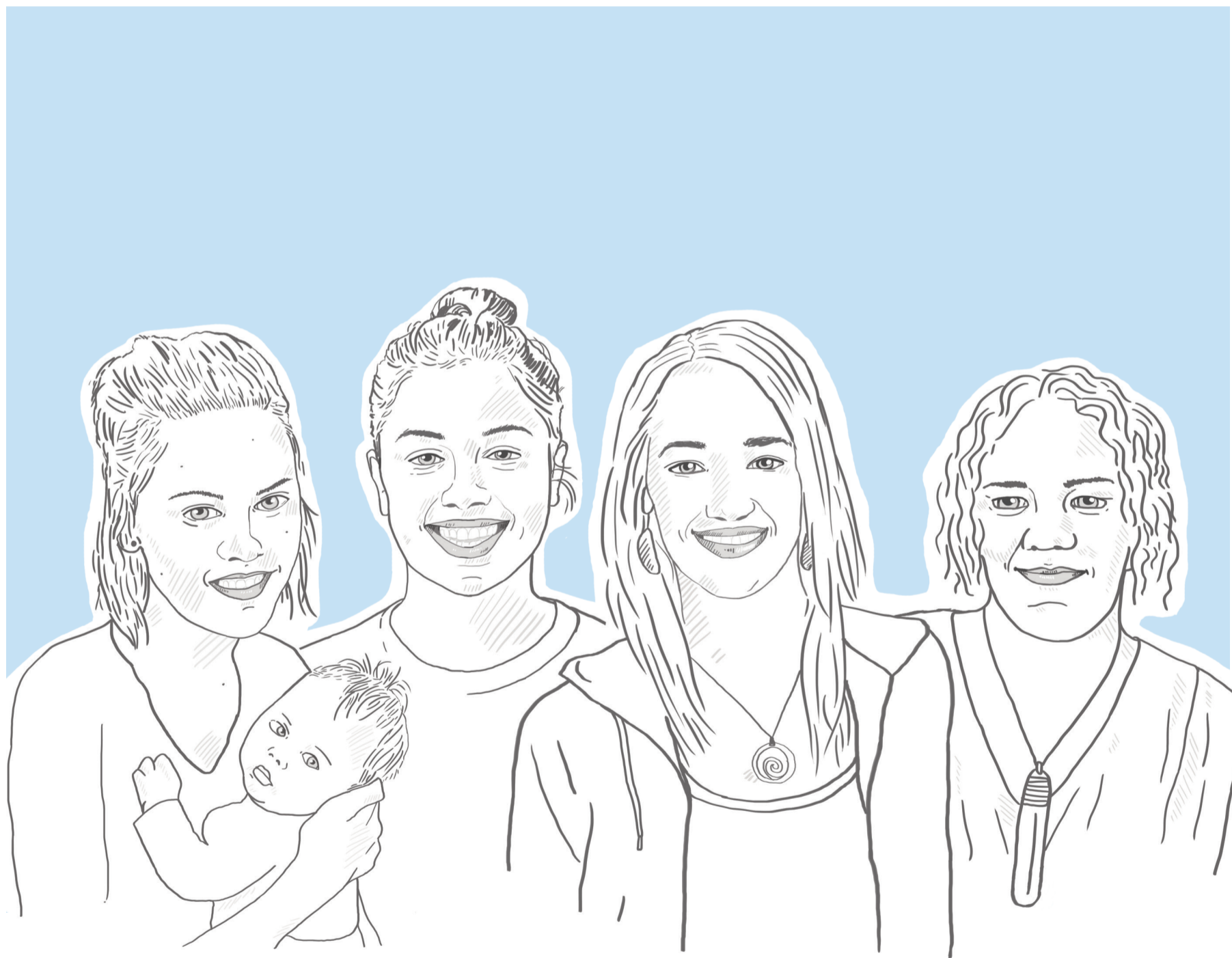


Exploring why young Māori women smoke

Taking a new approach to understanding the experiences of people in our communities



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Acknowledgments

We would like to acknowledge the wahine who openly shared their stories with us. We were moved by their generosity and manaaki. As we learned about their lives, we were humbled and in awe of their self reflection, resilience in navigating the challenges in their lives and hope for a brighter future for them and their children.

The success of this project also relied on the kindness and dedication of the following people who helped broker our engagements with the young women and provided their premises for interviews. Their deep understanding of the communities they serve was an important factor in building our understanding of the context and lives of the young women we interviewed.

A huge thanks to Te Puea Winiata, Hikuwai Winiata-Kelly, Maria Burgess, Ange Chaney, Sue Cooper, Shane Metekingi, Andrea McKenzie, Teresa Olson, Liana Eruera, Raneë Wineera and their teams.

The project would not have been possible without the vision of executive leaders and support of managers in the Ministry of Health committed to better health outcomes for Māori.

Purpose of the project

The purpose of this project was to unlock new insights into the complexities surrounding the lives of young Māori women (aged 18 to 24) who smoke. The aim is to help the Ministry of Health identify new ideas and areas of opportunity which could positively narrow existing age and ethnicity disparities and halt the transference of smoking across generations.

The outcomes of the project included: gaining a richer understanding of the experience of young Māori women and the social/whānau environment surrounding them; gaining fresh insights into the barriers that prevent successful smoking cessation; and generating a range of opportunity areas for the future. This could guide the Ministry to target funding and have the most significant impact in Māori women smoking cessation.

In addition, the Ministry of Health is investing in strengthening client insights and analytics. This project was intended as a pilot and a capability build for the Ministry of Health. We undertook a “learn by doing approach”.

Alongside this design project, a team from within the Ministry of Health and NOOS Consulting provided quantitative analytics using 2013 Census data, as well as other health datasets, within Statistics New Zealand’s Integrated Data Infrastructure (IDI). Those “facts and figures” are used throughout this document to support and strengthen the insights gained from the conversations with the young women. Together, the data and insights paint a strong picture of the current state.

This design document contains the insights gained from speaking directly with young Māori women about their experiences with smoking. The approach is outlined, along with the insights and user modelling methods that bring the insights to life.

There is also a companion document that examines the collaborative process in more detail from the project team’s perspective. That document points to what worked well about the process, what stretched the team, and opportunities for future client insights work.

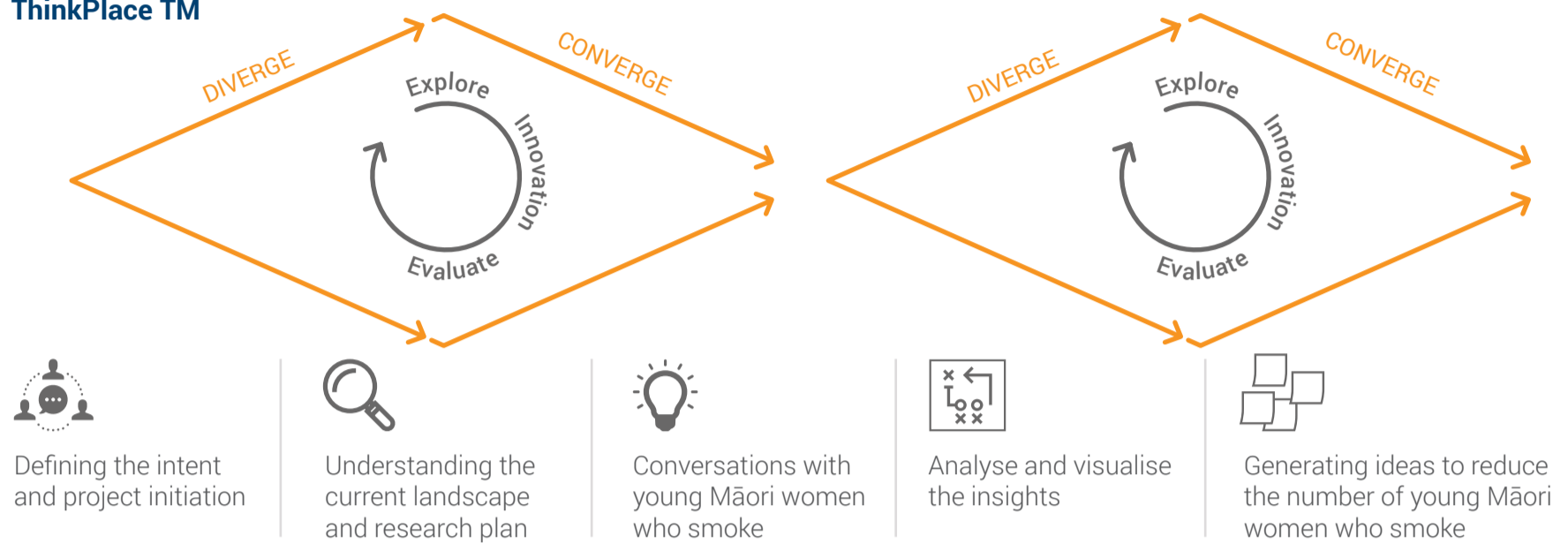
Project intent

The core design team had an intent session to set out the project scope. These were the key focus areas:

- **The influences** that impact young Māori women to start, continue and stop smoking
- **The barriers** to smoking cessation among young Māori women
- **Areas of opportunity** to interrupt the smoking trend and make the biggest difference with regard to cessation.

The approach

ThinkPlace TM



Method for engagement

The design team met to collaboratively plan the empathy interview phase of the project. The team realised that finding young wahine would require relationships with community providers, so it was decided to work with the following sites that the Ministry of Health team knew:

- Ngāti Hine Trust, Kawakawa
- Turuki Health, Mangare
- Wesley Community Services, Porirua
- Kokiri Marae, Wellington
- Māori Women's Refuge, Wellington

The team decided that the wahine could be interviewed as individuals or in buddy pairs if this made the process more comfortable, or they could bring a support person (who wouldn't participate in the interview). The provider sites identified women for the design team to interview and provided the Ministry of Health with a list of names after gaining initial consent from the wahine. The Ministry of Health team then made appointments for the engagements.

The interviews were conducted at the provider sites, with the exception of the wahine from Kokiri Marae – those were done at homes and a workplace. There were also three women from Wellington who were interviewed on site at the Ministry of Health (these were referred from Ministry of Health team members). ThinkPlace took the lead for the conversations and the Ministry of Health team took notes so they could observe and learn. After obtaining consent, the interviews were audio recorded, then transcribed verbatim for later use at group insight mining sessions. Participants were given a voucher in appreciation of their time, and the team brought kai to share.

In total we spoke with 37 young women who have had an experience with smoking – they were either current or past smokers. It was difficult to categorise smoking behaviour into neat and tidy boxes. Some who identified as “social smokers” actually smoke regularly. Many have moved in and out of smoking over time. The decision was made to care less about the exact definitions and more about the experience – smoking was so ubiquitous in their lives, past or present, personal or whānau.

While there was a prepared conversation guide, the wahine were allowed to talk about whatever was important to them about their smoking journey. To aid the discussion, the wahine were shown cards with words that might describe smoking. The aim was just to facilitate their thinking and gather reactions. This was successful, although most of the conversations flowed without the cards – the level of story sharing was strong and the wahine told us they enjoyed having the opportunity to be listened to about their smoking (and not feel judged).

An example of the cards



Insight mining and user modelling

Once the conversations were completed, the team met to read and review the transcripts. This meant that those team members who could not attend interviews could get up to speed with the content.

Over two days, the team was then guided by ThinkPlace to explore the key themes, begin to understand the meaning behind the themes and create some design tools that modelled the experience. Five personas and a journey map were created to aid in demonstrating the experience of smoking that was gleaned from the conversations.

The insights and journey map were then taken back to three provider sites to ‘test’ them on the young women and the providers. They had a chance to reflect and add their thinking to the journey map.

Concept development

The young women also reflected on emerging ideas that might assist smoking cessation in their communities. Those ideas are captured along with the team's ideas for opportunities going forward.



Key insights

The group analysis process brought to light some key themes. The Ministry team expressed what they learned from the wahine in the following insights.

The environment where young Māori women live, learn, socialise, work and belong is also the environment in which they learn to smoke, continue to smoke and try to quit smoking

The relationships young Māori women hold with whānau and friends heavily influence their smoking and, in some cases, their desire to quit.

Smoking can be a big part of young Māori women's family, social, school and work lives as many of their whānau, friends, schoolmates and workmates smoke. Many young Māori women start smoking because their family and school friends smoke. When socialising, smoking increases – the two often go hand in hand.

Implications

The Ministry of Health needs to consider trialling new and disruptive approaches in different environments and working with whānau and work-based organisations to provide a suite of comprehensive services that include support for smoking cessation.

What we heard

"I find that when I'm at work I tend to smoke more. At my workplace, they smoke so much, it's not even funny. If I put all the smoke breaks together, that's like almost two hours a day."

"I was brought up around smoking. Mum was a smoker and she was a house smoker as well, so obviously, being a child, I thought that was normal."

"You've got your bottle in your hand, so you're going to smoke. Drink, smoke, drink, smoke. It's the way you do things."



Mum said she looked bad with me smoking at school and she said, 'You can only smoke at home,' so from then I thought 'Oh cool, I'm allowed to smoke,' and then smoked everyday with my Mum.



We learnt the women who smoke were aware of the personal and social costs of smoking. Some were conflicted about this and may not be ready or able to give up

The financial cost of smoking was not necessarily a deterrent for these women and they prioritise this in their budgeting. In addition, whānau and friends are a ready source of free cigarettes.

At a personal level, these young women do not like the way smoking makes them smell, look and come across to others. This creates shame, stigma and embarrassment for them when they are out in public. They experience inner conflict between wanting to smoke, needing to smoke and believing they should quit.

For this age group, decisions to start and continue smoking are heavily influenced by the social environment but attempts to quit are largely experienced as an individual burden. One provider told us that this individual burden is not in line with a kaupapa Māori approach to helping people.

Implications

Raising the cost of cigarettes might not in itself be an effective strategy to discourage smoking among women in this age group.

Smoking cessation support services need to look at the decision to stop smoking as a complex and conflicted issue, rather than as a common-sense decision that is made at a single point in time.

Packaging smoking cessation programmes as short-term 'medicalisable' treatments might not effectively support women making many attempts to quit over time and dealing with long-term inner conflict. There is need to creatively think about services which walk alongside these women as they work through their priorities.

It would help to think of tools and services that could help these women to eventually attain smoke-free status without compounding their sense of shame and stigma in the interim.

What we heard

"The more I get down in the process of trying to quit, the more I start doubting myself and then I'm like: it's over, it's over."



I actually hate smoking. I don't like smoking but it's just a habit. I feel if I have a smoke everything is going to be alright.



“I know it’s going to affect me but I just don’t really care. I can’t see any symptoms at the moment.”

“Smoking [became] embarrassing. I found it turning into something that’s not accepted much anymore, especially when you’re around different crowds. Maybe you’re in a swanky or a posh community, I wouldn’t pull a smoke out in front of them, definitely wouldn’t pull one out at a café or something.”

We learnt that the women weren’t aware of what was available to help them, and if they had accessed programmes, they had rarely been effective for them

A lot of the young women we spoke with did not seem to know many of the smoking cessation services on offer other than Quitline. Those who had tried Quitline and nicotine replacement therapy (patches, gums and lozenges) and medication did not have much success in quitting. Some said they had initial success with Champix but then relapsed.

Some wanted access to e-cigarettes, and there were many who had tried vaping but didn’t like it since it didn’t give them the same hit. There was a general lack of understanding of the impacts of vaping.

A few have found that having a supportive and understanding provider helps them in their smoking cessation journey.

Advice from health professionals, especially those who have never smoked, comes across as patronising and counterproductive. One woman even said that being told not to smoke by a hospital doctor made her smoke more. For the vast majority who have

successfully stopped smoking (albeit temporarily for some), quitting cold turkey was the method of choice.

Implications

It might be useful to explore ways of creating more supportive environments for those trying to quit, for example “cold turkey.”

Medicalisation of smoking cessation services has largely been ineffective for this cohort of women and there is a need to consider alternative strategies. Vaping needs further exploration and education in this group.

There is room to explore and trial wraparound interventions which take a whole of person approach. For smoking cessation to be effective, there might be need to collaborate with partners outside the health sector.

What we heard

“I tried the gum but it was just gross; I couldn’t handle it.”

“I tried patches and then I went to have a cigarette and it tasted like shit. But that didn’t stop me.”

“I think the most negative way is people saying ‘Oh you should quit smoking’ when it’s someone who has never smoked.”



Even when you ask for help from GPs, you get prescribed things. It’s not much help because they don’t talk through what the medication is and how to use it and how to make the most of it.



“I signed up with a smoking cessation service before and they were going to help me stop last time. But then I started smoking again and I didn’t want to go back. Embarrassing.”

We learnt that smoking is a coping mechanism for stress and many women are reluctant to stop. Many fear quitting because they have nothing to replace smoking with or are fearful of withdrawal

Smoking is seen as “a breather” that assists coping with family and work-related stress – it gives them time-out from their young children, it creates a break from boredom, it offers comfort, it facilitates socialising with their friends and colleagues and for those who are isolated, it is their friend.

We heard about the dread of dealing with the intense withdrawal symptoms of quitting. Many of these women were reluctant to lose what they see as the benefits that smoking offers including stress relief, time for themselves, a self-control mechanism, a relaxing and calming aid, a social connector and a way of keeping their weight under control.

Implications

Smoking offers some advantages as a coping mechanism in lieu of other supports. Smoking needs to be understood in that context and the real losses these women will incur if they stop smoking need to be acknowledged and addressed.

The Ministry needs to understand the 'returns' of smoking and address these in any interventions aimed at smoking cessation. There is an opportunity to be creative around replacing the support that smoking offers young Māori women.

What we heard

"When I stop, I eat, so I would rather smoke than get bigger."



I tried to quit but I then I got really stressed and stressed and more stressed. And I went back to my smoking habit. I felt better towards myself and towards other people.



"Because I'm alone with my daughter and I've got nothing else to do, once my house is all clean and so forth, I've got nothing else to do but smoke."

"[My baby] does stress me out a lot. I just put her in her cot or on the floor on her mat and let her play around or scream while I'm outside having a cigarette. I don't want to take the stress out on her."



It felt like smoking was my only friend back then.



"It's still in my face with my partner. And I have no other ways to deal with my anxiety and stress. That was my release. Just running to a cigarette because that cigarette didn't judge me."

"Someone who quit smoking should be treated like someone who is trying to quit a Class A drug because the 72 hours after I went cold turkey were like the crappiest 72 hours of my life."

We observed how insightful, open and adaptive many of the women were

Young women already know smoking is bad for their health and for those around them, and many intend to give it up eventually. They generally stop to consider their smoking when they get pregnant and a good number stop either temporarily or permanently at this stage.

Many of those who continue smoking try to protect their children from the impact of their smoking and from other adults' second hand smoke. They also strive to be positive role models for their children and try to hide their smoking.

Implications

We should recognise there are strengths which could be tapped into or built upon to improve many aspects of their lives, including living smoke-free lives.

There is room to examine and positively co-opt the opportunity that exists in early pregnancy when many of these women are motivated to give up smoking. In this process, personal agency needs to be respected.

Interventions to help young Māori women stop smoking need to be adaptive and draw on strengths instead of being punitive; punitive approaches seem to foster rebellion.

What we heard



My children will help me [stay smoke-free]. So like if I look at my daughter and I look at a smoke, I would pick her over it. Smoking is not even worth it.



"I was lucky I had a partner that was telling me not to smoke. And I pretty much went cold turkey. And I didn't really want to have that image of me smoking while pregnant."

"I always wanted to get off it, just to better myself. I'm doing it for my son."



I just know how much time it takes away from my son. I hated the smell around him. He would always comment on the smell. I don't want to role model that for him.



We heard about, and in some instances were confronted by, the complexity and challenges of the women's lives

The young women tended to live in environments where they are grappling with issues including limited opportunities and choices, cumulative disadvantage, low levels of education, young parenthood and low income. This means they might not be able to take decisive actions about smoking cessation in the midst of other major challenges.

Implications

Smoking cessation may or may not be a priority issue when already dealing with problems and challenges in daily life. Forcing smoking cessation to the fore without addressing the wider conditions and circumstances is likely to be counterproductive and alienating.

Smoking cessation programmes need to take a whānau-centric and whole-of-person approach as these women are not only dealing with smoking in their lives.

What we heard

"Well, the majority of Māori people are brought up around alcohol and drugs and cigarettes. Like you're born into it. And then you've got Māori people who have nothing, like they live in poverty. And then you come across crime and the gangs. Then that is your life. Like that becomes your life. And that is what you know, so you smoke."



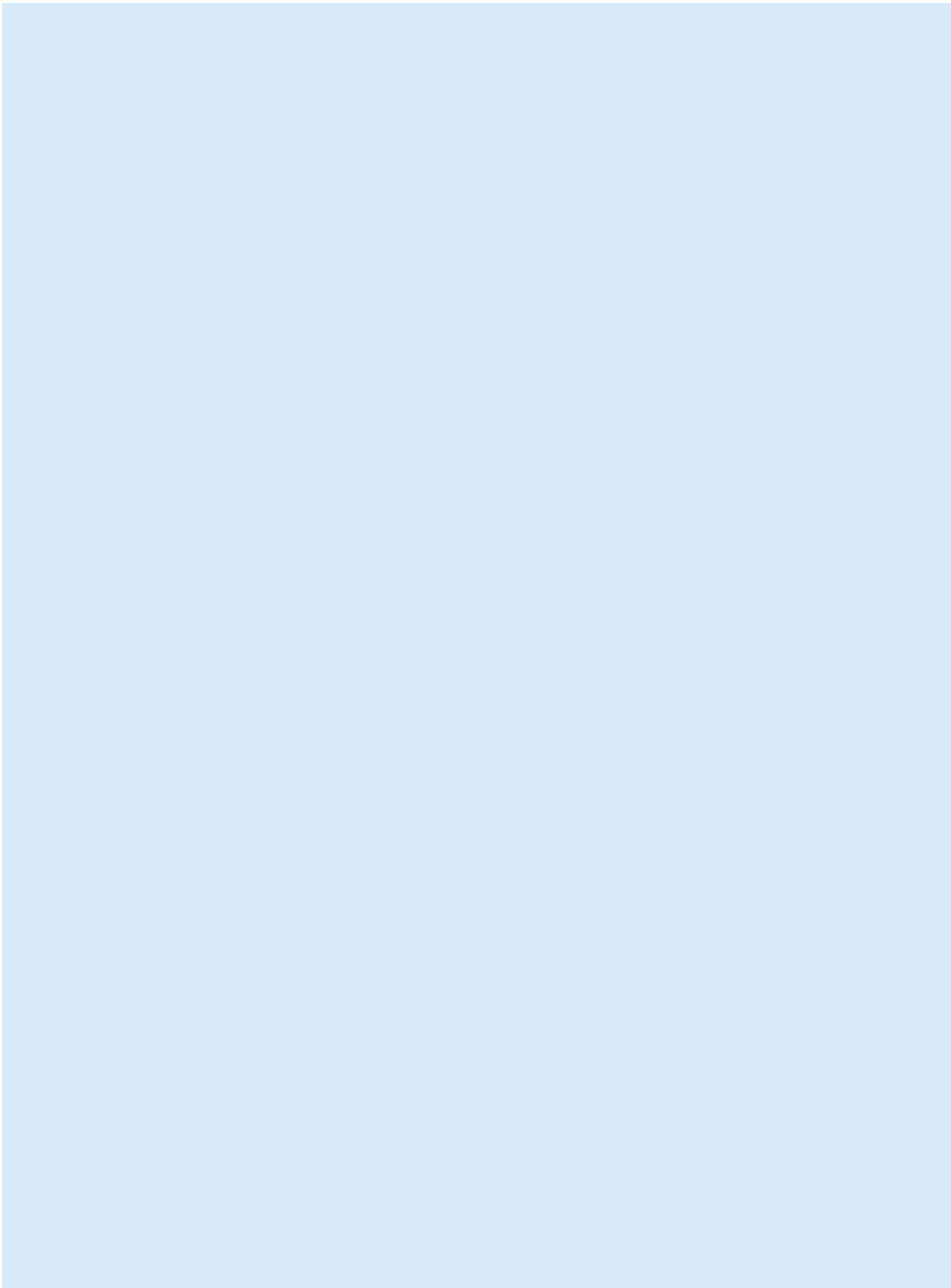
My parents, if they had been home to look after me or my siblings, we wouldn't have been on the street doing those things.



"I think if I was in a really bad place and everything was going wrong for me, and someone offered me one and I was in a social situation, I'd probably be open for one, that addiction never goes away."

"I wasn't allowed to smoke and at the time I was going through a lot with my parents, cos my mum moved away and I hated my dad. I knew they both hated smoking, so I started smoking. I got into trouble and I didn't care. I was like, 'I don't love you both right now.'"



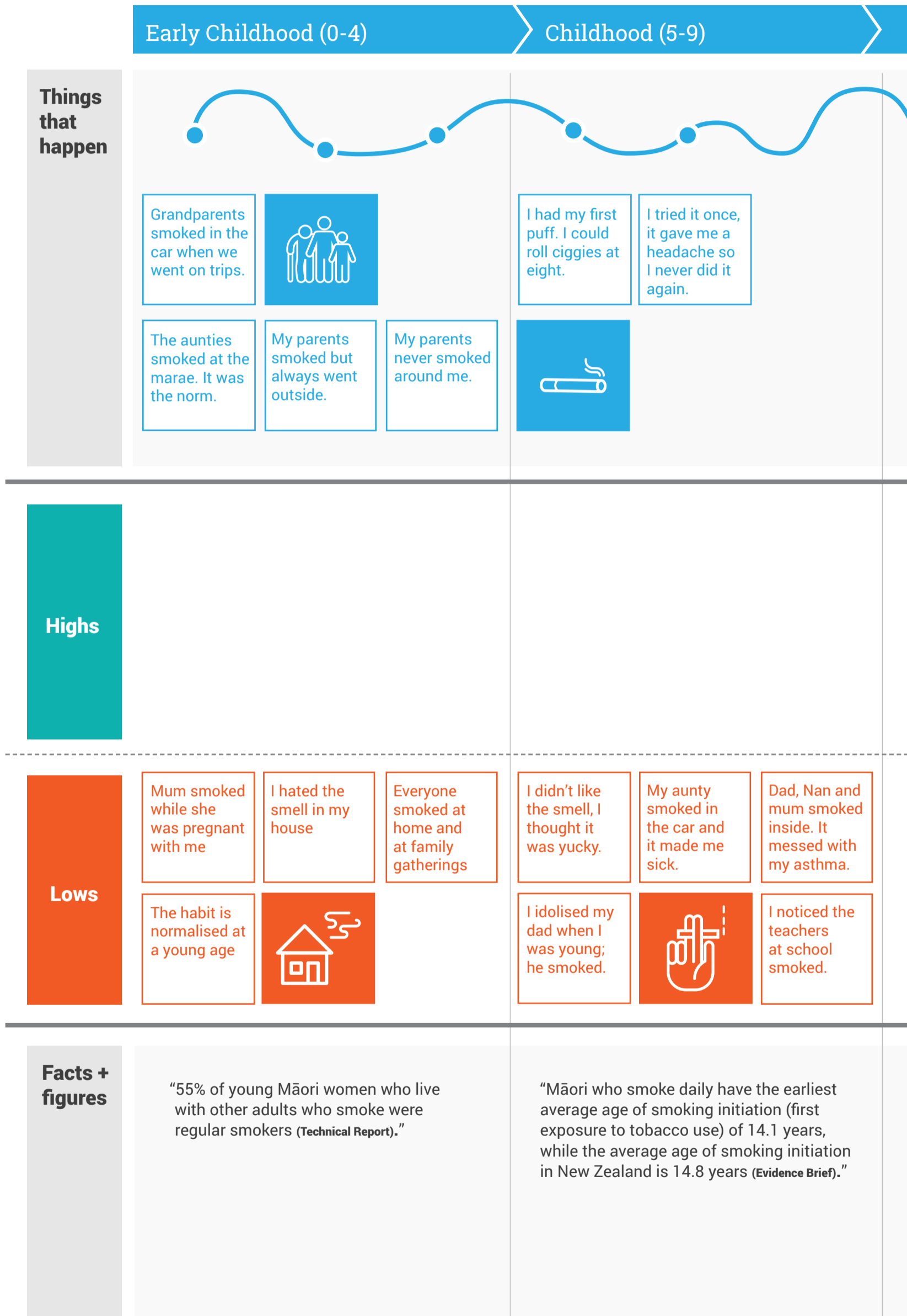


A journey of smoking

The highs and lows of smoking across different stages of life

The following journey map was created based upon the stories told by the wahine about their smoking experiences over their lives. After the initial interviews, three workshops at different sites were conducted and the young women's reflections about the insights were captured on an early iteration of this journey map. The boxes on the map are their words.

The highs and lows of smoking across different stages of life



Pre-teen (10-14)

Teen (15-18)

Young adult (19-24)

I smoked to fit in with friends. I stole smokes from my cousins.

I got growled at by my Nana for smoking.

I hated smoking, I mocked everyone for smoking.

I bought smokes from people at school.

I quit while I was pregnant but started again after the birth.



I now smoke openly with my whānau.

I found it uncool. I started hanging out with a different group of friends who didn't smoke.

I started to think about quitting.

When baby went down I would go outside for a smoke.

I worked 12 hours shifts. Smoking helped me get through.

I had a lot of time on my hands.

I gave up cold turkey.

I smoked with my cousins. I thought it was cool and fun.

I felt like a grown up.

It was a rush not getting caught.

It gave me something to do.

It made my boyfriend happy to have someone to smoke with.



It was the way I socialised with my friends, catching up on the gossip.



I made lots of friends when smoking.

It helped me to release stress and have time out for myself.

I stole smokes from family members

I tried to fit in, but it messed up my sports. It effects your fitness.



I noticed the health effects of smoking on my teeth.

I quit for three days and couldn't handle the withdrawals.

I tried to quit but my boyfriend wasn't supportive.

The cost is expensive when you have kids.

I felt like it limited my job opportunities.

I tried to give up once but I put on heaps of weight.

I started getting head rushes and feeling sick.

It led to other addictions.

It made me feel sick all the time.

It cost too much money.



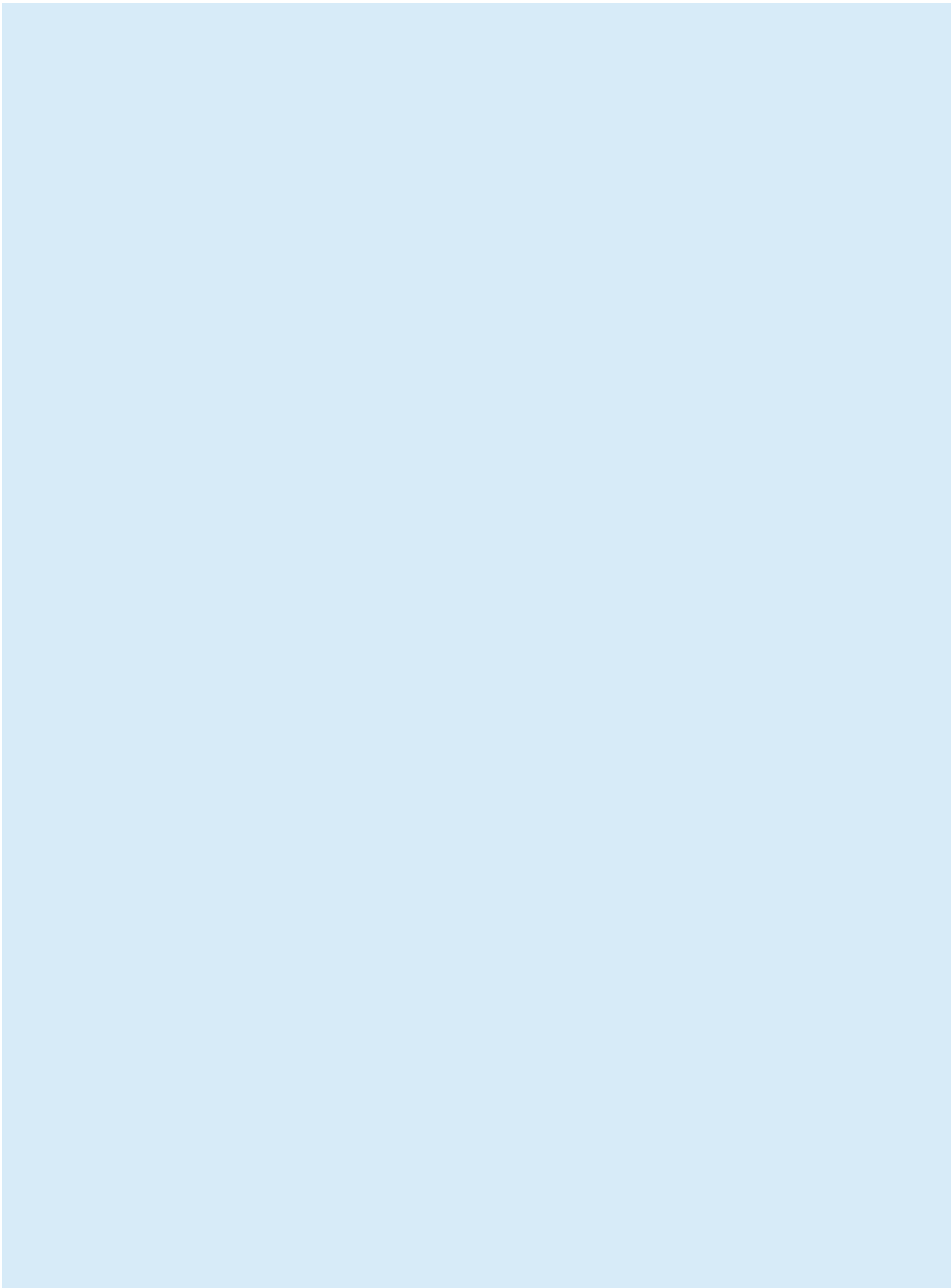
People judge me.

I missed out on heaps when I didn't smoke.

“Results of the 2014 HPA Youth Insights Survey showed that friends and peers are the most common source of cigarettes for young smokers (Evidence Brief).”

“At 18 years of age, 2 in 3 Māori women had never smoked. At 24 years of age, 1 in 3 had never smoked (Technical Report).”

“Both NZ Health Survey and Census data show a marked increase in smoking prevalence from late adolescence, a time when young adults leave home, commence study or a career, and become able to drink alcohol more frequently (Evidence Brief).”



Personas

A tool to illustrate the experiences

The group created five personas as a tool to illustrate the experiences gleaned from the conversations. These personas are hypothetical characters, but their stories and daily journeys were designed directly from the engagement process. They can be used when designing services in the future, as they are a useful 'test' of interventions against their characteristics. Although the characters are hypothetical, the quotes were taken directly from the wahine themselves during our conversations.



TIA

Tia is a 19-year-old woman working full time for a community youth sports agency. She's been working full time since she was 16. Although she still lives at home, Tia had a traumatic childhood and left school as early as she could so she could make her own money, get what she needed and be more independent from family issues. She'd really like to get out of her neighbourhood – she's sick of all the violence and drinking she sees around her.



"I came back to netball this year... At my first training session, I was going to die. It was a bit of an eye opener."



"I'm actually looking forward to quitting. I bought me a money jar and stuff, so the money I spend on smokes has got to go in there because I want to go away."



"I went cold turkey for about 48 hours, but I did it while I was working. I realised, I can't be nice to people and my job is to work with people and support people. Every time someone asked me for something I'd rip their heads off. I was evil as, man. I was not nice."

She really wants to quit smoking, but doesn't know how and is terrified of the withdrawals. She tried to quit cold turkey once, which turned her into a "crazy bitch". This made it very difficult for her to do her job working with young people as she became irritable and impatient. Also, her whole whānau smokes, so it's just always around her at home.

She called Quitline and got patches and gum, but the gum was 'yuck' and the patches gave her bad dreams. She tried vaping, but it didn't give her the same hit and her auntie also told her that vaping was just as bad for you as smoking anyway.

She's already experiencing health problems, like feeling puffed, worsening asthma symptoms, and she knows her smoking is getting in the way of her sports performance. She is surrounded by smokers at home and at netball. Her best friend is a smoker too. Tia thinks going cold turkey is the best option, but will only do that if her best friend does it with her. The two of them often hang out in her car, smoking and talking about how they should quit, and particularly how much money they could save for the overseas trips they want to take together.

Her strengths are...



Intelligent and self-reliant.



Has aspirations and wants to travel.



Has a full time job and is self-reliant financially.



Has a high level of health literacy and is motivated to quit smoking.



Physically fit even though her health is getting compromised by her smoking.

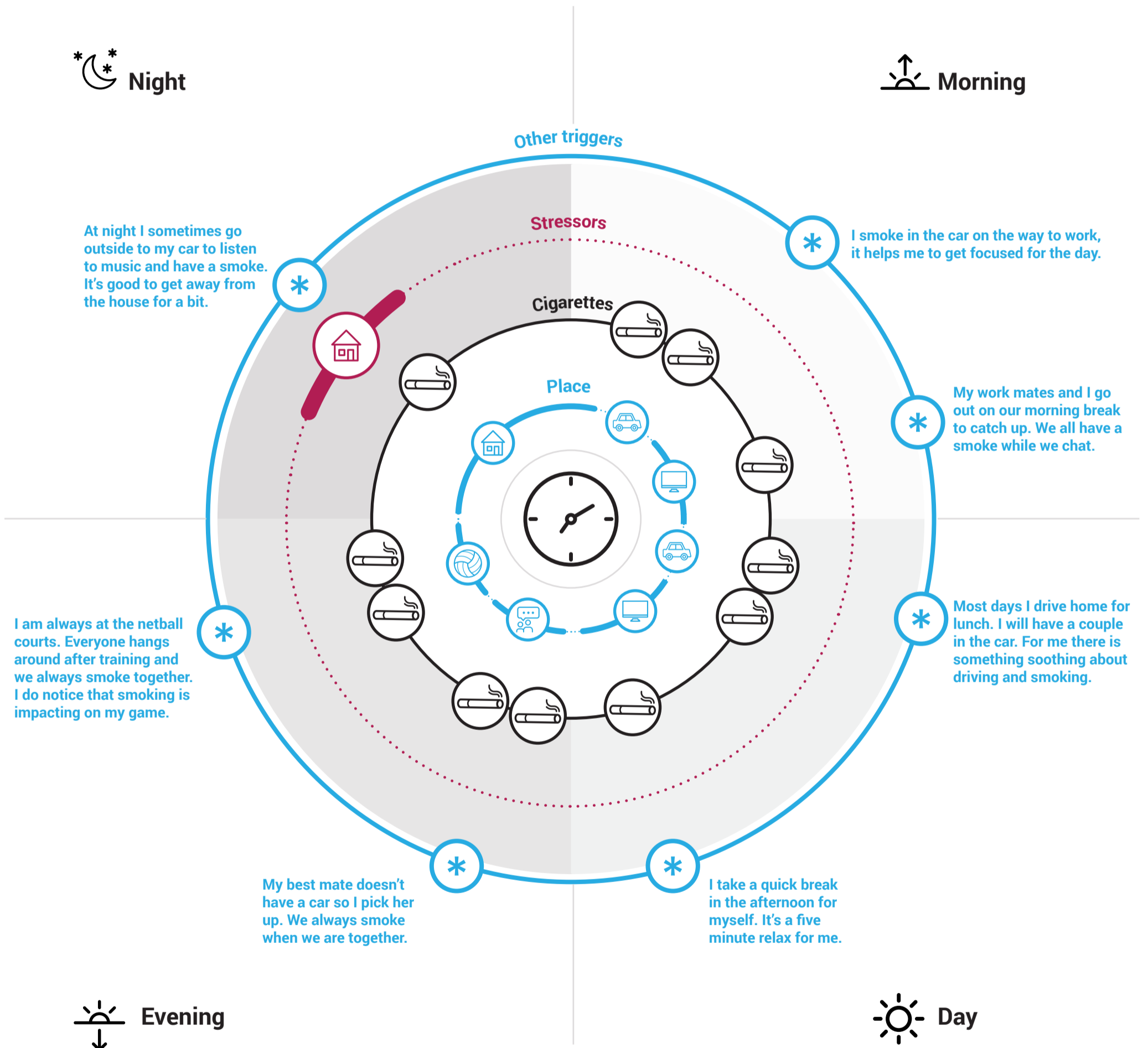
Facts and figures about young Māori women aged 18–24 years were taken from the Technical Report

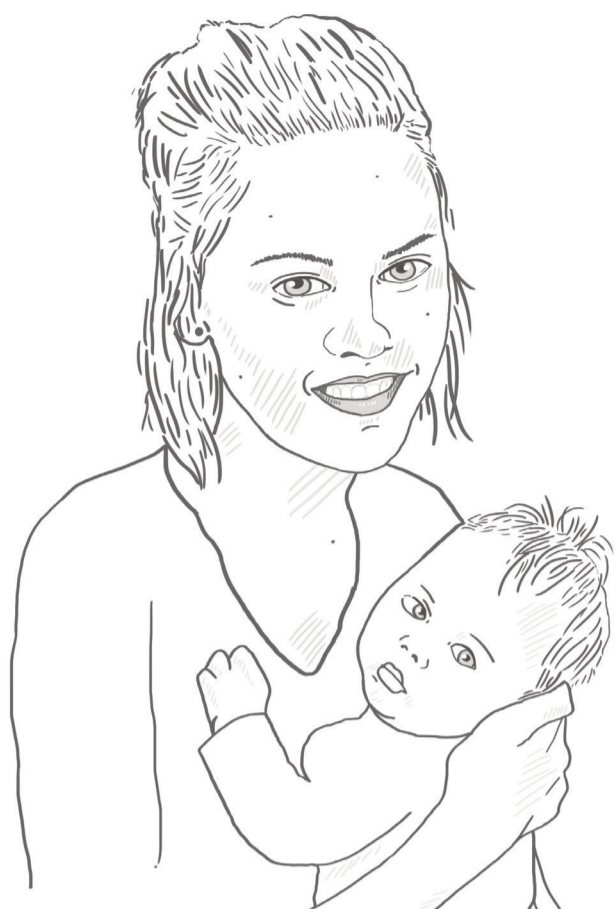
Young Māori women who smoked regularly were 3.0 times more likely to live with other adults who smoke, compared with those who were not smoking.

Young Māori women who smoked regularly were 1.4 times more likely to attend the emergency department at least once during the previous year, compared with those who were not smoking.

Almost half of young Māori women who live in the most deprived neighbourhoods (quintile 5) were regular smokers.

Daily smoking journey: how might we support smoking cessation in Tia's day?





MERE

Mere is a 22-year-old mum with a new baby and a toddler. She hasn't worked since her first pregnancy. Her new partner has never smoked but Mere comes from a whānau of smokers, some of whom have given up.



“The only time I did give up was when I was pregnant with my baby. The taste and the smell of it, I could taste the chemicals.”



“When you're stressed out you're strung out and you don't know what to do, then you just want to go away for five minutes and have a break and cigarette.”



“I used to think it was normal a few years ago, but now being pregnant I don't feel normal, smoking doesn't feel normal.”

With her first baby, she stopped smoking cold turkey once she found out she was pregnant. It helped that the smell of it made her sick. Once baby had arrived she started smoking again because her friends would visit to keep her company during the day and they would bring smokes. Also, she discovered that smoking helped give her the 'me time' that she needed because she could nip outside and be alone for a few minutes.

It was harder for Mere to stop smoking when she became pregnant with the second baby because of the stress of taking care of a toddler, and moving in with her new partner; things have been rocky for them at times. She tried using nicotine gum and patches, but they didn't help, so she eventually went cold turkey again.

She's now really keen to quit permanently; this time for her kids' health as well as her own. Her partner also wants her to quit and he's putting the pressure on. However the cigarettes creep back in, particularly when she's stressed out or when her friends and whānau visit. She finds it strange hanging out with her friends without a smoke; it's just not the same.

Her strengths are...



Focused on her wellbeing and her children's health and cares deeply about their futures.



She has a strong network of friends, family and a supportive partner who doesn't smoke.



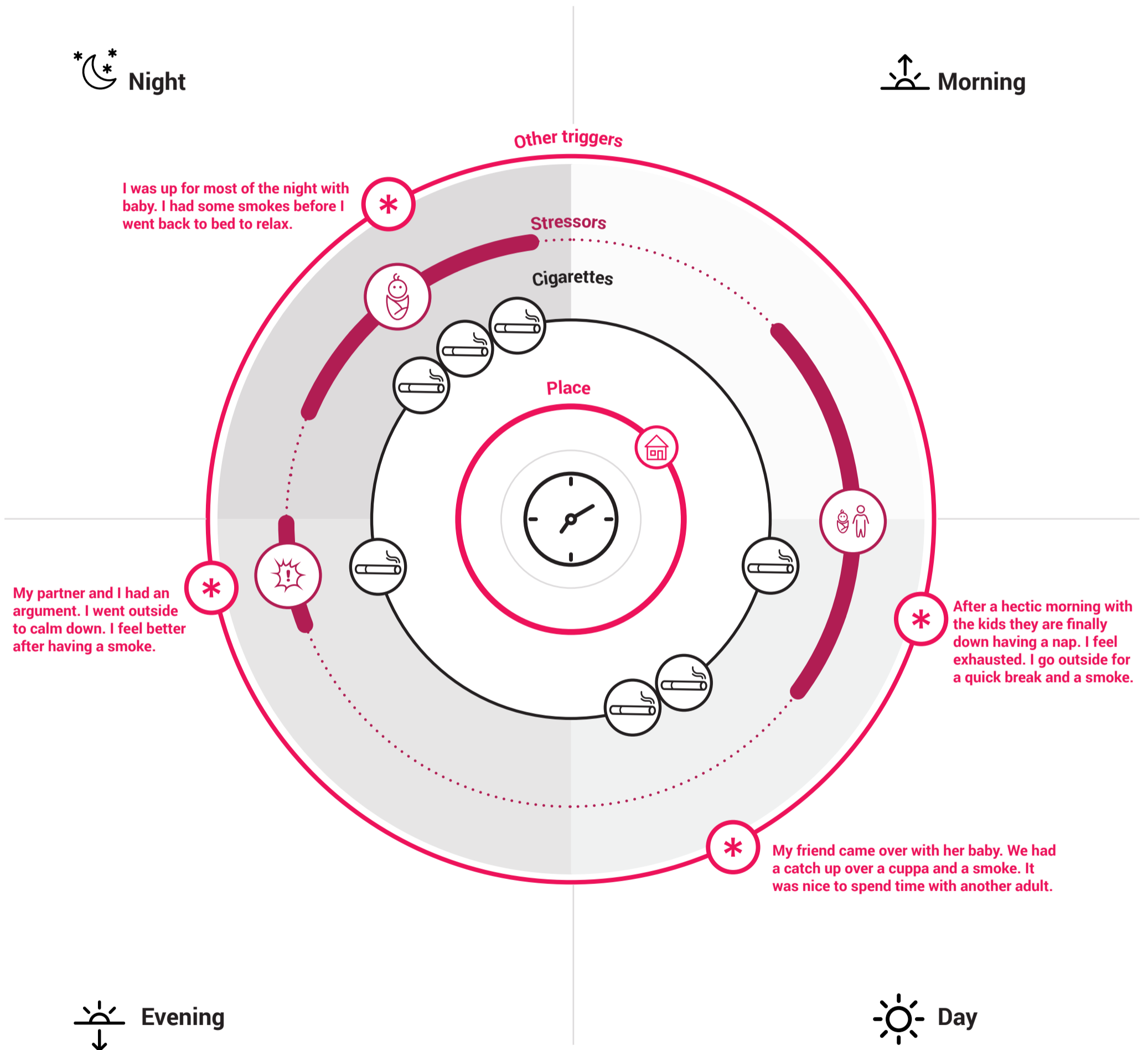
Motivated to quit smoking.

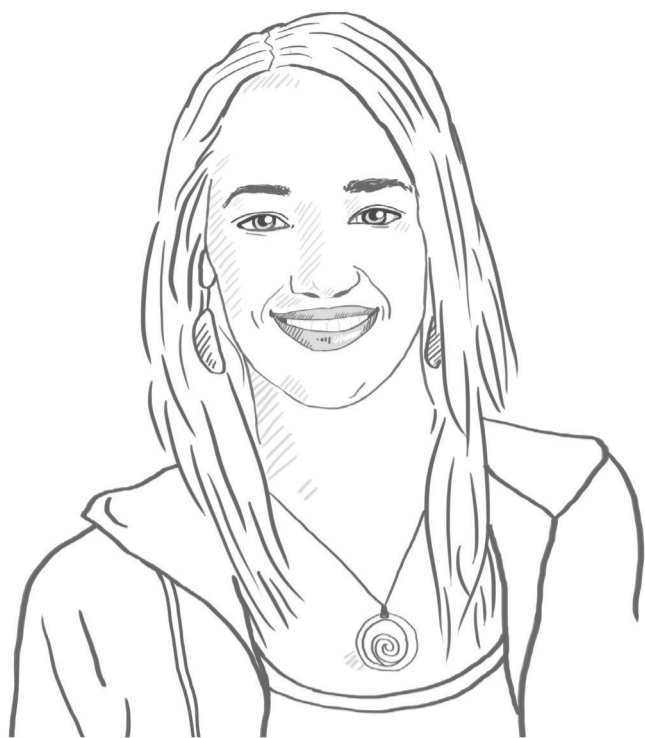
Facts and figures about young Māori women aged 18–24 years were taken from the Technical Report

Among young Māori women who gave birth at least once in the previous 12 months, 48% were regular smokers, 21% were ex-smokers and 31% had never smoked.

More than half of young Māori women who have given birth at least twice were regular smokers.

Daily smoking journey: how might we support smoking cessation in Mere's day?





ANAHERA

Anahera is a 20-year-old woman who is studying hospitality and working nights in a cafe. She lives with her sister and two young nieces. Anahera's sister doesn't smoke anymore; she gave up when she was pregnant with her first child. Smoking is forbidden in the house and the entire property, but Anahera doesn't like smoking in front of her nieces anyway because it makes her feel ashamed and she doesn't want to be a bad influence. If she wants to smoke at home she goes for a walk around the block, then washes her hands and sprays perfume on her clothes.

“I wouldn't smoke in front of kids. I don't want them to see me smoking.”

“I can't drink without smoking. I like to socialise with smoke. When I am out I smoke like a chimney.”

Anahera smokes on the way to her hospo course and during breaks with classmates. She always smokes during breaks at work with her colleagues. She also smokes a lot with them at closing time when everyone has drinks together.

On the weekends, she babysits for her sister so she doesn't smoke then. If she does go out drinking with her friends on a Saturday night, she smokes a lot, and all of her friends say they smoke more when they're out drinking together. In fact, many of her friends only smoke when they go out.

Anahera doesn't plan on smoking forever but has no definite plans to quit. She knows smoking is bad for her health but sees any potential harm as being far away. She believes she has plenty of time to give it up later and she doesn't want to deal with the hassle of withdrawals for now.

Her strengths are...



Strong awareness of smoking not being in her future.

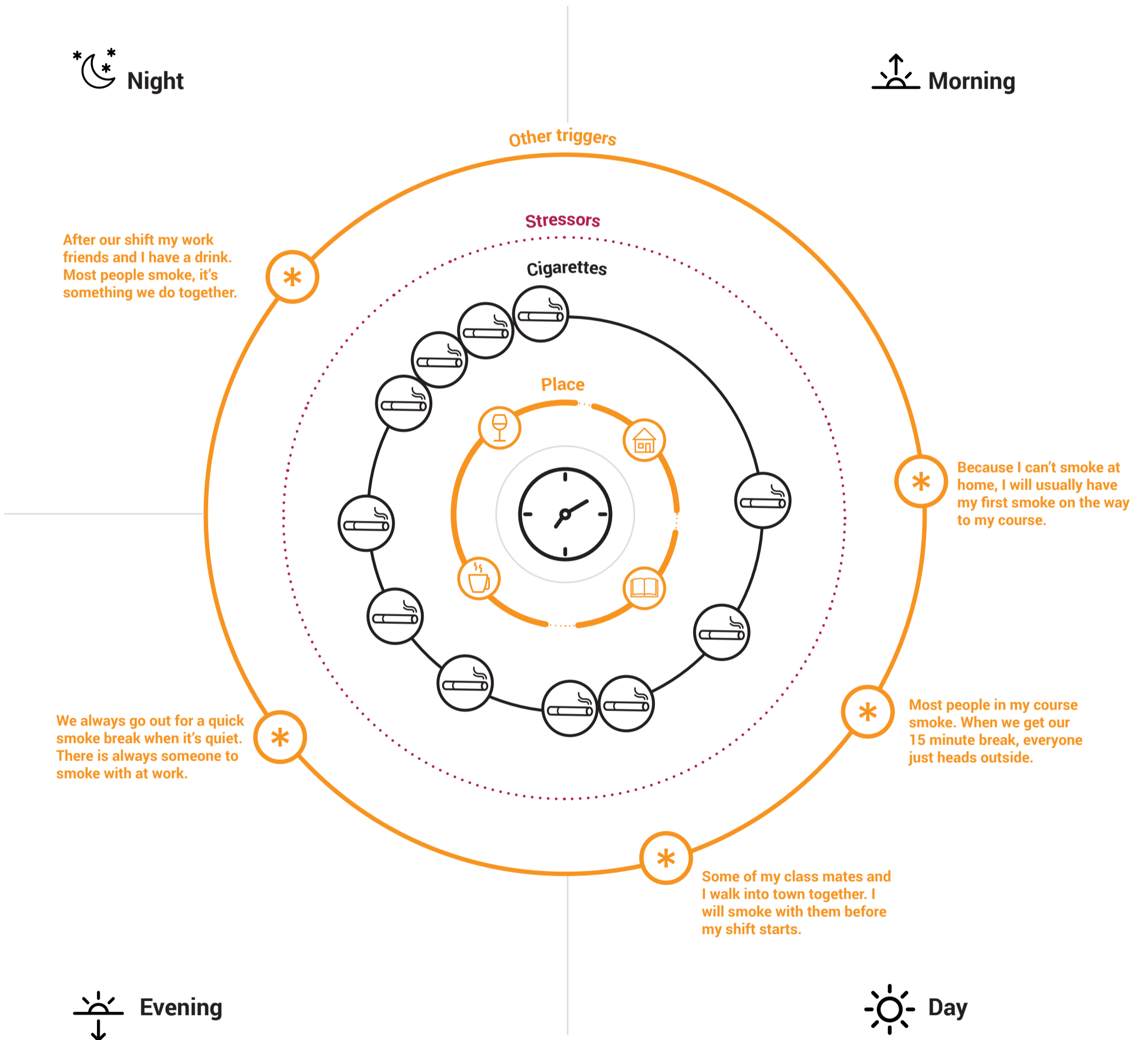


Wants to be a good auntie and a positive influence on her nieces.



Has stable housing, social and family networks and a non-smoking sister who has some influence on her.

Daily smoking journey: how might we support smoking cessation in Anahera's day?





MIRIAMA

Miriama is a 23-year-old woman living in a small, isolated town up north. She left school early because she got pregnant at 16, then had another baby at 18. She also looks after one of her sister’s kids and one of her cousin’s children. Miriama has never had a job and receives a benefit for her two kids. Her parents didn’t work either, but they asked Miriama to leave home when she left school and got pregnant because their house was already quite full.



“You have to be a strong person, I feel, to want to change, if you know what I mean.”



“It keeps me occupied at times because I’m a home-alone mother and I’ve got nothing else to do once my home is clean and so forth. I’ve got nothing else to do but smoke.”

Miriama lives with her Nan, her brother, her two cousins and the four kids. She has anxiety problems and does not socialise with anyone outside her whānau. Everyone around Miriama smokes. Miriama smokes a lot when she feels lonely and bored. It comforts her and helps her pass the time. Miriama finds it hard to afford cigarettes because she’s supporting four children (but only getting benefits for two), but she can easily borrow cigs from whānau.

Miriama is aware of how bad smoking is – her father died of lung cancer. A health worker at the marae told her there is support available to help people quit, but Miriama doesn’t believe she’d be able to. She doesn’t even know where to start because she has so many other problems in her life and she struggles to maintain a good mood and keep her anxieties in check. She is also worried about gaining more weight. Because she wants to be more fit, she has recently joined a free local ‘boot camp’ fitness class with her cousin.

Her strengths are...



Loving and generous.



Open to trying new things.



Wants to be a good mother and aunt.



Concerned about her physical and mental wellbeing.



Has strong family connections.

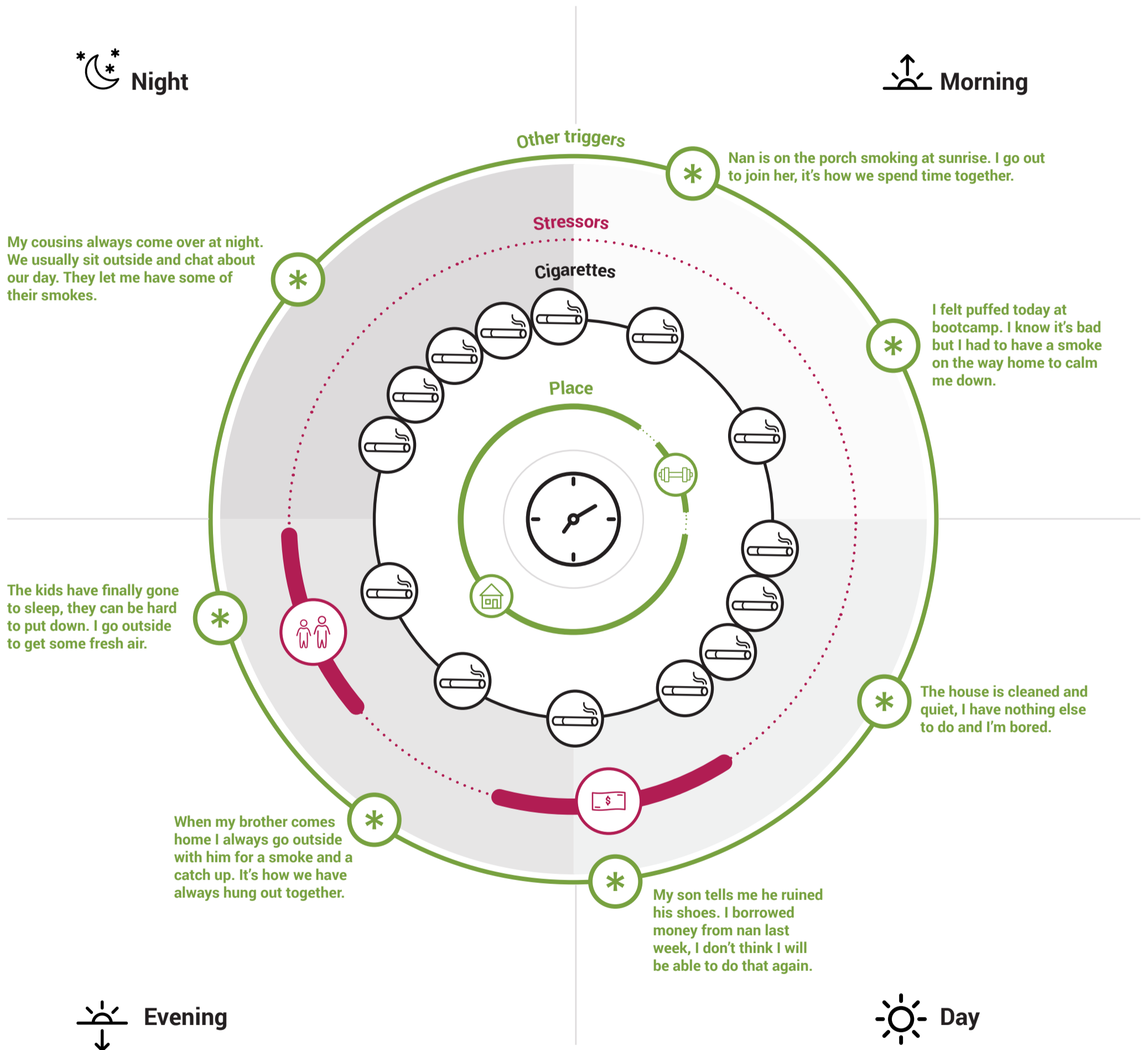
Facts and figures about young Māori women aged 18–24 years were taken from the Technical Report

Young Māori women who smoked regularly were 1.7 times more likely to receive the unemployment benefit, compared with those who were not smoking.

Young Māori women who smoked regularly were 1.5 times more likely to have no secondary school qualification, compared with those who were not smoking.

Young Māori women who smoked regularly were 1.3 times more likely to look after children who do not live in their household without pay, compared with those who were not smoking.

Daily smoking journey: how might we support smoking cessation in Miriama's day?





LINDA

Linda is a mother of three who has always known that smoking was unhealthy, but she smoked throughout her pregnancies because she wasn't able to quit. She felt ashamed about this and was embarrassed when smoking in public – she said people definitely gave her dirty looks. Her midwives supported her in cutting down, but the stress of dealing with her partner and taking care of young children made it impossible for her to quit.



“This would be my second year of not smoking. I just wanted to, because my baby always got sick and I didn't know why. I took him to the doctors and they said it was because I was smoking.”



“You've got to find something to replace that cigarette.”



“You need to take it day-by-day.”

Linda finally quit smoking when her baby ended up in hospital for the third time with bronchiolitis. The first time the doctor told her to quit, Linda felt judged and ashamed and it made her smoke more. She really hated how every time she saw a health worker they asked whether she smoked. She didn't quite believe it was her fault her baby was sick and she didn't like how it felt to be blamed. However, when her baby kept getting sick, she started feeling guilty and responsible.

She decided to contact a counsellor that she had seen in the past for other issues. Her counsellor taught her to see the positive in daily situations and to go for walks when things got stressful. Having regular contact with her has helped Linda but it can be challenging when things get tough and she can't contact her in the moment. On her own, she decided to use a sticker chart to reward herself for not smoking. She keeps herself busy and avoids other smokers when she can so she's not tempted.

Linda's partner continues to smoke, but he almost always does it outside their home. He also never smokes in the car when the children are there. She's not in a hurry for him to give up because she's worried about what that will do to his stress levels as he already has some anger management issues.

Her strengths are...



Determined and believes in herself.



Willing and able to seek support when she needs it.



Wants to do what's best for her children.



High sense of self-efficacy.



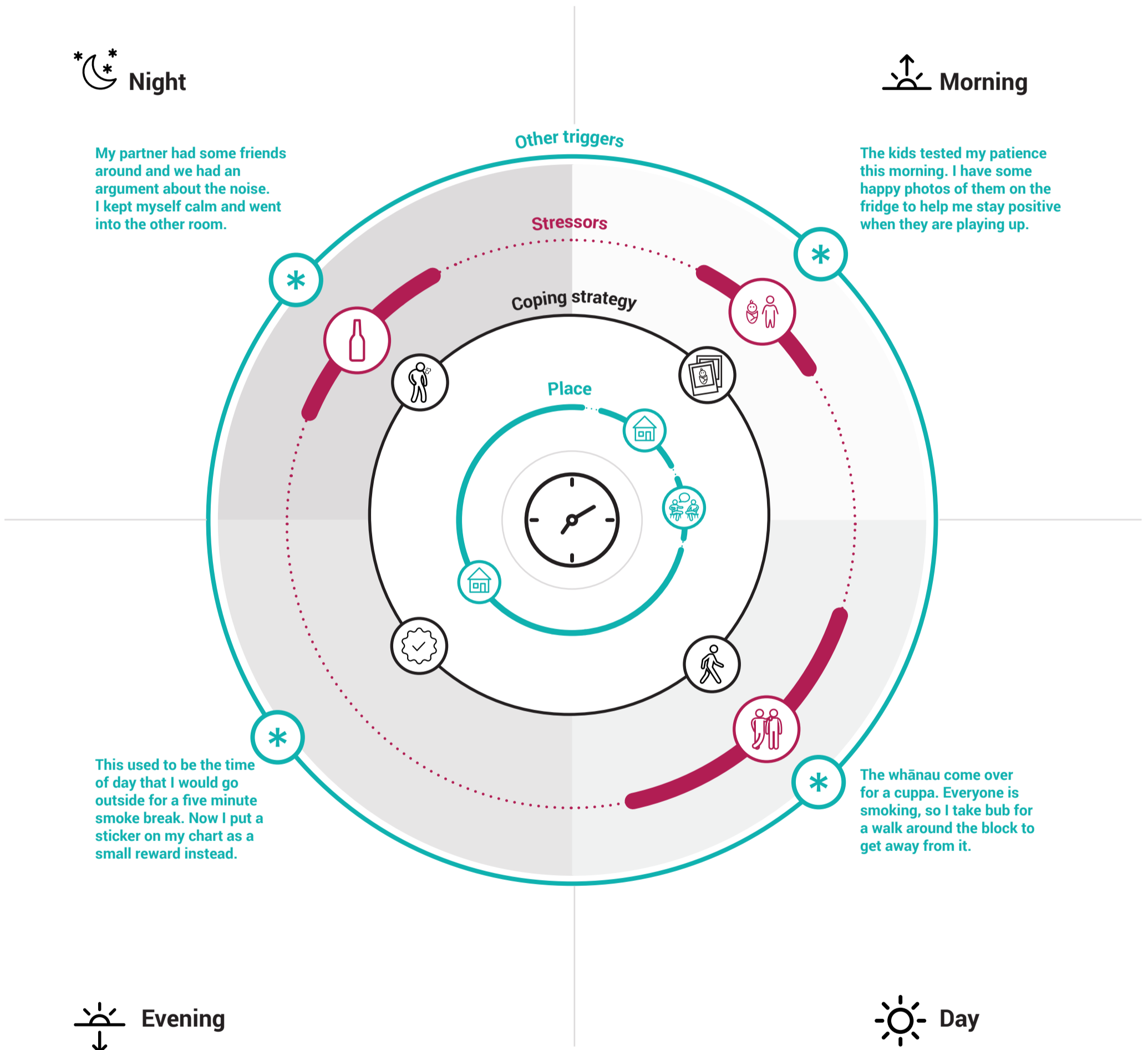
Embraced positive coping strategies and is proactive about finding things that work for her.

Facts and figures about young Māori women aged 18–24 years were taken from the Technical Report

Were 1.4 times more likely to have attended the emergency department at least once in the previous 12 months

47% of women who attended the emergency department at least once in the previous 12 months were regular smokers




Daily smoking journey: how might we support smoking cessation in Linda's day?



Areas of opportunity generated by the design team

The design team held a session to brainstorm areas of opportunity. They turned problem statements and insights into “How Might We” statements in order to open up the space for innovation. These questions can be used for ideation sessions with Ministry staff and communities.

How Might We...

<p>Make pregnancy less stressful?</p>	<p>Maximise opportunities for pregnant women to be supported to stop smoking?</p>	<p>Leverage the message that smoking’s ugly, smelly and unattractive?</p>
	<p>Ensure that non-smoking is the whānau “normal”?</p>	
<p>Redirect children’s entrepreneurial spirit (selling cigarettes at school) into positive avenues?</p>	<p>Make non-smoking look hip and cool?</p>	<p>Educate a younger cohort about the risks of smoking?</p>
<p>Have better conversations about relieving stress?</p>		<p>Keep them so engaged in other activities that they don’t want to smoke?</p>

<p>Make non-smoking more social than smoking?</p>	<p>Remove the emphasis on quitting smoking as a medical problem?</p>	
<p>Connect the smoke free and alcohol free message?</p>	<p>Support women to feel the fear of withdrawal and do it anyway?</p>	
	<p>Make quitting fun?</p>	<p>Enhance social media and the digital world to make it easier to quit?</p>
	<p>Make quitting social?</p>	<p>Teach positive coping methods?</p>
	<p>Leverage positive cultural events to reinforce the smoke free message?</p>	<p>Teach safe techniques for managing stress?</p>
<p>Create environments for youth that are alcohol and smoking free?</p>	<p>Decrease judgement towards young Māori women who smoke?</p>	<p>Reframe quitting into the context of living well?</p>

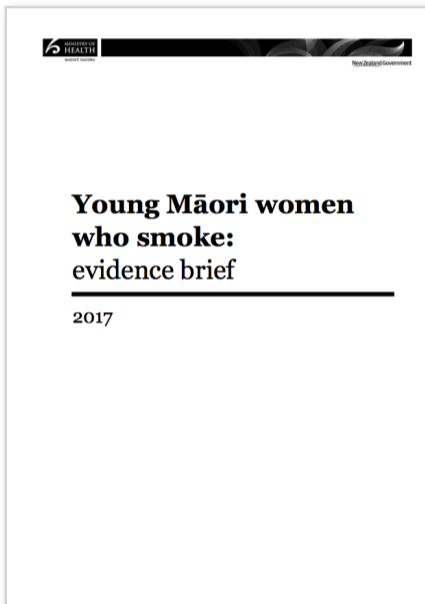
Ideas generated by the wahine

These ideas were brainstormed at the community feedback sessions.

Remind whānau who smoke that young children are watching them and learning	Encourage smoke free whānau	If you are a teacher and you smoke you should not be smoking during school hours at all
	Design smoke free heath camps	
Create super heroes of non-smoking	Teach smoking stuff at school and with families so we can learn together	Gamify quitting
Teach teachers to be stop smoking coaches		“Biggest loser” for nicotine testing
Workshops around smoking and the effects	Have someone you trust help you plan	Focusing on art – smoking around carvings/cultural aspects were tapū
	Have stop dairies that are sold to little kids	Interrupt boredom – give them something to do
Talk to pre-teens about how you stopped smoking and why	Teach us about peer pressure and smoking	
As a pre-teen have things to do to occupy your mind	Education at schools about impacts – you, whānau, other people who might be sick etc.	Pa wars! Give up smoking challenge
		Monetary incentives to quit

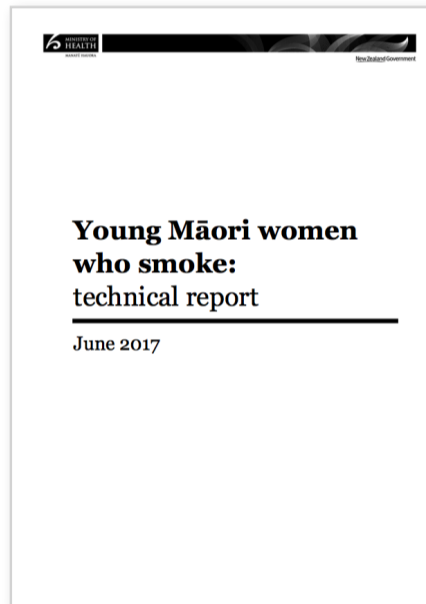
Free/subsidised dental visits for whole whānau if a family member stops for a certain period	Better policing of smoke free areas, e.g. universities, hospitals, schools
Incentivise or encourage teens to participate in more activities. Make more activities	Help parents and whānau giving up together
Create a whānau or community give up smoking app	Help people feel like they're winning/ being successful
Design a gadget that you can 'socialise' over that also reduces stress	Take cigarettes off the shelf full stop
Tinder but for people trying to quit	Having more things to do in your community
'21st' give up smoking courses for those still smoking at 21	Supply free e-cigarettes

Bibliography



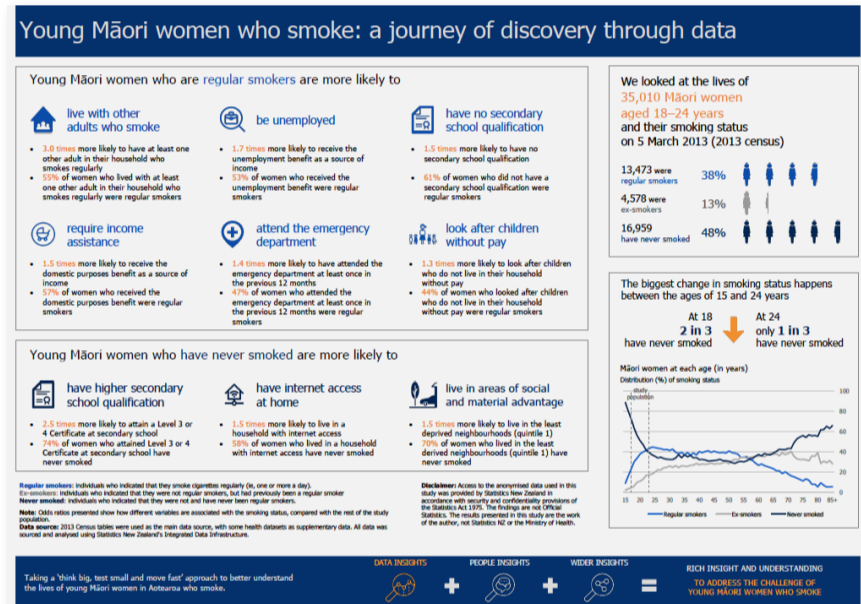
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Note: Referenced as 'Evidence Brief'



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