Social Disapproval and Reasons Behind Tobacco Use as Perceived by Pregnant Women

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Abstract: *Background*: Societal perception of smokers, and reasons behind them smoking both reflect acceptance or rejection of smoking behaviour and can reframe tobacco prevention and/or cessation programs to be more effective in tobacco control. This study aimed at targeting the social unacceptability of smoking amongst Saudi females and considering their opinions of the reasons behind smoking amongst both genders.

Methodology: We followed a cross-sectional approach towards data collection from a sample of pregnant women seen at the antenatal clinic at King Khalid University hospital, irrespective of their gestational age. The data was collected using a pretested, anonymous, self administered questionnaire.

Results: 1208 pregnant women were included in our study. Their mean age was 29 ± 6 years, and their mean gestational age was 29.6 ± 7 weeks. Most women (88%) either agreed or strongly agreed that exposure to smoking may harm the foetus, and only 3.5% of them would accept to smoke if they were offered a cigarette by their husbands. The top reported reasons for smoking amongst males and females were: association with tobacco using friend, reduction of stress, and manifestation of masculinity or gender equality. Pregnant women were not impressed by smokers, and as less than 1% of them considered them attractive and about 25% of them believed male and female smokers feel insecure.

Conclusion: The social disapproval of smoking behaviour in this study was prominent especially towards female smokers. Reasons behind smoking are still blamed on friends, family members and peer pressure. Such results are important in shaping tobacco prevention and control programs

Keywords: Social disapproval, social unacceptability, tobacco use, smoking, pregnant women, Saudi Arabia.

INTRODUCTION

The increasing use of tobacco is of mounting concern for both health care providers and the community. Smoking in Arab countries remains at a significantly high level. A very large proportion of these smokers are adult males making up to 75% of the total smoking population in some countries (Yemen and Djibouti). On the other hand, the proportion of adult females reported to smoke does not seem to exceed more than 10 % in Arab countries, with the exception of Lebanon and Yemen, where the proportions of adult smoking women seem to exceed the current rates reported from USA [1]. More specifically within Saudi Arabia, the prevalence of tobacco smoking amongst males and females was estimated at 24% and 1% respectively [2]. A recent evaluation of the economic costs of tobacco use in Saudi Arabia in 2011, documented that the monetary loss due to tobacco use was approximately US$20.5 billion over the last 10 years, without accounting for illegally imported tobacco. The study also importantly reported that there were 280, 000 premature deaths due to tobacco use during the same period [3].

The exposure of second-hand smoke to pregnant women who do not smoke can have harmful effects on the developing feotus. These adverse effects are similar to those which are reported on the foetuses amongst pregnant women who actively smoke. Such harmful effects include: intrauterine growth restriction, congenital malformations, low birth weight (LBW <2500g), miscarriage, preterm delivery, stillbirth, and sudden infant death syndrome (SIDS). All such outcomes have a substantial negative impact on the

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mental health and well-being of these pregnant women [5-7].

The significance of smoking cessation in reducing morbidity, mortality and the incidence of cancer cannot be denied [2]. Many antismoking campaigns worldwide aim to address the growing issue of smoking by educating smokers with potential health risks involved in smoking. In any kind of antismoking education, it is essential to recognize peoples beliefs in order to deliver the message to them appropriately and with this in mind many antismoking campaigns are now reframing smoking as unattractive behaviour. This regime is more likely to lead to social exclusion of smoking amongst individuals rather than inclusion [3,4].

Increased social unacceptability of smoking behaviour has dramatically decreased the use of tobacco in many developed countries and especially observed in the USA [8]. Moreover social disapproval together with increased taxes on cigarettes has been reported to have near to similar effects in reducing smoking prevalence [8].

A number of studies to date have investigated the use of tobacco amongst the Saudi population however a scarcity of information remains concerning the perception of “a smoker” how the society accepts or rejects smoking behaviour.

This study aimed at uncovering the social disapproval of smoking amongst Saudi pregnant women and investigating their opinions regarding the reasons behind smoking amongst both genders.

SUBJECTS AND METHODS

We followed a cross-sectional approach towards data collection from a convenience sample of 1208 pregnant women seen at the antenatal clinic at King Khalid University hospital, irrespective of their gestational age between February 2011 and January 2012. We excluded Non Saudi pregnant women attending the antenatal clinics. We chose pregnant women as our study population as we believe that during pregnancy, women become more concerned and aware of health hazards that may affect their pregnancy. Additionally as future mothers, these women will play a major role in creating a smoke-free environment in their homes by preventing smoking amongst their children and conveying the antismoking message to their husbands.

The data was collected using a pretested, anonymous, self-administered questionnaire.

To ensure ethical conduct of the research after the International Review Board approval of the proposal was obtained, the researchers obtained the verbal consent from participating women and confirmed the anonymity of response to the questionnaire. The researchers distributed the questionnaires to the participants. They helped the illiterate participants understand the objectives of the study, and if they accepted to participate also helped them to complete the questionnaire. The Demographic data regarding age, working status and education were included as well as the data inquiring about the current pregnancy as gestational age and parity. Data regarding Environmental Tobacco Smoking (ETS) included: living with someone who is currently smoking; husband, son, daughter or any other relative, the participating pregnant women’s tobacco consumption pattern; and their perception of different reasons of smoking among males and females (as having tobacco using friends, stress, imitating a family member or cinema actors).

Fear and unacceptability of smoking was tested through agreements on statements such as “Exposure to smoking harm the foetus”, “Shisha (water pipe) is less harmful than cigarettes” “You would accept to smoke if you were offered a cigarette by your husband?”

Social disapproval was also assessed *via* questions enquiring the image of the smokers e.g “When you see a man/ woman smoking, what do you think of him/her?” To answer this question, respondents were given multiple descriptions to choose from, examples include:f“violation of religious jurisdictions”; “being a failure”, “being insecure”, “self-confident”, “successful”, etc.

Options of answers followed a 5 point-Likert scale, i.e. strongly agree, agree, do not know, disagree, and strongly disagree. Responses of strongly agreed or agreed were collapsed into one category together and, “disagree”, “strongly disagree” were merged. Questions regarding the reasons for smoking and perception of smokers were asked about males and about females separately.

All questions were selected after reviewing articles addressing similar objectives [9-11] and modifications were adopted after carrying out a pilot study including 30 pregnant women. This pilot was conducted to test the feasibility of data collection, clarity of language used in the questionnaire, as well as the practicability of recruitments plans. The scale reliability of the

questionnaire was tested *via* Chronbach's Alpha and it was 0.69, the Arabic version of the used questionnaire was retranslated into English and was cross matched with the original English version.

Statistical Analysis

Data was analyzed using SPSS Statistical Package version 17. Descriptive statistics (mean ± standard deviation, frequencies) were computed to summarize the characteristics of participant pregnant women and ETS exposure variables. Z-test for comparison of independent proportions was used. P-value of less than 0.05 was considered as statistically significant.

RESULTS

Over the study period, 2134 pregnant women were approached, of whom 1208 accepted to participate in the study, yielding a response rate of 56.6%. Table **1** shows overall characteristics of the participating 1208 pregnant women in this study. The mean age was 29 ± 6 years, while the mean gestational age was 29.6 ± 7 weeks. More than half of respondents (52 %) received university education, and 45 % received either elementary or secondary education. It was observered that most women (75 %) reported being house-wives. While tobacco use amongst this group was considerably low (1.4 %) exposure to ETS was reported to be much higher (28 %). The low use of tobacco among this group of women was assumed to continue into pregnancy (no follow up was done for the sampled pregnant women).

Table 1: General Characteristics of Sampled Pregnant Women in Antenatal Clinic, University Hospital, 2011 (n=1208)

Gravidity (mean ±SD)	3.18 ±2.49
Parity (mean ±SD)	1.58 ±2.10
Gestational age (mean ±SD)	29.60±7.20
Age (mean ±SD)	29.03 ±6.14
Education No. (%)	
Illiterate	26 (2.2)
Elementary /secondary school	549 (45.4)
University education or higher	633 (52.4)
Occupation No. (%)	
House wife	903 (74.8)
Student	149 (12.3)
Employee	156 (12.9)
Reported tobacco use No. (%)	
Non smoker	1191 (98.6)
Smoker	17 (1.4)
Reported ETS exposure No. (%)	
Yes	341 (28.2)

Opinions of pregnant women with respect to selected statements showed that the vast Majority of women (88%) agreed/strongly agreed that exposure to smoking may harm the foetus, whilst 14% considered Shisha less harmful than cigarettes. Only 3.5% of women would accept to smoke if they were offered a cigarette by their husbands.

Table **2** reflects responses of pregnant women concerning reasons and perceived image of male and female smokers. It shows that the top reported reasons for tobacco use among both genders included: association with a tobacco using friend and reduction of stress, respectively. Differences between males and females were found to be statistically significant (p-value<0.05) for such reported reasons except for time wasting. Pregnant women in our sample blamed friends (59.9 amongst males and 67.1% amongst females), cinema actors (9.1 and 18%) and achieving academic degree stress (1.7 and 7.4%) more profoundly for smoking among females while they agreed that stress, peer pressure and imitating a smoking family member affected male smokers to a higher extent.

The perception of pregnant women about male and female smokers is shown in Table **2**. The most important perceptions for male and female smokers were: violation of religious norms (56.1, 50.7%); being a "failure" (31.0, 39.7%) and being "insecure" (25.5, 23.0%). Differences between the two groups were found to be statistically significant for violation of religious jurisdictions; being a "failure" and being "self-confident" (p-value <0.05), but not for other reported perceptions. Sampled pregnant women were not impressed by smokers, and less than 1% of them considered them attractive and approximately 25% of them believed male and female smokers felt insecure.

DISCUSSION

The tobacco smoking rate reported among pregnant women in the current study was 1.4%, which is comparable to a recently reported 1.9 % from Kuwait [11]; although far lower than that reported from

Table 2: Perceptions of Pregnant Women Towards Male / Female Smokers And Causes Of Smoking, University Hospital, 2011 (N=1208)

	Males	Females	p-value
Causes of tobacco use			
Tobacco using friend	723 (59.9)	811 (67.1)	<0.001
Stress reduction	520 (43.0)	351 (29.1)	<0.001
Masculinity/gender equality	316(26.2)	253 (20.9)	0.002
Time wastage	249 (20.6)	239 (19.8)	0.48
Following cinema actors	110 (9.1)	218 (18.0)	<0.001
Peer pressure	221 (18.3)	136 (11.3)	<0.001
Personal habit	143 (11.8)	89 (7.4)	<0.001
Achieving an academic degree	21 (1.7)	30 (7.4)	<0.001
Following a family member	346 (28.6)	56 (4.6)	<0.001
How do you feel about smokers			
Violation of religious jurisdictions	678 (56.1)	613 (50.7)	0.007
Being a Failure	375 (31.0)	479 (39.7)	<0.001
Feeling insecure	308 (25.5)	278 (23.0)	0.15
Self confident	40 (3.3)	18 (1.5)	0.004
Attractive	10 (0.8)	8 (0.7)	0.77

Lebanon (49%) [1]. The reported tobacco smoking amongst females in a conservative country like Saudi Arabia, where prevailing strong social norms oppose female smoking, is expected to be low. Additionally, being pregnant may itself prevent some women from smoking during pregnancy.

However, reported ETS exceeded 28%, which indirectly reflects a relatively high prevalence of smoking amongst family members, especially husbands. To reduce this high ETS, tobacco prevention and control programs should potentially rely on two strategies: promoting tobacco cessation and preventing initiation amongst men as well as women [12].

In this study, social unacceptability was revealed through the lack of justifications of smoking behaviour among both genders and the negative perception of smokers.

Pregnant women in the current study reported that, in their opinion, tobacco consumption by a friend was the commonest reason behind smoking for both genders, but was blamed more frequently for smoking amongst women. Such perceptions are consistent with those reported by Milton *et al.*; who mentioned that having a best friend or a brother who smokes predicts the onset smoking by age of 11. This actually may be attributed to the easy access to tobacco [13] profound influence of peers and the convincing dialogues of friends. Additionally, peer pressure or following a role model: a family member or a drama actor, were reported as reasons for smoking, but more commonly amongst females. These findings are in accordance with those revealed by Pathania *et al.*, (2011) [14].

Upon reviewing alternative reasons for smoking in our study, it was revealed that pregnant women found some excuses for men to smoke, such as: relieving stress, being affected by a family member or peer pressure. However, women were not sympathetic with most women who smoke: they did not believe that stress, or being affected by a family member or peer pressure were valid reasons for them to smoke to the same extent that they did for male smokers. This differential perception of smoking among women and men was consistent when they were asked about their opinions towards female and male smokers. Pregnant women accepted, although to a small extent, that smoking males were “self-confident” (3.3%) but a significantly lesser proportion of them perceived smoking women as “self-confident”, which was also the case when they were asked about being a “failure”. This reflects unacceptability of the habit, in general, whether it be among men or women. However, we cannot predict if such an outcome can be applied to the

general population, as our sample included pregnant women only.

"Violation of religious norms", as perception of pregnant women, towards smokers of both genders was very prominent in our study. According to the attribution theory [16], people attempt to find reasons behind the violation of traditions. Accordingly, they may either stigmatize the person or sympathize with him depending on whether they accept the reasons behind their smoking habit as valid. This can clearly explain the lower level of acceptance of smoking females than smoking males. This conservative attitude towards smoking females can also be explained by the strong and stable social barriers towards smoking among females.

In this study, more than 88% of pregnant women recognized that exposure to smoking during pregnancy may harm their foetuses. In fact, fear from possible effects of ETS reflects stigmatization of smokers and could explain the social unacceptability of smokers [15].

The negative image that is perceived by the society about smokers elucidates the unacceptability in an indirect way. When 31-40% of women tagged the smokers as "failures", less than 1% of them said they were "attractive". These negative prototypes not only reflect the unacceptability, but also seem to be an important determinant of youths' smoking [16] and reflect the perception of smoking in other social sectors.

LIMITATIONS OF THE STUDY

This was not a population based study, whereby only having pregnant women at an academic institutional hospital may limit generalization of results. The validity of the questionnaire used needs more testing in different domains and tools adopted from social studies may help increasing the validity of tool employed in our study.

CONCLUSION AND RECOMMENDATIONS

The societal disapproval of smoking behaviour in this study was identified in many ways. Messages that blame smokers for harming innocent people like foetuses, negative image of smokers and disapproval of smoking behaviour can all be included in future tobacco control programs. Stigmatization is more prominent towards females. Consequently, we suggest that tobacco control campaigns focus more on the negative image of smokers with particular emphasis on the violation of religious teachings and traditions (especially in a country which highly appreciates religiosity and sound traditions in everyday life) rather than just solely focussing on death related warnings. .

Further research among other sub-groups and community settings to be able to generalize results of this study should be considered.

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CONFLICT OF INTEREST

The authors have no conflict of interest to report.

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