#### brief report

# Maternal gambling associated with families' food, shelter, and safety needs: Findings from the Pacific Islands Families Study

Philip Schluter, Maria Bellringer, & Max Abbott, AUT University, Auckland, New Zealand. E-mail: philip.schluter@aut.ac.nz

#### Abstract

From a cohort study of Pacific families with children resident in Auckland (n = 983) we examine the association between maternal gambling over the previous 12 months and families' food, shelter, and safety needs. Overall, 666 (68%) mothers reported no gambling, 267 (27%) reported gambling but receiving no criticism, and 50 (5%) reported both gambling and receiving criticism. Compared to those with nongambling mothers, households with gambling mothers were more likely to have both food and housing issues related to a lack of money but no excess in physical intimate partner violence.

### Introduction

Gambling-related harm has emerged worldwide as a significant social and health issue, but the full extent of this harm in general populations remains largely unknown (Brown & Raeburn, 2001). Building upon our previous work, which identified risk factors for maternal gambling (Bellringer, Perese, Abbot, & Williams, 2006), we relate maternal gambling to Pacific families' basic human rights and needs for food, shelter, and safety.

### Methods

Data arose from the Pacific Islands Families study, which follows a cohort of families with mothers delivering Pacific infants at Middlemore Hospital between March and December 2000 (Paterson et al., 2006). Approximately 6 weeks postpartum, female Pacific interviewers conducted home interviews with mothers.

Gambling was defined as betting activities or games with an element of luck or chance. Mothers were asked whether they had gambled within the last 12 months and whether people ever criticised their involvement in any gambling activities. We define a trichotomous gambling variable: those who did not gamble (reference); those who did gamble but were not criticised (labelled 'uncriticised gambling'); and those who gambled and were criticised (labelled 'criticised gambling'). Experience of physical intimate partner violence was elicited using Form R of the Conflict Tactics Scale (CTS) (Straus, 1990).

Binary logistic regression analyses related gambling to dichotomised housing, food, and safety variables and were adjusted for maternal age, ethnicity, parity, social marital status, education, household income, country of birth, suffering of postnatal depression, traditional gifting obligations, maternal alcohol consumption, and cigarettes smoked yesterday. Associations between food, shelter, and safety variables were assessed using the phi  $(\phi)$  coefficient.

#### Results

Table 1.

Overall, 983 mothers who delivered a Pacific infant at Middlemore Hospital between March and December 2000, and who already had another child or children, participated in this study. In the previous 12 months, 666 (68%) mothers reported no gambling activities, 267 (27%) reported gambling but had not received any criticism, and 50 (5%) reported both gambling and receiving criticism. Table 1 presents percentages, adjusted odds ratios (aOR), and associated 95% confidence intervals (95%CI) of the trichotomous gambling variable associated with food, shelter, and safety variables. Associations between the food, shelter, and safety variables ranged from  $\phi$  = 0.06 to  $\phi$  = 0.70, with median  $\phi$  = 0.15.

Percentage of mothers responding affirmatively to issues relating to food, shelter, and safety for gambling levels: None (n = 666), Uncriticised (n = 267), and Criticised (n = 50), with adjusted odds ratios (aOR) and associated 95% confidence intervals (95%CI)

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Gambling	%	aOR	(95%CI)
Level of financial difficulty with housing costs: a great deal			
None	7		
Uncriticised	13	1.1	(0.6, 1.8)
Criticised	22	1.4	(0.6, 3.3)
Extent of overcrowding as a problem in your home: a great deal			
None	6		
Uncriticised	13	1.5	(0.9, 2.6)
Criticised	18	1.5	(0.6, 3.8)
Satisfaction	of home meeting	needs of family:	dissatisfied/very
dissatisfied			
None	5		
Uncriticised	13	2.7	(1.5, 4.6)
Criticised	16	3.1	(1.2, 7.7)
Run out of basic foods due to a lack of money: sometimes/often			
None	47		
Uncriticised	46	0.9	(0.7, 1.3)
Criticised	62	1.5	(0.7, 2.7)
Skip or have smaller meals due to lack of money: sometimes/often			
None	40		
Uncriticised	40	0.9	(0.7, 1.3)
Criticised	56	1.4	(0.7, 2.5)
Variety of foods eaten limited by a lack of money: sometimes/often			
None	37	-	
Uncriticised	55	1.5	(1.1, 2.1)
Criticised	68	2.0	(1.1, 4.0)
Feeling stressed due to lack of money for food: sometimes/often			
None	35		
Uncriticised	42	1.1	(0.8, 1.6)
Criticised	60	1.7	(1.0, 3.2)
Victim of any intimate partner physical violence: <sup>a</sup> yes			
None	23	•	
Uncriticised	24	0.7	(0.5, 1.1)
Criticised	30	0.9	(0.4, 1.9)

<sup>&</sup>lt;sup>a</sup>162 missing observations: 152 single mothers and 10 incompletely answering CTS questions.

Compared to those with nongambling mothers, Table 1 shows that households with gambling mothers were more likely to have both food and housing issues related to a lack of money but no excess in physical intimate partner violence. Although criticised maternal gambling households were 2.0 times as likely as households with nongambling mothers to eat limited food varieties and 1.7 times as likely to feel financially stressed about food, they were no more likely to rely on others to provide food (aOR = 1.3) or rely on sources such as food grants or food banks (aOR = 1.2) when lacking money.

#### **Discussion**

Maternal gambling, especially with mothers criticised for their gambling, was significantly associated with poorer basic household nutritional variety and stress due to lack of money. Food insufficiency has been associated with poor health and academic, psychosocial, and suicidal symptoms in children and adolescents (Alaimo, Olson, & Frongillo, 2002). Maternal gamblers were also significantly less satisfied with their home meeting their families' needs than nongambling mothers. Contrary to the anecdotal evidence reported elsewhere (Tu'itahi, Guttenbeil-Po'uhila, Hand, & Htay, 2004), we found no evidence to suggest that maternal gambling was associated with significantly increased partner abuse.

## References

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For correspondence: Professor Philip Schluter, Faculty of Health & Environmental Sciences, AUT University, Private Bag 92006, Auckland 1020, New Zealand. Tel: +64-9-921 9999, fax: +64-9-921 9877, e-mail: philip.schluter@aut.ac.nz

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Philip Schluter, PhD, is a professor of Biostatistics in the Faculty of Health and Environmental Science at the AUT University in Auckland, New Zealand.

Maria Bellringer, PhD, is a senior research fellow, coordinator of the National Institute for Public Health and Mental Health Research (NIPHMHR), and coordinator of the Gambling Research Centre within the NIPHMHR in the Faculty of Health and Environmental Science at the AUT University in Auckland, New Zealand.

Max Abbott, PhD, is the pro vice-chancellor and dean of the Faculty of Health and Environmental Sciences, professor of Psychology and Public Health, co-director of the NIPHMHR, and director of the Gambling Research Centre within the NIPHMHR in the Faculty of Health and Environmental Science at the AUT University in Auckland, New Zealand. He is past president of the World Federation for Mental Health and currently a board member and chair of Waitemata District Health Board's Hospital Advisory Committee.

