

 PDF version of: [This Article \(90 KB\)](#) | [This Issue \(700 KB\)](#)

JOURNAL OF GAMBLING ISSUES

[contents](#)[letters](#)[submissions](#)[links](#)[archive](#)[subscribe](#)

special issue

[This article prints out to about 21 pages.]

Pokie gambling and Maori women: Friend or foe?

Laurie Morrison, University of Waikato, Hamilton, New Zealand
E-mail: lem@waikato.ac.nz

Abstract

Gambling behaviours and health promotion strategies to address problem gambling are becoming increasingly important in Aotearoa-New Zealand, as in other parts of the world. Successful health promotion strategies are underpinned by contextual knowledge around the issue in question. This paper discusses some of the contextual factors that health promoters will need to consider when addressing strategies aimed at Maori women affected by problem gambling. The paper is a work in progress contributing to a doctoral thesis to explore Maori women's perceptions of new forms of gambling and the health implications on whanau (extended family) in Rotorua and Auckland.

Introduction

¹ The purpose of this study is to document the views on gambling of Maori women gamblers and their whanau (extended family) members, and to explore the impact of gambling on the health of Maori women and their whanau in Rotorua and Auckland.² In addition the views of problem gambling service providers will be explored. The study so far is comprised of interviews with Maori women and their whanau and Maori service providers. Participants were recruited from personal and whanau networks as well as through advertisements placed in Maori health service locations. Women who were interested in being part of the project contacted the researcher directly.

This paper focuses on the findings from interviews conducted with 12 Maori women, who identified that they have had or currently do have a problem with gambling, specifically on pokie machines (electronic gambling machines). This group of women is made up of solo mothers, community health workers, professionals, academics, and kuia (respected Maori elder women). Additional

interviews are still in progress. The paper presents some preliminary findings of content from the interviews so far. It aims to give an idea of some of the issues that Maori women face in their use of pokie machines. The descriptions attend not only to the negative effects, but also to what Maori women see as the apparent positive side of using pokie machines.

Despite the recent and past studies by gambling theorists that Maori involvement and new forms of gambling have increased in Aotearoa-New Zealand, there is little information about why this may be (Abbott & McKenna, 2000; Abbott, 1999; Abbott & Volberg, 1999; Abbott, 1998; Dyall, 1997, 2002). For example, there has been little research or theoretical development linking the effects of gambling issues for Maori women and their whanau (Dyall, 2002; Curtis, 2000). Of particular importance is the exclusion of Maori women from past and present studies undertaken by gambling theorists in Aotearoa-New Zealand. Moreover, most of the studies documented have focused more on problem or pathological gambling and relate to male samples. In order to address this imbalance the following will help provide some information to overcome the gap that currently exists in Aotearoa-New Zealand about Maori women and the impact of gambling on their whanau. It will show that if some of the issues identified below are not taken into consideration in the design of programmes then the seriousness of gambling for Maori women will continue to be neglected.

Overview of Maori women and gambling in Aotearoa - New Zealand

Maori women and gambling

Maori women's health status has been a concern to the government of Aotearoa-New Zealand for a number of years (Ministry of Health, 1998). The 1998 publication of data on the problem gambling help-line has also identified that Maori are more likely to be problem gamblers (Compulsive Gambling Society, 1998). Moreover, reported incidence of problem gambling for Maori is increasing in comparison to other ethnic groups. This suggests that Maori groups are more proportionally disadvantaged and their whanau are in crisis.

The 1991, 1992, and more recent 1999 survey (Abbott, 1991, 1992, 1999) carried out to identify the prevalence of gambling problems in the community found that rates of problem and pathological gambling were significantly higher for Maori women than for non-Maori women. The year following the last survey, a report from a survey of gambling and problem gambling among recently sentenced inmates in three New Zealand prisons for

women found that Maori women are 70 percent more likely to have a problem with gambling (Abbott & McKenna, 2000). According to the Problem Gambling Helpline Maori women are six times more likely than non-Maori women to experience gambling problems. Abbott suggests that the position is similar for most indigenous women worldwide, that gambling behaviours have increased rapidly over the past decade (Abbott, 1998). These recent findings suggest that gambling is problematic for Maori women.

Although these differences in prevalences exist and are known, what remains undocumented is the actual lived experiences of Maori women who are problem gamblers. Likewise, Maori women are increasingly seeking help with problem gambling related to pokie machines, and present for treatment at least 10 years earlier than non-Maori (Dyall, 2002). More Maori women have gambling problems than non-Maori women, leading to increasing concern (Abbott, 1998; Dyall, 1997, 1998; Morrison, 1999; Sullivan, 1997).

The increase in Maori women's gambling

According to a senior Maori counsellor working in the field of addictions and primarily in gambling, 40 to 55 percent of her clientele are Maori women (Dianne Richards, personal communication, April, 2000). This finding is consistent with a recent Auckland University study showing that Maori women were four times more likely to become problem gamblers in comparison to non-Maori women (Grant & Kim, 2002).

More recently, the "Brainstorm" facilitators reported a study which found that there was a high incidence of gambling among Maori and Pacific Island people, especially young Maori women (Laird, 2001). Further, some participants from the same study sought information to learn more about the links between Maori women and gambling and why Maori women featured so prominently in the current statistics. The same year the Group Te Kahui Trust and the Rotorua Addictions Centre (from Rotorua) in collaboration with the Problem Gambling Foundation piloted an information-based approach to determine the effectiveness of a harm reduction strategy amongst Maori women problem gamblers in the Bay of Plenty region (Grant, 2001). The primary objective was to determine the patterns of co-consumption and provide information to the women to perhaps provide some context for their gambling. Unfortunately this project did not eventuate due to preliminary difficulties. However, what is important to note is that Maori women in the Bay of Plenty region are experiencing problems with gambling.

A study by Abbott and Volberg (1999) on problem gambling

indicated that Maori women's gambling has increased following the introduction of casino and pokie machine gambling. Moreover, it seems that Maori women are likely to spend six times more per annum on gambling than non-Maori women (Dyall, 1998) and a high proportion of Maori women access the gambling helpline (Paton-Simpson, 2002, p. 244).

The effects of colonisation (where Maori went from a position of power to powerlessness following the introduction of the European settlers), ongoing legislative law reforms, and the social reforms over the past twenty years have had a profound effect on Maori social structures. As a consequence of these effects Maori women often are exposed to physical and emotional violence from their partners. Maori women suffer more health problems, including smoking, cancer, and alcohol- and drug-related problems per person compared with Pakeha (New Zealand-European origin) women (Durie, 2001). These socio-economic factors must be included to provide a context as to why Maori women favour gambling. It is also important to not generalise these findings to all Maori women.

Income

Poverty had been a feature in the lives of most of the women interviewed for this study. Gambling was often seen as a way to supplement income and improve their financial status.

Maori women who are unable to meet the basic needs of their whanau often use gambling as a rationale for this need. That is, low-income earners such as Maori women are unable to meet the costs associated with food, clothing, and rent (Ministry of Women's Affairs, 2002) and this results in financial anguish (Morrison, 1999). Market rentals have made it impossible for many women, especially solo mothers, to be able to provide decent non-crowded homes for their families. In Auckland rents rose from between 25 to 40 percent in the last two years (Ministry of Women's Affairs, 2002).

An examination of the international gambling literature draws the same conclusion (Hunter, 1988; Abbott, 1999). That is, low income (i.e., earning less than NZ\$25,000 per year) was found to be a factor associated with lifetime problem gambling for both Aboriginal female and for non-Aboriginal female problem gamblers. Again, it is indigenous women who do not fair well in regards to income.

With reference to income and socio-economic status the women often talked about never being dependent on other people and being able to live a comfortable life. Gambling was often seen as

a way to supplement income and improve their financial status.
Maori women said:

I am going to win big ...and never have to work again...
never have to be on the benefit again.

I will be able to send my kids to university.

I will never be without ever again.

A study of Australian women found that "to win the jackpot to increase their wealth" was a significantly frequent response for most people who gamble on pokie machines (Brown & Coventry, 1997). A similar trend was noted for most of the women in this study. That is, the primary motive of overcoming their current lower socio-economic status was indeed their reason for playing on the pokie machines. They identify how the illuminated jackpot signs at pokie venues lure and insinuate easy access to instant wealth. Furthermore, vigorous advertising by casinos promising to eliminate the current lack of income or low income is indeed very appealing:

I got hooked and then when I saw how big the jackpots were, well it just got more exciting and worthwhile. I kept thinking that I would win the jackpot and I would never have to work again.

I could just see myself driving away on one of the Sky City BMW's it was so seductive...

Given the recent trend in the uptake of new forms of gambling activities for Maori, past and current studies suggest that Maori are more proportionally disadvantaged than non-Maori and their whanau are accordingly negatively affected.

Furthermore, Aotearoa-New Zealand studies of gambling problems for Maori have not focused on ethnicity as a variable and have insufficient Maori in their samples to give an accurate account of their gambling problems (Dyall, 1997). That these surveys have inadequate numbers of Maori participants to be accurate is particularly significant when viewed in the context of a 1991 report prepared by the Public Health commission on the health status of New Zealanders (cited in Durie, 1994). The study considered socio-economic status, food and nutrition, alcohol, tobacco, and pathological gambling to be particularly relevant in contributing to the poor health of Maori. The relevance of gambling and socio-economic status for Maori gamblers is that Maori spend almost twice as much on gambling as non-Maori, or NZ\$686 per year compared to NZ\$376 per year (Dyall, 2002).

However, the issue is that Maori households and personal incomes are significantly lower than non-Maori (Te Puni Kokiri, 2000). This reality needs to be examined in more detail.

Being a Maori woman in Aotearoa-New Zealand

Maori women make up a disproportionate share of social beneficiaries, are frequently from low socio-economic regions and often live away from their whanau and thus have limited support networks. Maori women are more likely to be poor than any other group in Aotearoa-New Zealand today, including the elderly. Poverty in Maori society greatly affects the rest of a person's life, so for best effect it has to be nipped in the bud; prevention is better than cure.

The impact of the current market on Maori women is that value is only placed on paid work. There is a view that the market is supposedly neutral and gender-free, but in fact the contribution of Maori women is currently only counted when they are leading lives similar to men's (Ministry of Women's Affairs, 2002). Over the past 10 or so years what women uniquely do? either because of biology or tradition? has been viewed as of less worth because it is unpaid and because women do not operate by the market's rules of maximising their own self-interest. As no income or profit is involved, it is not viewed as productive to give birth and raise children. The effect of this on women has been very detrimental.

Pay equity for Maori women has been a contentious issue for the last two decades (Durie, 2002). The recent study by the Ministry of Women's Affairs with the support of the Maori Women's Welfare League found that Maori women earn lower amounts. That is, for every dollar earned by non-Maori men, Pakeha women earn 86 cents whereas Maori women earn 74 cents. These findings fit well with those gambling theorists who propose that people gamble primarily for economic gain and to increase their wealth (Cornish, 1978; Dickerson, 1984; Halliday & Fuller, 1974).

Women's organisations have worked hard over many years to gain social support for women and recognition in social and economic policy of the different reality of women's lives. The Women's Health League and the Maori Women's Welfare League have made significant contributions toward these gains (Murchie, 1984; White, 1988; Durie, 1999). The social welfare state suited women because they are much more dependent on the social wage and the benefits of the welfare state than on wages earned in the labour market.

However, much of this has been swiftly eradicated in the past few years. Despite continuous rhetoric about traditional family values,

the family has been severely undermined by recent government policies. Solo mothers have suffered benefit cuts, and despite ratifying the UN Convention on the Elimination of All Forms of Discrimination against Women, New Zealand exempted itself from the requirement to provide paid parental leave. This means that many women with newborns are forced back to work earlier than they want. Low wages and job insecurity also force mothers back to work to hold onto jobs or keep their careers on stream. Alternatively, they delay their first child until their late thirties or early forties, when their fertility is reduced, thereby increasing the risk of breast cancer through late motherhood, and leading to exhaustion from trying to raise boisterous young children during mid-life. Low wages mean that both parents need to be in the paid workforce. The biggest change in women's workforce participation has been the entry of women from two-parent families into paid work. Twenty-seven percent of women with children under one year of age and 45 percent of those with children aged one to four years now work.

There is also a recognised lack of services available for Maori women. Gambling services are no different. A start would be to elicit the help of government agencies (such as the Ministry of Women's Affairs) to help ensure that gambling services for Maori women are given urgent attention. The Women's Health Strategy advocates for a gendered approach to health policy and has women working within the District Health Boards who work with these issues. However, for effective implementation of the identified issues consultation and collaboration must be first initiated with Maori communities working in the area of gambling addictions. To not include the expertise of these key informants has the potential to result in ineffective services that further disempower Maori women. The issue of equity for Maori women has important implications, for they require support to develop gendered and culturally appropriate programmes. Currently, only a limited number of evolving gambling services are available for Maori women in Aotearoa-New Zealand (Dyall, 2002). It is also fair to say that these evolving services need to be well-supported and resourced to ensure that gambling-specific training is ongoing and, more importantly, that the acceptance of Maori-specific skills and programmes are acknowledged.

Gambling motivations

Imagine what it would be like to live a day in the life of a movie star? this for most people living ordinary lives would be like entering another world; to always have a guaranteed high income and the recognition that goes with high socio-economic status. As well, there would be more positive social relationships and support networks. There is also a degree of glamour and the ability to access services that allows one to manage stress.

Wouldn't we all like to live this life? For Maori women this is the dream they are chasing or living when they play the pokies.

The following are some quotes from the study participants that fall under the categories of income, social status, positive social relationships, glamour, and stress management.

Income

It is clear from the information previously mentioned that Maori women spend more than non-Maori on gambling (Dyall, 1998, 2002). However, Maori incomes in comparison to non-Maori are substantially lower than even those for non-Maori women (Dyall, 1998, 2002). The implications for Maori overspending on gambling to try to increase their wealth have been a public concern from some Maori communities and active anti-gambling lobbyists, both Maori and non-Maori, in relation to the social, economic, and cultural determinants of gambling. Again, there is insufficient information about the financial losses incurred by Maori gamblers. The following quote best describes how Maori women use gambling to help overcome this dilemma.

... it basically means that I could get out of what I would call a poverty trap...I want to make big money and I suppose you could say it is the lazy way, you know but I found that is why I gamble. I just want to be like the other people in there that are winning big money.

Social status

There is a belief that all Maori women have access or entry to special social status; this belief is a secondary obnoxious by-product of past and present government legislation, in my opinion. Maori have not benefited from legislative changes and particularly from changes in legislation that have greater negative impacts on the poor than on the wealthy (Dyall, 2002). For example, with the anti-smoking legislation it could be argued that one needs to be rich to smoke (due to the high price of cigarettes), but smoking remains a staple lower-socio-economic comfort (Glover, 2000).

It has been widely theorised that the measure of a people's success in any society is material wealth. Moreover, have not smoking, drinking, and gambling been perpetuated by advertisers as high social status indicators? Furthermore, the women could hope to experience a lifestyle that they had never known before. Material assets mark the quality of success in any society. This materialistic accumulation of commodities informs people of their success in society. Further, it provides a measurement of where

you are situated in society. Given that Maori women continue to dominate the low-income bracket it is reasonable to infer that for some of the women their hopes and aspirations may centre on what they believe they can attain by gambling.

One of the major issues highlighted from the interviews was the women's perception that using the pokie machines meant that they got to live life on the other side of the fence. For several women:

When I get on that machine I get to star in my own movie, there is lots of attention; the stewards bring you complimentary food and drinks. You know why, I can be whomever I want to be, if I want to be in a jungle setting I play on the Triple Tigers and Jungle cash machines. I too, can be Jane and Tarzan. My favourite are the Multi Star machines, now that is where I get to be the best actress of all, and the attention when those bells start ringing it is almost orgasmic. Yes, that is what it is like for me I can get to star in my very own movies.

Using the Pokies allows me to experience life on the other side...

I don't have to worry about all the hassles of life while I am in the pokie venue.

I get to close the door and leave everything behind.

Positive social companionship

An Australian study of gender differences in pathological gamblers seeking medication treatment with 78 women and 53 men found that women are more likely to become pathological gamblers sooner after starting to gamble than men (Grant & Kim, 2002). Similar results have come from Brazil (Tavares, Zilberman, & Gentil, 2001). Furthermore, women stated that avoiding loneliness was a significant factor in their gambling. To date, we know that for some Maori women gambling activities have made possible the process of whanaungatanga (the process by which whanau ties and responsibilities are strengthened) (Durie, 1994), and, as well, long-term friendships and whanau connectedness (Morrison, 2001). A gambling study in Rotorua (Morrison, 1999) supports the view that, for Maori women, social support systems are regularly maintained whilst playing in card schools and housie (bingo). The card schools serve to foster long-term friendships with whanau members. They provided an occasion for laughter, sharing of problems related to relationships or whanau, and more importantly

whanaungatanga (connectedness), i.e., the women were able to provide some context to their own gambling behaviour from information shared by older members of the card schools. Furthermore, gambling in card schools and housie halls provided safe environments for the women. Custer suggested, although in a different context, that society accepts men gambling, but disapproves of women gambling (Spanier, 1994).

Furthermore for most of the women in Rotorua and Auckland it was noted that they have adapted their regular gambling venues to suit their own needs. That is, using the pokie machines allows for increased positive social companionship that is not often available to Maori women. The turnaround in how pubs were made to be more female friendly is widely emphasised in pub and casino venues. The once male-dominated domain of male-only pubs has seen a significant change with an increasing number of women who feel comfortable walking into a pub. This is in contrast to negative views associated with women and gambling by some, particularly by men (Custer, cited in Spanier, 1994). The message that came through in the interviews was that the machine accepts the women for who they are in terms of gender, age, and culture. These messages came from different women:

The machine becomes my companion; it doesn't ask anything of me.

The machine doesn't kick me or put me down.

It never answers me back.

The machine accepts me for who I am.

These quotes further suggest that gambling on pokie machines is indeed appealing to some Maori women.

Glamour

Glamour was an issue highlighted by the Maori women as a major draw card for going to pokie venues and using the machines. The venues often provide services and commodities that are usually out of their reach. Some of the women reported that they did not have access to a television set, let alone to digital satellite television. It is sometimes assumed that in every New Zealand household a television is nestled comfortably in the living room. This chattel is considered important to people's daily enjoyment and access to information. However, this is not always the case for some of the women in this study. The women discussed how owning a television was secondary to providing for the basic needs required to maintain their households. Furthermore, the

opportunity provided by gambling venues to watch television without the constant demands of children or partners was also reported. This was evident in the following comment: "I can watch SKY TV [digital satellite TV] for as long as I want with no one wanting to change the channel." Comments like these indicate that, as is often the case, Maori women prioritise their own needs secondary to that of their whanau. There is a belief that women who put their own needs first over their families' are considered lacking in maternal ethics (Van Den Bergh, 1991).

For some of the women, the comfort and elegant surroundings of the gambling venues are also attractive. For example, some of the women alluded to the comfortable furnishings that enable them to relax and unwind on the machines. One of the women reported that for her it was about winding down before she went home to her less plush environment: "Look, I get to sink down in those lovely rich-coloured, plush sofas before I head home to my crusty, shabby, and soiled couch." For whatever reason, it is the plush environments and glamour that continue to attract Maori women who have little material wealth.

There was another view also that regardless of winning or losing money the women had the opportunity to self-indulge with the assistance of staff and available resources provided by the operators, such as:

I don't have to worry about going hungry or thirsty, it is there for free and it just isn't crappy coffee it is the real coffee and it is unlimited free access to refreshments [food and drink].

Most of the pokie venues provide host responsibility that includes refreshments and food for their patrons. This is another attraction that helps to keep the women distracted. The rationale for this provision could also be seen as a way to ensure that gambling patrons do not have to leave their premises when they are hungry or thirsty. It would appear that some basic needs are being provided for by some of these operators. In casino environments, the women described having staff and casino assistants available to meet their every need—an otherwise unfamiliar experience. For example, some of the women who had husbands or partners spoke about having no support with childcare and household duties. Most of these responsibilities were met by the women as was the provision of meals. This comment is best described in the following paraphrase from three of the women: people at my beck and call, asking how they can help ME. What is important to note is that for some women who did not own a television set for economic or other reasons, this opportunity was indeed met by the pokie operators' venue.

Stress management opportunities

Gambling behaviour in people is often preceded by exposure to stress and personal adversity, notably, interpersonal losses and conflicts, commonly in relationship breakdowns, and disciplinary or legal crises. Such events may occur relatively commonly and may act as precipitating factors for high-frequency gambling (Chetwynd, 1997; Lesieur, Blume, & Zoppa, 1998). Furthermore, when such precipitating stressors arise, they may be exacerbated, as when a person experiences an increase in anxiety or depression because of the pre-existing stressors. Coman, Burrows, and Evans's (1997) study on why men and women gamble concluded that women gamble as a way of dealing with stress. Conversely, men in the study gambled more for financial reasons, and only to a lesser extent for stress reduction (p. 238).

The psychological problems of some Maori whanau members may arise from the stresses of gambling, although gambling alone may not be a sufficient reason to account for all the direct impacts associated with gambling (Morrison, 1999). In contemporary psychological literature, Lesieur et al.'s studies have been used extensively to study how gambling may affect health particularly in relation to stressful situations (Lesieur & Blume, 1987; Lesieur, Blume, & Zoppa, 1998). They also found that a number of cultural and psychological factors may mediate the relationship between gambling and stress. Gambling is strongly linked with psychological distress, detachment from interpersonal interactions, isolation, and encapsulation in his/her own preoccupation with thoughts of the next session of betting/gaming and of the need to obtain funds to feed his or her habits (Sullivan, McCormick, & Sellman, 1997).

Low self-esteem has also been associated with high-frequency gambling behaviour (Volberg, Reitzes, & Boles, 1997; Blume, 1985; Coman, Burroughs, & Evans, 1997). One way to increase a person's esteem is through the short-term benefits of gambling and the illusion of control that many gambling activities offer (Volberg, Reitzes, & Boles, 1997). Most theorists recognise that people with emotional and behavioural difficulties feel badly about themselves (Sullivan, McCormick, & Sellman, 1997; Lesieur, Blume, & Zoppa, 1998) and demonstrate low self-esteem (Coman, Burroughs, & Evans, 1997). Research undertaken to ascertain the relationship between stigmatisation and hiding the compulsion to gamble has suggested that women favour gambling and drinking alone (Blume, 1985; Lesieur & Blume, 1991a). Additionally, there is a general tendency for women to not seek help for their addictions because of the stigma that may be attributed by family members and the shame that it will bring to their families (Van Den Bergh, 1991). Major problems facing Maori women are the effects of poverty and exclusion. Lack of

opportunities for partner support for parental time-out can have an impact on the number of problems encountered on a day-to-day basis. There is also little support for solving practical and psychological problems. This creates a cycle of despair when people are unable to meet their daily needs. The potential for high vulnerability to stress is further accentuated. Many of the women talked about the use of the pokie machines as a way to relieve and manage the stress associated with their lives and work. An example:

You know, if you can imagine all this work that was hugely demanding of my time, often I had to work out of my ordinary work hours and it just all got on top of me. The only way that I could handle the work pressures was to go to the pokies. The machine didn't demand anything from me, it was non-threatening and all it asked was to be fed with coins.

However, most of the women reported that they started gambling relatively late in life and that they initially looked upon their gambling as a means of escape from overwhelming personal problems (Lesieur & Blume, 1991b). The following quote describes what some of the women experienced:

I started gambling in my early 60s to get away from all of the constant demands of my family [...] just recently I have had a lot of stress related to my oldest daughter, and her ex-partner violently abusing her. There was no support because I had no one to ask for help. The pokie machines helped me to forget about all my problems at home.

Solo parenting

Recent information indicates that many Maori women are parenting with little or no support from a spouse or whanau (Ministry of Women's Affairs, 2002). Te Awekotuku (1991) documents the complex issues related to rearing children without the support of a partner and extended whanau. A poorly paid Maori woman is often faced with a multitude of issues. She often has to meet the daily needs not only of her own whanau but of her extended whanau as well; more often than not she will have a large whanau; and rely heavily on government assistance for pre-school and after-school child care responsibilities. At the same time she will try her hardest to appease the many material demands that her children make as a result of peer pressure:

Look, the list goes on and on and I just can't cope. It has to be Nike's or nothing at all for my son. My daughter she won't wear

anything but Roxy [girls' clothing] I keep telling them that I can't afford these labels but they just won't listen, so I hope like crazy that I will get a windfall from the pokies ...

Work related issues

Maori women are more likely to be working in services that have limited resources and little professional support, and they often work over and above the call of duty; therefore stress is an inherent part of their lives. There is often a huge expectation that Maori staff will go beyond their job description to assist Maori clients. The stress management opportunities that the pokie machines offer outweigh the negative. For example, women said:

Using the pokies lessens the stress of my work and life.

I don't have to make major decisions.

I don't have to worry about things.

I just have to think about me.

Other findings

Additional findings from the interviews were about the accessibility of childcare services at pokie machine venues and the location of pokie machines close to other services in restaurants and shopping malls. One of the women reported the following information about the invasion of pokies in her suburb:

... like tomorrow when I wake up and go to school and there are three pokie machines all around me, it is a constant war. I have three pokie venues within walking distance; I don't need a car or a bus. You can't even walk a different way because you have got the top of town so that when you get into the town it is on the right. Even if you came in the other way there is one on your right so they are everywhere even right next to the library, very strategically placed. Now they have got them in one of the Valentines Family Restaurant.

To fuel the fire, pokie machines with Maori icons are now in venues popular among Maori women gamblers:

My favourite machine is tikitiki [good luck symbol], he brings me good luck and when I lose my money he goes arohamai [sorry].

I don't feel so bad losing my money on tiktiki because he is one of us.

I don't have to go to the marae because my marae [Maori meetinghouse where traditional gatherings and meetings are held] has come to me.

These reinforcers from their culture only serve to increase the attractiveness of using pokie machines.

What does this mean for Maori women? As highlighted previously, there appear to be many positives associated with using pokie machines and for many Maori women these apparently outweigh the negative consequences including:

- financial mismanagement
- loss of home, relationships, whanau, and friends
- an overwhelming obsession and its associated behaviours, including lying, stealing, and deception.

Where to from here?

The most important message in this paper is that Maori women are experiencing significant negative effects from their increased participation in gambling. Due to their circumstances they find gambling to be a friend and a positive experience, and they either deny or ignore the negative aspects. More importantly, Maori women's perceptions of gambling need to be better understood in order to design suitable interventions. From the point of view of Maori women, they see far more positives associated with gambling than negatives and this perception needs to be accommodated within promotions and programmes. Employment and income opportunities, increases in positive social support, and affirmation of Maori women being valued for who they are, all need to be targeted in order for Maori as a culture and the people of Aotearoa-New Zealand as a nation to reduce the prevalence of harm from gambling. Yet Maori perceptions of gambling are infrequent in the literature (Bayly, 1999; Dyall, 1998; Morrison, 1999).

With the current absence of culturally-appropriate research health promotion campaigns and other intervention strategies, we are forced to rely primarily on wisdom from other sectors and anecdotal accounts. The interviews with Maori women in the current study provided some initial information on their perceptions and experiences of new forms of gambling. Despite the fact that there have been numerous studies in Aotearoa by non-Maori, Maori women have yet to be invited to discuss their

opinions and views. This descriptive information is a first step and should not be viewed as sufficient information upon which to base public health and treatment interventions. But it is still of critical importance to ask Maori women directly for their views and to discuss any issues that they think may have contributed to compromising their own health, their relationships, and the health of their whanau. As one of the Maori woman aptly reported:

Every day is a war.

No reira komutu to korero tena koutou katoa nga hui
hui mai.

References

Abbott, M. (1998).

Problem gambling in Aotearoa. Paper presented at the National Workshop of Treatment for Problem Gambling. Auckland, New Zealand.

Abbott, M. (1999).

Problem and non-problem gamblers in New Zealand: A report on phase two of the 1999 National Prevalence Survey. Wellington, New Zealand: Department of Internal Affairs.

Abbott, M., & Volberg, R. (1991).

Gambling and problem gambling in New Zealand. (Research Series No. 12). Wellington, New Zealand: Department of Internal Affairs.

Abbott, M., & McKenna, B. G. (2000).

Gambling and problem gambling among recently sentenced women prisoners in New Zealand. Report No. 5 of the New Zealand Gambling Survey. Wellington, New Zealand: Department of Internal Affairs.

Abbott, M., & Volberg, R. (1999).

Taking the pulse out of problem gambling in New Zealand: A report of phase one of the 1999 Prevalence Study. (Report No. 3 of the New Zealand Gaming Survey). Wellington, New Zealand: Department of Internal Affairs.

Ministry of Women's Affairs. (2002).

Mahi orite, utu tokeke. Wellington, New Zealand: Author.

Bayly, B.E. (1999).

Monitoring the social impacts of Sky City casino. Unpublished master's thesis in social sciences, University of Waikato, Waikato, New Zealand.

- Blume, S. (1985).**
Women and alcohol. *Journal of Feminist Therapy*, 3 (3–4), 623–638.
- Brown, S., & Coventry, L. (1997).**
Queen of hearts: The needs of women with gambling problems. Australia: Financial and Consumer Rights Council (Inc).
- Chetwynd, J. (1997).**
Problem gambling. In P. M. Ellis & S. C. D. Collings (Eds.), *Mental health in New Zealand from a public health perspective*, Public Health Report No. 3 (pp. 405–411). Wellington, New Zealand: Ministry of Health.
- Coman, G. J., Burrows, G. D., & Evans, B. J. (1997).**
Stress and anxiety as factors in the onset of problem gambling: Implications for treatment. *Stress Medicine*, 13, 235–244
- Cornish, D. (1978).**
Gambling: A review of the literature home and its implications for policy and research. London: Her Majesty's Stationery Office.
- Curtis, B. (2000).**
Gambling in New Zealand. Palmerston North, New Zealand: Dunmore Press.
- Dickerson, M. G. (1984).**
Compulsive gamblers. London: Longman.
- Durie, M. (1994).**
Whaiora: Maori health development (2nd ed.). Auckland, New Zealand: Oxford University Press.
- Durie, M. (1999).**
Mental health and Maori development. *Australian and New Zealand Journal of Psychiatry*, 33, 5–12.
- Durie, M. (2001).**
Mauri ora: The dynamics of Maori health. Auckland, New Zealand: University Press.
- Durie, M. (2002, April).**
Te rau matatini and the future directions for Maori community health workers. Paper presented at the Whanau Ora Hui, Rotorua, New Zealand.
- Dyall, L. (1997).**
Tu tangata hauora Maori: Future directions for Maori public health workforce development. Wellington, New Zealand:

Health Services Research Centre.

Dyall, L. (1998, February).

Gambling: An issue for indigenous peoples. Paper presented at the Healing Our Spirits Worldwide Conference, Rotorua, New Zealand.

Dyall, L. (2002).

Maori, the Treaty of Waitangi and gambling. In B. Curtis (Ed.), *Gambling in New Zealand* (pp. 91–105). Palmerston North, New Zealand: Dunmore Press Ltd.

Glover, M. (2000).

The effectiveness of a Maori noho marae smoking cessation intervention: Utilising a kaupapa Maori methodology. University of Auckland, Auckland, New Zealand.

Grant, J. E., & Kim, S.W. (2002).

Gender differences in pathological gamblers seeking medication treatment. *Comprehensive Psychiatry*, 43 (1), 56–62.

Grant, K. (2001).

Awhi mai project. Rotorua, New Zealand: Te Kahui Hauora Trust.

Halliday, J., & Fuller, P. (1974).

Psychology of gambling. London: Penguin Books.

Hunter, E. M. (1988).

What's the big deal?: Aboriginal gambling in the Kimberley region. *Medical Journal of Australia*, 149, 668–672.

Laird, B. (2001).

Gambling workshop evaluation. In conjunction with Linda Hutchings, "Brainstorm" facilitators. (Commissioned health promotion evaluation.) Hamilton, New Zealand: Problem Gambling Foundation Auckland.

Lesieur, H., & Blume, S. (1987).

The South Oaks Gambling Screen (SOGS): A new instrument for the identification of pathological gamblers. *American Journal of Psychiatry*, 44, 1184–1188.

Lesieur, H., & Blume, S. (1991a).

"When Lady Luck loses": Women and compulsive gambling. In M. V. D. Bergin (Ed.), *Feminist perspectives on addiction* (pp. 181–199). New York: Springer Publishing Company.

Lesieur, H., & Blume, S. (1991b).

Evaluation of patients treated for pathological gambling in a

combined alcohol, substance abuse and pathological gambling treatment unit using the Addiction Severity Index. *British Journal of Addictions*, 86, 1017–1028.

Lesieur, H., Blume, S., & Zoppa, R. M. (1998).

Analysis of pathological gambling. In T. A. Widiger, A. J. Francis, H. A. Pincus, R. Ross, M. B. First, W. Davis & M. Kline (Eds.), *DSM-IV Source Book. American Psychiatric Association, Volume 4* (pp. 393–401). New York: Author.

Morrison, L. E. (1999).

The good and the bad times: Maori women's experiences of gambling in Rotorua. Unpublished master's thesis in social sciences, University of Waikato, Hamilton, New Zealand.

Morrison, L. E. (2001).

Support systems in gambling environments. Paper presented at the New Zealand Psychological Society Annual Conference, Auckland, New Zealand.

Murchie, E. (1984).

Rapuora: Health and Maori women. Wellington, New Zealand.

Paton-Simpson, G. R., Gruys, M., & Hannifan, J. (2002).

Problem gambling counselling in New Zealand national statistics (pp. 1–77). Palmerston North, New Zealand: The Problem Gambling Committee.

Spanier, D. (1994).

Inside the gambler's mind. Reno, NV: Nevada Press.

Sullivan, S., McCormick, R., & Sellman, J. D. (1997).

Increased requests for help by problem gamblers: Data from a gambling crisis helpline. *New Zealand Medical Journal*, 110, 380–383.

Tavares, H., Zilberman, M. L., & Gentil, V. (2001).

Gender differences in gambling progression. *Journal of Gambling Studies*, 17(2), 151–159.

Te Awekotuku, N. (1991).

Mana wahine Maori: Selected writings on Maori women's art, culture and politics. Auckland, New Zealand: New Women's Press Ltd.

Van Den Bergh, N. (1991).

Feminist perspectives on addictions. New York: Springer Publishing Company.

Volberg, R., Reitzes, D., & Boles, J. (1997).

Exploring the links between gambling, problem gambling,

and self-esteem. *Deviant Behaviour: An Interdisciplinary Journal*, 18 (4), 321–342.

White, M. (1988).

The unfolding years: 1937–1987 Women's Health League.
Rotorua, New Zealand: The Women's Health League.

Competing interests: None declared.

For correspondence: Laurie Morrison, Psychology Department,
The University of Waikato, Private Bag 3105, Hamilton, New
Zealand.

E-mail: lem@waikato.ac.nz or laurie_morrison@xtra.co.nz.

Endnotes

1 The following paper details a presentation given on 13 September 2003 at the Third International Conference on Gambling held in Auckland. The introduction of the presentation provided an overview of the preliminary findings of the current Postgraduate Scholarship funded by the Health Research Council of New Zealand.

2 Both cities are in the northern part of New Zealand. Auckland is the larger city with over 1.2 million people, and Rotorua has about 67,000 people.

issue 12— december 2004



[contents](#) | [letters](#) | [archive](#) | [submissions](#) | [subscribe](#) | [links](#)

Please note that these links will always point to the current issue of *JGI*. To navigate previous issues, use the sidebar links near the top of the page.

Copyright © 1999-2004 The Centre for Addiction and Mental Health

Editorial Contact: phil_lange@camh.net
Subscribe to our automated announcement list: gamble-on@lists.camh.net
Unsubscribe: gamble-off@lists.camh.net