



QUALITATIVE

Missed opportunities: A qualitative exploration of the experiences of smoking cessation interventions among socially disadvantaged pregnant women



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ABSTRACT

Background and aim: Pregnant women who smoke are rarely consulted in the design and evaluation of the interventions that target them. In Australia, women will typically be counselled for smoking cessation as a part of routine antenatal care. However this approach achieves only modest rates of cessation. This study aimed to privilege the perspectives of women from low socioeconomic backgrounds who are most likely to smoke during pregnancy and who are less likely to quit spontaneously.

Methods: Guided by feminist principles, in-depth interviews were undertaken with a purposive sample of six pregnant women, who resided in lower socioeconomic status areas in South Australia. Their experiences and views of being part of a smoking cessation intervention in metropolitan Adelaide were explored. Transcriptions were thematically analysed using an inductive approach and an open coding framework.

Findings: An over-arching theme of 'missed opportunities' and four inter-related sub-themes encapsulated the predominantly negative experiences of the intervention for the women. The women's interest in quitting was hindered by a didactic communication style employed by maternity care professionals. The participants' information and support needs were reported as being superficially managed by maternity care professionals or Quitline workers who provided care in routine ways.

Conclusions: These findings indicate that smoking cessation interventions and associated Quitline support needs to become more personalised and sensitive to the needs of women who face barriers posed by complex socio-economic disadvantage. These findings have important policy and practice implications for Australian public maternity care settings where smoking cessation interventions are embedded.

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1. Introduction

Reducing smoking prevalence during pregnancy is a priority target in the Australian National Tobacco Strategy.¹ Smoking in pregnancy is a significant public health issue because of the many serious adverse health effects for both mother and child. These outcomes include placental abruption and miscarriage for mothers, and, preterm birth.^{2,3} Pre-term birth is associated with

a low birth weight and is the leading cause of neonatal mortality.² It is also responsible for up to half of all paediatric neurodevelopmental problems.² Low birth weight is associated with poorer post-natal health outcomes (coronary heart disease, type 2 diabetes, and obesity) that can persist into adulthood.^{2,4}

A key strategy to tackle maternal smoking are psychosocial interventions embedded into antenatal care that routinely identify women who smoke and counsel them to quit.⁵ There is clear evidence that these psychosocial interventions in pregnancy work, albeit with modest efficacy.^{2,5} These interventions are based on psychosocial theories of behaviour change, and use methods such as health education and counselling to motivate and support women to stop smoking.⁵ This approach has been widely adopted

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in developed countries including United States, Canada, Australia, United Kingdom and New Zealand.^{5–8} The interventions are delivered by maternity care professionals and are often augmented with referral to Quitline for additional cessation information and counselling support for interested women.^{5,9} In Australia, Quitline is part of a national network of telephone smoking cessation counselling services.

Evidence from the most recent systematic review of smoking cessation interventions in pregnancy shows that traditional approaches of information giving and advice about risks is not likely to be sufficient for pregnant women who smoke.⁵ Women are more likely to benefit from psycho-social interventions if: tailored for their needs, delivered positively rather than punitively, and supplemented with other psychosocial support strategies such as incentives and peer support.⁵ While reviews of interventions such as these demonstrate efficacy, they fail to consider contextual factors that could potentially improve their efficacy in reducing smoking among pregnant women.¹⁰ The impetus for current research is to improve the quality and effectiveness of interventions for pregnant women who are most likely to smoke and the least likely to quit, such as women from disadvantaged backgrounds.^{2,5,11–13}

In Australia, as well as other developed countries, maternal smoking during pregnancy is strongly linked to disadvantage and lower socioeconomic status.^{14,15} For example in South Australia, nearly half (43%) of women who identified as smoking at the outset of antenatal care in pregnancy resided in geographic areas within the lowest quintile of the Social-Economic Index for Areas (SEIFA index) compared to just 6% of women living in the most advantaged areas.¹⁶ A further 23% of women resided in the next most disadvantaged SEIFA quintile. Clearly, developing effective interventions that target women who smoke during pregnancy and live in disadvantaged circumstances is important.

To date, the evidence regarding behavioural smoking cessation interventions in pregnancy focuses heavily on quit rates as an outcome. This homogenising approach does not enable consideration of the complex contexts of women's lives. The perspectives of pregnant women who reside in disadvantaged areas will contribute to ensuring that public health interventions are sensitive to the needs of the women they are targeting. It will also deepen the evidence base of what works in smoking cessation for particular population groups such as women from low socioeconomic backgrounds.^{14,17}

Currently there is scant attention paid to the perspectives of pregnant women who smoke and are from socio-economically disadvantaged backgrounds about their experiences of smoking cessation interventions in the published literature. A critical review of the literature identified only a few international, qualitative studies that detail the views or experiences of smoking cessation interventions among socio-economically disadvantaged pregnant women.^{18–22} Several international studies exploring smoking cessation interventions in antenatal settings for women from disadvantaged backgrounds employed a collaborative client/woman-centred approach tailored to the needs of the women.^{18–20} As a result the women felt more empowered to attempt quitting and the interventions were highly regarded by participants.^{18–20}

Moreover, these studies showed that the communication style of the maternity care professional underpinned whether women felt well supported enough to contemplate quitting. A collaborative style meant that women felt empowered and not pressured to make changes.^{18–20} Conversely, a didactic, judgemental approach resulted in women minimising and under-reporting their smoking to avoid scrutiny and negative judgements in antenatal settings.²¹ Studies where disadvantaged women were canvassed for their thoughts on how cessation interventions could be more effective identified that it was essential understand and respect the context

of women's lives.^{21,22} An additional oversight is that pregnant women who smoke are not often involved in the design and evaluation of smoking cessation interventions and services that target them.

This study explores pregnant women's experiences of smoking cessation interventions in order to improve cessation support. It is informed by post-structuralist feminist ideas. Post-structuralist feminism focuses on how issues of knowledge, power, difference, and discourse intersect and entwine in the lives of women.²³ Post-structural theory proposes that knowledge and power are interdependent and contextual; created and sustained within human experience.²⁴ Acceptance by society of power relationships is underpinned by the knowledge and practices, the discourses that support them.²⁴ Recognising different meanings and developing new understandings of discourses can serve to disrupt and displace dominant or oppressive forms of knowledge.²⁵ Feminist post-structuralism simultaneously pays attention to the descriptions of life, through the authentic yet mediated accounts of women's lived experiences, as well as listening for the discursive, cultural and social forces that shape the conditions of possibility for those experiences.²⁶

In this way feminist post-structuralism can highlight awareness to issues that underlie inequities in women's healthcare. It pays close attention to language as a means for exposing un-questioned assumptions underpinning our concepts of truth and to produce and sustain inequitable and oppressive forces and institutions.²⁴ This feminist stance carries an overt political agenda to post-structural theorising by addressing questions of "...how social power is exercised and how social relations of gender, class, and race might be transformed"^{27(p20)}.

In discussing smoking and pregnancy, pregnant women's voices are often marginalised and silenced within the dominant, bio-medical discourses of healthcare, and research and tobacco control. Pregnant women's perspectives can provide an alternative and contributing discourse that can challenge the existing systems of knowledge and meaning that have gained status and currency as truth.²⁴ In this study, the voices and language of a small group of socio-economically disadvantaged pregnant women are privileged, recorded, and analysed to create an alternative expression of the reality of smoking cessation interventions.

The objectives of this study were to explore and describe the women's:

1. experiences of smoking cessation intervention(s),
2. perceptions of smoking cessation intervention efficacy, and
3. views for improving smoking cessation interventions in pregnancy

2. Methods

Feminist research has traditionally employed qualitative research methods and approaches because they privilege women's voices and create alternative understandings of women's lives and health.²⁸ Additionally, the social justice dimension of qualitative methods brings the perspective of those who are often silenced to the fore.²⁹ In this study, the perspectives of the most disadvantaged pregnant women were sought in order to learn more about improving smoking cessation interventions in pregnancy. Feminism is also an openly political and transformative process and feminist principles can be used where the aim is to catalyse change in healthcare practice.³⁰ The feminist lens of this study aimed to identify the specific healthcare needs of a vulnerable group. It privileged the perspectives of socio-economically disadvantaged women to be heard for the explicit purpose of improving practice for the benefit of women.³¹

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