



NGĀ POU WĀHINE INTERVENTION: AN INTERVENTION TO ADDRESS GAMBLING MISUSE FOR WĀHINE MĀORI

A SUMMARY OF THE RESEARCH FINDINGS

ABOUT THE STUDY

RESEARCH AIM

The purpose of the research was to assist wāhine Māori to address gambling misuse.

The aims were to develop, implement and evaluate an intervention for wāhine Māori problem gamblers that meets their needs and is effective.

RESEARCH PROCESS

A kaupapa Māori approach was used to first pilot the intervention in Māori and non-Māori gambling provider organisations in Napier and Wellington (pilot areas). Ngā Pou Wāhine was then implemented in Auckland and the Bay of Plenty. The intervention was delivered as a wānanga, either weekly sessions over four weeks, or over a two-day weekend.

PARTICIPANTS

Participants comprised wāhine (n=41). Overall, 35 wāhine completed the intervention – an 85% retention rate.

Key informants (n=12) and whānau (n=6) provided information about the intervention's effectiveness and how it could be improved.

Most wāhine were either at the end or midway through counselling for gambling misuse, while a small number had just begun addressing their gambling misuse. Of the wāhine (n=6) who did not complete the intervention were either not ready to address their gambling, or took up employment opportunities, and two gave no reason for not completing the intervention. Retention was helped by:

- Being underpinned by tikanga Māori;
- Using harakeke raranga (weaving) to facilitate cultural engagement and support spiritual and mental health;
- Receiving reminder calls;
- Providing transport to the intervention site; and
- Providing support and social services information, as needed.

THE INTERVENTION

Ngā Pou Wāhine is a framework based in te ao Māori that uses eight pou (posts) to guide a process of change. Each Pou is used to represent eight stages of journey toward self-empowerment that wāhine Māori make following gambling misuse. The first four Pou are used to determine their potential, while the remaining four guide strengthening their potential to address their gambling in order to achieve whānau ora.

HOW THE INFORMATION WAS COLLECTED & ANALYSED

DATA COLLECTION

The Nga Pou Wahine Intervention was delivered over 14 months, and the following data were collected:

- Baseline demographic information
- Pre- and post-intervention measures: Problem Gambling Screening Index 9 (PGSI9), General Health Questionnaire 12 (GHQ12), and Gambling Self Efficacy Screen 21 (GASS-21);
- Interviews with wāhine, key informants and whānau;
- Intervention workbooks;
- Photovoice; and
- Session evaluations;

Help was available for wāhine to complete forms, if needed.

DATA ANALYSIS

Quantitative data (questionnaires and evaluations) were analysed using descriptive statistics with SPSS.

Qualitative data (interviews, workbooks and photovoice) were analysed using Braun and Clarke's (2006) process for thematic analysis to identify themes. The words of wāhine (in-vivo codes) were used to name the themes.



THE FINDINGS

QUESTIONNAIRES

WHO PARTICIPATED?

Almost half the wāhine were single, and just over a third were married. Wāhine were mostly aged between 30-59 years, although there was an even spread among the various age groups. Over half the wāhine were on benefits, and one in four were employed.

Demographic	Number of respondents	Percentage
Marital Status		
Single	16	46%
Married	13	37%
Defacto/Civil Partnership	5	15%
No response	1	3%
Age (years)		
30-39	10	28.6%
40-49	13	22.9%
50-59	3	28.6%
60+	2	11.4%
Employment Status (n=32)		
Employed	9	26%
Beneficiary	20	57%
Student	1	3%
Other	2	6%

HOW EFFECTIVE WAS THE INTERVENTION?

The Ngā Pou Wāhine Intervention was generally seen to be effective. The wāhine's self-efficacy significantly increased across all GASS subscales, while significant decreases were evident in the problem gambling severity index, and the dollars spent or lost on gambling. The decrease in general health may be an artefact of the wāhine's increasing self-efficacy. Compared to those who did not complete the intervention the only significant difference was the PGSI mean (SD) – 18.1 (5.1) versus 13.3 (3.9), p value = .04, respectively.

Questionnaire	Respondents (N)	Average Change (Post-Pre)	SD	p value*
Self-Efficacy				
GASS 1	23	4.04	9.33	.05
GASS 2	23	7.74	13.04	.006
GASS 3	23	2.52	4.52	.02
GASS 4	23	3.23	4.37	.001
General Health Questionnaire				
GHQ	22	6.9	9.01	.03
Problem Gambling Severity Index				
PGSI	23	-5.96	-4.59	.0001
Dollars lost	22	-453.59	615.65	.009

*Non-parametric signed rank test

Wāhine provided positive feedback in their evaluations, reporting Ngā Pou Wāhine upheld tikanga Māori, and was practical, culturally relevant, safe, and enabled sharing.

THEMES

Five key themes describe the wāhine's journey into gambling:

A family affair – gambling began as young people with whānau, often to support marae. It made wāhine feel connected.

Planting the seed – wāhine were exposed early to gambling with parents and whānaunga (family members). Watching whānau win money to overcome poverty provided wāhine with the motivation to gamble.

Becoming a living hell – wāhine experienced childhood trauma when gambling moved from being fun to include alcohol and associated with parents' abuse and not being available. Fathers abused and hit their mothers, while wāhine reported being sexually abused and parents abandoning them.

Escaping everyday reality – wāhine escaped their everyday reality by forming a relationship with pokie machines. They avoided unresolved childhood problems and abusive partners. However, gambling had negative consequences that included losing homes, bankruptcy, incarceration/home detention and stealing from whānau.

Changing from within – recognising gambling was a problem and taking ownership as part of changing their behaviours and taking back control. This involved wāhine becoming better parents, spending time with mokopuna and whānau, taking up hobbies, and restoring trust with partners, children and whānau.

RECOMMENDATIONS

The following recommendations are made:

- Extend the intervention to run over 8 weeks.
- Focus the first session on cultural engagement (whakarere harakeke) and familiarisation with the pou.
- Include follow-up sessions at 3, 6 and 12 months in the form of half days or coffee groups.
- Train and support Māori gambling clinicians to deliver the intervention, and ensure non-Māori gambling clinicians are culturally responsive to ensure the cultural integrity of Ngā Pou Wāhine.
- Adapt the intervention to include overlapping issues such as violence, sexual abuse, psychological issues, maternal and child health, and alcohol and other drugs.
- Ideally undertake Ngā Pou Wāhine Intervention on marae.
- Undertake further research to validate Ngā Pou Wāhine as an effective intervention for strengthening and realising wāhine Māori and whānau potential.

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This research was supported by the Health Research Council Erihapeti Rehu-Murchie Postdoctoral Research Fellowship in Māori Health