



## Chronological narratives from smoking initiation through to pregnancy of Indigenous Australian women: A qualitative study



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### ABSTRACT

**Objective:** One in two Indigenous Australian pregnant women smoke, yet little is known about their trajectory of smoking. This study aimed to explore Aboriginal women's narratives from starting smoking through to pregnancy.

**Methods:** A female Aboriginal Researcher conducted individual face-to-face interviews with 20 Aboriginal women from New South Wales, Australia. Recruitment, through Aboriginal services and community networks, continued until saturation was reached. Audio-recorded transcripts were independently open coded by two researchers, inductively analysed and reported using a three-dimensional structure of looking backwards, forwards, inwards, outwards and a sense of place, to elucidate the chronology of events, life stages, characters, environments, and turning points of the stories.

**Results:** A chronology emerged from smoking initiation in childhood, coming of age, becoming pregnant, through to attempts at quitting, and relapse post-partum. Several new themes emerged: the role mothers play in women's smoking and quitting; the contribution of nausea to spontaneous quitting; depression as a barrier to quitting; and the hopes of women for their own and their children's future. The epiphany of pregnancy was a key turning point for many – including the interplay of successive pregnancies; and the intensity of expressed regret.

**Conclusions:** Aboriginal women report multiple influences in the progression of early smoking to pregnancy and beyond. Potential opportunities to intervene include: a) childhood, coming of age, pregnancy, post-natal, in-between births; b) key influencers; c) environments, and d) targeting concurrent substance use. Morning sickness appears to be a natural deterrent to continued smoking. Depression, and its relationship to smoking and quitting in Australian Indigenous pregnant women, requires further research.

### Introduction

The whole of life-course is becoming increasingly recognised when considering the genesis of chronic disease. Although smoking prevalence is reducing slowly among Indigenous Australians, smoking during pregnancy occurs at four times the rate of non-Indigenous counterparts (48% versus 12%) (Australian Institute of Health and Welfare, 2015). Few Indigenous Australian women quit in early pregnancy (3–4%) (Wills and Coory, 2008; Passmore et al., 2015).

The views and experiences of Indigenous Australian women about smoking during pregnancy have been well documented (Gould et al., 2013a; Gould et al., 2013b; Passey et al., 2011b; Wood et al., 2008; Gilligan et al., 2009). From a systematic review of studies, influences on smoking among pregnant Australian Indigenous women include social norms, life stressors, family smoking, the difficulties of quitting, and a lack of salience of anti-tobacco messages (Gould et al., 2013b).

Several studies explored smoking initiation in Indigenous Australians. Four interlinking factors in smoking initiation were

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relevant for rural Aboriginal women in New South Wales (NSW): historical influences from colonisation; the norms of smoking within Aboriginal social networks; stressful lives and disadvantage; and smoking to maintain relationships within family and community networks (Passey et al., 2011a). Family and peers had a key role in the uptake of smoking among Aboriginal youth in the Northern Territory (Johnston et al., 2012). However, denormalisation of smoking was also evident among Indigenous youth (Johnston et al., 2012). A regional community survey of Indigenous men and women smokers of reproductive age revealed that a younger age of smoking initiation and alcohol use were related to lower intentions to quit smoking (Gould et al., 2016b). Other Australian studies similarly reported family and peer influences, stress, boredom and peer pressure as initiators for smoking among Indigenous youth (Green, 2009; Cosh et al., 2015). Correspondences exist for smoking initiation in other Indigenous populations. Most American Indian teenagers first tried smoking in a social setting with cousins, siblings, or friends (Kegler et al., 2000a).

None of these studies however traced the narratives of individual women from initiation to becoming pregnant and beyond. More needs to be known about the genesis of smoking and the journey to becoming pregnant, to know how smoking could be prevented in youth, pre- and post-conception, and after birth. The aim of this study (“Our Smoking and Smoke-Free Stories by Aboriginal Women”) was: to explore women's narratives from starting smoking through to at least their first pregnancy.

## Methods

### Design

A qualitative study to explore the stories about smoking and quitting of Aboriginal women. Narrative inquiry has its roots in phenomenology (Creswell, 2013). It uses the power of narrated story to understand human experience. Within the framework of oral history, women have an opportunity to make connections and find meaning, such as making connections between the events in their own lives and the significance of them. The interviewer has a role in helping the narrator tell their story by respectful listening and appropriate prompting. We hoped, by allowing women to tell their story in their own way, to be able to allow evidence gaps to be naturally filled (Gould et al., 2013b). Clandinin and Connolly propose a three-dimensional (3-D) framework in narrative inquiry, namely a text, which looks backward and forward; inward and outward; and situates the experiences in place (Clandinin and Connelly, 2004). In explicating the findings, this 3-D arrangement was used, giving attention to people, place, events

and turning points. Note: participants were not specifically asked to view their lives in this way, but their stories were viewed with the aid of this framework during the analysis.

### Sample and setting

A female Aboriginal Researcher (AR) who was working as a research assistant and undergoing PhD studies, conducted in-depth individual interviews with women from Hunter New England (HNE), in New South Wales, Australia. Inclusion criteria were women 16 years or over, who were pregnant or had given birth within the last 18 months, and had experiences of smoking or quitting during pregnancy.

### Recruitment

Twenty women were purposively recruited to gain a range of perspectives, using maximum variation such as primigravida and multigravida, and of different ages and smoking status, from August 2015 until April 2016. Recruitment was through staff at Aboriginal Community Controlled Health Services (ACCHS), an ArtsHealth Centre for pregnant women, Aboriginal community groups and playgroups, and Aboriginal Maternity Services, advertised through a flyer, by personal approach using the AR's networks, and through evaluators of another maternal cessation program, when they were contacting women. Recruitment continued until saturation of themes was reached. Location of interviews were: ACCHSs ( $n = 3$ ), ArtsHealth centre ( $n = 4$ ), private homes ( $n = 7$ ), playgroups ( $n = 3$ ), others ( $n = 2$ ), by telephone ( $n = 1$ ). Some women were accompanied by young children.

### Procedures

The AR explained the purpose of the study, gained informed consent, and administered a demographic survey. The woman was then encouraged to tell her story in a non-threatening culturally appropriate way, using a methodology based on yarning, or conversational talking. Bessarab and Ng'andu state that: “Story telling is a feature of Indigenous societies where oral traditions were the main way of transmitting and sharing knowledge.” (Bessarab and Ng'andu, 2010).

Generally, the interviewer asked where the woman grew up, as a sense of place is important in Aboriginal culture. Where possible, interruptions were avoided, and probing was conversational. See interview guide, Box 1. Individual audio-recorded interviews were transcribed and emailed to the woman for member checking.

### Box 1. Extract from interview guide for the narrative inquiry.

“I am interested in hearing your story about how smoking tobacco has affected your life. You can tell this story in your own way, and I can help you by asking some questions along the way. You may start at any point, either tell me about your smoking now, or start at the beginning when you first tried smoking. If smoking yarndi (cannabis or pot) is part of your smoking story you may share that if you are comfortable doing so, and what you say will be confidential.”

#### 1. Questions that may be used (if not already covered)

- Can you tell me a bit about your tobacco smoking?
- Could you tell me about when you started smoking cigarettes?
- How has your smoking changed over the years?
- Who are the key people that have influenced your tobacco smoking?
- How is/was smoking different for you when you became pregnant?
- Have there been any turning points for you in your journey with tobacco smoking?
- What would it mean to you if you stopped smoking cigarettes (if still a smoker)?
- What would it mean to you if you continued smoking cigarettes (if still a smoker)?
- What would it mean to you if you started smoking again (if an ex-smoker)?
- Why do you think there so much fuss about tobacco smoking?

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