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Smoking, Pregnancy and Stigma: Challenges of an Incentivised Smoking Cessation Programme

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BACKGROUND

Smoking during Pregnancy

Smoking is understood to be the primary cause of preventable morbidity and premature death in the UK.

- annual cost of tobacco use to UK ~£13.74 billion

UK Tobacco Control Strategy based on six strands:

1. Stopping the promotion of tobacco;
2. Making tobacco less affordable;
3. Effective regulation of tobacco products;
4. Helping tobacco users to quit;
5. Reducing exposure to second hand smoke;
6. Effective communications of tobacco control.

Smoking in Northamptonshire Figures:

- Adults 2012;
 - Northamptonshire – 21.0%.
 - England – 19.5%.
- Smoking at delivery 2012/13:
 - Northamptonshire – 15.4%;
 - England – 12.7%.

BEHAVIOUR CHANGE TECHNIQUES

INCENTIVISATION

Incentivised smoking cessation schemes used to reduce smoking rates among pregnant women:

Smoking cessation interventions account for ~6% increase in late-pregnancy abstinence rates compared to control interventions;

Only those that contained an incentivised component showed a significantly larger effect (RR 0.76, 95% CI 0.71 to 0.81) (Lumley et al., 2009)

Attention being given to incentives currently:

- *Give It Up For Baby*
 - Delivered in Tayside, Scotland
- The success of GIUFB has been used as justification within the development of a large-scale randomized controlled trial known as the 'Cessation in Pregnancy Incentive Trial' (CPIT) (Tappin et al., 2012)



STUDY AIMS

The incentivised smoking cessation intervention in Northamptonshire aimed to evaluate the feasibility of an incentive programme assessed by:

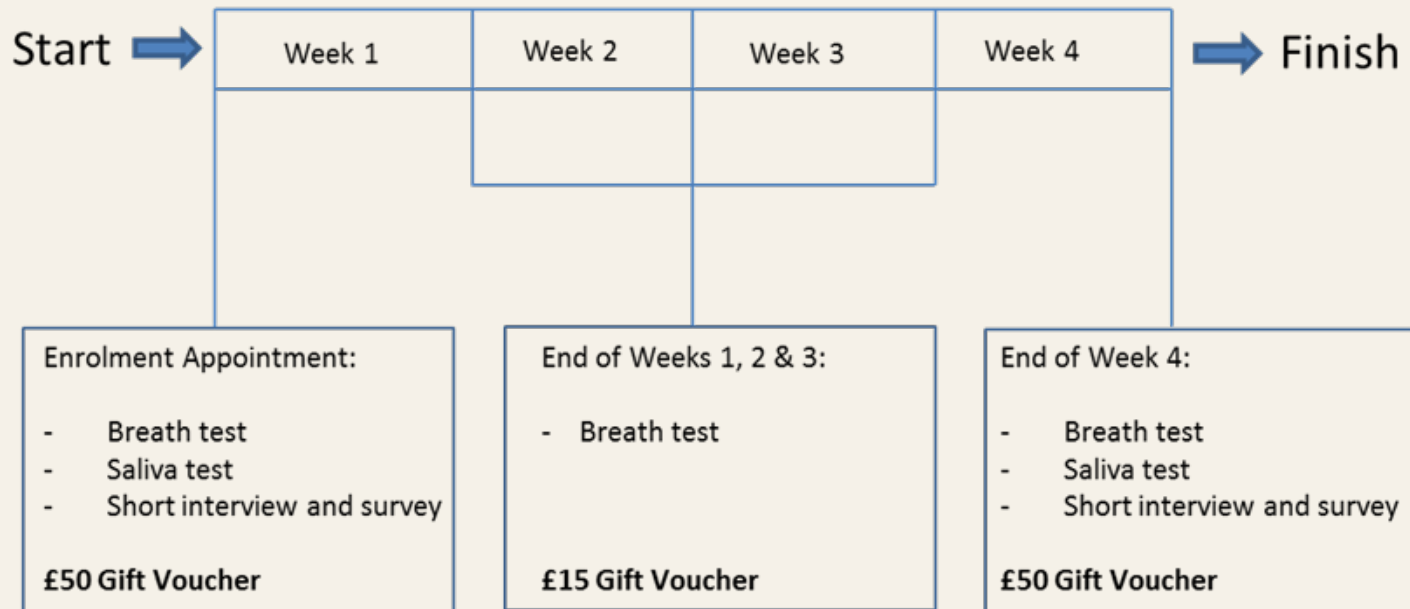
Objectives:

- uptake of stop smoking services;
- number of women who set a quit date;
- effectiveness of reducing smoking following referral to stop smoking services (i.e. 4 weeks after quit date);
- effectiveness to reduce smoking status at time of delivery

Focus: Attitudes towards incentivisation and stigmatizing factors that affected participation, motivation and engagement.



Incentivised Study Design



METHODS

A mixed methods approach:

1. Questionnaire surveys (at quit date and following four week intervention):
 1. Fagerstrom questionnaire (nicotine addictiveness);
 2. WHO-5 (wellbeing);
 3. CD-RISC10: Resilience Scale.
2. Semi-structured interviews (at quit date and following four week intervention):
 1. Attitudes towards smoking during pregnancy;
 2. Smoking history;
 3. Lifestyle and identity factors;
 4. Public perceptions.

FINDINGS

- Attitudes towards incentivisation.
- Layers of stigmatisation:
 - Gender;
 - Age;
 - SES.



ATTITUDES TOWARDS INCENTIVISATION

- **Participants**
 - **Positive feedback**
 - **Extra boost especially for lower SES women**
- **Healthcare Professionals**
 - **Increased engagement but cautious optimism**
 - **Child-focused vouchers were seen as positive**
- **Public**
 - **Entrenched positions**
 - **Difficult to justify**



“...all these government cuts... things we still need... and you’re chucking money at something people should be doing themselves...”

LAYERS OF STIGMATIZATION

- **Smoking during pregnancy a highly volatile issue resulting in stigmatizing experiences**
- **Different type of stigma encountered by participants**
 - **Self**
 - **Social**
 - **Structural**



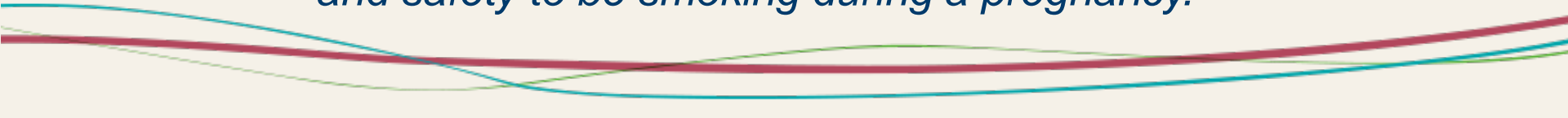
“I think I judge myself more than other people would. I find a lot of people think it’s disgusting, especially my family. They think it’s awful but then everybody at my work say I smoked for all pregnancy and all my kids are fine and think that was an awful risk you took.”

GENDERED STIGMA



- **Stigma related to what it means to be a good mother**
- **Smoking during pregnancy was described in some instances as abuse to the unborn child raising questions about the ability of the individual to parent the child**
- **Challenges the idealistic feminine**

“I don't think they should have the right to have children, personally. They're obviously not responsible enough looking after that child's health and safety to be smoking during a pregnancy.”



AGED STIGMA

- **Being a young mother**
- **Viewed as irresponsible and not practicing safe sex**
- **Smoking during pregnancy was viewed as a product of an immature youth**
- **Perception of poorer outcomes for the child**



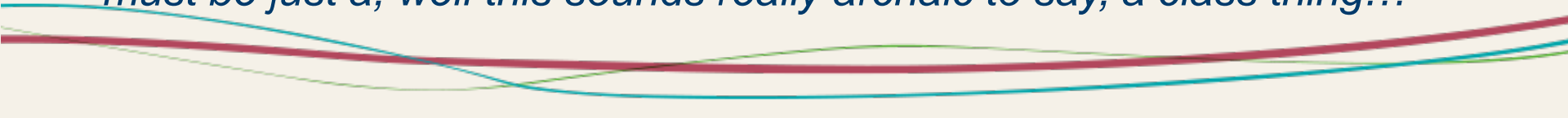
“Most people that smoke are the younger people because people that are older have worked themselves out and cleaned themselves up. So I would probably say like young single mums, they're not going to think about I better quit or anything. They're very, very selfish”

SES (CLASS) STIGMA



- **Benefits culture**
- **Wanting more money, not the child**
- **Smoking during pregnancy:**
 - **Issue among lower SES groups exclusively?**
 - **Middle SES healthcare workers hiding smoking related to image**

“A lot of the people around me are in social housing and stuff and it's the sort of people that I see, heavily pregnant and puffing... and I think it must be just a, well this sounds really archaic to say, a class thing...”



CONCLUSION

- Participants were found to experience different forms of stigma in their daily lives
- Impactful to:
 - Social support structures,
 - Engagement not only with programme but with healthcare professionals,
 - Mental wellbeing issues
- Scheme has received positive feedback and improved referrals and take-up of Stop Smoking Service.

Thank you

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