

Land of the long white life – New Zealand, 1870-1940

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Abstract

From the time when we first have semi-reliable data, in the 1870s, to about 1940, non-Māori life expectancy was the highest in the world.

Four reasons stand out, in our view. Immigration was the dominant demographic force in this period, and new settlers were drawn commonly from rural and relatively healthy regions of Britain. Selection processes, mostly informal, tended to accentuate the better than average health status of those who travelled from Europe. However immigrants were mostly adult, and the non-Māori advantage was due to low child mortality. Other explanations are required: on its own, the healthy migrant effect is insufficient. New settlers, of all ages, benefited from aspects of the New Zealand environment. A plentiful and protein-rich diet, lack of crowding and scarcity of health-damaging industry stand out as important contributors to (relatively) low mortality. Also, in the late 1800s fertility fell sooner among New Zealand women than elsewhere, leading to improvements in maternal health and lower child mortality. Above all, colonisation transferred health-generating resources such as land from Māori to non-Māori: one group's gain was at another's expense.

Other factors played a part in pushing New Zealand non-Māori to the top of the world rankings, but we believe they were less important. Public health measures such as sanitation and protected water supplies were introduced, on average, no earlier in New Zealand than elsewhere. Child health programmes, including the Plunket movement, and strong public health legislation were 20th century innovations and cannot explain low mortality in the preceding century, but they may have helped New Zealand retain world-leading life expectancies up to World War II. Medical services probably made little difference to longevity until the 1940s, as coverage was patchy and treatment for the diseases that were most common and most serious was seldom effective. There is no consistent short-run association between economic indicators and mortality decline. At times during this period New Zealand had the highest GDP per head of population in the world, but the country also experienced severe economic depressions during the 1880s-90s and 1920s-30s. Perturbations in trade, employment and national wealth made no perceptible difference to the continuous improvement in life expectancy.

This was a time of radical transition in New Zealand. The population pendulum swung abruptly in favour of non-Māori, and land and other natural resources

passed from indigenous ownership to the new regime. Farmers cashed in a stock of ecological credits, applying disruptive agricultural methods to virgin soils to obtain high yields (though these were often short-lived). Then came the value-add of refrigeration, and the agricultural dividend is now the basis of a global food industry. Finally, it is notable that this period of New Zealand settlement featured a strong egalitarian ethic and a relatively equal distribution of resources (among the non-Māori population), and we argue this led to larger health gains from public investments than would have been the case otherwise.

Note that a longer version of this paper will be published later in 2014 as Chapter 4 in: Woodward A, Blakely T “A healthy country? A history of life and death in New Zealand” (Auckland University Press)