



GIRI-NYA-LA-NHA

(TALK TOGETHER)

DEVELOPING MEANINGFUL HEALTH MESSAGES FOR ABORIGINAL AND
TORRES STRAIT ISLANDER WOMEN

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ACKNOWLEDGEMENT OF
COUNTRY

Themed Paper – Original Research

Giri-nya-la-nha (talk together) to explore acceptability of targeted smoking cessation resources with Australian Aboriginal women

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Highlights

- Resources need to be interactive and enhance self-efficacy.
- Videos to explain medical content are widely acceptable.
- Non-pharmacological cessation options need to be included and should be further explored.



Developing effective health promotion requires more than a “culturally appropriate” adaptation of mainstream resources



865 recruited
607 eligible
428 completed the full survey

71% from NSW & Qld

71% Used an Aboriginal Health Service

64%

Never used NRT or medications to support cessation. Cost, prefer to quit on own and prefer not to use medications most common reasons.

66%

reported having attempted to cut down in the last month

Are you an Aboriginal or Torres Strait Islander woman?

16 and over?

Smoker or ex-smoker?

5 minute survey

The University of Newcastle in partnership with Aboriginal communities are exploring the needs and interests of Aboriginal and Torres Strait Islander women to support them to quit smoking.

We would love to hear your voice.

Complete our survey and go in the draw for an ipad.



Which way?

QUITTING IN PREGNANCY

45% of women reported having smoke-free pregnancies. 50% of women who did not stay smoke-free changed their smoking either reducing, smoke-free for some months or smoked occasionally.

93%

Changed their smoking behaviour in pregnancy!



WHAT OUR WOMEN WANT?

Support group (70%) and **cultural program (62%)** were the two most common responses. **phone app, bush medicine, exercise program** and **one on one counseling** were also highly chosen responses.

73% of women want this support face to face at an Aboriginal health service. But **38%** chose online and **34%** over the phone. A non-Aboriginal service was not preferred if face to face.

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Which way?

WHO DO WOMEN GET THEIR INFORMATION FROM?

Aboriginal health service 39%
Doctor 37%
Aboriginal health worker 28%
Family and friends 28%
Cigarette packets 24%
Tv 21%

WHO DO WE WANT TO HELP?

Our women have overwhelmingly shown they would prefer to receive quit help from **Aboriginal Health Workers** rather than doctors or other health professionals.

Let's make a plan!



- Need to address the diversity of Aboriginal and Torres Strait Islander women and their babies.
- Developing resources with an inclusion of imagery and colours, styles that are not linked to specific areas or communities.
- Need for empowering and supportive content, and breaking the stigma associated with smoking.
- Emphasis on women not being alone through the quitting journey and having support.
- Resources that could be used, understood and appreciated by Aboriginal and Torres Strait Islander women.



Use of photographs of Aboriginal women and babies was attractive to all communities.

“You will be drawn to them, because they see it and then they’ll be interested in them.” (Qld)

Evidenced based practice

- The highest level evidence is found in Aboriginal and Torres Strait Islander communities
- Need to be clear and consistent in our messaging
- Be factual and base messaging on science

WHAT WORKS?

DIRECTLY ADDRESSING
WHAT OUR
COMMUNITIES ARE
SAYING?

Beliefs and Myths

Lack of visibility of harm

"Smoking is not harmful in pregnancy"

Explaining the visible and non visible or obvious harms at birth

Extenuating circumstances for smoking

"If others smoke around you when you are pregnant, you may as well smoke yourself"

Addressing smoking triggers and social situations where staying smoke free is hard

Beliefs and Myths

Extenuating circumstances for smoking

"Its OK to smoke if you are stressed and smoking is a good way to deal with stress"

Use graphs to show the association between nicotine levels and stress

"Smoking in pregnancy keeps birth weight low if you are pre-diabetic"

Addressing that smaller baby doesn't mean an easy birth or recovery

Beliefs and Myths

Perceptions of harm reduction

"Cutting down smoking in pregnancy is sufficient to avoid smoking-related health problems for mother and child"

Emphasise importance of quitting and not just reducing

"It is OK to resume smoking after birth"

Support the engagement of women in the conversation of smoking cessation planning to include post-birth.

**What are some
myths spoken in
your community?**

**What empowering
ways can you
develop messages
for your women to
be smoke free?**