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Recommended Citation

Kariippanon, Kishan A., "Cultural Relativism, Emergent Technology and Aboriginal Health discourse" (2016). *Faculty of Social Sciences - Papers*. 3706.
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Cultural Relativism, Emergent Technology and Aboriginal Health discourse

Abstract

The incorporation of mobile phones and social media by Indigenous youth (Senior and Chenhall, 2016; Carlson, Farelli, Frazer & Brothwick, 2015; Kral, 2014) has prompted a migration of online engagement and social marketing interventions in health promotion programs according to Brusse, Gardner, MacAulley & Dowden (2014). According to Kral (2014 p. 4) “the rapid development of new information and communication technologies, an increase in affordable, small mobile technologies” including research by Taylor (2012) on the increase in Telstra’s Internet enabled ‘Next G’ connections over the vast remote regions in the Northern Territory of Australia, has created “an explosion of new modes of channels for communication and multimedia production” in remote Aboriginal communities (Kral 2014). The accessibility of the Internet in the Northern Territory remote regions (Taylor, 2012) has made Aboriginal people “avid social media users” where their use of the Internet includes a range of activities associated with mental health and wellbeing (Carlson et al. 2015) including the use of Internet banking (Taylor, 2012) and establishing and maintaining social relationships (Kral, 2010; Taylor, 2012; Senior and Chenhall, 2016). The high penetration of the mobile phones and access to social media has surpassed adolescent use of TV and video games “spawning a mobile phone culture in some remote areas” where media material such as pictures and video clips flow freely within a community and between communities” (Brusse et al. 2014).

Keywords

discourse, aboriginal, health, emergent, cultural, relativism, technology

Disciplines

Education | Social and Behavioral Sciences

Publication Details

Kariippanon, K. A. (2016). Cultural Relativism, Emergent Technology and Aboriginal Health discourse. AASM 2016 International Social Marketing Conference (pp. 162-165). Australia: School of Management, Operations, and Marketing Faculty of Business University of Wollongong.

Cultural Relativism, Emergent Technology and Aboriginal Health discourse

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Introduction

The incorporation of mobile phones and social media by Indigenous youth (Senior and Chenhall, 2016; Carlson, Farelli, Frazer & Brothwick, 2015; Kral, 2014) has prompted a migration of online engagement and social marketing interventions in health promotion programs according to Brusse, Gardner, MacAulley & Dowden (2014). According to Kral (2014 p. 4) “the rapid development of new information and communication technologies, an increase in affordable, small mobile technologies” including research by Taylor (2012) on the increase in Telstra’s Internet enabled ‘Next G’ connections over the vast remote regions in the Northern Territory of Australia, has created “an explosion of new modes of channels for communication and multimedia production” in remote Aboriginal communities (Kral 2014).

The accessibility of the Internet in the Northern Territory remote regions (Taylor, 2012) has made Aboriginal people “avid social media users” where their use of the Internet includes a range of activities associated with mental health and wellbeing (Carlson et al. 2015) including the use of Internet banking (Taylor, 2012) and establishing and maintaining social relationships (Kral, 2010; Taylor, 2012; Senior and Chenhall, 2016). The high penetration of the mobile phones and access to social media has surpassed adolescent use of TV and video games “spawning a mobile phone culture in some remote areas” where media material such as pictures and video clips flow freely within a community and between communities” (Brusse et al. 2014).

The theoretical gap

The use of mobile phones and social media for health promotion and social marketing in Indigenous populations has not been well documented (Senior and Chenhall, 2016) and perceived not only as a useful tool (Brusse et al., 2014), with few studies addressing changing social practice in relation to communication technologies (Kral, 2014) and the long term effect on change across the generations by considering the implications for digital modes of communication. In this paper, it is argued that online social marketing strategies may be at odds with Indigenous communities without a sound understanding of the “social practices surrounding” (Kral, 2011) social media and mobile phones and based on the assumption that globalization equals ‘sameness’ to mainstream Australian use of technology and acceptance of social marketing strategies.

The use of social media as carriers for the content of social marketing campaigns is perceived, apriori, to be according to Lea (2005) ‘culturally blank’. The design of online digital social marketing content is based on the assumption that the post-colonial health understanding and interpretations of Indigenous people become appropriate when cloaked in emergent technology, Indigenous vocals and tone. Lea (2005 p. 1317) described this process as “... an aesthetic of exaggerated signs morphed with the racialized effects of visualizing the optics of Others”. The spectator’s view and knowledge of traditional Indigenous medicine and interpretations of health and wellbeing (Reid, 1983; Chenhall and Senior, 2009; Senior and Chenhall, 2012) is not included in the unmistakable strategy of rationalizing cause and effect discourse in the Indigenous context, where sorcery (Reid, 1983; Senior, 2003) is still

practiced.

The research question

The ethnography (Jafari and Goulding, 2013; DeWalt and DeWalt, 2010) of social media and mobile phones in a remote Aboriginal community found implicit meaning and function of social media and mobile phone, which now, has been incorporated into the Aboriginal cosmology. This makes individual level behavior change social marketing discourse, although accessible by individuals via mobile phones, still redundant (Gordon, 2011) in an Aboriginal context where traditional healing and sorcery have also taken to social media and mobile phones. This goes to show that Indigenous cultural continuity and modernism is not a reason to believe that traditional beliefs are also redundant. What theory of social change can the social marketer use without discarding or ignoring (relativism) Aboriginal culture and beliefs?

Proposal

Based on the finding of the study, it is understood that the reductionist approach of health promotion in social marketing effort (Lea, 2005; Downing et al. 2011) has failed to illuminate Aboriginal online identity projects, Aboriginal marketplace cultures, their sociohistorical patterning of consumption and 'mass-mediated marketplace ideologies of consumers interpretive strategies' (Arnould and Thompson, 2005). Cultural continuity in Aboriginal communities (Senior and Chenhall, 2012) forces the social marketer to consider 'other ways of being' (Senior and Chenhall, 2012). The application of Cultural Relativism (Ottenheimer, 2001) to create and disseminate media based Aboriginal discourse challenges current social marketing strategies (Lea 2005 p. 1316). The use of a more appropriate theory in Aboriginal social marketing discourse, under their own terms and beliefs is possibly a step forward in the incorporation of Indigenous views in the social marketing efforts to reconcile Aboriginal beliefs with the health promotion model of good health and wellbeing.

Implications for Theory

A social theory that accepts Indigenous health beliefs as trans-rational (Hatcher, 2002) instead of irrational is needed in order to include Indigenous interpretations of communications technology and traditional beliefs i.e. sorcery (Reid, 1983; Senior, 2003; Senior and Chenhall, 2012) into Indigenous social marketing as a dialectical discourse instead of a tutelary process (Lea 2005).

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