Ngā Māuiui Kai: Insights into Māori Eating Disorders

March - 2025

Presentation by: Mau Te Rangimarie Clark

Department of Māori Indigenous Health Innovation & Psychological Medicine, University of Otago, Christchurch

Whakatauki

‘E koekoe te Tūī, e ketekete te Kākā, e kuku te Kererū, The Tūī chatters, the Kākā cackles, and the Kererū coos’: Insights into the enablers and barriers, explanatory factors, treatment experiences and recovery for Māori with eating disorders.

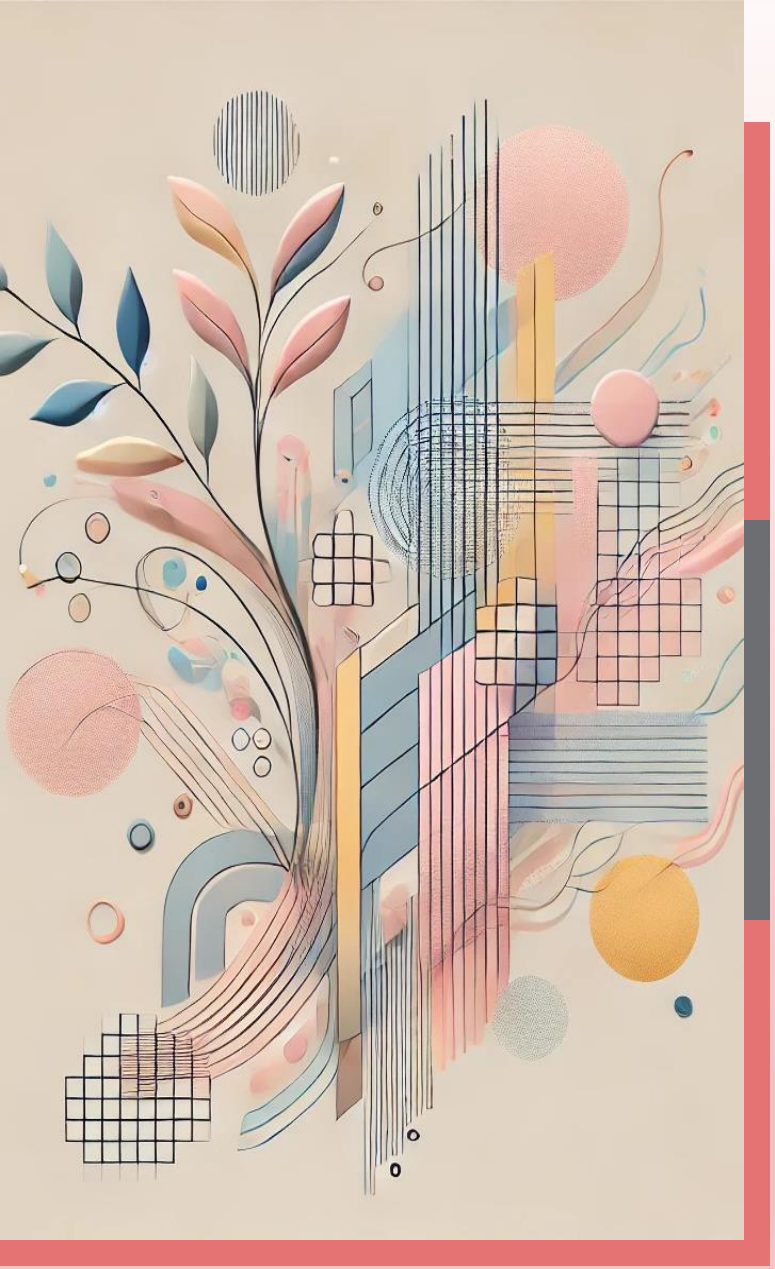
Presentation Structure

1. Context and Background

2. **Key themes** that emerged from the Quantitative story, and Qualitative Context

- **Diagnosis, Prevalence, Access**: How many people experience eating disorders in Māori communities?
- **Diagnosis Differences**: How do eating disorders present differently in Māori compared to non-Māori?
- **Comorbidity**: What other mental health conditions often co-occur with eating disorders in Māori?
- **Experience of Treatment**: How do Māori experience treatment?
- **Deprivation**: How does poverty and food insecurity impact eating disorders in Māori communities?
- **Māori-Specific Services**: What role do culturally safe services play in recovery?

3. Key Takeaways and Recommendations



Whakapapa of Study

Te Rau Hinengaro (2006) Prevalence of eating disorders for Māori are equal to non-Māori:

TRH found that the lifetime prevalence of eating disorders (EDs) among Māori was **similar to or higher than** non-Māori

(Lifetime crude ED prevalence rates for Māori (n = 12,992) were 0.7% for AN, 2.4% for BN, or 3.1% for any ED (AN or BN combined). Prevalence estimates in the whole national sample were 0.6% for AN, 1.3% for BN, and 1.7% for any ED).

2010-2011: Consultation with Māori across Ōtautahi

Māori Indigenous Health Innovation, and Psychological Medicine, University of Otago, Christchurch

2018: Tangata Kōmuramura: Māori Experiences of Eating Disorders Study

- 'E koekoe te Tūī, e ketekete te Kākā, e kuku te Kererū, The Tūī chatters, the Kākā cackles, and the Kererū coos': Insights into explanatory factors, treatment experiences and recovery for Māori with eating disorders – A qualitative study (2024)
- Reimagining eating disorder spaces: a qualitative study exploring Māori experiences of accessing treatment for eating disorders in Aotearoa New Zealand (2023)
- Eating disorders in New Zealand: Implications for Māori and health service delivery (2020)

Tangata Kōmuramura Māori Experiences of Eating Disorders: Cohort Information				
Participant	**Diagnostic group**	**Treatment Received**	**Location**	**Age group**
TK01	anorexia, anxiety	Primary healthcare, Specialist ED service	URBAN	16-24
TK02	anorexia, anxiety	Primary healthcare, Private treatment, Specialist ED service	URBAN	16-24
WH03	whanau (anorexia)	Primary healthcare, Public general mental health service, speciliast ED service (international)	RURAL	n/a
TK04	anorexia, anxiety, mood disorder	Primary healthcare, Public general mental health service	URBAN	16-24
TK05	bulimia nervosa (undiagnosed), depression	Primary healthcare	URBAN	25-44
TK07	anorexia, depression	Primary healthcare, Private treatment	URBAN	25-44
TK08	bulimia nervosa (undiagnosed)	Primary healthcare	URBAN	25-44
TK09	bulimia nervosa, anxiety	Primary healthcare, Private treatment	URBAN	25-44
WH10	whanau (anorexia)	Primary healthcare, Public general mental health service, Specialist ED service	RURAL	n/a
TK11	anorexia	Primary healthcare, Specialist ED service	URBAN	25-44
TK12	bulimia nervosa (undiagnosed), depression	Primary healthcare, Private treatment	RURAL	25-44
TK13	anorexia	Primary healthcare, Public general mental helath service, Specialist ED service	RURAL	16-24
TK14	binge eating disorder (undiagnosed)	Primary healthcare	URBAN	45-65+
TK15	anorexia, anxiety, depression	Primary healthcare, Private treatment, Specialist ED service	URBAN	45-65+
TK16	anorexia, anxiety	Primary healthcare, Public general mental health service	RURAL	45-65+
****Rural is considered any location outside the four main treatment centres where speciliast ED services are located, the average age of illness onset for this cohort was 14				
Excluded				
TK06	Medical condition related to anorexia			

Diagnosis, Prevalence, Access

7%

Quantitative Story

7% of the cohort (3,835 individuals) accessing specialist mental health services for eating disorders (EDs) were Māori (2009 – 2016).

Nearly 95% of both Māori and non-Māori service users were female.

Half of the cohort were under 20 years old at their first service use for an ED.

Stereotype

Whaiora and Whānau Lived Experiences

"I remember quite plainly one GP saying to me 'look don't worry, I don't think there's anything going on, I usually get a feeling up the back of my neck when it's something like an eating disorder and it's not that'." (TK10).

"I don't know whether they would have taken more action if I had looked different or if I had gotten help more immediately" (TK09.

"There's quite good support in cities, but in rural settings, there's not really anything." (TK13)

Diagnosis Differences

Quantitative Story

1. Māori had a higher prevalence of **bulimia nervosa (BN)** (24.3%) compared to non-Māori (18.1%).
2. Fewer Māori were diagnosed with **anorexia nervosa (AN)** (27.8%) compared to non-Māori (41.5%).
3. Māori had a higher prevalence of **eating disorder not otherwise specified (EDNOS)** (43.3%) compared to non-Māori (33.9%).

Whaiora and Whānau Lived Experiences

•Participants expressed frustration with the stereotype that eating disorders only affect wealthy Pākehā girls, which led to misdiagnosis or delayed diagnosis.

•*"I think I found it made me quite like a little bit annoyed because I felt like people had this idea that it affected European teenage girls and they had to be quite wealthy and like all those strange kinds of stereotypes"* (TK13).

•Cultural stereotypes, such as the belief that Māori do not experience eating disorders because of the cultural significance of food, also created barriers to diagnosis.

Comorbidity

Quantitative Story

Māori had higher rates of psychiatric comorbidity, including **depression** (47.9% vs. 38.0%), **anxiety** (43.7% vs. 37.0%), **substance abuse** (24.0% vs. 15.1%), and **personality disorders** (17.5% vs. 11.2%) compared to non-Māori.

Whaiora and Whānau Lived Experiences

- Participants described how co-occurring mental health conditions, such as depression and anxiety, made treatment more complex.
- One participant shared:
"I just feel if you have other mental health problems, not just an eating disorder, they see you as too tricky. And they can't help you." (TK01)
- The compartmentalization of mental health services often left these conditions untreated, further complicating recovery.

Experience of Treatment

Quantitative Story

1. 45% of non-Māori and 57% of Māori had **no treatment from specialist eating disorder services**, largely due to geographical differences in service availability.
2. Māori were more likely to use **crisis services** (23.6% vs. 18.1%) and **services involving family** (55.9% vs. 48.1%) compared to non-Māori.

Whaiora and Whānau Lived Experiences

•Participants described long wait times for specialist services, ranging from 1 to 6 months, which often led to deteriorating health.

•One participant noted:
“Waitlist times are horrible. By the time I get to the top of the list, I’m like, ‘Nah, whatever.’” (TK01)

•Whānau and whai ora critiqued regional differences, economic barriers, lack of culturally responsive care, coercive treatment methods, and weight based discharge criteria.

Experience of Treatment: Self-Perceived Causal Factors

Cumulative

Exposure to Western Ideals

Body ideals – Skinny, Thin

Sporting Ideals - Athletic

Cumulative

Exposure to Adversity

Trauma, Sexual Abuse, Grief, Divorce, Death, Emotional Neglect

Deprivation

Quantitative Story

Māori were more likely to live in the **most deprived areas** (quintiles 4 and 5) compared to non-Māori, who were more likely to live in less deprived areas.

Whaiora and Whānau Lived Experiences

- Poverty and food insecurity were significant factors, with participants describing how limited access to food led to compensatory behaviours like binge eating.
- One participant shared:
"We always overate because there were times when it felt like there was no food in the house." (TK05)
- Stigma around traditional Māori foods also contributed to feelings of shame and food concealment.

Māori-Specific Services

Quantitative Story

Use of **Māori-specific services** was low for both Māori (5.3%) and non-Māori (0.7%).

Whaiora and Whānau Lived Experiences

No whai ora or whānau reported accessing kaupapa Māori services for their eating disorder.

KEY TAKEAWAYS

So, what's the takeaway from all of this?

Eating disorders are a serious issue in our Māori communities, and we need to be aware of the unique ways they present in our people.

We need more culturally safe services that are accessible to all Māori, no matter where they live.

Self-perceived causal factors were CUMULATIVE

And finally, we need to challenge the stereotypes and stigma around eating disorders.

‘E koekoe te Tūī, e ketekete te Kākā, e kuku te Kererū’
The Tūī chatters, the Kākā cackles, and the Kererū coos.

Mau te Rangimarie Clark
E: Mauterangimarie.clark@otago.ac.nz

Ngā Māuiui Kai: Eating Disorders

The following members of Te Tira Wānanga Māuiui Kai contributed to this papakupu:

Gloria Fraser
Kāi Tahu, Kāti Mamoe, Waitaha

Mau Te Rangimarie Clark
Waikato/Tainui, Ngāti Pikiao, Ngāti Kahungungu

Bailey Rose
Ngāti Maniapoto, Ngāti Tūwharetoa

Kacey Martin
Ngāti Pikiao

Brittani Beavis
Ngāti Raukawa

Michaela Pettie
Ngāti Pūkenga

Jennifer Jordan
Tangata Tiriti

Rachael Clarke
Ngāti Wai

Nadia Summers
Kāi Tahu/Ngāi Tahu, Ngā Puhi

Ruru Harapeka Nako Hona
Ngāti Kahu, Ngā Puhi

Keri Opai
Te Atiawa, Ngāti Ruanui, Ngāti Te Ata, Waiohua, Ngāti Porou

He Papakupu: Ngā Māuiui Kai

A Te Reo Māori Glossary for Eating Disorders

Pukuruaki

Bulimia nervosa

People experiencing bulimia nervosa eat large amounts of food at one time (also called 'binge eating'), without feeling like they are in control of what they're doing. They then attempt to get rid of the food or avoid weight gain, often by vomiting, exercising, fasting, or

Puku means stomach, abdomen, centre, or belly. In Māori thinking, your emotions are often in your puku; this is why we have words like pukuriri (to be very angry or furious) or pukukata (to laugh with great gusto). Ruaki is to vomit or regurgitate.

When we use the kupu pukuruaki we are talking about trying to take control of the difficult emotions that feel out of control, or expelling

Other related concepts

Kare ā-roto kōtitititi

Emotion dysregulation

Kare ā-roto is used to describe emotions, feelings, or inner thoughts. Kōtitititi is used to describe something that flits around or goes all over the place, like the flight path of a small bird. Kōtitititi or Titipounamu are also names for the rifleman, the smallest bird in Aotearoa, which flies short distances very quickly.

Kare ā-roto kōtitititi describes difficulty managing emotions. This is a common experience across all mental health difficulties, including eating disorders.

Māuiui kōtihitihi

Perfectionism

Perfectionism is a tendency to hold oneself to impossibly high standards. Some people are able to achieve highly because of their lofty goals, but it is more common for perfectionism to cause problems, because many people feel that nothing is ever good enough. Perfectionism can increase the risk of developing eating disorders.

Kōtihitihi describes the top, summit, peak, or extremities of things pointed upwards, like a maunga. Māuiui kōtihitihi is striving to reach the pinnacle of perfection, in a way that is causing unbalance or unwellness.

Ngā kai o te rourou

Contents

This resource was developed by **Te Tira Wānanga Māuiui Kai**. Tira is a word for grouping (e.g., rangatira: to weave groups together). Wānanga is to contemplate, think deeply, or spend time (wā) on.

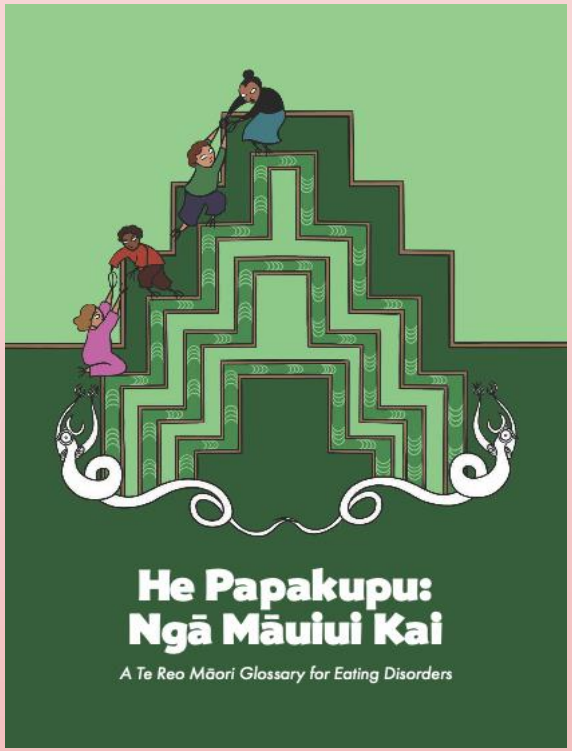
We would like to acknowledge **Whāraurau** (National Centre for Infant, Child and Adolescent Mental Health workforce development) for supporting the formation of our rōpū. We would also like to thank **Te Whatu Ora** for funding this initiative. Ka nui te mihi ki a koutou.

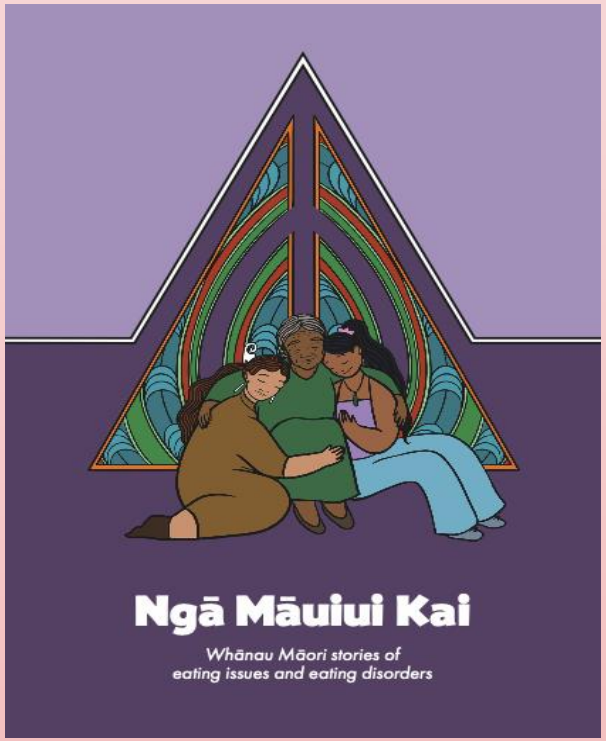
We are grateful to **Jessica Hinerangi (Māori Mermaid)** for sharing their mahi toi (art), and to **Connie Field** for their whakaahua (design).

To give feedback about this pukapuka, or to find out more about Te Tira Wānanga Māuiui Kai, email:

NgaMauiuiKai@gmail.com

Te Tira Wānanga mo ngā Māuiui Kai





E: Mauterangimarie.clark@otago.ac.nz