Evidence Based Initiatives for Parents to Reduce Smoking Uptake Among Indigenous Youth: From Theory to Practice

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Background

Smoking rates among Māori (the indigenous peoples of New Zealand) are double those of non-Māori. Literature indicates families can play an important role in reducing smoking uptake among children. The Whānau Auahi Kore ānei Ana (WAKA) project investigated the role of parent-related behaviours and attitudes on smoking uptake in New Zealand, with a particular focus on Māori children. Key research questions were:

1. Are there any differences in smoking uptake risk factors between Māori and non-Māori children?
2. What can parents/caregivers do to reduce risk of uptake?

Method

The project began in 2007 and evolved over four phases.

Phase 1: Understanding parental determinants for smoking uptake

Research activies included a systematic literature review, multivariate analysis of New Zeland Youth Tobacco Monitor (NZYTM) year 6 and 10 data to identify parental risk factors for smoking uptake among Māori and non-Māori children, and in-depth interviews with Māori parents.

Phase 2: Development of a parent focused framework to reduce smoking uptake

Phase 2 sought to translate Phase 1 findings into a framework for action. Activities included a literature review of parent-focused interventions on smoking uptake, development of a parent focused framework, and testing the framework's feasibility with programme providers and parents.

Phase 3: Community based pilot of the WAKA framework

In Phase 3 the parent focused framework was implemented in a community setting and evaluated.

Phase 4: Wider implementation of intervention

During this phase key learnings from Phase 3 have been applied as part of a national parenting tips campaign.

Results

Phase 1: Understanding parental determinants for smoking uptake

Findings from the Phase 1 research activities were organised according to parental smoking socialisation and general parenting behaviours.

Parental smoking socialization: The multivariate NZYTM analysis found SHS exposure in the home and a lack of parental communication about expecting their children not to smoke was strongly associated with current smoking (Figure 1). After adjusting for other risk factors parental smoking and setting rules about smoking were not associated with youth smoking.

Parenting behaviours: Giving pocket money, failing to monitor pocket money spending, enforcing rules and general monitoring were associated with current smoking or smoking suceptibiliity. A lack of parent – child communication was found to be strongly associated with smoking susceptibility among Year 6 students.

In the adjusted NZYTM analysis identification as Māori was not associated with increased risk of smoking susceptibility or current smoking among Year 6 and Year 10 students.

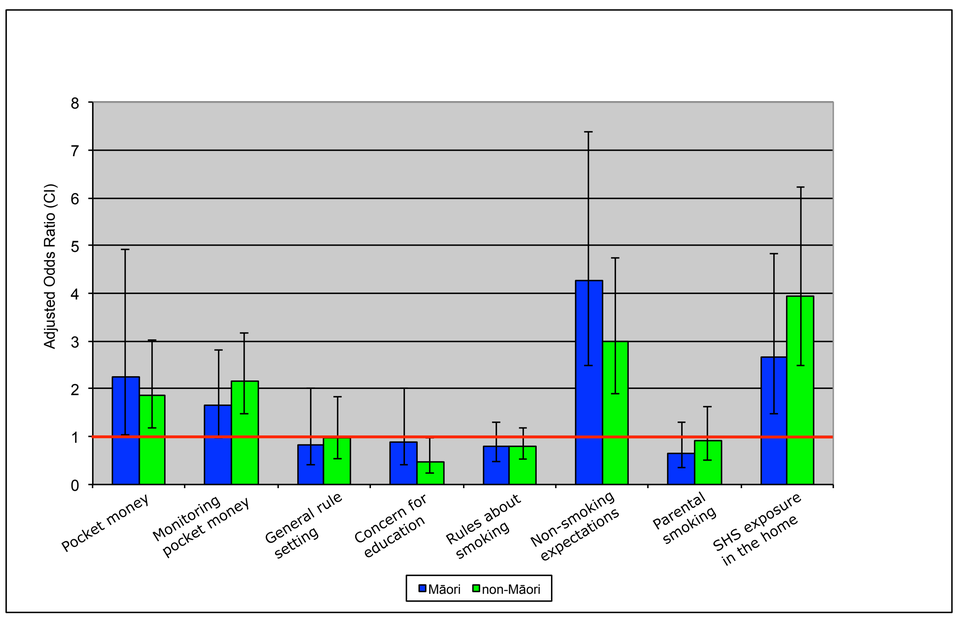

Figure 1: Association of potential risk factors with current smoking among Māori and non-Māori Year 10 students

Phase 2: Development of a parent focused framework to reduce smoking uptake

Key determinants that were amenable to intervention were identified from the Phase 1 findings. The second literature review helped identify potential interventions to address these determinants. A draft framework was tested with programme providers and Māori parents to assess its feasibility. A summary of the final framework is presented in Figure 2.

Phase 3: Piloting of the WAKA framework in a community

The WAKA framework was plioted in Whanganui, New Zealand by a hospital based public health unit in collaboration with the NZ Health Promotion Agency (HPA) and community based health and parenting service providers. Specific communication and educational resources for parents were developed (e.g. Figure 3). Pilot evaluation findings indicated the parent focused framework had potential to reduce smoking uptake, however problems were encountered with staffing changes and resourcing.

Phase 4: Implementation of findings

Pilot resources were refined by the NZ Health Promotion Agency and incorporated in to a parenting focused campaign delivered through social media: www.facebook.com/whanauparentingtips (Figure 4). The interactive nature of the campaign enables cost effective promotion of key messages, dialogue with parents, and the sharing of parenting ideas between parents. Ensuring campaign resources are appropriate for Māori (e.g. use of language) continues to be a priority.

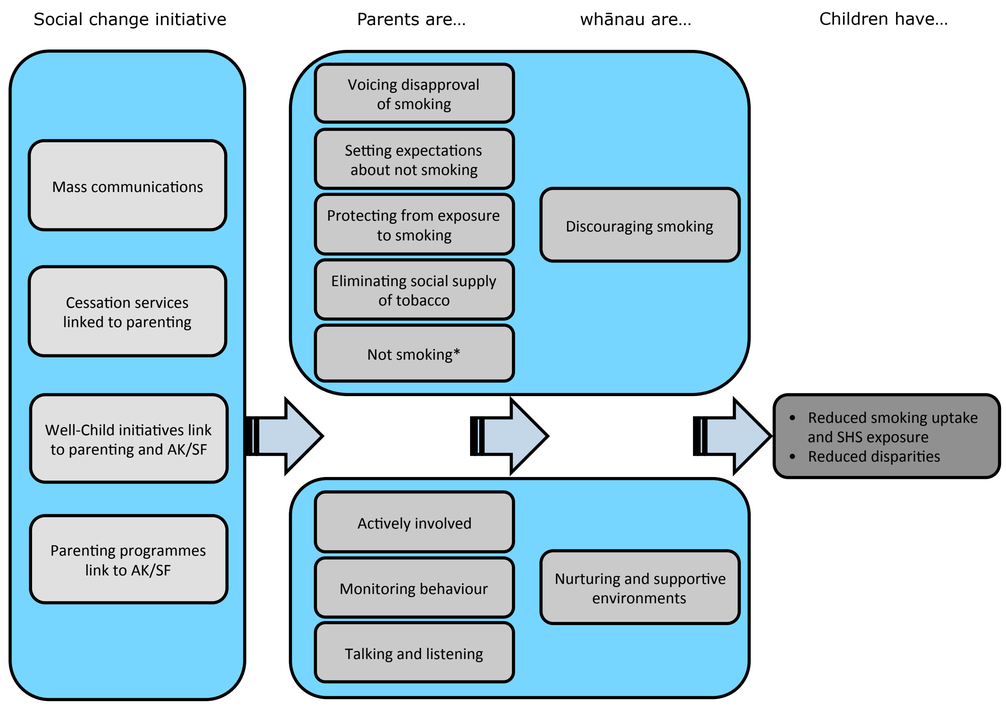

Figure 2. Parent focused framework to reduce smoking uptake

*While parental smoking was not associated with smoking uptake in the NZYTM analysis it was included as a means of addressing other outcomes identified in the framework.

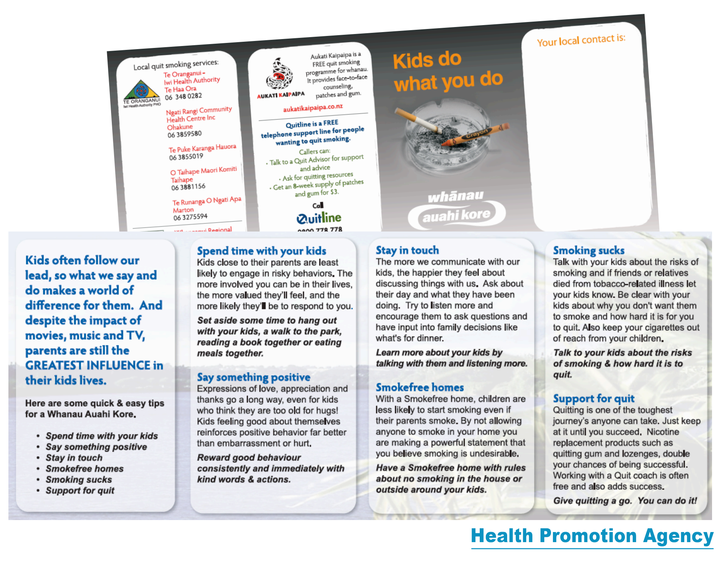

Figure 3. Parenting tips resource developed for Whanganui pilot intervention

Figure 4. Whanau Parenting Tips for Tamariki Facebook page

Conclusions

An empirically based and culturally appropriate parent/caregiver focused intervention to reduce smoking uptake was successfully developed. Two key factors stand out:

1. The finding that parental smoking is not an independent risk factor for smoking uptake suggests smoking and non-smoking parents can take action to reduce smoking uptake.
2. Identification as Māori should not be viewed as a risk factor for smoking uptake. While smoking uptake interventions for Māori should be delivered within culturally appropriate frameworks, the outcomes they are addressing are likely to be similar to those for non-Māori.

Initial results are promising, however further work on how best to fully implement the parent focused framework described in figure 2 is needed.

Acknowledgements

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