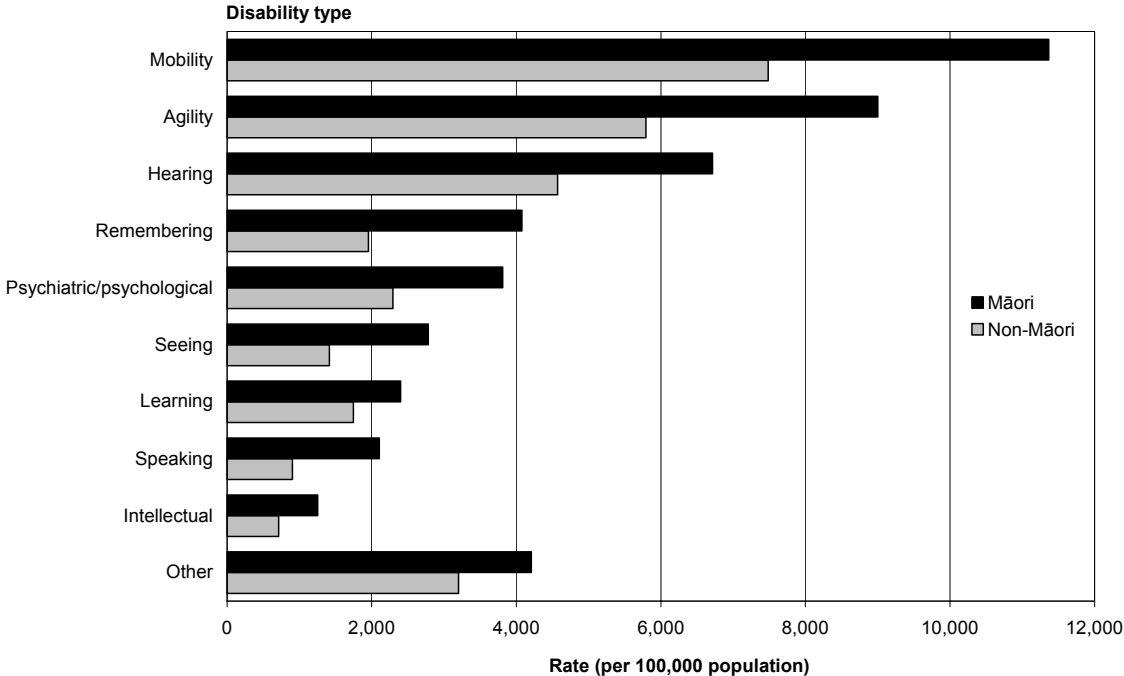
Adults

The types of disability most commonly reported by Māori adults living in households were:

- mobility disability (with an age-standardised prevalence rate of 11,400 per 100,000 Māori adults living in households)
- agility disability (9000 per 100,000)
- hearing disability (6700 per 100,000)
- remembering disability (4100 per 100,000)
- psychiatric/psychological (3800 per 100,000)

(see Figure 8.2).

Figure 8.2: Age-standardised rates of different disability types for Māori and non-Māori adults living in households, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Notes:

- Data in Appendix Table 8.3B.
- If individuals reported more than one disability type, they were counted in each applicable disability type group.

Rates of disability were generally higher for Māori women than Māori men and this was particularly so in the case of mobility disability. Māori women also had notably higher rates of agility disability and seeing disability than Māori men.

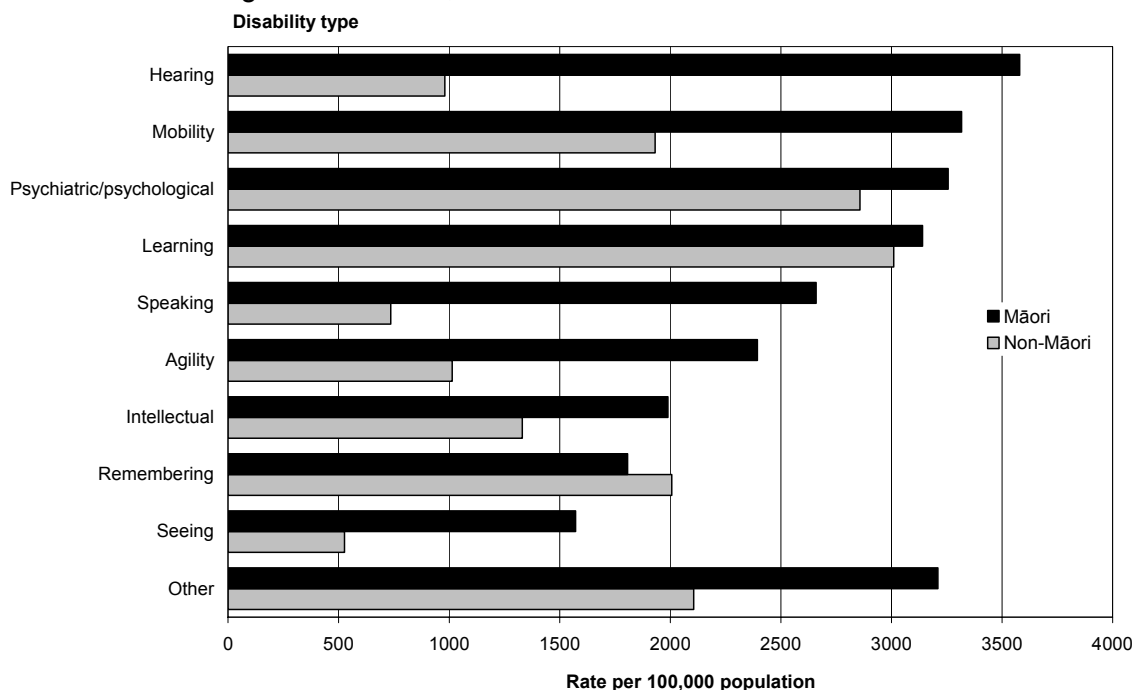
The most common type of disability in the 15–24 age group for Māori with disability was hearing disability, followed by mobility disability and psychiatric/psychological disability. However, the biggest disparities in disability type between Māori and non-Māori in this age group were in hearing and speaking disability. The disparity reflects the equally striking difference in the rates of hearing and speaking disability for children (reported later in this chapter). It is important to note that hearing and speaking disabilities will be closely associated with a learning disability (Table 8.1 and Figure 8.3).

Table 8.1: Rates of mobility, agility and hearing disability Māori and non-Māori aged 15–24, living in households, 2001

Disability	Rate per 100,000	
	Māori	Non-Māori
Hearing	3600	1000
Mobility	3300	1900
Psychiatric/psychological	3300	2900
Learning	3100	3000
Speaking	2700	700

Note: Data in Appendix Table 8.3B.

Figure 8.3: Rates of different disability types for Māori and non-Māori adults aged 15–24 living in households, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Notes:

- Data in Appendix Table 8.3B.
- If individuals reported more than one disability type, they were counted in each applicable disability type group.

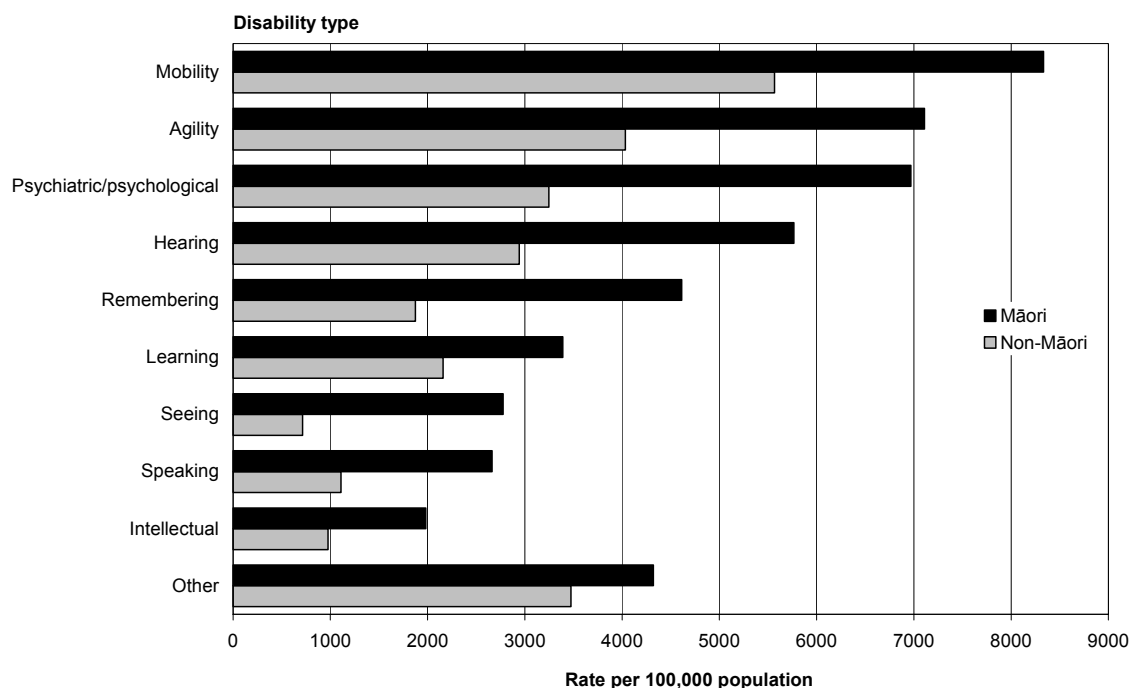
The pattern of disability type for Māori with disability in the 25–44 age group begins to change with mobility disability replacing hearing disability as the most common disability, followed by agility disability then psychiatric/psychological disability. Hearing in this age group is the fourth most common disability (Table 8.2 and Figure 8.4).

Table 8.2: Rates of mobility, agility and hearing disability Māori and non-Māori aged 25–44, living in households, 2001

Disability	Rates per 100,000	
	Māori	Non-Māori
Mobility	8300	5600
Agility	7100	4000
Psychiatric/psychological	7000	3200
Hearing	5800	2900

Note: Data in Appendix Table 8.3B.

Figure 8.4: Rates of different disability types for Māori and non-Māori adults aged 25–44 living in households, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Notes:

- Data in Appendix Table 8.3B.
- If individuals reported more than one disability type, they were counted in each applicable disability type group.

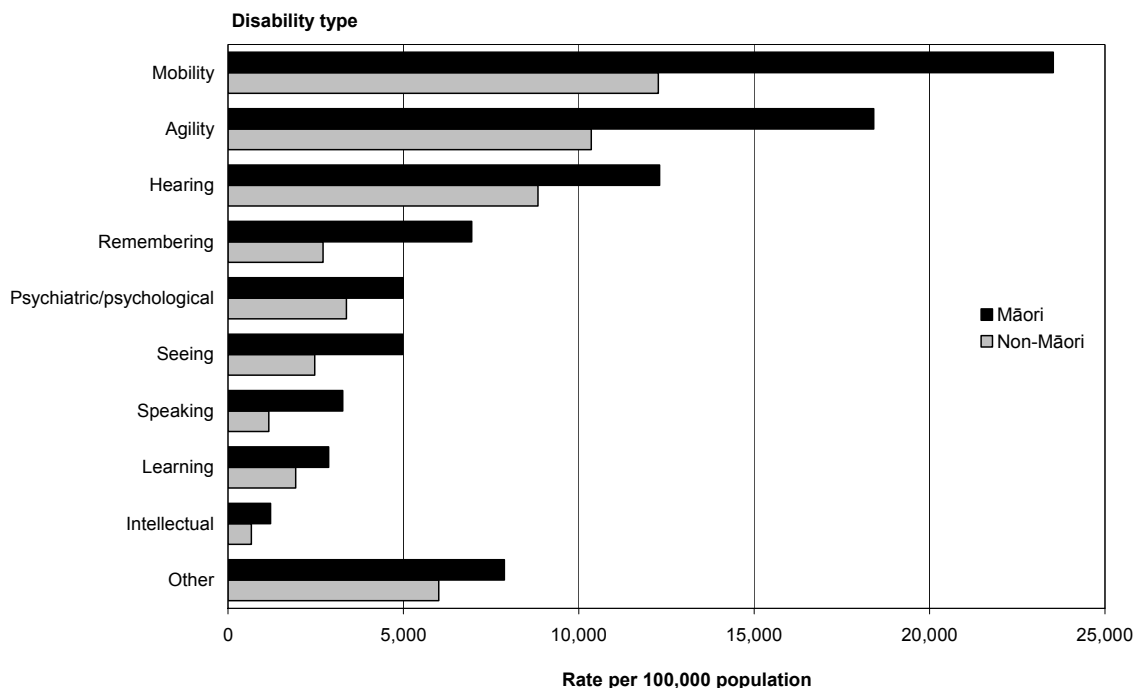
In 2001, the Māori rate for mobility disability in the 45–64 age group was nearly double that for non-Māori. Rates of agility disability and hearing disability were also much higher for Māori than non-Māori (Table 8.3 and Figure 8.5).

Table 8.3: Rates of selected disability types, Māori and non-Māori aged 45–65, living in households, 2001

Disability	Rate per 100,000	
	Māori	Non-Māori
Mobility	23,500	12,300
Agility	18,400	10,400
Hearing	12,300	8,800

Note: Data in Appendix Table 8.3B.

Figure 8.5: Rates of different disability types for Māori and non-Māori adults aged 45–64 living in households, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Notes:

- Data in Appendix Table 8.3B.
- If individuals reported more than one disability type, they were counted in each applicable disability type group.

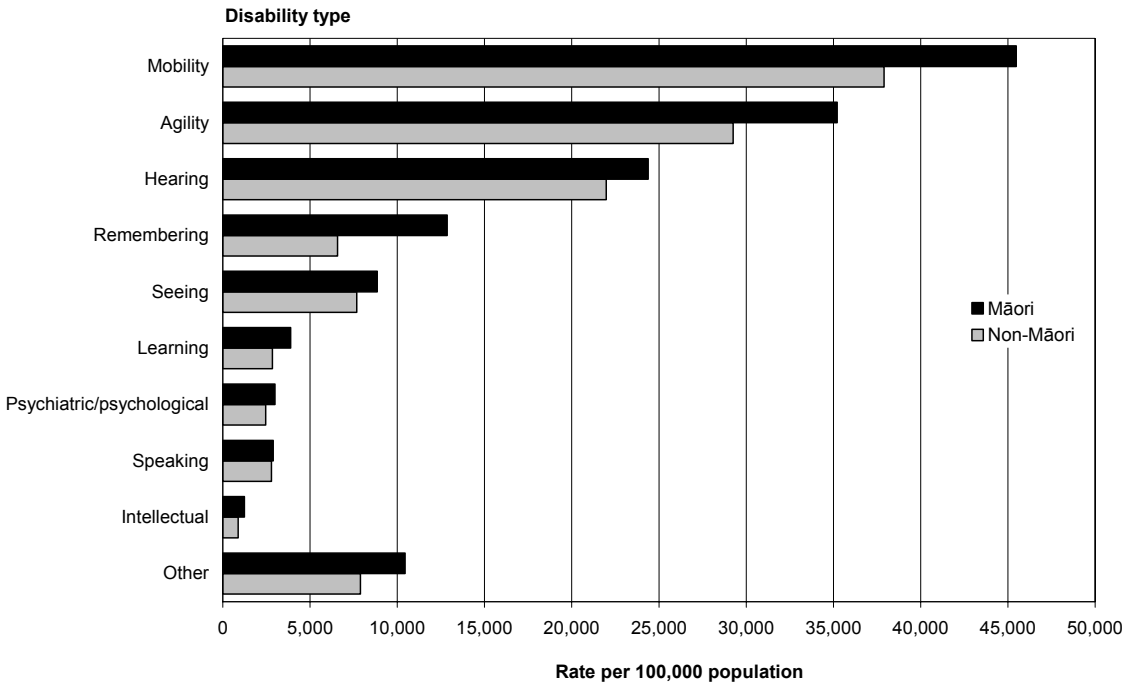
The pattern of disability for Māori in the oldest age group is similar to that for the 45–64 age group. These higher disability rates for older Māori reflect the greater incidence of disease and illness, which affect Māori from a younger age than the non-Māori population (Table 8.4 and Figure 8.6).

Table 8.4: Rates of selected disability types, Māori and non-Māori aged 65 and over, living in households, 2001

Disability	Rates per 100,000	
	Māori	Non-Māori
Mobility	45,500	37,900
Agility	35,200	29,300
Hearing	24,400	22,000

Note: Data in Appendix Table 8.3B.

Figure 8.6: Rates of different disability types for Māori and non-Māori adults aged 65 and over living in households, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Notes:

- Data in Appendix Table 8.3B.
- If individuals reported more than one disability type, they were counted in each applicable disability type group.

Children

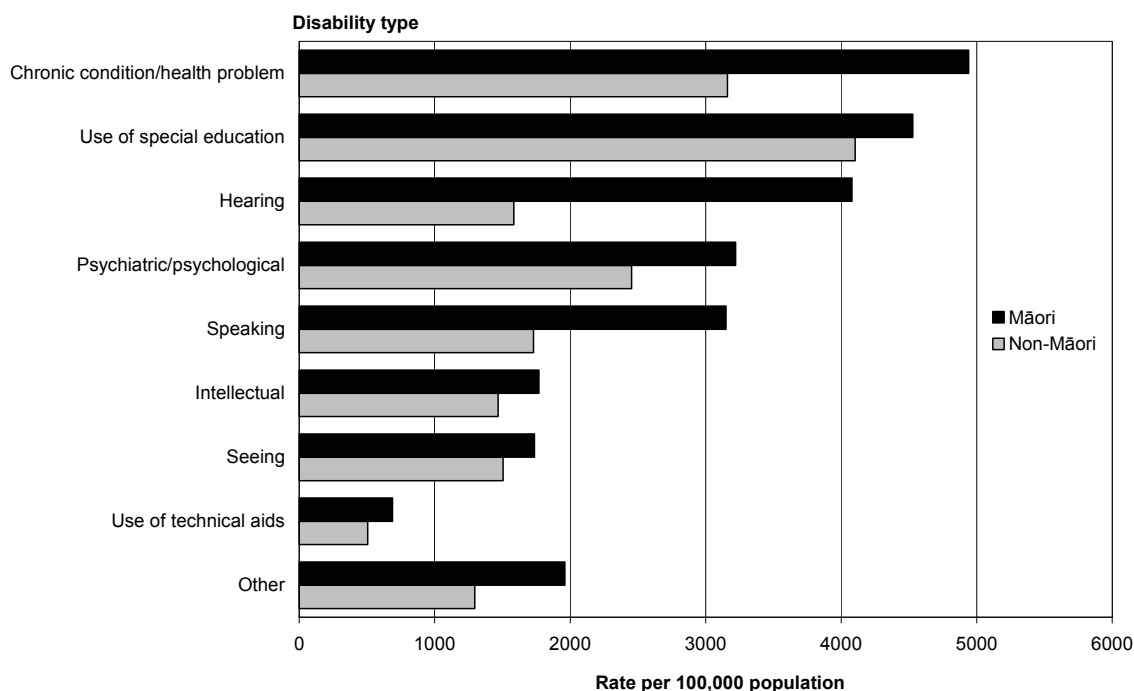
Māori children living in households had similar types of disability as non-Māori children, but had a higher rate of prevalence of each type of disability. The difference in the rates of hearing and speaking disabilities between Māori and non-Māori was large. This is important because these types of disability are related and affect learning and education.

Māori boys with disability had higher rates for all types of disability except chronic conditions/health problems (Tables 8.5 and 8.6 and Figure 8.7).

Table 8.5: Rates of selected disability types, Māori children, living in households, 2001

Disability	Rates per 100,000	
	Māori	Non-Māori
Chronic condition/health problem	4900	3200
Use of special education	4500	4100
Hearing	4100	1600
Psychiatric/psychological	3200	2500
Speaking	3100	1700

Figure 8.7: Rates of different disability types for Māori and non-Māori children living in households, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Notes:

- Data in Appendix Table 8.4B.
- If individuals reported more than one disability type, they were counted in each applicable disability type group.

Table 8.6: Rates per 100,000 by disability type for Māori children living in households, by sex 2001

Disability	Rates per 100,000	
	Boys	Girls
Chronic condition/health problem	4600	5300
Use of special education	6300	2600
Hearing	4500	3700
Psychiatric/psychological	4100	2300
Speaking	3400	2900

Note: Data in Appendix Table 8.4.

Main disability

Most common types of main disability

Age-standardised rates for the most commonly reported types of main disability among Māori adults were:

- mobility disability (7 percent of all Māori adults living in households)
- hearing disability (3 percent)
- agility disability (3 percent).⁵

Sex

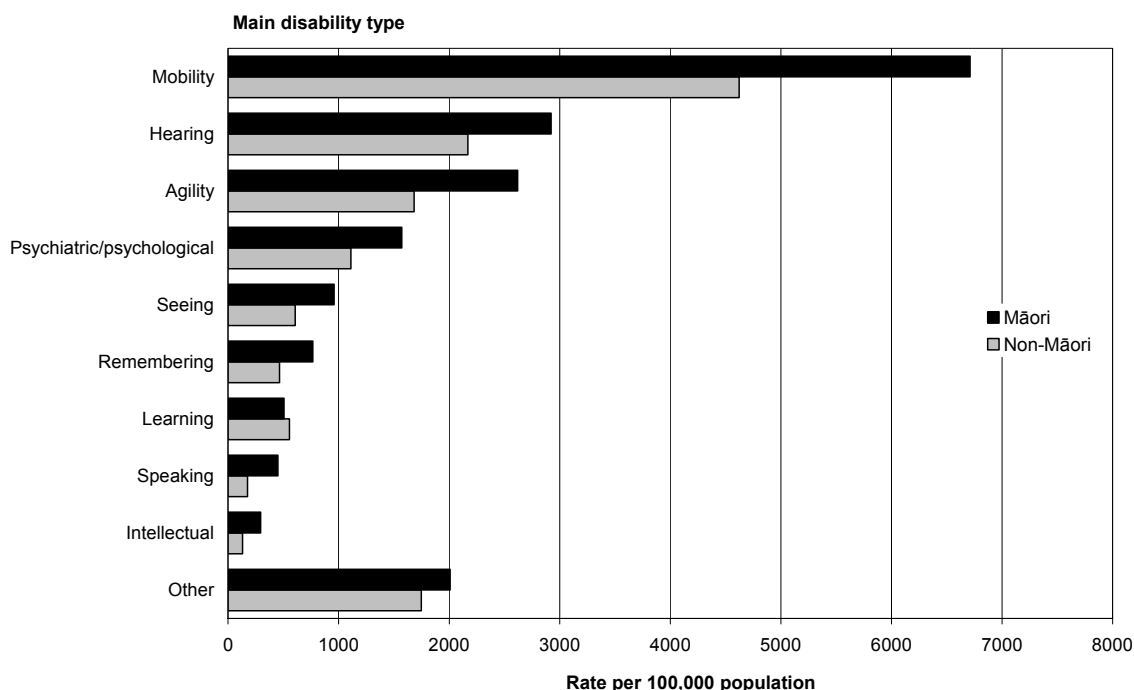
Māori women (8500 per 100,000) were more likely than Māori men (4700 per 100,000) to have a main disability that was a mobility disability.

⁵ Adults with more than one type of disability were asked which one limited their everyday activities the most. This was their 'main' disability. Caregivers and parents of children with disability were not asked to identify their child's main disability.

Comparing Māori and non-Māori

For all types of main disability, except learning disability, age-standardised rates were higher for Māori adults living in households than non-Māori (Figure 8.8).

Figure 8.8: Age-standardised rates of different types of main disability for Māori and non-Māori adults living in households, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Notes:

- Data in Appendix Table 8.5B.
- If individuals reported more than one disability type, they were counted in each applicable disability type group.

Mobility disability was the type of main disability with the largest Māori/non-Māori difference. The age-standardised rate for Māori adults was 6700 per 100,000, compared with 4600 per 100,000 for non-Māori adults.

Severity of disability

In 2001, 44 percent of Māori with disability living in households had mild disability, 40 percent had moderate disability and 16 percent had severe disability.

These figures were similar to those for non-Māori people with disability (mild – 43 percent; moderate – 45 percent and severe – 12 percent).

However, for all three severity levels the age-standardised disability rates for Māori were higher than for non-Māori. In particular, the age-standardised rate of severe disability for Māori was more than twice the rate for non-Māori (4100 per 100,000 population compared with 1900 per 100,000) (Table 8.7 and Figures 8.9–8.11).

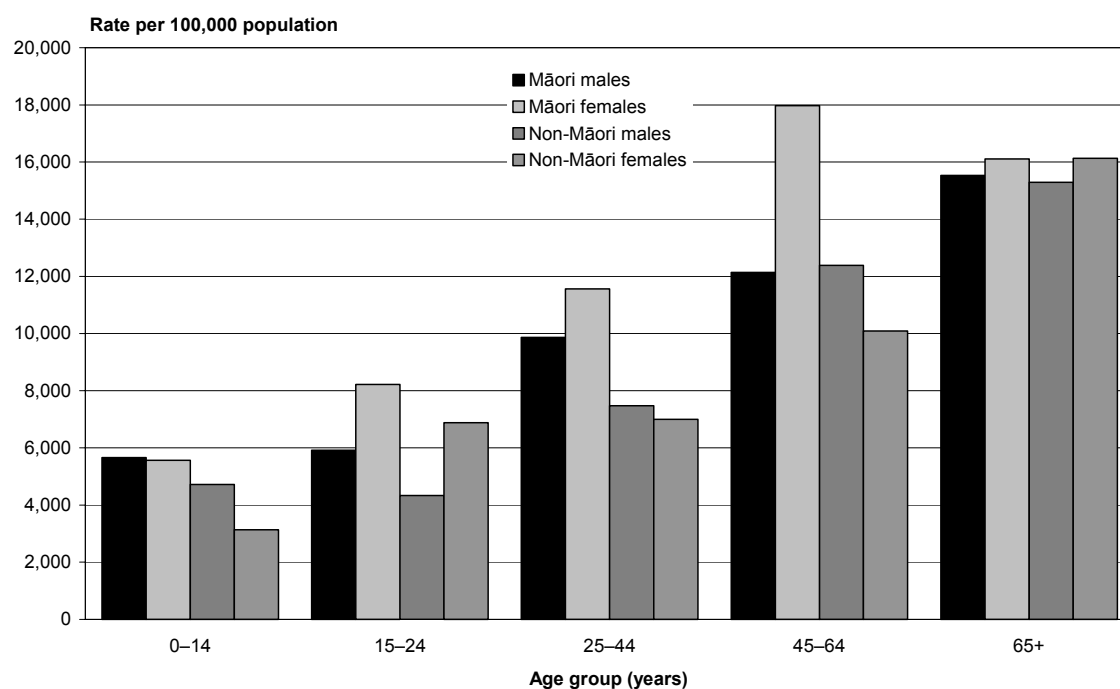
Table 8.7: Age-standardised rates, of severity of disability for Māori and non-Māori people (children plus adults) living in households, by sex, 2001

	Age-standardised rate per 100,000			
	Mild	Moderate	Severe	Total
Māori males	9,000	9,600	3,700	22,400
Māori females	11,100	9,900	4,500	25,500
Total Māori	10,100	9,800	4,100	24,000
Non-Māori males	7,800	7,500	2,000	17,300
Non-Māori females	7,300	6,900	1,800	16,000
Total non-Māori	7,600	7,200	1,900	16,700

Notes:

- Mild = Not requiring regular help from other people or technical aids.
- Moderate = requiring intermittent (that is, non-daily) assistance from other people or technical equipment.
- Severe = Requiring continuous or daily assistance, generally in the self-care domain.
- Data in Appendix Table 8.1B.

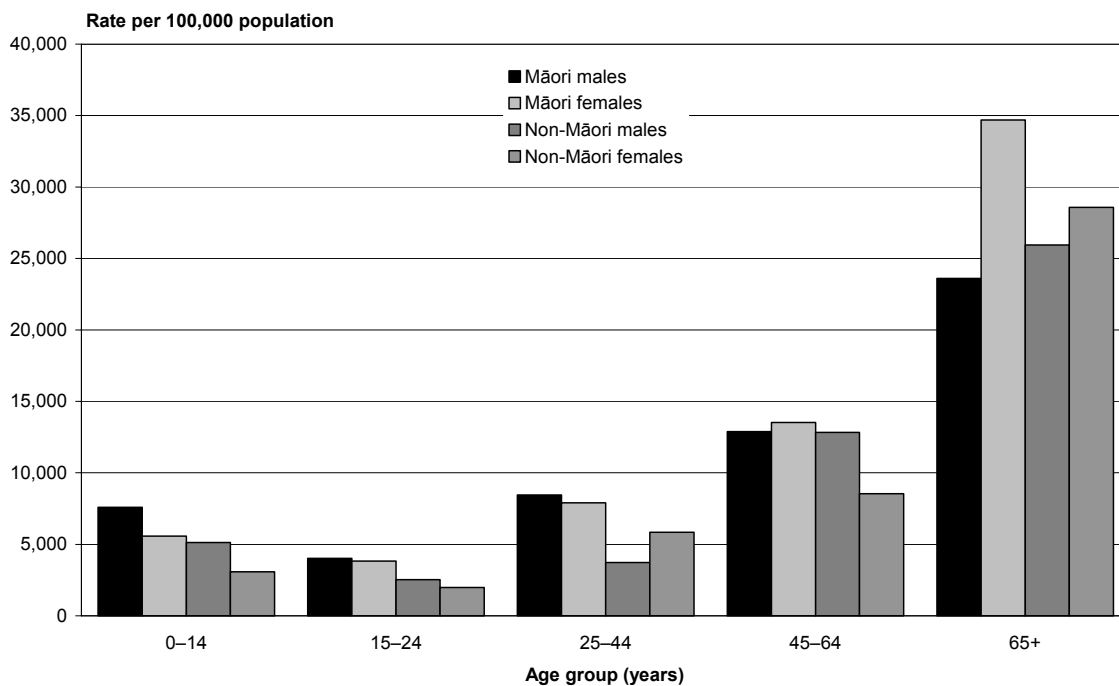
Figure 8.9: Rates of mild disability among Māori and non-Māori living in households, by age and sex, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Note: Data in Appendix Table 8.1B.

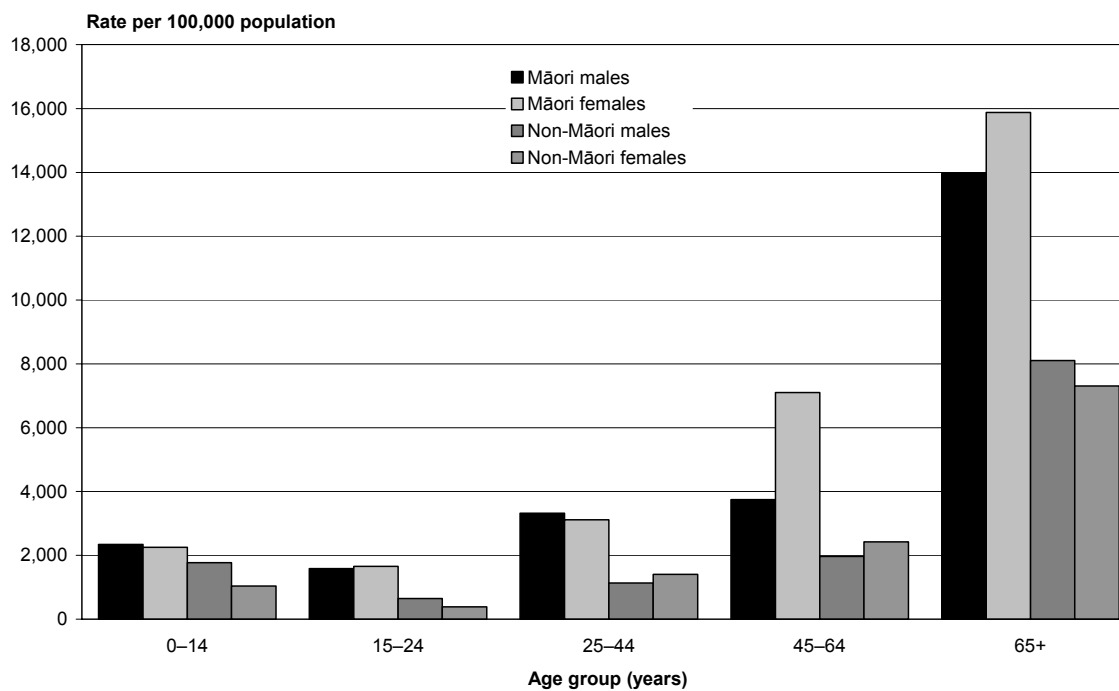
Figure 8.10: Rates of moderate disability among Māori and non-Māori living in households, by age and sex, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Note: Data in Appendix Table 8.1B.

Figure 8.11: Rates of severe disability among Māori and non-Māori living in households, by age and sex, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Note: Data in Appendix Table 8.1B.

Dependent disability

People with ‘dependent disability’ were those assessed by the Household Disability Survey as having severe or moderate disability. It meant they needed help from other people or needed to use equipment such as wheelchairs or computers.

In 2001, the prevalence of dependent disability was similar for Māori males and Māori females. The survey estimated that 13 percent of Māori males and 14 percent of Māori females living in households had dependent disability.⁶ This compared with a dependent disability rate of 9 percent for both non-Māori males and non-Māori females.

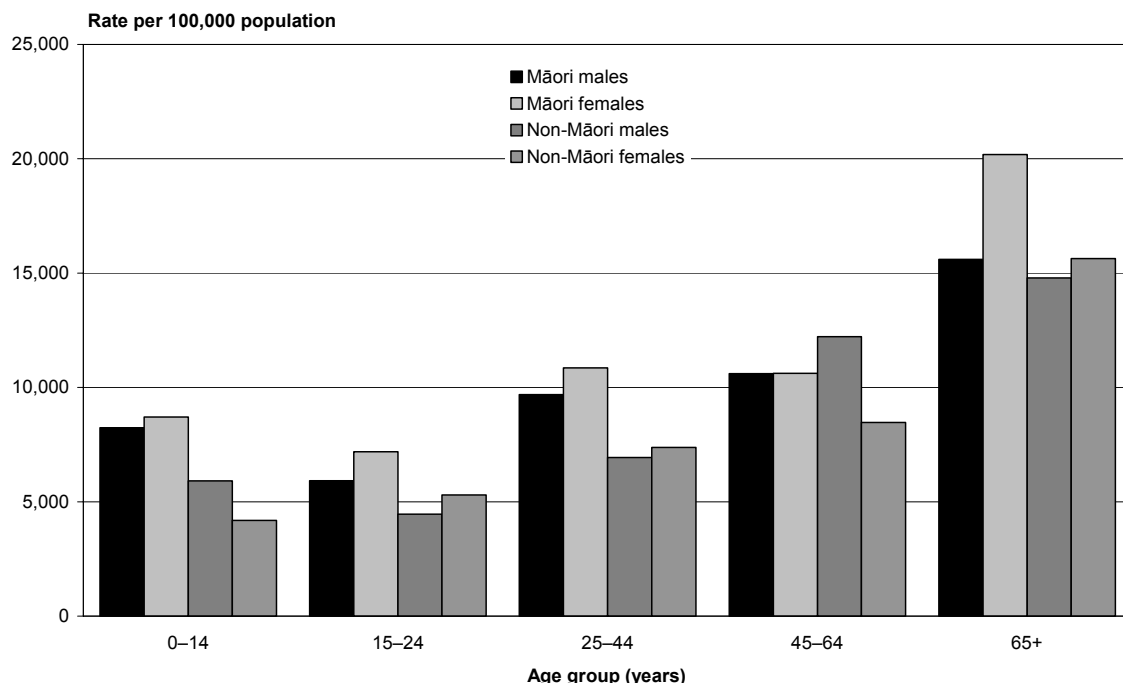
Single and multiple disability

An estimated 58,300 or 55 percent of Māori with disability living in households reported having more than one disability. This was similar to the percentage of non-Māori who reported having more than one disability (57 percent).

However, the age-standardised rates for Māori were higher than for non-Māori for both single and multiple disability.

For single disability, the age-standardised rate for Māori was 9900 per 100,000 and the rate for non-Māori was 7500 per 100,000. For multiple disability, the age-standardised rate for Māori was 14,100 per 100,000 and the rate for non-Māori was 9200 per 100,000 (Figures 8.12–8.13).

Figure 8.12: Rates of single disability among Māori and non-Māori living in households, by age and sex, 2001

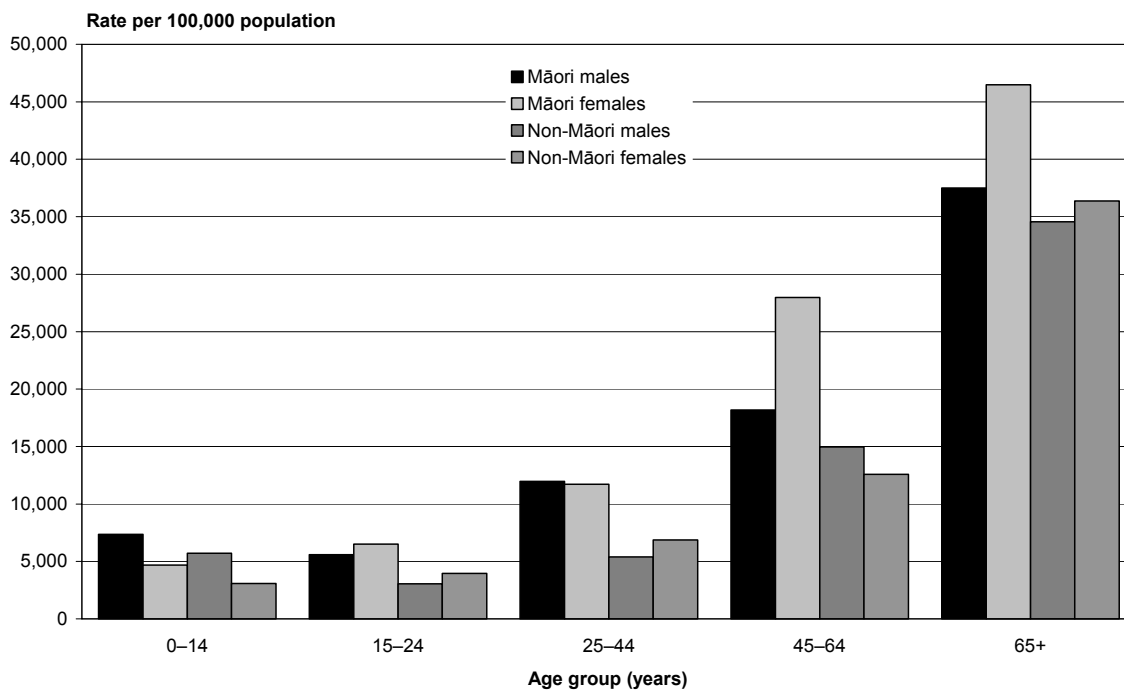


Source: Statistics New Zealand, 2001 Household Disability Survey

Note: Data in Appendix Table 8.2B.

⁶ These are age-standardised percentages.

Figure 8.13: Rates of multiple disability among Māori and non-Māori living in households, by age and sex, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

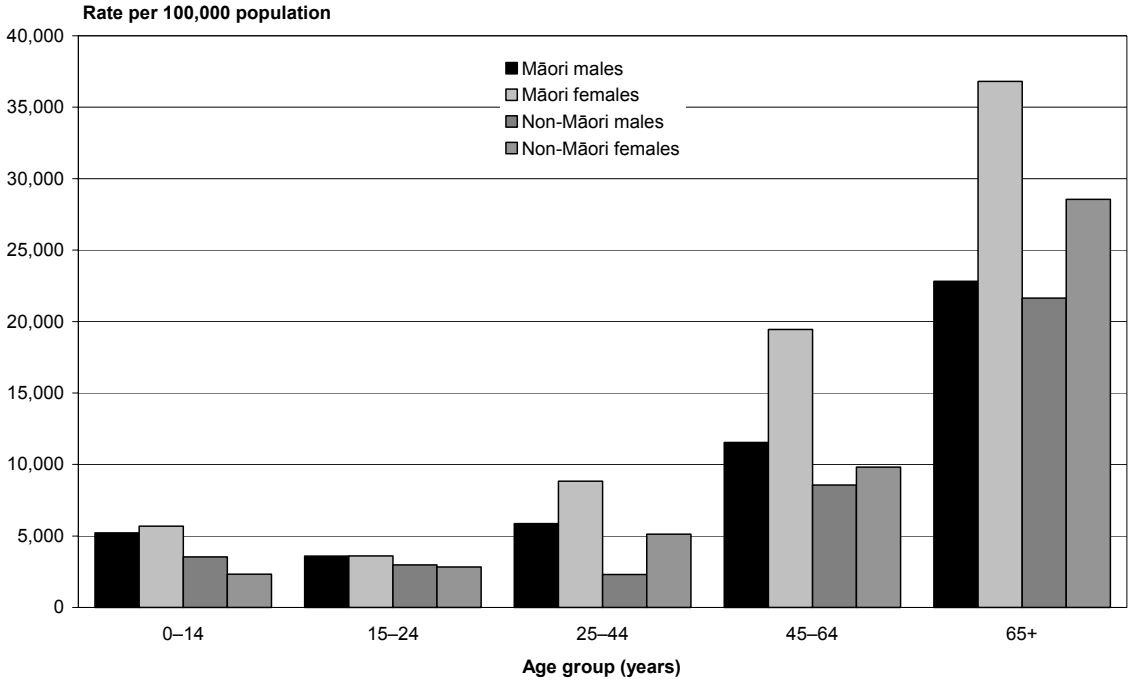
Note: Data in Appendix Table 8.2B.

Cause of disability

Adults

In 2001, the most common cause of disability for Māori adults was disease/illness (the age-standardised rate was 8400 per 100,000). This was notably higher than for non-Māori adults (5500 per 100,000) (Figure 8.14).

Figure 8.14: Rates of disability caused by disease/illness among Māori and non-Māori living in households, by age and sex, 2001



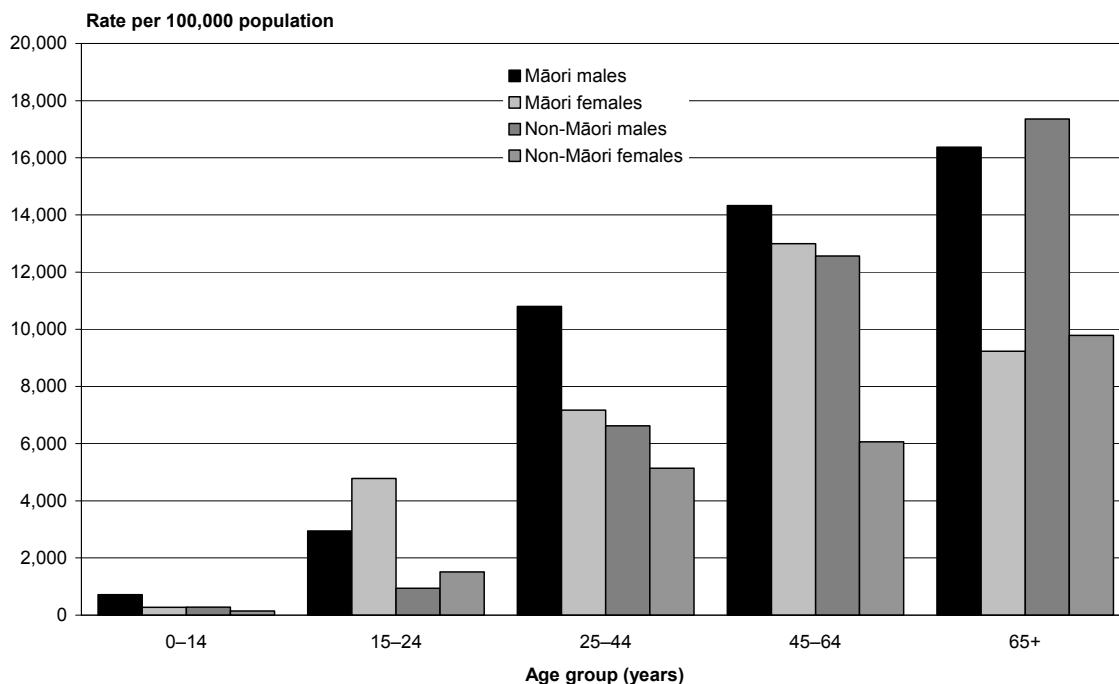
Source: Statistics New Zealand, 2001 Household Disability Survey

Notes:

- Data in Appendix Table 8.6B.
- If individuals reported more than one disability type, they were counted in each applicable disability cause group.

The next most common cause of disability among Māori adults was accident/injury (6900 per 100,000), which was also higher than non-Māori (4800 per 100,000). This difference was most marked for Māori men aged 25–44 (10,800 per 100,000) and non-Māori men (6600 per 100,000). However, in the age group 45–64 the difference between Māori and non-Māori men was less obvious. This may be explained by the risk both groups experience in the work environment. What is of interest in the 45–64 age group is the high rate of Māori women who experience disability caused by accident/injury (13,600 per 100,000) (Figure 8.15).

Figure 8.15: Rates of disability caused by accident/injury among Māori and non-Māori living in households, by age and sex, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Notes:

- Data in Appendix Table 8.6B.
- If individuals reported more than one disability type, they were counted in each applicable disability cause group.

The rate of disability caused by disease/illness is significantly higher for Māori women aged 45 and over. A possible explanation for this difference is connected with the earlier ageing process and age-related disabilities experienced by younger Māori women and men. Disease/illness-related disabilities are generally associated with the age group 65 and over in non-Māori.

Children

Disease/illness was also the most common cause of disability among Māori children (5400 per 100,000). This was almost double the rate of non-Māori children (2900 per 100,000) (Figure 8.14).

Māori children also had a slightly higher rate of disability caused by conditions present at birth than non-Māori children (5000 per 100,000 compared with 4300 per 100,000).

The higher rates of disability for Māori due to disease/illness may be at least partially attributable to their over-representation in the lower socioeconomic groupings.

Duration of disability

Just 4 percent of Māori with disability living in households had experienced their longest-lasting disability for less than one year.⁷ Thirty-one percent of Māori with disability had experienced a disability lasting 15 years or longer, while most Māori with disability, 64 percent, had experienced disability for 1–14 years.

Non-Māori had a similar duration of disability profile to Māori. Like Māori, 4 percent of non-Māori had experienced their longest-lasting disability for less than one year. Thirty-seven percent had experienced disability for 15 or more years, while 58 percent had experienced disability for 1–14 years.

Support services and equipment

Type of health service used

The types of health service used by Māori with disability living in households are listed in Table 8.8, which also gives the percentage of Māori and non-Māori with disability who used each service one or more times in the previous 12 months. Table 8.9 shows similar information for children.

Table 8.8: Type of health service used in previous 12 months for Māori and non-Māori (children and adults) living in households, 2001

Type of health service	Percent of Māori (%)	Percent of non-Māori (%)
Family doctor/general practitioner	84	87
Chemist/pharmacist (for health advice or getting medication)	68	75
Dentist/dental nurse	37	36
Medical specialist	35	41
Nurse only	33	31
Physiotherapist	16	18
Optician/optometrist	16	26
Counsellor/social worker/psychologist	14	12
Traditional healer	7	1
Māori or Pacific health worker	4	–
Podiatrist/chiroprapist	4	8

– Percentages too small to report (estimated frequencies outside the 70 percent relative sampling error cut-off point).

Note: Data in Appendix Table 8.28.

⁷ For each functional difficulty people had, they were asked at what age they first had difficulty doing that type of activity. 'Duration of longest-lasting disability' was calculated from the age at which people had their first disability and their age at the time of the survey.

Table 8.9: Type of health service used in previous 12 months for Māori and non-Māori children aged 0–14 living in households, 2001

Type of health service	Percent of Māori (%)	Percent of non-Māori (%)
Family doctor/general practitioner	86	88
Chemist/pharmacist (for health advice or getting medication)	63	60
Dentist/dental nurse	65	74
Medical specialist	36	45
Nurse only	31	30
Physiotherapist	8	11
Optician/optometrist	12	21
Counsellor/social worker/psychologist	17	20
Traditional healer	4	1
Māori or Pacific health worker	4	–
Podiatrist/chiropracist	3	3

– Percentages too small to report (estimated frequencies outside the 70 percent relative sampling error cut-off point).

Note: Data in Appendix Table 8.28.

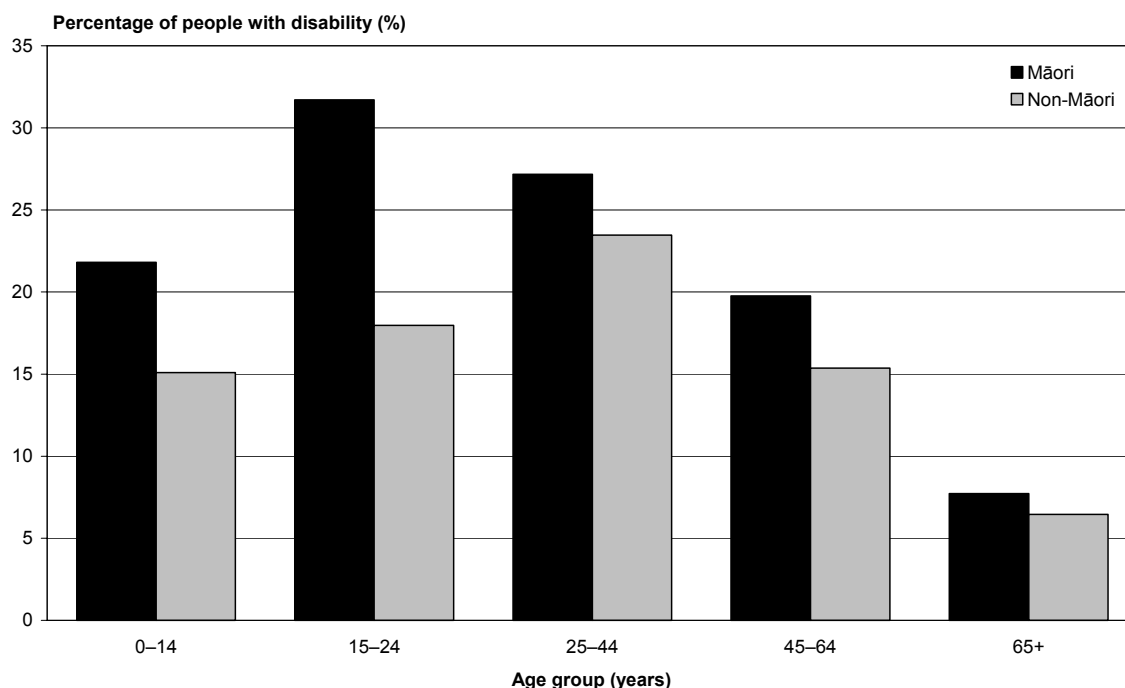
Unmet need for at least one type of health service

An estimated 24,200 Māori with disability living in households, 23 percent of all Māori with disability, reported an unmet need for some type of health service in the previous 12 months. This compares with 14 percent of non-Māori with disability living in households.

In particular, younger Māori with disability were more likely than their non-Māori counterparts to report an unmet need for health services. Thirty-two percent of Māori aged 15–24 with disability reported an unmet need, compared with 18 percent of non-Māori with disability in this age group.

Similarly, 22 percent of Māori children aged 0–14 with disability reported an unmet need, compared with 15 percent of non-Māori children (Figure 8.16).

Figure 8.16: Percentage of Māori and non-Māori with disability living in households who reported an unmet need for health services in the previous 12 months, by age, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Note: Data in Appendix Table 8.29.

Use of equipment and technology

Overall the use of disability-related equipment was less common among Māori with disability than non-Māori with disability. Twenty-three percent of Māori with disability reported using some kind of equipment, compared with 31 percent of non-Māori with disability, although there was some variation within the different age groups (Table 8.10).

Table 8.10: Use of equipment and technology, Māori and non-Māori with disability living in households, by age, 2001

Age	Māori		Non-Māori	
	Number	%	Number	%
0-14	2,200	8	5,500	9
15-24	1,700	16	4,100	12
25-44	8,200	24	20,000	16
45-64	7,300	31	49,800	27
65+	5,200	51	111,000	54
Total	24,600	23	190,400	31

Note: Data in Appendix Table 8.30.

The type of equipment used by Māori and non-Māori adults was similar, with the highest use being for mobility equipment (Table 8.11). The pattern for use of the type of equipment for Māori and non-Māori children was also similar. However, as the numbers are small caution is advised in interpreting these results (Table 8.12).

Table 8.11: Use of equipment and technology, Māori and non-Māori adults with disability living in households, by type of equipment, 2001

Type of equipment	Māori		Non-Māori	
	Number	%	Number	%
Hearing	4,400	6	71,200	13
Seeing	5,600	7	42,500	8
Mobility	11,300	14	88,100	16
Agility	1,900	2	12,000	2
Other	3,600	5	22,300	4

Note: Data in Appendix Table 8.31A.

Table 8.12: Use of equipment and technology, Māori and non-Māori children with disability living in households, by type of equipment, 2001*

Type of equipment	Māori		Non-Māori	
	Number	%	Number	%
Hearing	600	2	1000	2
Seeing	–	–	–	–
Mobility/agility	900	3	2100	3
Speaking/communication	–	–	1100	2
Other	500	2	1500	2

– Numbers too small to report (estimated frequencies outside the 70% relative sampling error cut-off point).

* The numbers using equipment and technology are low and should be treated with caution.

Note: Data in Appendix Table 8.31B.

Unmet need in use of special equipment

Fifteen percent of Māori with disability had an unmet need for special equipment, compared with 11 percent of non-Māori with disability.

Received help for everyday activities

Thirty-seven percent of Māori with disability received at least one kind of help for everyday activities in 2001, compared with 39 percent of non-Māori adults.

The activities in which most help was received for Māori with disability were heavy household work (28 percent), shopping and everyday housework (both 19 percent) (Table 8.13).

Table 8.13: Received help for everyday activities, Māori and non-Māori adults with disability living in households, by type of help, 2001

Type of help	Māori		Non-Māori	
	Number	%	Number	%
Preparing meals	10,200	13	57,200	10
Shopping	14,500	19	85,200	16
Everyday housework	14,700	19	113,800	21
Heavy housework	21,700	28	164,900	30
Private finances	8,300	11	43,000	8
Personal care	5,600	7	29,300	5
Communicating with others	7,600	10	31,500	6

Source: Statistics New Zealand, 2001 Household Disability Survey

Note: Data in Appendix Table 8.34.

Unmet need for help with everyday activities

Eleven percent of Māori adults with disability had an unmet need for at least one type of help for everyday activities in 2001. The rate of unmet need in this area for non-Māori was 7 percent.

Family needing help with personal care of child or household work

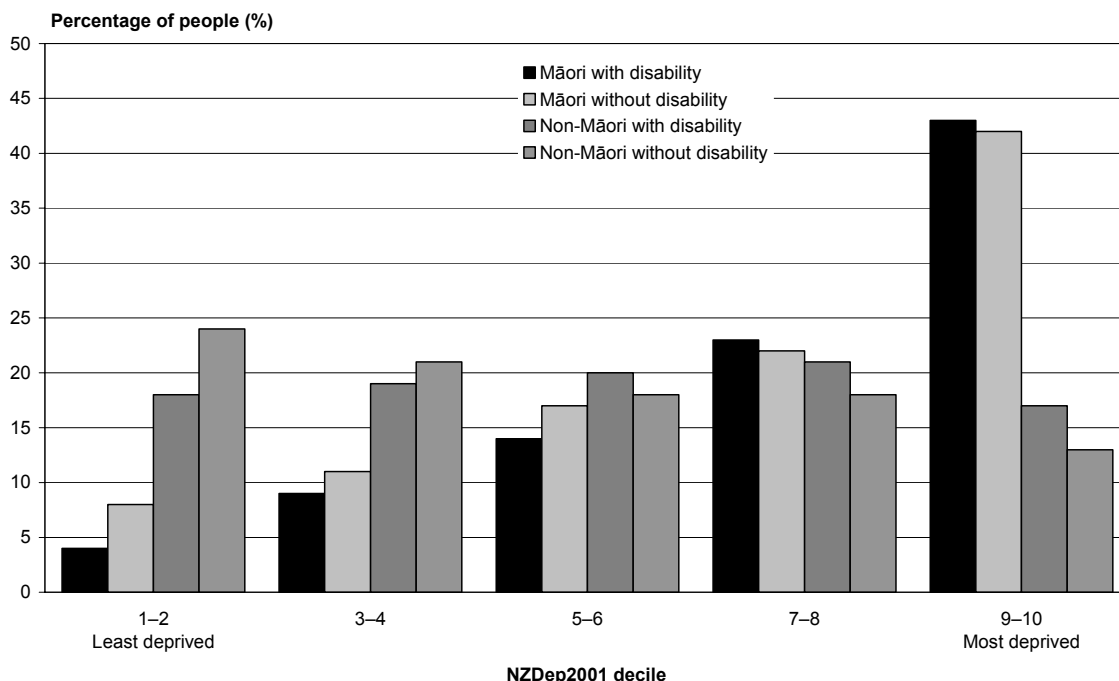
Fourteen percent of Māori families of children with disability living in households needed help in the previous 12 months with the personal care of a child or housework because of the child's disability. The non-Māori rate was 13 percent.

Socioeconomic areas

There are several explanations for the relatively high rates of disability among Māori, but a major factor is the high proportion of the Māori population with and without disability who are represented in the lower socioeconomic groups and the higher levels of social and material deprivation.

The difference in the proportion of Māori and non-Māori people with disability living in the most deprived areas is significant. For instance, 43 percent of Māori with disability lived in NZDep2001 areas 9–10; while only 17 percent of non-Māori with disability lived in these areas (Figure 8.17).

Figure 8.17: Percentage of Māori and non-Māori with and without disability living in households, by NZDep2001 area



Source: Statistics New Zealand, 2001 Household Disability Survey

Note: Data in Appendix Tables 8.18 and 8.19.

Looking at the two most deprived decile areas (NZDep2001 9–10), the same percentage of Māori children aged 0–14 with disability and without disability lived in these areas (43 percent). For the adult age groups 15–24, 25–44 and 45–64 only slightly higher percentages of Māori with disability lived in NZDep2001 areas 9–10 compared with Māori without disability. However, a notably higher percentage of Māori with disability aged 65 and over lived in NZDep2001 9–10 areas, compared with Māori without disability in the same age group (49 percent compared with 40 percent).

Poverty, poor housing and unemployment adversely affect health and wellbeing. Lack of educational achievement and disease/illness are reported as the most common causes of disability for Māori. Research has shown that Māori are also significantly over-represented in psychiatric disability figures (Ratima 1995).

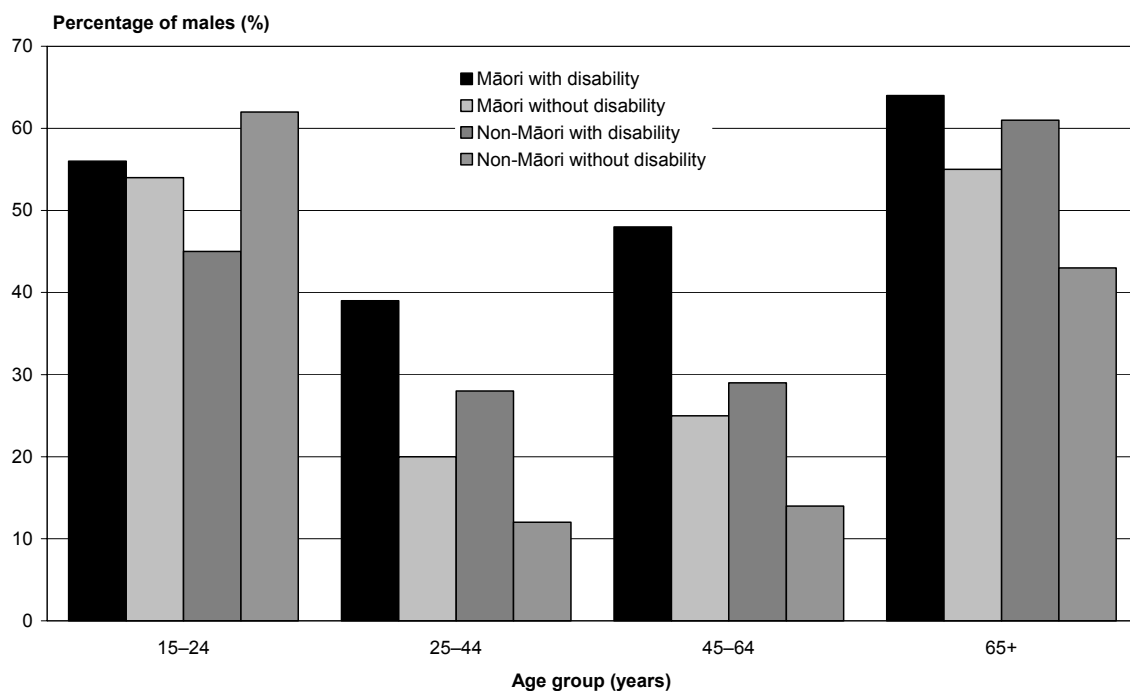
The growing inequality in survival chances between Māori and non-Māori, and the differing chronic disease mortality rate in middle and old age must be considered as these mortality trends coincide with the major social and economic differences between Māori and non-Māori (Ajwani et al 2003).

Personal income

In 2001, an estimated 38,200 or 49 percent of Māori adults with disability living in households had a personal income of \$15,000 and under per year. An estimated 268,400 or 49 percent of non-Māori adults with disability had a personal income of \$15,000 and under per year. This compared with 39 percent of Māori adults without disability, an estimated 95,100 adults, and 34 percent of non-Māori without disability, an estimated 669,400 adults.

Half the Māori adult females with disability living in households had a total personal income of \$15,000 and under per year. This compared with 56 percent of non-Māori adult females with disability (Figure 8.19). The corresponding rates for men with disability were 47 percent for Māori and 41 percent for non-Māori (Figure 8.18). This reflects the difference in the labour force situation of Māori adults with and without disability (see section below on labour force status).

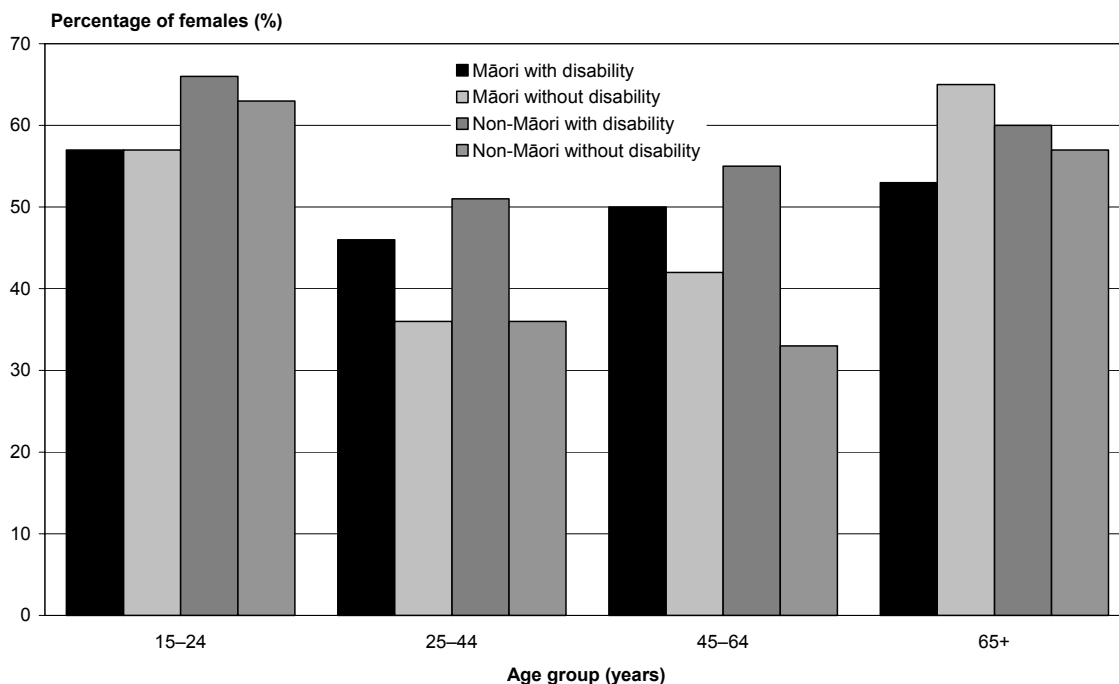
Figure 8.18: Percentage of Māori and non-Māori adult males with and without disability living in households with a personal income of \$15,000 and under per year, by age, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Note: Data in Appendix Tables 8.16 and 8.17.

Figure 8.19: Percentage of Māori and non-Māori adult females with and without disability living in households with a personal income of \$15,000 and under per year, by age, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Note: Data in Appendix Tables 8.16 and 8.17.

Labour force status

Employment rates for Māori with and without disability are much lower than the non-Māori rates and unemployment rates are higher for both Māori with and without disability.

The most striking difference is in the employment rates for Māori and non-Māori with and without disability. For Māori, the employment rate was 44 percent for people with disability and 63 percent for people without disability – a difference of 19 percentage points. The non-Māori rates were 39 percent for people with disability and 66 percent for people without – a difference of 27 percentage points (Tables 8.14 and 8.15). These differences show that Māori with disability are more likely to be in paid employment than non-Māori with disability.

Table 8.14: Labour force status of Māori and non-Māori adults with disability living in households, 2001

Labour force status	Māori		Non-Māori	
	Number	%	Number	%
Employed	34,600	44	213,600	39
Unemployed	5,700	7	19,400	4
Not in labour force	37,600	48	310,700	57

Source: Statistics New Zealand, 2001 Household Disability Survey.

Note: Data in Appendix Table 8.11.

Table 8.15: Labour force status of Māori and non-Māori adults without disability living in households, 2001

Labour force status	Māori		Non-Māori	
	Number	%	Number	%
Employed	155,600	63	1,290,500	66
Unemployed	22,200	9	67,700	3
Not in labour force	64,600	26	463,300	24

Source: Statistics New Zealand, 2001 Household Disability Survey.

Note: Data in Appendix Table 8.14.

Following on from this, 48 percent of Māori with disability identified as not in the labour force, compared with 57 percent of non-Māori with disability, while similar percentages of Māori and non-Māori without disability were not in the labour force (26 percent of Māori and 24 percent of non-Māori).⁸

Education

Educational qualifications

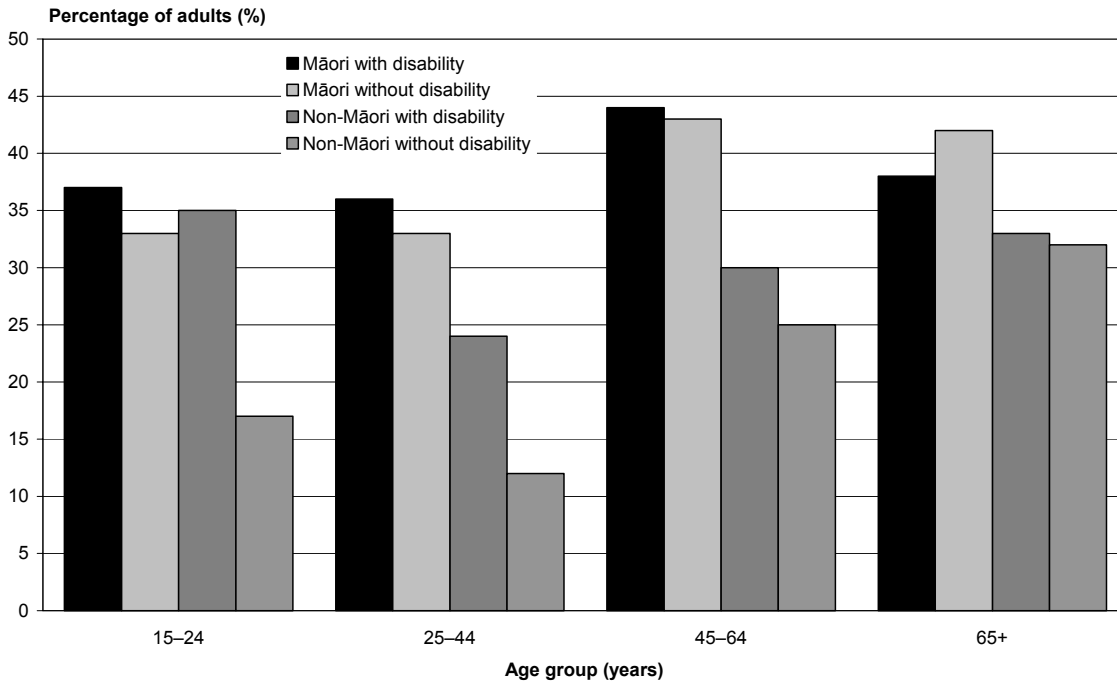
In 2001, an estimated 30,200 or 39 percent of Māori adults with disability living in households had no educational qualifications. This compared with 30 percent of non-Māori adults with disability.

An estimated 17,900 or 23 percent of Māori adults with disability had a school qualification, compared with 28 percent of non-Māori adults with disability. An estimated 11,400 or 15 percent of Māori adults with disability had a post-school qualification, compared with 22 percent of non-Māori adults with disability.

⁸ 'Not in the labour force' refers to people who are neither employed nor unemployed and actively looking for work.

Similarly, Māori adults without disability had lower levels of educational qualifications than non-Māori adults without disability (Figures 8.20–8.22).

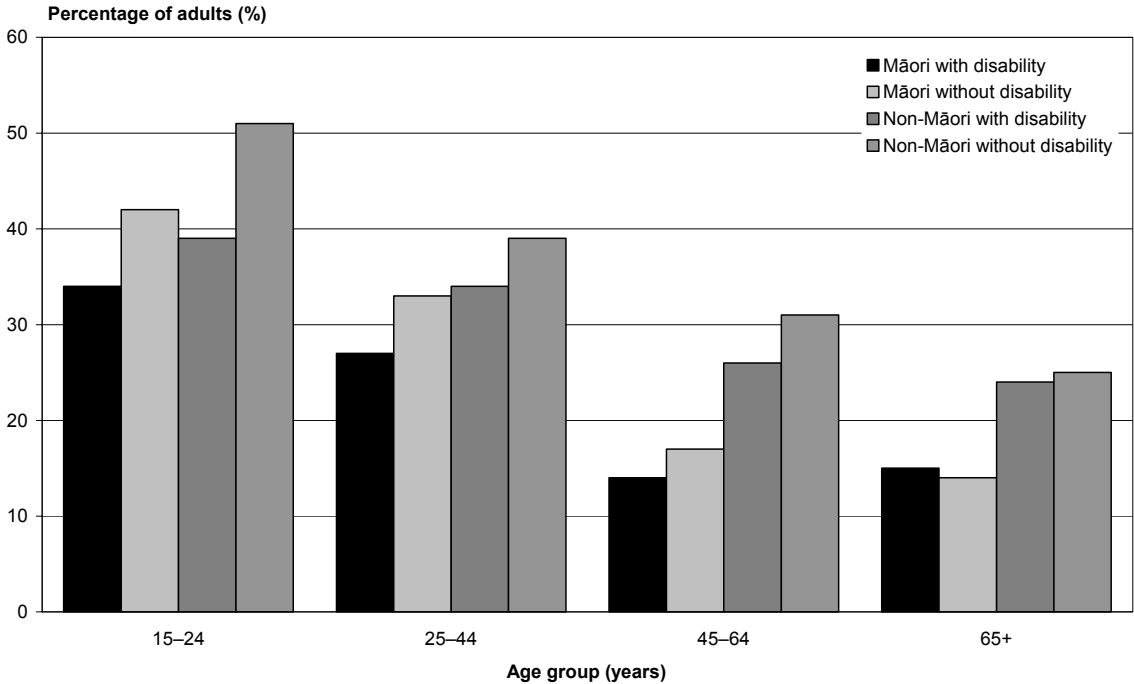
Figure 8.20: Percentage of Māori and non-Māori adults with and without disability living in households with no educational qualifications, by age, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

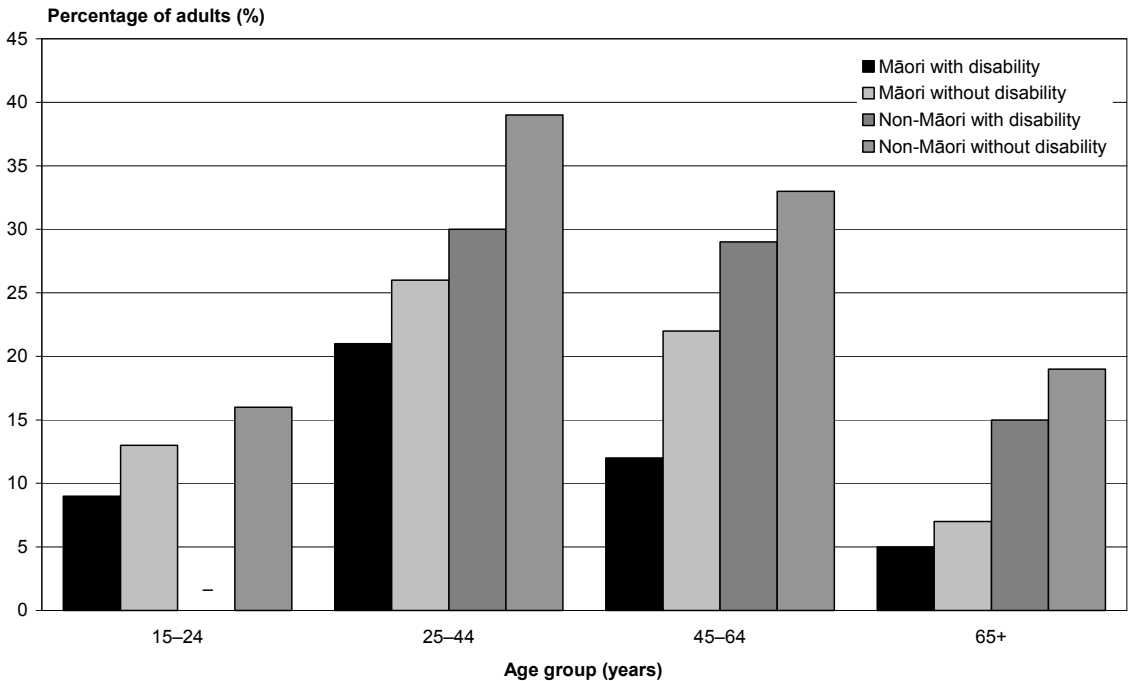
Note: Data in Appendix Tables 8.20 and 8.21.

Figure 8.21: Percentage of Māori and non-Māori adults with and without disability living in households with a school qualification, by age, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey
 Note: Data in Appendix Tables 8.20 and 8.21.

Figure 8.22: Percentage of Māori and non-Māori adults with and without disability living in households with a post-school qualification, by age, 2001

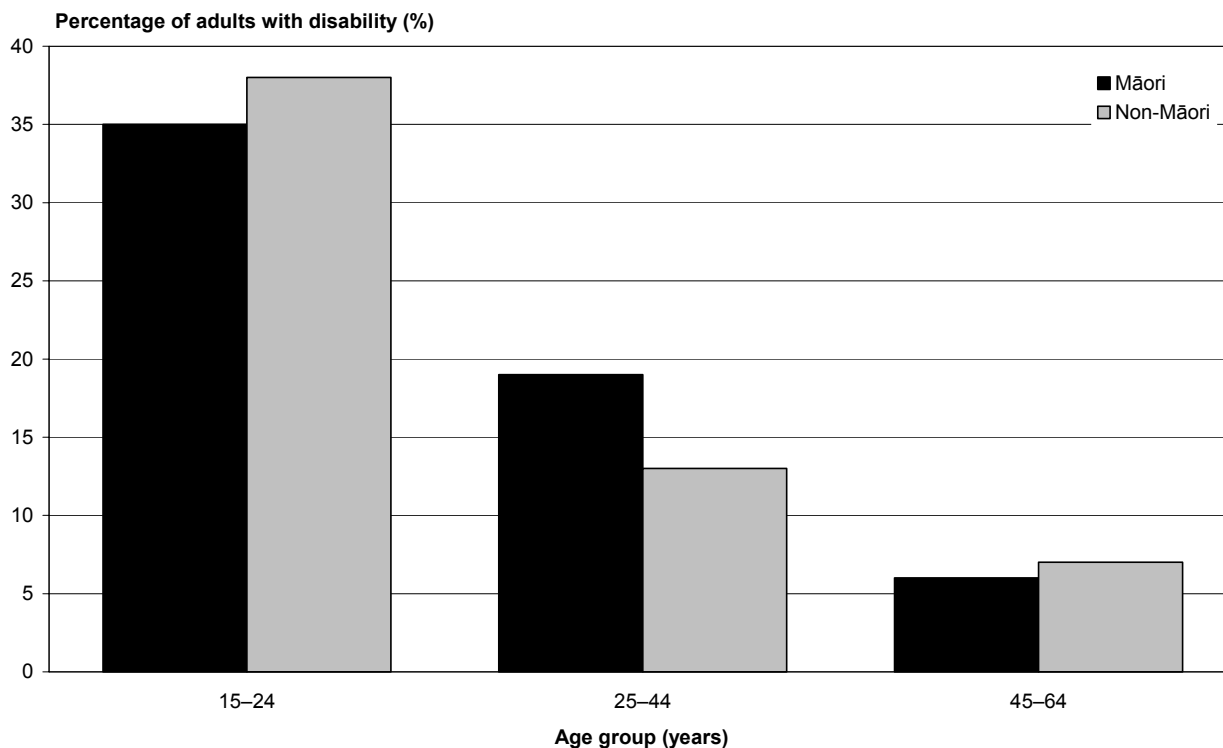


Source: Statistics New Zealand, 2001 Household Disability Survey
 – Percentages too small to report (estimated frequencies outside the 70 percent relative sampling error cut-off point).
 Note: Data in Appendix Tables 8.20 and 8.21.

Enrolment in formal education

The enrolment of Māori adults with disability in formal education or training was highest in the younger age groups. In 2001, 35 percent of Māori aged 15–24 were enrolled in formal education or training, compared with only 19 percent aged 25–44 (Figure 8.23).⁹

Figure 8.23: Percentage of Māori and non-Māori adults with disability living in households enrolled in formal education, by age, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Note: Data in Appendix Table 8.22.

More Māori with disability aged 25–44 were enrolled in formal education than non-Māori with disability in the same age group. However, even non-Māori with disability were more likely than Māori without disability to have a school qualification for the 25 and over age group.

⁹ Comparative information about enrolment in education and training was not available for people without disability.

Housing

Household composition

Six percent of Māori children with disability lived in two-family households, compared with only 2 percent of non-Māori children.

Social marital status

In 2001, 44 percent of Māori adults with disability were in a partnered relationship, compared with 56 percent of non-Māori with disability.

Tenure of dwelling

Māori both with and without disability were less likely to own their homes than non-Māori, and are more likely to pay rent.

In 2001, only 43,600 or 41 percent of Māori with disability lived in dwellings owned or partly owned by the usual residents, compared with 59 percent of non-Māori with disability.¹⁰

Similar differences existed in the rates of home ownership between Māori and non-Māori without disability. Forty-six percent of Māori without disability lived in dwellings owned or partly owned by the usual residents compared with 61 percent of non-Māori without disability.

In 2001, 38 percent of Māori with disability lived in dwellings that were rented compared with 18 percent of non-Māori with disability. There were similar differences among people without disability, where 39 percent of Māori lived in rented dwellings, compared with 19 percent of non-Māori.

Rural/urban residence

In 2001, the majority of Māori and non-Māori with disability lived in urban areas (84 percent and 87 percent respectively). This pattern of urban residence is similar to people without disability, with 85 percent of both Māori and non-Māori living in urban areas.

Travel and transport

In 2001:

- 79 percent of Māori with disability made a long trip, that is, a trip of more than 80 km or one hour's travelling on the open road. In contrast, 71 percent of non-Māori with disability made a long trip
- 68 percent of Māori with disability had access to a private vehicle, compared with 77 percent of Māori without disability

¹⁰ The differences in tenure between Māori and non-Māori, at least in part, may be related to the different age structures of the two populations, as owning a home is associated with age and stage in the life cycle.

- Māori with disability were more likely than non-Māori with disability to use buses for short trips; while Māori and non-Māori with disability had similar rates of taxi use for short trips (Table 8.16).

Table 8.16: Short taxi and bus trips made by Māori and non-Māori with disability living in households in 2001

Frequency of use	Taxi		Bus	
	Māori (%)	Non-Māori (%)	Māori (%)	Non-Māori (%)
Not at all	61	59	29	39
Once a week or more	9	7	12	8
Once a month or more, but less than once a week	6	6	5	4
Less than once a month	16	20	11	11

Source: Statistics New Zealand, 2001 Household Disability Survey

Note: Data in Appendix Tables 8.42 and 8.43.

Awareness of Total Mobility Scheme

Only 20 percent of Māori with disability had heard of the Total Mobility Scheme, compared with 27 percent of non-Māori with disability.

Unmet need for transport costs

In 2001, 17 percent of Māori with disability reported they had an unmet need for transport costs in the previous 12 months, compared with 7 percent of non-Māori with disability.

Māori with disability in residential facilities

In 2001, an estimated 700 Māori with disability were living in residential facilities such as rest homes, private hospitals and long-stay residential units. This was only 1 percent of all Māori with disability (living in households and residential facilities).

By contrast, 4 percent of non-Māori with disability were living in residential facilities, indicating that Māori with disability were less likely than non-Māori with disability to live in residential facilities.

The appropriateness, accessibility and acceptability of residential facilities for Māori with disability and their whānau may be important in accounting for this difference, but need further study to determine if this is the case.