

# **Māori and community news constructions of Meningococcal B: The promotion of a moral obligation to vaccinate**

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News media communicate various risks of disease, showcase medical breakthroughs and disseminate texts that both reflect and renegotiate shared cultural understandings of health and illness (Seale 2004). Coverage is predominantly biomedical in focus, promoting the wonders of modern medicine and showcasing the biomedical arsenal for combating specific diseases (Hodgetts & Chamberlain 2006). Supporting these assertions, researchers have documented trends in the cultural framing of specific disease epidemics from HIV/AIDS (Gwyn 2002) to SARS (Wallis & Nerlich 2005) through news coverage. Such studies reveal a militaristic framing that focuses on the consequences of 'evil killer bugs' or 'insurgents overwhelming the body's defenses'. Diseases are personified as ruthless and somewhat indiscriminate killers to be feared, and at the same time emphasis is placed on the moral obligation to fight the spread of disease. Reports regularly draw on notions of shame and guilt to encourage compliance with biomedical technologies (*cf.* Clarke & Everest 2006). Here coverage reflects the merging of a biomedical emphasis on responding to or curing disease with an individual lifestyle approach to prevention, which emphasizes the moral obligation of individual consumers to ensure their own health, while neglecting wider societal or structural considerations (Hodgetts Bolam & Stephens 2005).

Some time ago, Karpf (1988) proposed that the stress on specific diseases and biomedical responses to invading germs in media representations displaces and contributes to the neglect of broader social issues pertaining to political, social, and economic causes of illness (Bambra Fox & Scott-Samuel 2005). Health coverage tends to obscure, or when evident dismiss, wider social determinants of health, including crime and relative deprivation, as politically motivated distractions (Hodgetts Masters & Robertson 2004). Thus, news media effectively depoliticise health by emphasising individual responsibility and biomedical responses to specific diseases (Hodgetts & Chamberlain 2006). This occurs in Aotearoa despite the direct relevance of such broader considerations, including

low household budgets and poor housing conditions, social stigma and marginalisation, and power inequities for Māori who face significantly shorter life expectancies and higher rates of illness than Pakeha (Hodgetts et al 2004; Nairn et al 2006; Reid & Cram 2005).

Māori have endured over 200 years of contact with the Western World – reacting and adapting to its presence, integrating and adopting Western beliefs, ways of life and technologies into the Māori world and everyday living. Just as motor vehicles, the internet, electric stoves, modern housing and cities have become part of our lives, so too have Western biomedical advances. Although achieved through processes of colonisation, these latter systems, their institutions and agents are now a familiar and ordinary part of the Māori world. In many instances Western frameworks run in parallel with traditional ways of knowing and doing (Reid & Cram, 2005). After all, with change and resilience come transformations. The Māori world is always in a state of ‘becoming’. Te Ao Tawhito, that is, traditional or customary ideas and ways of doing and knowing, move through Te Ao Hurihuri (a period of transition), to emerge in a transformed state in Te Ao Hou (the new world). Framed in this way, we can be constructively critical of the complexities of cultural change. By referring to the diverse resources used by Māori, whether in their traditional form, evolving, or newly-incorporated from Western culture, as ‘Māori world resources’, we are better able to engage with the totality of conceptual resources available to Māori in constructing and responding to health concerns. For instance, the conceptual framing of Māori health as holistic emerged into mainstream literature and consciousness in the 1980s (Durie 1984; Pere 1982). This broader perspective included consideration of socio-economic, relational, spiritual, and situational features in health at individual, community and population levels (*cf* Bambra et al 2005). With this perspective, the operationalisation of Māori cultural concepts, such as whānau – extended family, hinengaro – cognitions, whatumanawa – emotions, tapu – prohibited, noa – safety, along with the role of tohunga (healers), and kaumātua (elders) had a two-fold effect. It reasserted the parallel existence of a Māori perspective on health, and influenced Western practitioners and policy makers to also revisit traditional Western holistic models and policies. Reflecting such models Wilkinson and Marmont (2003) propose that through contextual interventions such as graduated tax systems, housing programmes, community development, and access to education and health care we can have a major impact on the health of a society through mechanisms of social inclusion and justice.

Māori and community news media outlets provide opportunities for exploring the interweaving of Māori cultural concepts with dominant discourses such as biomedicine (*cf*

Husband 2005). Such outlets can facilitate the public circulation of understandings of health and illness and promote community dialogues (*cf* Silverstone & Georgiou 2005). They provide sites within which traditions and knowledge can be both maintained and revised in response to the demands of contemporary life. In fact, Māori media have been used for over 100 years to maintain Te Reo Māori and Māori cultural practices and knowledge (Curnow et al 2002). In this paper we document the use of Maori world resources to frame Meningococcal B by Māori and community media outlets (Barnes et al 2004). Our primary focus is on the range of Māori world resources in use, the broad domains these resources fall into, and the common or regular ways in which they are used to promote healthy Māori futures. Among the traditional resources, rooted in Te Ao Tawhito, we expected to find the use of te reo Māori (Māori language), references to customary practices that prevent the spread of infection and maintain health, appeals to whanau relationships (kaumatua-mokopuna – elder-grandchild), the use of Māori world motifs, imagery, and health activities. In this context it is important to note that the term ‘whānau’ is often simply translated as ‘extended family’. In this paper, we use this term deliberately to highlight the importance of healthy relationships and reciprocal obligations within kinship networks. We also expected the exploration of rongoā Māori (Māori medicine) as a complementary strategy to vaccination, and the use of contemporary community institutions, such as Te Kohanga Reo (Māori language nests), as settings for coverage.

### **The present study**

This article draws on 12 months of Māori Television Service (MTS) news and two years of community newspaper coverage of Meningococcal B. Coverage is used to explore how Māori world resources are applied, modified, and operationalised to convey and promote positive health in Māori communities responding to the Meningococcal B epidemic. It was essential to explore Māori Television because of its high profile as a national Māori news broadcaster. Community newspapers were examined because they are easily accessible by Māori. Ministry of Health print resources, including posters, were also obtained from Māori health providers because these resources were reproduced in news coverage.

In the absence of an accessible archive at the MTS, news items were obtained from recordings made by the University of Waikato’s Psychology workshop. This collection contained six episodes of Te Kāea news, presenting reports specifically on the Meningococcal B vaccination campaign. Considering the variety of health-related issues covered in MTS news, a high proportion of time was dedicated to Meningococcal B. These items were

broadcast between November and December 2004, and May and July 2005. A search of two community newspapers selected because they were published in areas with high Māori populations using keywords such as Māori, Meningitis, Meningococcal, immunisation, and vaccination revealed 31 news reports published between January 2004 and December 2005. Twenty items came from *The Rotorua Daily Post* and eleven from *The Gisborne Herald*. Reflecting the findings of Barnes and colleagues (2005) we found that the *Gisborne Herald* made more use of pre-contact Māori world resources. Like other minority groups internationally, Māori consume both general and Māori media texts (cf Barnes, Gregory, McCreanor, Pega, & Rankine 2004). Therefore, the selection of news outlets reflects the importance of exploring outlets targeting both a local audience in general and national Māori audiences.

We employed a 'text and context' approach to media analysis (Hodgetts et al 2004) to move beyond a simple description of coverage to an examination of the socio-cultural and political processes that underlie news constructions of Meningococcal B (cf Flick 2006). The analysis reflects our assertion that news outlets are storytelling institutions that identify and link issues and groups into meaningful plotlines for public consumption. News tries out explanations, creates narratives and characterisations, makes intelligible, and speculates about, causes, consequences and solutions to health concerns (Hodgetts Cullen & Radley 2005). Audiences are provided with an ongoing narrative exploration within which various concerns are shaped and reframed, and groups positioned socially. Coverage is constructed within the context of contemporary anxieties about health (cf Silverstone 1999). By approaching news coverage as a serial narrative made up of regular installments, rather than a series of distinct reports, we are able to develop a richer understanding of the storying of the Meningococcal B vaccination programme and Māori health. Due to the serial nature of news, core elements of the vaccination story can be taken from items across the evolving narrative rather than being fully captured in any one news item or media outlet (Hodgetts et al 2004). It was necessary to look across print and television forms because different media contribute to the construction and circulation of public understandings of Meningococcal B. Specifically, each author reviewed the news reports and identified emerging themes. Discussions of the emerging news patterns between members of the research team were subsequently held and additional literature sought to inform the developing analyses, and to assist in the development of an overall interpretation (cf Loto et al 2006). The resulting analysis documents the prominence of a biomedical news frame in coverage across print and television reports, and how coverage integrates Māori world resources in a manner that promotes a moral imperative to vaccinate children.

## **News constructions of Meningococcal B**

There is a clear moral dimension to news framing of the Meningococcal B vaccination programme, which relies on constructions of an obligation for whānau to immunise. Vaccination is positioned as common sense and the only option for whānau who wish to be responsible and responsive to children's needs. The combination of testimony from medical practitioners and families who have suffered infection works to position whānau experiential knowledge as warranting biomedical intervention in order to combat this killer disease. Conversely, those questioning vaccination are positioned in impersonal terms as detached from the lived experiences of whānau and as undermining the efforts of diligent medical officials and other whānau to eradicate Meningococcal B. In a war against such a serious disease there is no place for dissenters. Those who oppose vaccination or attempt to invoke wider socio-structural orientated responses, such as improving poverty rates among Māori and poor housing stocks, are positioned as disruptive and are ridiculed and dismissed as irresponsible. Their position is constructed as untenable, dangerous, and politically motivated. Our exploration of this framing is presented in two sections. The first section documents the construction of negative characterisations of Māori who are not participating in the vaccination campaign in contrast to positive depictions of pro-vaccination Māori. Here we explore constructions of 'good' and 'bad' Māori in the community newspapers. We focus on base elements in the characterisation of whānau within MTS coverage. This specialist Māori media outlet exhibits greater overt use of traditional Māori world resources than community newspapers. Section two primarily explores the operationalisation of Māori world resources to promote vaccination to whānau, paying particular attention to the dismissal of alternatives to vaccination that focus on socio-structural factors, and which emerged as the story evolved.

### **Warranting a need for whānau participation in a vaccination programme**

Stories establishing the need for the vaccination programme worked to construct Meningococcal B as a "frightening disease" that "kills fast", and presented the programme as necessary to ensure children are "protected from the disease" ("Immunisation of young a huge, complex operation" *The Gisborne Herald* January 21 2005). Given the seriousness of the threat posed by the disease, it was expected that several articles would focus specifically on low Māori uptake rates for vaccination and how illogical it was for whānau to not protect their children by having them vaccinated. This framing is exemplified in the article "Māori slow to have children immunised" (*The Rotorua Daily Post* September 11 2004). The article

identifies a lack of transport and “poverty issues” as justifications to explain the low uptake rates amongst Māori. The article highlights how the government allocated \$200 million to support the vaccination programme. The director of the vaccine programme is quoted as being “disappointed” that less than half of all whānau under five had “taken up the offer of free immunisation”. Subsequently, the article uses a fear appeal to remind whānau of the consequences of not vaccinating. The following extract refers to cited testimony given by Baby Charlotte’s father at a national conference on the vaccination programme:

*He described in detail how the disease ravaged her limbs just hours after she was diagnosed with meningitis.*

*Surgeons had to amputate both her arms and legs to save her life.*

*An advocate for the vaccine, Mr Bisman said he was angered by anti-immunisation campaigners who argued better nutrition and reducing overcrowding were ways the public could avoid contracting the illness.*

*“We don’t live in an over-crowded, damp home and nutrition has never been a problem.*

*“[Charlotte] has never fitted the stereotype at-risk group that fits this disease but she still got it”.*

This extract documents the use of references to the well publicised case of baby Charlotte, a six month old featured in Ministry of Health posters and whose limbs had been amputated as a result of contracting Meningococcal B. The use of a father’s testimony also presents the disease as a constant danger that strikes indiscriminately and poses a threat to all children unless immunised. Central to such print items was the mainstream New Zealand media tendency to construct Māori as passive recipients of state welfare, rather than as active participants in decision making processes and responses to health concerns (Hodgetts et al 2004). One might expect that in newspapers published in areas with high Māori populations and covering Māori health concerns that there would be some direct engagement with whānau who have opted not to have their children vaccinated. There was no such direct engagement with whānau or attempt to communicate their reasons or concerns. Non-compliance was simply associated with apathy and irresponsibility, thus supporting the continuation of standard news practices of blaming Māori for their own misfortunes (Nairn et al 2006).

With the progression of the vaccination story through subsequent articles, coverage began to note the involvement of Māori health providers in fostering increased vaccination

rates. This development constituted some input by local Māori into the framing of coverage in these newspapers in the form of health providers speaking on behalf of local people. This inclusion constituted a shift in coverage from the blaming of stereotypical apathetic Māori to more diverse characterisations of Māori and the promotion of participation through positively focused community initiatives. An article titled “Health group takes immunisation to the people” (*The Rotorua Daily Post* News November 30 2004) profiles the involvement of Māori health provider Korowai Aroha in the implementation of the vaccination programme with Māori. Accompanying the written text is an image of four women from Korowai Aroha which also contains the superimposed image of a Ministry of Health poster. The text begins by describing an outreach clinic set up by Korowai Aroha in an area of Rotorua for whānau who had difficulty getting into town. This point is extended with the recurrent theme of Māori being “slow to get immunised”. The article continues with another source, this time from a medical officer of health, to illustrate Māori reluctance towards vaccination as being an avoidance tactic for having personal information recorded on the National Immunisation Register. The primary reason offered in such articles for a lack of participation in the vaccination programme is Māori supposedly being anxious about having to provide personal details that could result in their being traced and caught for “various offences” such as tax avoidance and fraud in terms of child support payment:

*Health officials say a database used to record the immunisation status of children will not be used by government agencies to track down tax evaders or parents who avoid paying child support.*

*The assurance comes amid fears being expressed by some Rotorua families that information disclosed to nurses when they immunise their child will be given to agencies like Inland Revenue and Work and Income.*

Such items rely on the juxtaposing of good Māori health providers and bad Māori who are unresponsive to their children’s needs. Research has shown that the good and bad Māori dichotomy is often central to the generic patterning of Pākehā talk about Māori (see McCreanor 2005). In the case of *The Rotorua Daily Post* item this framing undermines the positive depictions of proactive Māori also presented. Although the tensions and stigma created between these two characterisations were a recurrent feature of coverage, it would be misleading to assert that the story relied solely on such stigmatising depictions as the means for promoting compliance with vaccination efforts. More positive strategies were also employed.

On a more favourable note, the article “Room for optimism despite poor Māori health statistics” (*The Gisborne Herald* 15 July 2005) places more emphasis on how successful services operated by Māori for Māori have been in increasing rates of whānau participation. This item begins by profiling the efforts and successes of Ngāti Porou Hauora (NPH), a Māori health provider, in addressing a number of health concerns facing Māori in the Tairāwhiti (East Coast region), where Meningococcal B was presented as a particularly prominent concern. Māori world resources like Te Kohanga Reo, Kura, rongoā and broader Māori community entities like marae were referred to as vehicles through which NPH has successfully gained access to whānau to carry out vaccination activities. Quoting a Ms Gibson the article reads:

*“They have achieved far higher gains in some areas, like immunisation, than main stream health providers because they are in touch with whānau.”*

*The NPH rate for fully immunised two-year-olds sits at around 90 percent.*

*“The meningococcal rate currently being achieved by NPH is closer to 100 percent thanks to a very dedicated team of nurses and kaiawhina working closely with whanau, kohanga, kura and the community,” said Ms Gibson.*

Reference is subsequently made to high rates of bilingualism as a source of community cohesion and “enormous pride” and the need to foster and build upon this capacity as a collective self-pride and confidence measure to promote positive mental health and wellbeing:

*So let’s build on that. It was a key development towards improving mental health and wellbeing at an inter-generational level.*

NPH actively targets the importance of whānau relationships and the efficacy of parents modelling healthy behaviour to children. This article is framed against a negative backdrop of illness. It exemplifies the use of positive characterisations of Māori and illustrations of self-determination to encourage health through vaccination. The item signals the forging of a direct association between cultural competency and participation and a healthy whānau with vaccination. It is whānau with strong cultural links who are depicted as healthy and participating responsibly in the vaccination programme. Support for this analytic point comes from Barnes and colleagues (2005) who found that *The Gisborne Herald* presented positively orientated reports on Māori issues and clearly attempted to use Māori world resources in the framing of items.

The primacy given to Māori world resources is reflected in the promotion of traditional Māori perspectives of health that invoke the need to address both the immediate risks of infection through vaccination and the broader socio-economic determinants of health. Despite the inclusion of aspects of such a perspective in our data sources, such as in *The Gisborne Herald*, even in items invoking wider social determinants of health, vaccination is promoted as the primary and often only viable solution for whānau to protect their children. For instance, an editorial “Meningitis Vaccine a life-saver” (*The Rotorua Daily Post* July 13 2004) emphasised that while Māori and Pacific Islanders were the hardest hit, due to poor housing and lower socio-economic status, the disease knows “no racial boundaries” and the vaccine is presented as the only solution. The article goes on to discredit arguments of over-crowding and poverty as “short-sighted” because addressing such determinants of health through structural reforms would take too long:

*Those who say the money would be better spent addressing problems such as overcrowding and poor living standards are being short-sighted. Although necessary, they would take years to be effectively implemented.*

*One quick jab and a youngster will be given a life-saving shot in the arm.*

The medicalization of this poverty-related disease occurs through the emphasis placed on the need for immediate action to eradicate this ‘killer disease’. Thus, coverage acknowledges that poverty can contribute to disease rates, while emphasising solutions that respond immediately to risks of biological contamination by vaccinating. This framing essentially depoliticises the disease by requiring action at the individual or biological, rather situational and social level (Bambra et al 2005; Hodgetts & Chamberlain, 2006).

### **Māori world resources and the promotion of biomedical technology**

Consistent across print articles and MTS reports is the use of imagery that drew on the importance of whānau, cultural participation, and education in order to associate the preservation of Māori ways of life with vaccination. For example, Kohanga Reo classrooms were used as backdrops in two of the six television items, where accompanying dialogue explained that the children in Kohanga Reo were also participating in the vaccination programme. Particular prominence in MTS was given to depictions of whānau with parents holding their children while they received injections. Some children were shown crying from the pain of the injection. These children were subsequently depicted as healthy, energetic

and safe from the infectious disease thanks to vaccination. Their parents were characterised as good, morally responsible Māori because they had their children undergo a brief and painful inconvenience (vaccination) to ensure their well-being. The primary message here was that a little short-term pain is warranted by the long-term gain. The remainder of this section will explore the use of specific Māori world resources, relationships and cultural locations to promote the vaccination programme as the only culturally appropriate response to the disease. We then illustrate how the context orientation of Māori health perspectives is reduced to concerns regarding individual bodies, and how the dismissal of socio-structural considerations works to depoliticise the disease as a Māori health concern.

Reflecting coverage in *The Gisborne Herald*, MTS items contained overt references to Māori world resources, including te reo Māori, Māori customary practices, and whānau relationships. They drew directly on the same resources promoted in Ministry of Health campaign materials. Figure 1 presents one example of materials provided by the Ministry of Health, which had a direct bearing on news framing.



**Figure 1:** Ministry of Health campaign poster depicting a Kuia with mokopuna engaging in a customary practice (raranga - weaving) and using te reo Māori (reprinted in compliance with Ministry of Health copyright guidelines)

Source: <http://www.immunise.moh.govt.nz/documents/PosterMaori.pdf>

This poster draws directly on a foundational cultural relationship between grandparent and grandchild. This relationship is fundamental to healthy whānau and the intergenerational preservation and transmission of knowledge, identity and practices. The poster is also a demonstration of how Maori world resources can and are operationalised to promote health messages through the simple construction of a direct association of vaccination with the preservation of Māori cultural relationships. Such operationalisations are particularly evident across the MTS items. For instance, analysis of MTS news revealed the consistent use of linguistic resources such as “wero” and “pā” (and their passive forms, “werohia” and “pāngia”) to promote vaccination. The Williams (1992) dictionary defines “wero” as “pierce,” “spear,” or “sting of an insect,” and thus its passive form “werohia” means “pierced” or “speared”. The wero conjures up images of the marae and the ritual encounter of the challenge that is offered to visitors. The term “wero” does not usually refer to injections, immunisations, or vaccinations. However, in the context of news coverage of Meningococcal B, “wero” is used to mean “injection”. This relatively new use of the word “wero” is an example of how Māori linguistic resources are evolving and collecting added 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)*

*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 (our translation).*

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

*All the children in this Kohanga Reo at Te Oreore marae have been vaccinated (Our translation).*

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,” “stricken” or “afflicted”. For example:

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

*Two students of Rāhui Pōkeka secondary school have been stricken/afflicted by Meningitis (Our translation).*

Here we see the use of Māori world resources to invoke the consequences of meningococcal B infection and to promote vaccination. Traditional Māori world resources are interwoven with biomedical concepts to transmit a positive public health message regarding vaccination.

In terms of a wider context for the use of specific terms, traditional Māori perspectives on illness rely on constructions of disease as an affliction caused by elements, events, situations or relationships external to an individual's body. A return to health is dependent upon righting one's relationship with the considered sources of illness. In this context vaccination, presented as providing a means of establishing an ongoing protection against meningitis, is not out of the question as a strategy. However, neither is the strategy of addressing socio-economic concerns because these bear directly on relationships that whānau have with each other and their broader world. In coverage this broader prescription for action is negated by the emphasis placed on vaccination as the only logical response. As is evident internationally, the dominance of the biomedical framework in part reflects the pragmatic realities of news production and the routine workings of media organizations, including tight deadlines and the emphasis on entertaining in order to attract audience for advertisers (Petersen, 1994).

Biomedical catch-phrases and imagery are readily available and already a part of media vocabularies for framing disease (cf Kitzinger 2000). Conversely, it is very difficult to locate catch-phrases and imagery symbolising socio-economic and political explanations for illness that are not yet part of this biomedical media vocabulary (Hodgetts & Chamberlain 2006). Similarly Abel (1997) points out that due to a long history of non-exposure, alternative explanations are not positioned as common sense and proponents are unable to assume the taken-for-grantedness of their position and thus economise on their explanations due to audience familiarity. "Those who are putting an alternative view need to explain underlying assumptions as well as the point they are trying to make" (96-97). In the case of Meningococcal B, the dominance of an existing biomedical vocabulary in news coverage (Hodgetts & Chamberlain 2006) constitutes a barrier to wider public deliberations regarding the causes of this disease and a range of appropriate solutions. However, there is an opportunity here, in that proponents of a biomedical strategy seem willing to operationalise Māori world resources such as the term 'werohia' to promote their solutions. Māori could adopt similar strategies when promoting additional options to address material and situational determinants of health.

When we explored media use of broader and alternative explanations for Meningococcal B, we found that proponents of such explanations were often presented as somewhat ill-informed and simply a distraction. For instance, following trends in community newspaper coverage the MTS reported Māori Party MP Tariana Turia as proposing that Meningococcal B was associated with overcrowding, and that the \$200 million of Government money would be spent more effectively in addressing such situational considerations. Print news reports presented this assertion in a negative light. The article titled “Turia is ‘grandstanding,’ says Mita” (Opinion *The Rotorua Daily Post* 12 July 2005) begins by outlining the negative response to Turia from Health Minister Annette King and Labour MP for Wairariki Mita Rinui who accuse Turia of using the meningococcal vaccination campaign “to score political points”. Turia is subsequently criticised for not having her mokopuna (grandchildren) vaccinated. Mita Rinui, for example, is quoted as proposing that the disease kills and maims children and therefore Turia is “endangering her own whānau members to make a political point”. Rinui and Annette King are presented as being “incredibly disappointed” with Turia’s stance because it undermines efforts to encourage Māori to vaccinate. This framing of alternative strategies, including those raised by Turia and the Greens political party, were also evident in MTS coverage:

*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 for parents is to have a good pathway for ensuring the health of their children.*

Such extracts reflect the almost universal dismissal of alternative explanations for and responses to the threat posed by Meningococcal B. Coverage closed off, rather than opened up, public deliberations regarding appropriate response strategies. As Abel (1997) points out, “...when dissenters do speak it is not only from a position of defense, it is also in isolated fragments” (96). Extracts from the accounts of dissenters were presented out

of context in a manner that discounted their concerns without their being allocated space to outline their concerns or respond to accusations raised by pro-vaccination sources. The MTS item warranted the dismissal of those proposing alternative strategies to vaccination through the use of stock images of children at Kohanga Reo receiving their vaccinations and as a result being able to play happily. A voiceover explains that all the children in this classroom have been vaccinated and the combination of words and images portrays vaccination as the catalyst for children's happiness and health. The item finishes with images of what can happen if a child is not immunised, displaying a disturbing picture of an infant ravaged by meningitis. Thus the item exemplifies the narrative positioning of whānau obligations to have their children vaccinated if they wish to avoid such disfiguring and horrible consequences.

## **Conclusion**

Little is known about the role of Māori and community news media in the social negotiation of health and illness in Aotearoa. To address this gap in the literature, this paper reports findings from a study of news reporting on Meningococcal B by the Māori Television Service and two community newspapers serving Māori communities. We do not take a stance regarding the merits of the Meningococcal B vaccination programme. Rather, we have highlighted limitations in and opportunities for expanding coverage of such diseases, which might extend options for meeting the diverse needs of Māori. Particular attention was given to the use of biomedical understandings and Māori cultural metaphors in framing the Meningococcal B vaccination campaign. Findings document how news works to position vaccination as a 'common sense' practice that whānau have a moral obligation to undergo. Neglected are wider socio-structural considerations that impact the prevalence of illness among Māori.

This paper foregrounds the evolving use of Māori world resources in the news framing of contemporary responses to the Meningococcal B epidemic. We have documented the role of both Māori and community news media in processes of cultural change, and illustrated how news invokes risks of disease through the creative interweaving of Māori and Western world resources. The analysis illustrates how attention to the contemporary use of such diverse resources can further academic understandings of Maori world resources available to Māori for constructing and responding to this disease. A prominent limitation in coverage was the focus on individual biological processes at the expense of an adequate consideration of socio-economic, relational and situational features of health at individual, community

and population levels (Bambra et al 2005). Echoing trends in media portrayals of health internationally (Gwyn 2002; Seale 2004; Wallis & Nerlich 2005), the resulting moral tale showcases vaccination as the only effective weapon in the fight against Meningococcal B, and stigmatises those who do not comply with the advice of health professionals as irresponsible individuals (Hodgetts Bolam & Stephens 2005).

The story offered by news media can be conceptualised as a media template (Kitzinger 2000). Media templates serve as a kind of rhetorical shorthand that is cultivated among journalists and audiences over time and is used to make sense of and communicate emerging events, including new cases of infection or vaccination initiatives, in relation to an existing story frame. The prominence of the biomedical template is enhanced by the simplicity of a plotline that presents a clear passage from causes and consequences of Meningococcal B to solutions and health, and the associated use of basic propaganda techniques. In fact, officials in New Zealand have openly advocated the use of such persuasive strategies. Mansoor (1997) produced a report designed to improve uptake of childhood immunisations in New Zealand that recommends that parents be exposed to consistent and simple messages, supported by testimony from medical professionals and community leaders in order to enhance vaccination uptake. News items present simple and frequent messages that define the disease in biomedical terms and prescribe a limited array of legitimate courses of action (Pratkanis & Aronson 1992). Correspondingly, alternative explanations for this disease emphasising situational influences and solutions are dismissed as ill-informed and inappropriate because accommodating such criticisms would serve to dilute the simple message required to encourage Māori compliance with vaccination. These findings mirror those of broader investigations into media depictions of Māori (Abel 1997; McCreanor 2005). Research reveals a tendency to rely on a standard negative story promoting Māori assimilation into Pākeha society. This story relies on distinctions between good Māori who comply with the dictates of Western expectations and bad Māori who dissent and offer alternative perspectives. Emphasis is placed on the importance of Pākeha actions to assist Māori as passive objects of care and support (Nairn et al 2005) rather than as creative agents with mastery over their own futures (Hodgetts et al 2004).

Findings from this study highlight the need for media and health researchers to support journalists in expanding coverage and public deliberations by promoting broader ways of constructing such health concerns. This can be achieved by establishing collaborative relationships between researchers working from a critical public health perspective and journalists reporting health. If such collaboration is not created, the biomedical template will

continue to dominate news coverage, while socio-political determinants of illness will remain largely unaddressed (Hodgetts et al 2004). It is important that media and health scholars engage with media regarding the framing of such important issues and disease and illness because media provide many of the spaces through which citizens can engage with and revise shared myths in society. Media provide a space for negotiating our similarities and differences and issues of social justice as basic as our right to protect ourselves from the features of contemporary life that pose risks to our health.

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## Glossary of Maori terms

Hā a koro mā a kui mā:	The breath of life from our forebears (cultural heritage)
Hinengaro:	The mind, cognition
Karakia:	Prayer, Oral ritual
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
Rongoā:	Natural/herbal remedies
Tapu:	Sacred, holy, or unclean.
Te reo Māori:	Maori language
Taha tinana:	Physical wellbeing
Te taha whānau:	Family
Tikanga Māori:	Maori Customs/traditional practices
Toi Māori:	Maori arts and crafts
Tohunga:	Spiritual advisor
Waiora:	Total wellbeing for the individual and family
Wairuatanga:	Spirituality
Whanaungatanga:	Family-like social cohesions, extended family, kinship, social roles and bonds
Whānau:	Family
Whaumanawa:	The open and healthy expression of emotion