



Pacific solutions to reducing smoking around Pacific children in New Zealand: a qualitative study of Pacific policymaker views

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Abstract

Aim To explore the views of Pacific policymakers on solutions to reducing smoking around Pacific children in New Zealand (given smoking is a cause of health inequalities between Pacific peoples and other New Zealanders).

Methods Documentary and media sources were searched for Pacific policymaker attitudes. Key informants (n=18) were recruited and interviewed by Pacific interviewers during May-October 2008, in person or by phone.

Results There was a focus on the need to change attitudes (e.g. by education), rather than on government regulation for secondhand smoke protection (e.g. smokefree cars). Families and churches were seen as major avenues for the changes, with increased bottom-up, community-controlled activity. Specific interventions for each Pacific ethnic group were sought by these policymakers, along with better resourcing of Pacific tobacco control. There was considerable variance of opinion on the extent to which smokefree areas should be extended, with some informants reluctant to interfere with smokers' 'choices'.

Conclusions Research on Pacific involvement in health policy is feasible and practical, and could be extended. General Pacific policymaker reluctance to consider smokefree regulation extensions is at odds with surveyed attitudes of Pacific peoples in New Zealand.

In the 2006 census, approximately 8% of New Zealand smokers were of Pacific ethnicity (over 50,000 including youth).¹ Pacific children are more likely to be exposed to secondhand smoke than non-Pacific children. While the reported smoking in the homes of Pacific 'Year 10' students declined from 35% to 22% during 2001-2008, this compares to an equivalent figure of 17% in 2008 for European/Other students.² Tobacco use contributes significantly to the health inequalities between Pacific and other New Zealanders.^{3,4} In particular, Pacific children have higher rates of hospitalisation for acute and chronic respiratory diseases than any other ethnic group in New Zealand.⁵

There is strong support by Pacific peoples for greater government intervention on smoking around children. In a 2008 New Zealand survey of 324 Pacific adults, 92% agreed that smoking should be not be allowed in cars with children under the age of 14, and 73% agreed that smoking should be banned in all outdoor public places where children are likely to go.⁶ In a 2007-8 survey of 90 Pacific smokers, 85 (95%) *disagreed* with the statement: 'Smoking should be allowed in cars with pre-school children in them.'⁷

There have been a number of recommendations by Pacific researchers and non-government organisations, and from *fono* (meetings), on policies needed to improve tobacco-free and smokefree activity for Pacific peoples in New Zealand. These have included the need for more staff of Pacific ethnicity employed specifically for smokefree work, and a greater focus on smokefree material in Pacific languages.⁸ Current knowledge about effective smokefree policies suggest the need for increasing 'smokefree home, car, school, work, and play environments, both inside and outside',⁹ through comprehensive tobacco control programmes that include mass media campaigns and smokefree places legislation.¹⁰

To date, there has been little published research on possible Pacific solutions to reducing smoking around Pacific children, and none on the attitudes of Pacific policymakers on this issue (that is, politicians and senior officials). This article begins the exploration of these attitudes.

Methods

A range of documentary and media sources were searched for relevant Pacific policymaker attitudes. The Factiva media database was searched for the New Zealand region. The websites of the following organisations were searched: New Zealand Government (<http://www.beehive.govt.nz/> and <http://www.executive.govt.nz/96-99/index.html>) Ministry of Pacific Island Affairs and Pacific Islands Heartbeat. Further sources were suggested by the material found, and by interviewees.

A semi-structured interview schedule was developed. The schedule included questions on the interviewee's views on what needs to take place to reduce smoking around Pacific children, and examples of effective decision-making processes for reducing smoking around Pacific children. As context to the views on solutions to reducing smoking around Pacific children, we asked questions about the relative importance of secondhand smoke harm to children, and the significance of the example of smoking to them.

A purposeful sample of key informants was identified, using Pacific tobacco control and health networks, and by examining the Pacific membership of health decision making structures in New Zealand. The criteria for selection included Pacific ethnicity, closeness to, or a clear view of, health policy decision-making. The sample was augmented by snowballing—asking those interviewed who they thought should be included in the research.

An information sheet, consent form and proposed questions were provided by email prior to the interview. Interviews (on the basis of anonymity) were conducted by Pacific interviewers during May-October 2008, in person or by phone, and were taped and transcribed. Ethics approval for the process was obtained through the University of Otago ethics review process. The documentary and interview data were analysed for themes by the first two authors. Some of the themes emerged from the questions asked. Themes identified in a preliminary analysis were adapted and changed, as further themes emerged through discussions.

Results

Seventeen interviews with 18 interviewees were conducted (one interview was of two people together). The 18 interviewees included two current or ex-MPs, five senior officials from District Health Boards (DHBs), seven senior central government officials with expertise in health policymaking, and four senior officials from non-government organisations (two had been government officials) with knowledge of, and interest in, Pacific tobacco control. They all had a minimum of 10 years experience within health policy.

While the interviews gave a wide range of ideas and views, the decreasing incidence of *new* views and ideas by the end of the series indicated that the number of interviewees was sufficient for an exploratory study (some saturation of themes was

occurring). Little relevant comment by Pacific policymakers was found in the documentary sources.

As context, it was clear that there was high concern by the interviewees about the exposure of children to secondhand smoke, and that role modelling by smokers was seen as a major threat to Pacific children.

How to reduce smoking around children

The ideas of Pacific policymakers are given below in two main sections. First, general ideas, and second, those that particularly relate to homes, cars, playgrounds and church grounds.

General ideas—The general ideas covered the education and persuasion of adults (particularly parents), ethnic-specific programmes, and the use of avenues that may be particularly effective for Pacific peoples (e.g. churches, the use of Pacific role models).

Changing attitudes and knowledge—There was a strong theme of the need to change the knowledge and attitudes of Pacific adults, particularly smokers and parents:

We've got to educate people who are making the smoking environment around those children. It's the home, the car, the church, outside the church, those kinds of environments that we've got to change. And it will be the adults that are responsible for those environments that have got to see the need for a change. (Interview 15)

The home and parents were a major focus of comments:

Inform and educate parents about the dangers of [adult] smoking for their children, and encourage them to perhaps not smoke in the house or in the car. (Interview 12)

Everything must start from the home, and the family unit is the fundamental unit of any community and society. The roles of parents become critical in ensuring that kids are protected from [tobacco smoke]. (Interview 16)

This theme was echoed in 2008 by the then Minister of Pacific Island Affairs, Hon Winnie Laban, when speaking of all health initiatives for Pacific children:

[The] inclusion of families. ...this is an important theme for any response that we develop for our children—it is crucial that we encourage and support Pacific families to make positive steps to benefit their children.¹¹

Some mentioned the role of grandparents in childcare, and their influence on grand children:

Grandparents play a very big part in the lives of the grandchildren. And often the grandparents are the ones to get to about making the rules. ... they've got to be factored in somehow. (Interview 12)

Other comments were on the need for language specific education programmes for older people:

I think there is still space for language-specific targeting of educational programmes. (Interview 6)

Interviewees also saw a need to allow for the wider influences on Pacific youth:

...the kids/youth nowadays, they are more connected to BEBO [a social networking website] than they are to Tonga or to where they come from. So I think we have to think of things a little bit differently.' (Interview 4)

Churches—All interviewees acknowledged the important place of the church in Pacific families and communities. Working and building relationships with churches was seen as crucial:

In the Pacific community, the church is a significant part of their upbringing, and so what the church is going to agree to is going to have a huge influence over their behaviour. (Interview 15)

Churches probably need to do a little bit more ... The churches are the villages, so a lot of information can go out there. Not all of them are prepared to participate, but by and large, most churches will give the opportunity for these kinds of message to be promoted to the young people. Some churches do it really, really well. (Interview 16)

Another repeated theme was the need for a spiritual aspect to smokefree efforts:

You go to church for your spiritual growth, and smoking does not contribute any spiritual growth in relation to Christianity or to other beliefs as well. It should be seen as an evil substance and I think that is what they should preach in the churches, to make it non-acceptable for smoking. (Interview 1)

Message content—The interviewees emphasised that the need to protect children was an effective way of communicating with Pacific audiences:

...you're doing harm to your kids, I think that that has a high likelihood of appealing, or having some impact to the parents, and adults and caregivers. (Interview 12)

Part of the message needed was that Pacific children have:

...the highest rates of admissions to hospital for respiratory illness'. (Interview 17)

One interviewee recommended promoting the positive side of *not* smoking rather than the negative messages about smoking:

Positive things ... this is what you can be if you don't smoke or if you eliminate smoking, this is what you can achieve. (Interview 5)

Another interviewee thought that the use of shocking images and messages is needed to shake Pacific peoples into action:

Shock tactics that kind of shake our people to think or see what the consequences are ... but it has to be language-specific [to provide] for our older folks. (Interview 6)

Structural ideas—There was a strong theme of a need for Pacific-specific policies. The major documented comment we found on a necessary direction for government policy was by the Chief Executive of the Ministry of Pacific Affairs, in 2007:

Continued reliance and adaptation of mainstream tobacco control interventions is unlikely to reduce tobacco use among Pacific peoples in Aotearoa/New Zealand. More specific programmes for Pacific peoples are urgently needed, with particular focus on young men. Effective interventions to reduce tobacco-related deaths will substantially reduce health inequalities in the country. Pacific communities need to be resourced and supported to own and participate more effectively in the provision of tobacco control programmes.¹²

The Pan-Pacific approach to tobacco control was seen by interviewees to have worked to some extent, but in order to move forward, they recommended an ethnic group specific approach. This was due to the ethnic differences in the smoking prevalence statistics of Pacific peoples:

Rather than taking a blanket approach, we do know there are ethnic differences ... we should certainly be looking at those differences, and then targeting the policies more at those sort of differences. (Interview 12)

Some of the structural solutions suggested by policymakers included a more ethnicity targeted approach for policies:

...if you think about the standard New Zealand smoke policy, we try and put everyone in it, and it probably applies to Palangi [Pakeha/European New Zealanders]. But the characteristics in Pacific communities are so different, and isn't going to be effective for them. That's why I think a more targeted approach to policy, addressing and focussing on those most at risk, is a far better approach. (Interview 12)

Another theme was of the need for resources for Pacific tobacco control:

If you look at the smoking rates in New Zealand, and the amount of resource that goes into it, ... it's inadequate. (Interview 12)

And to get resources to providers and community groups:

...because they're the ones that are going to have to fight it, and [should] be given the resources. (Interview 1)

This included a bottom-up approach for interventions, with communities developing their own priorities, rather than a top-down approach:

You go out to the community, and you ask them what they think. And that is why some of the things are working, because they have developed the priorities for their community and they [the community] drive it. (Interview 2)

Another interviewee felt that the only way to stop people from smoking around children is to ban tobacco altogether:

Regardless of how much they keep putting up the price of cigarettes, people will still buy them because they are there, but if they take it away, ban tobacco, then no one will buy it. (Interview 14)

Many interviewees suggested restricting some of the environments where people could smoke:

Restrict the different environments they [can smoke] in ... for the good of the public. And I think it would also give them a strong message that hey, we don't like smoking... We should ban smoking from anywhere near where children are, whether it's indoor or outdoor. (Interview 4)

And being consistent in being smokefree in any health-related setting:

You're going to push for like a healthy event; you should always have smokefree as your message. (Interview 9)

Ideas about policies for homes, cars, playgrounds and church grounds—A number of interviewees had strong views on smokefree homes, cars, playgrounds and church grounds:

Ban smoking in homes, cars, playgrounds and church grounds. (Interview 3)

People should not smoke in their homes at all. Children are often in cars and they breathe in all the poisons. (Interview 1)

I just wish it was [required] for people not to smoke in vehicles, with passengers in there. (Interview 9)

However, some interviewees felt that homes and cars are private, and gave varied ideas about ways to reduce smoking in these areas, such as community persuasion or norm setting:

It's people's private homes but still, if they are going to smoke, not inside but away from where children are, not in the garage. Probably somewhere in the back yard or under the tree or even around the corner somewhere, down the road'. (Interview 1)

Some were particularly reluctant to impose on ‘private choices’:

I would like to think that they shouldn’t smoke in any of those areas but their car is their own property, their house is their own property. (Interview 4)

It’s a balance between the rights of the families to freedom and personal choice, but also the welfare of children. (Interview 11)

So it’s about people being able to make decisions for themselves, and hopefully they will make it based on good evidence, and good information about the dangers of smoking ... people can and should make these decisions for themselves. (Interview 7)

Regulatory measures in that direction might be going a bit too far. So I don’t believe that regulatory approaches in those sorts of environment are going to be feasible, but I certainly think an educational approach might work. That’s in the private sort of environment, like homes and cars. (Interview 12)

Therefore, in order to try and change behaviour in hard-to-regulate places, one interviewee suggested changing the social acceptability in a setting as an alternative approach:

Change the social acceptability in a setting, and raising the awareness of it, of all the different environments which you wouldn’t expect [smoking]. (Interview 8)

Another interviewee suggested starting with the ‘smoke outside’ campaign rather than banning smoking around private properties:

I think we’ll take the ‘smoke outside’ sort of campaign, and highlight [how] other people are affected by ... smoke’. (Interview 4)

Church grounds—There were mixed attitudes about smoking in church grounds. Some interviewees were aware that some churches already banned smoking in their church grounds:

Church grounds, I’m not sure that we have explored what the policy is. ... they’re kind of privately-owned property, like homes and cars.... (Interview 8)

They shouldn’t be smoking [there]. It’s the same reason why I think they shouldn’t be drinking beer at church functions. (Interview 4)

[Smoking in church grounds and playgrounds] ‘that should be regulated, in a useful and effective way. (Interview 11)

Playgrounds and parks—Some suggested that playgrounds and parks should be smokefree because it is a natural environment for families to spend quality time together:

Parks are supposed to be a natural place for people to go and then you got people smoking. That’s not natural...and that’s interfering with nature...Playgrounds are place where families enjoy being in the outdoors and having family time. If you got people smoking it just ruins that time. It also impacts on [those] who are around breathing in the smoke. (Interview 1)

A park is where you go and get fit...children run around...and having smoking as part of that is an undesirable association. (Interview 13)

However, some felt that smoking in playgrounds was alright, as long as smokers are away from the children:

Play grounds [and] wide open spaces, so long as they don’t smoke over the kids Sometimes we encroach on people’s rights; it’s their choices. (Interview 5)

Other outdoor places that should be smokefree—When asked about other outdoor places that should be smokefree, two interviewees suggested promoting smokefree outside events, such as the ASB Polyfest annual outdoor cultural festival in Auckland, for example:

The ASB Polyfest. We are trying to make it completely smokefree. It's not completely smokefree yet but we have seen the huge difference from last year to this year. A lot more people not smoking and going outside these sites rather than smoking inside. We still got a long way to go but I think we did make a huge impact in the ASB Polyfest environment to make it smokefree. (Interview 1)

We should have smokefree events. ... outside events, there shouldn't be any smokers around. (Interview 16)

A few interviewees felt that any public places where people congregate should be smokefree, particularly those areas where there are young children (and several particularly mentioned swimming pools):

Every place where people congregate. And where ... young children are, [smoking] should be barred, should not be allowed....Whether it's the church, or car parks, or whatever. (Interview 18)

Pools, hot pools, beaches... they shouldn't allow people to smoke there. I just don't think we can afford to associate cigarette smoking with anything pleasant or nice. (Interview 13)

Auckland Airport are really good because they have smokefree areas and smoking areas [outside]. (Interview 1)

Discussion

Major findings and interpretation—Those interviewed felt strongly that changing adults' *attitudes* towards smoking around children is critical to the generation of change in smoker and community behaviour. The home was seen as an essential starting point for such changes, including the education of parents on the dangers of secondhand smoke to their children. Some acknowledged the role of grandparents in childcare and their influence on children's behaviour.

There was agreement that it is time to focus on specific Pacific communities in New Zealand with ethnic-specific interventions, and some feeling that smokefree policies relevant to those communities need to be driven more by Pacific peoples. This agreement and feeling is consistent with our findings of the views of the Pacific smokefree community *outside* of policymakers.⁸ It is also consistent with the stated approach by the New Zealand Government from the early 1990s of enabling 'by Maori for Maori' approaches in health policy.¹³

A related theme was the need for a Pacific community-owned and driven, bottom-up approach. This approach, using groups of churches and other community agencies, may be already having some local effects in efforts such as LotuMoui (a health promotion programme with Pacific churches).¹⁴ A further theme was that despite the higher Pacific smoking rates, the resources devoted by central government have been inadequate to make any substantive change.

One aspect of the Pacific specific approaches needed for Pacific smokefree work was the strong support and acknowledgment of the major role of churches in the lives of Pacific communities. The participants believed it is crucial to build and maintain good relationships with churches, because they have huge influence over attitudes and behaviour.

There was strong agreement that the need to protect children from the harmful effects of smoking should be the focus of smokefree promotions in Pacific communities. The interviewees felt that this is likely to be effective with Pacific parents and caregivers. There is some evidence in New Zealand and other settings to support this, if this is part of a wider tobacco control effort.¹⁵⁻¹⁷

Ideas about policies for homes, cars, church grounds and outdoor places—While all supported smokefree environments for children, only a few policymakers recommended banning smoking in homes, cars, playgrounds and church grounds. The majority were reluctant to support such regulation, with a strong feeling that homes and cars are private property, and that smokers should have the ‘freedom to choose’ where to smoke. For cars, this is in contrast to surveys of Pacific peoples, which have shown strong support for banning smoking in cars with children.^{6,7}

There was stronger support by interviewees for smokefree parks and playgrounds, but again, only a few suggested bans. The policymakers appeared to be lagging behind the general attitudes among Pacific peoples, where a significant majority wanted smoking banned in settings where children were likely to be.⁶

Policy implications—Whether or not New Zealand tobacco control policy continues to be incremental or engages in tobacco phase-out endgame approaches, there is a need for a greater focus on Pacific communities and Pacific smokers. In particular, greater knowledge of the extent of Pacific support for government intervention on smoking around children may help Pacific policymakers in their efforts to protect children. The strength of the policymaker concern with children suggests the framing to them of smokefree interventions as the protection of vulnerable children, and of the future Pacific generation.

The desire by Pacific policymakers for interventions more effective and appropriate for Pacific peoples also suggests a redistribution of current funding, or additional funding directed for “for Pacific, by Pacific” interventions. For example, government resourcing could fund social marketing campaigns designed by Pacific workers and for Pacific audiences (e.g. utilising Pacific radio stations and television channels with high Pacific audiences).

Limitations—This exploratory study was limited by the number of eligible interviewees, and the very limited amount of relevant documentation of Pacific policymaker views in the public domain. The marginal status of the Pacific community in New Zealand society has meant that few members are close to the centres of central government power, i.e. Cabinet, and the upper reaches of large government departments and DHBs. Thus while many senior Pacific people in the health policy community were accessed, their views of the breadth and depth of the policy processes in this country will have been constrained. The results are also limited by the relatively greater power of non-Pacific policymakers in policies that affect Pacific peoples.

Implications for research—This study indicates that other aspects of Pacific involvement in New Zealand health policy could be investigated. We found in-depth interviews, using Pacific interviewers, produced candid and extensive material. Those within the Pacific health policy community were helpful and knowledgeable.

Intervention research is required for the design of social marketing campaigns by Pacific workers, and their evaluation in terms of changes in knowledge, attitudes and behaviours by Pacific adults with children. Aspects of the “About Whanau Campaign” (a ‘for Maori, by Maori’ campaign) could be considered in the formative development of such campaigns.¹⁸

To go with policymaker views, more information on the views of the Pacific public on smoking around children is also needed. The Health Sponsorship Council 2008 survey on attitudes to smoking,⁶ is one of very few with an augmented sample of Pacific peoples.

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