Understanding the Quit Smoking Journeys of Ngāti Raukawa Women: Barriers and Supports

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Abstract

The purpose of this thesis was to record the journeys of 6 Ngāti Raukawa women who had tried to quit smoking and to identify the barriers and supports which the women experienced during quitting. A key focus of this thesis was to examine the barriers and supports for quitting which occurred within the marae, hapū and iwi environments of these women.

A qualitative research approach using kaupapa Māori and Māori-centred research methods were used. The objective was achieved by undertaking in-depth qualitative interviews which identified issues around smoking and quitting within the participants daily lives, namely at work, home and in other social situations and compared these with other studies.

This study extends the knowledge base about Māori women and smoking by contributing and extending the information available to influence policies and strategies at all levels, but more specifically at hapū, marae, iwi and Māori. The prominence of addressing hapū, marae and iwi issues is a unique aspect of this thesis.

The participants experiences were reflective of the literature, however factors which impacted on smoking and quitting within Ngāti Raukawa hapū, marae and iwi settings were exacerbated given that in these instances cultural influences combined with other environmental factors to bring about high smoking rates. At the same time this study also showed that there is the potential to reduce smoking rates within these same settings although this will require a concerted effort from hapū, marae and iwi. What is required is a change in policy and behaviour across the whole community.

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I would also like to thank my whanau, hapū and iwi. Special thanks must also go to Annemarie, Casey, Frances and Kahurangi and again to Aunty Jean and my supervisors, you gave me strength.

Māori/English Glossary Of Words

aroha	love
auahi kore	smokefree
hapū	subtribe
hui	social gathering including meetings and tangi
kanohi ki te kanohi	face to face
kaupapa	subject, topic
kohanga reo	preschool, total immersion te reo
marae	traditional Māori meeting place
iwi	tribe
kaumatua/kuia	Māori elder
pakeke	adults
rangatahi	young people, adolescents
tangi	funeral
turangawaewae	a place of belonging, identity
whakapapa	genealogical ties, relationships
whakama	nervous, shy
whanau	immediate and extended family
whanaunga	relative or relations

Abbreviations

ACSH	Advisory Committee on Smoking and Health. A Department of Health advisory committee established in 1976.
AKP 2000	Aukati Kai Paipa 2000, a quit smoking pilot programme which targetted Māori women.
AKP	AKP 2000 name shortened following pilot programme
ASH	Action on Smoking and Health. A lobby group focused on tobacco control.
ATAK	Aparangi Tautoko Auahi Kore, the Māori Smokefree Coalition, a political advocacy and lobby group
FoRST	Foundation of Research, Science and Technology
HFA	Health Funding Authority
HSC	Health Sponsorship Council
MUHEC	Massey University Human Ethics Committee
NMSCP	Noho Marae Smoking Cessation Programme
NRT	nicotine replacement therapy patches and gum
PHC	Public Health Commission, established in 1993, ceased to be operational in 1995
THMM	Te Hotu Manawa Māori, the Māori arm of the National Heart Foundation

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CHAPTER ONE

Introduction

Background

The smoking rates for Māori women are among the highest known in the world. This has serious implications not only for the health of Māori women but also for whanau, hapū (sub-tribe), iwi (tribe) and Māori society. Within my hapū, Ngāti Pikiahu-Waewae, and iwi, Ngāti Raukawa[1] the number of Māori women who smoke is extreme. The objective of this research was to identify the barriers and supports for Ngāti Pikiahu-Waewae and Ngāti Raukawa women wanting to quit smoking.

This chapter provides an introduction and overview of this study. The research objectives are identified followed by the rationale for this study. The background to this study looks at the history of smoking and government activities to the late 1980s. Factors which impacted on my personal research journey in undertaking this study are presented. Marae, hapū and iwi involved in this research and an explanation of concepts utilised in this study like whanau, whanaunga and whakawhanaungatanga are defined. Finally an outline of each chapter of this thesis is provided.

This research recorded the experiences of 6 Ngāti Pikiahu-Waewae and Ngāti Raukawa women who had tried to quit smoking. The study aimed to capture a sense of the women's experiences through in-depth qualitative interviews. To identify the reasons why these women had become smokers and to look at the barriers and supports they had experienced during quitting, the interview schedule included questions on the participants' smoking history, their education and employment backgrounds, their reasons for smoking, their experiences during quitting and their aspirations for the future for their whanau, marae, hapū and iwi. Although this study involved a small sample it was felt that these qualitative interviews would offer a valuable contribution by

[1] Ngati Raukawa ki Te Tonga, namely southern Ngati Raukawa.

extending the knowledge base about Māori women and smoking. I hoped to add to the lack of information currently available to influence future policies and strategies at all levels, namely marae, hapū, iwi and Māori. Initially however, the information from this study was to be used for a Masters thesis.

Reasons for choosing this topic

Tobacco smoking impacts on high mortality and morbidity rates among Māori and particularly Māori women. Due to my own experiences and concerns about the high smoking rates within my hapū and iwi I was interested in looking at the influences of whanau, marae, hapū, iwi and Māori society on smoking and quitting and to identify what had been the barriers and supports for the participants during quitting. At the time of the 1996 census, 40% of Ngāti Raukawa descendants were smokers and for all age groups under 55 years, Ngāti Raukawa women were more likely to smoke compared to Ngāti Raukawa men (Statistics New Zealand, 1999).

I wanted to use this research to listen to the stories of the research participants who had tried to quit smoking and I wanted to see if their stories were similar or different from the current literature. In addition by examining the barriers and supports for quitting within the participants cultural environments I felt this process would empower them as well as their marae, hapū and iwi.

Background

Following the introduction of tobacco in the 1800s by Europeans, high tobacco use among Māori instilled the habit of smoking and by the 1850s, nicotine addiction had taken hold. Initially tobacco was used to trade and later Māori began cultivating tobacco for personal use. This led several writers (Broughton, 1996; Reid & Pouwhare, 1991) to suggest that very early in the colonisation period the health of Māori was already being affected by tobacco use.

During this period Māori were immortalised in photographs as "the Māori pipe-smoker" (Reid & Pouwhare, 1991, p. 13). These photographs which were often of elderly Māori and especially older Māori women, served to instil smoking among Māori as "normal"

and acceptable behaviour. This history of smoking among Māori had a significant impact over generations and it was perhaps no surprise then that smoking became, as Broughton and Lawrence (1993, p.109) inferred, a "cultural norm". Widespread use of tobacco among Māori continued for decades.

Prior to the 1940s government responses to smoking had been almost nil. In 1903 the first legislative ruling against tobacco was implemented banning the sale of cigarettes to minors however the literature suggests that this ruling was never enforced in any meaningful way[2] (Thomson & Wilson, 1997).

In the 1940s the Department of Health first publicised the enormous impact which tobacco use was having on health (Reid & Pouwhare, 1991; Toxic Substances Board, 1989). From 1940 to the 1950s the government appeared to be more interested in promoting the reduction of smoking as opposed to quitting. Thomson & Wilson (1997, p. 12) note that "the overall impression of this period was of a few anti-smoking voices crying in a smoking wilderness, with a New Zealand population for whom smoking had become a widespread norm".

An anti-smoking campaign was implemented by the Department of Health in the 1960s. The government also placed a ban on cigarette advertising on both television and radio, however tobacco companies were able to somewhat thwart this restriction by moving to indirect advertising through sponsorship (Thomson & Wilson, 1997).

The 1976 census data highlighted that smoking prevalence among Māori was extremely high in comparison to the rest of the New Zealand population, more Māori women were smokers compared to all women, and as well Māori women had the lowest quit rates compared to all other New Zealanders. In every instance Māori women figured strongly. Largely due to the census findings it had become obvious that government measures to eradicate smoking were not reaching Māori (Reid & Pouwhare, 1991; Easton, 1995).

By the 1980s the implications of tobacco smoking on health were according to Thomson and Wilson (1997, p. 19) "clearly on the New Zealand health policy agenda". During this time the government initiated a number of tobacco control activities mainly in

response to two key developments, firstly, an increase in anti-smoking lobbying by non-government organisations and secondly, the release of research information from several major studies.

Advocates against smoking recognised that to encourage the government to listen to their pleas they needed to gain public support (Thomson & Wilson, 1997). A strategy used by Action on Smoking and Health (ASH) and other non-government lobby groups was to take the path of advocacy rather than education. It was felt that a focus on education generally led to painstakingly slow developments. These lobbyists inundated the media in an attempt to make the issues known to the public, and highlighted the health risks of smoking.

A key development was the newly created position within the Department of Health which saw the appointment of a medical officer to work solely on tobacco control. It was also significant that the Department of Health became the first public service organisation to make all of its buildings smokefree. This occurred in spite of the previous resistance by smokers within the Department to the anti-smoking recommendations which had been made. Soon after, many other public services also made their buildings smokefree (Thomson & Wilson, 1997).

The rise in media releases from both government and non-government organisations served their purpose leading to an increased awareness among the general public of the broader implications of smoking especially in relation to passive smoking. Smoking was no longer about the health of the individual smoker, the rights and protection of non-smokers and children also needed to be considered. As a result social attitudes to smoking by the general public slowly changed around this time (Thomson & Wilson, 1997). Smoking was starting to become viewed as socially unacceptable.

Tobacco advertising had been rife and for much of the 1980s the government, the tobacco industry and smokefree lobby groups played an almost cat and mouse game around implementing and putting up barriers to changes to advertising. Tobacco advertising had an effect on smoking consumption and between 1984 and 1987 a number

[2] In 1981 the ruling was repealed.

of anti-smoking advocates, including the Advisory Committee on Smoking and Health, ASH, the Cancer Society and the National Heart Foundation all made submissions to the government requesting bans on all tobacco advertising. As well several medical specialist groups recommended that a total ban on advertising should be enforced including advertising through sponsorship (Thomson & Wilson, 1997).

Finally in 1987, the tobacco industry came to an "agreement" with the government not to advertise in several magazines (Thomson & Wilson, 1997, p. 27). Unfortunately these were low circulation magazines and saw no change in advertising in any major publications. Following on from the agreement made, in 1988 stronger warnings on tobacco packets were introduced.

The literature indicates that progress made by the Department of Health during 1984 to 1988 was largely due to supportive Ministers of Health (Thomson & Wilson, 1997). Successive ministers profited from the increasing public support for tobacco control measures and by introducing significant tobacco tax increases the government were able to increase their health pool. Funding towards tobacco control activities increased and the government initiated several anti-smoking television campaigns.

While an acknowledgement of the issues around smoking seemed to influence attitudes towards smoking among non-Māori, both the activities of government and non-government organisations appeared to have had no noticeable effect on Māori no doubt due to the overwhelming circumstances around smoking among Māori. Although the government were acutely aware of the consequences of smoking for Māori and for Māori health, it was not until 1984 that funding towards smokefree initiatives which targetted Māori were allocated. Reid and Pouwhare (1991, p. 56) emphasised that prior to this the government had made no significant attempts to see that Māori had "access to information and intervention programmes".

The decade of Māori development, launched in 1984 at the Hui Taumata, challenged state dominance and structural barriers and promoted the development of initiatives which would allow for greater Māori autonomy, self-sufficiency and self-development. Such initiatives included the call for by Māori for Māori services. Government who were working towards privatisation saw this as an opportunity to off-load state

obligations to iwi authorities, as part of the devolution process (Durie, 1998). While iwi and other Māori organisations were given a greater level of control, in effect insufficient funding was provided to deliver what were generally government initiated programmes.

My Journey

I started smoking in the 1980s and since that time I have quit and then returned to smoking many times despite the fact that my smoking habits conflict with everything I believe in, especially my strong desire for the advancement and development of my whanau, hapū, marae and iwi. Having an awareness of the broad implications of smoking does not necessarily mean that giving up or refraining from smoking follows, the habit and the addiction do not instantly disappear. As well, the factors which have influenced so many Māori women, like myself, to smoke are overwhelming and to quit and stay quit requires changes and improvements within one's life, changes which often seem insurmountable.

I was often devastated at having to juggle my time between my commitments to my work, study and to my marae and hapū. Similarly, Selby (1996) during the writing of her Masters thesis spoke of her hapū, Ngāti Pareraukawa, and the time she needed to set aside to uphold her responsibilities. She also noted however, that the relationship was reciprocal and that a key benefit was that her whanau, hapū and iwi kept her "centred and grounded" (Selby, 1996, p. 53). Similarly, I too felt that my involvement with my hapū and my iwi kept me grounded and gave greater meaning to my thesis. While at times my hapū responsibilities seemed draining, at other times thoughts of my whanau, hapū and iwi kept me going and gave me strength especially on occasions when I just wanted to give up writing.

In early 2004, I withdrew from my marae and hapū commitments so that I could focus on my study. I was reluctant to resign from my marae responsibilities but hoped that this research would offer a valuable contribution in the long term to the future development of my marae, hapū and iwi. Staying away has not been easy and whenever a major event has occurred I have been drawn back to my responsibilities as a hapū member. This however caused additional constraints when trying to complete this study.

While undertaking this study I was also faced with personal health problems requiring an extension to complete this thesis. Similar to the literature (McClellan, 1998) this was also a time when I returned to smoking. This caused a major dilemma for myself and only added to my problems. The relapse or return to smoking is often instigated by a significant life event.

The difficult times encountered have taught me not to knock myself out by what others may view as failure. I am all too aware that no matter how much you know about the detrimental effects of smoking on oneself, and the significance of this for whanau, hapū and iwi, unless all four corners of the house are in sync or at least in some kind of balance, giving up smoking and staying quit is difficult.

I have experienced all the trials and tribulations of a long-time heavy smoker. Being a smoker is like being an alcoholic. For some the urge never goes away. As a smoker in almost every setting you become ostracised, except unfortunately at the marae where the situation is reversed. Smoking in public is a definite no-no. The shame attached to smoking has been shown to have an influence on quitting and as well the stigma against smoking has the potential to encourage future generations, especially young Māori women, not to take up smoking. I can say that I have put both my adult children off smoking for life.

Being mindful that my research should never be disempowering to the participants, my hapū and iwi or myself rang through my mind throughout this study. This thesis does not seek to judge others or even myself. As well, like Selby (1996, p. 53) I did not wish to be perceived as one of "those" academics. I have not written about those people over there, I have written about my people and myself. What I envisage is a better world for our people, with increased access to information and resources. I am indebted to those 5 women who shared their stories with me. I believe that this thesis is valuable in that it enabled an insight into the lives of six Māori women, including myself, of Ngāti Raukawa who tried to give up smoking. Some were successful and some were not. The barriers and supports which had an impact on the participants experiences during quitting were identified. Each of the women had a valuable story to share and to each I will always be grateful.

Definitions

Terms used throughout this thesis include whanau and whanaunga. Generally whanau refers to those who are linked by whakapapa or genealogical ties. Whanaunga is a much broader term and includes those who are not only related by genealogy but also those who are connected through links to other marae, hapū and iwi.

Other whanau groupings can include a "whanau of interest" and "kaupapa based whanau" (Bishop, 1996, p. 219). These whanau groups involve those who have a common interest but who may or may not necessarily be related through whakapapa. During this research my whanau included those connected to me through whakapapa, whanaungatanga, kaupapa and aroha. Hence my whanau included the research participants, my supervisors, work colleagues, whanau, hapū and iwi alongside close friends who supported me throughout this study. The term "whakawhanaungatanga", referred to by Bishop (1998, p. 133) as important to kaupapa Māori research, involves building relationships and working to empower others. Within the course of this thesis, the relationship building process engendered strong and lasting relationships and in supporting each other my hope was that we would each be empowered throughout this research journey.

It is my marae, hapū and iwi which gives me a place to stand and signifies the geographical area in which I belong. This gives me my turangawaewae, my identity. My main marae Te Tikanga stands at Tokorangi and overlooks the Rangitikei River. The hapū of Te Tikanga are Ngāti Pikiahu and Ngāti Waewae. Ngāti Pikiahu is a hapū of Ngāti Raukawa iwi and Ngāti Waewae is a sub-tribe of Ngāti Tuwharetoa iwi. Due to intermarriage and the long standing relationships within Ngāti Pikiahu and Ngāti Waewae the name of our hapū became known as Ngāti Pikiahu-Waewae. Our hapū is made up of many whanau groups. We stand on the border, the boundaries, of Ngāti Tuwharetoa and Ngāti Raukawa iwi and hence we are the most southern hapū of Ngāti Tuwharetoa and the most northern hapū of Ngāti Raukawa ki Te Tonga (in the south).

The unplanned inclusion of factors specific to two other marae in this thesis and which I also have whakapapa links to were a bonus. Poutu Marae stands just outside of Shannon.

The hapū is Ngāti Whakatere and the iwi are Ngāti Raukawa. Ngāti Whakatere have close whakapapa links to Ngāti Pikiahu.

Whitikaupeka stands at Moawhango, a 20 minute drive from Taihape. The hapū are Ngāti Tamakopiri and Ngāti Whiti. Ngāti Tamakopiri are descendants of Ngāti Tuwharetoa iwi and Ngāti Whiti has strong whakapapa connections to Ngāti Kahungunu. As well many of the hapū members of Whitikaupeka have close ties to Ngāti Pikiahu, Ngāti Waewae and Ngāti Raukawa. For the purposes of this research, this study focusses on my Ngāti Raukawa side.

Outline of the Thesis

Chapter one describes the objective of this thesis and my reasons for choosing this topic. It also discusses my personal journey and identifies those hapū, marae and iwi which were studied in this research alongside the importance of whanau and whanaungatanga.

The literature review in chapter two describes the broad context in which smoking and quitting occurs and looks at the barriers and supports for those wanting to quit. The review looks at studies and activities that occurred within the context and timeframes of the participants smoking and quitting experiences rather than any literature or developments which took place after 2002 when the women were interviewed.

In reviewing the literature the reasons for high smoking prevalence among Māori women were identified. Factors which have influenced Māori women to quit smoking are followed by a description of factors which have influenced and supported quitting. Tobacco control activities including government policies, programmes and legislation which address the barriers to quitting and provide support for those wanting to quit are identified. Statistics and the implications of these for Māori health are then provided. The literature review also provided a foundation on which to look specifically at issues for Māori women within my hapū and iwi.

Chapter three details the methodology and the processes which took place in this research. A qualitative research approach using kaupapa Māori and Māori-centred research methods were used. The influence of critical theory ensured that positive

processes and outcomes occurred. This chapter includes a discussion on the impact of western colonisation and research. The renaissance within Māori communities has also impacted on research leading to a range of approaches that are inclusive of a Māori worldview. The influence of kaupapa Māori and Māori centred methodologies is pivotal to this research. The research journey describes the sample, the interviews, ethical considerations and the data analysis methods employed.

The data results presented in chapter four enabled the opportunity for the voices of the participants to be heard. The data looks at key factors which influenced the women to become smokers followed by key influences which supported the women once they had made the decision to quit. The barriers and supports which the women experienced during quitting were also identified. The final section presents issues specific to Ngāti Raukawa marae, hapū and iwi and emphasises factors relevant to smoking and quitting within a cultural context.

Chapter five analyses and discusses key factors identified during this study. The findings of this research are analysed against the literature and other studies. The barriers and supports for quitting, many of which were unique to this group of Ngāti Raukawa women, are discussed.

The final chapter in this thesis, chapter six presents the conclusions, the recommendations and suggestions for further research. A summary outlines the key findings of this study and considers the implications of these for future policies and developments at national, iwi, hapū and marae levels.

The purpose of this chapter has been to provide an introduction to the thesis and the area of research undertaken. The next chapter considers the context for the research as discussed in existing literature and in line with the objective of this thesis looks at the barriers and support systems in place which can hinder or enable Māori women during quitting.