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Understanding the health needs of I-Kiribati immigrants

New Zealand may face an influx of immigrants from Kiribati over the next few decades if climate change makes the country less habitable. Health professionals here should start preparing now.

By Teramira Christine Schutz, Ausaga Fa'asalele Tanuvasa and Annemarie Jutel

While significant attention has been paid to the fate of low-lying Pacific islands in relation to global warming, the impact on the health care of their inhabitants deserves more attention. In this article, we focus on the anticipated immigration of residents of Kiribati to New Zealand as a result of sea incursion, making the islands uninhabitable. The article also looks at the possible consequences of this potential migration on the delivery of health care in New Zealand, along with recommendations for practice.

Kiribati (pronounced "Key-ree-bass"), is a country made up of 33 low-lying coral atoll islands that straddle the equator in the central Pacific.^{1,2} The majority of these islands are only eight meters above sea level and, therefore, vulnerable to the effects of climate change and the consequential rise in sea level.^{2,3} According to the 2010 census, the population of Kiribati is 103,058, half of whom live in the capital island of South Tarawa, which is only two to four meters above sea level and is particularly vulnerable to land erosion.^{2,4,5}

The indigenous people of Kiribati are called I-Kiribati. ("I-Kiribati" is the demonym. It can be used as a noun or an adjective. The "I" is pronounced "eee").

Numbers in New Zealand rising

At the 2013 New Zealand census, there were only 2115 I-Kiribati in New Zealand,^{3,6,7} but their numbers are rising. Between 2006 and 2013, the I-Kiribati immigrant population in New Zealand grew at a rate of 89.5 per cent.^{4,7} This rate is predicted to increase further, as a result of Immigration New Zealand's Pa-



In Kiribati, coconut juice is commonly used to treat diarrhoea, and the young white leaves of the coconut tree are used for 'internal fever'.

cific Access Category and skilled migrant policies.⁸ But, perhaps more importantly, there is the prospect of the migration of the entire I-Kiribati population, potentially to New Zealand and other host countries, by 2050 because of climate change and the rise in sea level.^{3,6,9} This would be referred to as "total migration".^{10,11,12}

The rise in sea level has the potential to make all the islands of Kiribati uninhabitable.¹¹ New Zealand is very likely to be the most favoured destination for I-Kiribati forced out of their country by climate change.¹² Because of this, it behoves New Zealand health clinicians to develop an understanding of the health practices of I-Kiribati, before they migrate to their host country, as well as during their settlement in New Zealand. Preparing for migration, as well as working in partnership with I-Kiribati, will ease the burdens of migration on both the immigrants and the host country.

There is no research on how I-Kiribati manage their health in New Zealand, but there is research on the health difficulties immigration poses in more general terms. Immigrants often fail to access health services in their host countries.

While the cost of medical services is frequently cited as a problem for recent immigrants,^{13,14} there are clearly other issues to consider as well.

Language barriers for immigrants

Language barriers created challenges for Korean immigrants to Hawai'i,¹⁵ for Latino immigrants to Florida,¹⁶ and for migrant women to Geneva.¹⁷ Not speaking the language of the host country becomes even more challenging in the absence of interpreters, particularly for those whose languages are not commonly spoken by even a few health professionals or employees of the health system.¹⁸ Racial discrimination may also keep immigrants from accessing health care. Feelings of being unaccepted or being treated *like* a disease, rather than *for* a disease, have been reported among immigrants in Israel.¹⁹

Immigration status may be an additional barrier, as it is often complicated in immigrant families, not all of whose members may be legally in their host country. Latino immigrants to the United States have reported fear of deportation as a reason for avoiding medical intervention, even in the presence of

illness.²⁰ This was true in Israel as well, where the precarious immigration status of Sudanese immigrants was reported as a barrier to health care.¹⁹

Most studies of immigrant health underline the fact that immigrants bring with them their own cultural health beliefs and practices which influence whether they will access services in the host country.^{14,18,21,22,23}

The dominance of the medical model in New Zealand's health system has been perceived as alienating for the broader Pacific population in New Zealand, who may find it hard to understand Western health interventions and therefore reject them in favour of their traditional practices.¹⁴

These examples from other immigrant and general Pacific populations underline why it would be useful to understand how I-Kiribati experience the management of their health and illness when they migrate to New Zealand.

Traditional Kiribati practices

While medical services are available and widely used in Kiribati, the I-Kiribati have a long tradition of non-medical health practices. These include the use of herbs to promote general health, to manage infection and to promote wound healing; spiritual healing for casting away bad spirits; and massage techniques to soothe abdominal pain, headaches, asthma and general body aches; and bone setting.²⁴ They also use a range of ante- and post-natal massage techniques to avoid breech presentation of the foetus/baby, as well as post-partum haemorrhage.

The transfer of I-Kiribati traditional health practices from generation to generation is based on stringent criteria, including personal character, respect for the elderly, humility, family orientation, caring, leadership skills and willingness to learn. For some I-Kiribati families, health practices and skills are a way of reconnecting with, and creating links to, their ancestors. I-Kiribati traditional health care may include healing practices to protect their family members from spiritual and physical harm.²⁴ These practices may not immediately be obvious to a Westerner to be about health.

Whether an I-Kiribati will use Western

or traditional practices varies. In some cases, health clients prioritise their own health practices and seek a traditional healer over Western medical services, while others may use a combination of Western medicine and traditional healing. In Kiribati, and particularly in remote rural areas, health professionals are accustomed to blending the two health paradigms and working in partnership with the individuals, families and traditional healers to provide optimum quality of care. In these rural areas, nurses often work with traditional healers for births and bone setting. When patients and families are in the hospital, they often find ways to bring in their traditional healer when doctors are not present. But there are some doctors and nurses who allow traditional healers to enter the hospital.



The juice of te mao (*scaevola sericea*) fruit is used to treat eye infections, and the juice of the young leaves for general health.

I-Kiribati may manage their health with their traditional health practices, with which they are well accustomed in their home country, or with both Kiribati and Western health practices. But they may face a dilemma when deciding whether to seek mainstream medical help for their ailments in New Zealand. On the one hand, they may seek care with conditions for which the outcome would have been improved with health professional expertise. On the other, there are also examples of I-Kiribati concealing their traditional health practices from New Zealand clinicians, despite the excellent outcomes provided by these methods, and the important connections

with the Kiribati cultural heritage such practices preserve.

As new immigrants to New Zealand, I-Kiribati may face challenges beyond health beliefs alone. They may, for example, maintain the belief, but not be able to practise it for practical reasons. The plants from which their remedies are created may not grow in New Zealand or they may not develop good relationships with their health-care professionals because they are concealing their traditional practices, even while they are receiving medical treatment they respect.

Suggestions for practice

Few Western health practitioners will know about the threats facing the I-Kiribati population, let alone have any idea of their health practices or preferences. However, they could face increasing numbers of I-Kiribati immigrants in their practices and, encounter I-Kiribati climate change refugees in the near future. While research on I-Kiribati health practices is non-existent, this should not prevent New Zealand practitioners from gaining a deeper understanding of their individual patients and, by extension, of Kiribati culture in general. We propose some general considerations for health practitioners caring for I-Kiribati patients.

► During any consultations or assessment, the doctor or nurse should ask I-Kiribati if they have used any traditional health practices to manage their illness or symptoms and the results of that intervention. It is important to note the impact of such interventions on the patient's symptoms and to take the impact

While the medicinal qualities of some indigenous plants have not yet been explored by Western science, they have been tested for generations by the local people.

seriously. The facile assumption that any improvement might simply be due to the "placebo effect" would be a disrespectful generalisation about immigrants' traditional health practices. While the medicinal qualities of some indigenous



A view of South Tarawa, the capital island, showing the low-lying nature of the islands that make up Kiribati.

plants have not yet been explored by Western science, they have been tested for generations by the local people.

► At the same time, the clinician should also ask about the impact of traditional practices on general well-being, and on their sense of connection with their culture. Noting these practices carefully will provide a better understanding of an I-Kiribati patient and allow both the patient and clinician to understand and weave together the benefits of their respective systems.

Our preliminary research among I-Kiribati indicates that, in New Zealand, they may turn to traditional Māori remedies in the absence of some of the substances they are accustomed to using at home.

► It is essential to fully explain the reasons for, and the manner of, diagnostic tests to I-Kiribati, as they are unlikely to have experienced much of what may be routine to a New Zealand patient. Pre-operative assessments and diagnostic tests for major surgical procedures, eg echocardiogram, magnetic resonance imaging, endoscopy and invasive tests, and medical interventions, eg dialysis, may not be available in Kiribati.

► Enlisting an English-speaking relative or translation services, is of utmost importance. While an I-Kiribati is often accompanied by an English-speaking relative, that relative may or may not have any knowledge of the health services or its technology. During the patient as-

essment, diagnostic tests and medical/nursing interventions, the health professional/s should assess the level of English of the patient and their family, and get the services of an interpreter, if required. This may, however, take time.

Frequently, Pacific patients will often say they “never were told” about an important health issue. In fact, it is more likely the information delivered was not understood because of language difficulties between the patient and clinician, or because the I-Kiribati people see questioning their clinician as questioning authority. They might nod as a sign of receiving information, or because they are not sure of what else to ask, rather than because they have fully understood the explanation of their situation or treatment.²⁵

► Because the culture and health of immigrants are intertwined, they must be viewed and understood as one entity.^{26,27}

It is important for clinicians to explore with their I-Kiribati patients what influences their decisions about managing their health and illness in New Zealand.

Understanding why Pacific and other immigrants access health services is as important as exploring their traditional views and ways of managing their health. A sincere interest in the approaches I-Kiribati and their families have used for centuries helps build trust in the clinician and the wider health service, and encourages them to access pri-

mary health care when needed.

Although cultural awareness, cultural sensitivity and cultural safety²⁸ are incorporated during complex health assessments, clients’ perspectives and traditional healing practices are not explored and assessed. Western health systems improve, as they garner better understandings of the traditional viewpoints of the people they serve, especially immigrants.²⁹

Beyond this work at the micro level, ie between clinician and I-Kiribati, it will be important to identify socio-cultural obstacles and unmet needs of I-Kiribati immigrants at a systems level, to inform health policies and to benefit the health system here. It will also promote understanding of I-Kiribati immigrants’ experiences in New Zealand that could potentially benefit other immigrant populations here and overseas. Understanding the health and illness practices of I-Kiribati immigrants may help us better understand immigrants’ health more widely and may help reduce the impact of immigrants on the health system of the host country. Most importantly, however, it will allow I-Kiribati to migrate with dignity.³⁰ •

* References for this article are on p43-44.

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