

A photograph of two pregnant women standing outdoors in a garden-like setting. The woman on the left has blonde hair and is wearing a black top with a grey cardigan. The woman on the right has dark hair and is wearing a blue and white striped shirt. Both are smiling and holding their pregnant bellies. A semi-transparent pink banner with white text is overlaid on the bottom half of the image.

GIRI-NYA-LA-NHA

(TALK TOGETHER)

DEVELOPING MEANINGFUL HEALTH MESSAGES FOR
PREGNANT MUMS


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A graphic consisting of five concentric circles in a light purple color, centered on the page. The text is overlaid on these circles.

**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

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?**