



<http://researchspace.auckland.ac.nz>

### *ResearchSpace@Auckland*

#### **Copyright Statement**

The digital copy of this thesis is protected by the Copyright Act 1994 (New Zealand).

This thesis may be consulted by you, provided you comply with the provisions of the Act and the following conditions of use:

- Any use you make of these documents or images must be for research or private study purposes only, and you may not make them available to any other person.
- Authors control the copyright of their thesis. You will recognise the author's right to be identified as the author of this thesis, and due acknowledgement will be made to the author where appropriate.
- You will obtain the author's permission before publishing any material from their thesis.

To request permissions please use the Feedback form on our webpage.

<http://researchspace.auckland.ac.nz/feedback>

#### **General copyright and disclaimer**

In addition to the above conditions, authors give their consent for the digital copy of their work to be used subject to the conditions specified on the Library Thesis Consent Form.

The Effectiveness of a Maori Noho Marae  
Smoking Cessation Intervention:  
Utilising a Kaupapa Maori Methodology

Marewa Glover

A thesis submitted for the Degree of  
Doctor of Philosophy in Behavioural Science

University of Auckland  
November 2000

## ABSTRACT

Maori smoking prevalence rates are double those of non-Maori. Despite recent government funded health promotion targeting Maori, this disparity appears to be widening. Smoking prevalence rates for Pakeha New Zealanders continue to fall, whereas Maori smoking prevalence rates remain stable at 50% of all Maori adults over the age of 15. In response to community demand for smoking cessation assistance, some Maori health providers developed a residential intervention based on marae. This study examined the effectiveness of that approach to aiding smoking cessation among Maori. A secondary purpose of the study was to support the development of uniquely Maori approaches to research, by utilising a kaupapa Maori methodology. The literature on kaupapa Maori health research methodology was reviewed. Consequently, Te Whare Tapa Wha, a contemporary Maori paradigm is used as the central organising framework for analysing and understanding both the act of research and smoking behaviour.

Two groups of smokers were interviewed, a group undertaking a Noho Marae smoking cessation programme (n=26) and a group of unaided quitters (n=104). Participants were interviewed prior to their quit attempt and again four months later. Nineteen of the unaided quitters were lost to follow-up. Both quantitative and qualitative data was collected. Few significant differences existed between the groups at the first interview. Among participants who completed both interviews, point prevalence at follow-up was 35% for the Noho Marae group versus 14% for the unaided group. The findings support the effectiveness of Noho Marae smoking cessation interventions.

Recommendations on how to strengthen New Zealand's tobacco control programme are made. A greater emphasis on delivering to whanau, rather than focusing interventions on individuals, is recommended. Priority is currently given to groups identified as having higher smoking rates. Decline in smoking prevalence may be hastened by identifying and serving the groups most ready to change smoking behaviour. Further research is indicated, for example, to better understand the smoking cessation needs of pregnant Maori women.

*Ko Ngatokimatawhaorua toku waka  
Ko Puketi toku maunga  
Ko Hokianga toku awa  
Ko Nga Puhi Nui Tonu toku iwi  
Ko Ngati Hine raua ko Ngati Manu oku hapu  
Ko Cook raua ko Baker toku ingoa whanau  
Ko Harry Cook toku tupuna, no Rangiahua ia.  
Ko Patricia May Cook toku mama.  
Ko Leslie Tanfield Glover toku papa.  
Ko Marewa Patricia Glover toku ingoa.*

*Na te kune te pupuke  
Na te pupuke te hihiri  
Na te hihiri te mahara  
Na te mahara te hinengaro  
Na te hinengaro te manako.*

*From the conception the increase  
From the increase the thought  
From the thought the remembrance  
From the remembrance the consciousness  
From the consciousness the desire.  
(Taylor In Shirres, 1997).*

## NGA MIHI

Thanks first to the hapu and iwi and your representatives who supported this research to be conducted in your rohe: Nga Puhi Nui Tonu - Grant Berghan, Te Hauora o Te Taitokerau, Cecelia Manuel and Maisie Taylor (Ringa Atawhai); Waikato and Hauraki iwi - Denise Kingi (Te Ha Ora); Te whanau o Te Korowai Hauora o Hauraki and Te Arawa - Ngaire Whata, Korowai Aroha.

Thank you to all the participants without whom this research would not have been possible. Many participants were living with smoking related illnesses and I was sorry I could not have done more to assist them to quit. In particular, I want to acknowledge Ross Te Karekare who died of emphysema at the age of 46. Haere, haere, haere ra e hine. Aroha ki a koe mo to kaha me to manawanui.

Much thanks go to my university supervisors Dr Peter Adams, Dr Paparangi Reid and Dr Ross McCormack for their support.

This doctorate was hosted by the University of Auckland, Auckland School of Medicine and completed with financial aid from the Health Research Council of New Zealand in the form of a Postgraduate Scholarship, Limited Budget Grants and Grants-in-Aid. Supplementary support was also awarded in the form of the New Zealand Psychological Society Inaugural President's Scholarship 1999. The Alcohol Liquor Advisory Council also provided support.

Thanks go to Iain Potter of the Health Sponsorship Council and Te Hotu Manawa Maori for the loan of the Smokelyser and supply of Auahi Kore resources.

Many others provided academic advice, moral and emotional support and practical help. In this regard I am grateful to Alistair Stewart for biostatistical assistance, Alison Towns, Paul Robertson and my sister, Anna Treadaway, for support and reading. Others who have also helped include Dave Thomas of the HRC Research Methods Advisory Service, Andrew Sporle, Makarena Dudley, Hine Rauwhero, Rachel Andrews, Jacqui and Hira Harema, Sue Fergusson, Valerie Ussher, Lianne Florence, Jo Russ, Liesl Williams, Amy Bendall, Bernard Te Paa, Anaru Waa, Leah Whiu, Kathy Ertel and Keriata Paterson.

For understanding, doing without me while I concentrated my time and energy over the last four and a half years and for your patience and practical support, I must acknowledge and thank my whanau: Pat and Steve Treadaway, Sandy Whyman, Anna Treadaway, Donna, Lynda and Wayne; and my friends.

# CONTENTS

Abstract.....	i
Toku Whakapapa .....	ii
Whakatauki .....	iii
Nga Mihi.....	iv
Contents.....	v
Chapter One: Introduction.....	1
Section One: Purpose and Objectives .....	1
Section Two: Definition of Terms.....	5
Section Three: Summary .....	7
Chapter Two: Kaupapa Maori Health Research Methodology .....	9
Section One: Introduction.....	9
Section Two: Background .....	10
Section Three: The Development of Maori Centred Health Research.....	16
Section Four: Te Whare Rangahau Hauora Maori .....	22
Section Five: Reflection On Expectations.....	56
Section Six: Conclusion .....	60
Chapter Three: Maori Smoking.....	61
Section One: Introduction.....	61
Section Two: Te Ao Turoa.....	61
Section Three: Te Taha Whanau .....	74
Section Four: Te Taha Tinana .....	81
Section Five: Te Taha Hinengaro .....	88
Section Six: Te Taha Wairua.....	94
Section Seven: Effective Maori Health Services.....	95
Section Eight: Conclusion .....	98
Chapter Four: Method .....	101
Section One: Introduction.....	101
Section Two: Aims .....	101
Section Three: Research Design.....	103
Section Four: Participants.....	108
Section Five: Data Collection.....	111
Section Six: Data Analysis .....	123
Section Seven: Dissemination and Utilisation .....	126
Chapter Five: Quantitative Results.....	129
Section One: Introduction.....	129
Section Two: Te Ao Turoa.....	130
Section Two: Summary of Results .....	133
Section Three: Te Taha Whanau .....	133
Section Three: Summary of Results .....	141
Section Four: Te Taha Tinana .....	142
Section Four: Summary of Results.....	163
Section Five: Te Taha Hinengaro .....	164

Section Five: Summary of Results .....	189
Section Six: Conclusion .....	189
Chapter Six: Me Mutu: Planning To Quit .....	191
Section One: Introduction.....	191
Section Two: Te Taha Hinengaro.....	191
Section Three: Te Taha Tinana .....	194
Section Four: Te Taha Whanau .....	202
Section Five: Te Taha Wairua.....	205
Section Six: Conclusion .....	205
Chapter Seven: Auahi Kore/Smokefree .....	207
Section One: Introduction.....	207
Section Two: Te Taha Tinana .....	208
Section Three: Te Taha Hinengaro.....	213
Section Four: Te Taha Whanau.....	227
Section Five: Te Taha Wairua.....	233
Section Six: Conclusion .....	235
Chapter Eight: Relapsing.....	237
Section One: Introduction.....	237
Section Two: Te Taha Tinana .....	237
Section Three: Te Taha Hinengaro.....	247
Section Four: Te Taha Whanau.....	270
Section Five: Te Taha Wairua.....	280
Section Six: Conclusion .....	283
Chapter Nine: Analysis and Discussion .....	285
Section One: Introduction.....	285
Section Two: Te Ao Turoa .....	285
Section Three: Why Do Maori Smoke? .....	287
Section Four: The Noho Marae Smoking Cessation Programme .....	309
Section Five: Conclusion.....	314
Chapter Ten: Implications for Tobacco Control In New Zealand.....	315
Section One: Introduction.....	315
Section Two: Te Taha Tinana .....	316
Section Three: Te Taha Hinengaro.....	321
Section Four: Te Taha Whanau.....	324
Section Five: Te Taha Wairua.....	328
Section Six: Te Ao Turoa.....	329
Section Seven: Summary of Recommendations.....	336
Chapter Eleven: Review of the Methodology .....	339
Section One: Introduction.....	339
Section Two: Te Taha Whanau .....	339
Section Three: Te Taha Tinana .....	342
Section Four: Te Taha Hinengaro .....	345
Section Five: Te Taha Wairua.....	345
Section Six: Conclusion .....	346



References .....	349
------------------	-----

## Appendices

A: Glossary of Maori Terms.....	361
B: The Hongoeka Declaration for Maori Health Research .....	364
C: Noho Marae Cessation Programme Example Content .....	365
D: Recruitment Media .....	367
E: Panui Advertising for Participants .....	368
F: Pamphlet About The Research.....	369
G: Postal Reminder of Upcoming Interview .....	371
H: Information Letter For Participants In English .....	372
I: Information Letter For Participants In Maori .....	373
J: Consent To Participate Form .....	374
K: Koha Contents List.....	375
L: Interview Schedule At Entry.....	376
M: Interview Schedule At Follow-Up.....	383
N: Carbon Monoxide Explained.....	389
O: Participant Assessment Example.....	390
P: Key to Participant Coding.....	393
Q: Summary of Results Letter .....	394
R: Depression and Maori.....	397
S: The Noho Marae Cessation Programme .....	409
T: Poetry .....	424
U: List of Groups Presented To.....	427

## Tables and Figures

Figure 1. Te Whare Tapa Wha model.....	20
Table 1: Cigarette smoking average attributable and total deaths by main disease groups, Maori, 1989-93.....	63
Table 2: Stages of change .....	67
Table 3: Te Whare Tapa Wha components of Noho Marae Smoking Cessation Programme.....	105
Table 4: Hierarchy of data categories .....	124
Table 5: Summary of demographic data at entry .....	131
Table 6: Changed demographic data at follow-up.....	132
Table 7: Socialisation to smoke .....	134
Table 8: Home environment for quitting .....	136
Table 9: Social environment for quitting.....	137
Table 10: Influence to stop .....	138
Table 11: Environment after quit attempt.....	139
Table 12: Contagion effect.....	140
Table 13: Potential predictor for quitting.....	141
Table 14: Smoking history.....	143
Table 15: Tobacco consumption at entry .....	144
Table 16: Self-perceived consumption against FTND score .....	145
Table 17: FTND at entry.....	148
Table 18: Psychiatric co-morbidity at entry.....	153

Table 19: Smoking status at follow-up .....	155
Table 20: Tobacco consumption at follow-up .....	156
Table 21: FTND at follow-up .....	158
Table 22: Changes in other drug use.....	160
Table 23: Potential predictors for quitting .....	161
Table 24: History of quitting.....	165
Table 25: Motivation for quitting .....	167
Table 26: Prepared for quitting .....	174
Table 27: Potential barriers and disincentives to smoking cessation.....	176
Table 28: Quitting experience.....	185
Table 29: Stage of change at follow-up .....	186
Table 30: Lifestyle changes at follow-up.....	187
Table 31: Potential predictors for quitting .....	188
Table 32: Alternatives to smoking.....	213