

# SMOKING, NOT OUR TIKANGA

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## Exploring representations of Māori and smoking in national media

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### Abstract

Māori, the Indigenous peoples of Aotearoa New Zealand, continue to present with disproportionately high smoking prevalence. Investigating the impact of recent media representations of Māori who smoke may increase understanding of the cumulative pressures that maintain Māori smoking. This study aimed to explore representations of Māori and smoking through examining a sample of online media from 2010 to 2015 on this topic. We identified four key themes in reporting: strengths-based representation, deficit-style representation, historical recognition, and cultural dissociation. Acknowledging the history of Māori as a tupeka kore people prior to colonisation, we found that some media representations of Māori who smoke may pose an obstacle for Māori aspirations to be smoke-free. In contrast, we also found examples of positive representation expressed almost exclusively from Māori perspectives. Our analysis suggests that separating Māori tikanga from smoking is imperative in recognising Māori resilience against tobacco and working towards a future in which Māori can be smoke-free.

### Keywords

Māori, tobacco, tupeka, smoking, media, representation

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## Introduction

Researchers say history predisposes Māori to having higher rates of smoking than other ethnic groups in New Zealand and this is passed from parents to children like a contagious disease. (Johnston & Singh, 2014, para. 9)

You've got a cultural norm and a contagion . . . of smoking transmission. (Blakely, as quoted in Johnston & Singh, 2014, para. 12)

News media in Aotearoa New Zealand (hereafter referred to as New Zealand) have an enduring record of disparaging and victim blaming Māori people and their culture for their afflictions. The opening quotation exemplifies how news media frame narratives that source Māori and their culture as causal of smoking, rather than acknowledging the contexts in which Māori live (Nichter, 2003). In New Zealand, Māori have disproportionately higher smoking prevalence at 38% compared with a national average of 17% (Ministry of Health, 2015)—a disparity that has existed since the start of the nation's smoking epidemic in the mid-1800s (Trainor, 2008). It was not until recently that Māori were recognised by media and the government as having distinct ambitions to reverse the harms caused by tobacco (Public Health Commission, 1994). Developments towards decreasing Māori smoking prevalence have provided opportunities to transform tobacco from colonising Māori future potential (Reid & Pouwhare, 1991); however, progress in this area is slow. We present an analysis of the different representations of Māori who smoke across national media. We discuss the ways in which some media illustrations (strengths-based representations) support Māori resilience while others (deficit representations) problematically display a causal link between aspects of Māori identity and culture with smoking.

## *A Māori history of smoking in New Zealand*

Prior to colonisation Māori had no relationship with smoking or tobacco (Reid & Pouwhare, 1991). Several Māori narratives claim that tobacco was introduced to New Zealand with the arrival of the British (Reid & Pouwhare, 1991). One Ngāi Tahu tribal story recounts that when Captain Cook arrived, Te Ihutakaru (a Ngāi Tahu warrior) suspected that Cook was not human because smoke was rising from him (Cook, 2013; Karetu, as cited in Reid & Pouwhare, 1991). To determine whether Cook was human and therefore could be slain, Te Ihutakaru doused him with water while he was smoking a pipe. It is understood that after this encounter tobacco became a vital currency in the earliest stages of colonisation (Reid & Pouwhare, 1991).

Māori experiences with tobacco are entwined with markedly different understandings of tobacco regulation and a historical absence of Māori involvement in decision making about health policy, legislation and the research agenda. As early as 1899 the Māori newspaper *Te Puke ki Hikurangi* (as cited in Cook, 2013) noted that the unregulated nature of tobacco consumption among Māori meant usage was characterised very differently from the way Pākehā smoked. Māori did not have any tikanga surrounding tobacco prior to colonisation. In the early 20th century, Māori women smoked as much as Māori men, and children also consumed tobacco (Reid & Pouwhare, 1991). By contrast, Western cultures limited smoking by Pākehā women until the 1920s–1930s, when the “emancipatory politics” surrounding women's right to vote across Britain and the United States emerged (Johnston, 2009, pp. 7–9). At this time some speculated that Māori had the highest smoking prevalence in the Western industrialised world (Gifford & Bradbrook, 2009).

Looking beyond typical determinants of Māori smoking, such as accessibility to tobacco

and levels of social deprivation, current research and practice takes a “multi-pronged” approach in understanding and working with Māori who smoke (Blakely et al., 2010; SHORE and Whāriki Research Centre, 2014). Over the second half of the 20th century non-Māori smoking prevalence declined. Māori smoking rates, however, reduced from 60% in 1976 to 50% by 1991 and slowly declined by only a further 2% to 48% by 1998 (Trainor, 2008). Support for cessation was not funded by the government until 2000, when it established a national free-phone smoking cessation service (Quitline) and a “for Māori by Māori” stop smoking pilot programme—Aukati KaiPaipa. Support to help Māori stop smoking has remained an essential component of the tobacco control programme, which also includes taxation on smoking and social marketing (Apārangi Tautoko Auahi Kore—Māori Smokefree Coalition, 2003).

Developments towards Māori smoking cessation have emerged from the “landmark” report by the Māori Affairs Select Committee’s (MASC, 2010) *Inquiry into the Tobacco Industry in Aotearoa and the Consequences of Tobacco Use for Māori*. In response, the government agreed to an “aspirational” goal to reduce smoking to 5% or below by 2025 (New Zealand Government, 2011). This commitment included reducing Māori smoking prevalence “proportionately”. Recently, Ball and colleagues (2016) suggested that the government’s response to Māori smoking has been “inadequate” in addressing several of the recommendations put forward by the MASC and their collaborators. Several Māori-led initiatives outline and practise culturally appropriate interventions to support Māori who smoke towards an auahi kore and tupeka kore future (see Gifford & Bradbrook, 2009; Muriwai, 2016, pp. 10–14). As it seems, national media also have the potential to facilitate the achievement of this goal.

### ***Representations and misrepresentations of Māori in the media***

News media in New Zealand continue to play a role in creating representations of Māori that are widely recognised as legitimate (Moewaka Barnes et al., 2012; Nairn et al., 2012; Rankine, Moewaka Barnes, Borell, Nairn, & McCreanor, 2014; Wall, 1997). Some of these are penned by journalists (or organisations) from a strengths-based perspective; at other times, a deficit framing towards Māori is employed. Several studies recognise that current media undermine Māori aspirations by echoing stereotypes of Māori that have been engrained from the first point of contact with settler society (Moewaka Barnes, Taiapa, Borell, & McCreanor, 2013; Rankine & McCreanor, 2004; Stuart, 2002). Māori are consistently contrasted with Pākehā in media news coverage, reasserting the premise that the two groups enjoy equal positions in society—a notion that is simply untrue (Gregory et al., 2011). Research highlights that non-Māori media consumers are able to identify that reporting on Māori regularly features negative identifying factors (Gregory et al., 2011) that are rarely particularised in news items about Pākehā. Comparisons between Māori and Pākehā appear to have become defining aspects of hegemonic colonial discourse, overwriting the uniqueness of Māori realities.

Problematic misrepresentations of Māori appear to be exacerbated by Pākehā journalism. In their recent review, Rankine and colleagues (2014) noted that Pākehā journalists published significantly more columns about Māori issues in daily news media than Māori journalists. This discrepancy is an example of how Pākehā perspectives are validated through regular consumption by readers across the nation. When concerned with representing Māori people, some non-Māori authors appear to be pragmatic, self-serving, self-preserving and even fundamentally “anti-Māori” in some instances (Matheson, 2007; Moewaka Barnes et al., 2012;

Phelan, 2009). It is possible that non-Māori utilise what McCreanor and Nairn (2002) term “interpretive repertoires” that victim blame “the poor health status of Māori *as a function of being Māori* [emphasis added]” (p. 5). Victim blaming Māori for their smoking is in sharp contrast with the work by researchers who use Māori culture and identity as a strengths-based foundation to encourage Māori to quit smoking (for example, Glover et al., 2013; Grigg, Waa, & Bradbrook, 2008; Wilson, Grigg, Graham, & Cameron, 2005).

Despite an established field of research on effective mass media and social marketing campaigns for discouraging Indigenous people from smoking (for example, Grigg et al., 2008; Wilson et al., 2005), media in New Zealand appear to present a pattern of anti-Māori instead of anti-smoking content. Evidence suggests that attitudes produced by the media, health professionals and laypeople can have a profound effect on the health and wellbeing of Māori (Moewaka Barnes et al., 2012; Moewaka Barnes et al., 2013). For Māori, it is crucial that the influences of social stressors and colonial trauma are addressed in understanding the struggles Māori face (Selby, 2005). Use of the words “normal”, “norm” and “culture” to describe Māori smoking can “pigeonhole” Māori (Nichter, 2003) as the source of their smoking, which is implausible when recognising the role of tobacco as a colonising tool. The stark difference between Māori-driven approaches to combating smoking and the structurally embedded deficit discourse around Māori health in the media deserves investigation. Could it be that the intended and unintended effects of strengths-based versus deficit-based discourse, on balance, nullify a reduction in Māori smoking?

### ***Overview of the study: Decolonising Māori and smoking in the media***

Our analysis investigates whether there is a need for “alternative media narratives” (Te

Rōpū Whāriki, 2014) to represent Māori more effectively to reduce Māori smoking. In line with previous studies, we explore how current media coverage may pose an obstacle towards Māori aspirations (Nairn et al., 2011) or otherwise facilitate support to ending tobacco smoking harm. We also explore speculated links (Trainor, 2008) between Māori culture and identity with smoking. We investigate the national media as a “political antagonist” (Phelan, 2009) that focuses on maintaining an opposing, binary discourse of Māori *versus* Pākehā instead of presenting positive Māori narratives and contributing towards equitable achievement of the Smokefree 2025 goal for Māori. We undertake this analysis from a kaupapa Māori positioning. Our approach is embedded in decolonisation through asking whose voice, language and perspective can be held accountable for the dominant and shared representation(s) of Māori who smoke present in national media (Moewaka Barnes, 2011, p.137). This study investigates a novel kaupapa, “Smoking, Not Our Tikanga”, to challenge the idea that Māori culture and smoking culture are related.

## **Method**

### ***Sampling procedure***

Data were drawn from theoretical sampling of open access news media articles published online over the past five years. Theoretical sampling, a process that uses a broad sample to develop theory (Altheide, Coyle, DeVriese, & Schneider, 2008), was used to inform our key search terms. A search was entered into the generic Google search engine and the Google News application using the key term combinations “Maori”, “Māori” and “smoke”, and “smoking” and “tobacco”. To narrow the search, preliminary boundaries were set whereby either the title had to contain the key terms “Maori”/“Māori” and “smoke”/“smoking”/“tobacco” or the article

had to feature a spotlight on Māori by mentioning them at a minimum of twice per article. We chose to cover a recent five-year period to test whether stereotypes echoed since colonial contact continued in modern-day coverage of Māori who smoke. To reflect this focus we also entered “2010”, “2011”, “2012”, “2014” and “2015” into the search criteria.

Forty-six articles were used in the final sample after omissions were made for articles that did not fit our criteria. All were written and published on nationally hosted websites. We also identified the “type” of article at two levels of analysis. Level 1 assessed the regional reach of articles sampled. There were significantly more articles that reached a national audience than those with a regional readership. At a second level of analysis we recognised that the majority of articles were included in general publications covering a variety of topics, followed by Māori-specific publications and medically oriented publications. Most articles in our sample provided author names, though some remained unspecified, leaving us to attribute certain articles to organisations rather than to the individual(s) who wrote them. A full summary of our data is available online (Tūranga, 2016).

### **Analytic approach**

A sample of online media articles about Māori and smoking were analysed using ethnographic content analysis (ECA). This method simultaneously allows us to analyse the social construction of reality through mediatisation (Stocchetti & Kukkonen, 2011) and reflexively interpret the illustration of “common sense” in media representations of Māori people who smoke (Altheide, 1996). Using ECA, we recognise the “polysemic” nature (Macnamara, 2005) of our data, which have been written by and for a variety of media consumers throughout New Zealand. In more recent developments to this approach, “immersion” in the research space and context has become a key element

of ethnographic analysis—in other words, the authors need to be deeply familiar with the symbolic representations communicated by the data they are studying (Altheide et al., 2008). We recognise this method as compatible with a kaupapa Māori positioning within this research. Ethnographic content analysis centralises on an understanding of comparison and contrast, which is especially familiar for kaupapa Māori researchers enmeshed in disciplines that previously positioned Māori as subject rather than author. Furthermore, an ethnographic analysis has been employed to focus on the discursive content of our data; in doing this, we avoid the rigidity of quantifying our sample (Altheide, 1996).

### **Coding**

Following the extant literature on Māori in the media (for example, Hodgetts, Masters, & Robertson, 2004; Moewaka Barnes et al., 2012; Phelan, 2009; Rankine et al., 2011; Wall, 1997) and Māori smoking (for example, Glover, 2005; Glover & Cowie, 2010; Glover, Nosa, Watson, & Paynter, 2010), a thematic coding schedule was developed as shown in Table 1. The coding schedule contained the following items: *statistical frequency*, *neutral statistics*, *Māori responsibility*, *Māori strengths*, *deficit statistics*, *Māori victim blaming*, *Māori cultural shaming*, *historical recognition* and *cultural dissociation*. Many of these items overlapped across the data and were thus collated into four main themes, which are elaborated further in the paper. These included *strengths-based perspective*, *deficit perspective*, *historical recognition*, *the context of Māori and smoking* and *dissociation of Māori culture from smoking*. Both titles and article content were analysed.

### **Results and discussion**

We start the discussion of our analysis by acknowledging that there were some promising

TABLE 1 Coding schedule Māori and smoking

Coding schedule	
Statistical frequency	The presence and frequency of statistical information used throughout articles
Neutral statistics	The presence of statistics presented in a neutral way, often including cross-racial statistics
Māori responsibility	The presence of a focus on Māori responsibility presented in a positive or neutral way
Māori strengths	The presence of a focus on Māori strengths, cultural resilience or similar presented in a positive or neutral way
Deficit statistics	The presence of negative Māori statistics presented in a negative or deficit way
Māori victim blaming	The presence of a focus on victim blaming Māori presented in a negative way
Māori cultural shaming	The presence of a focus on Māori culture as negatively associated with Māori smoking
Historical recognition	The presence of a focus on historical recognition presented in a neutral way
Culture dissociation	The presence of a focus on disassociating Māori culture from smoking presented in a positive or neutral way

examples of positive representation contained in much of the media coverage on Māori and smoking. Many of the articles addressed a common reality where the disparity between Māori and non-Māori smoking rates were purposefully highlighted to emphasise the need for Māori smoking to be appropriately addressed. Disparity frameworks, however, are not always useful. Such framing positions non-Māori as setting the standards that Māori fail to meet. Critically, we noted that many media outlets made it difficult to identify the authorship of their published articles. We found that the majority of media reports on Māori and smoking used statistical evidence throughout their coverage. One would presume a statistics-based journalism can be interpreted as neutral by nature. Our analysis suggests this may not be the case.

### ***Strengths-based perspective of Māori who smoke***

Over half of the media articles sampled mentioned or presented a strengths-based perspective

or framing that focused on Māori resiliency, responsibility and competency. Originally coded separately, Māori responsibilities and Māori strengths codings were collapsed into one category “Māori strengths-based perspective” because of immense overlap. Of note, instances of a strengths-based perspective were presented not by journalists themselves, but in quoting Māori community members, teachers, researchers and health professionals:

Māori approaches to Māori health issues are required. (Ahuriri, as quoted in University of Canterbury, 2015, para. 10)

The reason is because so many Māori smoke, so Māori need to lead the solutions. (Tamatea, as quoted in Waikato District Health Board, 2013, para. 12)

While initial coding was only looking for strengths-based Māori content, a closer examination revealed this perspective as accountable to the (Māori) sources quoted by journalists.

This signals an impartiality or reluctance that media outlets appear to have when using their own words to report positively on Māori. Thus, the only time te reo and positive representations are reported are when Māori people or organisations are quoted directly. This transparent use of positive Māori perspectives can, however, provide some foundational knowledge for future reporting on Māori and smoking:

Targeted at Rangatahi (Māori youth) the initiative is being piloted . . . the rangatahi will be empowered to make positive lifestyle choices and see real benefits for their physical and financial wellbeing. (MidCentral District Health Board, 2014, para. 2)

Substituting te reo Māori for a term with equivalent English meaning (“youth”) gives this article grounding, showing tautoko for te reo in mainstream media to explain unique Māori predicaments. Several studies by researchers from Te Rōpū Whāriki have illustrated that use of te reo in media coverage is rare and when it does occur it is unaccompanied by support for readers to learn te reo Māori. This example is important as “rangatahi” is never substituted for its English equivalent throughout this article.

The Minister [Hon. Tariana Turia] described Matariki as the perfect time to quit smoking . . . Matariki occurs in mid-June each year when the cluster of stars known as the Pleiades or Seven Sisters appears in the night sky. For Māori this was a time of new beginnings. (Wylie, 2012, paras. 5–7)

This example dedicates space to defining a crucial concept from te ao Māori. The article does not assume prior knowledge of this Māori concept, though it is unclear who the target audience for this media is. This attention to detail of Māori knowledge and customs clarifies and normalises Māori in a positive way.

### ***Deficit representations of Māori who smoke***

A small number of the articles presented a deficit-style perspective of Māori smoking. Relatively lower prevalence of this view combines the coding of victim blaming, cultural shaming and deficit statistics (where the latter were used as framing). Deficit representations signal a concerning reality whereby Māori are blamed for their smoking prevalence and also seen as unable to quit. Language was a prolific indicator of these deficit-style representations. For example, a recent article titled “Smoking among Maori Girls *Stubbornly High* [emphasis added]” begins with “It appears *Maori girls are refusing to give up smoking* [emphasis added], and adult role models are being *blamed* [emphasis added]” (Radio New Zealand, 2015). The language exemplified here sets up the conditions in which Māori smoking is seen as unchangeable and a matter of choice simultaneously. Indeed, titles alone can run this risk of introducing a deficit perspective by victim blaming Māori early on: “Tobacco still *a ticking time bomb* [emphasis added] for Māori and Pacific” (Te Ara Hā Ora, 2014), “Multi-pronged *attack on Māori smoking* [emphasis added] gives hope for future” (McMillan, 2013) and “*Māori women pay the price* [emphasis added] for their high addiction rate” (Johnston, 2010). These titles signal a fatalistic theme that is echoed in the following:

Nearly half of Maori mothers giving birth are smokers, dooming Maori to continued poor health. (O’Sullivan, 2014, para. 1)

This quotation from O’Sullivan (2014) illustrates media placing blame for the continued disproportionately poor health among Māori on pregnant Māori women who smoke. In this way, Māori smoking, which is a dynamic and multifaceted issue, is rewritten into a simplified narrative of a recalcitrant people. Such language construes Māori as worthy of victim blaming

and further emphasises a representation of Māori as “other” and stigmatised. Language such as this also positions Māori tobacco control initiatives for Māori as intangible or destined for failure by refusing to acknowledge that such initiatives exist nationwide.

Tauranga Girls’ College principal Pauline Cowens says . . . the issue needs to be addressed at home and not just at school . . . She says at school they have Maori councillors for the Maori students but they prefer to work with individual students rather than targeted groups. “We work with the individual girls who are putting their health at risk.” (Taylor, 2012, paras. 7–11)

Stewart [Ngatai] says Maori youth smoking is so high because so many of their own family members smoke. De-normalising smoking amongst Maori is a good start. (Taylor, 2012, paras. 16–19)

This regional media article presents a deficit-style representation of Māori using deductive reasoning and language. The article sources two professionals, one Pākehā and one Māori, to voice their opinions about solutions to Māori youth smoking. The beginning of the quotation relays information provided by a Pākehā school principal whose position empowers her to say that despite Māori interventions being accessible she prefers working with young female Māori smokers as individuals (as if individuals can be devoid of ethnicity), whom she depicts as responsible for “putting their health at risk”. This illustrates an interesting display of Pākehā ownership over Māori realities. In contrast, the Māori perspective of Western Bay of Plenty Smokefree Coalition chairperson Stewart Ngatai counters this perspective by acknowledging the social pressure to smoke experienced by Māori youth where there are high smoking rates among their whānau members. This article ends with a quotation from Ngatai on “de-normalisation of smoking

culture” among Māori, elaborated on later in this study.

A consultant at charitable trust Te Reo Marama, which advocates tobacco resistance for Maori, Shane Bradbrook says . . . Now smoking is seen as normal within the Māori community . . . He says to prevent smoking, “we need to get rid of the tobacco industry” . . . “[We] need to challenge the government to make sure that the supportive health promotion programmes that there are, [are] Māori specific quit programmes that assist or people to quit.” He says it is up to Māori to get smoking out of the community, and Māori need to change their cultural behaviours. (Hickland, 2010, paras. 21–27)

This excerpt presents a manipulation of a Māori perspective into an anti-Māori and deficit-style framing. The excerpt opens by introducing Shane Bradbrook (who was the director of Te Reo Marama) and following what he has to say about smoking with a statement written by the author positioning smoking as a “norm” within “the Māori community”. The author homogenises Māori as “one community” sharing one “norm”, which is incongruent with the diverse reality of the various communities who identify as Māori. Preluding the statement that “Māori need to change their cultural behaviours”, Bradbrook is quoted as acknowledging the increased need for government support for Māori-specific health promotion and quit programmes, and this is followed by the author’s own interpretation of what this means. The author indicates that Māori “cultural behaviours” are the source of blame for Māori smoking when in fact they are being suggested as a remedy and protective factor supporting reducing Māori smoking. This can be viewed as an example of both misrepresentation and misinterpretation as the author has used the direct quotations from Māori against Māori aspirations for tupeka kore. We consider this kind of journalism to be problematic.



### ***Historical recognition, the context of Māori and smoking***

Only a small fraction of articles recognised how the history of colonisation has affected Māori smoking prevalence. Tariana Turia (2013) referred to the introduction and imposition of tobacco on Māori as an “unethical transaction”. It is plausible to consider tobacco a colonising tool used in the process of subduing and oppressing Māori. Acknowledging the history of Indigenous peoples can be aligned with a commitment to decolonisation and recognising Māori peoples’ colonised realities. This was done in a variety of ways across the few articles that recognised how history plays a role in Māori smoking:

She says the current state of Māori health is a product of inequalities fostered in the settlement and colonisation of Aotearoa New Zealand, perpetuated in prevailing social structures. Statistics New Zealand figures from 2010–2012 show that Māori could expect to live seven years less than non-Māori. (University of Canterbury, 2015, para. 3)

Although reference is made to another quotation in this excerpt, there is an attempt to validate a historical perspective. The statistics chosen to validate such a perspective are centred around mortality and death rather than being smoking specific, which overlooked an opportunity to discuss tobacco harms. Instead, the authors reinforce a negative deficit-style perspective framing Māori as “doomed” by the effects of smoking, regardless of its historical origin:

The authors comment: “Maori policymakers interviewed called for a strong interventionist role for central and local government in reducing disparities in tobacco . . . This is not surprising, when considered alongside a Treaty of Waitangi framework that holds government accountable for ensuring that

Maori experience at least the same level of health as the wider population”. (McMillan, 2010, paras. 7–8).

This article is the only one that quotes a reference to Te Tiriti o Waitangi, which would have seeming importance in addressing a disparity as wide as smoking by ethnicity in New Zealand. The inclusion of this in a news publication aimed at medical doctors recognises that these health professionals should be aware of the explicit parallels between health disparities and obligations to support Māori to “at least the same level of health” of non-Māori under Te Tiriti o Waitangi. The article explicitly positions empirical science alongside national history. However, since this is only mentioned once in our sample, we cannot generalise that this kind of recognition is common in media on Māori and smoking. A lack of historical recognition contributes to the silencing of perspectives that ground Māori smoking in a historical and colonised context, which is so often recognised in research across Māori health.

### ***Dissociation of Māori tikanga from smoking***

We were interested in exploring the distinctions between Māori culture/tikanga and smoking in this analysis. Dissociation appeared in a handful of articles analysed. In the remaining articles, the idea that Māori culture and identity and smoking are causally linked was often implied. The lack of representation of perspectives that disassociate the two reveals how deep this association may be. Those who did mention a disassociation of Māori culture from smoking were often quoting directly from Māori sources:

Zoe Hawke, Kaiwhakahaere (manager) of Te Ara Hā Ora . . . said the statistics are a reminder of how far Aotearoa has come with its smoking status . . . “Tobacco is not for our whānau, not for our tamariki, it wasn’t our

history and it will not be our future”. (Te Ara Hā Ora, 2014, paras. 4–7)

Mr Elers took issue [with Māori being associated with smoking] . . . “it is being singled out that that is the Maori norm, that’s how Maori are.” (Deane, 2013, paras. 4–5)

It’s really about people understanding that tobacco is not part of the Maori tradition. (Bradbrook, as quoted in Theunissen, 2010, para. 11)

The excerpts selected here show variation on the same imperative—that smoking and Māori culture (and identity) are not essentially linked. These excerpts emphasise a need for “culture” itself to be defined more purposefully, something that has been labelled as fundamental in research that involves ethnicity and culture with smoking prevalence (Nichter, 2003; Unger et al., 2003). In our analysis Māori culture represents tikanga and identifying one’s ethnicity as Māori, which is a separate concept from the social norms around smoking (often misleadingly referred to as “smoking culture”). Because this distinction has not been made, the media are able to continue a deficit style of reporting that blames Māori for disproportionately high smoking rates and legitimises unequal health status:

East coast iwi Ngati Kahungunu is advocating not just to make its maraes smoke-free places, but also tobacco-free, as part of a movement to disassociate Māori culture from smoking. (Theunissen, 2010, para. 1)

Ms Glover believes that if this happens, it could turn round a culture where smoking has been normal, and make quitting normal instead. (Te Manu Kohiri, 2013, para. 6)

In some instances Māori sources were not quoted directly; instead, their perspectives were paraphrased. The first example from Theunissen (2010) explicitly outlines Ngāti

Kahungunu’s kaupapa. The second example from Te Manu Kohiri (author unspecified) is more ambiguous through the use of the word “normal”. As mentioned earlier, comments on Māori “norms” run a risk of overlooking how the remnants of colonisation affect Māori experiences. In this case, substituting the word “prevalent” may change the framing of what may be misinterpreted and paraphrased as a cultural Māori norm.

### *Implications and limitations of the study*

We aimed to explore representations of Māori and smoking in a sample of recently published online news media. We found competing themes that show support or otherwise belittle Māori people who smoke. To our knowledge, the study is the first of its kind to explore representations of Māori who smoke in a sample of national news media. While we explored a variety of representations, there were some examples that call for further work in constructing alternative media narratives surrounding Māori who smoke. Themes we identified as historical recognition and cultural dissociation could provide a good starting point for media to play a more facilitative role in understanding Māori smoking prevalence. While it is important to recognise and report health disparities between Māori and non-Māori, we think that the framing of these needs attention. Framing of Māori and smoking in the media (and health research) may be more useful when the potential Māori have to reduce tobacco smoking harm is recognised.

This study is not without its limitations. We have presented an analysis of a small sample of online news media. Future research should look at larger national samples; an analysis of change through decades of media representation of Māori who smoke could be of future interest. The key search terms generated for this study could also be expanded in future studies to include kupu Māori (for example,

“tupeka kore” and “auahi kore”). As well as this, news media representation could be compared with health promotion advertising and media releases surrounding Māori smokers. Language used by decision makers who fund tobacco control programmes for Māori should also be investigated. If the media are reflecting negative narratives of Māori and smoking, there is certainly a risk that those with political and monetary influence may be reluctant to support Māori-led initiatives to reduce tobacco harm.

### ***Smoking, not our tikanga***

Tobacco has colonised Māori health since its introduction to New Zealand. It is possible that the ways in which Māori who smoke are represented may contribute to the initiation and maintenance of smoking among Māori. Through our research, we emphasise that blame has been misplaced when sourcing Māori culture and identity as the reason Māori smoke at high prevalence. Ethnicity and culture are not appropriate targets for modification as a strategy to change smoking prevalence. If Māori identity and culture are implicated as causal of smoking, stopping smoking by association becomes immutable and starting smoking becomes inevitable. This proposition discourages Māori self-efficacy to stop smoking and may also encourage a fatalistic helplessness that obstructs Māori from reducing tobacco harm (Glover et al., 2010).

There are numerous social and health determinants contributing to the disproportionately higher smoking prevalence among Māori. We propose that the role the media plays in constructing health narratives may be another contributor to the uptake and maintenance of Māori smoking. We recommend that future news media update their standards to ensure Māori potential to reduce tobacco harm is recognised. With permission from the Health Promotion Agency (previously known as the Health Sponsorship Council) and Te Ara Hā Ora, the authors stand by our kaupapa

“Smoking, Not Our Tikanga”—a play on the original motto of Smokefree New Zealand’s “Smoking Not Our Future” (SNOF). Further research on this kaupapa is warranted to further distinguish Māori tikanga, Māori identity and Māori culture from smoking.

### **Conclusion**

Research on representations of Māori who smoke is essential for understanding how to facilitate more rapid reduction in tobacco harm for Māori. Our analysis reveals some important themes in representation that may play a role in obstructing and facilitating Māori tobacco control aspirations. The way in which news media frame Māori may impact on initiation and maintenance of Māori smoking. If we are able to better represent Māori who smoke in news media, there is potential for tupeka kore to be accelerated. By adopting the kaupapa “Smoking, Not Our Tikanga” we hope to contribute to decolonising Māori smoking and contribute towards the better health of Māori peoples.

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## Glossary

Aotearoa	Māori word for New Zealand
auahi kore	smoke-free
kaupapa	matter for discussion, agenda
kaupapa Māori	the conceptualisation of Māori knowledge, a Māori framework
kupu	word (referring to Māori words)
Māori	the Indigenous peoples of New Zealand
Pākehā	“other”, referring to British/European New Zealanders
rangatahi	youth
tautoko	support, praise
te ao Māori	the Māori world
te reo	the Māori language
tikanga	culture, custom, protocol, correct thing, purpose
tupeka kore	tobacco-free
whānau	family, inclusive of extended family

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