ESTABLISHING EFFECTIVE LIFE-STYLE MINISTRIES TO NEW ZEALAND MAORIS

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ABSTRACT

ESTABLISHING EFFECTIVE LIFE-STYLE MINISTRIES TO NEW ZEALAND MAORIS

by

Sydney Ross Goldstone

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ABSTRACT OF GRADUATE STUDENT RESEARCH

Project Report

Andrews University

School of Graduate Studies

Avondale Campus

Title: ESTABLISHING EFFECTIVE LIFE-STYLE MINISTRIES TO NEW ZEALAND MAORIS

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Problem

The Seventh-day Adventist Church has endeavoured to proclaim its unique message of the nearness of Christ's return to the Maoris of New Zealand since 1885. In spite of repeated and intense efforts the results have been disappointingly meagre. The most success has been apparent when labours have been concentrated on the more practical needs that Maoris face. There is considerable evidence that Maoris still face serious problems in health and life-style, yet existing Adventist programmes relating to these matters do not attract a Maori audience. This project researches the reason why and seeks to establish effective life-style ministries to New Zealand Maoris.

Method

The life and ministry of Christ was studied to find important principles of cross-cultural evangelism. The work of the disciples and the Apostle Paul was then studied to determine how such principles were put into practise. Such research became the basis for theological implications of Maori evangelism.

The history of Seventh-day Adventist labours for New Zealand Maoris was researched to determine those methods most successfully used in the past. Medical and sociological reports were also studied to determine whether Maoris still have significant health and life-style problems.

A series of discussions was held by the writer in nine centres in the North Island of New Zealand, involving Maoris and non-Maoris, relating to past and present evangelistic methods of the Adventist Church. A questionnaire was also circulated.

Procedure

As a result of the above activities a pilot programme was designed to meet the needs of a selected Maori family, emphasizing changing habit patterns, stopping smoking, diet and health, and family budgeting. When sickness and other factors prevented the implementation with this family the material was presented to a small group of Maoris attending an Action Team mission.

Results

The results of this project would indicate the need for further testing over a prolonged period and under varying circumstances. Continuing research into effective methods of

communication with Maoris is essential. While clear indications of observable trends were obtained by this project, the implementation was effected under circumstances which need further prolonged testing.

Andrews University

School of Graduate Studies

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ESTABLISHING EFFECTIVE LIFE-STYLE MINISTRIES TO NEW ZEALAND MAORIS

A Project Report

Presented in Partial Fulfillment

of the Requirements for the Degree

Master of Arts in Religion

by

Sydney Ross Goldstone

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November 16, 1984
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CHAPTER I

INTRODUCTION

Christianity in New Zealand, as in many Western countries, faces many challenges. Secularism, materialism, and hedonism have made inroads upon religious faith. As various denominations are forced to cope with these factors the battle is not only to advance the work of proclaiming Christ to a multi-cultural society, but to defend the very ground already won.

Seventh-day Adventism was not the first Christian religion in New Zealand but has operated in that country for one hundred years. This denomination now has a baptized membership of around ten thousand in the two islands, a membership which reflects the multi-cultural mosaic of the nation. From the earliest days of Adventist evangelistic endeavours, efforts have been made to win Maoris to the fellowship of the Church and discipleship with Jesus Christ. Initially the task was faced with a degree of optimistic expectancy. Doctrinal links with the beliefs of certain Maori groups were noted as possible theological bridges. However, time proved that the task was far more complex than at first anticipated. Though the Government Census figures show 895 Maoris who claimed to be adherents of the Seventh-day Adventist Church in 1976,[1] the Church's records would indicate a figure nearer to 275.[2]

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[1]See appendix 1.

[2]It is difficult to gain an accurate record of the Maori membership from the Church's records as such records are not made up on a basis of race.

Seventh-day Adventists have demonstrated an ability to relate to other Polynesian races throughout the Pacific. Evangelistic work in such places as Fiji, Samoa, and the Cook Islands has met with success. The Cook Islanders are closely related to the New Zealand Maoris, speaking a similar language and having cultural affinities, yet Seventh-day Adventists have had a greater growth rate with Cook Island Maoris than New Zealand Maoris.

McGavran points to a possible explanation.

> Since they have not been invaded and defeated, Englishmen and Americans do not realize the shattering effects of being conquered. Defeat means not merely deaths, brutalities, and hostile armies marching across the motherland, but also terrific shock to the entire culture of the conquered. Their pride is humbled, their values trampled underfoot, their institutions abolished, and their gods dethroned. . . . Sometimes the conquered are bitter against the victors, and evangelism meets implacable rejection.[1]

If resistance because of a smouldering resentment against Europeans due to early land seizures is the only reason for slow growth of Adventism amongst New Zealand Maoris, one would expect such resistance to retard the growth of all religious faiths seen to be of European origin. This is not the case.[2] The Mormon Church, numerically similar to the Seventh-day Adventist Church in world-wide membership statistics, has demonstrated a remarkable ability to win and hold New Zealand Maoris.

One of the factors of Adventism that Maoris have great difficulty in relating to is Adventist life-style. Maoris love

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[1]D. A. McGavran, Understanding Church Growth (Grand Rapids, Michigan: William B. Eerdmans, 1980), p. 250.

[2]See appendix 2.

sea-foods, many of which are classified by Adventists as unclean. Pig-meat is a favourite food in their hangis (communal feasts). Saturday sporting activities are a great attraction to young Maoris, for it is an area in which they can excel. Even when they mature beyond the age of active participation they remain involved as spectators. The use of tobacco and alcohol has long been a serious problem among Maoris, both male and female--so much so that there are clear indications of health impairment beyond that of other racial groups within New Zealand.

The Seventh-day Adventist faith calls for a separation from many of the factors of life which Maoris have grown to value. Yet many Maoris recognize the trends among their own people and there is a greater awareness of the need to arrest the drift. Adventist life-style may be both a barrier to communication or a communication link.

This project sets out to understand and implement ways in which the Adventist philosophy of Christian life-style may be used as an effective link in cross-cultural evangelism to the Maoris of New Zealand, realizing at the same time that it is important for all concerned to recognize the importance of Maori members to be both Adventists and Maoris. No disciple should be asked to separate from kith and kin but to function as disciples within the ethnic identity in which the gospel finds him.

CHAPTER II

THE THEOLOGICAL FOUNDATIONS FOR CROSS-CULTURAL EVANGELISM

Communication occurs when thoughts and intentions are transferred from one mind to another. Such transfer is brought about by means of spoken or written words, but when the communicator and the receiver are in visual contact body-language may facilitate communication. Effective exchange of ideas is never achieved without effort, particularly when inhibitors exist. Time gaps and differences in language and culture are all barriers which must be overcome if effective communication is to take place.

Jesus, the living Word, was sent by the Father to provide man with a visible, audible manifestation of God's loving concern for all mankind. For thirty-three years, God, in Christ Jesus, lived as a man, with man, so that he might bring new understanding of the will of the Great communicator. God recognised that communication was most effective through a person.

Sin severed the relationship between man and God. The Godhead was under no illusion as to the consequences of the sin of Adam and Eve. At the instant of disobedience Jesus became "the Lamb slain from the foundation of the world."[1] The supreme manifestation of God's concern for sin-separated man was not put

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[1]Rev 13:8 (KJV). All Biblical quotations are from the Revised Standard Version unless otherwise indicated.

into effect for some four thousand years. In the meantime God sought to communicate his love to, and through, his chosen people, Israel.

The 'Intentional' Ministry of Christ

Every aspect of the ministry of Christ was 'intentional'.[1] He was born "when the time had fully come."[2] "Though he was in the form of God, [he] did not count equality with God a thing to be grasped, but emptied himself, taking the form of a servant, being born in the likeness of men."[3] Jesus chose to be born a first-century, male, Palestinian Jew, of lowly parents who resided in the Galilean town of Nazareth, a town of which it was said, "Can anything good come out of Nazareth?"[4]

Jesus had good reason to enter a specific family within a specific culture. Had he chosen to be born into a rich family he would have been best able to communicate with the rich minority, and even then their riches may have been a barrier to their understanding. Instead he chose to identify with the poor and needy majority of a nation strategically located at the crossroads of the Mediterranean. He knew that

> The only way man is able to communicate is in the specific context of his actual cultural experience. He can know, love, and serve God and his fellowmen only in that limited context. Man views and is able to understand and interpret the world, and all that is beyond this world, only in terms of his cultural or subcultural experience. . . . Cultures are therefore the medium which the Holy Spirit normally uses in speaking to man, and through the instrumentality of man, in directing

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[1] 'Intentional' is here used in the sense of a deliberate, planned ministry from birth to the ascension.

[2] Gal 4:4. [3] Phil 2:6,7. [4] John 1:46.

> events in the Church and in the world. The specific culture or subculture is the normal medium at man's disposal for responding concretely to God--the "language" that both the creature and the Creator speak and understand best.[1]

Jesus revealed a very clear concept of mission. He said, "I have come down from heaven, not to do my own will, but the will of him who sent me."[2] The Gospel of John repeatedly states that Jesus was "sent" of God, the word in Greek being either apostellō or pempō. Speaking of the LXX usage of apostellein, Rengstorf states that it "is a technical term for the sending of a messenger with a special task; the messenger himself does not have to be named."[3] Clearly, Jesus sought to direct the spotlight of attention on the Father. Just prior to his death, he prayed, "I glorified thee on earth, having accomplished the work which thou gavest me to do."[4]

The programme of Christ's mission was announced at Nazareth.

> The spirit of the Lord is upon me, because he has anointed me to preach good news to the poor. He has sent me to proclaim release to the captives and recovering of sight to the blind, to set at liberty those who are oppressed, to proclaim the acceptable year of the Lord.[5]

Rice points out that Jesus, having announced his work, proceeded to demonstrate his mission by the pericopes which followed in the succeeding verses of Luke.[6] His was a ministry to those who were

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[1]Louis J. Luzbetak, "Unity in Diversity: Ethnotheological Sensitivity in Cross-Cultural Evangelism," Missiology 4(1976): 209-10.

[2]John 6:38.

[3]Karl H. Rengstorf, "Apostello," Theological Dictionary of the New Testament (Grand Rapids, Michigan: Wm. B. Eerdmans, 1964), 1:398 (Hereafter cited as TDNT).

[4]John 17:4. [5]Luke 4:18,19.

[6]George E. Rice, "Luke 4:31-34: Release for the Captives," Andrews University Seminary Studies 20(1982): 23-28.

hurting in soul as well as in body. Healing their despondency and their diseases, he pointed them to the Father's love, bringing new hope to their minds and life to their bodies.

During the earliest days of his ministry Jesus worked for the needy of his own race, resisting any approach from non-Jews. To the Syrophoenician woman he said, "I was sent only to the lost sheep of the house of Israel."[1] As he sent forth the twelve disciples he instructed them to "go nowhere among the Gentiles, and enter no town of the Samaritans, but go rather to the lost sheep of the house of Israel."[2] Christ's first work was to establish a nucleus of followers from among his own people. To this end he called his disciples and they became his spiritual family.

Jesus was aware of the existing cross-cultural antagonisms of his day. He recognised the peril of ignoring cultural differences yet he sought to reach beyond human prejudice, using methods effective to each ethnic and cultural group. His interview with the Samaritan woman as recorded by John is a classic example.[3] The Jews and the Samaritans were implacable enemies, the Jews considering Samaritans to be the most despicable of all peoples. No greater insult could be heaped on Jesus than to call him "a Samaritan."[4] No Samaritan was ever allowed to become a proselyte, and social intercourse between the two races was strictly forbidden.[5] A Jew might cultivate a friendship with a heathen, but never with a Samaritan.

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[1]Matt 15:24. [2]Matt 10:5,6. [3]John 4:4-26.

[4]John 8:48.

[5]Cunningham Geikie, The Life and Words of Christ (New York: D. Appleton and Company, 1880), p. 523.

Understanding all of these intense antagonisms, Jesus deliberately set out to demonstrate God's concern for the unloved and unlovely. The woman was not only a Samaritan but was of dubious moral standing as well. Little wonder that Christ's own disciples marvelled that he was talking with her.[1] Jesus had a lesson for his disciples as well as for the Samaritan woman. God loved everybody and wishes all to experience his saving grace. It was a truth which dawned slowly in the minds of his followers.

> Sometimes people resist the gospel not because they think it false but because they perceive it as a threat to their culture, especially the fabric of their society, and their national or tribal solidarity.[2]

Resistance to the gospel is sometimes in the mind of both the communicator and of the recipient of the communication. It was a factor which the disciples and the early Christian Church had to wrestle with.

As the time approached when he would be crucified, Jesus' emphasis changed. He no longer laboured only for Jews. He even sought contacts with those from other cultures. Planning to go to Jerusalem, he sent messengers to a Samaritan village, notifying the inhabitants of his intention to visit. "But the people would not receive him, because his face was set toward Jerusalem."[3] Cross-cultural tension became a powerful and effective barrier to the reception of the gospel.

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[1] John 4:27.

[2] John R. W. Stott and Robert Coote, eds., Down to Earth: Studies in Christianity and Culture (Grand Rapids, Michigan: William B. Eerdmans, 1980), p. 319.

[3] Luke 9:53.

The change of emphasis was noted by some non-Jews who took the opportunity to make contact with Jesus. At the time of the Passover certain Greeks went to Philip and said "Sir, we would see Jesus."[1] It was a request made in the very heart of Judaism and Jesus demonstrated none of his earlier reluctance to relate to non-Jews. To the woman from Syrophoenicia who came begging for healing for her demon-possessed daughter, he had said "Let the children first be fed, for it is not right to take the children's bread and throw it to the dogs."[2] But in the shadow of the cross he wished to emphasize to his disciples and observers that his Father's love extended to all men.

Thought patterns deeply ingrained by time and culture change with great difficulty. Jesus knew that his plan for the salvation of men irrespective of race or cultural backgrounds was a concept foreign to Jewish thinking. In a very 'intentional' way he set about developing the attitudes of the future leaders of the Christian church.

Discipleship was an important part of Christ's strategy for the communication of the gospel. Jesus is repeatedly referred to as didaskalos (teacher) in the Gospels[3] and his followers are called mathētēs (disciples).[4] This teacher-disciple relationship was a very crucial one for the future of Christ's mission.

The didaskalos was a very significant person in Jewish culture. He normally went through a rigorous training in both scripture and tradition, proving himself a master in the knowledge

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[1]John 12:21. [2]Mark 7:27.

[3]John 3:2 is an example. [4]Matt 12:1,2,49 are examples.

and understanding of both before taking mathētai to himself. A prospective mathētēs could apply to be connected to a didaskalos of prominence, and once accepted, would be expected to live in close association with him. The mathētēs would render total devotion, serving in a fashion similar to that of a slave, and all the time absorbing the teachings and observing the actions of the didaskalos.

Jesus deliberately sought to be recognized as a didaskalos, not for personal glorification but in order to train men to become communicators of the gospel. As his disciples associated with him they learned his teachings and observed his methods and when they were commissioned with the Great Commission they went about their task as they had seen Jesus do. In this way the news of a living, saving relationship with the Son of God was spread throughout the earth, crossing cultural boundaries, and drawing all men into a great bond of love and fellowship at the feet of the Master Teacher.

The 'Intentional' Ministry of the Disciples

A study of the four Gospels reveals a composite picture of the intent of Jesus' commission to his disciples. Repeated often for emphasis,[1] the Great Commission was designed to radiate the gospel around the world, crossing cultural boundaries, and calling men from every race to one fellowship in the family of God.

Matthew records Jesus as saying

> All authority in heaven and on earth has been given to me. Go therefore and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit,

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[1]Ellen G. White, The Desire of Ages (Mountain View, California: Pacific Press, 1898), p. 818.

> teaching them to observe all that I have commanded you; and lo, I am with you always, to the close of the age.[1]

It may well be that Matthew's rendition of the commission was a deliberate attempt to meet the problem of cultural conflict within the early Christian church. Certainly there was heated debate as to the propriety of taking the gospel to non-Jews. In spite of the vision-experience of Peter, and the apparent success of Philip and Paul, the debate continued. Yet Matthew concludes his Gospel with a statement which could well have been a racial time bomb. On the authority of Christ himself, the gospel was to go to panta ta ethnē. Hare and Harrington argue that this phrase means "all the Gentiles" and does not include the Jews.[2] They do not claim that the Jews are excluded from receiving the gospel--only that the Great Commission does not specify them. Meier disagrees with this opinion, claiming that the commission includes all peoples of the earth.[3] Ludwig Schmidt gives tentative support to Hare and Harrington when he states, ". . . we sometimes have the feeling--it is hardly more--that the reference is not to all nations including Israel, but to the nations in distinction from Israel."[4]

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[1]Matt 28:18-20.

[2]Douglas R. A. Hare and Douglas J. Harrington, "'Make Disciples of all the Gentiles' (Mat 28:19)," Catholic Biblical Quarterly 37(1975): 359-69.

[3]J. P. Meier, "Nations or Gentiles in Matthew 28:19?" Catholic Biblical Quarterly 39(1977): 94-102.

[4]Karl Ludwig Schmidt, "Ethnos," TDNT, 2:369.

At the very least, the Great Commission included the Gentiles, and may well have specified them. In either case it was a shattering blow to Jewish exclusivism.

Mark's version of the Great Commission placed importance on the individual recipient. According to Mark, Jesus said, "Go ye into all the world, and preach the gospel to every creature."[1] Other translations replace 'creature' with 'creation' but the emphasis remains on God's concern for the individual. He is "not wishing that any should perish, but that all should reach repentance."[2]

Final words are usually important ones. Luke records Jesus' final words of commission to his disciples, given immediately prior to the ascension. "You shall receive power when the Holy Spirit has come upon you; and you shall be my witnesses in Jerusalem and in all Judea and Samaria and to the end of the earth."[3] The programme of ministry modelled by Christ was to become the 'intentional' ministry of his disciples. He had made his initial proclamation of the gospel in his own home town--Nazareth. They were to commence their ministry in the birthplace of the Christian church--Jerusalem. He had spread his influence to the surrounding districts, ministering to the Jews; they were to spread their mission to Judea. Jesus had entered Samaria and other non-Jewish regions, so they were to go to Samaria and finally to the ends of the earth.

> As it [the Church] is obedient to this command, it engages in foreign missions . . . As the community goes to the nations, to all nations (v. 19), calling them to discipleship, it certainly does not remove the frontiers and differences between

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[1]Mark 16:15 (KJV). [2]2 Pet 3:8. [3]Acts 1:8.

> them. On the other hand, it does not sanction them. Rather it constitutes right across them a new people in which the members of all peoples do not merely meet but are united.[1]

Acts emphasized the plan of Christ to establish fellowships of believers in every nation and culture. No believer was to be isolated from other believers but all were to be brought into active fellowship and discipleship.

The Gospel of John added the fourth dimension to the Great Commission. He was impressed with the technique used to extend the work of the Master, and recorded Jesus as saying "As the Father has sent me, even so send I you."[2] They had been mathētai of the great didaskalos and were from henceforth to work as they had seen him work. Their experience during two missionary tours was but a forerunner of what now became their lifework. The first and most important work of Christ was to glorify his Father's name. By word, act, and lifestyle Jesus sought to carry out this responsibility until he was able to say "I have glorified thee on earth, having accomplished the work which thou gavest me to do."[3]

It became the work of the mathētai to bring honour and glory to the didaskalos. This was the task of the greatest importance. Jesus brought honour to his father through ministering to the apparent needs of the people. It was his intent that his disciples should work as he had worked.

> And preach as you go, saying, "The kingdom of heaven is at hand." Heal the sick, raise the dead, cleanse the lepers, cast out demons. You received without pay, give without pay. . . . A

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[1]Karl Barth, Church Dogmatics, index vol. (Edinburgh: T. & T. Clark, 1977), p. 437.

[2]John 20:21. [3]John 17:4.

> disciple is not above his teacher, nor a servant above his master; it is enough for the disciple to be like his teacher, and the servant like his master.[1]

From its inception the Christian church has faced complex problems, not the least of which was antagonism brought about through theological and cultural differences. Cross-cultural conflicts were apparent, both in the minds of the disciples and the new converts. Philip's success in preaching the gospel to the inhabitants of Samaria resulted in Peter and John being sent from Jerusalem to evaluate the situation. They confirmed Philip's work and preached in Samaritan villages on the return journey to Jerusalem.[2] Yet it took a vision to convince Peter to minister to Cornelius in Caesarea. There he was led to confess, "Truly I perceive that God shows no partiality, but in every nation any one who fears him and does what is right is acceptable to him."[3]

Closely linked to the cultural issue was the question of Christian life-style. Should Christians, particularly non-Jewish believers, observe the law of ceremonies which had become part of the Jewish way of life? The decision reached at the Jerusalem Council as they discussed this very vexing question was that Jewish cultural and ceremonial baggage should not be imposed on Gentile Christians.[4]

This historic conclusion, a cause for rejoicing in many parts where the gospel had been preached, did not meet with universal approval and the issue continued to trouble the Church from time to time. Too often cultural baggage is identified with the gospel,

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[1]Matt 10:7-9,24,25. [2]Acts 8:14-25.

[3]Acts 10:34,35. [4]Acts 15:22-29.

both in the mind of the communicator and in that of the recipient. Speaking of this problem, the Willowbank Report[1] stated:

> The other problem is that the gospel is often presented to people in alien cultural forms. Then the missionaries are resented and their message rejected because their work is seen not as an attempt to evangelize but as an attempt to impose their own customs and way of life. Where missionaries bring with them foreign ways of thinking and behaving, or attitudes of racial superiority, paternalism, or preoccupation with material things, effective communication will be precluded.[2]

The Apostle Paul is the prime example of those who bridged cultural differences, having an immaculate Hebrew background as well as an understanding of the Gentile mind. At his conversion God said, "He is a chosen instrument of mine to carry my name before the Gentiles and kings and the sons of Israel."[3] In reference to this special mission, William Barclay wrote:

> In order that Christianity might go out to all the world a unique person was necessary--and Paul was that person. Here uniquely was the man of two worlds, the man who was Jewish to the last fibre of his being, but also the man who knew the Romans and the Greeks as few Jews knew them. Here indeed was the man prepared by God to be the bridge between two worlds [cultures], and to be the bridge by which the Gentiles might come to God.[4]

Paul did everything in his power to fulfill his special mission. While recognizing his call to communicate the good news of salvation to the Gentiles, he did not neglect the Jews. First and foremost a Jew, he sought out those of his own race in every

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[1]The Willowbank Report is a statement prepared on the findings of a consultation on Gospel and Culture held at Willowbank, Somerset Bridge, Bermuda from January 6 to 13, 1978.

[2]Stott and Coote, p. 113. [3]Acts 9:15.

[4]William Barclay, The Mind of St Paul (London: Collins, 1958), p. 31.

city he visited, giving them the opportunity to hear of the Messiah who had come. Speaking of his ministry, he said

> To the Jews I became as a Jew, in order to win Jews; to those under the law I became as one under the law--though not being myself under the law--that I might win those under the law. To those outside the law I became as one outside the law--not being without law toward God but under the law of Christ--that I might win those outside the law. To the weak I became weak, that I might win the weak. I have become all things to all men, that I might by all means save some. I do it all for the sake of the gospel, that I might share its blessings.[1]

Paul's willingness to minister to non-Jews resulted in bitter opposition from those of his own race--an opposition made more intense by the content of his message. At Antioch in Pisidia his preaching was received with favour until it attracted the attention of non-Jews. The opposition which resulted drove Paul and his associates from the city,[2] and dogged their steps throughout the rest of the first missionary journey.[3]

Not all opposition came from Jews. At Philippi the wrath of non-Jews was directed against the missionaries. Roman opposers directed attention to cultural antagonisms as they sought to have the work of Paul and Silas stopped. They claimed "These men are Jews and they are disturbing our city. They advocate customs which it is not lawful for us Romans to accept or practice."[4] The real problem was a material one, for Paul's ministry had affected their source of income, but they chose to manifest their opposition as one of culture, recognizing it would carry more weight with the authorities.

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[1] I Cor 9:20-23.

[2] Acts 13:34.

[3] Acts 14:1-23.

[4] Acts 16:20,21.

Cultural barriers, prejudices, and opposition constantly were manifested throughout the Mediterranean as Paul endeavoured to cross ethnic boundaries with the gospel. In spite of his every effort to minimize such problems, they followed him and finally resulted in his incarceration in Rome. Even in Rome he sought to proclaim the Good News. Some heard and believed; others heard and disbelieved, leading Paul to exclaim "Let it be known to you then that this salvation of God has been sent to the Gentiles; they will listen."[1]

The Eschatological Nature of the Great Commission

The Great Commission was not given to Christ's immediate disciples alone. It is apparent that he expected the proclamation of the gospel to continue until he returns in glory--a task that can only be completed by a chain reaction to discipleship. "Going," "preaching," "teaching," and "baptizing" is to be the task of every disciple.

Jesus was quite definite in his promise to return.[2] The last great sign of the nearness of this event, given by Christ, was the preaching of the gospel "throughout the whole world, as a testimony to all nations."[3] When viewed in retrospect, it is obvious that Jesus knew the task would extend beyond the disciples' life span. Hence the assurance of his continuing presence "to the close of the age" must be understood in the context of Matt 24:14.

Jesus' prayer also gave indication of the continuing work of the gospel. He prayed:

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[1]Acts 28:28. [2]John 14:3. [3]Matt 24:14.

> I do not pray for these [the first disciples] only, but also for those who are to believe in me through their word, that they may all be one even as thou, Father, art in me, and I in thee, that they also may be in us, so that the world may believe that thou hast sent me.[1]

Recognizing the implications of the Great Commission, Caucasian Seventh-day Adventists left America's shores and travelled throughout the South Pacific, proclaiming the gospel to the many races, seeking to call men and women into discipleship. They commenced activities in New Zealand in 1885 and soon recognized that if God's will was to be fulfilled, the Maoris must be evangelized as well as the Europeans. It has proved to be a far greater exercise in cross-cultural evangelism than was anticipated.

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[1] John 17:20,21.

CHAPTER III

A SUMMARY OF SEVENTH-DAY ADVENTIST EFFORTS TO EVANGELIZE NEW ZEALAND MAORIS

Christianity was first introduced to New Zealand by Samuel Marsden in 1814 and at first made little impact upon the Maori inhabitants. However, between 1833 and 1845 the scene changed dramatically and it was estimated that of a Maori population of 110,000, 42,700 regularly attended Anglican services, 16,000 attended Methodist services, and a further 5,100 attended Roman Catholic services.[1] This early enchantment with European religion turned into disillusionment as missionaries became suspicious that many Maori "conversions" were for convenient reasons, and Maoris discovered that there was plurality between European profession of faith and conduct in daily living. The Maori wars resulted in frustrations when lands were confiscated, and Maori disenchantment deepened.

A number of Maori charismatic leaders arose, mixing spiritual leadership with the advocacy of Maori independence. Te Kooti Rikirangi was one such leader. Born near Gisborne in 1814 and educated by the Church Missionary Society, he joined the militia

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[1]H. M. Wright, New Zealand, 1769-1840--Early Years of Western Contact (Cambridge, Massachusetts: Harvard University Press, 1959), p. 141.

but was deported to the Chatham Islands without trial on suspicion of having collaborated with the rebel Pai Marire movement. Te Kooti had developed a profound knowledge of the Scriptures and began to preach amongst his fellow prisoners, quickly becoming their spiritual leader. He led an escape party which successfully returned to the North Island and Te Kooti's mana (standing, prestige) rapidly spread. His training in military matters, plus his religious knowledge ensured his leadership of the Ringatu religion--a protest religion which mingled certain teachings of the Scripture with Maori traditional beliefs and practises. The seventh day of each week was to be a Sabbath and the twelfth day of each month was considered a holy day.[1]

Evangelizing the Maori race was given a place of priority in thought and deed from the inception of the Seventh-day Adventist Church's activities in New Zealand. Pastor Stephen Haskell, the first Seventh-day Adventist minister to visit New Zealand, introduced the doctrine of the Second Advent to a group of Maoris gathered at a pa (Maori village) near the home of Joseph Hare. He was greatly impressed with their response and wrote favourably of their intelligence and the possibilities of future missionary endeavour.[2] Joseph Hare, a recent convert to Adventism, accompanied Haskell on

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[1] In the first fifty years, Adventist missionaries and administrators were overly attracted to working for Ringatu Maoris, thinking that the keeping of the Sabbath would attract these people to the Adventist faith. It seems they were unaware of the "protest" nature of the Ringatu religion. To the Ringatus, Adventism was just another religion of European dominance.

[2] S. N. Haskell, "The Australian Mission," Historical Sketches of the Foreign Missions of the Seventh-day Adventists (Basle: Imprimerie Polyglotte, 1886), p. 107.

this initial visit. He was a committed Christian who had spent much time and effort in vistation of these Maoris in an endeavour to lead them to accept Christ, and had become recognized by them as their spiritual advisor. This fact, combined with the message being given on a marae setting,[1] produced a response which may have differed if these two factors were not present. Certainly, Haskell recognized that Joseph Hare had built good rapport with this particular group of Maoris. He wrote:

> The Hare family have no little influence over these natives, their business relations having always been agreeable, while Mother Hare is a physician among them. Brother Edward Hare sought at one time to prepare himself to labor as a missionary among them. Thus any new ideas would be received by them from the Hare family as readily as from anyone.[2]

When A. G. Daniells laboured in Napier (1888-89) he also sought to evangelize local Maoris by visiting among them. He learned that there were many who observed the seventh day as the Sabbath and after visiting with such a group he was able to find acceptance as their minister.[3] This doctrinal link stirred the minds of those who directed the Church's activities in New Zealand and they began to look about for someone to commence full-time work for the Maoris.

The prospect of a Maori Adventist ministering to his own race became a real possibility when Maui Pomare was baptized in

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[1] A marae is the forecourt outside the Maori meeting house. It is the place where guests are welcomed and discussion takes place. Maoris believe in freedom of speech and all important decisions are made as a result of the issues first being debated on the marae.

[2] S. N. Haskell, "Seven Months Experience of the Church at Kaeo," Signs of the Times, 23 December 1886, p. 778.

[3] Idem, "The Maoris of New Zealand," The Home Missionary, March 1891, p. 50.

Napier and expressed interest in receiving training for such a work. Mrs. M. Caro, a convert of Daniells and a practising dentist, financed the young man to America to train as a medical-missionary. Pomare proved to be a good student and was in great demand as a guest speaker at various functions, both within and without the Church. Unfortunately he did not retain his links with the Church--much to the disappointment of those instrumental in financing his early training. Even in those early years it was recognized that one who spoke the Maori language, understood the culture, and was visibly Maori, would be better able to relate to Maoris than would a European.

The New Zealand Conference of December 1896 gave considerable discussion to the needs of a Maori work. Noting that there were up to 10,000 Maori Sabbath-keepers (Ringatus) in New Zealand, the Conference resolved to appeal to the Foreign Mission Board in America to set apart the Sabbath School donations for six months for the purpose of opening a Maori mission.[1]

Unfortunate delays prevented the arrival of Dr. and Mrs. J. E. Caldwell until February of 1901. Sickness in Rarotonga had caused them to apply for a re-location and the Foreign Mission Board, at New Zealand's request, appointed them to labour for the New Zealand Maoris. After a preliminary tour to evaluate prospective locations for such a mission, it was decided to make Kawhia, a settlement on the west coast to the south of Auckland, the base of

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[1]A. Mountain, "New Zealand Conference Proceedings," The Bible Echo, 25 January, 1897, p. 29.

operations.[1] Sadly, this proved to be an abortive start to establishing a Maori mission. Within a few months Mrs. Caldwell died and the sorrowing husband returned to America.

An important advance in Maori evangelism was made with the appointment of W. J. Smith to the Maori work in 1906. Smith was a State-trained schoolteacher who had become a member of the Adventist Church in Christchurch. He had been instrumental in starting church schools in Christchurch and Napier but on his appointment to Maori evangelism, moved to Gisborne where there was already a number of Maori Seventh-day Adventists, some of whom were well able to assist in working for their own race.[2] Mr. and Mrs. Redward, trained nurses from the Sydney Sanitarium, were invited to assist Smith in working for the Maoris. They were to use their professional skills in medical-missionary work, meeting an urgent need among the Maoris of the region. Sickness was prevalent, particularly during the cold and wet winter months. In spite of the many hours of dedicated service the appointed missionaries were unable to report any great success within the first year. They noted that friendships had been established due to the medical work of the Redwards.[3]

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[1]E. H. Gates, "The New Zealand Maori Work," Union Conference Record, 1 December 1901, p. 7.

[2]Matilda Lockwood had been a secretary to A. G. Daniells prior to her marriage to W. A. Tulloch. Fanny Moore was a much respected Bible Worker, having laboured with E. W. Farnsworth in his Christchurch mission. Both ladies lived in Tolaga Bay and were of Maori blood.

[3]Minutes, New Zealand Conference Session, November 8-18, 1906, p. 12.

The New Zealand Conference President of the time, Pastor S. M. Cobb, took more than a passing interest in Maori evangelism. He travelled with Smith and Redward, evaluating the needs of the people and studying locations in order to utilize his men most effectively. Such first-hand contacts enabled him to arrive at very perceptive conclusions regarding the problems associated with the Maori work. He stated that their habits and life-style were such that methods used with Europeans were ineffective when applied to the Maoris. He concluded:

> Hence an entirely different method must be adopted. This must consist of a personal contact with the people--living among them, sitting upon the ground with them, and eating and conversing with them in so friendly a way that one can win their confidence and esteem. Then, and not till then, can they be won.[1]

Other problems impressed themselves upon Cobb's mind. He noted that the Maoris were very suspicious of Europeans, necessitating a great deal of slow, patient endeavour before such barriers could be broken down. Adventists, having a great sense of urgency, tended to look for immediate results as the message of the nearness of the Lord's return was presented from place to place. Ministers tended to be moved from centre to centre with great frequency but it soon became apparent that this method produced negative results when labouring for Maoris.

Pastor Cobb noted that there were 42,000 Maoris scattered throughout New Zealand. Such a situation created a real problem for the work of the Church. With only two full-time workers for the

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[1]S. M. Cobb, "Our Work for the Maoris," Union Conference Record, June 10, 1907, p. 8.

Maoris it was difficult to make any real impact, particularly as it was essential to leave the men in one locality for extended periods. He wrote:

> Men and means are needed to carry the truth to this people quickly, and there is no people in all the world that needs it more. Unless earnest, faithful effort is put forth at once, very few will ever be gathered for the kingdom of God.[1]

W. J. Smith was the Secretary of the New Zealand Conference when appointed to Maori work. As such, he was well aware of the complexity of the problems associated with his work. An experienced schoolteacher, Smith saw a great need to establish a school for Maori youth. He saw the training of the younger generation as a long-term solution to the problems elaborated upon by Cobb. He was also aware of the need of literature printed in the Maori language. While the missionaries' efforts had to be localized, literature could be widely circulated. He utilized the linguistic skills of Mrs. F. Moore[2] to translate articles into the Maori language and in July, 1907, the first issue of Te Karere O Te Pono (The Messenger of Truth) was printed in Gisborne and circulated not only on the East Coast but also to as many chiefs and other influential people as addresses allowed. It was a paper greatly prized by the Maori people and was continued by W. R. Carswell, Smith's successor in the Maori work.

At the end of 1907, Smith was called to the staff of the Pukekura School (the forerunner of Longburn College). His place was taken by William R. Carswell, a New Zealander who had proved to be a successful literature evangelist in various parts of Australia. He devoted four tireless years to Maori evangelism,

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[1] Ibid. [2] See n.2, p. 23.

working in association first with the Redwards, then with Mr. and Mrs. Read Smith who were also graduates of the Sydney Sanitarium. Carswell concentrated his efforts on Gisborne and those pas south, and the Read Smiths worked mainly along the coast to the north of Gisborne. The medical care given by this devoted couple was deeply appreciated by both Maoris and Europeans. Carswell decided to pitch a tent and run a series of evangelistic meetings at one of the villages near Gisborne. It was a total failure and he determined that it was not the way to take the Adventist message to the Maori people.[1] In the meantime Smith's work was flourishing at Tolaga Bay. The nucleus of Maori Adventists was strong enough to establish an identity group and a strong work was being carried out for the youth. Then tragedy struck once more. Read Smith, who had been nursing some Maoris with typhoid fever, contracted the disease himself and died. It was a bitter blow to the Maori work. Two years later (1911) the prolonged ill health of Mrs. Carswell forced the transfer of the Carswells to Sydney.[2] William Carswell continued to edit Te Karere O Te Pono until 1914.

The company at Tolaga Bay continued to function for some years. Land was set aside for a church building and various plans were discussed but nothing eventuated. Membership slowly began to decline as members moved away and some gave up their faith. By the mid-1920's the Maori work had gone into recession.

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[1]New Zealand Conference Session Minutes, January 1-10, 1909.

[2]Union Conference Record, 15 January 1912, p. 8.

The lack of any permanent Maori work lay heavily on the conscience of New Zealand Adventists. Two world wars and the depression were amongst the causes of lack of funds. Money was in very short supply and man-power had to be utilized with cost-efficiency in mind. Early in 1932, John Thorndyke, Dannevirke's loved head elder, died, leaving a major portion of his estate to the Seventh-day Adventist Church. Though legal complications emerged, a considerable sum of money became available for Maori evangelism.[1] Pastor H. L. Tolhurst, a missionary on permanent return from Tonga, was appointed to work for the Maoris in the Bay of Plenty district.

Undoubtedly the one to have the most outstanding and lasting success in Maori work was Pastor W. P. Claus, the minister appointed to Kaitaia in 1941. Through a local Maori, he was introduced to the Maoris at Te Kao, eighty kilometres to the north of Kaitaia. He noted that their health was not good and their gardens unproductive.

Claus was a very practical minister with an intense interest in health. He visited from home to home, doing exactly what S. M. Cobb had stated back in 1907 needed to be done. As the health of the people improved, and their gardens became more productive, their confidence in Pastor Claus increased. They became receptive to his instruction in religious matters and a new pride began to manifest itself in Te Kao. By November of 1945 Claus was able to

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[1] A sum of £2,000.0.0 was made available. It was at first thought that this total amount could be applied to Maori evangelism but legal advice was sought regarding the terms of the will and it was determined to allocate half the amount to overseas missions.

report a recent baptism of eight adults and many homes open for Bible studies. The prospects were bright for Te Kao.[1]

The health and life-style emphasis of Pastor Claus continued to be the key to unlock the minds of the Maoris of the north. He visited in the homes tirelessly, recognizing the importance of the extended family in Maori culture. Changes came slowly, tobacco being a major problem, but Claus was possessed with patience and his ability to relate on the personal level reaped rich dividends.

The first meetings at Te Kao were conducted in private homes. Though it may well have been a move of necessity, it was a master-move for it enabled the naturally shy Maoris to relate in surroundings in which they did not feel threatened. As time passed and the interest developed the cottage meetings proved to be too cramped so plans were made to build a church. The first Maori Seventh-day Adventist church was dedicated with due rejoicing and ceremony on March 27, 1948.[2]

The 1955-56 North New Zealand Campmeeting was marked by the rejoicing over the ordination to the Adventist ministry of McLean Campbell, a Maori. For many years the need of a Maori minister had urged itself on the leaders of the church but efforts to meet the need had been repeatedly frustrated. Campbell ministered effectively at Te Kao and Whakatane but then apostatized from the church as a result of the Greive apostasy. It was another bitter blow to the Maori work.

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[1]Minutes, North New Zealand Conference Session, November 8, 1945.

[2]D. H. Davies, "Dedication of the First Maori Church," Australasian Record, 2 August 1948, p. 5.

On February 11, 1964, a primary school was opened at Te Kao and continued to function until the end of 1980 when a falling roll forced its closure.[1] Employment problems forced many families to leave the district and the work at Te Kao went into decline.

The 1980s have seen a marked drift of Maoris into the cities--particularly to Auckland. This trend is also observable in the Seventh-day Adventist Church membership. Unfortunately, some members, once separated from their roots, have drifted from church associations and have become spiritually cold. Recognizing the challenge to meet these needs, a Maori Evangelism Committee was formed and an Auckland Maori Adventist Church organized.[2]

This Maori Evangelism Committee wrestles with a very complex problem. It is an over-simplification to speak of Maoris as if they were all one united people. Maoris within New Zealand have many faces and attitudes. A minority live in rural pockets and continue in tribal traditions and cultural practices, including using the Maori language as their first language. The majority are under twenty years of age, live in urban communities, have little knowledge of Maori culture and do not speak the Maori language. The "old time" Maori battles to influence the modern, young Maori, and is often saddened and disappointed with current trends within his own race. The young, urban-dwelling Maori does

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[1]Taken from the Te Kao School Minute Book.

[2]The Maori Church was organized in 1981 by the President, Pastor D. B. Hills. Pastor Ron Lewis, a minister claiming Maori descent, was appointed as the first church pastor.

not hold respect for his Maori elders and traditions, yet does not feel comfortable in a predominately European society. There are Maoris who are European in all but appearance, and some who appear to be European but who are living lives in accordance with Maori values and culture.

The movement to consolidate Maori identity in the presence of European dominance did not end with the death of such charismatic leaders as Te Kooti Rikirangi. It smoulders still today as may be seen in the following statement written by Manuka Henare, a layman employed by the Roman Catholic Church as the Director of the Secretariat for Evangelism, Justice and Development within the Archdiocese of Wellington.

> The most important thing about Maori Christianity is that it is Christian and it is Maori. Unfortunately Christianity continues to be presented in such a way that the Maori is asked to choose whether to be a Christian or be Maori. It is true to say that it is primarily non-Maori people who ask that the choice be made. What the Maori Christianity is really being invited to do is become a Pakeha [European] Christian. That is, be part of Western Christianity. The time is coming when we will stop translating Western Christianity into Maori terms and begin to translate Maori christian terms into western terms. . . . in assuming the role of the servant church at the service of Maori people, the Maori Church must share in some real way the suffering and domination of its people. . . . It is an unfortunate fact of history that the spirit of Christianity which assisted the transformation of Western Europe and culture in this movement of Christian world renewal. Western Christianity became an instrument of political, economic, and cultural domination in Australia, the South Pacific and Aotearoa [New Zealand]. The Churches established in the new colony, gave scant regard to the religious and cultural practises of the Maori. The Gospel message preached to the Maori encouraged the turning away from old religious values and legitimised the actions of the new dominant culture and its interests. . . . We now understand Jesus' option to be a poor, suffering person who died a most horrific death in order to save all. With this in mind, we can say that the suffering of the Maori is in direct proportion to the sins of those who cause the suffering. The Maori is Christ crucified for the

> redemption of Aotearoa. . . . it is not the intention or goal of Maori Christianity to be integrated into churches which assimilate and suffer from racism. It is therefore obvious that the Church community must also be redeemed.[1]

Henare's point of view would suggest that any denomination endeavouring to fulfill the Great Commission to the Maori people will meet resistance unless cultural differences are recognized and respected.

One theme unites Maori people today--the right to determine their own destiny through consultation.

> With increasing explicitness and with growing impatience, the Maori people are asking for recognition of Maori identity and for equal recognition of cultural aspects, attitudes and institutions that are different. Conformity to a monocultural society is not equality; maintain the right of different ethnic groups to be different is [equality]. . . . Two factors have always dominated arguments about biculturalism. One has been mentioned before--the tyranny of the majority which downgrades or negates or outvotes Maori aspirations. The other is the monocultural parochialism and the myopia of many non-Maori leaders who work on the principle that White ways are Right ways because they know no other. This is the second most dangerous aspect of the Pakeha [European] problem.[2]

In terms of baptisms, the Seventh-day Adventist Church has not had great success in evangelizing the Maoris. It may be that in the future an understanding of Maori culture, combined with a patient, stable, and personal ministry may produce better results.

> The overriding reason why we should take other people's culture seriously is that God has taken ours seriously. God is the supreme communicator. And this Word has come to us in an extremely particularized form. Whether spoken or written, it was addressed to a particular people in particular cultures

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[1]Manuka Henare, "Emerging Maori Christianity," in He Toenga Whatiwhatinga, ed. J. Patterson (Wellington, New Zealand: Te Pihopatanga O Aotearoa, 1983), pp. 81, 82, 84, 85.

[2]Pat Hohepa, "Maori and Pakeha: The One-People Myth," in Tihe Mauri Ora: Aspects of Maoritanga, ed. Michael King (Methuen, New Zealand: Methuen Publications, 1978), p. 101.

using the particular thought-forms, syntax, and vocabulary with which they were familiar. Then when God's Word actually "became flesh," the "flesh" he became was that of a first-century, male, Palestinian Jew. Thus both Inspiration and Incarnation--two fundamental evangelical truths--are models of sensitive cross-cultural communication, and summon us to follow suit.[1]

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[1]Stott and Coote, pp. vii-viii.

CHAPTER IV

MAORI HEALTH AND SOCIAL PROBLEMS IDENTIFIED

The Seventh-day Adventist Church has been somewhat successful in Maori evangelism when its missionaries have recognized the Maoris' serious health problems and have endeavoured to work first for the betterment of the physical, then the spiritual. Does the need exist today?

As a result of a study into the incidence and case mortality of coronary heart disease in Maoris, Beaglehole, Prior, Salmond, and Eyles noted:

> National mortality statistics (National Heart Foundation, 1976) indicate that the New Zealand Maoris have high coronary heart disease (CHD) death rates. Indeed, if the basic mortality data are accurate and comparable with that of other countries, Maori women have higher CHD death rates than women in any other country. The high risk is in marked contrast to that of other Polynesian groups living more traditional life styles in which CHD is virtually unknown (Prior, 1974).[1]

They further comment:

> The situation with respect to smoking is less clear. Smoking is common in Maoris with 14 percent of this sample smoking more than 20 cigarettes/day (Beaglehole, 1977). Moreover smoking undoubtedly affects the health of the New Zealand Maori since Maori women have the highest death rates from lung cancer in the world for women (Rose, 1972) and it is generally agreed that this disease is largely caused by smoking.[2]

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[1] R. Beaglehole, I. Prior, C. Salmond, and E. Eyles, "Coronary Heart Disease in Maoris: Incidence and Case Mortality," New Zealand Medical Journal 88, 618(1978): 138 (Hereafter referred to as NZMJ).

[2] Ibid., p. 140.

Pearce, Davis, Smith, and Foster researched mortality and social class in New Zealand. They state:

> Social class differences in male mortality in New Zealand were investigated separately for Maori, Pacific Island and other New Zealand males aged 15-64. All three groups displayed strong social class mortality gradients but, for each class, the Maori mortality rates were approximately 50% higher than the rates for the "other" category, while the Pacific Islander rates generally occupied an intermediate position. The Maori mortality rates were particularly high for the disease groupings of respiratory diseases, infectious diseases, genito-urinary diseases, endocrine, nutritional and metabolic disorders and diseases of the circulatory system other than coronary heart disease and cerebrovascular disease--even when the data were adjusted for age and social class factors.[1]

Further, they state:

> The overall Maori age-standardised mortality rate of 854.5 deaths per 100,000 person-years at risk was 78% higher than the mortality rate for others whereas the Pacific Islander rate was 31% higher.[2]

The results of a survey conducted in Northland (26 percent of New Zealand Maoris live in Northland) schools reveal that 42 percent of Maori boys smoke compared with 15 percent of non-Maori boys living in the same area. Forty-eight point five percent of Maori girls smoke, compared with 32.6 percent of non-Maori girls. The same survey showed that 31.1 percent of Maori boys smoked seven or more cigarettes per week, compared with 8.4 percent of non-Maori boys, and 35.3 percent of Maori girls compared with 17.4 percent of non-Maori girls.[3] These statistics indicate that there will be

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[1] N. E. Pearce, P. B. Davis, A. H. Smith, and F. H. Foster, "Mortality and Social Class in New Zealand. 111: Male Mortality by Ethnic Group," NZMJ 97, 748(1984): 31.

[2] Ibid., p. 32.

[3] R. J. Flight, M. McKenzie-Pollock, M. A. Hamilton, C. E. Salmond, and Y. M. Stokes, "The Health Status of Fourth Form Students in Northland," NZMJ 97, 747(1984): 1-5.

a continuing problem in Maori health--a problem which is already discernible beyond non-Maori levels.

New Zealand has experienced rapid economic development in the post-war era--development noted in many countries over the last fifty years. However, resulting affluence has not been equally shared by the inhabitants of such countries. Within New Zealand the gap has widened between sections of the population, the "haves" profiting at a greater rate than the "have nots." As a general rule, Maoris number among the "have nots."

The significant drift of population into the cities--to Auckland in particular--has been most marked amongst Maoris, many of whom are poorly equipped to cope with such a change. Unemployment in rural areas has forced this drift and many young Maoris find their way to the cities where employment prospects are better. However educational under-achievement by comparison with his non-Maori counterpart results in a high ratio of unemployment or employment in the unskilled or semi-skilled occupations.

> . . . it is obvious that the Maori has entered the unskilled and semi-skilled occupations in large numbers. Unfortunately, the trend seems to be a continuing one. Faced with the need to support a large number of dependants, and being less well equipped educationally, many Maori workers are forced to take up occupations with a high initial reward but with little hope of advancement. Although some evidence is available to show that many Maoris are attempting to improve their position, the cycle evinced is one that is difficult to break.[1]

Other studies already quoted suggest that while "four-fifths of the Maori mortality excess is not attributable to socio-economic

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[1]John Forster and Peter Ramsay, "Migration, Education and Occupation: The Maori Population 1936-66," in Social Process in New Zealand: Readings in Sociology, John Forster, ed. (Auckland, New Zealand: Longman Paul, 1969), p. 222.

factors,"[1] such factors do play a significant part in Maori health.

The conclusion reached by Pearce, Davis, Smith, and Foster is of great significance to the scope and direction of this project.

> . . . Hence there is a clear need for further research leading to health service interventions in order to reduce the large number of excess deaths which are potentially preventable. However, from the experience already gained in the field of Maori health it seems clear that such interventions can only achieve real progress when the affected people themselves have some influence and control over the way in which prevention campaigns are carried out and the way in which health care is delivered.[2]

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[1] Pearce et al., p. 35.

[2] Ibid.

CHAPTER V

MINISTRY DESIGN

Ellen White, speaking with reference to entering difficult fields of labour, wrote:

> In Australia we found that the medical missionary work opened the way for truth to go with power. . . . In new fields no work is so successful as medical missionary work. . . . We have been instructed by the Lord that the medical missionary work is to be to the third angel's message as the right hand to the body. The right hand is used to open doors through which the body may find entrance. This is the part the medical missionary work is to act. It is to prepare the way for the reception of truth for this time.[1]

With this statement in mind the writer sought approval of the President of the North New Zealand Conference of Seventh-day Adventists to undertake the necessary research, and implement a programme of health ministry to the Maoris in New Zealand.[2]

In consultation with the project advisors, the project was entitled "Establishing Effective Health Ministries to the Maoris of New Zealand." The writer intended to concentrate on two major health areas--respiratory diseases caused through cigarette smoking, and coronary heart disease, preliminary reading having shown that there was a health problem among Maoris in these areas.

It was the intention of the writer to travel to New Zealand in June/July to conduct surveys, interviews, and a Stop Smoking

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[1]White, "True Missionary Work," Pacific Union Recorder, 29 August 1901, p. 3.

[2]See appendix 3.

programme, adapted from the Five Day Plan, for Maori people. However as research continued the writer began to perceive the need for Maori input into any programmes designed for Maoris, and concluded that this initial plan was an imposition of a European's thoughts without first seeking input from Maoris on matters which were designed to significantly affect their lives.

Accordingly, plans were altered and letters written to ministers in selected towns, asking that meetings be arranged where dialogue could take place, both with Maoris and Europeans.[1] The chosen towns all had large Maori populations, were centres where the Seventh-day Adventist Church had operated over many years, but were towns or cities of differing characteristics.[2] The writer decided to concentrate on Maoris who were Adventists because they would best understand Adventist health philosophies, and the non-Adventist Maori way of life. An authentic representative Maori voice was being sought. At the same time European viewpoints on the identical issues were heard.

Before departure a suggested questionnaire was prepared and sufficient copies photocopied for each of the elders of the Auckland

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[1] See appendix 4.

[2] Auckland has attracted thousands of Maoris in search of employment; Kaitaia is a centre where Maoris live close to their tribal roots; Tauranga is the main city of Eastern Bay of Plenty--a province with a dense Maori population; Rotorua is considered the centre of Maori culture as it relates to tourists; Tokoroa is a town built around the timber industry--an industry in which many Maoris find employment; Gisborne, like Kaitaia, is isolated but is a town where Maoris live close to their tribal roots; Wellington, being the capital city, attracts many of the Maoris employed in Public service; Palmerston North is the main city in the farming province of Manawatu, and Hastings attracts many Maoris because of employment opportunities in the various freezing works.

Maori Church. The first evening in New Zealand was spent with a selected group from this church, discussing and rewording the questionnaire. Those present thought that the suggested questionnaire was too complex for many Maoris to understand readily and that the language should be simplified.[1]

On the second evening the writer met with the Maori Church in Auckland, all members being invited. After a short address on "The Gospel Commission and Cross-Cultural Evangelism," the meeting was opened for discussion on two issues--reasons for success or failure of the Seventh-day Adventist Church to evangelize Maoris, and meeting the needs of Maoris today.

One of the purposes of such discussion was to elicit the thoughts of those present before the questionnaires were handed out. The writer was aware of the possibility of well-meaning Maoris answering questions as they thought the writer might want them answered, rather than giving a true representation of their own attitudes. A second reason was to probe the deeper thoughts of the members so that concepts not touched by the questionnaire might surface. This discussion lasted for over one hour then the questionnaires were passed out and completed.

This same procedure was followed at Kaitaia, Rotorua, Tokoroa, Gisborne, Wellington, and Palmerston North. At Hastings and Tauranga, meetings were held during Sabbath hours with many children in attendance. In these churches the address on cross-cultural evangelism was given and the questionnaires distributed. It was significant to note that the results in no way differed

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[1]See appendix 5.

from the general patterns of the other churches. This satisfied the writer that open discussion did not influence the questionnaire responses.

As a result of the discussions, interviews, and questionnaire responses,[1] the writer became convinced that certain changes needed to be made to the project as formerly planned. In consultation with the project advisors the title was changed to "Establishing Effective Life-style Ministries to the Maoris of New Zealand," and the implementation was directed toward a more personalized approach through the family, rather than a public approach which required the participants to choose to leave their familiar surroundings and congregate in some place with people who might, or might not, be known to them.

The discussions and interviews revealed that Maoris became reserved, shy, and self-conscious when removed from those surroundings deemed to be their own. They seldom took the initiative in functioning in a European-dominated society and tended not to frequent meetings or meeting places where the European held control. While it is true that the majority speak English, even in their own homes, Maori--for many--is the language of the heart. Matters of the heart such as love, hate, sadness and worship are best expressed in a cultural setting, and preferably in the Maori language. Maoris function best within the family context, or on a marae. Unlike Europeans, Maoris tend to see no necessity to make decisions hurriedly, or without reference to the wishes of the

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[1] See appendix 6.

extended family. Indeed, private opinions tend to be put aside when in conflict with the thoughts and wishes of the extended family.

This situation is not unique to Maoris. McGavran devoted a section of his widely acclaimed book on church growth to the issue. He wrote

> Hundreds of millions of men live in two worlds. The first, of great importance to them, is that of "our intimates who speak our language"; the second, of relatively slight importance, is that world of a strange tongue in which we trade and work with outsiders. In the first the "medium of communication" is the language of the heart; in the second, the "medium of confusion" is a trade language or standard language, good enough for buying and selling, taking orders and finding one's way, but pitifully inadequate for the things that really matter. Men fight, make love, and mourn in their mother tongue. . . . Where it appears that the "dialect" is going to die out and the standard language is the one in which Bible and hymnbook are available, government carries on its business, and schools do their work, there it seems reasonable for the Church to preach, pray, and sing, and read the Bible, not in the potent language of the heart but in the important language of the future. It may be reasonable and cheap, but it is seldom effective.[1]

Acculturation has taken place within the Maori race. Only a minority of Maoris still speak the Maori language and even fewer use it as their first language, yet the essence of what McGavran is saying still applies. Maoris are not Europeans, do not think like Europeans, or react to life's most important issues like Europeans. If they are to be reached, the degree of acculturation must be taken into consideration, for it will vary from place to place and from group to group.

Having been made aware of the link between health and life-style, it was determined not to deal with Maori health problems

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[1]McGavran, pp. 217-18.

in isolation from Maori life-style. Consideration was given to implementing the project ministries on a marae but the writer decided rather to focus on a more intimate approach, believing that the greatest single influence on Maori thought is that of the extended family.

Initially it was envisaged that the writer would personally implement the programme of ministries. Two factors changed this plan. First, the writer is a European, with no Maori racial links, no knowledge of the Maori language, limited understanding of Maori culture, and little recognized identity with Maoris other than being born in New Zealand. Secondly, the cost of travel for a second visit in one year was prohibitive.

The present minister of the Auckland Maori Church, Pastor Ron Lewis, is of Maori descent, even though he is visibly European. He speaks Maori, and has some understanding of Maori culture. The writer spent several nights in the home of Pastor Lewis, discussing various aspects of Maori evangelism, and the concepts of this project. Having come to an understanding of the intent of the project, Pastor Lewis agreed to pilot the implementation, suggesting the name of a family who could well profit from the exercise.[1]

From the information supplied by Pastor Lewis, a programme was devised which the writer considered would be helpful to the family concerned, meeting their specific needs but, at the same time, being general enough to be helpful to any other Maoris who may join the group envisaged.

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[1]See appendix 7.

Four areas of need were to be covered: (1) changing habit patterns; (2) stopping smoking; (3) food for healthy bodies; and (4) budgeting family finances. Resource material, together with a suggested sequence of presentation, was forwarded to Pastor Lewis.[1] The writer recognized that this material would need to be adapted to the specific situation to which it was to be applied and left it to the discretion of Pastor Lewis to adapt it as he saw fit.

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[1]See appendix 8.

CHAPTER VI

IMPLEMENTATION

It has been stressed that Maoris need considerable time to make decisions and bring about changes in life-style. The lack of time proved to be a negative factor in working for the Brown family. The implementation material was posted to Pastor Ron Lewis on September 3 but unfortunately he was on sick leave when it arrived in New Zealand. It was the end of September before he was well enough to visit the Brown family. In spite of repeated attempts, contact was not made until early October. At that time a date was set for the programme to begin, Mr. Brown expressing enthusiasm for the help that would be given.

When the time arrived for the first appointment none of the members of the Brown family were home. Pastor Lewis waited for over an hour then left. There was no explanation for their absence and Pastor Lewis made repeated unsuccessful attempts to contact Mr. Brown. Eventually contact was made and Mr. Brown explained that a member of the family had been involved in a car accident on the day of the appointment and so the family had rushed away to visit the injured member. He expressed continuing interest in the programme.

Time had become so crucial to this project that, following a number of phone calls to Pastor Lewis, it was agreed that there

seemed little likelihood that the implementation could be completed in the required time. It was further agreed to implement the programme with a number of Maoris who were attending evangelistic meetings just commencing. These cottage-type meetings were being conducted by Action Teams from the Auckland Maori Church. They had chosen the Auckland suburb of Mt. Wellington as their target area. It is a suburb with a high concentration of Maoris.

There were a number of advantages in working through these Maori Action Teams. Maoris were planning their own outreach to Maoris; Maoris were implementing a programme of their own devising; and Maoris were seen to be working for their own people. The programme devised by these Action Teams was compatible with that envisaged in this project in that practical help and information on life-style was presented as a part of each programme. This was to be balanced by a strong spiritual emphasis. The format of each two-hour session included music, a short personal testimony, a health segment as outlined in the resource material,[1] a segment on changing habits of life-style, a short study from the Bible on a specific doctrinal topic, and a gospel-orientated sermonette challenging Maoris to accept Jesus Christ as Saviour.

As a lead-up to these meetings the following "entry" activities took place:

1. Two Vacation Bible Schools were conducted in the area
2. A door-to-door survey with Action Team members visiting two-by-two was conducted

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[1]See appendix 8.

3. Three follow-up visits were made, at which time those visited were offered Bible lessons and were informed of the coming series of meetings

4. Two thousand leaflets were printed and circulated--some being personally delivered

5. Members of the Auckland Maori Church invited their relatives to attend the meetings

6. A large billboard was erected in a prominent position announcing the meetings and extending an invitation to attend

7. The local Community Hall was booked for the series which was planned to last for two months

Six non-Adventist Maoris attended the first meeting, four of whom continued to attend throughout the series. It is significant to note that all of them had experienced previous contacts with Seventh-day Adventists. Five of the six were relatives of Adventists and the sixth had attended an earlier mission conducted by Pastor Williams. This person had been attending another Adventist Church (though his life-style was incompatible with Adventism) before he became aware of the fact that there was a Maori Adventist Church functioning in Auckland. Three of the remainder had been attending the Maori Church for periods up to six months prior to the commencement of the Action Team mission.

It is anticipated that the four who have continued throughout the series of meetings will be baptised on November 24. The two who have ceased to attend are being visited by one of the Action Team leaders.

CHAPTER VII

CONCLUSIONS AND RECOMMENDATIONS

Evangelistic work for New Zealand Maoris has never been easy for the Seventh-day Adventist Church in the past. The same is true of the present and--it is anticipated--of the future. Whatever methods are used will require much patience and perseverance on the part of those actively engaged in such work, and also on the part of those who are in administration.

There is a danger of Europeans viewing all Maoris as one homogeneous ethnic group. This is a fallacy. Acculturation has taken place in varying degrees so that there are significant differences within the Maori race--differences between those living in the country districts close to their tribal roots and those who live in urban areas separated from such roots; differences between older Maoris and younger Maoris; and between those who stress traditional Maori values and those who have come to accept European values. Such differences must be recognized and respected by those who would work toward sharing the Seventh-day Adventist philosophy of life-style and worship with Maori people.

The writer recognizes certain weaknesses in this project. The first weakness relates to time. The implementation was too rushed to be effective. Patience and perseverance were not

qualities able to be practised due to the deadlines of the project. The writer wishes to acknowledge the work of Pastor Lewis in endeavouring to implement the programme with the Brown family. The frustrations and delays experienced by Pastor Lewis and the writer may well be experienced by others who seek to do this type of work. Fortunately Pastor Lewis is continuing to work with this family but the results will not be apparent until after this project has been completed.

The second weakness relates to distance. It became very apparent that to implement a programme in absentia creates many problems. International phone calls are very expensive--as the writer found on viewing his dwindling bank balance. Yet they became an essential part of the project as deadlines approached. Letters proved less costly and were a more satisfactory form of communication but they involved considerable time wastage. It would have been a great advantage for the writer to have been on location for the implementation--as an advisor behind the scene of action--but this was not possible.

The implementation of the project has helped verify certain conclusions reached as a result of the preliminary discussions and questionnaire statistics obtained from the mid-year visit to New Zealand. First, Maoris are very difficult to reach through "public" evangelism. They do not respond to advertising leaflets placed in a letter-box. Nor do they attend meetings held in public halls. Secondly, it is significant to note that all of those who were receptive had experience of previous personal contacts with Seventh-day Adventists. No other Maoris responded to the

invitation to attend the series--in spite of repeated and commendable attempts to attract their interest. Thirdly, family relationships continue to be strong among Maoris, and consequently relatives of Seventh-day Adventist Maoris continue to be the best prospects for evangelism. Fourthly, where no family links to the Church exist Maoris should be approached on a strong and long-term friendship basis, recognizing the desirability of establishing links to the extended family and not just the individual.

This project points to the need for the Seventh-day Adventist Church to continue to engage in research and experimentation in an endeavour to find effective ways of reaching Maoris. The writer considers the implementation results to be inadequate in testing the effectiveness of the life-style ministries outlined by the project, and recommends that such ministries be further tested in varying circumstances.

1. Using extended families in cottage meetings
2. As an offered service to Maori culture groups
3. On selected maraes

Long term planning should include the appointment of a minister who is visibly Maori and who could be left in the one location for a number of years. It may also include the establishing of an Adventist marae as an identity point for Adventist Maoris in New Zealand--a place where an effective, balanced programme can be established and repeated until it receives the recognition that it is a programme for Maoris by Maoris. It may well be that this may start a "people movement"

among Maoris which could have an effect on the outreach of the Seventh-day Adventist Church throughout New Zealand.

APPENDIX 1

SEVENTH-DAY ADVENTIST ADHERENTS AS REPORTED IN THE NEW ZEALAND CENSUS

SEVENTH-DAY ADVENTIST ADHERENTS AS REPORTED

IN THE NEW ZEALAND CENSUS

	Maori Adherents			Total Adherents				
	M	F	TOTAL	M	F	TOTAL	% Incr.	% Pop.
1891				166	249	415	86.99	0.11
1896				316	460	776	86.99	0.11
1901				357	507	864	11.34	0.11
1906				399	591	990	14.58	0.11
1911				457	656	1113	12.42	0.11
1916				601	933	1534	37.83	0.14
1921				894	1330	2224	44.79	0.18
1926	39	45	84	1160	1713	2873	29.18	0.21
1936	42	28	70	1549	2276	3825	33.14	0.26
1945	66	62	128	1923	3033	4956	29.57	0.31
1951	135	175	310	2608	3551	6159	21.10	0.27
1956	216	246	462	3158	4061	7219	17.21	0.34
1961	278	344	622	3644	4576	8220	13.29	0.33
1966	351	439	790	4291	5260	9551	16.2	0.4
1971	376	478	854	4719	5767	10477	9.7	0.4
1976			895	5396	6562	11958	14.1	0.4
1981				5178	6339	11527	-3.7	0.4

Adapted from figures quoted in "White For Harvest," p. 56.

APPENDIX 2

RELIGIOUS DENOMINATIONS OF MAORIS, 1926-71

TABLE 1

Religious Denominations of Maoris, 1926-71[1]

Denomination	1926		1936		1951		1961		1971	
	Total Member-ship	%	Total Member-ship	%	Total Member-ship	%	Total Member-ship	%	Total Member-ship	%
Church of England	21,738	34.14	24,832	30.16	37,311	32.25	51,148	30.61	59,597	26.21
Roman Catholic	8,558	13.44	11,326	13.76	16,958	14.66	28,656	17.15	39,268	17.17
Ratana	11,567	18.17	16,337	19.85	16,589	14.34	21,954	13.14	27,460	12.07
Methodist	4,066	6.39	5,743	6.98	8,529	7.37	12,611	7.55	16,210	7.13
Mormon	3,461	5.44	5,257	6.39	8,149	7.04	12,179	7.29	17,301	7.61
Ringatu	3,837	6.03	5,091	6.18	4,929	4.26	5,275	3.16	5,453	2.40
Presbyterian	638	1.00	1,115	1.35	2,357	2.04	3,947	2.36	6,489	2.85
Others	6,233	9.78	8,028	9.75	5,561	4.82	8,611	5.15	27,232	11.98
No religion	379	0.59	362	0.44	607	0.52	891	0.53	2,441	1.07
Object to stating denomination	3,193	5.02	4,235	5.14	14,686	12.70	21,814	13.06	25,963	11.42
Total	63,670	100.00	83,326	100.00	115,676	100.00	167,086	100.00	227,414	100.00

[1] Department of Statistics of the New Zealand Government.

Quoted in The Fixed and the Fickle: Religion and Identity in New Zealand (Dunedin, New Zealand: Pilgrims South Press, 1982), p. 42.

APPENDIX 3

LETTER TO NORTH NEW ZEALAND CONFERENCE PRESIDENT

53 Glenrose Cres.,
Cooranbong, N.S.W., 2265.

21st February, 1984

The President,
N.N.Z. Conference of
Seventh-day Adventists,
P. O. Box 76214,
Manukau City,
NEW ZEALAND.

Dear Pastor Hills,

As part of the M.A. degree I am required to undertake a project which will be of some practical benefit to the work of the Church. I have submitted a proposal to the Theology Department here at the College which they are giving consideration to. It relates to our Maori work in New Zealand. As you know, I have spent a considerable amount of time researching the history of the work for the Maoris but this project will look at the problem from a theological viewpoint as well as the historical and current situation. I want to find out (if possible) why we have not succeeded in our work and what we must do to make our work relevant to the Maori of today. This is going to involve setting up a questionnaire and some on-the-spot interviews. As this will affect North New Zealand I need to seek your approval for the distribution of the questionnaire and the interviews. I know you will be happy to give this but formalities must be met. I plan to return to N.Z. (at personal expense) for a couple of weeks in June/July period and conduct the interviews at that time.

If this plan meets with your approval would you drop me a line to that effect.

Yours sincerely,

S. R. Goldstone

APPENDIX 4

LETTERS TO SELECTED MINISTERS: NORTH NEW ZEALAND CONFERENCE

53 Glenrose Cres.
Cooranbong
N.S.W. 2265
28th May, 1984

Greetings from Avondale College.

As you are aware, I am studying at College this year and part of the requirements of the M.A. Course is to write a thesis or undertake a project. Being of practical bent, I have opted for the project, the title of which is "Establishing Effective Health Ministries to the New Zealand Maoris." It is a sad fact that the Seventh-day Adventist Church has been comparatively unsuccessful in evangelising the Maoris, inspite of periods of intense endeavours over the last one hundred years.

Currently, Maori women have the highest incidence of lung cancer and heart disease amongst women in the world. Realising this, and recognising that the Church has had its greatest impact on Maoris when a health approach has been used, I am seeking to utilise existing resources in health education but am desirous of adapting such resources to the mind and culture of the Maori people. In order to do this I need imput from both Maoris and Pakehas, Adventists and non-Adventists.

I plan to return to New Zealand on a fact-finding mission which will take me to a number of towns. I am seeking for imput from a total cross-section of the community - not just Auckland. I would like to conduct an evening meeting in which I will speak on "The Gospel Commission and Cross-Cultural Evangelism" then move into a questionnaire. It is important to have as many people present as possible - particularly those members who may be Maoris as their opinions will have a considerable influence in the setting up of a pilot programme.

My suggested itinerary is as follows:-

Tues. June 26.	Arrive Auckland. Meet with Pastor Lewis and Maori elders in evening.
Wed. June 27.	Final typing of Questionnaire. Meet with Auckland Maori Church in evening.
Thurs. June 28	Fly to Kaitaia. Discussions with B. Hauraki. Meet with Kaitaia Church in evening.
Frid. June 29	Fly to Tauranga.
Sab. June 30	Meet with Tauranga Church Sabbath Afternoon.
Sun. July 1	Meet with Rotorua Church.
Mon. July 2	Meet with Tokoroa Church
Tues. July 3	Meet with Gisborne Church
Wed. July 4	Meet with Wellington Region.
Thurs. July 5	Meet with Palmerston North Church
Frid. July 6 Sab. July 7	Hawke's Bay Churches.
Sat. July 7	(Evening) Report to D.B. Hills and R. Lewis.
Sun. July 8	Return to Australia.

Obviously I am dependant on the help of the local church minister to promote these meetings. I have a burden to see the Gospel Commission fulfilled to the Maoris and so have undertaken this project at considerable personal expense but I believe that it may result in a more effective ministry to these people. Could I urge you therefore to confirm the suitability or otherwise of the date for the meeting in your church and ask that you urge your members to attend.

Thanking you and looking forward to seeing you at that time.

Yours in the Master's service,

S. R. Goldstone

APPENDIX 5

QUESTIONNAIRE

THE INFLUENCE OF THE SEVENTH-DAY ADVENTIST CHURCH ON THE MAORIS OF NEW ZEALAND

QUESTIONNAIRE

THE INFLUENCE OF THE SEVENTH-DAY ADVENTIST CHURCH ON THE MAORIS OF NEW ZEALAND

SECTION ONE

1. Name of Church ☐

2. Age of member: 15-30 ☐ 31-50 ☐ 51-70 ☐ Over 71 ☐
   Sex of member: Male ☐ Female ☐
   Married ☐ Single ☐

3. Length of your membership: Less than 5 yrs ☐ 6-10 yrs ☐
   11-25 yrs ☐ More than 26 yrs ☐

4. Do you consider yourself to be a committed Adventist?
   Yes ☐ No ☐ Yes, with reservations ☐

5. Are you a European ☐ Maori ☐ Part Maori, part European ☐
   Other ☐

6. If you are a Maori or part-Maori do you identify with:
   Maoris ☐ Europeans ☐ Mainly Maoris ☐ Mainly Europeans ☐

7. Are you now:
   ☐ living in close social contact with your family?
   ☐ living socially removed from your family?

8. What was the main factor influencing you to become a Seventh-day Adventist?
   .....
   .....
   .....

SECTION TWO

The Seventh-day Adventist Church has functioned in New Zealand for almost 100 years. During that time it has endeavoured to preach the gospel to all races within the country. Do you consider the church has been successful in winning Maoris to Jesus Christ and membership within the church?

☐	☐	☐	☐	☐
Very successful	Successful	somewhat successful	sometimes successful	not successful

If you consider the church to have been successful in bringing Maoris to Jesus, what were the human factors contributing to such success?

☐ A clear presentation of Adventist teachings through public evangelism
☐ A clear presentation of Adventist belief through personal ministry
☐ A combination of the above

(continued)

☐ A need-related ministry (teaching agriculture, health, etc.,

Other factors (please specify) .....
.....
.....
.....
.....

If you consider the church to have been unsuccessful in Maori evangelism, what were the human factors contributing to such apparent lack of success?

☐ Conflict between traditional Maori religious beliefs and Adventist teachings.

☐ Failure to preach in the Maori language

☐ Failure to relate to Maori culture and life-style.

☐ Maori desire to continue with own values and life-style.

☐ European tendency to impose European culture and values as part of the gospel package

☐ Identification of Adventism with the land-rights issue in Maori thinking

☐ Heavy emphasis in doctrines before strong relationships developed

Other (please elaborate) .....
.....
.....
.....

You may consider the church to have been at times successful and at other times unsuccessful. If so please elaborate.

.....
.....
.....
.....

SECTION THREE

What means can the Seventh-day Adventist Church use to effectively build bridges of relationship to the Maori people in order to win them to Christ and to the church?

☐ Public evangelism

☐ Literature in the Maori language

☐ Personal friendship leading to Bible studies

☐ Assisting with employment problems

☐ Visiting prisons

☐ Conducting special culture-related programmes in healthy life-style

☐ Making Adventist teachings relevant to Maori thought

(continued)

☐ Becoming more aware of Maori culture - have Maori language and culture classes in Adventist Church facilities.

Other (please elaborate) .....

.....

.....

.....

.....

What do you consider to be the three greatest needs of the Maori people?

1. .....
2. .....
3. .....

SECTION FOUR

How many Maori friends do you have outside the membership of the church?

☐ Many ☐ Some ☐ Few ☐ None

Are you as keen to see Maoris converted as non-Maoris converted?

☐ Yes ☐ No ☐ Have never thought about it

Do you consider it important for the church to work for all races in New Zealand before the Lord returns?

☐ Very Important ☐ Important ☐ Not important

Thankyou for assisting in filling out this questionnaire. If you have further thoughts which you think could assist, please write to:

Pastor S. R. Goldstone,
Avondale College,
Cooranbong, N.S.W. 2265

APPENDIX 6

THE INFLUENCE OF THE SEVENTH-DAY ADVENTIST CHURCH ON THE MAORIS OF NEW ZEALAND

QUESTIONNAIRE RESULTS FROM CHURCHES VISITED

CHURCHES VISITED ON MAORI EVANGELISM RESEARCH

Church	Present	Surveys	Maoris	Non-Maoris
Auckland Maori	32	21	16	5
Kaitaia	37	30	15	15
Tauranga	180	33	3	30
Rotorua	8	6	0	6
Tokoroa	30	18	15	3
Gisborne	14	10	2	8
Wellington	35	24	6	18
Palmerston North	20	10	1	9
Hastings	25	8	2	6
	381	160	60	100

THE INFLUENCE OF THE SEVENTH-DAY ADVENTIST CHURCH
ON THE MAORIS OF NEW ZEALAND

Questionnaire Results

	Non-Maori	N.Z. Maori	Cook Is. Maori	Total
1. Church	-	-	-	-
2. Age of Member:				
15-30	20	14	4	38
31-50	35	21	6	62
51-70	29	7	7	43
over 71	9	0	0	9
Unspecified	7	1	0	8
Sex of Member:				
male	46	18	14	78
female	49	22	3	74
Unspecified	5	3	0	8
Marital Status:				
Married	78	28	14	120
Single	22	10	3	35
Unspecified	5	3	0	8
3. Length of membership:				
Less than 5 yrs	16	8	3	27
6-10 yrs	9	10	3	22
11-25 yrs	27	16	6	49
26 + yrs	38	3	5	46
Unspecified	10	6	0	16

	Non-Maori	N.Z. Maori	Cook Is. Maori	Total
4. Commitment:				
Yes	81	36	15	132
No	1	2	1	4
Reservations	7	4	0	11
Unspecified	11	1	1	13
5. Social relationships (Maoris only):				
Identify with Maoris		22		
Identify with Europeans		18		
Mainly with Maoris		6		
Mainly with Europeans		10		
6. Family relationships (Maoris only):				
Close contact		34		
No close contact		6		
Unspecified		3		
7. Influencing Factors in Becoming an Adventist:				
Family	22	14	7	43
Doctrines	22	17	3	42
Life-style	1	1	1	3
Friendship	4	5	1	10
8. Evaluation of Adventist Evangelistic Success:				
Very Successful	1	1	1	3
Successful	1	4	1	6
Somewhat Successful	16	3	1	20
Sometimes Successful	45	16	2	63
Not Successful	39	20	13	62
9. Reasons Given for Success:				
Public evangelism	5	3	1	9
Personal Ministry	17	11	3	31
Combination of above	15	5	5	25
Need-related ministry	18	6	4	28

		Non-Maori	N.Z. Maori	Cook Is. Maori	Total
10.	Reasons Given For Lack of Success:				
	Conflict between tradition and doctrine	28	24	10	62
	Failure to preach in Maori	26	17	7	50
	Failure to relate to culture and life-style	41	25	12	78
	Desire to retain own values and life-style	38	16	7	61
	Europeans imposing culture with the gospel	43	18	4	65
	Identification of land rights with Adventism	5	3	3	11
	Heavy emphasis on doctrine before relationships	41	18	6	65
	Others listed were: Family Pressure Saturday sport Unclean foods				
11.	Suggested Methods to be used in evangelizing Maoris:				
	Public evangelism	12	8	6	26
	Maori language literature	38	21	8	67
	Personal friendship leading to Bible studies	81	41	12	134
	Assisting in employment	38	23	9	70
	Prison visitation	37	26	9	72
	Culture-related health/life-style programmes	58	28	10	96
	Culture-related teaching	49	28	13	90
	Maori culture awareness in Adventist churches	46	19	7	72
12.	Three greatest needs of Maori people:				
	Health education	22	13	2	37
	Self-esteem	14	10	4	28
	Employment	4	14	2	20
	Family/Life-style	9	1	0	10
	Education	6	4	1	11

	Non-Maori	N.Z. Maori	Cook Is. Maori	Total
13. Maori friends outside membership of Adventist Church				
Many	24	25	10	59
Some	30	9	2	41
Few	26	7	4	37
None	12	1	2	15
14. Are you as keen to see Maoris as non-Maoris converted				
Yes	84	38	12	134
No	0	0	0	0
Never thought	7	4	5	16
No answer	9	1	0	10
15. Importance for Adventist Church to work for all New Zealanders				
Very Important	94	43	17	154
Important	0	0	0	0
Not Important	0	0	0	0
No answer	6	0	0	6

APPENDIX 7

FAMILY PROFILE

FAMILY PROFILE

Husband:	Thomas Brown.[1] Age approx. 55. Tribal background, Ngapuhi. Sub-tribe, Aupouri. Church Affiliation, Baptized S.D.A. when aged about 30. Drifted out of Church, aged 35-40.
	Alcoholic, but now dried out (6 months).
	Smokes, but would like to stop.
	Unemployed--on a pension
	Now attends S.D.A. Church intermittently.
	Pleasant personality, with good musical ability.
Wife:	Ruby Brown. Age approx. 50. Same tribal background as husband. Same Church affiliation and circumstances. More introverted than husband but a more serious thinker. Rebaptized in March, 1984.
	Dependent on husband for transportation to church.
Family:	Nine children, mostly now adults. One 16 year-old still at home--a "street kid". Four grand-children, aged 6-16.
Other Circumstances:	The Brown family own their own home which has become an "open house" for "street kids" and young people on Government employment schemes.
	Mrs. Brown has suffered a stroke and is cared for by her husband.
	The family lives on a fairly typical Maori diet of meat, cabbage, bread, and potatoes. Watercress and puha (a type of thistle that grows wild in New Zealand), also feature.

[1]The name of the family has been changed to protect privacy.

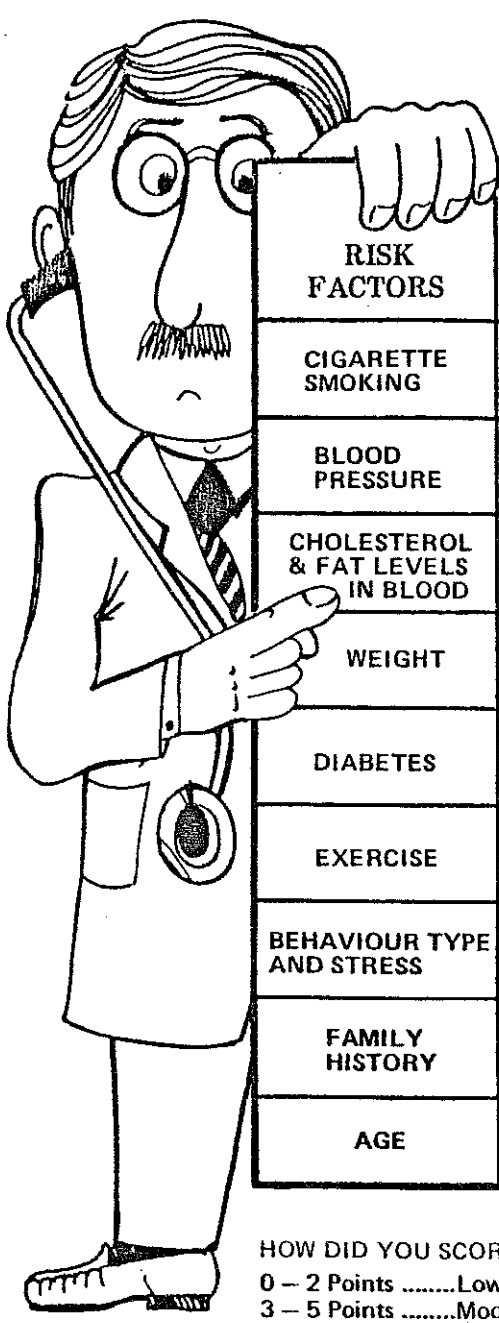
APPENDIX 8

RESOURCE MATERIAL ON HEALTHFUL LIVING

HEALTHY LIVING RESOURCE MATERIAL TAKEN FROM

The Complete Australian Heart Disease Manual with Diet Guide plus 100 Healthy Recipes (Perth, Western Australia: Family Health Publications, 1981).

Personal Risk Chart



RISK FACTORS	RISK POINTS for Coronary Heart Disease 0	1	2	YOUR SCORE
CIGARETTE SMOKING	Non-smoker	15 or less daily	Over 15 daily	
BLOOD PRESSURE	Low or normal	Raised or Don't know	High	
CHOLESTEROL & FAT LEVELS IN BLOOD	Below average	Average or Don't know	Above average	
WEIGHT	Normal	Overweight	Obese	
DIABETES	No diabetes	Family history of diabetes	Diabetic	
EXERCISE	Vigorous, on most days	Vigorous, once or twice each week	Usually inactive	
BEHAVIOUR TYPE AND STRESS	Easy going, contented	Often hurried, anxious, intolerant	Hurried, competitive, aggressive	
FAMILY HISTORY	No premature heart disease	Heart disease before age 55	—	
AGE	Under 40	40 – 50	Over 50	

TOTAL POINTS _____

HOW DID YOU SCORE ?

0 – 2 Points .....Low risk
3 – 5 Points .....Moderate risk
6 – 9 Points .....Excessive risk
10 or more .....High risk

} Reduce score where possible

NOTES ON RISK ASSESSMENT

1. To be at risk of Coronary Heart Disease (CHD) is not the same as having CHD. Risk assessment cannot determine whether someone will or will not develop CHD, but it does indicate whether CHD is likely or not. See a doctor for a full risk assessment with blood tests.
2. Risk assessment tends to overlook people with numerous borderline abnormalities. Such people may be at a higher risk of CHD than is indicated by this simple risk chart.

Dietary Guidelines For Good Health

The typical Australian diet contributes not only to atherosclerosis and coronary heart disease, but also to many other health problems including obesity, high blood pressure, stroke, breast and colon cancer, tooth decay, diabetes, gall-stones, constipation-related problems, and alcohol-related issues.

Although the diet changes recommended here are aimed primarily at lowering the high death rate from heart disease, they may also help prevent other diet-related diseases. The recommended dietary changes with which most world health and nutrition experts agree form the basis of the dietary guidelines listed below.

These guidelines (with modified comments) are those promoted by the Australian Association of Dietitians.

1. Eat A Variety Of Foods Each Day

Different types of foods are necessary to supply the many nutrients required for good health. No single food contains all these nutrients. A wide variety can be selected from 'The Five Food Groups' — see page 135.

2. Prevent and Control Obesity

Obesity is one of Australia's major health problems. It increases the risk of disease including heart disease, high blood pressure and diabetes. Reducing excess fats, sugar and alcohol, and increasing physical activity will help to lower weight. Use The Five Food Groups to plan a reducing diet. Eat less from each group rather than cutting out whole categories of food.

3. Eat Less Fat

Excess fats in the diet may contribute to obesity, high blood cholesterol levels and heart disease, and certain cancers. Choose lean meats, low-fat dairy products, and use low-fat cooking methods. Use butter, margarine, cream and oils sparingly.

4. Eat Less Sugar

High sugar intake is associated with obesity and tooth decay. Australians average around 50 kg of sugar per head each year, both as sugar and in manufactured foods products. Sugars, whether white, brown, raw or glucose, are solely an energy source and their nutrient content is negligible.

5. Limit Alcohol Intake

Excessive alcohol is contributing to the health, nutritional and social problems of many Australians. These include overweight, alcoholism, motor car accidents and family difficulties. Low nutritional status results when habitual drinking interferes with good eating habits.

6. Eat More Fruit, Vegetables, Bread and Cereals

Constipation, diverticular disease and other constipation-related ailments have been linked with a lack of dietary fibre (found only in plant foods). Bread, wholegrain cereals, fruit and vegetables provide necessary dietary fibre and a variety of nutrients. They are best for replacing foods high in fat and sugar.

7. Eat Less Salt

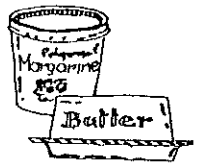
Sodium from excessive use of table salt and salty processed foods may contribute to high blood pressure. Reducing excess sodium intake from an early age may help to control the current epidemic (1 in 6 adults) of high blood pressure. Salt should not be added to food prepared for infants.

8. Enjoy Water

Australians drink large amounts of soft drinks and alcohol which may contribute to obesity and/or dental caries. Wherever possible, quench your thirst with water. Use water rather than sweetened syrups and beverages for infants and children.

9. Encourage Breast Feeding

Breast feeding is the preferred method of providing the growing infant with nutrient and energy needs, in the correct proportions. Breast fed babies run less risk of infection.



FATS & OILS

Use margarines and cooking oils.

Safflower, sunflower, corn, and soybean oils are suitable polyunsaturated oils. Sesame seed oil is less highly polyunsaturated but useful to enhance flavour of other oils.

Olive oil and peanut oil are mainly monounsaturated and have little effect on blood cholesterol levels. Suitable in moderation, but best replaced by polyunsaturated oils.

Coconut oil or fat is largely saturated — avoid.

Butter, lard, copha are largely saturated and best avoided. However, butter which is cultured (in a similar manner to yoghurt) is suitable although there is no saving in total fat or energy content. Brands of cultured butter available include *Falco* (Vic. and Tas.), *Girgar* (Vic. and S.A.), *Butter Royal* (Qld), and *Farmer's Union* (S.A.). *Falcon* and *Girgar* are also unsalted. (Cultured butter has short-chain fatty acids).

Vegetable fats and oils used commercially are often hydrogenated and contain significant amounts of saturated fat. Limit food products containing large amounts of fat such as biscuits, cakes, pastries, non-dairy creamers, potato chips.

NOTE: If overweight, minimize use of ALL types of fats and oils. Even polyunsaturated fats and oils are high in calories/kilojoules.

SALAD DRESSINGS

Most commercial salad dressings contain polyunsaturated vegetable oils, particularly French and Italian oil dressings. The fat/oil content varies from brand to brand. Calorie/kilojoule counts are usually a guide to fat content. (See *Pocket Calorie Counter* for listings). Polyunsaturated mayonnaise and coleslaw dressings are available; (Praise, Kraft). Low calorie/kilojoule dressings with negligible fat are also available; e.g. *Light n' Lively* (Kraft), *Bestfoods, Salad Magic — No Oil.*

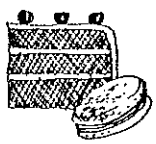
SAUCES, CHUTNEYS, PICKLES

Most commercial sauces have a low fat content with little saturated fat, e.g. tomato-based sauces, chilli sauce, chutneys, pickles. Tartare, Seafood Cocktail, and cheese sauces contain significant amounts of fat and should be used in moderation.

SOUPS

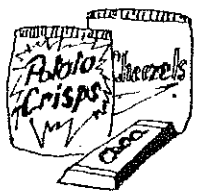
Commercial Soups: Most contain less than 2% fat in the made-up product; hence minimal amounts of saturated fat and cholesterol. Even 'pea and ham' and 'cream' soups contain less than 3% fat. At home, use skim or low-fat milk.

Promise polyunsaturated soups contain small amounts of fat in polyunsaturated form. Dehydrated one-serve soups or cup-meals with fried noodles are high in fat, e.g. *Suijmin, Chinese Meal In A Cup. Chicken Noodle* soup contains minimal fat.



BISCUITS, CAKE

Most commercial biscuits and cakes are high in saturated fat. Doughnuts, pastry-based cakes and pies, cheese-cakes, coconut slices, contain large amounts of fat. Best to make your own biscuits and cake with polyunsaturated fats and *Yolk-Free Mix* (See Eggs).

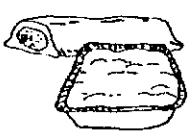


SNACK FOODS & CONFECTIONERY

Chocolate, potato crisps, 'Cheezel'-type snacks, savoury biscuits and some 'health confectionery' bars are high in saturated fat and calories/kilojoules.

Sugar, Soft Drinks & Cordials: Excessive use can promote overweight and elevated blood fats. If sweetness is required use artificial sweeteners and sugar-free drinks. Drink more water.

Desserts: Avoid commercial puddings, custards, cheese-cakes, pastry-based cakes and pies. Make your own low-fat, low cholesterol desserts. Fresh fruit is best.



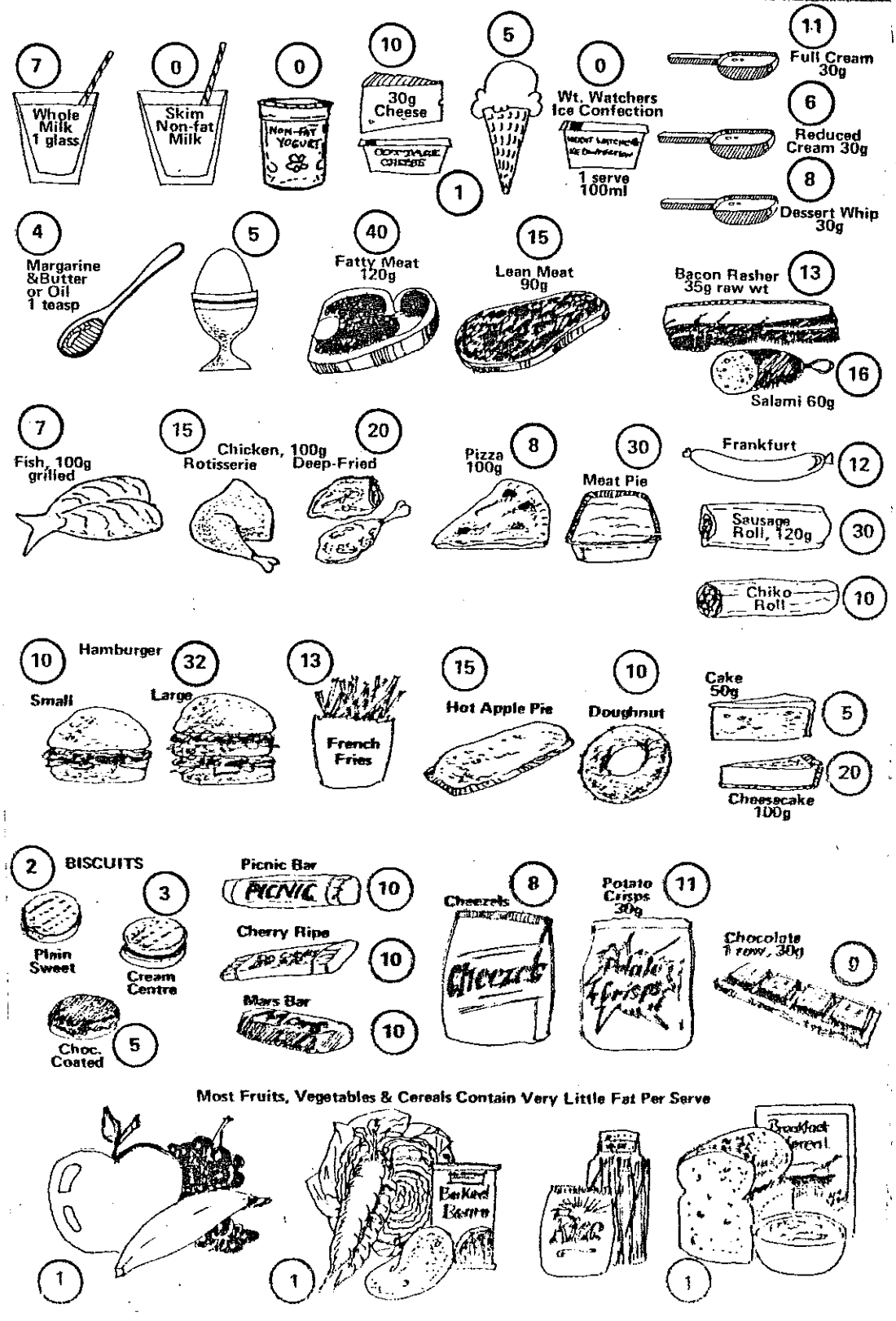
TAKE-AWAY FOODS

Many are high in saturated fat, energy and salt. Avoid pies, pastries, deep-fried foods. See also Fast-Foods Section — pages 71-73.

ALCOHOL

Suitable in moderation. Avoid excessive amounts. **See Alcohol Section — Page 62.**

FAT CONTENT OF SOME COMMON FOODS (Grams)



Food Guide —To Reduce Fat & Cholesterol

DAIRY PRODUCTS

Milk & Yoghurt: Limit whole milk to 300ml daily. Low-fat (2% fat) and skim milk, and low-fat yoghurt lower blood cholesterol levels. The use of non-fat or low-fat milk represents a significant saving in calories/kilojoules, particularly for the overweight. Infants should drink whole milk where milk is the mainstay of the diet.

Buttermilk (fermented/cultured milk) is generally low-fat or skim, and suitable.

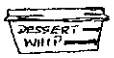
Flavoured Milks vary in fat content. Most are low-fat (but still high in sugar and energy).

Non-dairy Coffee Whiteners (e.g. *Coffee Mate*): Generally composed of at least 35% fat plus sugars. Fat is hydrogenated vegetable fat and hence largely saturated. Skim milk is preferable with no fat, few calories and good protein and calcium content.

Icecream contains a minimum of 10% milk fat; use only in moderation.

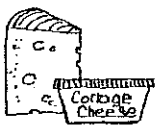
Ice Confections contain much less fat than icecream. Some contain negligible fat; e.g. *Weight Watchers, Cal Control Slice* (Streets). Polyunsaturated ice confections are also available in some states; e.g. *Peters, Snow Boy* (Dairy Bell, Vic).

Gelati, Water Ices, Sorbets: Generally contain little or no fat. Suitable.



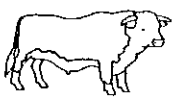
Cream has a high saturated fat content and is best avoided. Calorie/kilojoule counts reflect the fat content. Sour light cream is lowest but best avoided.

Non-dairy Cream Substitute (e.g. *Dessert Whip*): High in saturated fat; contains about 25% hydrogenated vegetable fat; high in calories/kilojoules.



CHEESES

Hard cheeses and cheese spreads are generally high in saturated fat and cholesterol and should be limited. Cottage cheese (non-fat or creamed) is lowest in fat and cholesterol. Ricotta cheese varies in fat content with each manufacturer but is still much lower in fat than normal cheese.



MEAT

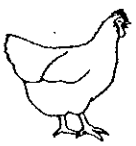
Limit to one lean serve daily. Choose only lean cuts of meat. Lamb, pork, ham and bacon should be truly lean.

Avoid fatty meat products such as salami, sausages, cold cuts. Limit offal meats, e.g. kidney, liver, brains, as they are extremely high in cholesterol.

Notes: 1. Cholesterol content of lean meat is similar to that of plain fat; advantage of lean meat is the lesser amount of fat consumed.

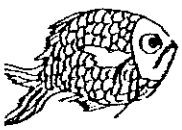
2. Lean meat is a good source of protein and nutrients, but not necessarily of greater benefit to overall health than mixed plant foods.

3. Cooking methods can reduce saturated fats. Grilling allows fat to run off. Allow stews to settle and skim off surface fat.



POULTRY & WHITE MEAT

The white meat of chicken, turkey and rabbit has less fat than other meats. Duck and goose are high in fat, and should be limited.



FISH

Excellent nutrition and highly recommended. The fat of fish has a significant poly-unsaturated content. Some shellfish are not as high in cholesterol as once thought; e.g. oysters have only half the cholesterol of meat and poultry, but prawns have a high content.

EGGS

Current Australian average of 4 eggs weekly is reasonable. If blood cholesterol is high, limit to 1-2 eggs weekly. Cholesterol is only in the yolk. Egg-white has no fat or cholesterol, and may be used freely.

Yolk-Free Mix may be used freely. It is made from egg whites with non-fat milk solids, polyunsaturated vegetable oils, plus colouring; resembles beaten eggs; useful for omelettes, cakes, custards, quiches, general recipes; in 150ml container (equals 3 eggs) from supermarkets (freezer section).

Food Guide (Cont)

BREAKFAST CEREALS

A similar story to bread – low in fat and cholesterol. Cereals rich in bran and fibre are best; muesli also suitable but limit if overweight.

Oatmeal is also suitable and may be capable of lowering blood cholesterol levels.

BREAD

Recommended; contains little fat and no cholesterol. Can help maintain low blood cholesterol levels by replacing foods with a high saturated fat and cholesterol content. Polyunsaturated margarine spread is best; use sparingly if overweight.

Wholemeal breads are best. Also ideal for snacks instead of snack foods high in fat and sugar. Crispbreads, pumpernickel and Lebanese flat-bread are also suitable.

Population groups eating 3-5 times (500-700g) more bread than Western populations(150g daily) have much less heart disease. Wholemeal bread is a significant source of protein, B vitamins, essential fatty acids and fibre.

SANDWICH SPREADS

Peanut butter and tahina (sesame seed paste) are suitable as they are high in mono- and polyunsaturated fats and contain no cholesterol; limit if overweight. Cottage and ricotta cheese have very little fat and negligible cholesterol.

While containing negligible fat or cholesterol, jam, marmalade and honey are usually high in sugar; and yeast extract spreads (*Vegemite, Promite, Marmite*) are high in salt. Their use is therefore not encouraged, especially amongst the young.

(*Weight Watchers* jams are artificially sweetened and contain no added sugar).

DRIED BEANS, LEGUMES

Soya beans, lentils, baked beans, dried peas contain negligible cholesterol or saturated fat. Certain fibres and other components may help to lower blood cholesterol levels. Excellent nutrition with good protein, vitamin and mineral content. Can use as part-replacement for meat, or as a complete replacement when eaten with other vegetarian foods and cereals.

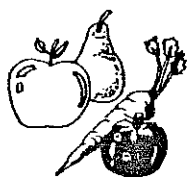
Canned Baked Beans (in tomato sauce): minimal fat, no cholesterol; recommended.

NUTS & SEEDS

Excellent nutrition with good content of protein, vitamins, minerals and roughage. No cholesterol, and most have high mono- or polyunsaturated fat content. Coconut and roasted macadamias have a high saturated fat content and should be limited. Walnuts have a high polyunsaturated fat content. If overweight, limit use in-between meals; suitable as part of the main meal. Peanut paste and tahini (seed paste) are suitable.

VEGETARIAN FOODS

Products using lentil beans, nuts, seeds, and T.V.P. (Textured Vegetable Protein) generally provide balanced nutrition without cholesterol or much saturated fat. *Sanitarium* products are an example of this. See Vegetarian Section and Vegetarian Recipe Section.



VEGETABLES & FRUIT

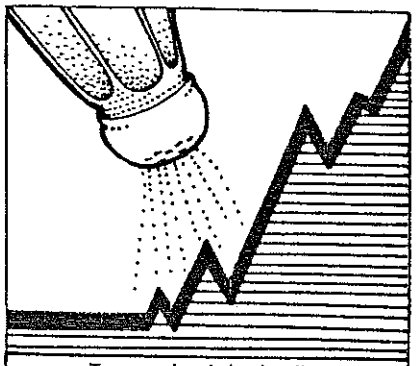
No cholesterol and negligible fats. The fat of avocado pears and olives is largely monounsaturated and does not raise blood cholesterol levels. Certain fibres of fruit and vegetables may help to lower blood cholesterol. Also see notes on onions and garlic – page 65. Eat fruit and vegetables regularly for their vitamins and roughage. Slimmers should avoid using fats and oils when preparing vegetables. Use minimal water for maximum vitamin retention.

POTATOES, RICE, SPAGHETTI

Contain no saturated fat or cholesterol. Can help control blood cholesterol levels when used as a part-replacement for fatty meats. Use polyunsaturated fats if necessary but choose cooking methods requiring least possible fat if overweight; e.g. eat boiled or whole-baked potatoes rather than fried chips. (The smaller the chip, the higher the fat and energy content, due to greater surface area being exposed to absorb more fat.

Salt, Sodium & High Blood Pressure

- **One in six Australian adults has hypertension. This epidemic could probably be lessened if Australians reduced their intake of salt and salty foods from an early age.**
- Excess salt in our diet increases the risk of hypertension which in turn increases the risk of heart disease, stroke and kidney failure.
- Countries where little or no salt is consumed have virtually no hypertension. Countries consuming the largest amounts have the highest rate of hypertension.
- With the introduction of drugs that control hypertension, the importance of salt restriction, both in the prevention and treatment of hypertension, has been neglected.
- Health authorities recommend a reduced intake of salt and salty foods.

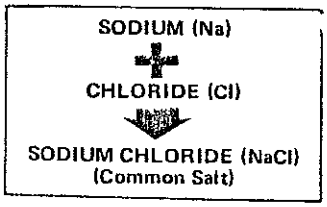


Too much salt in the diet increases the risk of high blood pressure.

WHAT IS SODIUM?

Sodium is a mineral element that is commonly found as sodium chloride – better known as common table salt. Sodium is found in nature mainly as part of animal tissues and animal products. Far smaller amounts are in plants and plant foods, where potassium forms the major salt.

Small amounts of sodium are essential to health. However, in excess it may lead to hypertension in susceptible people, though not in everyone.



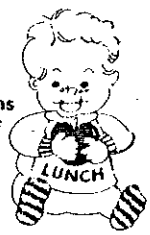
SODIUM & HYPERTENSION

Excess dietary sodium is normally excreted by the kidneys. This occurs by water being retained to dilute the sodium to its normal concentration. Blood volume in the arteries increases and blood pressure is raised slightly until the excess sodium and fluid has been excreted. However, about 1 person in 5 may be genetically sensitive to salt and does not excrete excess sodium efficiently. Continual eating of salt and salty foods may permanently elevate blood pressure in such persons.

PREVENTING HYPERTENSION – 'Reduce Sodium Intake'

Susceptible persons may be able to lower the risk of hypertension by reducing their intake of salt and salty foods. But it must be from an early age, for once hypertension is established, lowering sodium intake may have only a limited effect.

Because there is no way of knowing who is prone to hypertension, and because so many are affected, health authorities recommend that ALL Australians reduce sodium intake from an early age – particularly those with a family history of hypertension.



Prevention begins at an early age

CONTROLLING HYPERTENSION

Reducing sodium intake can lower blood pressure to varying degrees.

Mild or borderline hypertension may respond to a reduction in sodium intake to below 2,000 mg sodium per day. A trial period of salt restriction (and weight reduction if overweight) is often prescribed by doctors.

Severe and chronic high blood pressure can be treated effectively only with drugs. Sodium restriction may further lower blood pressure but a very high sodium intake may actually interfere with the effectiveness of drugs. (Some drugs work primarily by promoting sodium loss through the kidneys).

OTHER FACTORS IN HYPERTENSION

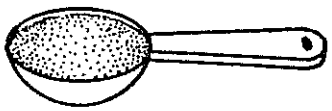
As previously outlined in the Hypertension Section (pages 14-18), overweight, excess alcohol, smoking and lack of physical activity can also contribute to hypertension. Certain known diseases may also cause hypertension, but disease accounts for only 10% of all cases.

Potassium is another mineral element which, like sodium, has important functions in the body. Evidence suggests that potassium balances the effects of excess sodium in the body, and may have a protective effect against sodium-related hypertension. A high sodium intake without a proportionate increase in potassium may result in a greater risk of hypertension.

Foods rich in potassium but low in sodium include fresh fruit, fresh or frozen vegetables, and cereals which are not processed with salt.

SODIUM REQUIREMENTS

Not much more than 200mg (milligrams) of sodium is required daily for normal living. That is equivalent to just one tenth of a teaspoon of salt. 200mg sodium is also contained in 1½ slices of commercial bread, ¾ cup Cornflakes, 30g cheddar cheese, 300ml cow's milk, or 1 tablespoon of tomato sauce.



1 teaspoon common salt (5g) contains 2,000mg (2g) sodium.

Australians consume on average around 4,000 mg sodium — equivalent to 10 grams or 2 teaspoons of salt each day — about 20 times more than the body needs.

How Much Is Too Much?: Salt-sensitive persons may develop hypertension on daily sodium intakes in excess of 2,500mg. More than that can be considered excessive.

Recommended Sodium Limit: Less than 2,000mg sodium daily is likely to reduce the risk of high blood pressure in susceptible persons. This is equivalent to 1 teaspoon or 5 grams of salt.

Infants: Sole feeding with breast milk or formula for the first 6 months as recommended, will provide an acceptable sodium intake. Safe daily sodium intake for infants is estimated to be:

0-6 months — 115-130mg; 6-12 months — 250-750mg

FOOD GUIDE TO SODIUM CONTENT

FOODS HIGH IN SODIUM/SALT

Meats: Ham, Bacon, Corned Beef, Salami, Luncheon Meats, Sausages, Smoked & Salted Meats, Canned Meats, Meat Pastes.
Fish: Canned fish, Sardines, Smoked Fish, Fish Pastes.
Cheese: All kinds except Cottage and Ricotta Cheeses.
Vegetables: Canned Vegetables, Olives, Pickles, Sauerkraut.
Fruit/Nuts: Canned Tomato Juice, Salted Nuts/Seeds.
Bread (Commercial): More than 4 slices per day.
Cereals: Breakfast Cereals with high salt level (See Listings).
Spreads: Vegemite/Promite/Marmite, Cheese Spreads.
Sauces/Dressings: Tomato/Soy/Chilli/Worcestershire Sauce, Commercial Gravies & Sauces, Salad Dressings.
Take-Away Foods: Most types are well salted; e.g. Pies, Pasties, Sausage Rolls, Pizzas. Chicken, 'Chiko'-type rolls, Fish & Chips (salted), Hamburgers, Salted Chips, Chinese.
Beverages: Soups (Packet/Canned/Cubes), Bonox, Bovril, Saline Powder Drinks, Tomato Juice (canned), some Mineral Waters (See Sodium Counter — Page 137).
Salt & Seasoning: Salt, Vegetable/Sea Salts, Meat Tenderisers, Baking Soda, Monosodium Glutamate, Seasoning.
Canned/Processed Foods: Check ingredient list on label for food.
Snack Foods: Potato Crisps, 'Cheezel'-type fun foods, Salted Crackers.

FOODS WITH MEDIUM SODIUM/SALT CONTENT

Meat, Fish, Poultry, Milk, Yoghurt, Icecream, Butter, Margarine, Cottage/Ricotta Cheeses, Biscuits (Plain), Crispbreads, Peanut Butter, Confectionery, Baby Foods (Canned).

FOODS LOW IN SODIUM/SALT

Human Milk, Soybean Milk, Formula Milks, Cottage (unflavoured) & Ricotta Cheeses, Eggs, Unsalted Butter/Margarine, Cooking Oils, Cream,
Salt-free Bread, Low-salt Breakfast Cereals, Grains, Rice, Spaghetti
Fruits (Fresh/Canned/Juices); Vegetables (Fresh/Frozen; not canned), Soybeans/Lentils/Legumes (not canned), Nuts, Seeds (unsalted)
Spices/Herbs, Pepper, Garlic, Onion, Lemon, Vinegar
Sugar, Honey, Jam/Marmalade, Boiled Confectionery, Popcorn (unsalted)
Water, Coffee, Tea, Cereal Beverages (e.g. *Ecco, Caro*)

NOTES — **Bread:** The sodium content of commercial bread could be considered high in view of its significant contribution to the Australian diet. Approximately 2% salt is added to bread. Manufacturers could easily reduce this level over a period or even use sodium-reduced salt. Concerned persons can make their own bread with reduced amounts or no salt. (Unsalted butter and margarine are available). **Medicinals:** Saline and indigestion powders, effervescent vitamin tablets and some soluble pain-relievers also have a high sodium content. (Refer Sodium Counter — Page 137).

Salt, Sodium (Cont)

HINTS TO LESSEN SODIUM & SALT INTAKE

1. Limit foods high in sodium or salt. Eat more natural and freshly prepared foods, and fewer processed foods with added salt. Check food labels for salt or sodium compounds.
2. Taste food before salting. Salt is often added through habit. Gradually lessen the amount added to your food. You will be surprised at the number of meals that do not require extra salt.
3. Use the pepper shaker (small holes) for salt to allow better control of the amounts sprinkled on food.
4. Make better use of spices, herbs, garlic, onions and even a little wine to bring out the flavour of foods without excessive use of salt. See 'Herbs & Spices Guide' in Recipe Section.
5. Where possible, breast-feed your baby in preference to bottle feeding. Breast milk has less than half the sodium of cow's milk.
6. Do not salt your children's food to your taste. Added salt does not increase the infant's acceptance of food. Salt extra to that naturally present in food is not normally required. Do not give children highly salted snack foods, e.g. potato crisps, 'Cheezel-type' fun-foods, nor yeast extract spreads. These foods may develop the taste for salt, and turn children into 'salt-addicts'.
7. When eating out, choose carefully from the menu. Avoid dishes that are naturally salty. Most sauces are highly salted. When ordering, request that no salt be added. (You know you have had a dose of salt when a raging thirst develops. Quench thirst with water).
8. Select take-away foods carefully. Very few are suitable for a sodium-restricted diet. Where possible, request that no extra salt be added (e.g. on potato chips, fish, hamburgers, chicken). Avoid pies, sausage rolls, pasties, pizzas, 'Chiko-type' rolls, sandwiches with salty meats; avoid stuffings and salted skin of chicken.

EXTRA NOTES ON SALT

Salt Cravings: The desire for salt is an acquired habit and does not necessarily reflect physiological needs. Added salt is not necessary as there is sufficient sodium for our needs in natural foods. The desire for salt will gradually disappear if no salt is used. The natural flavour of food can then be appreciated.

Salt & Weight: The thirsty feeling after eating salty foods, is the body calling for extra fluid (water) to dilute excess sodium in the blood and tissues. This extra fluid is held by the body until excess sodium has been excreted.

Extra fluid means extra body weight. Daily fluctuations in weight are due mainly to fluid changes. Fluid loss often accounts for the large initial weight loss in dieters and results in part from the smaller amounts of food containing less sodium and salt. Even reducing salt intake without lowering calories may lower weight through fluid loss. (See 'Diet Manual' book for further explanation).

Salt In Hot Weather: Extra salt in hot weather is not normally required by most Australians. Heavy perspiration without physical effort is not an indication of extra salt needs. Only persons engaged in strenuous and prolonged physical work may require additional salt. The use of salt tablets could be a hazardous practice for people prone to hypertension.

Salt & Sport: Extra salt may occasionally be needed only during heavy prolonged exercise where there is profuse sweating, e.g. marathon runners. Replacement of lost body fluids is the most important consideration for good performance and prevention of fatigue.

Dehydration will cause fatigue well before the need for extra salt arises. Don't wait until you feel thirsty. Drink water regularly throughout any strenuous event.

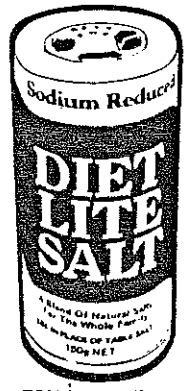
SALT SUBSTITUTES

While little or no salt is preferable, the use of salt substitutes or sodium-reduced salt (in place of common table salt) helps reduce sodium intake.

Diet Lite Salt contains only 50% of the sodium of common table salt, but with negligible difference in taste. Research on this salt mixture (sodium and potassium chloride salts) has indicated favourable results in salt-sensitive people.

Pressor and *Co-Salt* are potassium chloride salt substitutes with negligible sodium. They may be useful for persons on a diet severely restricted in sodium. The harsh taste usually requires a period of adjustment. (N.B. Persons with kidney problems should check with their doctor before using any salt or salt substitute.

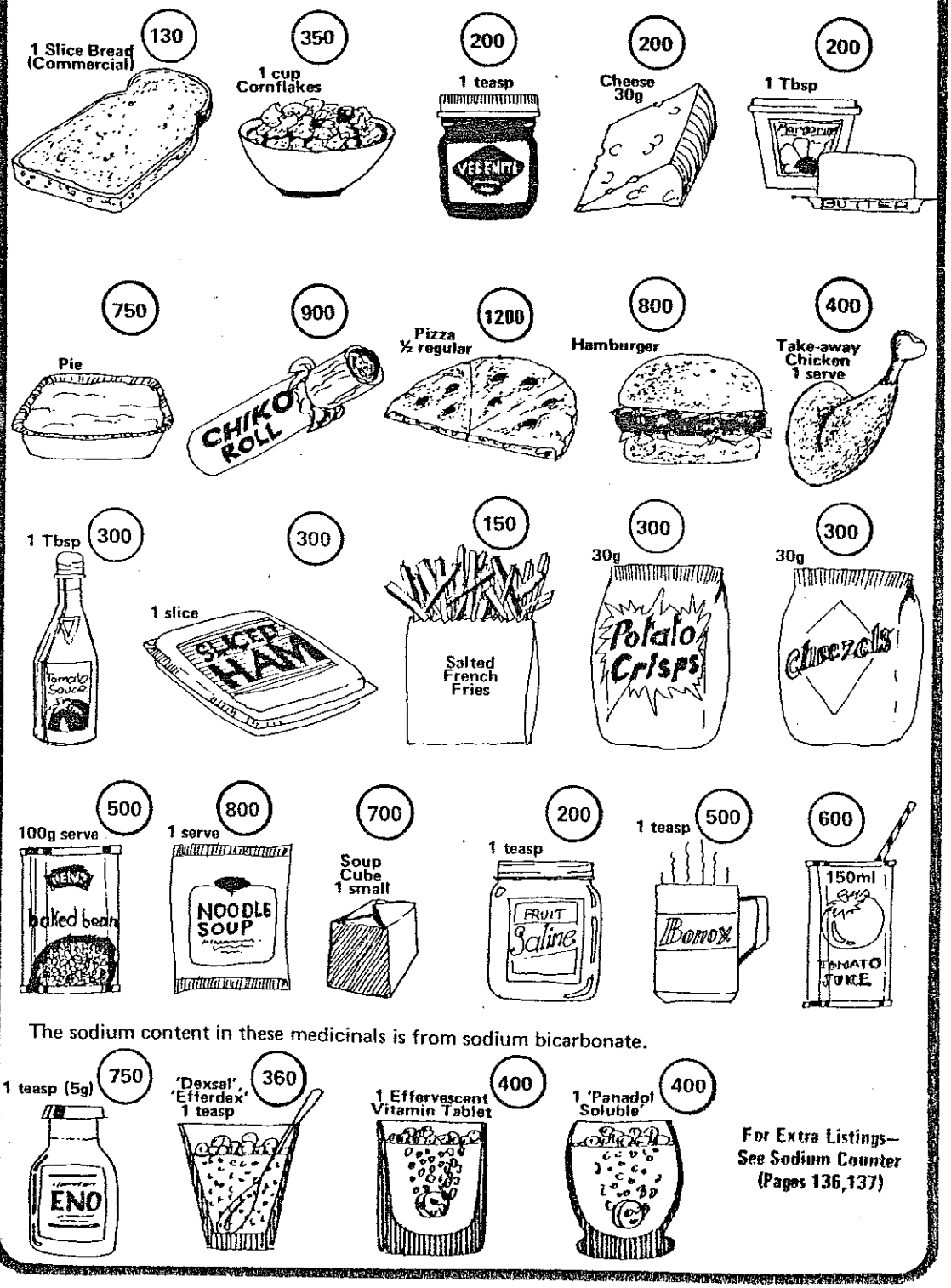
Vegetable-flavoured and sea salts contain only marginally less sodium than common salt, and should be restricted on sodium-reduced diets.



50% less sodium than common salt.

Some Common Foods With High Sodium Counts

Salt is added to these foods during manufacture. **Sodium counts are in milligrams (mg).** Normal daily sodium needs are about 200mg. The desirable maximum is 2,000mg daily.



The sodium content in these medicinals is from sodium bicarbonate.

For Extra Listings— See Sodium Counter (Pages 136,137)

Sugar, Carbohydrates, Triglycerides

Australians eat too much refined sugar — an average of about 50kg per person per year. About 70% of the sugar is hidden in manufactured foods.

Excess refined sugar may contribute to heart disease in a number of ways:

a) Overweight: Refined sugars can be concentrated into small amounts of food and drinks which require little, if any, chewing. This makes it easy to consume excessive energy unintentionally and become overweight.

b) Cholesterol Levels: Refined carbohydrate sugars may indirectly affect blood cholesterol levels by displacing unrefined complex carbohydrates. Certain unrefined fruits, vegetables and legumes can help to lower blood cholesterol levels. (See previous pages on fibre).

c) Hypertension (High Blood Pressure): Animal research suggests that hypertension may be aggravated when sugar is eaten in combination with a high salt diet.

d) Triglycerides: Triglycerides are another type of normal fat in the blood. Its level in the blood tends to become elevated by excessive amounts of refined sugar, saturated fats, and alcohol in the diet. Elevated triglycerides levels are more common in the overweight and inactive, and often accompany elevated cholesterol levels.

Although probable, it is not certain whether elevated blood triglyceride levels increase the risk of heart disease. Thus, measurement and control are considered prudent.

DIETARY CONTROL OF TRIGLYCERIDE FAT LEVELS IN BLOOD

1. Manipulation of the diet alone is usually sufficient to normalise blood triglyceride levels in most people. However, a hereditary form exists that requires drug treatment as well.
2. Generally, the main dietary factors to modify are excessive use of refined sugar, saturated fats, and alcohol.
3. If overweight, the first and most important step is to attain an ideal weight. This step normally includes a reduction in the factors of Note (2) above.
4. If weight is normal, a shift from refined sugars to complex carbohydrate foods, and from saturated to unsaturated fats, is necessary. Alcoholic drinks should be taken only in moderation.
5. Dramatic drops in high triglyceride levels are usually seen within weeks of modifying the diet. Repeat blood tests can provide good feedback on progress and help to reinforce the change to a healthier diet. Again, the main guiding principle is to eat all foods in moderation and none in excess.

NOTE: Exercise (physical training) in addition to diet is generally more effective than diet alone.

Blood Levels of Triglycerides

Ideal	— Less than 1.0 m.mol/litre (100mg/100ml)
Normal (Average)	— Less than 1.8 m.mol/litre (180mg/100ml)
Elevated	— More than 1.8 m.mol/litre (180mg/100ml)

ARE CARBOHYDRATES NUTRITIONALLY IMPORTANT?

Yes. Carbohydrates in their unrefined form are increasingly being seen to be an important part of a healthy well-balanced diet. Carbohydrates can easily account for as much as 50-70% of the total energy content of a healthy diet. (10-15% from protein; 20-30% from fat).

Carbohydrates are widely distributed in many of our basic foods, and are present in 4 of the Five Food Groups. It is easy to see how extreme fad reducing diets that advocate cutting out carbohydrates, can lead to a nutritionally inadequate diet. Protein, vitamins, minerals, and fibre are important components of naturally-occurring carbohydrate foods.

FOOD GROUPS
CONTAINING CARBOHYDRATE

1. **BREAD/CEREALS**
   Bread, Cereals, Rice,Grains
2. **VEGETABLES & FRUIT**
   All Fruits and Vegetables
3. **MEAT/PROTEIN**
   Soya Beans, Dried Beans/Lentils, Nuts, Seeds. (Meat,fish,poultry,eggs contain insignificant amounts).
4. **MILK/DAIRY**
   Milk (Whole/Skim/Powdered/ Condensed), Yoghurt.
5. **BUTTER/TABLE MARGARINE**
   No Carbohydrate Content.

There are two main groups of carbohydrates. The villainous nature ascribed to all carbohydrates by various writers of the popular press results from a lack of understanding of carbohydrates, and the failure to distinguish between the two main types.

1. SIMPLE SUGARS

Sucrose, the refined sugar of sugar cane, is the most common simple sugar. It is most commonly used to sweeten soft drinks and cordials, fruit juices, biscuits, cake, confectionery, jams, certain breakfast cereals, etc. These products should be eaten only in very moderate amounts.

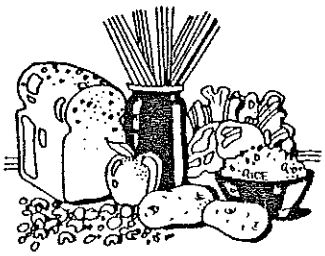
Other simple sugars include lactose in milk, and fructose in fruit. Milk and fruit can be had in normal amounts. Honey is a concentrated sugar product (processed by the bee) and should be limited.

Glucose is the simplest unit of sugar, and is used in some foods and confectionery, and medicinals. All sugars and starches are converted by the body into glucose for use as energy. Excess glucose or carbohydrate not used immediately by the body is converted to fat.

It is when simple sugars are refined out of their naturally-occurring state that they have the potential to harm health.

2. COMPLEX CARBOHYDRATES (STARCHES)

Starch is composed of a large number of glucose units linked together. Starches are found in wheat and other cereals, flour, bread, potatoes, rice, corn, vegetables, nuts, seeds, dry beans and peas.



Starch takes longer to digest and absorb than simple sugars. It is broken down into glucose.

As has already been pointed out in the Fibre Section, unrefined carbohydrate foods contain components including fibre which can be beneficial to overall health. It is the processing and over-refining of the foods that removes many of the beneficial properties.

HIDDEN SUGAR IN MANUFACTURED FOODS

Whilst Australians consume more than 1kg of refined sugar each week, about 70% of this amount is hidden in manufactured food products. Most sugar used by the food industry finds its way into soft drinks and cordials, confectionery, breakfast cereals and fruit products.

Additionally, sugar is found in a vast array of products such as biscuits, cakes, desserts, sauces and salad dressings, many baby foods, some soups, canned vegetables, and sweetened yoghurts. Even cough medicines contain sugar.

Sugar can be added not only as sucrose (common sugar), but also as glucose, corn syrup, and honey.

SOME FOOD PRODUCTS WITH HIDDEN SUGAR

Key: * = 1 teaspoon sugar

Soft Drink (370ml can)	*********
Cordial, 1 glass	*****
Flavoured Milk (300ml ctn)	*****
Chocolate, small 30g bar	******
Ice Cream, 1 serve	****
Iced Doughnut	******
Plain Sweet Biscuit	*(½)
Cream-centre Biscuit	*
Jelly, 1 serve	****
Apple Pie, 1 serve	*********
Breakfast Cereal, sweet	***
Canned Fruit, in syrup, 1 serve	***
Jam, Jelly Conserve, 1 Tbsp	***

SOME FOOD PRODUCTS WITH NIL OR MINIMAL SUGAR

Breakfast Cereals: Ready Wheats, Vita Brits, Weeties, Shredded Wheat, Natural Bran, Puffed Wheat, Weet-Bix. (Most other cereals have 7-50% sugar)

Biscuits: Dry crackers, Flavoured Snack-type, Crispbreads.

Canned Fruit: Artificially sweetened in water pack. (Fruit in pear juice not suitable).

Desserts/Jellies: Artificially sweetened e.g. *So-Slim*

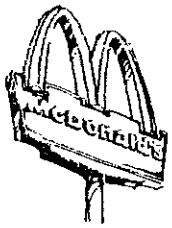
Jams/Marmalade: *Weight Watchers* brand is artificially sweetened.

Confectionery: Sugarless pastilles; e.g. *Sugarine, Skels*

Soft Drinks/Cordials: Low calorie kilojoule varieties are artificially sweetened.

Sugar Substitutes: Artificial sweeteners in tablet or liquid form; e.g. *Sugarine, Hermesetas*

Fast-Food Outlets—Comments & Suggestions



McDONALD'S (BURGERS)

Absence of salad makes it difficult to obtain sufficient fibre. The example of *Hungry Jacks* burgers, containing salad, would be welcomed. Introduction of a salad pack or coleslaw/fruit pack would give an alternate choice to french fries (high fat); or even whole baked potato with yoghurt/chives dressing.

Drinks: All available are high in sugar and calories. The availability of plain milk and low calorie soft drinks would be welcome.

Desserts: Apple pie and sundaes are high in sugar, fat, calories and sodium (apple pie). Alternatives such as a 'Fresh Fruit Salad-Cup' or 'Yoghurt Cup' (½ fruit,½ yoghurt) may be possible. Such changes might even widen market appeal to weight-watchers, diabetics, and the health-conscious.

Placemat Education: Paper placemats could occasionally feature fun nutrition and general health themes with Ronald McDonald as the *Pied Piper* — eating a fresh apple after meals to clean teeth — saying 'NO' to a cigarette — turning off T.V. to play outside.

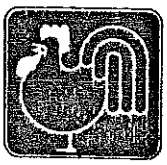
HUNGRY JACK'S BURGERS

A more nutritious product than *McDonald's* due to salad content of burgers. Similar comments on french fries, drinks, desserts and placemat education.

The use of cola drinks (with their significant content of caffeine and sugar) as a promotional item, particularly to children, is an undesirable practice. This also applies to other fast-food chains.

KENTUCKY FRIED CHICKEN

Availability of barbecued chicken and salads offers a reasonable choice. Avoid deep-fried chicken and chips, as high in fat. Best choices are Barbecued Chicken Pack (¼ chicken + Baked Potatoes + Peas + Gravy/avoid); or barbecued chicken with salad packs (coleslaw, beans). Corn is dipped in garnishing oil but is still a better choice than chips. Best to limit skin of barbecued chicken as brushed with oil and salted before cooking; stuffing is best avoided. Less salt could be used. Low calorie drinks are available.



RED ROOSTER, BIG ROOSTER, HENNY PENNY, HOMESTEAD

Similar choices and comments apply as for *Kentucky Fried* outlets. Best to avoid most of the skin and stuffing of chicken to limit salt as well as excess fat. Less salt could be used on the chicken before cooking. Corn on the cob is suitable where butter pat and salt is supplied separately for controlled use (e.g. *Red Rooster*). Warm Chicken Roll and Cold Pack (¼ chicken + Coleslaw + Potato Salad) are also reasonable choices. Low calorie drinks are available.

PIZZA HUT

A basically nutritious product, particularly when combined with a bowl of fresh salad (available at *Pizza Hut* salad bar). Main criticism is the high salt content of most pizza toppings; e.g. sauce, cheese, ham and sausage meats, prawns, olives, mushrooms. Sodium-reduced salt could be used in sauce topping (and in meat sauces for spaghetti dishes).

Fat content of *Pizza Hut* pizzas is not unduly high — much lower than frozen commercial pizzas. Fat content is similar in both thin and thick-based types although calories (and protein) are higher in the thick-based due to extra flour. Use could be made of polyunsaturated oil in pizza base, and polyunsaturated margarine in garlic rolls. Low calorie drinks could be made a standard choice in all outlets.

BIG AL'S SANDWICHES

Reasonable selection of sandwiches; use of wholemeal buns to be commended. Main problem is the high salt content of most fillings.

MISCELLANEOUS FAST FOODS

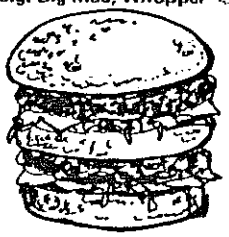
Pies/Pastries/Sausage Rolls/Chiko Rolls/Fish & Chips: Not recommended because of either high saturated fat, high calories or high salt.

Chinese: Generally high fat, high salt and high calories; especially meat dishes. Recipe variations between restaurants makes recommendations difficult.

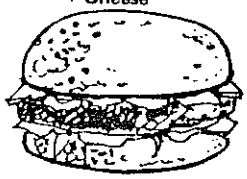
CALORIE CONTENT OF SOME FAST-FOODS

Calorie counts of other fast-foods are listed in the 'Pocket Calorie Counter' booklet.
Metric Conversion: 1 Calorie = 4.2 Kilojoules

Large Hamburger e.g. Big Mac, Whopper — 550

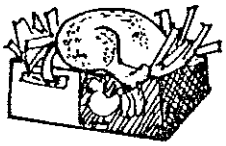


Medium Hamburger e.g. Cheeseburger or Junior Whopper + Cheese — 350

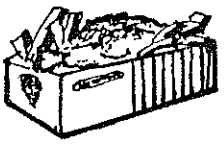


Pizza ½ regular — 500

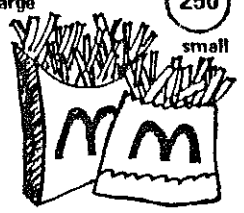
B.B.Q. Chicken & Chips — 500



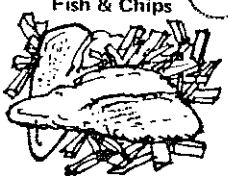
Fried Chicken & Chips — 800



French Fries — Large 400, small 250

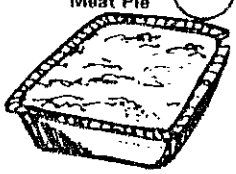


Fish & Chips — 600



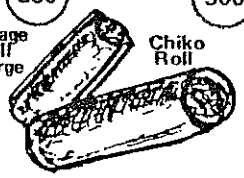
Big Al's Sandwich "Elliot Ness" — 470

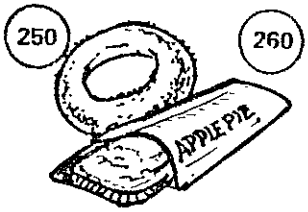
Meat Pie — 500



Sausage Roll 1 large — 350

Chiko Roll — 500

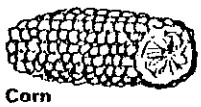




250 260

100

75



75

Corn

Sundae — 300

320

120 Orange Juice 250ml

Soft Drinks — 150, 3

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