

'Te Waioratanga': Health Promotion Practice - The Importance of Māori Cultural Values to Wellbeing in a Disaster Context and Beyond

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Abstract

In September 2010 and again in February 2011, the city of Christchurch, Canterbury, New Zealand was hit by significant unexpected seismic activity resulting in the loss of over 180 lives and over half of the inner city. To date, there have been over 11,000 earthquakes in the Canterbury region since the first major quake in September 2010. Efforts to support social and psychosocial recovery have been a constant challenge. Te Waioratanga, meaning the activation of wellbeing, is a health promotion project in direct response to 2013 research by the All Right? campaign. All Right? was developed by the Mental Health Foundation of New Zealand and the Canterbury District Health Board, with the aim of empowering Canterbury residents to take simple steps towards psychosocial recovery. Their research findings clearly showed that the campaign had not been as effective for Māori, indigenous New Zealanders, as for the mainstream population. Te Waioratanga was launched as a vehicle for the All Right? campaign to address mental health and wellbeing needs of the Christchurch Māori Community. Its unique strengths-based formula and positive messaging engaged Māori and non-Māori alike. Te Waioratanga symbolises the soundness of mind and body that comes from doing simple things to support one's wellbeing. Te Waioratanga allows Māori to take pride in relevant aspects of Māoritanga, or Māori culture, while sharing them with the world. This project has been an example of a highly effective relationship

between the Canterbury District Health Board, Ngāi Tahu –who are mana whenua or indigenous people of the area, the Mental Health Foundation of New Zealand, and the Christchurch City Council. The current paper looks at the translational process from research to Te Waioratanga implementation and highlights the unique contribution that Māori culture has to offer to wellbeing in a post-disaster context.

Keywords: Māori, wellbeing, Te Waioratanga, Māori health promotion, responsiveness

The All Right? Campaign arose in response to the needs of Canterbury people after the 2010 and 2011 Canterbury earthquakes. It is a social marketing/ health promotion campaign led by the Canterbury District Health Board and the Mental Health Foundation of New Zealand. There have been five simple messages to improve wellbeing at the centre of the campaign: take notice, be active, connect, keep learning, and give. All Right? is funded by New Zealand's Ministry of Health and has also had support from the Ministry of Social Development, and many other organisations including Red Cross, Strategies with Kids Information for Parents (SKIP), the Christchurch City Council and Waimakariri District Council. All Right? undertakes regular research into how Canterbury residents are doing. This research informs everything All Right? implements, from raising awareness among community groups, organisations and businesses, to creating tools which promote the things we can do to improve our wellbeing.

Innovative, translational health promotion work was carried out as a result of the All Right? research conducted in 2013. The purpose of this paper is to demonstrate how the data collected was used to implement effective health promotion for the priority group for whom the research was conducted; in this case Māori communities in Christchurch post 2010, 2011 earthquakes.

Historically, it appears that Māori think about and experience health from a holistic point of view. Durie's (1982) Te Whare Tapa Whā, one of the most commonly used Māori Models of wellbeing, serves to display the need to acknowledge not only the physical health of

a person but also the spiritual and emotional. It also displays the need to acknowledge wider environmental determinants of health such as relationships with family and aspects of cultural practice which are paramount to how Māori experience wellbeing.

A social marketing campaign was undertaken 2011, through Healthy Christchurch, the Mental Health Foundation and the Canterbury District Health Board (CDHB) on the recommendation of the Christchurch Psychosocial Response Committee. The All Right? Campaign was using psychosocial messaging to support the wellbeing of the Canterbury population following the numerous seismic events and subsequent emotional, physical and environmental trauma experienced there.

Relevant, Māori specific research was then carried out on behalf of the All Right? Campaign by Opinions Market Research (2013), involving a number of communities within Canterbury. From time to time research is also undertaken with specific communities such as Māori, Parents and culturally and linguistically diverse peoples. As well as researching wellbeing, the campaign uses market research to measure impact, behaviour change and the effectiveness of its communication. This paper looks at the translational process from this research to the creation of Te Waioranga, which loosely translates to mean the activation of wellbeing. This process highlights the unique contribution that Māori culture has to offer in a wellbeing context post disaster.

Method

The original research was conducted collaboratively by Opinions Market Research, Canterbury District health Board and the Mental Health Foundation. A number of Māori living in greater Christchurch were consulted and asked for their input at key stages of the research process: project design, question development and reporting. An exploratory qualitative approach was employed comprising four focus groups and one key stakeholder interview. Each focus group comprised 8 to 12 participants and lasted 2.5 to 3 hours. The fieldwork took place from the 6th to the 25th of November 2013.

A series of four group discussions and one key stakeholder interview were also conducted among Māori living in greater Christchurch. The group discussions were structured to ensure a range of people according to age, marital status, gender, and life stage, including

with and without dependent children, took part in the research. A range of Māori tribes were represented across the sample.

The occupational status of participants consisted of a mix across the groups: retired, currently looking for work, stay at home parent, school student, and those in unpaid and paid employment. Participants included a general manager, school principal, community work and café. Figure 1 provides further details about the characteristics of each focus group.

Group 1	Whānau (families), male and female, 16-80 years
Group 2	Whānau (families), male and female, 16-80 years
Group 3	Kaumātua (elders) and management staff
Group 4	Māori total immersion school: students, parents and staff

Figure 1. Focus group structures.

This research focused on the wellbeing of the Māori participants who took part, rather than providing a comprehensive exploration and understanding of all Māori and of Māori culture. We also acknowledged the intrinsic connection to culture that is inherent for Māori who identify as Māori regardless of where or how they were raised.

It is important to acknowledge that there were differences in how individual participants described their wellbeing. These differences were noted at all levels; from an individual to a tribal level. However, the current paper reports the broader, overall perspective of wellbeing for participants. The original research was limited in scale and as such the findings remain indicative, representing the opinion of those we spoke to. The participants took part in this research in late 2013 and the findings reflect the wellbeing of the participants at that time.

Findings and Discussion

Findings included the way that wellbeing was viewed by participants from a holistic mind, body, spirit perspective. These understandings are outlined with reference to participants' experiences in figure 2.

The key message from the focus groups was that *Whānau*, being family or family-like groups, is the centre of wellbeing for these people. Having connections, interactions and being supported by *Whānau* and culture are paramount. As one person said: "If my *Whānau* are not well, I am not well."

<p>Te Taha Tinana/ Physical health</p> <p>Having necessities met such as food, clothing, affordable housing, healthcare, schooling, finance</p>	<p>Te Taha Hinengaro/ Psychological health</p> <p>Having needs and customs understood and respected by the wider community</p> <p>Use of karakia (prayer/incantation)</p> <p>Whakataukī (proverb)</p> <p>Whakamā (feelings of inadequacy)</p>
<p>Te Taha Wairua/ Spiritual health</p> <p>Having needs and customs understood and respected by the wider community</p> <p>Acknowledging Papa-tū-ā-nuku (earth mother)</p> <p>Existence of wairua (spirit/soul)</p> <p>Use of karakia</p>	<p>Te Taha Whānau / Family health</p> <p>Connecting with Whānau (family), hapu (extended family) and iwi (tribe)</p> <p>Togetherness, sharing kai (food) with Whānau</p> <p>Looking after Kaumātua (elders)</p> <p>Feeling supported by others including ancestors, identity, whakapapa (genealogy)</p> <p>Interaction with others, whanaungatanga (kinship)</p> <p>How you act with others, manaaki (hospitality)</p> <p>Having time for family and relationships</p>

Figure 2. Wellbeing as defined by Māori participants as shown using Te Whare Tapa Whā as a framework for wellness.

Māori focus groups identified that Whānau were not depicted in the campaign imagery and that overall, there appeared to be more of a focus on the individual. The lack of groups of people or Whānau in the imagery and visual acknowledgement that connectedness was anything other than one to one interaction was incongruent with Māori collectivism. This highlighted the need for themes and cultural concepts that Māori could identify with and therefore relate to and be motivated by.

Putting Whānau at the centre of any campaign which aims to reach Māori was undeniably the strongest message from the participants. The use of *Te Reo Māori*, the Māori language, in some of the messaging was keenly received and suggestions were made to use more Māori language throughout the rest of the campaign. Durie (2004) clearly stated that for health promotion to be useful to indigenous peoples it should be consistent with their values, attitudes and aspirations. Research on similar social marketing campaigns and their effectiveness for Māori supported this perspective and strengthened subsequent recommendations for increasing effectiveness of the All Right? campaign for Māori. Thornley and Marsh (2010) acknowledged the need to centralise campaigns that target Māori around Whānau while noting the effectiveness of the appropriate use of Te Reo Māori when reviewing the success of the It's About Whānau campaign. They highlighted that the It's About Whānau campaign built on the importance of Māori identity and Whānau relationships, and used empowering, positive messages.

Many of the research participants were second language learners of Te Reo Māori. They saw this as an important part of their identity and significant in terms of reclaiming their cultural identity. The association with this renewal of practice and pride in culture, particularly the language, *Tikanga*, or protocols, and other rituals gave them a greater sense of belonging, for example the practice of *Karakia*, being incantations of protection, guidance, cleansing provided a sense of safety and protection that enhanced resilience for many. This was congruent with Muriwai, Houkamau and Sibley (2015), who found that increased cultural efficacy, or the ability to navigate the Māori world, has a direct protective effect that can reduce the risk of negative psychological outcomes and associated risk factors.

The benefit and importance of unique cultural practice and ritual and its place in strengthening resilience and recovery was highlighted in a report to the Health Research Council (Thornley, Ball, Lawson-Te Aho, Signal & Rawson, 2013) acknowledging that these practices and rituals are not only beneficial to Māori but also to others who suffered adversely from the Canterbury earthquakes. The report suggested that there are ways to adapt these cultural aspects to the benefit of the wider community.

Cultural considerations

It was important for the creation and implementation of a Māori specific campaign to consider the observed barriers to higher levels of wellbeing. Definite opportunities existed for the All Right? campaign

to increase effectiveness for Māori. As a result of Taking the Pulse findings (Opinions Market Research, 2013), it was clear that Māori in Canterbury were still struggling on a number of levels. Stress issues related to continued difficulties with living arrangements, lack of adequate accommodation and the inability to practice self-determination over many aspects of general day to day life. Recurrent themes of discrimination and *institutional racism*, where institutions treat a group of people negatively based on race, were narrated in the *korero*, or stories, of participants who dealt with social services and support agencies. There clearly needed to be some recognition of the lived realities of these groups in our community.

An increase and widening gap in terms of inequality and discrimination, perceived or experienced, was identified. Feeling discriminated against has the potential to damage self-respect, confidence and the ability to exert *rangatiratanga*, or self-determination over ones' own life and that of the extended Whānau. The earthquakes have also contributed more generally, to a widening level of inequality in the community. The slow response of Government to address the social recovery has added to the stresses of Maori who were already living in deprivation. These groups felt an increased sense of powerlessness.

The frustration of trying to deal with service providers who appear to have little empathy for the reality of day to day struggle experienced by these groups means people have an exacerbated feeling of loss of control or are unable to cope and are either marginalised or do not connect at all with these services. Work and Income New Zealand (WINZ) and Housing New Zealand were given as examples of services where it was felt that it is now more difficult to deal with social service agencies. A number of the participants spoke of experiencing institutional racism and considered it a barrier to successfully engaging with support services. For example:

Sometimes I feel it [inequality]. A lot of it is to do with the colour of who I am. I can see it happening to others. A lot of it is systems.

This issue was also highlighted by Came (2012) who described institutional racism as a pattern of differential access to material resources and power determined by race.

The inability to access government support is a particular barrier for some Māori, especially those less able to articulate their needs and deal effectively with what they refer to as “the system”. The nature of *māhaki*, humbleness, or *whakamā*, being shyness or embarrassment, in Māori culture means one remains modest in their requests for help and/or feels a sense of shame in asking for assistance. Many people would rather avoid the feeling that they are being judged by race and or incorrect assumptions of race and behaviours than ask for help from services that overtly discriminate against the groups of people they are set up to support.

Some Māori in the groups expressed a sense of injustice due to perceived social inequalities and a lack of understanding of Māori culture and the needs of Māori among mainstream society in New Zealand and, in particular, by social service agencies. For some Māori, the current problems arising from the earthquakes are more profound because of the social inequalities that remain largely unaddressed. The lack of resolution after this length of time means there has been a tendency for issues to resurface, to compound and multiply. Some find themselves unable to exercise the same level of self-determination within Whānau and/or social services that they had pre-earthquake.

There needed to be a focus on how to interrupt the negative impact of support services and interventions, identified as discriminatory, on both the groups surveyed and on those like them. The aim was to strengthen their ability to deal with the ongoing effects of the Canterbury earthquakes and increase their long-term wellbeing, resilience and sense of empowerment.

Development process – Te Waioratanga

The project Te Waioratanga was developed to support the voices heard in the research. It was already apparent that the generic All Right? campaign had not had much impact in the Māori communities in Christchurch at that time. What was required was health promotion and social marketing that reflected the concepts and values that these groups regarded as theirs and regarded as relevant to their life situation. The desired outcome was to create a piece of work that would acknowledge and highlight these concepts, values and unique qualities of *Te Āo Māori*, the Māori world - as a way of enhancing wellbeing and appropriately honouring those who told their stories in the research. Another observation

when working on the design of the campaign was the scale of some of the social issues experienced by the participant groups. Declarations of institutional racism had prevented people seeking help. It was important to address this in some way as racism has been widely acknowledged as a determinant of health. Jones (2001), Harris et al. (2006) and Paradies, Harris and Anderson (2008) all highlight that racism is a determinant of health. They also highlight that it is not just interpersonal racism but structural, or institutional, racism that creates significant barriers to equity in health outcomes for vulnerable people. The difficulty with this issue was how to address the perceived institutional racism and its wider effect as a determinant of health within a social marketing campaign with a main focus on enhancing the wellbeing of the wider Christchurch population.

Te Waioratanga was born out of the ideas that had been shared by the research participants. It needed to reflect all the aspects that these people had said were important to their wellbeing and resilience. It seemed most important to take a *Kaupapa Māori*, Māori values based methodology, approach that put Te Ao Māori in the centre of the project. This meant starting with the assumption that Māori cultural values and ways of operating are the norm. This approach allows for the participants worldview to inform the process from the outset. The translation of the research into health promotion resources that were imbued with tangible and intangible aspects of Te Ao Māori that affect wellbeing was more effective. This was because a Māori

consultant who had co-facilitated the focus groups was also contracted to write up the scoping report from the findings, make recommendations for responsiveness to Māori by the All Right? campaign, and then create and lead the development of final resources.

A portrait style poster campaign was decided on as the best way to incorporate some of the key suggestions, including the use of real people and reflections of the culture, particularly spirituality, which had been missing from previous iterations of the All Right? campaign. The poster campaign timeline fitted well with the return of Te Matatini, the national Māori *Kapa Haka*, performing arts, competition held once every two years across the nation. This is the biggest Māori festival in the country. Significantly for Ngai Tahu, who are *mana whenua* as the South Island iwi who occupy Canterbury, this was the first time since 1972 that a Te Matatini festival had been held in their rohe, or tribal area.

It was decided that the first theme for the project portraiture would be based on the cultural art of Kapa Haka. This complemented the arrival of Te Matatini, while recognising that Kapa Haka is a very serious competition in Te Ao Māori. There are many teams and individuals who are recognised nationally and internationally as experts in this art form. A major component of Kapa Haka is its power to affect wellbeing, and to positively transform the lives of individuals and communities. Kapa Haka is seen as a medium for fostering a richer, more cohesive and inclusive society in Aotearoa New Zealand. As such, it makes a major contribution to



Figure 3. Three of six posters featuring Kapa Haka exponents and family members from Te Waioratanga posters campaign. From 'Te Waioratanga posters' by N. Macbeth and M. McCarthy (2015). Copyright 2015 by Community and Public Health, Canterbury District Health Board. Reproduced with permission.

building and strengthening New Zealand's nationhood (Pihama, Tipene & Skipper, 2014).

The idea was to engage a number of these Kapa Haka exponents, well known to many, or rising leaders, particularly in the South Island and Canterbury, and to ask them to describe the benefits of Kapa Haka for their well-being. A series of six posters were created profiling individuals, families and leaders in the Kapa Haka world. These people were specifically chosen for their *whakapapa*, genealogical, connections, public profile, proficiency in Kapa Haka and because they all reflected the important cultural values and concepts highlighted by the research.

The established relationships of trust between the consultant, Manu-Kahu Associates, All Right? and the project subjects was key to who and how the new campaign was able to engage. This trust was essential in creating the right rapport between the subjects, photographer and graphic designers and in turn being able to capture and incorporate tangible and intangible cultural concepts, maximising the impact of the final resource.

The hardest part was how to engage non-Māori with the campaign when this was primarily a campaign for Māori. We wanted to encourage wider communication about the meaning of things Māori and to positively encourage openness and sharing, with a view to improving cross cultural relationships, momentarily or otherwise, and deepening the wider community appreciation of the depth of Māori culture. The use of Te Reo Māori was used in part to reflect the participants desire to see themselves and their values reflected. It was also used to encourage non-Māori exposed to the posters to ask questions about what the words meant or what the poster represented. Some of the posters had no translations. Some had both English and Māori and some were only in English. The main attraction was the use of imagery that exuded the feeling the subjects felt when practicing their cultural art form. This was evidenced when, at the launch of the project in early 2015, many who attended noted that they could see and feel the *wairua*, or spirit, of the people coming out of the posters.

Ultimately the success of the campaign was due to a genuine commitment to actual responsiveness to the needs of Māori by the Canterbury District Health Board. Consultation between Māori health promotion staff, Christchurch City Council, Mental Health Foundation

NZ, All Right? and, most importantly, Ngai Tahu was central to the creative process led by consultants Manu-Kahu Associates. This level of collaboration as part of an authentic attempt to create health promotion interventions, which actually address and reflect important issues while recognising cultural values and activities that support resilience and wellbeing, is often not seen as valid. Hawe and Sheill (2000) noted that the political aspects of social capital are generally under-utilised. However, this was not the case for the Te Waioratanga campaign.

Ratima (2001) highlighted that Māori health promotion is the process of enabling Māori to increase control over the determinants of health and strengthen their identity as Māori, and thereby improve their health and position in society. The freedom to create work that reflected the beauty and relevance of the Māori culture and actually honoured the stories of the research participants and the wider Māori community in a public health intervention is rare. It seems that engagement by not only the target group, but also by the wider community of Christchurch and opportunities for new conversation, acknowledged the distinct contribution of the Māori world to resilience and well-being, particularly in a disaster context but also more widely. This had previously not been seen in health promotion to the same extent. Recent data, collected in the latest research by All Right? campaign, showed that the Te Waioratanga project is clearly one of its more recognisable pieces of work across the population (Opinion Market Research, 2015)

Conclusion

On reflection, there have been lessons that could apply for all those attempting to work bi-culturally. The biggest of these lessons is that sustainability and consistency are vital. Often, attempts are made to create targeted Māori health promotion. On the whole, Māori specific health promotion projects tend to be supported when they are first implemented, however resources are often not prioritised to keep supporting these targeted interventions. They become watered down, as a result, and eventually become absent from the project situation. The aspect of the Te Waioratanga campaign that had most impact was its strengths based approach. Positive messaging in health promotion for positive wellbeing that affects health outcomes may seem to make sense however it has only recently become a recognisably valid approach. The idea of supporting and appreciating

indigenous, holistic views of wellbeing is not new but perhaps we are at the point where the supporting data is finally recognised and where messages from the people are able to be used to their best effect. This may form a remaining challenge for mainstream health providers because funders may not think that this approach directly addresses the issues at stake.

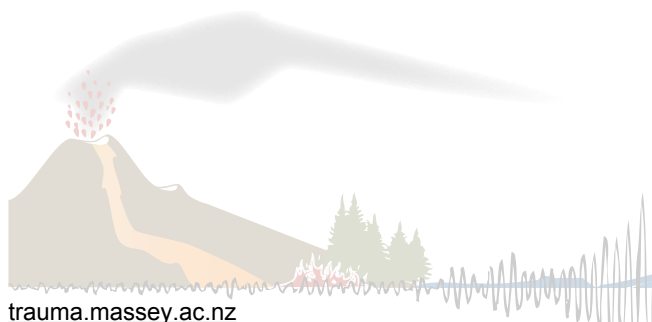
Durie's (1982) Te Whare Tapa Whā model was created to ensure that all aspects of the indigenous wellbeing were acknowledged and supported within the current health system. This model is used widely across the nation and if this, or other models of Māori health, continue to be used by mainstream to inform cultural responsiveness then they must be used to their full extent. Māori models are not, and never were, the whole answer. More importantly, it requires a genuine and active intent to get the approach right. We need to see more projects that focus on positive messaging and positive approaches to indigenous health, while uplifting and acknowledging cultural values and concepts. This positive, Culture as Cure, approach (Houkamau & Sibley, 2015) will be central to health promotion and other interventions in shifting the burden of disease for Māori and for recognising the cultural contribution and social capital Te Āo Māori offers to mainstream health and wellbeing.

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