6.0 Health Issues

This section of the report explores the level of concern parents and caregivers in this study had towards five specific health issues of interest to HSC, as they related to their family/whānau (especially children).

The five health issues presented to participants for discussion were:

- Smoking
- Gambling
- Alcohol consumption
- Physical activity
- Healthy eating.

Participants were asked how concerned they were about each of the specified health issues, and about the nature of their concerns, particularly in relation to their children. They were also asked what, if anything, they were doing to act on their concerns, e.g. what, if anything, were parents who were highly concerned about smoking doing to discourage their children from taking up smoking?

6.1 Smoking

6.1.1 Overall Level of Concern

Overall, there was a high level of concern about cigarette smoking among families/whānau in this study (the adult sample comprised smokers, non-smokers, ex-smokers and people who had never smoked). Smokers and non-smokers recognised that smoking had a strong profile for ill-health.

Many families/whānau were fearful that their children would experiment with smoking because of peer pressure and the relative ease of access to cigarettes. Smokers and reformed smokers did not want their children to repeat their mistake of taking up smoking. Non-smokers did not want their children to start smoking.

However, within the overall sample, levels of concern about smoking varied widely, with some participants expressing relatively low levels of concern. The reasons for these variations are outlined below, along with an explanation of what was driving people's concern or lack of concern about smoking.

Overall participants perceived that smoking had lost its glamorous image, and was fast losing the social acceptability it once had. Smokers and non-smokers commented that smokers were becoming increasingly marginalised in society, with smoking being seen as a broadly anti-social behaviour. The researchers suggest that the recent changes to the Smoke-free Environments legislation (which does not allow smoking indoors in public settings) may have contributed to this perception.

However, participants also perceived that the addictive qualities of smoking, and the potency of peer pressure to encourage experimentation and rebellion against authority, remained powerful lures to take up, and continue, smoking. Although the marginalisation of smoking could make it easier for parents to communicate their desire that their children did not take up smoking, it also increased the appeal of smoking as a way for teenagers to 'act out' in a socially inappropriate manner.

6.1.2 High Concern About Smoking – Influencing Factors

Overview

The group of participants who said they were highly concerned about smoking included smokers, ex-smokers and non-smokers (including the non-smoking partners of smokers).

Part of what was driving their concern was their belief that smoking was something that their children would be confronted with at some point, regardless of whether there were smokers in the household. Parents saw the pre-adolescent years (around 11 and 12 years of age) as a particularly vulnerable time because children were starting to seek greater independence from parents, and were looking to peers for validation of their identity and self-worth.

Acceptance into peer groups that were *'cool'* because they smoked was a perceived motivating factor in taking up smoking. Parents often expressed concern that one or other of their children was likely to be vulnerable to peer pressure to smoke, because of their personality, e.g. because they had low self-esteem or engaged in risk-taking behaviours.

Smoking and non-smoking parents were fearful that their children would be tempted to take up smoking because of peer pressure. A number of smokers (and reformed smokers) downplayed their own influence on whether or not their child would take up smoking in the future, citing peer pressure as a key reason why they themselves had taken up smoking (typically in their early teens).

> *"I got peer pressured, that's why I took up smoking. …. also I was pressured by my brother. I knew it was wrong, I just thought it was cool."*
>
> **Māori Female – Christchurch**

Some smoking parents said that they only smoked when their children were not around. This made them feel less guilty about modeling harmful behaviour because they were confident their child was not aware that they smoked (or was at least not witnessing them in the act).

Smokers

Smokers who were highly concerned at the thought of their children taking up smoking were anxious that their children did not repeat their own mistake. They tended to regard their habit with regret, as expensive and unhealthy.

> *"I realise the cost and the sort of psychological attachment to smoking as well – not just the cost money-wise, but the cost to your health …"*
>
> **Pakeha Female – Wairarapa**

> *"I know that does sound hypocritical, but I wish I never started – you probably hear every smoker say that – as I am standing here with a cigarette in my hand, I know what it is doing to me."*
>
> **Pakeha Male – Auckland**

At the same time, smokers often felt they were in thrall to their nicotine addiction, and that it was simply too hard or too late for them to quit (some had tried a number of times without lasting success). A number of smokers in this study rationalised their smoking, for example, stating that 'roll-your-own' cigarettes were less harmful to smokers (and passive smokers), and less polluting than tailor-made cigarettes.

> *"… they keep pushing those ads on telly … I don't see how it's as relevant because they seem to be targeting on tailor-mades. I don't know that kids get the same effect from rollies. They don't let off as much smoke …"*
>
> **Pakeha Female – Gisborne**

Some smoking parents made a link between their smoking and the increased likelihood of their children taking up smoking. They often instigated rules that attempted to minimise the children's exposure to the act (in the hope it would discourage their uptake of smoking) and by-products of smoking.

> *"My son smokes and that worries me, and my daughter started smoking. I'm a smoker and I know it's bad because you're a role model, but I do smoke outside."*
>
> **Pakeha Female – Christchurch**

The parents in one Māori whānau (both smokers) recognised that their smoking had been a key influence on both their teenagers taking up smoking. Even though all the people in this whānau now smoked, they had rules about where to smoke within the house, in an effort to keep some rooms smoke-free for family/whānau and visitors.

Smokers in this study tended to smoke outside, or in rooms where there were no children. In some cases, children were also banished from places where adults were smoking.

> *"My sister smokes, I smoke, my older brother smokes. We have a rule, if you want to smoke you go outside. We don't smoke inside."*
>
> **Samoan Female – Auckland**

However, as parents told it, children were often curious about the smoking behaviour, and tried to make sense of it. In some instances, smoking adults' body language and tone of voice, e.g. humour and embarrassed laughter, provided mixed messages to children about the desirability of smoking (i.e. it may not be healthy, but it sure looked fun, and was perhaps a bit naughty). This was a case of actions speaking louder than words.

> *"Like I said, my sister does say, 'oh, smoking's no good', and the kids sit there laughing … she smokes outside by the back door and if the kids come round she's [saying], 'no, no, don't come outside, aunty's smoking' … [my daughter] has asked me once, 'why does aunty smoke?' I just say, 'I don't know'. I'd say, 'smoking is no good for you', and she'd say, 'why?' [I just say] 'it's just no good'."*
>
> **Samoan/Tokelauan Male – Wellington**

While smokers did not want their children to smoke, they often felt highly hypocritical in giving anti-smoking messages to them. They were aware of the incongruence between what they said and what they did. While smokers often emphasised the unhealthy and addictive nature of smoking to their children, they were often ambivalent about taking a strong anti-smoking line because they realised their continued smoking undermined their authority. Their perceived lack of credibility on the smoking issue made it hard for them to give consistent, strong anti-smoking messages to their children.

Instead, these parents tried to give guidance to their children, along the lines of 'it was not a good idea to smoke' and then to 'hope for the best' (i.e. that their children would not become smokers). Smoking parents (and some ex-smokers) tended to abdicate responsibility for whether or not their children took up smoking, by emphasising the child's own choice and the power of peer pressure. Underneath this lay a belief that they did not have the moral authority to assert their parental role vis-a-vis not smoking, as well as helplessness about their ability to exert control.

> *"I don't know how I'd feel about it [my children smoking]. I wouldn't feel very good about it … I can't stop them anyway … I probably couldn't say anything really … I'd be a hypocrite and I couldn't stop them anyway, y'know. Parents can't stop the kids doing things."*
>
> **Pakeha Male – Wairarapa**

In some cases, smoking parents gave their older children money that they knew would be used for cigarettes to keep the peace in the family/whānau, and to keep the household stress levels down. One smoking participant regularly allowed her teenage son to borrow her cigarettes when he was broke, because she identified with his need to smoke and understood the physical cravings for a cigarette.

Non-smokers

Non-smokers were more confident than smokers in pushing an anti-smoking message to their children. Unlike smokers, they felt they were on solid ground because they were practicing what they preached. Non-smokers who had grown-up in smoking households could be particularly vehement in their anti-smoking stance, because they had witnessed the impact of smoking on the health of their parents and often siblings. Non-smoking parents would often have strict rules about smoking family members (e.g. grandparents, aunties and uncles) not smoking around their children, or in their home. They would also give repeated, non-smoking messages to their children.

Non-smokers who lived with a smoking partner were in a difficult position and had to decide whether or not to speak out against the other parent's smoking. Their willingness to make a fuss about smoking could be pivotal to their partner managing to quit. In this study, the researchers found that the personality of the non-smoking parent (i.e. whether they tended to be confrontational or non-confrontational) was influential in whether or not they were willing to 'condemn' the actions of their smoking partner in front of the children. In more than one family/whānau, the non-smoking parent actively or tacitly supported the habit of the smoking parent (and in one case a teenager) as a means of avoiding household conflict.

> *"When they don't have that nicotine hit they get crabby, and so to avoid that we will give our last twenty bucks to give those idiots a packet of smokes. On a full pay-day if we have got twenty bucks, I would rather give it than put up with the addiction of [them] not having a smoke."*
>
> **Māori Female – Gisborne**

Some non-smoking parents effectively excused the behaviour of the smoking parent to the children, because they did not want to 'make waves' in the relationship or increase the stress levels in the household. For these people, it was more important to project a united parental front, and maintain household harmony, than it was to actively promote an anti-smoking stance to their children. Importantly, this reluctance to speak out against smoking, and in some cases to chide the children for doing so, undermined the anti-smoking messages children were receiving from other quarters, such as school. This theme is illustrated in the quotes below that have been drawn from a Pakeha family focus group.

> *[Interviewer asked a smoker: "Do you talk to the kids about smoking?"]*
>
> *[Smoking mother] "Um, yes … never to do it. It's dirty. That I will try and give up one day. All the bad things – don't try it. You don't want kids to smoke basically."*
>
> *[Interviewer asked the above smoker's partner: "What do you say to them?"]*
>
> *[Non-smoking father] "Not to give Mum grief."*
>
> **Pakeha Family Focus Group – Gisborne**

Other non-smokers in this study were willing to speak out strongly against smoking, and to force the issue with the smoking partner. In one case, a non-smoker tolerated his partner's smoking until she became pregnant with their first child. At that point, his tolerance abruptly ran out.

> *"… he was a very tolerant non-smoker but he was not having a bar of it when I was carrying his child, so that was it."*
>
> **Pakeha Female – Wairarapa**

In some cases the willingness to court conflict over smoking – combined with children who may have been ardently anti-smoking as a result of messages from school and anti-smoking campaigns – created considerable household tension, with children taking sides with one or other parent.

6.1.3 Low Concern About Smoking – Influencing Factors

Overview

The group of participants who said they were relatively unconcerned about smoking included smokers and non-smokers. These people perceived that smoking was less socially acceptable than in the past, and had lost or was losing its glamorous connotations. In support of this, they perceived there to be less smoking on television and in movies than in the past.

Smokers

Smokers who expressed low levels of concern about smoking as an issue for their family/whānau were, to a certain extent, in denial about the impact of their smoking on their children. While they did not want their children to take up smoking, they downplayed their role in influencing their children's behaviour, and played up the relative influence of peers.

Some smoking parents believed their children may well take up smoking in the future, but this was not a strong concern for them. While they knew smoking was unhealthy in theory, they had been smoking for many years or even decades and saw no evidence that their health was suffering. They believed their smoking was under control. There was a belief among such smokers that they could stop smoking when (and if) they did get sick, and that this would be almost as good healthwise as stopping earlier (i.e. before there was concrete evidence of the need to). The researchers noted that some in this group regarded experimenting with smoking as a natural part of growing up.

Some smokers believed that the non-smoking messages delivered by schools would be sufficient to deter their children from smoking. They cited the fact that their children nagged them to stop smoking, and brought home anti-smoking messages, slogans and stickers, as evidence that the message had got through to their children (and would presumably stick). Young children of one parent who smoked were able to repeat a range of anti-smoking messages during a family focus group interview, and told their mother that they wanted her to stop smoking.

By emphasising the influence of schools (in promoting non-smoking) and peers (in encouraging smoking) over their own influence, smoking parents effectively abdicated responsibility for encouraging their children not to smoke, enabling them to continue smoking themselves.

Non-smokers

Non-smokers who were relatively unconcerned about their children smoking often expressed faith that their children would follow their example in not smoking, and had not seriously considered the alternative – that they might not. Some non-smokers reported that their children were never around smokers, and therefore smoking was not familiar to them and was not likely to become relevant. Some of these parents had quite small children (less than eight years old) and had not yet witnessed their children's potential for rebellion against parental values, nor the power of the peer group. Some also expressed confidence in their parenting skills and the values they had instilled in their children, and in their ability to tackle the issue of smoking should they ever need to.

It is worth noting that where members of the wider family/whānau were smokers, non-smokers' levels of concern about smoking were higher. This was because they were aware of the potential negative impact of children being around smokers, whether or not they chose to act on this.

6.1.4 Cultural Differences

Only a few cultural differences were identified in relation to concern about smoking, as outlined below.

Māori

Many Māori whānau included smokers (parents and teenagers) and reformed smokers. These whānau typically had high levels of concern about smoking as it pertained to their whānau.

Pacific Peoples

For one Tongan participant, the thought of females smoking was embarrassing. This participant reported that traditional Tongan families regarded smoking as 'mens' business'.

> *"I think in our custom smoking tends to be men – not girls' stuff. That is what the parents said when they were married in the islands. But now [it's] not a big thing for girls to smoke any more. But [for] the families that are really sticking to their culture it is a big thing."*
>
> **Tongan Female – Christchurch**

Asian Peoples

Indian participants reported that in India it was less acceptable and common for women to smoke, at least in public (this situation was similar to that reported above for traditional Tongan families). Indian male migrants who were smokers or reformed smokers, reported that in India they had only smoked amongst male friends and colleagues. They contrasted this to New Zealand, where they regularly smoked (or had smoked) openly with female colleagues.

In India, smoking was regarded as a vice and as a result it was considered disrespectful to smoke in front of one's elders. Indian smokers in this study admitted that their smoking habit was often kept 'secret' from family members. In one instance, a male participant indicated that his wife was not aware of his smoking behaviour.

6.1.5 Impact of Smoking on Family/Whānau Functioning

Most smoking parents in this study attempted to physically remove themselves from children in the household when they were smoking. Typically, parents took their cigarettes outside or into another room. However, young children may have wanted to follow them, particularly when it was the mother who was smoking.

Most parents also encouraged, and in some cases insisted, that adult smokers visiting their household smoked outside.

> *"Not around my kids. Not around my house. The grandparents aren't allowed to smoke while they're with the kids."*
>
> **Māori Female – Christchurch**

However, parents felt they had less control over other caregivers smoking around their children when it was happening away from the child's home (e.g. at a smoking grandparent's home, or in their car). Other caregivers such as grandparents may have smoked around children and, because parents were grateful for their support they did not feel they were able to enforce rules outside their home.

> *"He [grandad] smokes outside at his house too. So, he's pretty good like that. But he just tends to smoke in the car and if the children are in the car he will still smoke in the car – which is a bit of a sore point with my husband … he doesn't think that his father should smoke while the children are in the car."*
>
> **Pakeha Female – Wairarapa**

When parents did feel strongly enough about passive smoking to make a fuss, it may have meant that their children saw less of the smoking relative, or were not allowed to visit their home.

> *"… because we don't like it [smoking] she [the grandmother] is on strict instructions that she can't have our children sleep-over because her house just stinks of cigarette smoke. So they don't get a sleep-over and she is quite upset about it. She gives up every now and then and goes back to it … she kind of thinks it is a little mean that we don't stay overnight anymore, but really I think the message is that our girls don't need to be coughing and spluttering by the next morning because they really do seem to be quite sensitive to it. Maybe we wouldn't have noticed it so much, if they weren't that sensitive to it and perhaps it would not have been an option that we chose, but because they are [sensitive to smoke] we don't sleep-over."*
>
> **Māori Female – Auckland**

Some smoking parents relied on schools to promote the anti-smoking message, on their behalf as it were. However, parents who continued to smoke undermined the anti-smoking messages coming from other sources, such as school, or from the other non-smoking parent. This had the effect of setting up conflict for children as to who they should believe, and where their loyalties lay.

Households where one of the two parents smoked faced additional conflicts. Parents in this study reported that their bolder children would often hassle and challenge the smoking parent. Where a non-smoking parent discouraged such attacks out of loyalty to their smoking partner, this further undermined anti-smoking messages from other sources.

Parents often explained away a smoker's behaviour to children with the message that smoking was powerfully addictive and therefore was 'out of mummy's control'. The researchers note that while this message was well-intentioned, it reinforced the idea that once hooked, the smoker had no personal choice in the matter, but was in smoking's thrall.

Smokers who had tried (sometimes on numerous occasions) to quit were aware of the impact of these attempts on their family/whānau. Parents who tried to give up smoking tended to upset the emotional equilibrium of the home – getting crabby and grouchy with their children and partners. Some parents in this study were reluctant to sacrifice household peace in the 'here and now', for the longer term health gains of successfully quitting.

> *"I know she [wife] would like to give up but I also have to watch her when she's trying to give up … she gets really grumpy – very short … everyone is probably quite a bit tense for a week … [putting pressure on her] doesn't help. If anything, it would probably make her more inclined to go and have a smoke, if I gave her grief about it."*
>
> **Pakeha Male – Gisborne**

6.2 Gambling

6.2.1 Overall Level of Concern

Overall, there was a relatively low level of concern about gambling among participants. Many families perceived that problem gambling was a remote risk for their children, because the parents themselves were not gamblers, and the children were not exposed to gambling. A non-gambling family environment was seen as a key protective factor against future problem gambling.

Unlike smoking, which most participants believed their children would be confronted with at some point while growing up, many people felt that gambling was a relatively low profile activity that was effectively ghetto-ised – taking place in venues (i.e. pubs, casinos and the TAB) removed from children's daily lives.

Problem gambling was strongly associated with pokie machines and casinos and, to a lesser extent, with the TAB. Lotto, Instant Kiwi and a flutter on the horses (e.g. the Melbourne Cup) were seen as entirely different – as occasional, harmless fun. While many participants loosely associated Lotto and Instant Kiwi with being gambling activities, they were not associated with problem gambling. Very few people made a link between taking a weekly Lotto ticket or buying a scratchy for 'a bit of fun' and potentially developing a gambling problem.

A small number of families/whānau in this study were highly concerned about gambling and the potential for their children to become involved in problem gambling. These included Māori, Pacific and Pakeha families/whānau where family members (e.g. grandfathers, husband, sister) or close friends had been or still were problem gamblers, and the negative effects of having a problem gambler at close quarters were very real and not forgotten.

> *"I did have a friend, her marriage broke up because her husband was at the casino all the time, spending money they didn't have."*
>
> **Māori Female – Auckland**

> *"My brother, he is a gambler. He is at the pub gambling all the money he has made, and I have seen two relationships [of his] break down because of problem gambling."*
>
> **Māori Female – Auckland**

6.2.2 High Concern - Influencing Factors

The key influence on concern about the potential impact of gambling on the family/whānau appeared to be direct experience of problem gambling. For example, parents in this study who were themselves children of problem gamblers had a heightened awareness of the potential dangers for their own family/whānau.

These people had experienced the damage (violence, lack of money for essentials, relationship problems and emotional and physical neglect) that could result when a family/whānau member had a gambling addiction.

Participants who had first-hand experience of the impact of problem gambling on the family/whānau were not complacent about the potential harm gambling posed. As a result, they were more likely to acknowledge the potential harm to their children, and to at least have considered how they might reduce this threat. Some parents in this group had broached the subject of gambling with still quite young children, rather than waiting until a problem emerged.

A few participants, however, felt that problems with gambling in the family were symptoms of generally addictive behaviour, with the particular problem area (gambling, alcohol, smoking, or eating) being defined by individual personality and tastes. These people tended to assume less individual responsibility for the (potentially) harmful behaviour because it 'ran in the family'.

Despite heightened awareness of problem gambling, most families with direct experience of problem gambling did not make a link between buying Lotto or Instant Kiwi and more problematic forms of gambling (such as TAB betting, casinos and pokies). At least some of these families/whānau still saw Lotto as the 'way out' of financial struggles, and communicated this to their children in word, and in action (by making a 'big deal' of the televised weekly draw).

> *"I don't think what I'm doing is harmful, you know, the scratchies or the Lotto when I buy it. I don't feel as though that's harmful. I mean not at this stage or at any stage. I think it's the degree … it's gambling that's the problem … [my eight year old] understands how we can win some money and she always asks me afterwards, 'are you checking it?', and after checking it, 'did we win Daddy? Did we win some money?' … it's maybe building an anticipation of a pay-back or something, a feeling for her. It's not a major … I've told her that if we win Lotto we'll get a new house. She always asks, 'when are we going to get our new house?' and I'll say, 'working towards it' or 'when the Lotto comes in then we'll get a new house'."*
>
> **Samoan/Tokelauan Male – Wellington**

Only one participant in this study, himself the child of a problem gambler, openly made the connection between supposedly harmless forms of gambling, and developing a gambling habit.

> *"I got concerned with the oldest one – we were going to get Lotto and scratchies – they liked the idea they were going to get money and I said, 'no, that's not a kids' thing'. The reason they make it a one dollar scratchy is the kids influence the parents to have one. The reason – when they do grow up they will think, 'I am going to do that now'. Gambling starts that chain reaction … it became a concern when she [my daughter] kept asking when we went shopping [for a scratch ticket]. Now when we go shopping she doesn't ask, she doesn't expect any of that. Now when I go and get a Lotto, we don't get a scratchy."*
>
> **Samoan Male – Wellington**

6.2.3 Low Concern – Influencing Factors

Families who expressed little concern around gambling, could be divided into two groups:

- those where little or no gambling occurred in the family/whānau
- those where gambling was normalised within their community

Little or No Gambling in the Family/Whānau

Where little or no gambling occurred in the family, parents saw little cause for concern about gambling. In these families, problem gambling was seen as a distant threat, and gambling addiction was something that happened to other people – people who gambled. Where parents were not gamblers themselves, gambling activities were not part of their life, and typically they did not understand the appeal of gambling.

> *"Not being exposed to it. Not being around it – as a result I am not concerned about it having an affect on my family. Our lifestyle is busy with other things that don't include those things [i.e. smoking, drinking and gambling]."*
>
> **Māori Female – Auckland**

As a result, such parents tended to be complacent about the threat of gambling harm to their children. Because their children had not been exposed to gambling activity, they assumed that gambling would hold no appeal to their children. Unlike smoking and drinking alcohol, peer pressure was not seen as an influence in children getting involved in gambling. Such parents believed that their children would not be at possible risk in terms of gambling until they become legally able to enter bars and casinos – at which point, the children will be beyond the parents' control.

> *"Very unconcerned [about gambling] because he's so young and it's not a problem. But in the future, I don't think our kids are going to be problem gamblers. I think there'd have to be a trigger, maybe addiction, bad finances or material things."*
>
> **Māori Female – Auckland**

As a result of a mixture of complacency, naivety and helplessness, anti-gambling messages were not typically given to children in these families/whānau. The rationale being that if you were not exposed to it, you had no reason to talk about it, and no prompt to do so. Parents professed that just as they would not know 'where to start' when it came to gambling, they also would not know where to start in terms of warning children off gambling. There was also a slight fear of rousing children's curiosity by raising the subject.

> *"I mean, I wouldn't even know where to start … because it's not an issue in our life, it's not something that I've kind of prepared the children for. I just hope they'll go down the road that X and I have … I would be at a loss as to how to do that [minimise the likelihood of the children taking up gambling] … I've never had anything to do with it – I mean, all I could do is hope and pray."*
>
> **Pakeha Female – Wairarapa**

> *"Sometimes, I don't know, if you forewarned them, would it not make them more curious? I don't know."*
>
> **Pakeha Female – Gisborne**

> *"They don't really know what gambling is ... when it comes to smoking, I talk to them when they ask questions. If we have big conversations about it, it makes it a bigger deal. We tend to only address certain issues as they come up."*
>
> **Māori Female – Auckland**

Gambling Normalised in the Community

Some of the families/whānau who expressed low concern about gambling reported that gambling was a common and socially acceptable activity within their community. For example, gambling activities such as Housie were a normal feature of some Pacific communities.

Some Pacific churches were also seen to endorse gambling – which effectively counteracted anti-gambling messages: 'if the church said it was okay it cannot be that bad.' It is worth noting that at least one Pacific church in Christchurch was reported as taking a strong anti-gambling stance.

However, some Pacific churches ran well-attended Housie evenings, and there were reports of Pacific families going on gambling sprees just prior to church donation times in order to win more money to give to the church. The researchers note that this behaviour may be more common in churches where donations were made public, and considerable pride or shame was attached to the amount a family contributed.

> *"I don't agree with it because the church leaders are meant to be helping people out of poverty but running Housie is the opposite. It is just making the church rich and the poor people poorer and Polynesians always look up to their church leaders so they will go there, they will spend money there."*
>
> **Tongan Female – Auckland**

While gambling was normalised behaviour in terms of upbringing for some Māori, there was no evidence from this study that it was currently so in Māori communities. Some Māori participants recalled gambling as being very much a part of their upbringing, both as a fundraising activity for marae or schools but also as a social past-time, either for fun or as a money-making venture.

> *"Both of my parents played poker … and we were very young when we learnt how to play poker. We used to play with our cousins after netball, just go home and play with 25 cents or how ever much we had then … Pretty much 15 years ago when we were at school, [as] kids, we were pretty much into gambling every day. Ten cent coin here, ten cent coin there, but we didn't realise how much of an addiction, or how bad it really was."*
>
> **Māori Male – Auckland**

> *"It used to be the communal thing. It was like a social thing. On Monday nights at this one's [house] and Tuesday nights at someone else's house for cards, then for Housie and you'd go with your friends."*
>
> **Māori Female – Auckland**

6.2.4 Cultural Differences

Māori and Pacific families/whānau were more likely to have had direct experience of problem gambling and gambling harm than were Pakeha families in this study. However, there were no notable differences in attitudes to gambling and problem gambling *between* Māori and Pakeha families/whānau.

Some cultural differences in gambling attitudes and behaviours were noted in Pacific and Asian families in this study.

Pacific Peoples

Some Pacific peoples in this study believed that first generation Pacific migrants were particularly vulnerable to problem gambling because they were exposed to casinos and pokie machines for the first time when they come to New Zealand. One father noted that his own father's problem gambling was part and parcel of his parents' traditional marriage – whereby the father gambled away his pay packet without direct challenge from his *"docile"* Samoan wife.

A number of Pacific families in this study had been affected by problem gambling. In several families, one or both parents were children of problem gamblers (or had grandfathers who were problem gamblers), and had experienced the pressures this placed on their family first-hand. They described going without food, and being neglected by the problem gambling fathers, whose pay packets, focus and energies were devoted to gambling rather than to their family.

> *"Dad was a gambler and an alcoholic. And that impacts, that definitely impacts on the family unit and it takes over … where do I start? There was no food in the cupboards … when Mum was paid she would spend all her pay on shopping, whereas Dad would go and spend it at the pub or on gambling, or at the races … Dad wouldn't come home with his pay, he'd go missing for days. What could you do? How was Mum supposed to survive with little kids?"*
>
> **Samoan/Tokelauan Male – Wellington**

Pacific adults – like other adults who had grown up with a problem gambling parent – did not want to repeat that parent's behaviour, and were anxious that their children should not fall into problem gambling. One of these parents was among the very few in this study who initiated discussion with their children about gambling, pointing out the pitfalls of it.

Pacific families who were concerned about gambling perceived that it was a particular problem in their community because of the combination of relatively low incomes, the novelty of gambling to Pacific migrants, and the normalisation of gambling (and even encouragement) by Pacific churches.

> *"It's definitely a dangerous thing at the moment, especially for Pacific communities … unfortunately I think it's a 'bright light' thing. They see money, ding, ding, ding. The Pacific communities are always influenced by westernised things – where they come from there is nothing like that. Nothing like that at all. When they come to New Zealand there's an opportunity to work hard, to get money to do those things."*
>
> **Samoan Male – Wellington**

Some younger Pacific families seemed to be taking a stand against gambling being a 'normal' part of their church and community, and actively spoke out against this practice and ensured that their children understood their family's position on this. This could cause some tension, especially when other family members (within and outside the household) continued to gamble.

Asian Peoples

Some Asian participants (notably Chinese in this study) had grown up knowing how to gamble from an early age and prided themselves on having acquired this knowledge early in life.

> *"One thing from when I was a kid – mahjong – I learnt to play it very early – about three I think. We used to gamble quite early. [It was] fun but also taught you about winning and losing – little wins and big wins. Just the way gambling works – it was [a] brilliant way of learning."*
>
> **Chinese Male – Auckland**

Chinese participants in this study also commented on the attraction of gambling activities to new migrants to New Zealand, who had not been exposed to legal gambling activities and venues in China.

> *"In China [it] is forbidden, illegal – they forbid any gambling game. So for me when I first came [to New Zealand] it was quite a new thing for me, so I feel quite curious about it and I went a few times and I spent twenty dollars or something just to try my luck … and when my parents came to visit me I took them to the casino just for a visit because they had never had this kind of place to go in China – very, very different from China."*
>
> **Chinese Female – Christchurch**

Chinese people, in particular, placed considerable importance on wealth because it was a means of signalling one's success to others (and reinforcing it to the self). For Chinese participants, gambling was often the vehicle used to try to increase personal wealth.

> *"I was born in Malaysia … unlike Chinese in China – there is a lot of restriction in mainland China. In Malaysia, Singapore and Hong Kong when you are rich you want to splash money around and you want to show others you have money to splash … Money is the most important thing for Chinese – sorry to say [that]."*
>
> **Chinese Male – Auckland**

> *"I am New Zealand-born also and trying to portray the good image all the time. Showing you have lots of wealth, taking people to go out, giving gifts. [In] mainland China it was like [a] sea of people everywhere – [a] sea of people. People trying to find a way to claw your way up … chances are bad … but here there is chance of getting there [and making money from gambling helps you to 'make it']."*
>
> **Chinese Male – Auckland**

There was some feeling among Chinese participants that their culture sanctioned parents and friends intervening to curb problem gambling behaviour. In contrast, they perceived that New Zealanders adhered to a western ideal of individualism that inhibited them from interfering with another's rights and freedoms, even when their motivation was to protect that person from harm.

> *"I think this is the western way – you have your personal space. But in China I think the family could enforce you to stop – if your family found out that their son was in gambling, well the parents would endorse you to have to stop or [a] friend could drag you out. But in western people, you very [much] respect your own privacy, very [much] respect each other – so maybe that is more difficult to stop someone."*
>
> **Chinese Male – Christchurch**

Little or no gambling was reported by Indian families in this study. Some Indian parents bought scratchies occasionally and felt they were harmless fun. They did not link such behaviour to problem gambling.

6.2.5 Impact of Gambling on Family/Whānau Functioning

For families/whānau where no gambling took place, gambling had no impact on family functioning. However, in some families/whānau where low levels of gambling took place, children were observing and taking part in both Lotto and Instant Kiwi and the ritualised behaviour associated with these 'games'.

In a couple of Pacific families in this study, Lotto represented the 'big break', with children being told that Lotto might enable them to finally buy a house. In one of these households, the Lotto draw was anticipated and watched with great excitement.

In a number of households in this study, children were given Instant Kiwi tickets to scratch, often as a treat or a spontaneous supermarket purchase (Instant Kiwi tickets were clearly visually appealing to children). In some cases children made no link between scratching the ticket and winning money. In other cases, the children were given any 'winnings' they made, and may have been allowed to 'reinvest' them on the spot.

All but one participant believed there was no harm in children taking part in these activities because they simply represented 'a bit of fun' and were not considered to be real gambling. The exception to this was one Pacific father, the son of a problem gambler, who observed his young daughter's eagerness to 'reinvest' her Instant Kiwi winnings. As the child of a problem gambler, he felt the need to 'educate' his daughter about the lure of gambling, and the (low) likelihood of greater returns, convincing his daughter it was better to spend her money on tangible things.

Some Māori participants in this study knew first hand the negative impact of gambling on themselves, their partner, family members and friends. Gambling was a major cause of tension and conflict in some whānau, causing financial hardship, marriage break-ups and whānau members fighting among themselves because money that should have been used to provide for the whānau had been 'wasted' on gambling.

> *"My brother, he is a gambler. You know – addicted to the pokies … he is at the pub gambling all the money he has made, and I have seen two relationships break down because of problem gambling. One of them has recently reconciled but [he is] still carrying on [gambling]. But I don't know if it [the relationship] is going to last this time."*
>
> **Māori Female – Auckland**

> *"Yeah my brother. He almost broke up from his wife with cards and gambling, pokies and stuff. They are still together though only just though. And just his excuse was there was nothing wrong with him, you know it is a fun thing."*
>
> **Māori Male – Auckland**

"… my sister is the one who has really gotten into the gambling – and it became a problem with her husband to the point where I was going to buy the groceries for the week for them, because she was spending all their money and to make sure that they have got food in their mouths and that. He doesn't, he wouldn't give her anything and I would go down there and I would think, 'I can't keep doing this, because I can't afford to do this'. And what we did was we just made everybody [in the whānau] know. We just let everybody know that she has got a problem ... and everybody was slowly having to say no [to giving her money]."

Māori Female – Auckland

Gamblers may have asked whānau to look after their children while they gambled or asked them for money to gamble or pay their debts. Refusal either impacted (or was likely to impact) on the relationship.

"I refused to look after their kids … I said, 'I am not going to look after your kids while you go and gamble [the] money'."

Māori Female – Gisborne

Māori participants in this study who knew first-hand the negative impact of gambling on themselves, their partner, family members or friends, were eager for their children or grandchildren to avoid becoming gamblers. However, with few exceptions, they did not specifically speak to their children and grandchildren about the 'pit-falls' of gambling.

"So it's all about teaching them about other things instead of focusing on talk about gambling. We try to say to work hard, or get a good education. We do not specifically say, 'do not gamble' or 'do not buy raffle tickets'. We just focus more on what we hope is going to be good for them, rather than on money."

Māori Male – Auckland

In this study, there were some reports of children participating in TAB betting with adults. The children were allowed to pick the horses to bet on, and this was seen as relatively harmless time spent with adults. At least one participant said she had grown up doing the same thing, and it never caused any harm and she had never started gambling herself. This reinforced a widely held view that it was not gambling itself that was a problem, but addiction to gambling when it was associated with losing money the gambler cannot afford to lose.

Participants also reported children being involved in Housie, with one mother using a night at Housie as a reward and bonding time with her step-son. Another child went to Housie with his grandmother and was a source of pride in the family because he could play a number of Housie cards at one time. As with other forms of perceived harmless gambling, Housie was regarded as a bit of social fun rather than potentially problematic.

Some Pakeha participants reported strained family relationships because of the gambling behaviour of a close family member, and how this could impact on the well-being of individuals involved.

> *"Actually in gambling there is an issue but it's to do with my mother's husband – who is a step-father to me – who spends a lot of money at the TAB ... it is not easy to talk to him about it ... I have mentioned it a few times but it never seems to get anywhere. My mother is always complaining to me on the phone about it … they are both pensioners, a lot of it [money] goes to the TAB and I have to listen to her talking on and on about what I [she] could have done with that money if he hadn't spent it … I think she is a bit scared of him, scared of his overbearing kind of attitude so she puts it back on to me … it affects how she acts, it affects her attitude, it affects everything."*
>
> **Pakeha Female – Wellington**

> *"Gambling is not a problem for me but it is for my husband, he has a gambling addiction problem and that makes my life difficult because I have to make sure that what money comes into the house is paying what I need to pay."*
>
> **Pakeha Female – Wellington**

6.3 Alcohol Consumption

6.3.1 Overall Level of Concern

Overall, families/whānau in this study expressed a high level of concern about alcohol consumption as it related to their family/whānau. Like smoking (and unlike gambling) parents believed that alcohol was something that their children would be confronted with, and needed to make decisions about, simply as part of growing up.

Like smoking, alcohol was seen as something that teens may want to experiment with as a means of asserting their independence and impending adulthood. Like smoking, peers were seen to be influential in encouraging experimentation with alcohol. Unlike gambling, which many parents assumed would not enter their children's orbit until adulthood, alcohol was seen as something that children would need strategies to deal with.

It was fairly common for parents in this study to confess that they were not sure how best to equip their children to handle alcohol. They were unsure about whether and at what age to start allowing teens to drink alcohol at home in the company of family/whānau, and at what age alcohol should become an acceptable part of young people's socialising away from home. Parents were unsure how to 'normalise' alcohol so that teens did not become binge drinkers, and how to teach their children to manage the risks associated with alcohol (such as car accidents, violence, and unplanned sexual activity).

Parents who did not drink alcohol at home themselves may simply have wanted to avoid the issue. However, parents were generally aware that whatever their own values and behaviours were in relation to alcohol consumption at home, alcohol was ingrained in New Zealand society and its consumption was seen as a key rite of passage into adulthood. Parents knew that as their children grew up and developed independent social lives, they would increasingly find themselves in situations where alcohol was available to them.

6.3.2 High Concern – Influencing Factors

There was generally a higher level of concern about alcohol consumption among families with children who were approaching or who had already entered their teens. As discussed earlier, parents were aware that their children would have to confront and manage the issue of alcohol as part of growing up. When a child's peers drank alcohol, and the child was socialising in situations where alcohol was available, parents tended to express higher levels of concern.

This concern was mitigated in some families however, because of the trust already established between the parent(s) and child. Some parents were confident that their child had the character and social skills to resist peer pressure, and to manage alcohol without bingeing or getting into risky situations.

This tended to be seen in families/whānau which encouraged open communication between parents and children, and where children had input into setting rules, with compliance expected in return. Some families/whānau had formal or informal contracts in place where, for instance, the children agreed to call the parent at any time for a ride home should they be in an uncomfortable or potentially dangerous situation.

One family had an agreement that the teenage children could only drink alcohol that the parents had provided. These parents frequently offered to host parties in order to retain control over their children's alcohol consumption. They believed that by avoiding a total prohibition they avoided making alcohol more attractive to their teens, and they showed their children that they were trusted but that trust entailed responsibility.

Concern was higher where there was a history of alcoholism or alcohol dependency within the family/whānau. Parents who were themselves dependent on alcohol may have been aware that alcohol was a problem for them, or that they could not do without it. Alcohol-dependent parents were aware that their children may be also susceptible to alcohol dependency.

Parents also noted that a history of alcoholism or alcohol dependency in the family/whānau could be a protective factor, because children had witnessed the destructive effects of alcohol. The parents too may have been more vigilant about their children's use of alcohol, and were proactive in initiating discussion around their children's use of alcohol, rather than leaving it to chance or hoping for the best.

> *[Interviewer: "Do you have rules with alcohol consumption with your oldest (child)? Does she drink?"]*
>
> *"Oh, she tried it. She bought home a bottle of Midori and she said, 'I'll drink some', and I said, 'not on your life'. And she'd obviously drunk it, it was only a little bottle. I explained to her about her father and said, 'do you want to end up like your father?' No, because she can't stand him, because of his drinking. He's not a good father anyway, but he's a nice person, put it that way. And she stopped it. Yes, she stopped it on her own."*
>
> **Pakeha Female – Christchurch**

One participant, whose ex-husband was an alcoholic, encouraged her 17 year old son and his friends to drink at her house – rather than elsewhere – so that she could supervise them and prevent anyone from driving drunk. This mother also held up the father's drinking as an example they should not follow.

There was a high level of concern when parents were recovering alcoholics. They wanted to protect their children from drinking or being exposed to people who did drink. In two such Māori whānau alcohol was not allowed on to the property, and the parents openly discussed alcohol with their children.

> *"I lose trust in people consuming alcohol because with them comes a whole new side of them that you don't know exists. I don't partake, I take myself away from the party and take my children with me. I am very strong about that now that I am a non-drinker. I just know what I was getting up to and the effects alcohol had on me and others around me. I don't expose my children to it."*
>
> **Māori Female – Gisborne**

Families/whānau may have expressed a higher level of concern about alcohol when a parent's use of alcohol was creating problems within the family/whānau. Such individuals may not have considered they had a problem with alcohol, however, other family/whānau members may have had a problem with the individual's use of alcohol. Examples of this included a father who reported that his binge drinking and frequent hangovers left him too tired and unmotivated to carry out the physical work required to run the family farm effectively. In this case, the mother had confronted him about his drinking, which was affecting not just his farm work but his relationship with her and their teenage and pre-teenage children.

6.3.3 Low Concern – Influencing Factors

Some parents in this study consumed little or no alcohol themselves, perhaps having the occasional glass of wine or beer on special, social occasions. In some of these families/whānau the parents assumed that their children would follow their example, in refraining from alcohol consumption, or being very occasional drinkers. The researchers comment that in these families/whānau, the children were typically still young (less than ten years old). These parents' assumptions about their children's behaviour in relation to alcohol consumption had not yet been tested.

These families/whānau may have regarded alcohol consumption as a possible issue for future discussion, but had not thought about how they would handle the issue, and because they did not drink themselves, gave alcohol consumption little thought at present. Their position around alcohol as it related to their children appeared to reflect a mix of optimism, complacency and naivety. A preventative approach to the issue was missing.

Some families/whānau expressed lower concern about alcohol consumption because they were aware that their teenage children had experimented with alcohol and did not like the taste. The researchers note that the parental assumption that this would guard against the child's future consumption of alcohol may be mistaken, with the issue of how to handle alcohol simply deferred, rather than permanently shelved.

Another group of low-concern parents simply regarded experimentation with alcohol as a normal part of growing up. They were likely to have drunk heavily themselves as adolescents and young adults, although few reported drinking heavily now. They expected that their teenagers would drink to excess, but aside from the risk of drink-driving (which received a high profile through schools and other educational campaigns), they believed it was a phase their children would grow out of.

6.3.4 Cultural Differences

This study found few cultural differences in attitudes to alcohol between Māori and Pakeha families. Some cultural differences in attitudes to alcohol were noted in Pacific and Asian families in this study.

Pacific Peoples

Some Pacific families expressed low concern about alcohol consumption because alcohol was not a feature of their community, and their church (synonymous with their community) proscribed drinking. Samoan and Tongan families attending two different churches in Christchurch followed their church's dictates with regard to drinking. One family avoided alcohol altogether, and the other only drank alcohol in social situations outside of the Pacific community – such as a work Christmas party – when it might be considered rude to abstain.

Low concern about alcohol consumption was expressed by some Pacific parents because their children were still very young and the parents had not yet had to confront the issue.

One Pacific father expressed concern about his teenage daughters drinking in uncontrolled situations, such as on the street or at parties. While he did not approve of drunken teenagers of either gender, he was particularly concerned that drunken girls were vulnerable to unplanned sexual activity or sexual assault. He also felt it was socially inappropriate for young girls to appear to be intoxicated in public. (This view may be shared by other cultures, but was not noted in this study).

Asian Peoples

Some Chinese women in this study reported that alcohol held little appeal for them. While they drank only small quantities infrequently, their husbands drank more regularly. Within Chinese culture it was more acceptable for men to drink lightly regularly, and more acceptable for men to consume a greater amount of alcohol on social occasions.

> *"Growing up I had a lot of uncles who were heavy drinkers. Whenever we had family gatherings the majority of time they were drunk."*
>
> **Chinese Female – Auckland**

Among the Indian participants in this study, it was not common for the women to drink socially, especially in the presence of males. Where this did occur it was usually in the context of socialising with friends on special occasions. In the Indian culture it was accepted that males would drink socially with male friends.

6.3.5 Impact of Alcohol Consumption on Family/Whānau Functioning

In this study, the key ways that alcohol consumption impacted on family/whānau functioning was that it placed stress on relationships of family/whānau members and deprived families/whānau of money for essentials, e.g. food. In some cases this resulted in strained but continuing relationships, while in others it had led to severed relationships.

Where people were drinking heavily and were dependent on alcohol, their life had come to effectively revolve around alcohol, leaving little or no time for other things, including time spent with family/whānau. For example, one mother in this study reported that her alcoholic ex-husband had become increasingly distanced from the life of the family as his drinking worsened. His drinking prevented him from being an effective father and active family member.

Some families/whānau placed limits on the exposure their children had to other family/whānau members (and family friends) where alcohol was involved, particularly where heavier drinking was involved. This was motivated by not wanting children to be exposed to inappropriate use of alcohol or seeing significant family members in an impaired condition.

> *"… his dad was enjoying a drink and then coming around for a visit. Because the boys were seeing [their grandfather] tipsy … although they couldn't really tell, the boys were just thinking, 'oh he's happy' … [my husband] said [to his father], 'if you want to do that, don't come round. I don't want my boys to see their grandfather like that. You're more than welcome to drink, just don't come round when you're drunk'."*
>
> **Māori Female – Wellington**

Where one parent in a family/whānau had occasional binges on alcohol, the resulting hangovers sometimes impacted on their contribution to the household (e.g. it limited their ability to generally pull their weight and to get things done) as well as on their overall outlook (which could in turn impact on the other household members).

"I was accused [by my wife] of drinking far too much there about a year ago – but then I knocked it on the head a bit. She's the boss ... I was spending a bit of money on it … too much time off … not wanting to do stuff. Yeah … [I] get a bit more done [now], yeah. Things don't seem to go wrong quite as much as they used to … shit would happen – seemed to happen – more regularly … [you'd] probably be a bit more optimistic I guess when you're not drinking as much. I think alcohol can be a bit of a depressant … drinking too much can sort of lead you to see the dark side of things a lot more than perhaps is real."

Pakeha Male – Wairarapa

Where household money was being spent on alcohol this left less money for food and other necessities for the whānau. This was particularly an issue for low income families with little disposable income. In some instances a choice had been made (in the past at least) to purchase alcohol over providing food for the family/whānau.

"It used be a choice between buying food for the kids or buying drink for me. Often it was not a straight forward decision."

Māori Female – Gisborne

Some parents in this study attempted to keep their drinking, and any after-effects of drinking, effectively hidden from their children. They did this by only drinking away from home, and ensuring that children were in bed before returning home after drinking sessions. One father reported waiting until his children were asleep before coming home drunk, and said his wife tended to do the same if she had been out drinking.

"When we do go out we come home when they are asleep. They must be asleep so they don't see us in that state. When I come home, I always come home and, as best I can, shower up before I go to sleep."

Samoan Male – Wellington

"When I come home the girls are sleeping so I don't want them to see me in my drunken state … so I'm a little bit concerned just only because I drink and I don't want my kids to drink … kids look at their mothers as if they're God. So I don't want them to look and for them to think it's okay for them to drink at a young age."

Niuean Female – Wellington

It was recognised by some participants that alcohol use could create dependency, which led to poor health and could exacerbate existing health problems. In some families/whānau where this situation had occurred, relationship tensions had arisen when other family members had invested time but 'failed' to persuade drinkers to change their drinking behaviour because of the negative impact it was having on their health. Inability to secure the desired outcome left 'helpers' feeling in a negative state through their frustration and sense of personal failure.

6.4 Physical Activity

6.4.1 Overall Level of Concern

Overall, physical activity was of low concern for the majority of Pakeha and Asian participants, and for some Māori in this study. However, there was evidence of greater concern about physical activity among some Māori whānau, and among Pacific families.

Some relatively inactive parents reported that their young children were naturally active, and many school age children were involved in organised sports. Parents were often relatively unconcerned about their own levels of physical activity, whether or not they perceived themselves as physically active.

Any concerns that were expressed around physical activity tended to be linked to weight concerns, with adults who were keen to lose weight recognising that increasing their activity levels was one way of achieving this.

6.4.2 High Concern – Influencing Factors

Pacific and Māori participants who expressed concern about physical activity in relation to their family/whānau were aware of the relationship between physical activity, diet and obesity, and some other health conditions such as diabetes, renal failure and heart conditions.

> *"My partner and I always try to be active. Well I've got quite a few in my family who are very big, obese. With some of them it's being big-boned but you can do something about it."*
>
> **Māori Female – Christchurch**

These families/whānau may have had a health scare, or have been told by their doctor that they needed to lose weight and exercise in order to manage a health issue such as high blood pressure, diabetes, or a heart condition. Some Pacific families (as well as some Māori whānau) were also aware of ongoing messages about physical activity in the media, and that the Pacific community was a target for public education and interventions to address obesity, and particularly childhood obesity.

These factors had heightened concern about physical activity and motivated some Pacific families to integrate more physical activity into their daily routines. This included encouraging school age children to participate in organised sport.

A couple of Pacific fathers were aware of the need to be physically active as a means of controlling their own weight, and had joined gyms in order to improve their own fitness and to lose weight. These fathers were also encouraging physical activity on the part of their children and, in one case, their wife. In these cases, the fathers saw physical activity as a means of not only controlling weight, but increasing their children's confidence and enjoyment of sport. A teenage daughter in one such family enjoyed team sports, and was also aware of the use of physical activity as a means of controlling her weight.

> *"I was like eleven when I started weighing myself. If I was over 75 [kilos], I'd run, run, run and I started going to the gym with my dad."*
>
> **Niuean-Samoan Female Teen – Wellington**

Both wives in these families saw physical activity as a way of controlling their weight. In one case, the mother preferred to keep physically active rather than having to restrict her diet.

However, while some Pacific families were highly concerned about physical activity and understood its relationship to health, they still had relatively low levels of physical activity. Stated barriers to being more physically active included not being in poor (physical) health and lack of time because of work and family commitments.

Where families/whānau expressed moderate levels of concern around physical activity, this was often linked to weight concerns. In some cases, family/whānau members had become more physically active, e.g. taken up running or a team sport or joined a gym, as a means of controlling their weight. In other cases, the family/whānau simply regarded being physically active as normal rather than being a remedial measure.

Families/whānau who expressed moderate concern around physical activity were more likely to take a preventative approach to good health, whereby exercise was part and parcel of being healthy, and lack of exercise was a cause of weight gain or obesity.

6.4.3 Low Concern – Influencing Factors

Overall, physical activity was of low concern to most Pakeha and Asian participants and to some Māori participants in this study. A number of family/whānau perceived that they were physically active and therefore had no concerns about physical activity. Some families/whānau who expressed low concern were involved in sports – both parents and children – and this was the family norm. In this case, especially, low concern did not mean that physical activity was regarded as low in importance.

In many of these families/whānau, being physically active was seen as a key driver of good health, and because they felt they were 'fit', they also considered themselves healthy. Some Māori whānau regarded sports people and athletes as excellent role models for them because these people set high standards and provided the inspiration for whānau to get fit and healthy.

Some relatively inactive parents reported that their young children were naturally active, had lots of energy, and were always 'running around'. Parents interpreted this as a crude sign that their children were healthy. The same parents were often relatively unconcerned about their own levels of physical activity, whether or not they perceived themselves as physically active.

Among relatively unconcerned family/whānau there was an important link between attitudes to physical activity and weight. Many participants assumed that if no one in the family/whānau was obviously overweight, then the family/whānau members must be getting enough exercise. From this point of view, if a person was not overweight, there was no problem. For people who held this view, the same often applied to notions of healthy eating (see Section 6.6 – Healthy Eating in this report): if a person was not overweight, he/she must be 'getting it about right' in terms of food eaten.

Even where parents were overweight, this was not of sufficient concern to motivate them to become more physically active. Unlike some parents who had increased their level of physical activity in order to enhance their physical attractiveness, these parents were not motivated by vanity. Nor did they perceive sufficient pay-off in becoming more active in order to lose weight.

> *"I worry a bit about whether I'm getting overweight and things like that, but I've always been large … and it's only my belly … most of the time it doesn't really worry me at all, I suppose, because I think part of it is due to, through my music – you know, you breathe differently and you breathe more using your diaphragm so you extend your stomach anyway … I've stretched my stomach muscles and that's why."*
>
> **Pakeha Male – Gisborne**

Where weight was an issue for some family/whānau members there was sometimes a reluctance to tackle the issue head-on, particularly if it risked creating conflict within the family/whānau. This was particularly the case when pre-teen or teenage girls were overweight. On the one hand, parents were concerned that this was unhealthy physically and emotionally and would have liked their daughters to eat better and to exercise more so that they became fitter. On the other hand, parents (especially mothers) were anxious about 'giving' their daughters eating disorders and undermining their self-esteem by focusing on their weight. Parents were also reluctant to appear to be singling one child out by focusing on their weight or attempting to control their diet, when other children in the family/whānau continued to eat what they pleased.

Parents were faced with conflicting messages about overweight being unhealthy, that diets did not work, that teenage girls easily developed eating disorders, and that people should accept and love themselves and others the way they were. When parents were relatively slim and healthy themselves, they perceived that any comment on their child's weight would have seemed like criticism and withdrawal of love and approval. When parents were themselves overweight, it would have felt hypocritical to make comments about their child's weight. In either situation parents could feel helpless.

6.4.4 Cultural Differences

The only clear cultural differences in relation to physical activity in this study was found among Pacific and Māori families.

Pacific Peoples

Pacific families in this study typically expressed higher levels of concern about physical activity, although this was not universally true. One family in this study was experiencing push-back and ridicule from other members of their Tongan community for trying to do more exercise.

Some Pacific families in this study were aware that the Pacific community was a target for public education about obesity, and commented that this had influenced their attitudes to physical activity. These families accepted the Pacific community being targeted on the issue of obesity, and recognised there was a link between obesity and (lack of) physical activity (as well as eating). Some Pacific peoples recognised that their size and traditional diet made them a target for public education around obesity.

Some Pacific parents in this study said that they expected their children to be larger than their non-Pacific peers because Pacific peoples are *'naturally'* of larger build. Comment was made that in Pacific cultures, there was the traditional belief that 'big' equated with 'healthy'. However, there was evidence in this study that this traditional belief was being challenged, as some Pacific peoples adjusted to the idea that 'big' could also cause health problems and shorten life expectancy. Some Pacific parents saw their own tendency to put on excess weight replicated in their young children, and wanted to avoid their children developing weight problems and health complications in later life.

Some Pacific families were getting the message about the importance of physical activity, and had integrated regular activity into their daily lives. A traditional interest in team sports had supported this move.

Māori

Some Māori whānau were moderately concerned or very concerned about physical activity. Growing awareness of obesity among Māori whānau had been a driver of increased concern around physical activity.

6.4.5 Impact of Physical Activity on Family/Whānau Functioning

This study suggests that a parent who felt overweight and unfit was less willing to engage in family outings that involved physical activity. Conversely, a parent who felt fit would have more energy for playing with young children.

Younger children often needed their parents' encouragement and active involvement to get involved in physical activity. One Pacific father reported that his eight year old threw basketball hoops with him 'for hours', but wandered inside if left to her own devices.

Parents who were relatively inactive were modeling behaviour for their children, e.g. snacking in front of the television as a leisure activity, but they may have been unaware of this connection and may have simply told their children to 'get outside' and play (without dwelling on the example they were setting by not being more physically active themselves).

There was evidence in this study that one family/whānau member getting active could have a flow on effect to other family members. One Pacific father joined a gym because he was unhappy with his recent weight gain and wanted to regain some of his earlier (youthful) fitness and looks. As part of joining the gym he received advice from instructors about the influence of nutrition and activity on energy levels and fatigue (physical and mental). He then made the connection with his young daughter falling asleep at school, and resolved to take greater interest in what his girls were eating and to encourage their involvement in school sports.

In some families/whānau, physical activity was a bonding activity, with the family/whānau going for walks, or bush walking or cycling together. This was also seen as an opportunity for children and parents to talk together.

Some Māori, Pacific and Pakeha parents with a strong sports focus actively encouraged their children to play sport. This then became a core feature of how the whānau worked – they supported and watched each other play and this took up most of their non-working time.

Asian families tended to incorporate physical activity into their everyday lives, and supported and encouraged children to participate in sport if they were interested.

6.5 Healthy Eating

6.5.1 Overall Level of Concern

Levels of concern around healthy eating in this study ranged widely from family to family, with no clear coalescence of feeling at one or other end of the spectrum. Overall, a greater number of families/whānau described low or moderate levels of concern, rather than high levels of concern, about healthy eating as an issue for their family/whānau.

However, attitudes toward healthy eating varied widely. Participants in this study could be broadly grouped into six segments on the basis of their eating attitudes and behaviour around healthy eating. These segments are based on the in-depth interviews carried out with individual family members, and are outlined in detail in the companion report to this document: see Section 8.0 – Audience Segmentation in the *Healthy Eating in New Zealand Families/Whānau* report *(December 2007).* Briefly, the six segments, and their relative levels of concern around healthy eating, were:

- **True Believers** – these individuals expressed relatively high levels of concern around healthy eating because they saw a healthy diet as central to the health and well-being of their family/whānau, and as one means of enabling their children to maximise their potential. Their children were among the healthiest eaters in this study. True Believers were active information seekers and kept themselves abreast of new information about what did and did not constitute a healthy diet.
- **Convertees** – these individuals had a new-found concern about healthy eating, because they were trying to improve the diet of their family/whānau and to eliminate or reduce old bad habits. This may have involved distancing themselves from the less healthy eating patterns they grew up with. They were eating more healthily than in the past, and had become active information seekers in their quest for a healthier diet.
- **Providers** – these individuals tended to be only moderately concerned (or relatively unconcerned) about healthy eating, despite their children being among the healthiest eaters in this study. Providers kept the diet of their family/whānau simple, with a focus on home-cooked (and often home-grown) foods and limited use of takeaways and convenience foods. Their focus was on using the food resources they had around them, e.g. produce from their garden, fruit from the local orchard, freshly caught fish, meat from a neighbouring farmer. They experienced considerable pride in being able to provide for their family/whānau (and, importantly for some Providers, had the benefit of being able to keep their food budget down).

- **Complacents** – these individuals were relatively unconcerned about healthy eating, because they believed that they and their family were doing okay and had a 'healthy enough' diet. Their children were not among the healthier eaters in this study, but their parents might have been surprised to learn this. When they examined their eating practices in this study, Complacents were sometimes surprised at the amount of less than healthy food that had crept into the diet of their family/whānau.
- **Avoiders** – these individuals may have been moderately concerned about healthy eating (although some denied this), but were resistant to healthy eating messages because they were not convinced that healthy eating really made a difference to health, and they were loathe to give up the less than healthy foods they enjoyed. They may have cited their good health and lack of weight issues as evidence that their diet was fine.
- **Inerts** – these individuals were unconcerned about healthy eating because it was not on their radar. Getting their children to eat something, and having enough food to put on the table, were higher priorities than the nutritional quality of the foods they were eating. These individuals were not active information seekers, and found it hard to sort through the many conflicting messages about food in the media. Most simply did not try.

6.5.2 High Concern – Influencing Factors

Families/whānau in this study who expressed high levels of concern around healthy eating recognised that it played a role in maintaining good health. Parents in these families/whānau perceived that eating a healthy diet was one way of helping family/whānau members, and particularly children, to maximise their potential. The segments most concerned about healthy eating were True Believers and Convertees.

The most concerned and conscious healthy eaters in this study saw healthy eating as one of the building blocks that contributed to overall quality of life of their family/whānau. From this perspective, the healthy eating equation went thus: if family/whānau members ate well they were less likely to succumb to illness and disease, and were more able to bounce back quickly from any illnesses; they would have more energy, and would be better able to tackle life's challenges and to reach their potential.

Parents in such families/whānau emphasised the importance of their children eating well in terms of them fulfilling their potential – getting the best possible start in life. Adults, although often less careful with their own diets, may have regarded their own diet as important to the extent to which it enabled them to be around for their children, and grandchildren.

> *"I guess I want to minimise as much risk for my daughter so that she doesn't hit the same pattern that I've managed to get myself into. It stems from my upbringing and with my Dad having steak and sausages, eggs for breakfast, and that sort of thing. So it sort of developed into that pattern. That's not going to happen to my daughter. I'm always sort of looking over her shoulder saying, 'what's that'?"*
>
> **Māori Female – Auckland**

Some of these families had a new found interest in healthy eating as a result of struggles with ill-health or chronic health conditions. They had come to the realisation – sometimes with prompting from their doctor – that they needed to eat more healthily as part of overcoming or managing their health issues.

Many Māori talked about the health concerns that had been prevalent in their whānau through many generations. Diabetes, heart conditions, and high blood pressure were all mentioned. For some, these were talked about as part of the whānau history – where older members of the whānau were sick with one or more of these conditions.

> *"Very concerned because of family history of heart disease."*
>
> **Māori Female – Christchurch**

> *"Me, my weight. The worry of dialysis. That's my main worry, with the history in my family … because my dad and my aunty both died of that."*
>
> **Māori Female – Auckland**

Recognising that these conditions were 'in the whānau' provoked different reactions. Some Māori were actively becoming fitter and eating more healthily to reduce the likelihood of getting sick in the future. The grandparents in one whānau had high blood pressure and high cholesterol levels and had done a stock-take of their eating habits, stopped smoking and started exercising regularly. Apart from personal health benefits, the underlying drivers for these behavioural changes were the strong desire to 'be around' for mokopuna and each other.

> *"X and I, when we discovered [we had high blood pressure] we were home alone. We said, 'well we better start looking after ourselves. We've only got each other'. X said, 'I want to be here for my moko. I need to live, to see them grow' … and then I had high cholesterol … of course it was all around what we ate, what we drank, all of that stuff, something we [had] never really worried about [before]. We just ate what we wanted to and everything but once we went … when it was found out that he had high cholesterol as well, well then we said, 'right, we've got to start looking after ourselves' … Yeah, I would say being in good health is probably the most important thing for us because then we'll be able to do the things we want to do, with each other and our moko [mokopuna]."*
>
> **Māori Female – Gisborne**

Note: Some whānau had a lower concern about conditions that were in the whānau and took a more passive or 'wait-and-see' approach. They did not take steps to forestall or reduce any potential health risks (possibly because they appeared to be dormant or were not an immediate problem).

6.5.3 Low Concern – Influencing Factors

The segments least concerned about healthy eating were Complacents and Inerts. Providers were moderately concerned (to relatively unconcerned) about healthy eating but it was not their main focus. Avoiders may have been moderately concerned but were resistant to healthy eating messages.

Some families/whānau who were relatively unconcerned about healthy eating focused on weight as an indicator of whether the eating habits of their family/whānau were healthy or not. As discussed in relation to physical activity (see Section 6.5 – Physical Activity, above), some relatively unconcerned family/whānau made a link between healthy eating and weight. Provided family/whānau members were not obviously overweight, it was assumed that their diet must be relatively healthy or at least healthy enough.

These parents judged the nutritional value of their physically active children's diets on the basis of whether they were expending the energy they were taking in, rather than on the nutritional value of what the children were eating and drinking. These parents also reasoned that as long as their children had plenty of energy, their diet must be adequate.

Some participants who were relatively less healthy eaters saw physical activity as more central to good health than eating habits. This perspective was in part a rationalisation that allowed them to continue some of their less healthy eating habits. It also harked back to the notion that in their grandparents' day, people ate many of the things now considered unhealthy without putting on weight because they were more physically active.

Some family/whānau had relatively low levels of concern about healthy eating because the parents were replicating the eating practices and behaviours they grew up with, and perceived that these were relatively healthy (Complacents). In some cases, the diet of a family/whānau may have actually been less healthy than it appeared, as convenience foods and treat foods that were not available when the parents were young established themselves are as features of the diet.

> *"We could do better but I think most people could do better. But I think we're doing all right … they're eating veges, they're eating meat … you know there's days where tea is veges and chicken nuggets … I might be a little bit under a misconception, but I think that because we're eating veges I don't worry too much about what else we eat – because we probably do have chicken nuggets a bit too often …"*
>
> **Pakeha Female – Wairarapa**

In some relatively unconcerned families/whānau, their diet was focused on simple, traditional, home-cooked (and sometimes home-grown) food, which they presumed to be healthy because takeaways and convenience foods did not play a large part in the mix (Providers).

Other relatively unconcerned families/whānau simply did not give healthy eating much thought (Inerts). In their scheme of things, eating healthily was less important than finding food that was affordable and acceptable to them and their children. Some Māori and Indian families fell into this group.

In some cases with Māori, there may have been a whānau history of health conditions which they acknowledged but took a wait-and-see approach toward. Māori whānau in this group tended to be in the lower socio-economic group, where the cost of food rather than quality of it was the key factor.

6.5.4 Cultural Differences

Some cultural differences in attitudes toward healthy eating were noted in Pacific and Asian families in this study. Few differences were found between Māori and Pakeha families (in relation to the rest of the sample).

The researchers note that differences in attitudes toward healthy eating often appeared to relate to upbringing, education, and socio-economic status (as opposed to cultural factors).

Pacific Peoples

Pacific families in this study who expressed high levels of concern about healthy eating, typically fitted into the Convertees segment. These families were working on improving their diet, and were sometimes consciously moving away from what they saw as unhealthy traditional Pacific eating practices (such as boil-ups, corned beef, and little emphasis on vegetables other than taro).

> *"We used to have boil ups and we didn't have much veges, and we were brought up more with Island food. My kids don't eat Island food when they go and see my family or [my husband's] family. We don't cook Island food here. My girls have choices what they want to eat. I didn't."*
>
> **Niuean Female – Wellington**

One Pacific father noted that he had been exposed to healthier eating practices through his Pakeha work colleagues. His daughter reported that it was typically the *"white"* girls at her college who had vegetables and hummus for lunch, but that they were also more likely to be exhibiting disordered eating behaviour, such as taking laxatives or vomiting to control their weight. (She noted that this behaviour was starting to influence the attitudes and behaviour of some Pacific girls, who were self-conscious about their larger, heavier bodies).

> *"The Pacific girls eat a lot from the canteen and some Pacific kids don't have anything to eat. When you see the white kids eating, they eat out of jam jars of fruit and a lot of healthy things … like fruit, they have hummus and all that kind of stuff … I've seen girls vomiting and stuff … they take excess laxative pills and stuff … some girls, when I first started out in college, some girls were talking about how big they were and how they wanted to lose so much weight. Then they started to talk about laxative pills and I don't get why they do that to their bodies … they were white girls. Sometimes Pacific girls can't admit that they're overweight … there are more Pacific girls who are getting much skinnier, but some of them are just obese."*
>
> **Niuean-Samoan Female Teen – Wellington**

Pacific families were also found in the Complacents, Avoiders, and Inert segments. Some Pacific peoples in the Avoider and Inert segments felt trapped in unhealthy eating practices influenced by both culture and genetics – they believed that Pacific peoples were predisposed to like unhealthy, fatty food. They may have made attempts to eat more fruit and vegetables, or to reduce their intake of food they knew was not so healthy. However, at some level they appeared to believe that any change was going to be temporary, and that they were fighting their genes and culture, i.e. they had a fatalistic attitude to their future health. As a generalisation, these Pacific families tended to be less well informed about health matters and questioned the credibility of some health messages.

As mentioned earlier, some Pacific families were aware that the Pacific community was a target of public education around obesity. Pacific families in this study recognised that they were physically bigger than other cultural groups in New Zealand, and that their size and traditional diet made them a target for public education around obesity.

There was a tendency among Pacific families to expect healthy children to be well covered, with a couple of Pacific mothers expressing concern that their children did not have enough 'meat on their bones'. However, some Pacific peoples had re-thought this traditional Pacific belief and encouraged portion control (as well as sports) to combat a tendency to be overweight. However, attempts to restrict a larger child's food intake sometimes created conflict between parents, or between parents and grandparents. The researchers note that willingness to re-define notions of healthy body size may be linked to education, and was more prevalent among younger, New Zealand-born or raised Pacific adults.

> *"She [wife] feels that 'he's just a boy, let him eat his food' … I don't want him to eat so much that he becomes obese, and she works with that. Every now and again I'll say, 'no [son] you've had enough', and [my wife] will say, 'no, you can't do that to him'. That's where we sort of disagree."*
>
> **Samoan-Tokelauan Male – Wellington**

Asian Peoples

Asian peoples were found in **the True Believers, Complacents and Inert segments.**

Chinese

Chinese families in particular expressed high levels of concern regarding healthy eating, believing it was central to having a healthier life. The Chinese women in this study (True Believers) incorporated western-style foods into their diets, but their diets emphasised traditional Chinese cooking. They typically placed more emphasis on fresh vegetables as an integral part of meals, not just dinners, and were using a wider variety of vegetables than many other participants. They did much of their cooking from scratch because this was part of Chinese culture.

Some Chinese women mentioned that their traditional ways of cooking were high in salt, and that exposure to western food had highlighted this and influenced them to attempt to cut down on salt in their cooking.

Indian

Indian families ranged from expressing high to low levels of concern about healthy eating. Those with a high level of concern were working on improving their eating habits and unlearning unhealthy Indian eating practices (e.g. reducing their intake of deep fried snacks and curries, and substituting saturated fats with healthier options). Migrants had typically had their awareness of ‘better eating options’ raised since arriving in New Zealand.

In contrast, those with low levels of concern about healthy eating were replicating the eating practices and behaviours they grew up with, and perceived that these were relatively healthy. In some cases, a family’s diet may actually have been less healthy than it was perceived to be, e.g. convenience foods such as deep fried snacks such as samosas, bhajyas were commonly consumed.

6.5.5 Impact of Healthy Eating on Family/Whānau Functioning

The main caregiver in a family/whānau (usually the mother) needed to be energetic and organised to make healthy eating happen consistently. When the main caregiver was sick, tired or unmotivated, the household diet tended to slide. The impact of a mothers’ health, in particular, on the household diet cannot be overstated.

Stressors that were identified in this study as having had a negative impact on the family/whānau diet included parents getting sick (particularly mothers), having a new baby in the house, pregnancy and morning sickness, long working hours and shift work, fitting in after-school activities, and the need to juggle numerous children's routines. Such pressures increased the likelihood of people reaching for quick and easy food options, e.g. takeaways, to feed their family/whānau.

Parents in this study were powerful eating role models for their children. This study found examples of role modeling of both healthy and not so healthy eating practices. Parents with a sweet tooth tended to influence their children's consumption of sweet foods by ensuring that there was a supply of sweet foods (such as biscuits, sugary cereal, lollies, and chocolate) for their own consumption. More often than not, the children ended up eating these foods too.

> *"We have got Weetbix, we have got cornflakes, we have got Honey Pops, we've got Coco Chex and we've got mummy's muesli … unfortunately there's always a chocolatey cereal … they could probably do without having chocolatey cereal for breakfast but … I quite like it too ... when mummy runs out of muesli she will have the chocolately cereal."*
>
> **Pakeha Female – Wairarapa**

Parents tried not to pass on bad eating habits to their children, however, this sometimes resulted in double standard behaviour, for example, night-time snacking (e.g. on fizzy drink, chocolate, lollies, biscuits) once the children were safely in bed. However, the children usually knew these foods and drinks were in the house, and had a way of 'sniffing them out', and nagging for them when the parents' resolve was low. Awarding children with treats was sometimes a way of buying peace and time-out from their demands.

> *"Because [my wife] is there 24/7 she needs a bit more of a break, so she's more tolerant to give snacks so they [the children] will go away and just be quiet and leave her alone … actually, I do that sometimes [laughs]."*
>
> **Samoan-Tokelauan Male – Wellington**

For many parents, giving (and withholding) food was bound up with expressing their love and care for their children. In this context, denying popular foods and insisting on unpopular foods could be emotionally taxing for parents, and some were not up for the battle (some or all of the time). Some fathers in this study were more comfortable in the enforcing role (e.g. insisting vegetables were eaten or saying no to treats) – but mothers did not always allow this.

This study indicates, that if parents were taking action to eat more healthily on behalf of their own health (e.g. to manage an existing health condition, for weight control and/or to increase energy levels) they were more likely to also take action on behalf of their family/whānau, especially children.