

Smoking in pregnancy among Indigenous women in high income countries

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Overview

- Indigenous women from high-income countries of USA, Canada, Australia and New Zealand
- Historical basis for smoking in countries colonized by Western nation states
- Indigenous women disadvantaged in multiple ways
- Contexts vary, but factors in common:
 - Dispossession
 - Inequitable access to education and healthcare
 - Disproportionate exposure to environmental health risks
 - Discrimination
 - Higher unemployment
 - Over-representation among lower socioeconomic levels
 - Social norms may include smoking

Smoking-related harm in pregnancy

- Tobacco smoking in pregnancy contributes to high risks of adult and childhood cancers
- Exposed infants more likely to take up smoking at a younger age
- Pre-natal and birthing risks, low birth weight and on-going developmental problems
- Increased risks of chronic respiratory disease, heart disease, diabetes

Aboriginal and Torres Strait Islanders

- Australian overall 2013 DAILY prevalence 12.8%
- National Indigenous prevalence 42%
- Smoking in pregnancy 49.3%
- But also varies widely by region



Adrian (Ringo) Morgan

American Indian / Alaskan Native

- 26% AI/AN
- 14% Whites
- 9% Blacks
- 3% Hispanics
- 2% Asians
- Alaskan Native women also use smokeless tobacco (Iqmik = tobacco leaves + ash)



First Nations - Canada

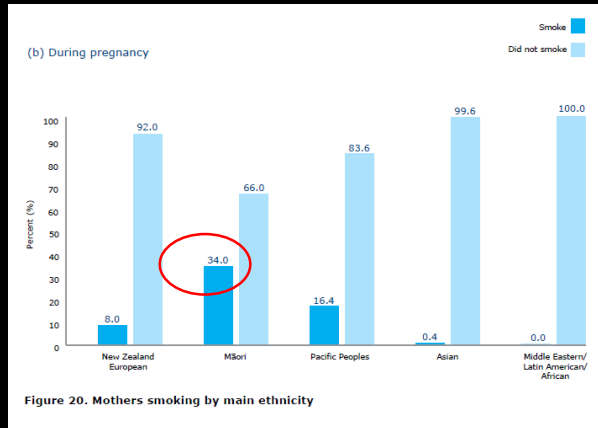
- Smoking prevalence of First Nations (40%) twice that of non-Indigenous (21%)
- Smoking in pregnancy varies by region:
 - 18% up to 90%
 - Those living on reservations 25%

NZ Smoking Prevalence

Ethnic group	Smoking Prevalence %			Estimated number
	Women	Men	Total	
Māori	42	34	38	122553
Pacific	23	26.5	25	41142
Asian	2	11	6	26988
European / Other	13	17	14	332349
Total NZ	15	18	15	523032



Māori pregnant smoking prevalence



SOURCE: Morton SMB, Atatoa Carr PE, Bandara DK, et al. *Growing Up in New Zealand: A longitudinal study of New Zealand children and their families. Report 1: Before we are born.* Auckland: Growing Up in New Zealand 2010.

But in 2012, NZ College of Midwives report 47% of Māori women smoke in pregnancy

Determinants of Indigenous Smoking

- Poverty
- Younger = higher smoking rates on average (Māori)
- Reproductive age groups highest in Australia, youth rates dropping slowly
- Remoteness (Australia)
- Violence
- Stress
- Racism, discrimination
- Education levels
- Colonisation and stolen generation (Australia)
- Social norms and maintaining kinship bonds
- Little research in AI/AN women to date

Barriers to cessation

- Few antenatal visits
- Poor antenatal care
- Late/low registration Maternity Care
- Stigma of smoking while pregnant
- Judgmental paternalistic attitudes
- Few positive role models in the community
- Low skills of health professionals to manage smoking in pregnancy
- Lack of suitable forms of free nicotine replacement therapy (Australia)

*“Maori women are the heaviest smokers
because they are disenfranchised from health
and employment”*

Hawke's Bay District Health Board



Evidence for interventions in general population (Cochrane reviews)

- Cognitive behavioural therapies and counselling
- Behaviour change techniques
- Nicotine Replacement Therapy
- Contingent Financial Incentives
- Self-help

Not yet been implemented in Indigenous women - only two RCTs have been tried. Pilot studies show promise



Interventions being trialled

- **Bio-feedback to motivate quitting:**
 - Carbon monoxide monitors (NZ & NSW, Australia)
 - Urinary cotinine (Alaska)
- **Exercise** (NZ)
- **Incentive schemes** for pregnant women, whānau (family) and friends to quit (NZ and Australia)
 - gift pack/vouchers
- **Programs** at midwifery services include NRT (NSW, Australia)



Quit for new life



Interventions being trialled

- **Training health professionals** in smoking cessation care and NRT (Australia)
- **Social marketing programs:**
 - By Elders (rural Alaska)
 - **TV ads targeted Indigenous smokers (Australia)**
- **Local Programs** e.g. Tackling Indigenous Smoking – 50% target pregnant smokers (Australia)
- **Targeted Quitlines** (Australia and NZ)



What Indigenous People Want

- Culturally-based salient interventions
- Holistic
- Wider determinants of smoking
- Family & whole of tribe
- Elders and 'aunties' to support mums
- Locally developed & delivered
- Māori women want to use ecigs (vaping)
- Respect sacred use of tobacco



Conclusions

- Research/programs using incentives
- Research into efficacy/safety of vaping for cessation in pregnancy
- Interventions using Indigenous knowledge & practices
- Elders/Aunties to deliver essential messages and support
- Training health professionals

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