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Research Article

The Effect of Pregnancy on Smoking in Behavior Among Women with Infants Aged 6-12 Months in Trabzon*

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Abstract

The use of cigarette during the pregnancy has many negative effects over the mother and baby. The women who start smoking may go on smoking during the pregnancy too. Or they may give a break to smoking because of the pregnancy. It is aimed that the effect of pregnanacy on the use of cigarette is investigated over the woman who gave a birth in Trabzon city centre, and who have babies 6-12 months old. This is a study of women registered at Family Health Centers in Trabzon province who gave birth to infants aged 6-12 months. This cross-sectional study was conducted on women who gave birth in Trabzon city center between March 2010 and February 2011 and had infants aged 6-12 months. In the research time 1549 women were reached (67.8%) who were at home and accepted to participate in the research. Based on literature information prepared by the researcher a questionairre was applied to women and the findings were compared with the percentage distribution arithmetic average standard deviation, Chi-square and Mc. Nemar tests. The average age of the women is 29.3±5.6. 35 % of them are high school graduates. And the total number of pregnancies is 2.0±1.2. The smoking frequency of women is 17.4% (n=270). 58.5% of women in their lastest pregnancy went on smoking when planning the pregnanacy. The smoking rate during pregnancy has dropped to 37.4%. 21.1 percent of the women stopped smoking. And the smoking rate went on showing a decrease up to the pregnancy. After the pregnancy the smoking rate has increased to 65.2%. The positive change in the behaviour of the women who have 6-12 months old babies and their relatives is an evidence of that pregnancy is a protector against cigarette. This is an opportunity to be used in cigarette struggle.

Keywords: Women, Pregnancy, Cigarette.

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Özet

Gebelikte sigara kullanımı anne ve bebek sağlığını olumsuz etkiler. Sigaraya başlayan kadınlar sigara kullanımına gebeliklerinde de devam edebilmektedir ya da gebelik nedeniyle sigara kullanımına ara verebilmektedir. Buradan yola çıkarak gebeliğin sigara üzerinde etkisi Trabzon il merkezinde doğum yapmış 6–12 aylık bebeği olan anneler üzerinde araştırılması amaçlanmıştır. Kesitsel tipteki araştırmada, Trabzon il merkezindeki Aile Sağlığı Merkezleri' ne kayıtlı olan, doğum yapmış 6-12 aylık bebeği olan kadınlar araştırmaya alınmıştır. Araştırma zamanında evde olan ve araştırmaya katılmayı kabul eden 1549 kadına (%67,8) ulaşılmıştır. Kadınlara literatür bilgilerine dayanarak araştırmacı tarafından hazırlanan anket uygulanmış, veriler yüzdelik dağılım aritmetik ortalama, standart sapma ve Mc. Nemar testleri ile karşılaştırılmıştır. Kadınların yaş ortalaması 29,3±5,6' dır, %35' i lise mezunudur ve toplam gebelik sayısı 2,0±1,2' dir. Kadınların sigara içme sıklığı %17,4' tür (n=270). Kadınların son gebeliklerinde %58,5' i gebeliği planladığında sigara içmeye devam etmiştir. Gebeliklerinde içme oranı %37,4' e düşmüştür, %21,1' i sigara içmeyi bırakmıştır ve kadınların sigara içme oranları doğuma kadar azalma göstermeye devam etmiştir. Doğumdan sonra içme oranı %65,2' ye çıkmıştır. 6-12 aylık bebeği olan kadınların ve yakınlarının gebelikte sigaraya yönelik davranışlarında olumlu yönde bir değişiklik olması, gebeliğin sigaraya karşı koruyucu olduğunun göstergesidir. Bu durum sigara mücadelesinde kullanılabilecek bir fırsattır.

Anahtar Kelimeler: Kadın, Gebelik, Sigara.

INTRODUCTION

Pregnancy is a critical adaptation process directly related to a woman's psychological well-being, self-esteem, and perceived social support mechanisms, with spousal support determining stress and depression levels (Dilcen et al., 2021; Güner, 2023; Jao et al., 2025). Family functioning directly affects a woman's healthy lifestyle choices and risky behaviors such as tobacco use during this period (Çeliker & Bolat, 2021). In particular, the use of addictive substances during pregnancy poses a serious public health problem for both maternal and infant health (Hamadneh & Hamadnef, 2021).

Cigarettes, with their toxic components, are among the leading causes of preventable mortality and morbidity. In addition to active or passive smoking exposure during pregnancy, exposure to "third-hand smoke" residues absorbed into surfaces also seriously threatens maternal and infant health (Avşar et al., 2021; Ediz & Bal, 2024; Mıguez & Pereira, 2021). Smoking causes complications such as placenta previa and placental abruption, and directly negatively affects fetal development by impairing the function of the placental barrier (Çınar et al., 2015; Morales-Prieto et al., 2021).

The effects of tobacco exposure on infants and newborns are manifested by low birth weight, low APGAR scores, and poor anthropometric measurements (Moghaddas, 2025; Nakijoba et al., 2025; Zhang et al., 2025). Current meta-analyses and systematic reviews report that this exposure increases the risk of depressive and anxious behavioral disorders in childhood and negatively affects breastfeeding initiation rates and duration (Halisdemir et al., 2025; Nacar et al., 2023; Şimşek & Kocataş, 2024). Furthermore, smoking during pregnancy and the postpartum period has been found to be strongly associated with postpartum depression (Miguez et al., 2021; Tarhan & Yılmaz, 2016).

Studies conducted in Turkey show that women have high intentions to quit smoking when planning a pregnancy, but some continue to smoke before and during pregnancy (Kahyaoğlu et al., 2018; Tezcan & Kavlak, 2012). This situation makes it essential to examine the effect of pregnancy on smoking and the level of awareness (Dilcen et al., 2021; Kahyaoğlu et al., 2018). This study was designed to investigate the effect of pregnancy on smoking and the factors shaping this process in light of the current literature, based on women who gave birth in the city center of Trabzon and have babies aged 6-12 months.

METHOD

Type of research

This cross-sectional study was conducted between March 2010 and February 2011 on women with infants aged 6-12 months who gave birth in the city center of Trabzon.

Research population and sample

The necessary permissions were obtained from the Trabzon Provincial Health Directorate for the research, and family physicians in the city center were informed in writing about the study. The number of women to be included in the study was obtained using data from the Provincial Health Directorate on women who gave birth between January and December 2009 and their babies. No sample was selected for the study; the aim was to reach the entire population. In Trabzon city center, the total number of mothers who have given birth and have babies aged 6-12 months is 2,284. However, despite at least two visits, 454 women could not be reached at home, 105 women had moved, and 176 women refused to participate in the survey. Therefore, the survey was administered to 1.549 women. A sample group was not taken from this large population; the aim was to reach the entire population. The research reached a large majority of the population by administering the survey to 1.549 women (67.8%). This number is more than sufficient for the study.

Data collection tools

Data for the study was collected through face-to-face surveys conducted at the women's homes using address information obtained from family doctors. Attempts were made to contact women who could not be found at home twice or whose address information was incomplete by telephone. Before the survey, women were informed about the purpose of the study and the necessary information about the survey. The survey included sociodemographic information such as the ages, educational status, occupations, social security, and income status of the women and their spouses, obstetric information such as the number of pregnancies and miscarriages of the woman, the sex and weight of the baby, height, whether the women smoked or not, whether they smoked for three months or more, their reasons for smoking or not smoking, whether they received counseling services related to smoking during their last pregnancy, when they planned their last and previous pregnancies, when they learned about them, during the 1st, 2nd, and 3rd trimesters, during the last three weeks before delivery, and after the baby was born.

Statistical Analysis

Data obtained from the survey were loaded into the SPSS 13.0 Windows software package, saved, and analyzed. Percentage distribution, arithmetic mean, standard deviation, chi-square, and McNemar tests were used to compare the data. Qualitative data were reported as a percentage (%), while quantitative data were reported as arithmetic mean ± standard deviation. The significance level was set at $p>0.05$.

RESULTS

The study included 1,549 women. 98.2% of them have social security, and the vast majority (89.2%) belong to a nuclear family. When examining the educational status of the women, the majority are high school graduates (35.0%), followed by those who are literate and elementary school graduates (25.4%). When examining the educational status of their spouses, the majority were high school graduates (44.3%), followed by university graduates (21.4%) (Table 1).

Table 1. Distribution of sociodemographic characteristics of women and their spouses

		n	%*
Social security	Yes	1521	98.2
	No	28	1.8
Family type	Nuclear	1382	89.2
	Extended	167	10.8
Women's educational status	Literate and elementary school	394	25.4
	Middle school	374	24.1
	High school	542	35.0
	University	239	15.4
Spouse's education status	Literate and elementary school	205	13.2
	Middle school	327	21.1
	High school	686	44.3
	University	331	21.4
Monthly income (TL)	<600	58	3.7
	600–1199	773	49.9
	1200–1799	329	21.1
	1800–2399	208	13.4
	2400 and above	181	11.7

* *Percentages are based on n=1549.*

The average age of women is 29.3 ± 5.6 years, while that of men is 32.8 ± 5.7 years. The total number of pregnancies among women is 2.0 ± 1.2, the number of live births is 1.8 ± 0.8, and the number of miscarriages is 1.2 ± 0.7. Of the women included in the study, 51.5% of their last babies were girls and 48.5% were boys. The vast majority of babies were born between 37 and 40 weeks (67.8%). 2.1% were born after 40 weeks and 30.1% were born before 37 weeks. It was determined that 86.6% (n=1342) of the women's last pregnancies were planned and 95.6% (n=1486) were desired. The number of women who underwent treatment to become pregnant in their last pregnancy was 123 (7.9%). The eighteen point nine percent of women (n=292) have tried cigarettes. It was determined that 270 women have smoked at least one cigarette per week for three months or more. The prevalence of cigarette smoking among women is 17.4%. The youngest age at which women started smoking was 12 years old, with an average age of 18.4 ± 2.9 years.

When examining the reasons for women starting to smoke, the influence of their peer group was found to be high (71.4%). This was followed by curiosity (49.6%), peer pressure (30.5%), addiction (25.6%), and stress (14.7%) (Table 2).

Table 2. Distribution of reasons why women started smoking

Reasons for Starting Smoking	n	%*
Peer influence	190	71.4
Curiosity	132	49.6
Imitation	81	30.5
Addiction	68	25.6
Stress	39	14.7
Sadness	29	10.9
Boredom	26	9.8
A specific problem	24	9.0
To appear more mature	16	6.0
To feel grown up	7	2.6
To prove oneself	4	1.5
Influence of family environment	2	0.8
Reaction to prohibition	2	0.8

**Percentages are based on n=270.*

When the smoking habits of women during their last pregnancy were examined, 58.5% of women continued smoking when they planned their pregnancy. The smoking rate decreased to 37.4% when women learned they were pregnant. 21.1% quit smoking, and the smoking rate continued to decrease until delivery. After delivery, the smoking rate increased to 65.2%. Of the women who started smoking, 93.2% smoked at least one cigarette every day (Table 3).

Table 3. Smoking status of women smokers during their last pregnancy (n=270)

	I used to smoke		I quit smoking		I don't smoke anymore	
	n	%*	n	%*	n	%*
When planning a pregnancy	158	58.5	-	-	112	41.5
	101	37.4	57	21.1	112	41.5
When finding out about pregnancy	56	20.7	45	16.7	169	62.6
	46	17.0	10	3.7	214	79.3
In the 1st trimester	44	16.3	2	0.7	224	83.0
In the 2nd trimester	42	15.6	2	0.7	226	83.7

In the 3rd trimester	176	65.2	-	-	94	34.8
In the last three weeks before delivery	164	93.2**				
Current situation	11	6.3**				
At least 1 per day	1	0.6**				

*Percentages are based on *n=270 and **n=176.*

They received this counseling service from a midwife, nurse, family doctor, or obstetrician. 250 women did not receive counseling services regarding smoking during their last pregnancy. When the reasons why women started smoking after childbirth were examined, 63.3% of women who smoked stated that they had no specific reason. Other reasons included 20.3% to relieve stress, 14.6% because they couldn't do without cigarettes, and 1.9% due to social pressure.

Forty-five point six percent of women who smoked stated that they smoked on the balcony/garden during their last pregnancy, while this preference increased to 81.8% after the baby was born. The rate of women who smoked in the kitchen during their last pregnancy was 25.2%, while this rate increased to 38.6% after the baby was born (Table 4).

Table 4. Women's smoking habits indoors during their last pregnancies and after the baby was born

	In last pregnancy		**After the baby is born**	
	n	**%***	**n**	**%****
On the balcony/garden	123	45.6	144	81.8
In the kitchen	68	25.2	68	38.6
I don't smoke at home	14	5.2	8	4.5
I smoke everywhere in the house	6	2.2	6	3.4
In the toilet	4	1.5	5	2.8
In the guest room	2	0.7	2	1.1
In the study room	2	0.7	2	1.1
In the bedroom	1	0.4	1	0.6
In the living room	1	0.4	-	-

Percentages are calculated based on *Number=270 and **Number=176.

Of the 176 women who started smoking after childbirth, 102 are considering quitting. 74 are not. The reasons for those considering and not considering quitting are presented in Table 5.

Table 5. Women considering quitting smoking and their reasons (n=176)

		n	**%**
Not considering quitting smoking	I like smoking	62	35.2
	I smoke to relieve stress	31	17.6
	I don't see any harm in it	12	6.8
	It increases my concentration	5	2.8
	It prevents me from feeling lonely	5	2.8
	I smoke to prove my independence	2	1.1
Considering quitting smoking	Because it's harmful to my health	90	51.1
	Because of family members' requests	48	27.3
	Because of my current illness and fear of getting sick in the future	43	24.4
	Because of economic damage	22	12.5
	Because it harms the environment	21	11.9
	Because of suggestions from friends and society	16	9.1
	Because of the discomfort caused by its smell	9	5.1
	Because of a doctor's recommendation	4	2.3

	Because I'm ashamed	3	1.7
	To set a good example for the environment	1	0.6
	Because of my beliefs	1	0.6

* *Percentages are based on n=1549.*

Smoking habits of couples during their last pregnancy were examined. In the last pregnancy, when pregnancy was planned, 91.3% showed no change, 8.4% reduced their smoking, and 0.2% increased their smoking. When pregnancy was confirmed, 86.4% showed no change, 13% reduced their smoking, and 0.6% increased their smoking. After the baby was born, 74.4% showed no change, 24.6% reduced their smoking, 1% increased their smoking, and 1% increased their smoking. The smoking habits of spouses during their last pregnancy and after the baby was born were examined. The percentage of spouses who smoked on the balcony/in the garden before the baby was born was 59.6%. After the baby was born, this percentage was 60.8%. The percentage of those who said they did not smoke at home during their last pregnancy was 26.4%, while this percentage increased to 28.4% after the baby was born. The percentage of those who said they smoked everywhere in the house was 8.7%, while this percentage decreased to 6% after the baby was born. When examining whether spouses, family members, and guests smoked around women during their last pregnancy, 5.6% of spouses (n=87) and 7% of family members and guests (n=109) smoked around women. The vast majority did not smoke around pregnant women. Women's exposure to smoking environments during their last pregnancy was evaluated. 37.4% of women did not allow smoking in their homes. 35.1% tried to spend less time in environments where smoking occurred, and 32.8% avoided such environments altogether.

Women were asked several questions about pregnancy and smoking. 90% of women believed that pregnant women should avoid environments where smoking occurs. 70% said that smoking can cause miscarriages. 64.4% said that smoking is easier to quit during pregnancy. 83% said that smoking occasionally during pregnancy is not acceptable. 83.7% said that smoking during pregnancy is harmful to every pregnancy (Table 6).

Table 6. Women's opinions on pregnancy and smoking

	Yes		No		I don't know	
	n	%	n	%	n	%
It is necessary to avoid being in environments where smoking takes place during pregnancy.	1394	90.0	72	4.6	83	5.4
Smoking can cause miscarriages.	1114	71.9	113	7.3	322	20.8
Smoking is easier to quit during pregnancy.	998	64.4	126	8.1	425	27.4
Smoking during pregnancy can cause premature birth.	943	60.9	238	15.4	368	23.8
Smoking during pregnancy can cause problems for the mother during and after childbirth.	941	60.7	219	14.1	389	25.1
Women who smoke should quit during pregnancy to protect the baby from the effects of smoking.	878	56.7	336	21.7	33.5	21.6
Occasional smoking is acceptable during pregnancy.	155	10.0	1285	83.0	109	7.0
Smoking during pregnancy does not harm every pregnancy.	126	8.1	1296	83.7	127	8.2

DISCUSSION

In this study, the obstetric characteristics of mothers in the central district of Trabzon are similar to those across Turkey. However, the fact that the vast majority of pregnancies are planned (86.6%) and desired (95.6%) indicates a high potential for improving mothers' health-protective behaviors. The

desired status of pregnancy is considered in the literature to be a factor that directly affects the mother's adaptation to lifestyle changes (Edis & Bal, 2024; Güner, 2023).

The study found that 17.4% of women smoked. This rate is above the values predicted by the WHO for developing countries and is similar to studies conducted in different provinces of Turkey (7.3% - 54.8%), which show a wide range (Avşar et al., 2021; Gülbayrak et al., 2004; Moghaddas, 2025). Although a decrease was observed in Trabzon compared to previous years (1999: 32%), smoking among women remains a serious public health problem due to their reproductive characteristics (Cihan et al., 2001; Çan &Özlü, 1999).

Pregnancy is a significant turning point in smoking behavior. In our study, the smoking rate dropped to 37.4% upon learning of pregnancy and continued to decrease until delivery, paralleling the “quitting during pregnancy” trend in the literature (Avşar et al., 2021; Marakoğlu & Sezer, 2003). However, the low rate of quitting smoking when planning pregnancy suggests that pre-pregnancy counseling and education services are inadequate (Güner, 2023; Kahyaoğlu et al., 2018). Given the teratogenic effects of tobacco exposure during organogenesis and the increased risk of complications, it is critically important that intervention begins before pregnancy (Şimşek & Kocataş, 2024).

The increase in smoking rates to 65.2% in the postpartum period is consistent with approximately half of women who quit smoking restarting within the first 6 months (Carmichael, 2000; Lelong et al., 2001). This situation demonstrates that pregnancy offers a “window of opportunity” to quit smoking, but professional support during the postpartum period is essential for lasting behavioral change (Nacar et al., 2023). Peer influence and curiosity are the primary reasons women start smoking; however, the lack of a clear reason after childbirth highlights the psychosocial dimension of addiction (Yüksel et al., 2012).

The maternal instinct and the desire to protect the baby also change the smoking environment. The tendency to smoke in the kitchen or on the balcony/in the garden after the baby is born reflects an effort to reduce the risk of passive smoking. Similarly, spouses also reducing smoking or changing where they smoke during pregnancy and after birth are positive steps toward protecting the family unit (Tarhan & Yılmaz, 2016). However, continued passive exposure within the home continues to increase perinatal risks (Nakamura et al., 2004).

CONCLUSION

In conclusion, the high level of knowledge and awareness among women participating in the study regarding the harmful effects of smoking during pregnancy can be explained by their high level of education. This awareness should be considered a strategic opportunity in tobacco control programs. Comprehensive education and counseling services provided both before pregnancy and during the postpartum period will play a key role in protecting not only the health of the mother but also that of future generations. The vast majority of women responded to the questions in our study as we expected. However, considering the negative effects of smoking during pregnancy on the mother and baby, these answers are insufficient. Therefore;

• Education on the effects of active or passive smoking during pregnancy on the mother, fetus, and newborn should be planned and implemented for all women, whether they smoke or not, and their families. The results of this education should be evaluated.

• The necessary education and counseling should be provided to help women who smoke quit before pregnancy or in the early stages of pregnancy.

• Studies should be conducted to examine the effects of different intervention programs on the smoking cessation behaviors of women who continue to smoke during pregnancy.

• The first 6 months of pregnancy and the postpartum period should be used as an opportunity in the fight against smoking.

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