



Assessing the feasibility, acceptability and potential effectiveness of an integrated approach to smoking cessation for new and expectant fathers: The Dads in Gear study protocol

Joan L. Bottorff^{a,b,*}, John L. Oliffe^c, Gayl Sarbit^a, Cristina Caperchione^d, Marianne Clark^a, Anima Anand^e, Kym Howay^a

^a Institute for Healthy Living and Chronic Disease Prevention, University of British Columbia, 1147 Research Road, Art 223, Kelowna, British Columbia V1V 1V7, Canada

^b Faculty of Health Sciences, Australian Catholic University, Melbourne, Victoria, Australia

^c School of Nursing, University of British Columbia, T201-2211 Westbrook Mall, Vancouver, British Columbia V6T 2B5, Canada

^d School of Health and Exercise Sciences, University of British Columbia, 1147 Research Road, Art 360, Kelowna, British Columbia V1V 1V7, Canada

^e The Bridge Youth and Family Services, #8-2604 Enterprise Way, Kelowna, British Columbia V1X 7Y5, Canada

ARTICLE INFO

Article history:

Received 4 August 2016

Received in revised form 6 January 2017

Accepted 10 January 2017

Available online 11 January 2017

Keywords:

Smoking cessation
Fathers
Masculinity
Gender role
Health behavior
Family health

ABSTRACT

Background: Evidence related to the effects of tobacco exposure in pregnancy and on infant and child health have focused on women's smoking cessation. Less often addressed is men's smoking, which when continued in fatherhood, reduces the chances of female partners' cessation and can negatively impact children's health as well as men's health. Dads in Gear (DIG) is an innovative program designed specifically for new fathers who want to reduce and quit smoking that includes three components: smoking cessation, fathering, and physical activity. The over-arching purpose of this study is to evaluate the feasibility of the DIG program and provide estimates of program efficacy. The purpose of this article is to describe the rationale and protocol for evaluating the DIG program's feasibility, acceptability and potential effectiveness.

Methods: Using a prospective, non-comparative design, the DIG program will be implemented and evaluated in six communities. The program will be offered by trained facilitators to fathers who currently smoke and want to quit. The RE-AIM framework will guide the evaluation. Open-ended questions in participant surveys, and semi-structured interviews and weekly telephone de-briefs with facilitators will provide data for a process evaluation. Estimates of effectiveness include smoking behavior, fathering and physical activity measures at baseline, end of program, and 3-month follow up.

Conclusion: The DIG program could support positive changes with respect to smoking cessation, physical activity and overall health for men. These effects could also promote family health. The program might also provide an effective model for engaging men in other health behavior change.

© 2017 The Authors. Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Introduction

The prevalence of smoking is higher among men than women in Canada [1] and this pattern is consistent in cross-national studies [2]. Since tobacco smoking is a major risk factor for cardiovascular disease, respiratory disease, lung cancer and several other

types of cancer [3], effective smoking cessation programs specifically for men are needed to reduce the burden of tobacco-related disease.

Although women who smoke have garnered the attention of health professionals and prompted calls for the development of gender-specific approaches and resources [4–5], less attention has been directed to men who smoke or the development of programs to support men's cessation [4]. Men's uptake of healthy lifestyles has been influenced by prevailing gender norms which often position men as disengaged from self-health and health promotion programs [6–8]. In turn, dominant ideals about the incompatibility of masculinity with help-seeking can constrain and restrict some men's choices around health [9–13]. However, health promotion programs for men that take into account the

Abbreviation: DIG, Dads in Gear.

* Corresponding author at: Institute for Healthy Living and Chronic Disease Prevention, University of British Columbia, 1147 Research Road, Art 223, Kelowna, British Columbia V1V 1V7, Canada.

E-mail addresses: joan.bottorff@ubc.ca (J.L. Bottorff), john.oliffe@nursing.ubc.ca (J.L. Oliffe), gayl.sarbit@ubc.ca (G. Sarbit), cristine.caperchione@ubc.ca (C. Caperchione), Marianne.clark@ubc.ca (M. Clark), Anima.Anand@thebridgeservices.ca (A. Anand), Khoway@hotmail.com (K. Howay).

influence of gender-related factors have demonstrated promising results in relation to increasing physical activity and healthy eating [14–17], and there is emerging literature that strength based approaches hold potential for supporting men's smoking cessation [18,19].

Dads in Gear (DIG) is an innovative smoking cessation program for new fathers that was developed to fill the significant void in cessation resources tailored for this group. Studies examining men's smoking patterns in relation to partner cessation during pregnancy and the birth of their children consistently report that the majority of men make few changes or only light reductions in their smoking [20–23]. In addition to lack of knowledge of the effects of second-hand smoke [20], others report a more complex dynamic supporting men's continued smoking including reliance on smoking to express particular patterns of masculinity (e.g., risk-taking, independence, self-reliance), traditional gendered divisions in parenting responsibilities, and the stresses associated with responsibilities of fatherhood [9]. However, research demonstrates that becoming a father is a significant transition period during which many men's masculine ideals, which connect autonomy and hedonism to smoking, are negotiated alongside emergent protector and provider roles that are difficult to reconcile with being a father who smokes [13,24–26]. The presence of a new baby and fatherhood, therefore, is often associated with a desire to stop smoking and provides a window of opportunity to engage and support fathers in smoking cessation [22, 24].

There is a recognized need for men-centered approaches that mobilize positive aspects of masculinities and gender relations to enhance well-being [26,27]. To that end, we developed a novel program to support smoking reduction and cessation efforts by engaging men in face-to-face interactive, weekly group sessions that address the unique needs of new fathers, and reflect men's values and preferences. A pilot study was conducted in 2013 to test the DIG strategies for engaging men, and the program was refined based on the feedback from fathers and facilitators. A suite of online resources for the program including educational materials, quizzes, videos and other interactive activities were also developed [28].

The purpose of this article is to describe the rationale and protocol for evaluating the DIG program's feasibility, acceptability and potential effectiveness when delivered by trained community-based facilitators.

2. Methods

2.1. Study design

Using a prospective, non-comparative design, the DIG program will be implemented and evaluated in six sites in British Columbia, Canada through organizations (e.g., family services organizations, men's resource centres, etc.) in both rural and urban communities. This study protocol was approved by the Behavioural Research Ethics Board of University of British Columbia (#H14-02125).

2.2. Identification of community sites

To identify potential community sites for implementation, a call for expressions of interest was distributed to 58 community organizations across British Columbia via email. The email described the program and invited interested agencies to submit a letter indicating their interest in delivering the program and describing their capacity to implement the program. Thirteen expressions of interest were received and sites were selected based on the following criteria: a) expression of need for and/or existing delivery of men's and fathering programs in the community, b) access to skilled male facilitators, c) access to space to deliver

the program, d) existing organizational capacity, and e) regional representation across the province. The research team reviewed each letter and based on the inclusion criteria selected six community organizations to deliver the DIG program. Offer letters were sent to each of the six organizations informing them that they had been selected and that up to \$6500 CDN would be provided in addition to DIG apparel and materials to support program delivery. Teleconferences were held with each organization to outline particular responsibilities concerning the delivery of the program. Organizations were asked to sign and return the letters within three weeks, indicating that they understood these responsibilities and were willing to deliver the DIG program within their communities. Upon receipt of the signed letters, the research coordinator confirmed the dates for facilitator training with participating community organizations.

2.3. Facilitator training

A mandatory two-day facilitator training workshop was held for all community-based facilitators. The purpose of the training was to ensure the facilitators were well-versed with the DIG curriculum, and familiar with the relevant research informing the program. The training also provided an opportunity for facilitators to discuss particulars of program implementation with the research team. During the training, details of the program were outlined and facilitators were led through hands-on interactive activities to prepare them for delivering the DIG program. For example, sessions were conducted with facilitators to demonstrate the integration of program components, men-friendly strategies for engaging fathers, and the use of program resources in the session. Recruitment of fathers was also highlighted and a recruitment plan was discussed with the facilitators. Open dialogue was encouraged concerning additional strategies that facilitators felt would work best for their organization. In addition to the two-day training workshop, facilitators were provided with a DIG program manual that included detailed instructions for each session, a binder of print-ready program materials, and access to all online program resources on the DIG website.

2.4. Participant recruitment and eligibility

Eligible DIG program participants include men of any age who currently smoke, want to quit, and who are either expecting a child and/or have a child five years of age or younger. Each community site was responsible for recruiting 8–12 participants for their program. Participants were recruited through a variety of strategies including word of mouth and face-to-face contact with men who currently access other programs and resources offered by the community organization, contacts at other community organizations with connections to men and fathers, social media announcements, advertisements in local newspapers and online media, and distribution of posters and pamphlets in local community centres. Recruitment materials such as posters and advertisement templates were provided to community sites via the DIG website. Posters directed interested men to the hosting organization and the DIG website for further information about how to register.

2.5. Intervention

The DIG program design is based on three integrated components: smoking cessation, physical activity and fathering. These integrated components are delivered over an eight-week intervention period via weekly 2 hour face-to-face group sessions held at each organization site (Table 1). Programming related to smoking cessation was informed by current research on fathers' smoking patterns and smoking cessation

Download English Version:

<https://daneshyari.com/en/article/5678587>

Download Persian Version:

<https://daneshyari.com/article/5678587>

[Daneshyari.com](https://daneshyari.com)