

Cultural vehicles and the Māori print media: what cultural concepts are used to communicate health messages to Māori?

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Abstract: Existing research indicates that vaccination programmes to prevent Meningococcal disease have low response rates from Māori which contributes to a belief that Māori are apathetic and irresponsible. Our research question was: How do the Māori and community print media facilitate the promotion of Māori cultural concepts as generators of new meaning, particularly with regard to positive Māori health? This study focuses on the recent health concern of Meningococcal disease. Twenty-four months of Māori and community print media was scanned to identify how Māori cultural concepts are being applied, modified, and operationalised in order to convey and promote positive health in Māori communities. Contrary to what was expected, the Western medical model with integrated Māori concepts was the main cultural frame employed.

Keywords: health, Māori culture, Meningococcal disease, print media

The purpose of this study was to provide a framework for understanding the role of specific types of print media in enhancing public health and social goals. Maori print media is an important focal point as it is aimed specifically at a Maori audience. Community print media published in regions with high Maori populations are also important in assessing how these papers service communities with references to those issues relevant to Maori. This study sought to investigate the potential for the use of Maori cultural concepts to be mobilised with new meanings to achieve healthy ends. The specific research question asked was: How do the Māori print media facilitate the promotion of Māori cultural concepts as generators of new meaning particularly with regard to positive Māori health? This study focused specifically on the recent health concern of meningococcal disease. In addressing this question it was necessary to document how the Māori and community print media covered health issues, and, in particular, the ways in which cultural metaphors and practices were used to frame contemporary public health concerns.

Maori cultural concepts include all that is assumed to be traditional customary practice and technology as experienced within the continually evolving New Zealand ecology (Nikora, 2006). In addition to this, as a people positioned within a Fourth World context, behaviours and meanings associated with being a colonised oppressed minority also become apart of Maori world experience and inform the meanings communicated by Maori (Nikora, 2006). These meanings can also act as resources to be mobilised. As part of a Fourth World status, the Maori world exists in parallel with mainstream society. Maori incorporate a common New Zealand culture and lifestyles into their everyday existence yet maintain an equivalent and parallel reality within the Maori world (Nikora, 2005). Maori cultural concepts have evolved and transformed within a modern global context yet they still retain a familiarity that is easily recognisable by Maori as apart of the Maori world context. The media has the opportunity to use Maori world resources - that is metaphors, images, concepts, ways of talking and so on - to communicate messages to an audience who have the capacity to understand, identify, interpret, and give meaning to such (Nikora, 2006). The same is true of mainstream media. They communicate a message in a particular way that is meaningful for an intended target audience. The assumption for this study was that Maori and community print media would purposefully structure their product, that is, their discussion on

meningococcal B in a way that would be meaningful to a Maori audience (Nikora, 2006). Especially given that meningococcal B was a specific issue for Maori.

Durie (1998) has argued that health promotion entails creating an environment in which human potential can be realised. Policy development for Maori should make sense not only in economic and social terms but recognition of a Maori philosophical base and an appropriate framework focusing on a Maori world view is also necessary (Durie, 2001). Hirini Moko Mead (2003), Durie (2001), and many others, have introduced several ideas relevant to the delivery of mental health services to Maori; whanau, te reo Maori, tikanga Maori, toi Maori, karakia, rongoa, rangatiratanga, and tohunga. Whanau, or extended family, participation in health services is valuable for both service development and individual health gains. Te reo Maori, Maori language, can be crucial to understanding the thoughts and feelings of Maori patients. The use of tikanga Maori, customary practices, in health services can enhance treatment and rehabilitation. For example, occupational therapy activities can sometimes become more meaningful to Maori when Maori art making (toi Maori) are introduced (Durie, 2001). Karakia, or prayer, can be particularly effective even when no particular religious affiliation is intended. In association with karakia, rongoa, natural healing remedies, may be used in conjunction with treatment. The dual focus on natural remedies with medicinal treatment is seen as reflective of multiple causations meriting more than one approach to clinical management. The involvement of tohunga provides both spiritual and cultural sustenance as well as physical and emotional rehabilitation. The concept of rangatiratanga has been discussed widely in relation to the Treaty of Waitangi and is often associated with political issues such as leadership, self-determination and self-management (Mead, 2003). Not all Maori have the same cultural background or experiences, the cultural lifestyles of Maori are diverse and flexibility is necessary when responding to Maori health needs. Choices should be made available for Maori rather than assuming that Maori have just one particular reference (Durie, 2001).

Countries with a colonial past, like that of New Zealand, indigenous peoples tend to have poorer health, even when socio-economic status is accounted for (Appendix four: Summary of three Maori models of health, 2003). Maori not only suffer poor health due to a low socio-economic position, but also through institutional racism. That is, inequalities in the distribution of and access to social determinants (income, education, health, and housing) are attributed with being the primary cause of health inequalities (Appendix four: Summary of three Maori models of health, 2003). Disparities in access to health care services and differences in treatment for those receiving services will also impact significantly on health status and mortality. Maori public health action would need to focus on ensuring that action to reduce health inequalities will reduce health inequalities for Maori, and that the concerns and cultural aspects significant to Maori are being appropriately incorporated (Appendix four: Summary of three Maori models of health, 2003). A narrow search for traits or concepts thought to be unique to Maori is simply 'cosmetic indigenisation', this does not assess how commonly they occur or how they may integrate conceptually (Adair, 1999). Mead (2003) has observed that tikanga Maori focuses not so much on rules and regulations but with values that are open to various cultural tests of appropriateness, adequacy and correctness.

Maori culture tends to have a holistic understanding of health that has been symbolised by Rangimarie Rose Pere's (Love, 2004) Te Wheke, or the Octopus model of health. Te Wheke has been used particularly in the realms of health and mental health, education and social services training. Pere (Love, 2004) depicts the head of the octopus as te whanau (the family), the eyes of the octopus as Waiora (total well-being for the individual and family) and each of the eight tentacles as being representative of a specific health dimension. The dimensions of health are as follows: wairuatanga (spirituality), taha tinana (physical wellbeing), hinengaro (the mind), whanaungatanga (extended family, kinship, social roles and bonds), mana atua ake (the uniqueness of each individual and family), mauri (life force), ha a koro ma a kui ma (the breath of life from our forebears) and whatumanawa (the open and

healthy expression of emotion). The tentacles are interwoven and this represents the close relationship of each of these dimensions (Appendix four: Summary of three Maori models of health, 2003).

On a cautionary note, a simple translation of Maori terms into English does not convey the complexities of webs of meaning within which the terms are embedded in a Maori worldview (Love, 2004). Pere's (Love, 2004) model makes reference to multiple meanings, as with many models of Maori health. Each tentacle has numerous 'suckers' representing the various aspects of the dimensions. For example; te reo Maori, whakapapa, tapu (sacred, holy or unclean), and tohunga are some of the aspects encapsulated by the health dimension of wairua. This approach does not separate out the body from the wider interpersonal and familial context in which it is socially positioned. Te Wheke as a model emphasises collectivity over individualism, the close connection of past, present, and future, the profoundly and necessarily spiritual basis to health, and the need for sustenance of dimensions as opposed to correction of dysfunction in the therapeutic processes (Love, 2003). Inequity in access to, or development of, a dimension will result in a decrease in health and well-being.

When people get sick, or evaluate health, or visit health service providers, or choose what to think and vote about health care policy and finance, their actions may originate in large part from resources drawn from various mass media (Seale, 2004). This can include descriptions of what it is like to be ill, what causes illness, health and cure, how health care providers behave, and the character of health policies and their impact. Narratives often work by creating and then exploiting oppositions. Perhaps most importantly, media health stories often oppose life with the threat of death, or the likelihood of death (Seale, 2004).

Wallack (2003) argues public health researchers need to take the media seriously as media can both enhance and undermine public health objectives. This can occur in a range of ways by perpetuating harmful or erroneous information, neglecting important issues and, in a wider sense, undermining community and social networks and relationships (Nairn et al., in press).

Several issues are employed in extensive and intensive proactive activities to channel media attention toward specific perspectives of a particular subject (Clegg Smith, McLeod, & Wakefield, 2005). These efforts are known as media advocacy and are intended to shape deliberations on a certain topic among policy makers and/or the general public.

Wallack (2003) maintained that media influences the nature of public issues and how their solutions are conceptualised by the public. Essentially, the practice of public health has been about the practice of building human capital in providing people with health information. Thus, highlighting the importance of involvement in civic life could be a primary characteristic of socially and economically healthy communities. As such, its social determinants are acquiescent to political interventions and reliant on political action (Bambra, et.al., 2005). Assessing the media saturation of contemporary social life is central to the negotiation of health related politics and intervention (Wallack, 2003).

A recent issue of the *Journal of Ethnic and Migration Studies* has documented the role of minority media in fostering group identity and promoting community cohesion and health (Silverstone & Georgiou, 2005). Emphasis is placed on media outlets as forums for diverse cultural practices and as sites within which traditions and knowledge can be both maintained and revised. Of particular note are politics around struggles for visibility for groups such as Māori and the politics of legitimacy in terms of traditional knowledge (Hodgetts, Masters & Robertson, 2004) and the relationship of these knowledge's to dominant discourses such as those of medical science.

Words once committed to paper may acquire status and power, as Māori were to discover in a

range of historical contexts (Keenan, 2004). Māori were in fact severely disadvantaged by the developing power and dominance of the written word in New Zealand, one such historical context being the Treaty of Waitangi (Keenan, 2004). Māori media as an alternative location for discourse and representation has become significant for preserving cultural practices and for organising the repulsion of colonisation (Hodgetts, et.al., 2005). The utilisation of media has allowed Māori to take part in mediations concerning indigenous rights and symbolises a community-based practice of media production that has endured intermittently through to the present. Recent research has found that current increases to Māori media production have been vital in providing direct links within Māori communities, facilitating a sense of community, for education, and for the development of mutual plans for maintaining advocacy for social justice. Despite embodying these positive attributes, Māori media have often been marginalised and under resourced, and have not displaced the regulatory authority of Pakeha establishments (Fox, 1990) .

Disparities are not confined to news coverage but extended to minority recruitment in news industries (McGregor & TeAwa, 1996). Husband (2005) found that in print media finding someone who can write fluently in a community language that has been historically suppressed, like te reo Māori in New Zealand, can generate difficulties for recruitment. Given the linguistic diversity of Māori communities this may affect the recruitment of Māori into Māori media. Class and educational profiles for many young people from an ethnic minority community also create barriers for their entry into the media industries (Husband, 2005).

Indigenous perspectives, including Māori in Aotearoa/New Zealand, experience disadvantage in news coverage, often marginalizing Māori and depending on non-Māori perspectives to frame issues concerning Māori (Hodgetts, et.al., 2005). Hodgetts and co-workers also found that Māori commentators are obliged to defend any suggestions of social inequalities or colonisation when adding to media discourses of health and social concerns within their own communities. Charismatic individuals may be exploited as a basis of reference and representation, connecting the Māori community to the majority system (Husband, 2005). Consequently, for many minority media professionals working within minority media their ethnic identity typically becomes a salient feature of their professional practice. A key feature for any media organisation is its resource base which supports its operation (Husband, 2005). These investigators have also pointed out that finance has persistently proven to be a critical issue in the operation of minority ethnic media. Here the political aspirations laid upon media personnel may reduce the freedom of minority journalists to determine their own priorities and pursue their own agendas.

The news media is an important component in the public mood on race relations and specific realities depicted in single stories may accumulate to form a summary message that distorts social reality (McGregor & TeAwa, 1996). According to Husband (2005) one key flaw in the media's coverage of minorities is the failure to provide background. It has been proposed that minorities in media coverage undergo a 'symbolic annihilation, which refers to the exclusion and under representation of Māori as news stories, the stereotypical depiction of Māori in the news and trivialisation of Māori issues in the news media coverage. The relative invisibility of Māori as sources in the media raises serious issues about the diversity in news coverage (McGregor & TeAwa, 1996).

Media allows the transmission and contribution of images and understandings, descriptions and interests. In addition, relationships are generated and supported as are prejudices (Silverstone & Georgiou, 2005). Particular stories may be advocated by particular interest groups seeking to manipulate populations. Research supports the media's importance for inter-group relations and its role in expanding awareness and discourse between groups (Hodgetts, Barnett, Duirs, Henry, & Schwanen, 2005). Mediation becomes a political process as control over mediated narratives is refused to individuals and groups due to their status or

the extent to which they can organise material and symbolic resources in their own interests (Silverstone & Georgiou, 2005).

The dominant forms of imaging and narrating can be resisted, adapted or opposed through minority media or through the everyday strategies of symbolic interaction (gossiping, talking or refusing). It is in this context that Silverstone and Georgiou (2005) stress that minorities and their media need to be understood as minorities are able to represent themselves in their own media.

These cultural health beliefs are important in shaping the experience of illness but they exist in a context where the privileged model for explaining illness comes from a bio-medical model (McLennan, et.al., 2000). This view treats the body as if it were a machine, and, as such, it is assumed that technological interventions are the most effective method for ensuring health. The biological reductionism of this model explains disease in terms of biological structures and processes of the body, neglecting the wider social and psychological factors. As a result of this explanation, individuals are treated as if they were simply the asocial, neutral, biological and passive hosts for disease mechanisms (McLennan, et.al., 2000).

Biomedicine is popularly believed to provide the best model for explaining, and curing, illness and disease (McLennan, et.al., 2000). The biomedical perspective is prevalent in media coverage of disease and is the most common template in use. For example, an article titled 'Keeping watch for a deadly disease' (The Hamilton Press; August 11, 2004) noted that immunisation would reduce inequalities in health for Māori and Pacific peoples and those living in more deprived areas of the community. In 'Māori under-5s slow to get jabs,' (Waikato Times, 12 March 2005) Māori susceptibility to the disease is explained as being a consequence of 'crowded living conditions,' with extended family often living in the same household, making 'it easy to spread the disease.' Cultural and situational considerations are not taken into account. In every mass media society, major social issues have such reference points which become media templates (Kitzinger, 2000). The above media reports are common examples of media templates of 'disease' explanations. The commonly held belief that medicine, with its emphasis on science and technology, is to be credited with improvements in health and the decrease in infectious diseases that once meant death for the afflicted (McLennan, et.al, 2000). In every mass media society major social issues have such reference points (Kitzinger, 2000). Events that attracted intense media interest at the time and which continue to carry powerful associations become media templates (Kitzinger, 2000). Media templates serve as rhetorical shorthand, assisting journalists and audiences to clarify fresh news stories (Kitzinger, 2000). Media templates are used to describe current events, as a point of comparison, and, typically, as evidence of a reoccurring problem (Kitzinger, 2000). In the process of transforming a key event into a media template, details may become distorted, alternative accounts forgotten and facts may be misrepresented or disregarded (Kitzinger, 2000). Despite this they can be recognised and challenged through routine audience diversity and media templates can be exposed and undermined through contradictory media templates (Kitzinger, 2000). Alternative templates that contradict the medical model for 'disease' explanations, have shown that social factors (increased standards of sanitation, improved housing and better nutrition) were in fact much more influential in decreasing mortality than medical interventions such as immunisation (McLennan, et.al, 2000). Furthermore, the overuse of antibiotics has contributed to the development of drug-resistant 'super-bugs' that become far more dangerous than their predecessors originally being targeted by the antibiotics (McLennan, et.al, 2000).

Few investigators would deny the vast evidence for the higher rates of morbidity and mortality associated with social inequalities, yet with the current Western medical model template explaining disease focus is on the individual (McLennan, et.al., 2000). The individual level explanations fail to give due emphasis to the societal determinants of health, which necessitates social change. Unhealthy lifestyle practices, often associated with

preventable illness in this media template, fail to explain why Māori and Pacific people die considerably younger than Pakeha (Hodgetts, et.al., 2004).

The symbolic power to name and define issues is often linked to economic and social privilege (Hodgetts, et.al., 2004). In colonial societies, like Aotearoa, symbolic power is controlled by the settler society, which is achieved through Pakeha domination of major institutions. Māori views of the world, struggle to gain legitimacy. Pakeha usually remain oblivious to the culture-boundedness of their world-view, which is instead typified as 'objective' and equally applicable to all. Hodgetts and colleagues (2004) support the proposition that Māori face these symbolic inequalities where they are presented as apathetic and expensive, and are often prevented from defining issues on their own terms. Media framing of disparities draws upon ready-made social narratives relating to health, the role of government, colonisation, and social justice. In this template, Māori cannot locate themselves on their own terms as they already have been socially positioned through the media, and are often compelled to act in accordance with the expectations of more powerful groups (Loto, et.al., 2006).

In this project the expectations are as follows: It is expected that the recent news coverage of meningococcal b as it pertains to Māori will exhibit Māori cultural concepts such as whanau, te reo Māori, tikanga Māori, toi Māori, karakia, rongoa, rangatiratanga, and tohunga. Examples of Te Wheke health model would possibly come through from the Māori health providers. It is expected that by fostering group identity Māori media will be active in promoting community cohesion and health. This would serve as an alternative location for discourse, representation, and the continued revitalisation of cultural resources. Considering the current context shaping the experience of illness it is expected that the privileged culturally defined model for explaining disease will be the bio-medical model. With the bio-medical model serving as the dominant media template, individual level explanations were expected with limited emphasis on the societal determinants of health.

The research project aims to identify how Māori are employing and mediating Māori cultural concepts to promote positive health messages and environments to Māori. A focus on how Māori are harnessing the print media for mass communication clearly situated the study with the present generation but reflected back to earlier times, providing a repository of information for future generations. The specific focus of this study was meningococcal b.

Method

This study was conducted as part of a Directed Research Project (PSYC590-06B) under the supervision of Linda Nikora and Darrin Hodgetts in collaboration with Rolinda Karapu & Ron Ngata, a Nga Pae o te Maramatanga and Health Research Council of New Zealand grant in which the author compiled a media sample pertaining to press representations of Māori. Specifically the study utilized a qualitative approach to data where twenty-four months of Māori and community print media was scanned to identify how Māori cultural concepts are being applied, modified, and operationalised to convey and promote positive health in Māori communities. On a second level some components of the data were assessed using quantitative measures.

Specifically, a search through various newspapers and print media releases using such keywords as Māori, Meningitis, Meningococcal, immunisation, and vaccination revealed 57 news reports published, between 1 January 2004 and 31 December 2005. These items came from three community newspapers and three Māori health providers. Of these reports 35.1% (n= 20) came from *The Rotorua Daily Post*, 19.3% (n= 11) from *The Gisborne Herald*, 8.8% (n= 5) from *The Hamilton Press*, 8.8% (n= 5) from *Nga Puna Health Centre (Te Runanga o Ngati Pikiao)*, 5.3% (n= 3) from *Tipu Ora Family Start (Rotorua)*, and 22.8% (n= 13) from *Toi te Ora Public Health (Bay of Plenty District Health Board)*.

It was necessary to look across this range of media outlets because different media appear to serve different functions in the course of the story. Community newspapers were examined because they are daily or weekly newspapers delivered to every household, everyone has access to them and they deal specifically with issues from that community. Māori print media and Māori health provider print sources were investigated as they are aimed specifically at Māori audiences.

Items were read by the first author from the perspective a Māori woman interested in the images that these reports offer her and her family. The reading of this data set was guided by the existing literature on media representation of ethnic minorities. Discussions of the emerging patterns and processes with other members of the research team were held and additional literature sought to inform the developing analyses, and to aid in the interpretation of divergent representations.

To lay the foundations for the analyses, the news reports were examined for their content. This focused on the issues covered, characteristics associated with Māori, both positive and negative, language, imagery, and sources used to supply commentary and expertise on Māori concerns within the reports. Emerging issues and general trends were established across the items. Four core themes were identified for further in-depth analysis. These themes included; firstly, the role of Māori print media in the Meningococcal discourses, the second investigated the marginalisation of Māori and Māori frameworks within community print media. This was extended further by assessing the prominence of the Western medical model in community print media. The third interpreted imagery used in the Ministry of Health media releases distributed to Māori health providers. The fourth presented framing of the Meningococcal debate as an issue of a structural media template versus an individual responsibility media template. All four components were analysed to determine what cultural concepts were being used to convey health messages to Māori audiences for the promotion of positive health messages and environments to Māori.

Press portrayals of Māori

Findings from the analyses of these reports are presented in four parts. The first interprets imagery used in the Ministry of Health media releases distributed to Māori health providers. The second explores the role of Māori print media in the Meningococcal discourses - with reference to the previous explanation of Māori cultural concepts; Māori print media would then be defined as such. The third investigates the marginalisation of Māori and Māori cultural concepts within community print media. This above investigation is further extended by assessing the prominence of the Western medical model in community print media. The fourth presents framing of the Meningococcal debate as an issue of a structural media template versus an individual responsibility media template. All four components were analysed to determine what Māori cultural concepts were being used to convey health messages to Māori audiences for the promotion of positive health messages and environments to Māori.

Imagery used in the Ministry of Health media releases distributed to Maori health providers

Māori health providers within the Rotorua region were approached to assess what print media sources were being distributed to inform Māori of meningococcal, with reference to the Māori cultural concepts in use. The three Māori health providers were; Nga Puna Health Centre (Te Runanga o Ngati Pikiao), Tipu Ora Family Start (Te Runanga o Ngati Pikiao), and Toi te Ora Public Health (Bay of Plenty District Health Board).

All print media sources distributed by the Māori health organisations were provided by the Ministry of Health. The imagery depicted some of the expected Māori cultural concepts; te

reo Māori, tikanga Māori, and whanaungatanga. Figure 1 is one such example: kuia with mokopuna engaging in tikanga Māori (raranga) and the use of te reo Māori. This was an uncommon image to come across, as it was the only poster which directly used identifiable Māori cultural concepts. The poster came in both English and Māori translations, with the te reo version being a direct translation of the English one. All print media sources could be obtained in various translations and all were exploited to carry the value system embodied by the main cultural resource of the Western medical model. A simple translation between languages, however, does not communicate the complexities inherent to a Māori world view. A narrow search for traits or concepts thought to be unique to Māori is simply 'cosmetic indigenisation', this does not assess their commonalities or how they can be integrated conceptually (Adair, 1999).



Figure 1



Figure 2

Figure 2 was one of the more common images found in all Māori health print distributions. The sick child surrounded by a group of people of various ages. While these types of images did not use traditional or obvious Māori cultural concepts it could be interpreted as a contemporary cultural image. It is multi-cultural and the entire group reflects the concept of whanaungatanga, whanau-like social cohesion. It could be interpreted as the Ministry of Health attempting to reach all groups within Aotearoa. Because of the Fourth World context in which Māori exist, Māori can look at this and rationalise that meningococcal is not a concern for them.

Booklets for kura kaupapa Māori and kohanga reo, posters in either te reo or English, flipcharts describing meningococcal B and the vaccination programme, leaflets, cards, pamphlets and more were distributed to Māori health providers. All used the same imagery (children, multi-cultural groups, and sick children). Contrary to what was expected, the Western medical model with integrated Māori concepts was the main cultural frame employed. The biological reductionism inherent in the medical model (McLennan, et.al, 2000) was used to frame all print media sources distributed through Māori health organisations. This explanation of meningococcal makes reference to biological structures and processes only, neglecting possibilities of wider social and psychological factors. There were no examples of alternative health models such as Pere's (Love, 2004) Te Wheke model of health, which was expected as Māori health providers cater specifically for Māori audiences.

The role of the Māori media within the Meningococcal discourse

Pu Kaea and Mana Magazine contained no reports between the 1 January 2004 and 31 December 2005 on Meningococcal B. This is remarkable given that these publications do contain health messages for issues such as Auahi Kore (Quit Smoking). Comparisons of the percentages of reports covering Meningococcal disease with references made to Māori in community and Māori print media clearly illustrate the lack of engagement by Māori print media in the Meningococcal debate. None of the Māori cultural concepts we expected to find

were evident; there were no Māori role models, Māori health leaders or health practitioners leading discussions on this health concern. These results are significant in that one would expect that dominant representations can be challenged when marginalised groups are able to mould issues they face and voice for themselves in some capacity on their own terms (Hodgetts et.al, 2005). Such framing has not come across from Māori print media.

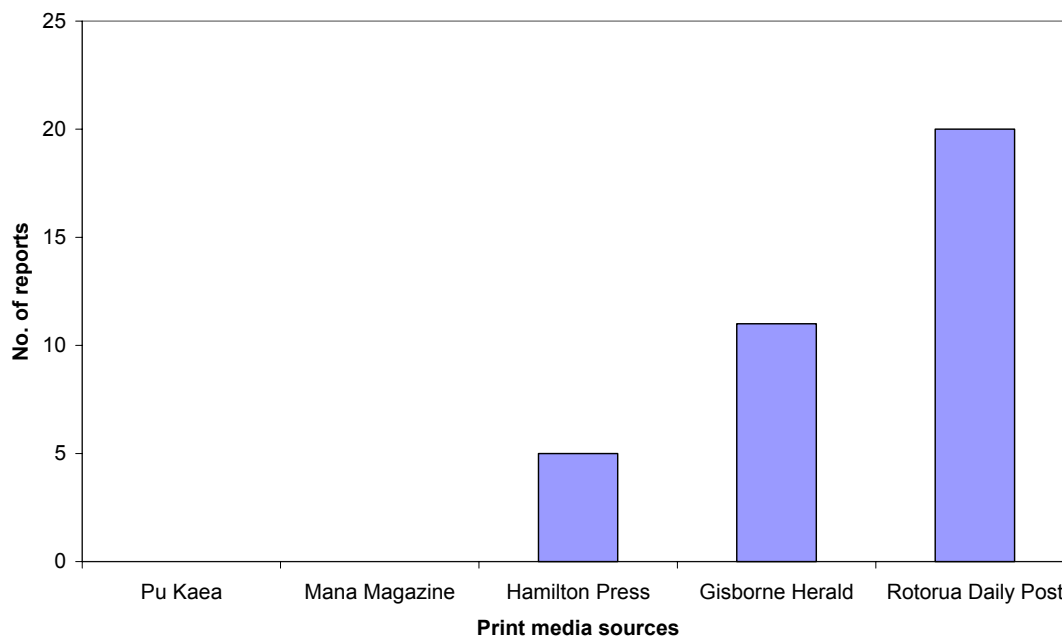


Figure 3. Comparison between Maori and community print media reports made on MeNZB and Maori print media reports made on MeNZB and Maori

However, various factors could be identified as to why there may have been a lack of a Māori media presence in the discourse on meningococcal. Firstly, when contributing to media discussions on health and social concerns within their own communities, Māori commentators are continuously expected to defend suggestion of structural inequalities or colonisation (Hodgetts et.al, 2005). Recent news reports in community print media forums support the above statement where Māori Party leader Tariana Turia was heavily criticised for not having her mokopuna vaccinated. This could be seen in typical items such as 'Turia is 'grandstanding,' says Mita' (Opinion: *The Rotorua Daily Post*, 12 July, 2005). This item begins by profiling Health Minister Annette King and Labour MP for Waiariki Mita Ririnui as accusing Turia of using the meningococcal vaccination programme 'to score political points'. It then goes on to quote Mita Ririnui as saying that the disease kills and maims children and Turia is 'endangering her own whanau members to make a political point'. Ririnui and Annette King further claimed to be 'incredibly disappointed' as Turia's stance could further decrease Māori rates of vaccinating. Turia maintained that the disease was associated with overcrowding and the Government would be more suited to addressing the issue of better housing. In this article two specific Māori cultural concepts are being utilized: rangatiratanga, defined here as positive protective Māori leadership and direction setting, and Fourth World positioning. The idea of rangatiratanga is mobilised in two ways - one to argue adherence with the Western medical model (Ririnui) and the other to focus attention on social inequity (Turia). Māori Fourth World status is being mobilised as a Māori cultural concept by Turia whom advocates the need to better address social inequities. Turia is used to perpetuate the stereotype of 'bad Māori leadership' being to the detriment of all Māori. Assigning individual blame and neglecting the impact of social inequalities which leads to victim blaming (Hodgetts et.al, 2004).

Persuasive individuals, such as Turia, are exploited to provide reference and representation,

connecting the Māori community to the majority community (Husband, 2005). As such, for many Māori media professionals working within Māori media their ethnic identity becomes a significant feature of their professional practice. The primary factor for all media organisations is the resource base supporting its operation (Husband, 2005). Finance has persistently proven to be a critical issue in the operation of minority ethnic media (Fox, 1990; Hodgetts et.al, 2005; Husband 2005). Given the political nature of the Meningococcal debate this may have reduced the freedom of Māori journalists to determine their own priorities and pursue their own agendas. Māori media has often been marginalised and under resourced, and are yet to supplant the authoritarian power of majority establishments (Fox, 1990). This may in part account for the lack of a Māori media presence in this debate.

Disparities are not confined to news coverage but extended to minority recruitment in news industries (McGregor & TeAwa, 1996). Husband (2005) found that in print media finding someone who can write fluently in a community language that has been historically suppressed can generate difficulties for recruitment. Given the linguistic diversity of Māori communities this may affect the recruitment of Māori into Māori media. Class and educational profiles for many young people from an ethnic minority community also create barriers for their entry into the media industries. As Māori are disproportionately represented in the lower socio-economic brackets, this could be adding to lack of Māori qualifying for recruitment. All these factors combined may be contributing to the lack of a Māori media presence in a health issue that is being defined through the majority perspective, the Western medical model.

The marginalisation of Maori and Maori frameworks within community print media

The most common approach to representing Māori in the community newspaper coverage drew upon majority voices to frame an issue that was relevant to Māori. Little of Mead's (2003) and Durie's (2001) Māori cultural concepts were evident. Typically no alternative approaches, like Te Wheke, were employed in place of the Western medical model. Instead the body was treated like a machine and technological intervention (immunisation) was thought to be the most effective strategy for making people healthy.

As illustrated in Figure 3, out of the three community newspapers searched The Hamilton Press had the least amount of articles featuring meningococcal with references to Māori ($n=5$). The Rotorua Daily Post is distributed daily, however, which may contribute to the higher coverage. In contrast to The Hamilton Press, The Rotorua Daily Post must also be purchased. Findings in The Hamilton Press were similar to that of The Rotorua Daily Post.

The 2004 news coverage on meningococcal mainly focused on the initiation of the programme. The immunisation programme was initiated later that year for Auckland's Counties Manukau and early to mid 2005 for the rest of the country. Māori were often grouped with Pacific Islander's, or those living in the more deprived areas of communities, or with young children. These groups would be identified as being at the greatest risk for contracting meningococcal. The above observation was often mentioned in the peripheral, as a side note amongst the medical information on meningococcal. The immunisation vaccine was portrayed as 'life saving' and being able to 'combat' strain B of meningococcal. As meningococcal had reached epidemic status militaristic metaphors (such as, 'combat') became prevalent, with Māori portrayed negatively as apathetic in responding to calls for action, immunising.

One editorial (*The Rotorua Daily Post*, 'Meningitis Vaccine a life-saver'; July 13, 2004) emphasised that while Māori and Pacific Islanders were the hardest to be hit the disease 'knew no racial boundaries' and the vaccine was the only viable solution. The article went on to discredit arguments of over-crowding and poverty as 'short-sighted', such changes would

take far too long to implement. The medicalisation of a poverty-related problem saturated news reporting, the wider social context disregarded.

With the progression of 2004, articles began to note the involvement of Māori health providers. An article titled 'Vaccine poster 'culturally unsafe'' (*The Rotorua Daily Post*, News; October 14, 2004) reported the withdrawal of one poster promoting the vaccination programme in Northland. The article went on to profile a poster depicting a kuia with mokopuna where the woman's face had been cropped at the brow. The article offered no explanation for the cultural significance of having the image displayed in such a way for Northland Māori. The article continued with a quote from a source, Whangarei MP Paul Heatley, as being 'appalled' that health professionals were 'expending energy' on something of 'no practical consequence' when children's 'lives were on the line'. Although Northland DHB Māori Health general manager Kim Tito was engaged in the discussion the media missed the opportunity to educate the public about the cultural grounds upon which the objection was made. This trivialised a culturally significant debate.

An article titled 'Health group takes immunisation to the people' (*The Rotorua Daily Post*, News; November 30, 2004) profiles Māori health provider Korowai Aroha's involvement in the implementation of the vaccine programme with Māori communities. It begins by describing an outreach clinic set up by Korowai Aroha in an area of Rotorua for whanau who had difficulty getting into town. This point is extended with the reoccurring theme of Māori being 'slow to get immunised'. Only once is a representative of Korowai Aroha engaged as a source. The article continues with another source, this time from a medical officer of health, to illustrate Māori reluctance to immunise as being an avoidance tactic for having personal information recorded on the National Immunisation Register. The reasoning for that was Māori fears of being traced for 'various offences', like tax avoidance and child support payments. This article incorporated some Māori cultural concepts, engaging with Māori health providers working in collaboration with whanau members. Yet it focuses on negative constructions and deviance in association with Māori.

It is at this point that it may be beneficial to present a snapshot comparing the reports on meningococcal with references to Māori between *The Gisborne Herald* and *The Rotorua Daily Post* over 2005 (see Figure 4 below). It has already been noted that *The Rotorua Daily Post* is a daily distribution, whereas, *The Gisborne Herald* and *The Hamilton Press* are weekly newspapers. However, as Figure 4 illustrates, *The Gisborne Herald* had a slightly higher coverage of reports on meningococcal in regard to Maori (M) compared to those that did not (N) in 2005. Despite Māori being at greater risk for contracting meningococcal, Māori were mentioned in only one third of the total reports on meningococcal in *The Rotorua Daily Post* 2005 (M= 12, N= 24).

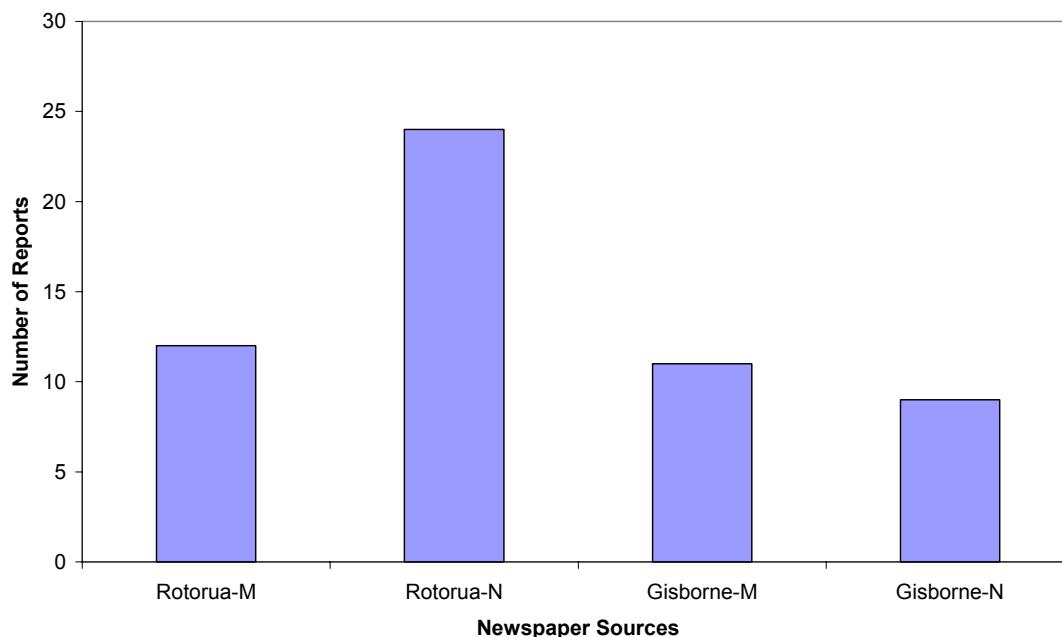


Figure 4. Reports on Meningococcal referring to Māori (M) compared to those that do not (N) between The Gisborne Herald and The Rotorua Daily Post

In comparison with the other two community newspapers, The Gisborne Herald used a greater number of cultural resources and engaged with sources from Māori communities. In one article 'Room for optimism despite poor Māori health statistics' (*The Gisborne Herald*, 15 July, 2005) there were examples of Durie's (2001) and Hirini Moko Mead's (2003) cultural components. The article begins by profiling the efforts of Ngati Porou Hauora (NPH) in addressing a number of health concerns facing Māori in Tairāwhiti, meningococcal being amongst these. The article continues by retelling how NPH encourage whānau participation with health services by working in collaboration with whānau. The article further notes that a high rate of bilingualism is of 'enormous pride' in Tairāwhiti and that building on that 'confidence and self-assurance' is vital in the development of tamariki. There was an example of rongoa evident in the above article, with the mention of herbal remedies supporting the immune system incorporated into the NPH method. Furthermore, the success of NPH, with higher gains than mainstream health providers, was attributed to their being accessible to whānau. The holistic approach emphasised above is similar to that of Pere's (2001) Te Wheke health model. NPH addresses the health dimensions of hinengaro and whatumanawa with the example of building on confidence and self assurance, tinana is seen in the examples where they referred to addressing the body's physical needs and whānaukatanga by working in collaboration with whānau. Mana atua ake can also be seen in NPH's collaborative efforts with whānau in order to reach individuals, which has made their approach unique in comparison to mainstream efforts. When NPH highlighted the necessity of learning te reo Māori as a way of strengthening future generations, this can be seen as incorporating the health dimension of ha a koro ma a kuia ma. Sustenance from ha a koro ma a kui ma is gained from learning, experiencing and revisiting aspects of a person's heritage, and te reo Māori would be one example of such. It could than be argued that by addressing these particular dimensions of a person's health needs, wairuatanga is being addressed as well, strengthening the mauri inherent in each dimension. This article is framed on a negative backdrop of ill health but it uses positive health messages to encourage healthy Māori communities. Coverage in The Gisborne Herald also took note of the lack of significant difference in take-up rates between Māori and non-Māori. Sources from Māori communities were drawn upon to portray the health concern of meningococcal at it was relevant to Māori.

Articles that did focus on Māori in reference to meningococcal gave prominence to negative constructions of Māori. Māori were portrayed as apathetic in response to the vaccination programme and Māori parents were as a result framed as being neglectful. The above position was exemplified in an article titled 'Māori slow to have children immunised' (*The Rotorua Daily Post*; September 11, 2004). This article claimed that a lack of transport and 'poverty issues' were being 'blamed' for low take-up rates amongst Māori. The article then made the point of profiling the budget of \$200 million in place for the vaccination programme. The article goes on to quote a source, the director of the vaccine programme, as being 'disappointed' that less than half of all Māori children under five had 'taken up the offer of free immunisation' implying that not only are Māori apathetic and neglectful but an expensive liability on the rest of New Zealand society. This supports Loto et.al's (2006) findings where positively framed stories of ethnic minorities often make reference to a common backdrop of ill health and other social problems facing these communities.

No Māori voices formed a part of any media articles. Authoritative voices relied on by the media came from various 'experts'; researchers, scientists, ethic experts, and medical professionals (such as politician Health Minister Annette King). These findings are similar to those of Loto et.al's (2006) where minority voices were silenced, with majority voices drawn upon to frame issues relevant to ethnic minority groups. Where minority groups were represented they would be characterised as one-dimensional and inferior 'others', as exemplified in the above observations (Loto, et.al, 2006). The critical issue here is that the relative invisibility of Māori as sources in the print media raises serious issues about the diversity in news coverage.

Few of the expected Māori cultural concepts were evident in the community print media sources examined. Instead there was stigmatisation of Māori as apathetic, deviant, neglectful and dependent on mainstream support. These findings support Loto, et.al's (2006) where this is the common minority ethnic identity formation, which is comparatively different to that implied for Pakeha (active, independent, competent and caring). Māori perspectives were disadvantaged in news coverage on meningococcal, Māori voices were marginalized and non-Māori perspectives were drawn upon to frame issues of concern to Māori.

Framing the Meningococcal debate as an issue of a structural media template versus an individual responsibility media template

The media template most prevalent in all media print sources was the biomedical framing of disease and ill-health to explain why people were contracting the disease. This individualises the problem and does not explain the pattern of disease and illness, that is, why some people, or particular ethnic groups, are more likely than others to suffer from illness (McLennan, et.al, 2000). The bio-medical template carried with it an entire frame closely circumscribing perceptions of the new recent health concern of meningococcal (Kitzinger, 2000). Particular stories were advocated, relationships generated and supported, prejudices too (Silverstone & Georgiou, 2005). The bio-medical media template of disease treated individuals as if they were simply the asocial, neutral, biological and passive hosts for disease mechanisms (McLennan, et.al, 2000). Within this template Māori were portrayed as unhealthy, neglectful, apathetic and deviant. Alternative templates to challenge this medical and social positioning were undermined, disregarded and not particularly visible. As a result coverage failed to address the structural health concerns facing Māori, which necessitates social change (Hodgetts, et.al, 2004).

Conclusion

The media are a central and powerful element in promoting a dynamic civil society. This research project has highlighted the need for psychologists, health providers and researchers to explore how media coverage preserves social structures that are harmful to people's health. In particular, psychologists, health providers and researchers need to go beyond merely monitoring coverage to engage with the producers of the coverage, providing feedback from monitoring, in an effort to help produce more rounded explanations of health disparities (Hodgetts, et.al., 2004). Social and political participation are important, and necessary for developing strategies that promote community participation rather than just inform personal behaviour (Wallack, 2003).

The relative invisibility of Māori as sources in the media raises serious issues about the diversity in news coverage (McGregor & TeAwa, 1996). The recruitment and retention of minority journalists in media is in urgent need of industry movement. As such, this study has been a reminder of the continual significance of political conflict, both within minorities and in the interaction between minorities and majorities, when it comes to control over media and participation and the right to have a voice (Silverstone & Georgiou, 2005). Māori and other minorities search for a voice in Aotearoa media, a voice free of stereotypes, bias, conflict and sensation and a voice which echoes their own aspirations and achievements (McGregor & TeAwa, 1996).

Glossary of Māori terms

Ha a koro ma a kui ma:	The breath of life from our forebears
Hinengaro:	The mind
Karakia:	Prayer
Kuia:	Elderly woman
Mana ake:	The uniqueness of each individual and family
Mauri:	Life force
Mokopuna:	Grandchildren
Rangatiratanga:	Self-determination, self-management, and leadership
Raranga:	Weaving with flax
Rongoa:	Natural/herbal remedies
Tapu:	Sacred, holy, or unclean.
Te reo Maori:	Maori language
Taha tinana:	Physical wellbeing
Te tahu whanau:	family
Tikanga Maori:	Maori Customs/traditional practices
Toi Maori:	Maori arts and crafts
Tohunga:	Spiritual advisor
Waiora:	Total well-being for the individual and family
Wairuatanga:	Spirituality
Whanaungatanga:	Family-like social cohesions, extended family, kinship, social roles and bonds
Whanau:	Family
Whatumana:	The open and healthy expression of emotion

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Appendix four: Summary of three Maori models of health. (2003). In *Maori Public Health Action Plan 2003-2004: Public Health Directorate*. Wellington: Ministry of Health.

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