



Whariki

# 2005 Report

Te Ropu Whariki  
*Whariki Research Group*



**Massey University**

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ISBN 0-9582399-4-0

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(cover) A glimpse of the Waitemata through the Auckland CBD  
from the Whariki balcony.

# Te Ropu Whariki 2005 Report

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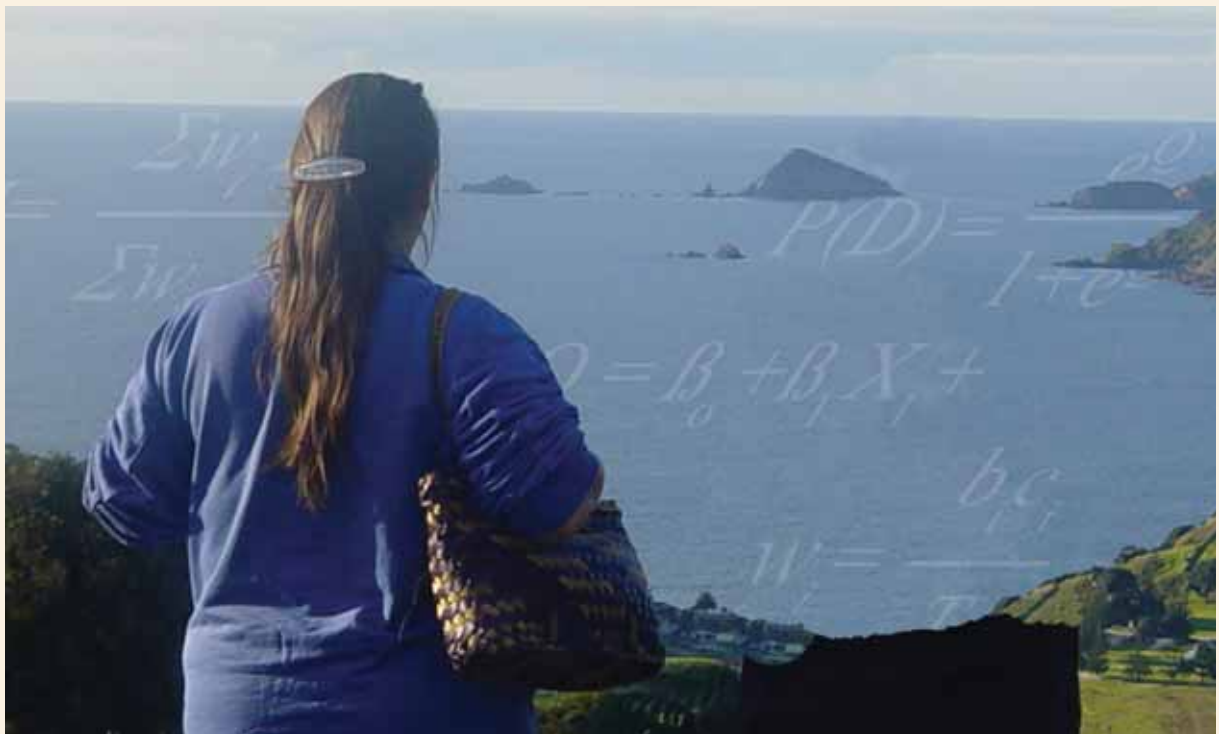
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Glossary

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## Reclaiming a Maori numerical tradition



EXPLORING quantitative research from a Maori perspective raises fundamental questions about ownership and how research is done, according to Whariki Director Helen Moewaka Barnes.

An HRC-funded project has contributed to her studies of quantitative research theory and the development of paradigms within a Maori worldview.

Government research, science and technology (RS&T) agencies have tried to develop Maori policies to engage Maori in the sector, with mixed success, she says. "This approach tries to integrate Maori research into existing science structures, but has not acknowledged the sector's own organisational culture."

"The dominant systems determine what knowledge is, what is real, and present this as 'universal', making invisible the culture from which 'universal' springs," she says. "So-called Western science has appropriated areas of non-Western knowledge over centuries." Moewaka Barnes gives examples of magnetic science and

chemistry from China, Polynesian navigational and ocean knowledge, and indigenous understandings of flora and fauna in many countries.

She points out that when government RS&T spokespeople have talked about the benefits of engaging Maori, they have often described them as harvesting Maori knowledge for mainstream science.

The ongoing emphasis is on defining and explaining Maori as a way of increasing participation. Rather than attempting to integrate Maori research into existing structures and disciplines, Moewaka Barnes suggests that these systems need to examine their own cultures and practices more.

Maori knowledge, like that of other colonised people, is constantly described by how it differs from the 'universal' norm, she says. "This is usually fixed in a static, precolonial past, defined as historical, quaint or 'ethnic', an interesting aside to the 'mainstream'. It is not defined by what is important or significant to us, but what is distinct."

Moewaka Barnes insists that any science Maori do is Maori science; any research method Maori use is a Maori method. "If we describe the science we practice as ours, it explodes that static concept. New knowledge is continually being included – Maori worldviews and practices are as dynamic and evolving as those of any other group."

Maori have tended to be suspicious of quantitative methodologies, she says. "Numbers and categories are not seen as appropriate ways of representing people and their experiences. Qualitative methods reclaiming a Maori numerical tradition are seen as more akin to our oral tradition. In addition, quantitative research often focuses on problems rather than strengths and implies that Maori are lacking." In the debate, she says, the Maori numerical traditions inherent in navigation, astronomy and engineering, for example, have been overlooked.

Maori researchers have also been sceptical of claims about the objectivity of quantitative methods, arguing that the ways in which statistics are gathered and presented are value-laden and endorse particular viewpoints.

"Maori statistics in New Zealand have been very much an afterthought in data gathering," she says. One way to overcome this is equal explanatory power, a recent Treaty-based principle in quantitative research. It requires studies to provide the same quality of data for Maori as they do non-Maori. This means that Maori have to form a greater proportion of the study sample than they do in the population. Many previous representative population surveys supplied plenty of detail about Pakeha but much less usable information about Maori.

Since Moewaka Barnes started in research, the research environment has been affected by a shift in public debate. Hard-won Treaty-based approaches are now routinely described as "race-based" and overshadowed by a return to "needs".

This is a more individualised approach than the disparities framework, she says. "A disparities approach, while not perfect, did include health inequalities, structural determinants of health such as poverty, poor housing and educational achievement, and gave voice to Treaty perspectives."

"If decision-making groups see the Treaty as no longer relevant, we become just one of the populations with less privilege than the dominant group. We have to have more statistics to prove 'need', but ironically, we are less likely to get the quality of data provided by studies with equal explanatory power in a 'needs-based' environment.

#### Maori quantitative research methodologies and methods

**Researchers** Helen Moewaka Barnes (Whariki); Professor Sally Casswell (SHORE)

**Funder** Health Research Council

**Total** \$225,000

**Duration** November 2002 to October 2004

# Whariki in Tai Tokerau

SINCE 1998, Wendy Henwood (Te Rarawa) has been the Tai Tokerau face of Whariki. She has lived and worked in the Hokianga for many years.

"The first Community Action on Youth and Drugs evaluation projects in 1998 included three in Tai Tokerau so it made sense to have someone based up here," she says.

She has also evaluated or contributed to a range of intersectoral community development, community action and health promotion projects in Northland, working with almost every Maori health provider in the region.

"I think Whariki is really supportive; you have a whole group of people you can run anything past. There's always someone there to listen to you." Three recent projects illustrate Whariki's evaluation work.

## Korikori A Iwi

This two-year Ministry of Health-funded community development project promoted physical exercise and nutrition in a kaupapa Maori framework. It enabled Maori health providers to employ five co-ordinators in different Northland locations.

Henwood's formative evaluation role meant that she worked with providers and co-ordinators to familiarise them with community development approaches, help them plan their projects using research-based information, and develop evaluation criteria.

"For Maori, the programme journey is just as important as the outcome," she says; "the developments, relationships and side issues along the way are all valued as part of learning."

The co-ordinators created a range of exercise and nutrition programmes, some including traditional Maori games, dance, kapa haka and weaponry, marae-based cooking, gardening and hiko to local historical sites.

"There's huge knowledge in all the communities about traditional and contemporary games, dance and weaponry forms. The project was an opportunity to tap into them," says Henwood. "The project highlighted that these activities are a valid and important health-promoting form of exercise.



"Nutrition was more difficult, says Henwood. "Co-ordinators and communities were baffled by all the information but just tried to include it in activities". Sustainability was a major problem for a short-term project. "With the best will in the world, it takes years to make a community development project sustainable. They still need to be co-ordinated, to have someone there to keep the momentum going, otherwise they can wane pretty quickly."

## Manaia Primary Health Organisation projects

Henwood provided formative, process and impact evaluation for a motivational rehabilitation programme for sickness and invalid beneficiaries in Whangarei and the Youth Health Project, which provided GP services in two secondary schools and the Alternative Education Consortium in Whangarei.

"Generally the Youth Health Project is well regarded, although it was a bit debatable to what extent students with the greatest need were using the service."

"One of the most important outcomes was getting the services and agencies involved with students to work together better. Rather than six people referring one student to six different places, they were getting together as a team and deciding what would be best."

Henwood sent a questionnaire to the 50 beneficiaries in the rehabilitation project and interviewed some



A waka hikoi on the Hokianga Harbour to acknowledge the Hokianga signing of the Treaty stops off at Rawene.

clients and organisers. "The majority thought a six-week intensive health programme was not enough and needed some follow up or weaning stage. Going every day and then suddenly having nothing was hard for some." Thirty participants moved on to work or training. "Others, although nowhere near ready, said the programme enabled them to start thinking about a better future and being able to work."

Henwood enjoys seeing people changing their ideas about evaluation and research "so it's not scary anymore. It's just you turning up and supporting them with planning and tools; it's not out of their reach."

<b>Evaluation of Kori Kori a Iwi</b>	
<b>Researcher</b>	Wendy Henwood
<b>Funder</b>	Ministry of Health
<b>Total</b>	\$45,000
<b>Duration</b>	May 2003 to May 2004
<b>Evaluation of motivational rehabilitation programme</b>	
<b>Researchers</b>	Wendy Henwood, Helen Moewaka Barnes
<b>Funder</b>	Manaia Primary Health Organisation
<b>Total</b>	\$22,500
<b>Duration</b>	September 2004 to October 2005
<b>Evaluation of the Adolescent Health Services in Secondary Schools (the Youth Health Project)</b>	
<b>Researchers</b>	Wendy Henwood, Helen Moewaka Barnes
<b>Funder</b>	Manaia Primary Health Organisation
<b>Total</b>	\$22,500
<b>Duration</b>	September 2004 to October 2005

## Maori measuring up

A WEBSITE of Maori evaluation research and resources will be one of the outcomes of Whariki member Sandy Kerr's PhD. She has been awarded a Top Achiever Doctoral Scholarship under the Bright Future Scheme administered by the Foundation for Research, Science and Technology.

Kerr (Ngati Haua, Ngati Raukawa and Ngati Tuwharetoa) aims to assess the value for Maori of particular forms of evaluation and help develop tools that can be used in different areas and situations. "We look at everything to ask how it can contribute to better outcomes for Maori," she says.

She will compare and synthesise the results from all available evaluations of Maori community development projects and programmes, selecting six projects as case studies. She will interview researchers, funders, providers and participants from these projects.

Her PhD will be made up of a series of papers drawn from the collected evaluations and case studies. She plans papers on kaupapa Maori approaches, evaluation methods, contextual issues, evidence, building capacity and evaluation models for Maori.

"I think we do evaluation well, but there are also lots of ways in which we could do it better. When I looked at international research and other disciplines like economics, and geography there are different methods we aren't using – we don't do cost-benefit analyses, for instance."

Summaries of her research, evaluation resources and links to existing evaluations will be available on her website. She will be supervised by Dr Paul Dignan, SHORE Senior Research Fellow.

Sandy Kerr, left, with Liane Penney at Waitangi in 2004.



## Putting health in place

A LOCAL COUNCIL begins spraying roadside puha with herbicide, and the same plants in a nearby river are polluted by farm runoff. A sports club provides a focus for a fragmented urban Maori population. An urupa becomes off-limits to the descendents of those buried there because the land is in non-Maori hands and the company needs it for a new crop. A new mobile health service starts up in a rural area. A marae unable to be used in winter because of regular flooding may be permanently underwater in a few years.

These are examples of changes over time in the availability of resources important to Maori. They are part of the effects of location on Maori well-being. A unique new Whariki project will apply Geographic Information Systems (GIS) to study these effects, and may give rise to new research methods.

The project came about from existing relationships with Te Runanga o Te Rarawa. Further discussions resulted in Whariki meeting with Te Rarawa ki Tamaki in the city, and then Liliana Clarke, based in the Bay of Plenty, also became involved. Clarke is an emerging Maori GIS researcher, supported by Mere Roberts from Te Whare Wananga o Awanuiarangi in Whakatane. Community researchers will be appointed from within Te Rarawa to work on the project in Tamaki and in the north. As a result these groups will work together in three locations – in the rohe of Te Rarawa in the far North, in Tamaki and in the Bay of Plenty.

The research team will work with the people in these locations to identify sites of importance and develop maps and indexes that show how these sites have changed over time and how this has impacted on wellbeing. Clarke and the community researchers will be supported to interview generations of whanau about kaitiakitanga, well-being and connection to place. They will discuss the history of important sites and resources with individuals and at community hui.



They will ask:

- How changes to environments and relocation have affected whanau
- How the physical environment and sites of importance to Maori relate to their health and well-being
- How the availability of services and resources which provide opportunities to Maori differ in urban and rural areas
- How the environments in which Maori live can better support health.

GIS technology will enable the information gathered to be organised into databases and made into maps and indexes to describe community access to services and resources over time.

Findings from the project will be fed back first to the iwi, hapu and whanau involved, and offered to other communities. The links Whariki has with local councils and the Ministry of Health will enable the results to be used to improve services, planning and health policy.

### Te Mauri o te U-Kai Po: Intergenerational experiences of environments and wellbeing

**Researchers** Helen Moewaka Barnes, Belinda Borell, Liliana Clarke, Wendy Henwood (Whariki); Otto Huisman (SHORE)

**Funder** Health Research Council

**Total** \$988,200

**Duration** October 2005 to September 2008

# Evaluating family violence prevention

TWO NEW CONTRACTS have enabled Whariki to concentrate on family violence for the first time.

One, a process evaluation of nine Te Tai Tokerau projects funded by the Family Violence Prevention Consortium, is almost complete. This described what the projects had actually done and the processes involved. The second evaluation is of seven projects around the country, part of the Ministry of Health prevention programme for family violence.

The first project reinforced Whariki's strong links with Te Tai Tokerau. "It's logical to work in areas where we have the strongest connections," said Whariki Director Helen Moewaka Barnes. "As Maori and through whakapapa we have a stake in that community above any particular project."

Researchers Belinda Borell and Moewaka Barnes visited the nine organisations to introduce Whariki and the evaluation and to ask about what providers did, what measures of success were important, any expected or unexpected negative or positive results, and any feedback about project development and timeframes. Borell revisited six of the groups to explore the projects in greater depth in a recorded interview. They then wrote a report summarising the projects and examining the overall mix.

"Sometimes providers can have a relatively negative perception of evaluation," said Moewaka Barnes. "We try to be upfront – they aren't going to read anything about their group that they have not had a chance to comment on or have never seen before. Our process is to send groups what we write so they can give comment and feedback."

The projects varied widely and included

- Producing a Matariki calendar featuring local celebrities with violence-free messages and requiring a violence-free pledge in return for a free copy, with pledges published in the local paper
- Organising a song competition around the theme of violence prevention at the local high school, and using 'Step Back' antiviolence give-aways as prizes.
- Running parenting skills courses
- Running wananga on tikanga Maori and local whakapapa
- Organising a Wake Up programme at the local high school
- Organising a night patrol to back up a curfew for young people.



A worker wearing a *Whakapikioranga : Stopping Violence* t-shirt surveys the Whangarei Step Back event. Photo: Yvonne Bird

The seven Ministry of Health funded projects are based in Auckland, Waikato and Wellington and vary from local to national. Some focus on workplaces, marae, kohanga reo or churches. Four have a general audience, one is for Pacific communities and three are for Maori communities. They aim to change the beliefs that support and tolerate violent behaviour and to support healthy relationships. The two year evaluation will include formative evaluation – evidence-based support with planning – as well as process and impact evaluation for different projects. It will focus on what funders and evaluators call programme or intervention logic.

"Intervention logic highlights the fit between what projects do and what they aim to achieve," says Moewaka Barnes. "We will be looking at the overall logic from the Ministry level to the way in which the seven projects plan their strategies and actions."

## Northland Family Violence Project evaluation

<b>Researchers</b>	Helen Moewaka Barnes, Belinda Borell (Whariki)
<b>Funder</b>	Family Violence Prevention Consortium
<b>Total</b>	\$54,000
<b>Duration</b>	May 2005 to December 2005

## Family Violence Project evaluations

<b>Researchers</b>	Helen Moewaka Barnes, Shane Edwards, Verne McManus, Hector Kaiwai, Victoria Jensen, Kate McKegg (Whariki)
<b>Funder</b>	Ministry of Health
<b>Total</b>	\$360,000
<b>Duration</b>	June 2005 to March 2007

# Planning whanau development

WHARIKI reported on the process Te Rarawa used in an intense six-week whanau development planning exercise in mid-2005, funded by Te Puni Kokiri.

Forty-six Maori providers around the country were funded for pilot planning projects, says Whariki researcher Wendy Henwood, and Te Puni Kokiri (TPK) selected researchers to report on the processes used in 13 projects.

“Te Rarawa had six weeks from getting the money to producing the report, which didn’t fit with their normal monthly Runanga planning process. They did some really good planning, but everyone felt really pressured.”

The project aimed to increase the ability of whanau, hapu and iwi to invest in whanau development; to improve policy about the connection between whanau development and Maori success; and to identify what skills and resources whanau need for development.

“Challenges included apprehension about the ownership of the material and information the project developed, and whanau suspicion about there being no guarantee of funding to implement the plans,” says Henwood. Te Rarawa used document reviews, think tanks, focus groups, interviews, hui and other gatherings to collect project information.

Participants were reluctant to define whanau, because the meaning changes in different contexts; they generally used the term hapu for the project.

There were five intervention areas. Ma Wai Ra was a stocktake of current marae circumstances, interests, needs and aspirations. The project developed a set of framework templates to help marae discuss and analyse issues, gather information and explore options. He Korero Whanau outlined processes for identifying, gathering, recording, archiving and communicating whanau and hapu stories. It also explored ownership, intellectual property rights and copyright for the stories, and how they helped maintain Te Rarawa dialect and tikanga.

Te Rarawa grouped two intervention areas – Whanau Development and Whanau Enterprises –

together under whanau initiatives. Iwi planners used a case study to demonstrate a useful process for these activities, and summarised several plans for whanau initiatives. If funding was available to implement the plans, the next step would be a package of tools to guide these initiatives.

For the Natural Resources area, the team designed a template to gather basic information from marae and hapu for the iwi Whenua Ngahere proposal. This aims to increase the iwi role in decisions about the large Department of Conservation estate in Te Rarawa, and is part of the cultural redress mechanism in current Treaty settlement negotiations. The project identified five priority agencies involved with natural resources in Te Rarawa, summarised the issues and proposed strategies for each and illustrated existing scenarios with two local case studies.

“There was no shortage of ideas for projects,” says Henwood, “and the planning heightened expectations of funding for implementation.” Te Rarawa participants generally saw the project as successful, developing some useful planning and research processes and highlighting iwi skills and expertise.”

Hapu development in action: building the wharf at Ngai Tupoto Marae, Te Rarawa.



## Whanau development action research programme

**Researchers** Wendy Henwood, Sandy Kerr

**Funder** Te Puni Kokiri

**Total** \$61,875

**Duration** May to July 2005

# Discussing Maori diversity

RESEARCH by Belinda Borell (Ngati Ranginui, Ngai Te Rangi, Whakatohea) on rangatahi identity in South Auckland is leading to increased discussion. She analysed themes and patterns from interviews with individual rangatahi.

Rather than focusing solely on knowledge of aspects of Maori culture, such as te reo Maori, tikanga, marae and whakapapa, these rangatahi have developed strong and proud Maori identities from deep connections to Southside places and communities, a collective spirit from shared deprivation, and affiliations with Pacific cultures.

*"Southside is different from any other place I reckon... you have all these different cultures like Tonga, Samoan, Maori and you think that it wouldn't ... work out but it actually works out really well... and I think that's how I've grown up to be who I am."* (20-year-old male)

For several, learning te reo Maori and Maori culture at school was their main or only way to get in touch with conventional indicators of Maori identity, but some rangatahi faced an "all-or-nothing" situation.

*"I wanted to take Maori, but I didn't want to be in the kapa haka... oh, I like it, I just didn't want to... take off my shirt and wear the piupiu and that. At [school] you have to be in the kapa haka to take Maori."* (17-year-old male)

Borell rejects any perception that these rangatahi are lacking because they may not have strong iwi links or speak te reo Maori, and has argued at several conferences for recognition of the range of Maori identities.

A lot of people nod when she summarises what the rangatahi said. "It explains what they see every day around our young people. Most Maori understand that we are diverse, but very easily fall back into describing young people in conventional terms," says Borell. "A lot of people think either you're Maori this way or you're not Maori. This research is trying to give people licence to think differently about that."

"There isn't a lot of discussion about what our diversity looks like and what it means for us as a population. People are a lot less comfortable thinking about being Maori in terms of hip hop or



a South-side identity. Hip hop has always been about pride in your street, your neighbourhood and community; it's a similar kind of connection to tribal societies only in a non-tribal setting." She acknowledges that most tribal identities exist in a hostile environment, so rethinking what being Maori means can be seen as threatening these identities.

Borell drew her conclusions from interviews with 12 rangatahi, as well as Maori adults who work with young people, and focus groups of rangatahi discussing the ideas from the interviews.

Says Whariki researcher Dr Tim McCreanor: "The strength of this kind of qualitative research is the in-depth understanding it provides of the range of experience of these young people, and how they see normative values about Maori identity. It doesn't attempt to produce a representative sample or generalisable information."

Borell's research led to a chapter in the book *New Zealand Identities – Departures and Destinations*, edited by James Liu, Tim McCreanor, Tracey McIntosh and Teresia Teaiwa. The book includes 15 chapters by 23 authors with a variety of perspectives on evolving Maori, Pakeha, Pacific and Asian identities in Aotearoa, and aims to generate wide public and academic discussion about the directions in which New Zealand is heading.

Identity and positive youth development	
Researchers	Belinda Borell, Helen Moewaka Barnes, Tim McCreanor (Whariki); Professor Sally Casswell (SHORE)
Funder	Health Research Council
Total	\$224,000
Duration	November 2002 to March 2005

## Research leads to a new health service

A NEW kaupapa Maori cardiac rehabilitation service has started as a result of a Whariki study about Maori experience of ischaemic heart disease management.

The new service, Manaaki Manawa, involves three months of visits and contact by a registered nurse to the homes of people with heart disease in the Kaitia, Bay of Islands and Whangarei areas. The service includes a unique community-wide health promotion component, which aims to correct misinformation among Maori about the causes and treatment of heart disease that was identified in the research.

The programme was an initiative of the Northland Maori health providers, Manaia and Te Tai Tokerau primary health organisations (PHOs) with Northland District Health Board, as a result of a Whariki project led by Liane Penney (Ngapuhi – Ngare Hauata, Ngati Hine). The study has also influenced other Northland health initiatives, including:

- A new booking system for Northlanders with Auckland cardiology services
- The development of a cardiovascular disease strategy for Northland, managed by Penney
- Renewed discussions about the introduction of prehospital fibrinolytic (clot-busting drug) therapy in Northland.

Penney's interviews with Northland general practice teams, hospital staff and Maori patients with heart disease found that patients' and providers' perceptions of treatment were very different.



Kopa Tipene, a participant in Liane's research, is an advocate for heart disease prevention as Kaumatua of the Ngati Hine Health Trust and Te Kaunihera, Council of Elders to the Northland District Health Board.

Providers, many of whom trained overseas, viewed Maori heart disease management pessimistically. They described Maori lifestyles as leading to a high risk of heart disease, and Maori as generally "non-compliant": coming to health services only when their symptoms were serious, missing appointments, swapping providers and not sticking with treatment.

*"You know...a very high percentage of people smoke. They drink a lot, take drugs, don't exercise, and eat very high fat food. It's just a huge amount of risk taking, you know, has a big input into how healthy they are."*

Maori patients, on the other hand, "said how hard they tried to quit smoking and lose weight, and how the doctors changed all the time," said Penney.

"The patient picture was completely opposite to what the doctors said."

*"Going around looking for blasted bread... the dietary fibre, that's gotta be over six... even the ones with the ticks on you still got to look."*

*"My weight was a real huge problem, but since November I think I've lost almost 22 kilos; it's a huge difference you know and it's making a huge change. It's the smoking that I've got to kick in the butt next."*

Maori participants came to healthcare in different ways; for some, cardiac risk factors were identified and treated early, and others sought immediate help for chest pain.

Some had repeated consultations where they were unhappy with their diagnosis or mis-diagnosed. Some had yearly primary care visits yet were taken to the hospital in an ambulance after a heart attack with no previous cardiac history. Some were pressured to seek treatment by their whanau and others delayed seeking help.

Practitioners perceived their relationships with Maori patients as generally good, but described Maori as concealing symptoms, withholding information or slow to disclose problems. They saw Maori as passive patients who did not demand services.

Maori patients said they respected and were loyal to their GPs. For them, problems with healthcare tended to be in communication and relationships with practitioners. Patients wanted more time to be listened to, more whanau involvement and explanations in plain language about what was wrong rather than just information on paper. They found relationship-building difficult with a high turnover of GPs.

"I found in [other town] that there was like a conveyor system; you went in the door, they threw some pills at you and you end up coming out the other side none the wiser really...[Here]... they're more like the average person where you can actually talk to them and feel like they're actually listening to what you're telling them; and when they give an answer you actually understand it and that's a huge difference."

Doctors' decisions about referrals and treatment were influenced by lengths of waiting lists, knowledge of best practice, whether they thought the patient would comply or attend, and what treatment they thought the patient preferred.

Patients found the system to be complex and difficult to understand; services were poorly co-ordinated and under-resourced.

The results have been fed back to practitioners, patients and their whanau, and to DHB funders and planners, the PHO board and the Ministry of Health. Te Kete Hauora, the Maori health arm of the Ministry, invited Liane to present at the cross-Ministry Grand Round of strategic presentations.

"GPs found the results interesting," says Penney, "and said or implied that they made changes in their practice with patients as a result... A couple [of patient participants] are iwi trustees and are championing the cause in that arena."

#### Maori utilisation and experience of ischaemic heart disease management in general practice and Maori providers

**Researchers** Liane Penney,  
Dr Tim McCreanor,  
Helen Moewaka Barnes  
(Whariki);  
Professor Sally Casswell  
(SHORE)

**Funder** Health Research Council

**Total** \$376,000

**Duration** October 2003 to September 2006

# Meanings young people draw from alcohol ads

PUBLIC HEALTH messages about alcohol may be missing many young people, especially young Maori, according to Whariki research into the impacts of alcohol marketing.

“For example, ‘binge drinking’ is a common public health description of youth drinking patterns,” says researcher Suaree Borell, “but our Maori participants rarely used or recognised this term. They talked about ‘getting horsed’ or ‘wasted’. They used ‘alcoholic’ to describe people who they saw as drinking dangerously.”

“When we asked our participants how public health ads can gain credibility with young people, they said the social marketing ads they saw didn’t show the settings in which they drink.”

Young Maori have a non-linear relationship with both alcohol marketing and health promotion, says Borell, which comes from not being pictured in the ads and being at the margins of the target audience. Maori are affected more by hip hop and video clips, and niche interpretations of sports sponsorship by alcohol brands.

Says Dr Tim McCreanor: “The argument that alcohol companies are marketing intoxication is highly controversial, but what these ads mean to their target audiences is ‘getting trolleyed’, not drinking safely and sensibly, not having a few quiet drinks.”

Hector Kaiwai’s analysis shows that alcohol ads about masculinity have some unexpected meanings. “Young men’s need to know what it means to be ‘the man’ is answered by father-surrogate and laddish voices from these campaigns.” Participants said they don’t get some of that advice from other sources. “This gives credibility when the ads tell them to piss up large,” he says.

Mandi Gregory says that some of the young Pakeha female participants saw drinking alcohol as an expression of their liberation as women. Their concepts of liberation echo images of freedom and confidence in ads targeted at young women, such as the woman who stays out later than her boyfriend partying with a mixer brand. Young women have not been specifically targeted as an alcohol market until recently, but their drinking is increasing.

The study interviewed groups of young friends three times over two years. Other groups were interviewed about one-off occasions, such as school balls, music events and parties. Researchers asked open-ended questions about social life that lead to discussion of alcohol marketing.

The young people had very strong engagement, identification and consumption of alcohol marketing. Information from the project has already been published in international journals. The research team is presenting some of the results at the Dangerous Consumptions Colloquium in Melbourne at the end of the year.

Alcohol marketing at the Big Day Out and at the Lion Red Pro Surfing Tour in Gisborne in 2005.



## Contemporary alcohol marketing

**Researchers** Dr Tim McCreanor, Helen Moewaka Barnes, Mandi Gregory, Suaree Borell, Hector Kaiwai (Whariki); Professor Sally Casswell, Dr Paul Duignan (SHORE)

**Collaborator** Professor Margaret Wetherell, Open University, UK

**Funder** Health Research Council

**Total** \$627,000

**Duration** November 2002 to October 2005