

Cultural vehicles and Māori television: what Māori world resources are used to communicate health messages to Māori?

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Abstract: Recent research into the media's influence on public health recommends that researchers take the media seriously. The media can both enhance or undermine public health objectives, as it is a primary source of common narratives around health and illness. Previous research has identified the effectiveness of Māori framed health messages yet little is known about indigenous media outlets and how they mobilize indigenous health related cultural concepts. In this paper, we report our findings from a study that investigated how Māori cultural concepts are used by the Māori Television Service, specifically Te Kāea news, to communicate to its audience health messages about Meningococcal B immunisation. Several months of news and current affairs footage were reviewed and cultural metaphors used to communicate issues around the Meningococcal B virus identified. In contrast to campaigns such as Auahi Kore (Smoke Free) we found limited use of cultural imagery, cultural role models or settings. While Te Kāea News is in the Māori language, the content does not appear to vary dramatically from mainstream reporting, where the bio-medical model is dominant, and socio-economic explanations are negated.

Keywords: Māori health, meningococcal disease, socio-economic determinants, television.

Introduction

In Aotearoa, Māori media have been used for over 100 years to maintain Te Reo Māori and Māori cultural practices (Curnow, Hopa, & McRae, 2002). Various cultural concepts are constantly entering the public domain through a range of channels from bilingual signage to iwi radio and television. With the recent launching of the Māori Television Service (MTS) in 2004, there is an opportunity to explore how Māori cultural concepts pertaining to health are being communicated through the medium of the MTS to promote healthy futures for Māori. In particular, this paper examines how the MTS has been used in the Meningococcal B immunisation campaign in light of recent research into the various ways in which mass media affect public health, and the role that indigenous media outlets can play in improving the health of indigenous communities.

A growing body of media health research is finding that mass media can both enhance and undermine public health objectives and is recommending that public health researchers take the media seriously. Wallack (2003) explains that media have a major influence on public health depending on how public health problems are conceptualised. If, for example, we conceive of public health problems as an issue of public ignorance about healthy behaviours, then media can be used to deliver information to target audiences in order to effect a change in behaviour. This has been the traditional way in which media have been used in public health campaigns. If, however, we conceive of public health as an issue of social responsibility, media can also be used as a vehicle for increasing civic and political participation by the public in order to promote social change. Wallack goes on to explain that traditional behavioural oriented media campaigns have failed to bring about significant public health improvements because they have failed to address fundamental issues of social justice. This point is underscored by Karpf (1988), who holds that the emphasis on treating illness obscures broader social issues pertaining to political, social, and economic factors. Such an emphasis is termed "medicalisation," which was used by Zola (1972) to describe the dominance of medical understanding as a way of defining health and illness. Zola argued that

the monopolistic promotion of medical ways of understanding health extends beyond health institutions, such as hospitals, and into our everyday life, and it functions as a form of social control. Other researchers have shared similar concerns as Zola, such as Freidson (1970), who commented on the inappropriate defining of social problems as illnesses, and Illich (1976), who expressed his concerns that modern medicine was becoming physically and socially harmful due to the increasing dependence upon medicine as a panacea. Such promotion of the bio-medical approach to addressing illness has a considerable influence over public perceptions about how to treat illness (Crawford, 1980), and this has led to public becoming dependent on medicine for understanding issues of health and illness (Karpf, 1988).

Furthermore, the way in which health issues are represented by mass media can powerfully influence the formulation of health policy, which in turn determines the nature of the treatment (Jason & Rose, 1984; Monroe, 1983; Page & Shapiro, 1989). This is in large part due to the way in which mass media representations affect the perception of public opinion. Tompsett et al. (2003) hold that policy-makers are influenced by how media represent public perceptions of health issues. This, in turn, affects how policy is designed. They report: "A false perception of collective opinion derived from biased media coverage could prove particularly detrimental when it is held by those with the power to shape social policy" (p. 242). These findings are supported by Hutson & Liddiard (1994), who explain that media portrayals of an issue colour the perception of public attitudes. It is imperative, therefore, that in order for public health campaigns to be truly effective, the influence of the media must be taken into account.

Fortunately, there appears to be an increasing trend towards forming health policy that takes social determinants of health into account. Wilkinson and Marmot (2003) in the World Health Organisation Europe's document on the social determinants of health, report:

The good news is that an increasing number of Member States today are developing policies and programmes that explicitly address the root causes of ill health, health inequalities and the needs of those who are affected by poverty and social disadvantage" (p. 5).

Aotearoa New Zealand has followed suit, as reflected in the New Zealand Health Strategy (2000), which acknowledges the need to reduce inequalities in socio-economic factors like housing, income, employment, and a sense of control over life circumstances. "The most fundamental approach to reducing inequalities in health is to tackle their root cause; that is, address the social, cultural, economic and historical inequalities themselves" (p. 20). However, this does not mean that these factors are being incorporated into specific strategies for addressing problems in these domains. Indeed, while the New Zealand Health Strategy recognizes the need to address inequalities in these areas, the subsequent 2004 report entitled "Reducing Inequalities in Health" admits the relative powerlessness of the Ministry of Health to effect meaningful changes at this level. It states: "From the perspective of the health sector, the disadvantage of a structural approach is that it is not directly within our control" (p. 20). However, the report *does* acknowledge that the Ministry of Health can take a lead role in promoting a wider and more strategic approach. We would expect this role would be evident in public health media campaigns.

Apart from obscuring socio-economic determinants, a further negative effect of the traditional behavioural approach toward addressing health and illness is that if the target audience does not take up the recommended practice they are seen as apathetic. In this respect, mass media plays a significant role in determining how target communities are portrayed in health reporting. In Aotearoa New Zealand, for example, Loto et al. (2006) studied print media over a 3-month period and found that Pacific people are "predominantly portrayed as unmotivated, unhealthy and criminal others" through New Zealand's mass media outlets (p. 1).

Health researchers also play an influential role in how public health issues are framed and picked up by the media. Again, in Aotearoa New Zealand researchers have been investigating the relationship between

local media representations of health issues especially in relation to Māori and Pacific Islanders. Hodgetts, Masters, and Robertson (2004) have analysed New Zealand media responses to a 2003 New Zealand Ministry of Health report entitled 'Decades of Disparity', which described the negative impact of neo-liberal policies on mortality rates of Māori and Pacific peoples. Their investigations revealed the media framed this issue with a strong emphasis on individual responsibility, and the importance of addressing social determinants was downplayed. A subsequent paper from Hodgetts and Chamberlain (2006) calls for a critical media research agenda for health psychology because of the way in which media construct shared understandings of health, particularly those underlying health policies and interventions. The authors argue:

...the present research focus is substantially medicalised, privileging the investigation and framing of certain topics, such as the portrayal of health professionals, medical practices, specific diseases and lifestyle-orientated interventions, and restricting attention to structural and social determinants of health..." (Hodgetts & Chamberlain, 2006, p. 2).

Another way in which media can undermine public health, specifically in relation to racism, has been examined by Nairn, Pega, McCreanor, Rankine, and Barnes (2006), who studied the role of mass media in perpetuating harmful or erroneous information about racial groups, which undermines community and social networks and relationships. This depletes what has come to be known by social scientists as the community's "social capital." Wallack (2003) describes social capital as comprising social components that allow "groups to work together towards shared goals that create mutual benefits." They include such things as social trust, a strong sense of community, supportive networks, and shared ideals of reciprocity and interdependence (p. 212). It is a kind of social "currency," which when accumulated provides a community with a sense of security and self-determination. The importance of social capital is being revealed through research into the relationship between levels of social capital and levels of public health. Wallack (2003) explains the critical role that mass media plays in this issue: "If social capital is the glue that helps communities work effectively on collective issues, then it is important that the media do not dissolve the bonding capacity of the glue" (p. 600). Wallack goes on to highlight the active role that media can take in increasing social capital through media strategies like civic journalism, media advocacy, and photo-voice.

Other researchers are specifically exploring how indigenous media outlets can use mass media to improve both the health of their audiences and the relations with dominant ethnic groups (Silverstone & Georgiou, 2005). These researchers describe media outlets as forums for diverse cultural practices and as sites within which traditions and knowledges 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 knowledges to dominant discourses such as those of medical science. With the recent establishment of the Māori Television Service, New Zealand researchers have an opportunity to localise the research done on overseas indigenous media outlets to examine how this forum is being used to address issues of Māori health and illness, as well as socio-economic disparities. Indeed, a few local researchers are already examining this issue and have found that current increases in Māori media production have been vital in building strong networks within Māori communities, improving education, and maintaining advocacy for social justice (Hodgetts et al., 2005).

Previous research has identified the effectiveness of Māori-framed health messages. Cultural models of health have been proposed that acknowledge the holistic nature of Māori concepts of health and illness. The MTS would seem an ideal forum for the promotion of these concepts, which challenge the bio-medical model. For example, Pere (Love, 2004) uses the eight tentacles of the octopus to symbolise eight elements that collectively contribute to overall health. These eight elements are: wairuatanga (spiritual), tinana (physical), hinengaro (mental health), whanaungatanga (extended family), mana ake (individual uniqueness), mauri (life principle), hā a koro mā a kui mā (cultural heritage), and whatumanawa (the open

and healthy expression of emotion). Durie (1998) proposed a similar model, Te Whare Tapa Whā, which likens health to a house supported by four walls representing physical, mental, spiritual, and family health. Later Durie proposed Te Pae Mahutonga as a model for health promotion, drawing on the symbolism of the Southern Cross constellation with its two pointers. These components comprise Mauriora (cultural identity), Waioara (environmental protection), Toiora (healthy lifestyles, preventing poverty, healthy housing), Te Oranga (participation in society, politics, education, economics), with the two pointers being Ngā Manukura (leadership development), and Te Mana Whakahaere (autonomy). With regard to Te Mana Whakahaere, Durie (2004) explains: “no matter how dedicated and expertly delivered, health promotional programmes will make little headway if they operate in a legislative and policy environment which is the antithesis of health”.

This research project investigated the role of the Māori Television Service in health communication. We explored how the MTS is reporting health issues to its audience and how it uses Māori cultural concepts to communicate about these issues. For the purposes of this study, we are proposing the term “Māori world resources” (Nikora, 2006) because the term “Māori cultural concepts” tends to have a narrow focus on traditional concepts like those mentioned by Pere (Love, 2004) and Durie (1998), but it does not accommodate many of the contemporary resources that Māori utilise to meet their needs. Such contemporary resources might include using Māori celebrities and professionals as role-models, Māori rap music, Māori websites, and e-pānui (i.e., Internet announcements). Furthermore, the term “Māori cultural concepts” does not deal well with time and change, fourth-world status of indigenous peoples, modernisation, mobility, and cultural pluralism and diversity (Nikora, 2006).

The specific focus of this study was an examination of how the Māori Television news programme, Te Kāea, reported on the issue of Meningococcal B throughout the 2004 to 2005 immunisation campaign. This research aimed to identify the ways in which indigenous media can be used to build awareness of how Māori and public institutions can dialogue with consistent and common terminology about contemporary health issues. Furthermore, it aimed to foster understanding of a Māori worldview on health issues.

To do this we wanted to identify the following elements: 1) the range of Māori world resources in use, 2) the broad domains they fall into, and 3) the common or regular ways in which they are used to promote healthy Māori futures. Among the traditional resources, we expected to find use of Te Reo, references to tikanga (cultural practices that prevent spread of infection and maintain health), appeals to whanaungatanga (such as the “It’s all about whānau” slogan used by the Auahi Kore campaign), marae imagery, Māori role models, kapahaka event sponsorship, appeals to kaumātua-mokopuna (elder-grandchild relationships), and exploration of rongoā Māori (traditional medicine) as a complement to vaccination).

The broad domains these concepts were divided into included: 1) language, 2) imagery, and 3) Māori health models. With regard to language, we expected to find not only the use of Te Reo, but also the reference to cultural concepts that reflect the holistic nature of a Māori view of health (Durie, 1998). Regarding imagery, we expected to find images similar to those used in the Auahi Kore campaign, such as Dr. Pita Sharples with a whare nui in the background, or contemporary role models such as actor Cliff Curtis. Regarding Māori health concepts, we were looking for episodes that referred to the models of health proposed by Durie (Te Whare Tapa Whā and Te Pae Mahutonga) and Pere (Te Wheke). In addition, and as a natural extension of the holistic nature of the above-mentioned Māori health models, we wanted to identify how the MTS contributes to public awareness of other determinants of health, such as social and political factors. Wilkinson and Marmot (2003) list several social factors that the World Health Organisation has recognised as key social determinants of health. These include social gradient, stress, early life, social exclusion, work, unemployment, social support, addiction, food, and transport. We also looked for discussion on the political factors that powerfully influence the formation of health policy.

Methodology

While we initially employed a quantitative content analysis of the material in which we counted the occurrence of the cultural concepts and Māori world resources mentioned above, our findings revealed that few concepts were being used beyond the use of Te Reo Māori itself. While this finding was interesting, the method of analysis did not help explain the findings. We therefore employed a qualitative content analysis of the text and context of the news coverage to reveal the complex levels of symbolic power and representation in media depictions of health and illness (Hodgetts, Masters, & Robertson, 2004). This approach was appropriate because it moved the focus of analysis beyond simply describing and measuring elements in the coverage, and instead examined the political and socio-cultural processes that underlie mass media representations.

In our analysis of the video recordings we identified how the general issue of Meningococcal B was framed and how Māori people were positioned in this coverage. That is, we identified whether the reporting included the three categories of Māori world resources we previously mentioned, and we examined whether the same medical template commonly used by journalists was present in MTS reporting.

The data collection phase of this study comprised recording several months of news and current affairs footage from the Māori Television Service. Specifically, 78 episodes of Te Kāea (MTS news) and 12 episodes of Te Hēteri (MTS's flagship current affairs programme) were recorded. The episodes of Te Kāea were from November 10, 2004 to December 3, 2004, and from May 2, 2005 to July 22, 2005. The episodes of Te Hēteri were recorded on November 2004 (10, 11, 24), December 2004 (1), May 2005 (25, 31), June 2005 (1, 8, 22, 29), and July 2005 (6, 13, 20). The episodes that dealt with Meningococcal B were identified, transcribed, and translated into English.

This data included the following elements:

Use of cultural concepts in language

These included use of whānau concepts, use of Te Reo, promotion of rongoā Māori as a complement to the vaccination, the promotion of tikanga Māori, and the mention of tino rangatiratanga to call attention to the broader politics around this issue. The general use of language (in Te Reo Māori as well as the English translation) was also analysed to examine the underlying themes that determine how issues were represented in MTS reporting.

Use of cultural concepts in imagery

The use of cultural imagery, such as used in, but not limited to, the Auahi Kore campaign, was determined by whether there was a deliberate use of traditional or contemporary cultural imagery in the camera shots to communicate around this issue. These included use of Kohanga Reo classrooms as a background, Elder-mokopuna relationships, marae imagery, Māori celebrity rolemodels, and kapahaka festival sponsorship. We also examined what kinds of images were used in conjunction with text, and how these images contributed to the overall themes embedded in the narrative of MTS's reporting about the Meningococcal B immunisation programme.

Inclusion of Māori health models and other health determinants

These included mention of Te Whare Tapa Whā, Te Wheke, and Te Pae Mahutonga, as well as calling attention to socio-economic and political health determinants.

Findings

None of the twelve episodes of Te Hēteri covered the Meningococcal B issue. Perhaps this was because the shows occurred during an election year. Indeed, every Te Hēteri episode was totally dedicated to covering the 2005 election. Regarding the Te Kāea footage, six of the seventy-eight episodes featured items on Meningococcal B. Considering the great number and variety of health-related issues covered in the news, we believe this to be a high percentage of time dedicated to reporting on this issue. While the main aim of this research project was to identify the cultural concepts and Māori world resources used to communicate health messages to Māori audiences, we found that virtually none of these concepts or resources were being used. The framing of Meningococcal B offered no challenge to the dominance of the bio-medical model. This, in itself, is an important finding, as it reveals a largely untapped resource for development. However, because the initial aim of this research was not achieved, we shifted our focus to finding explanations for the lack of cultural concepts used.

Our analysis of the use of cultural concepts in language found there were only two consistent linguistic concepts employed: “wero” and “pā” (and their passive forms, “werohia” and “pāngia”). The Williams (1992) dictionary defines “wero” as “pierce,” “spear,” or “sting of an insect,” and thus its passive form “werohia” means “pierced” or “speared.” Traditionally, the wero conjures up images of the marae and the ritual encounter of the challenge that is offered to visitors. It does not immediately refer to injections, immunisations, or vaccinations. However, in the context of Meningococcal B vaccinations, “wero” is used to mean “injection,” which is consistent with Te Matatiki (Māori Language Commission, 1996). This relatively new use of the word “wero” is an example of how traditional cultural concepts are evolving and taking on new meaning in contemporary contexts. For example:

“Ka werohia te tekau mā tahi mano o ngā tamariki rangatahi Māori o te Whanganui-a-Tara. Ko te manako ka whakawhiwhia ngā tamariki ā rātou wero e toru i roto ngā marama e whitu e haere ake nei” (9 May 2005)

Translation: Eleven thousand Wellington Māori children and youth will be vaccinated. The intention is for children to receive their three vaccinations within the next seven months.

Kua werohia katoa ngā tamariki i roto i tēnei Kohanga Reo kei Te Oreore marae (10 June 2005).

Translation: All the children in this Kohanga Reo at Te Oreore marae have been vaccinated.

The terms “pā” and “pāngia” were also used frequently. The Williams (1992) dictionary defines “pā” as “touch” or “strike,” and thus its passive form, “pāngia,” means “touched” or “stricken.” For example:

Tokorua ngā ākongā o te kura tuarua o Rāhui Pōkeka kua pāngia e te mate kiriuhi ua kakā. (16 June 2005)

Translation: Two students of Rāhui Pōkeka secondary school have been stricken by Meningitis.

Mō ngā rima tau ka huri i te Matau-ā-Māui nei kotahi rau tekau ngā tāngata kua pāngia e te mate kiriuhi ua kakā nei. (3 December 2004).

Translation: In the past five years here in the Hawkes Bay, one hundred and ten people have been stricken by Meningitis.

This term constructs disease as an affliction – an external agent that acts on a person as a result of their deeds or circumstances, or by the deeds of their associates. It is neutral in that it does not explicitly frame disease in a bio-medical or socio-economic frame, and therefore it has the potential to be used equally to refer to medical as well as socio-economic factors. However, the use of this term was repeatedly accompanied by medical imagery, as well as being discussed in a bio-medical context, which biased the neutrality of the term toward a bio-medical interpretation. For example, the 3 December 2004 item above

was about a vaccinator's course for Hawkes Bay nurses, and the item contained images of syringes and demonstrations by immunisation experts on how to correctly perform the vaccination.

The only other concept mentioned was the Elder-mokopuna relationship. However, this concept was mentioned in the context of Māori Party MP Tariana Turia's much criticised decision not to have her grandchild vaccinated. None of the other cultural concepts we expected to find in language were mentioned, such as related language around rongoā Māori, whānau, tikanga, and tino rangatiranga.

Our analysis of the use of the imagery in the news items found limited use of cultural concepts and contemporary resources, such as used in Auahi Kore, to promote this campaign. The only two cultural concepts repetitively used in imagery were Kohanga Reo classrooms and whānau imagery. Kohanga Reo classrooms appeared as backdrops in two of the six items as common sites for the immunisation campaign. Both items were accompanied by text explaining that each of the children had been vaccinated, and the footage depicted them as healthy and energetic children who were now safe from the infectious disease.

Whānau imagery was used frequently throughout the news items, where parents were shown holding their children while the child received an injection. Some children were shown crying from the pain of the injection, but immediately after were given a lollipop or balloon to distract them. Other children were shown receiving their vaccination and were not crying. This imagery represented vaccination as a painful but necessary procedure for protecting the lives and well-being of our children.

Not one of the Māori models of health (proposed by Rose or Durie) was mentioned, all of which challenge a purely bio-medical way of conceptualising this issue. Considering the fact that the Ministry of Health website references all three health models (Te Wheke, Whare Tapa Whā, and Te Pae Mahutonga), one would expect to hear them referenced at least once in any serious media report about health issues pertaining to Māori.

The paucity of cultural concepts and resources included in this reporting led us to investigate issues of symbolic power and representation, which we believe are of greater concern for the health of Māori audiences. Symbolic power refers to the amount of influence a dominant group has in determining how an issue or group of people is represented through mass media (Couldry & Curran, 2002). An understanding of these issues is essential if minority groups are to gain a legitimate voice in representing themselves and in promoting a sophisticated understanding of issues affecting them. News coverage plays a major role in creating such a voice. Pietikäinen (2003) states:

For any group, let alone a minority, news coverage is a means of gaining wider attention for their agenda, of making their voices heard, and of possibly making a difference on issues important to them. News is also a highly controlled forum of ideas and voices. It not only gives room for the flow of ideas and information, but it may also inhibit this flow" (p. 583).

Hodgetts, Masters, and Robertson (2004) investigated the use of symbolic power in New Zealand television when reporting on Māori health disparities. They explain: "in colonised societies, such as Aotearoa, symbolic power is monopolised by the settler society" (p. 458). Although Hodgetts, Masters, and Robertson's research applied specifically to mainstream television in Aotearoa New Zealand and predated the 2004 launching of MTS, our findings demonstrate the same issues of symbolic power apply here, as Te Reo Māori was used primarily as a vehicle to transfer the dominance of the bio-medical model into Māori journalistic frameworks for reporting on this disease. The following quote provides a typical example of the dominance of the bio-medical theme used:

Announcer: Hē katoa ana ngā whakahau a te tō rangapu Kākāriki me wētahi atu hunga whakahē i wēnei rongoā. Koirā te urupare atu a ngā Āpiha Hauora ki ngā amuamu mo te kaupapa wero mō te mate kiriuhi ua kakā....

Health Officer commenting: Ko te mea nui ki te matua, ki ngā mātua, te whai i tētahi huarahi pai, huarahi whakaora i tōna ōna tamariki (10 June 2005).

Translation:

Announcer: The comments of the Greens political party and other objecting groups to this vaccination are wrong. That is the response of health officers to the complaints about the injection campaign for the Meningococcal B disease....

Health Officer commenting: The important thing to parent(s) is to have a good pathway for ensuring the health of their child(ren).

In this item, the “expert” voice is that of an āpiha hauora (Māori health officer), who makes a sweeping discount of any critiques of the immunisation programme. The health officer also held an administrative position in the MeNZB immunisation campaign. A camera shot of Kohanga Reo children playing happily and energetically is included, with a voiceover explaining that all the children in this classroom have been immunised. Thus immunisation was portrayed as the cause of their happiness and health, and the accompanying text suggested vaccination is the only pathway to ensure the future health of our children. No space was allocated in this report for further investigation of the arguments put forward by the Greens political party and other groups objecting to the vaccination programme. A further example:

He hapa nui tō Tāriana Tūria mō tana whakaaro kia kaua āna mokopuna e werohia e te rongoā ārai i te mate kiri uhi ua kakā. Koinā te whakahau a Mita Ririnui rāua ko te minita hauora a Annette King... Hai tā Tāriana kāore anō te rongoā nei kia āta whakamātauria, ā, kua tipu te rahi e pāngia ana e tēnei mate. Nō reira kāore tana hiahia kia werohia āna mokopuna e rua. Tētahi take mo tēnei mate kino nā te rahi rawa e noho ana ki te kāinga kotahi. Nō reira kei te kāwana anō te rongoā hei tā te kaiārahi o te Pāti Māori....(11 July 2005).

Translation: Tāriana Tūria has made a grave error in her decision not to immunise her grandchildren with the vaccine for Meningococcal B disease. That is the pronouncement of Mita Ririnui and the minister of health Annette King...According to Tāriana, this vaccination has not yet been carefully tested, and the numbers stricken by this disease have peaked. Therefore, it is her desire not to have her two grandchildren vaccinated. One reason for the incidence of this awful disease is crowded housing conditions. Therefore, the government itself has the solution to this problem, says the leader of the Māori Party....

This item assumes a narrative stance that all parents should have their children immunized. While it acknowledges Tariana Turia’s critique of immunisation, it still promotes the needle approach and describes Turia’s decision not to have her grandchild immunised as irresponsible. Again, the “expert” voice is that of the proponents of vaccination, and the critic’s voice (in this case, Turia’s) is discounted without any chance of rebuttal. The imagery in the item invokes traditional images with Tariana Turia holding her grandchild in front of a whare tupuna (ancestral house), with kuia (elder women) in the background singing songs, giving an impression of solidarity and strength. However, a larger portion of the item’s imagery comprised medical symbols, with a syringe, shots of children receiving their vaccinations, and to a child who is temporarily upset from the needle but ultimately okay. The item finishes with the image of what can happen if a child is not immunised, displaying a disturbing picture of an infant stricken by Meningitis. Again, no space was provided for further investigation of the critical argument.

The analysis of these items reveals a calculated effort on behalf of the Ministry of Health to use propaganda tools in delivering health messages to MTS audiences. Propaganda is defined by Pratkanis & Aronson (1992) as “the communication of a point of view with the ultimate goal of having the recipient of the appeal come to ‘voluntarily’ accept this position as if it were his or her own” (p. 9). To achieve this end, several tools may be used. Two of these tools are: 1) testimonials of “experts,” and 2) fear appeals, both of which are evident in the Te Kāea news items. Examples of “expert” testimony as a propaganda

tool have been mentioned above to discount the opinions of critics (Tariana Turia, the Green Party, and others). The following transcriptions provide examples of the use of appeals to fear:

Kei te puta tonu ngā āwangawanga o ngā mātua me ngā ratonga hauora mo te mate kikino... (22 November 2004)

Translation: Concerns are still arising for parents and health providers about the terrible disease...

“Mō ngā rima tau ka huri i te Matau-ā-Māui nei kotahi rau tekau ngā tāngata kua pāngia e te mate kiriuhi ua kakā nei. E rima tekau o rau, he Māori, waru o rau o ngā whānau mautere. Ā, mai i te putanga o te mate nei i te tau kotahi mano iwa rau iwa tekau, tokowaru kua mate.”

Translation: For the past five years here in the Hawkes Bay, one hundred and ten people have been stricken by Meningococcal B disease. Fifty percent of them were Māori; eight percent were Islanders. Also, since the emergence of this disease in 1990, eight people have died.

“Kei te tu kaha ngā kaiwhakarite o tēnei kaupapa kia manawanui tonu ngā mātua. Ko tēnei kano te mea morikarika rawa atu” (22 November 2004).

Translation: The developers of this programme are strongly encouraging parents to remain steadfast. This strain is the most terrible of all.

“Kei te puta tonu ngā āwangawanga o ngā mātua me ngā ratonga hauora mo te mate kikino...” (22 November 2004).

Translation: The concerns of parents and health providers continue to arise regarding the awful disease....

Te mate kiriuhi ua kakā he momo mate e whakamataku ana I ngā whānau ngā hāpori o te motu (16 June 2005).

Meningococcal B is a disease that is causing fear for families and communities throughout the country.

It is important to mention that this is not an attempt to invalidate the place of medicine in public education about, and treatment of, Meningococcal B. We are concerned, however, about the unbalanced picture that is being painted by the MTS's (and, of course, mass media in general) representing this issue from a purely bio-medical perspective, especially given the substantial research available identifying the socio-economic factors also needing attention.

The following literatures offer explanations for the dominance of the bio-medical model in MTS reporting. First, Petersen (1994) describes the pragmatic realities of operating a news production. He explains that the dominance of the medical view in television reporting is heavily influenced by the pragmatic realities of television production, and that this tends to happen more so in news reporting:

Part of the explanation for this focus on the biomedical approach to illness ... must be found in the routine workings of media business; for example, tight deadlines for news stories, the perceived need for items or shows with 'entertainment value' and, in the case of television, the requirements of programming and advertising (Petersen, 1994, pp. 135–36).

These pragmatic realities may make it difficult to provide more than a superficial synopsis of news events, which by default tend to draw on already existing understandings about health and illness. Nairn, Pega, McCreanor, Rankine, & Barnes (2006) explain the difficulty faced by proponents of alternative views in presenting their complicated concerns in the limited airtime afforded them, because they have to explain their underlying assumptions before presenting their argument. They cannot rely, as mainstream reporting does, on existing understandings created by previous media constructions. However, this explanation does not acknowledge the active role that news producers, as active mediums, play. A further pragmatic

reality in news production has to do with the cost and availability of discourse and imagery to facilitate news production. Bio-medical catch-phrases and imagery are readily available and already a part of shared public understandings of illness, and therefore they are a convenient and inexpensive resource for news reporting. Conversely, it is very difficult to locate catch-phrases and imagery symbolising socio-economic and political explanations for illness. As such, they are neither inexpensive nor conveniently accessible.

Another explanation for the dominance of the bio-medical model is that dominant discourses about health and illness tend to follow one of the basic rules for producing effective propaganda: Simple but frequent messages and images create our knowledge of the world, define our truth, and define desirable behaviour (Pratkanis & Aronson, 1992). This knowledge is not lost to immunisation policy-makers in New Zealand, as Mansoor (1997), who produced a report designed to improve uptake of childhood immunisations in New Zealand, recommends: "Parents must be met with consistent messages from a variety of sources, backed up by appropriate personal contact with health professionals and/or significant and authoritative community leaders" (p. 3). That similar messages are found in MTS reporting merely demonstrates the dominance of medical frameworks in all mass media outlets, even indigenous ones. This would also explain the sweeping dismissals of the criticisms of the immunisation programme in that to accommodate those perspectives in the MeNZB marketing campaign would only serve to dilute the simple message required in order for the campaign to be successful.

At this point, it would be appropriate to outline the goal of the Māori Television Service in order to measure how our findings relate with the channel's stated purpose and values. The MTS website (www.maoritelevision.com) states: "The aim of our channel is to play a major role in revitalising language and culture that is the birthright of every Māori and the heritage of every New Zealander." It goes on to describe the channel's values as Rangatiratanga (authority and respect), Manaakitanga (holistically take care of), Whanaungatanga (nurturing relationships), Wairuatanga (spirituality), Mana Māori (prestige), Pono (truth, honesty, integrity), Kia mārama (being transparent), Kia mōhio (sharing knowledge), Tātou tātou (inclusive). If the primary aim of the MTS is the revitalisation of Te Reo Māori, then the issue of unbalanced representation between bio-medical and socio-economic perspectives when reporting on health and illness is not overly surprising. However, the holistic nature of the channel's stated values, especially Manaakitanga and Mana Māori, should be reflected in the way Te Reo Māori is used in news reporting, as well as providing balanced imagery.

Conclusion

This research project has found that in reporting on the Meningococcal B issue, the Māori Television Service has used few cultural resources beyond Te Reo Māori as a cultural vehicle for communicating about Meningococcal B to its audience. This differs dramatically from the Māori world resources in language and imagery used by the Auahi Kore campaign. However, of greater concern for health of Māori audiences is the dominance of the bio-medical paradigm in language and imagery when reporting on this issue. Our qualitative content analysis revealed that bio-medical representations of health and illness have determined the nature of MTS reporting about Meningococcal B.

This report is not intended as a criticism of MTS, which as an institution is still very much developing and clarifying its values and role in Aotearoa New Zealand. As the literature cited in this study demonstrates, the same imbalance between bio-medical and socio-economic determinants of health and illness are also prevalent in all mainstream media. Instead, this report highlights an opportunity for media and public health researchers working from a critical health paradigm to support the MTS's ability to act as an agent of social change by incorporating and promoting other ways of defining health and illness in addition to bio-medical explanations. This could be achieved by establishing collaborative relationships between social scientists working from a critical public health perspective and MTS journalists reporting on health

issues. If such collaboration is not created, the bio-medical model will continue to dominate media representations of health and illness, both in mainstream and indigenous media outlets, and socio-political determinants of health will remain largely unaddressed.

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