Socioecological mapping of barriers and enablers to smoking cessation among Indigenous Australian women during pregnancy and postpartum periods

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Background

• Decline in prevalence between 2004-05 and 2014-15 owing to quitting and not taking up smoking (Lovett et al., 2017)


• Smoking in pregnancy among Indigenous Australians
  - Prevalence declined between 2009 and 2017 (AIHW, 2019)
  - Yet four times higher compared to Non-Indigenous women
Background (cont.)

• Limited Indigenous specific evidence on effective smoking cessation strategies (Chamberlain et al., 2017)

• Multilevel factors influencing smoking cessation in pregnancy among Indigenous women (Gould et al., 2013)

• Socioecological models may provide useful guidance to tobacco control initiatives (Upton et al., 2014)
**Methods**

- **Search terms**: ‘pregnancy’, ‘Indigenous Australians’, ‘smoking’ and ‘smoking cessation’;
- 9 databases

- **Critical appraisal**: QualSyst scoring tool (Kmet et al., 2004)

- **Analysis**: Narrative systematic review, Integrative-Interpretive (Dixon-woods et al., 2005, Dixon-woods et al., 2005)

- **PROSPERO**: CRD42019135543

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**Identification**
- 4989 articles identified through literature
- 8 articles identified through hand search
- 3862 articles remained after removing duplicates
- 165 articles considered for independent full-text screening by two reviewers
- 3697 articles were deemed ineligible after screening by title and abstract
- 151 articles were excluded with reasons

**Screening**
- 3697 articles were deemed ineligible after screening by title and abstract
- 14 articles considered for quality appraisal

**Included**
- Articles included in the review (50% and above QualSyst score)
  - 9 Quantitative
  - 5 Qualitative

**Figure 1: Literature search process using PRISMA flowchart (Moher et al. 2009)**
Preliminary results

Cessation supports lack consistency, adequacy and cultural sensitivity
Lack of salience of health messages
Historical and social context conducive to smoking
External stressors and smoking
Young age, low level of educational attainment, experience of violence, and smoking pattern
Few family supports around
Health gets a lower priority

Women are receptive to Health Professionals’ advice
Benefits of quitting are valued
Supports from family, partner and friend are critical
Women apply different strategies to make quit attempts

Figure 2: Socioecological barriers and enablers to smoking cessation in pregnancy
Implications

Figure 3: Potential strategies for future interventions
Implications

• A more comprehensive approach to address barriers to cessation at multiple levels may be required.

• Alleviating discrepancies in social determinants of health to empower women are necessary.

• Enhancement of knowledge, skills, and confidence of health professionals are warranted.

• Future interventions may build on high motivation and strengths of individual women, and engage family and community.
Scope for future research

• Indigenous women’s experience of maintenance of abstinence

• Association between social and emotional wellbeing of the women and smoking and quitting behaviour

• Potential for multifaceted interventions combining smoking cessation techniques and major social determinants
Conclusion

• Efforts should be made to address the gap in the social determinants of health.

• Psychosocial contexts of smoking are important to address system, societal, and community-level barriers.

• Targeting smoking behaviour at the individual level without addressing key barriers may be disempowering for Indigenous women attempting to quit.

• Smoking cessation care needs to be educational and empowering so that Indigenous women can embark on their cessation journey with ownership.

• Access to NRT needs to be better understood for assisting cessation among Aboriginal pregnant women.
Thank you !