

Do not Ignore the Participation of Smoking Men in Caring for Their Pregnant Wives from Exposure to Secondhand Smoke

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ABSTRACT

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Key words

Secondhand Smoke, Smoking, Men, Pregnant Women

Men's smoking is a source of exposure to tobacco smoke, which is linked to the amount of cotinine in pregnant women (Taylor et al., 2014). The rate of exposure to secondhand smoke in pregnant women in Iran was 23.1% (MazloomiMahmoodabad et al., 2019). Addressing SHS exposure in pregnancy in low- and middle-income countries can improve maternal health outcomes in vulnerable populations (Quiñones et al., 2022). Pregnancy can be a motivating factor for changing the behavior of smoker men (Stanton et al., 2004), and husbands' awareness of the risks and prenatal care is effective in contributing to the health of pregnant women (Simbar et al., 2009). The World Health Organization recommends that health care providers should have at least a recommendation for all pregnant women to avoid exposure to secondhand smoke of any type of tobacco and to encourage family members to quit smoking

(WHO, 2013). The relation between passive smoking and adverse effects on the fetus leads to the restriction of smoking in public places with no evident proof of its benefit on pregnant women (Rabinerson et al., 2020). Lack of awareness of the harms of secondhand smoke and its negative effects on the fetus have been reported as factors affecting smoking in men (Taylor et al., 2014). The content of educational interventions should be for both pregnant women and their husbands, and the use of community-based and theory-based interventions creates a framework for programs and attempts to change the smoking culture around pregnant women (Zhang et al., 2015). Men are at the forefront of mothers' services and do not have access to information that helps them make informed decisions and protect and promote their couple's health. Like the mother, the father must make changes to adapt to his new role, and this is sometimes more difficult for fathers because they are ignored by both health care providers and those around them (Simbar et al., 2009). Xia et al. (2021) show that thorough understandings of Chinese expectant fathers' smoking behavior during the

transition to fatherhood is a prerequisite to the development of appropriate interventions to facilitate smoking cessation. Men's training in prenatal care programs provides new opportunities to contribute to the health of themselves and their families, designing educational interventions for smokers can reduce men's smoking during their wives' pregnancies and a spouse's pregnancy can trigger a change in the behavior of men who smoke (Karimiankakolaki et al., 2019, Stanton et al., 2004). Nwosu et al. (2020) resulted that There is mixed evidence for interventions aimed at reducing pregnant women's exposure to SHS, though multi-component interventions seem to be more effective. Generally men do not have a tangible idea of the fetus inside the uterus and therefore cannot properly understand the environmental effects on it. Also, the idea that the fetus is protected in the mother's womb or that it has not yet come to life as a real creature prevents a person from believing in quitting smoking during pregnancy (Wakefield et al., 1998). Providing information about men's indirect cigarette smoke and how to support their spouse during pregnancy is an important source of help to motivate and implement functional strategies to change their smoking behavior (Wakefield et al., 1998). In developing countries, health professionals, especially midwives and nurses, do not see smoking as a major problem among their clients, and often overlook the advice to avoid exposure to secondhand smoke (Loke et al., 2000). Exposure to secondhand in pregnant women is an important and growing health problem and deserves immediate and international attention (Loke et al., 2000). When a baby loses weight due to the mother's exposure to secondhand smoke, eventually increasing the number of low birth weight babies, health problems, and the burden of community service (Loke et al., 2000). The men's education program should be integrated into our healthcare and hospital services system according to men's needs, and should be promoted and supported nationwide, and more successful programs should be supported with the help of

mass media, grassroots organizations, and public education (Barker et al., 2007).

We suppose educational programs about second-hand smoke have the capacity to integrate into the professional health care guidelines so that it can help medical and health care providers pay attention to the important role of men in women's health, especially during gestational age. Therefore we hope with the participation of men in women's health interventions, we can use a new approach to improve women's health especially in vulnerable populations.

According to the above, it can be stated as:

- Men's training programs should be tailored to the needs of men in the health care system.
- Due to the role of men in supporting their pregnant spouses, it is necessary to pay more attention to men's participation in prenatal programs.
- Men need to be the center of attention to in caring for their wives, especially to prevent exposure to SHS in pregnant women.
- It is necessary to justify the health care staff, not only to take the risk of second-hand smoke in pregnancy more seriously for women but also, do not ignore the involvement of smoking men in caring for their pregnant wives.

References

- Barker, G., Ricardo, C., Nascimento, M. & Organization, W. H. 2007. Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions.
- Karimiankakolaki, Z., Mazloomymahmoodabad, S. S., Kazemi, A. & Fallahzadeh, H. 2019. Designing an educational intervention on second-hand smoke in smoker men on the exposure of pregnant wives: a protocol for a randomized controlled trial. *Reproductive Health*, 16, 1-5.
- Loke, A. Y., Lam, T. H., Pan, S. C., Li, S. Y., Gao, X. J. & Song, Y. Y. 2000. Exposure to and actions against passive smoking in non-smoking pregnant women in Guangzhou, China. *Acta*

- obstetricia et gynecologica Scandinavica, 79, 947-952.
- Mazloomymahmoodabad, S. S., Karimiankakolaki, Z., Kazemi, A., Mohammadi, N. K. & Fallahzadeh, H. 2019. Exposure to secondhand smoke in Iranian pregnant women at home and the related factors. *Tobacco Prevention and Cessation*, 5, 1-9.
- Nwosu, C., Angus, K., Cheeseman, H. & Semple, S. 2020. Reducing secondhand smoke exposure among nonsmoking pregnant women: a systematic review. *Nicotine and Tobacco Research*, 22, 2127-2133.
- Quiñones, Z., Li, D., Mcintosh, S., Avendaño, E., Sánchez, J. J., Dimare-Hering, C., Flores Golfín, D., Wang, S., Pérez-Ramos, J. G. & Dv Dye, T. 2022. Predictors of Secondhand Smoke Exposure during pregnancy in Costa Rica, the Dominican Republic, and Honduras. *Nicotine & Tobacco Research*, <https://doi.org/10.1093/ntr/ntac011>.
- Rabinerson, D., From, A. & Borovich, A. 2020. Active and Secondhand (Passive) Smoking During Pregnancy. *Harefuah*, 159, 503-507.
- Simbar, M., Nahidi, F. & Ramezankhani, A. 2009. Fathers' educational needs about perinatal care: A qualitative approach. *Hakim Research Journal*, 12, 19-31.
- Stanton, W. R., Lowe, J. B., Moffatt, J. & Del Mar, C. B. 2004. Randomised control trial of a smoking cessation intervention directed at men whose partners are pregnant. *Preventive medicine*, 38, 6-9.
- Taylor, A. E., Smith, G. D., Bares, C. B., Edwards, A. C. & Munafò, M. R. 2014. Partner smoking and maternal cotinine during pregnancy: implications for negative control methods. *Drug and alcohol dependence*, 139, 159-163.
- Wakefield, M., Reid, Y., Roberts, L., Mullins, R. & Gillies, P. 1998. Smoking and smoking cessation among men whose partners are pregnant: a qualitative study. *Social science & medicine*, 47, 657-664.
- WHO. 2013. WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy. <http://www.who.int/tobacco/publications/pregnancy/guidelinstobaccosmokeexposure/en/index.html> [Online].
- Xia, W., Li, H. C. W., Song, P., Ho, K. Y., Luo, Y., Liang, T., Ho, L. L. K., Cheung, A. T. & Cai, W. 2021. Perceptions, behaviours and attitudes towards smoking held by the male partners of Chinese pregnant women: a qualitative study. *BMC public health*, 21, 1-10.
- Zhang, L., Hsia, J., Tu, X., Xia, Y., Zhang, L., Bi, Z., Liu, H., Li, X. & Stanton, B. 2015. Peer Reviewed: Exposure to Secondhand Tobacco Smoke and Interventions Among Pregnant Women in China: A Systematic Review. *Preventing chronic disease*, 12, 1-11.