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SMOKING IN PREGNANCY: A QUALITATIVE STUDY OF PREGNANT WOMAN ROUTINES

TABAGISMO NA GRAVIDEZ: UM ESTUDO QUALITATIVO DA ROTINA DE GESTANTES FUMAR EN EL EMBARAZO: UN ESTUDIO CUALITATIVO DE LA RUTINA DE MUJERES EMBARAZADAS

Lucíola D'Emery Siqueira, Sayuri Tanaka Maeda

ABSTRACT

Objective: to investigate how smoking is incorporated into the routine of pregnant women. **Method:** descriptive, exploratory study, qualitative approach, carried out in Health Units with Family Health Strategies, in the eastern region of the city of São Paulo. Ten pregnant women who remained smoking during pregnancy were subjected. The data were produced through the interview and analyzed by the Content Analysis Technique. **Results:** smoking is incorporated into the routine of pregnant women through early initiation, intimate socialization with smokers, difficulties in dealing with stress and in concretizing the project of life. **Conclusion:** pregnant women are involved in a social environment that is prone to smoking. In many cases there is no relationship of support to pregnant smokers, what is perceived is a transgenerational pattern in tobacco consumption. **Descriptors:** Smoking; Pregnant Women; Health Primary Care.

RESUMO

Objetivo: investigar como o tabagismo é incorporado à rotina de gestantes. **Método:** estudo descritivo, exploratório, abordagem qualitativa, realizado em Unidades de Saúde com Estratégia de Saúde da Família, na região Leste da cidade de São Paulo. Foram sujeitas 10 gestantes que permaneceram fumando durante a gestação. Os dados foram produzidos por meio da entrevista e analisados pela Técnica de Análise de Conteúdo. **Resultados:** o tabagismo é incorporado na rotina de gestantes por meio de uma iniciação precoce, convívio íntimo com fumantes, dificuldades em lidar com o estresse e em concretizar o projeto de vida. **Conclusão:** as gestantes estão envolvidas em um meio social propenso para o tabagismo. Em muitos casos não há uma relação de suporte à gestante tabagista, o que se percebe é um padrão transgeracional no consumo do tabaco. **Descritores:** Tabagismo; Gestantes; Atenção Primária à Saúde.

RESUMEN

Objetivo: investigar cómo fumar es incorporado a la rutina de las embarazadas. **Método:** enfoque descriptivo, exploratorio, cualitativo, realizado en Unidades de Salud con estrategia de salud de la familia, en la región leste de la ciudad de São Paulo. Participaron 10 mujeres embarazadas que han permanecido fumadoras durante el embarazo. Los datos fueron producidos a través de la entrevista y analizados por la técnica de análisis de contenido. **Resultados:** fumar está integrado en la rutina de las embarazadas a través de una iniciación temprana, convívio íntimo con fumadores, dificultades para lidiar con el estrés y en realizar el proyecto de vida. **Conclusión:** las mujeres embarazadas están involucradas en un entorno social propenso a fumar. En muchos casos hay un apoyo a la embarazada fumadora, lo que se puede percibir es un padrón transgeracional en el consumo de tabaco. **Descriptores:** Hábito de Fumar; Mujeres Embarazadas; Atención Primaria de Salud.

¹Nurse, Master in Collective Health, Federal University of São Paulo. São Paulo (SP), Brazil. E-mail: luludemery@yahoo.com.br; ²Nurse, Professor, PhD, Department of Collective Health, School of Nursing, University of São Paulo / USO. São Paulo (SP), Brazil. E-mail: sayuri@usp.br

INTRODUCTION

Tobacco use is the world's leading cause of preventable deaths, with an estimated six million deaths a year. It is therefore a world-wide issue that not only compromises people's quality of life, but also influences morbidity and mortality rates and profiles in different regions of the world.¹ The data indicate that the tobacco epidemic does not affect the countries of In a homogeneous way, since it is in the poorest and developing areas that the tobacco industry finds the favorable conditions for its establishment, using fiscal incentives and bank financing and also a large consumer market in expansion, with the development of research showing the harm caused by consumption, tobacco production and exposure to smoke, both individual, social and environmental damages, as well as financial damages for health systems, international organizations have rushed to develop intersectoral policies that prevent and minimize smoking and the growth of tobacco-related diseases.

A very successful initiative was the World Health Organization Framework Convention on Tobacco Control (FCTC), which articulated an effective, appropriate and comprehensive response to the tobacco-related problem.³ The action considered in addition to the damages caused In the general population, the emphasis on the harmful effects of smoking in specific populations: increasing consumption among children and adolescents as an increasingly early initiation; the profound damage caused to the exposure of women in the gestational period associated with child development; the increase in consumption among women around the world; the high number of smokers among indigenous people; and the impact of sophisticated marketing strategies on the tobacco consumption profile.³

The National Survey by Household Sample - PNAD, in 2008, prepared a Special Tobacco Survey, which outlined the current panorama of smoking in Brazil. The study showed three important results: the percentage of smokers over 15 years of age is 17.2%, the largest number in the South region and the lowest in the Southeast and Center-West regions; The mean age for tobacco initiation varied in Brazil between 17 and 19 years, presenting the lowest rates in the Northeast region; And people with lower levels of education had an even earlier initiation, before the age of 15 years. The research also pointed out a worldwide trend in the relationship between schooling and tobacco consumption, in that

the lower the level of education, the greater the consumption of tobacco.⁴ This same inverse relationship is also found in the household income question⁵.

If smoking does not homogeneously affect countries with distinct economic development, its effects are most noticeable in poor and developing countries; where the population of the most disadvantaged social classes is the one that most consumes tobacco.⁴ However, this question needs to be analyzed from the perspective of the determinants that influence the adoption of this habit, thus overcoming approaches centered on the individual and prioritizing actions that value and Intervene in the social context where the smoker is inserted.

Although Brazil experienced a reduction in the percentage of smokers in the general population - from 35% in 1989 to 16% in 2006 - population surveys showed that decreases in smoking prevalence and intensity were higher among men, among the most young people and among the individuals belonging to the higher socioeconomic strata.⁵

For this reason, the analysis of smoking from a gender perspective reveals a process of feminization, pauperization and juvenilization of tobacco, in which traces of gender inequalities impose women an unfavorable situation regarding tobacco consumption. There is a feminization of poverty, due to the growth of the role of women as a provider of the family, associated with the feminization of health problems that were primarily male, among them smoking.⁶ Also, the increasingly precocious consumption of tobacco demonstrates the power of the marketing of the cigarette industry in reaching a large number of adolescents and, in particular, women.⁷

It should also be considered that women are more prone to mood disorders, coupled with their current condition in society, overworked workload, household chores, greater responsibility for the upbringing of children, and enforcement issues of a standard of beauty that not only contributes to smoking initiation, but still keeps women in a situation of extreme vulnerability to the increasingly precocious consumption of tobacco.^{6,8} At the intersection of race / ethnicity, social class and gender , Black women find themselves in an even more unfavorable situation, where low wages, difficulties in insertion in the labor market, low level of schooling, precarious housing conditions put them in a situation of greater vulnerability to diseases, being potencialized by the consumption of tabaco.⁶

For women who smoke the act is an identity factor, besides representing a dependency difficult to break and a resource for moments of stress. However, benefits associated with smoking are also perceived as a source of pleasure reinforced by social experiences and a momentary relaxation opportunity, however, for pregnant smokers there is a tension between tobacco dependence and maternal expectations, being manifested by a sense of guilt that is reinforced by social disapproval.⁹ Women recognize that during gestation there is a small tolerance of society with pregnant women who smoke, and there is a high social expectation for the habit to be abandoned.¹⁰

The present study aimed to investigate how smoking is incorporated into the routine of pregnant women. It is necessary to emphasize that this theme has great relevance, since in listening to the pregnant woman, the study allows the protagonism of the woman and a better understanding of her life choices. Encouraging such reflection favors not only the planning of interventions that strengthen the female role in society, but also indicates ways to strengthen the integrality and intersectoriality of women's health care in UHS.

In this aspect, several approaches can arise from the study of the Social Determinants of Health. In the case of smoking, the focus on psychosocial factors allows to analyze the health situation as a result, not exclusively, but relating it with perceptions and different experiences of people in relation to their own health.¹¹

METHOD

A descriptive and exploratory study of a qualitative approach, carried out in the East region of the city of São Paulo, Brazil, in the Tiradentes City Health Technical Supervision and in the Health Units with the Family Health Strategy/FHS rationale. The choice of this region was due to its socioeconomic indicators of high vulnerability, such as high birth and fertility rates and infant and neonatal mortality rates higher than the municipal average.¹² As already demonstrated, the relationship of smoking in pregnancy with precarious conditions Socioeconomic, justifies the targeted approach to women in these conditions.

A total of ten smokers were followed up at the Health Units of the region. The selection of the sample was for convenience, where the family health team indicated possible participants. The study had as inclusion criteria: pregnant women in any gestational

trimester, accompanied by the health units of the region, who remained smoking during gestation. The scenario of the study was the home of the pregnant woman, where the interview was conducted through a Domiciliary Visit (DV) in the company of the Community Health Agent, from December 2014 to January 2015.

The interviews began with the guiding question "Tell me how you started the smoking?" This questioning allowed the dialogue to flow from adolescence to the current gestation and through the family organization and the community ties of the pregnant woman.

The interviews were recorded with permission of the interviewees, transcribed in full and in sequence. The modality of content analysis used was thematic analysis, that is, to discover nuclei of meaning in the content that is being analyzed. This modality is operationalized in three stages: the first consists in the pre-analysis of the material through a floating reading, constitution of the corpus and reformulation of hypotheses and objectives; While the second comprises the exploration of the material and categorization of the expressions or words according to which the content will be organized; and the third step represents the treatment of the results obtained and interpretation.¹³

After analyzing the material, the results were grouped into five categories: smoking initiation; difficulty coping with stress; absence of a life project; low perception of social support; and, living with smokers.

All participants were informed about the research and signed the Free and Informed Consent Term (FICT), after approval by the Research Ethics Committee of the School of Nursing / USP and the Health Department of the city of São Paulo / SP. Opinion nº 884.461, as provided in Resolution 466/12 of the National Health Council. For the maintenance of anonymity, the names of the participants are fictitious.

RESULTS

♦ Initiation to Smoking

The initiation to smoking occurred under the strong influence of the social environment. Most women reported onset of smoking because of their curiosity and ease of access to cigarettes through family and friends.

[...] I started smoking at age 16 through my boyfriend. I thought it was nice to smoke, I started smoking, too. (Luciana). [...] Curious, I wanted to see what it was like and

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it was becoming a vice, right? (Andréia). I started smoking since I was 15 years old. This business of mother and father ask to light the cigarette. There you have the curiosity to know how it is. (Maria). [...] I was 10 when I started smoking, so my mother died. In the old days it was hidden, we always smoked less, just inside the school. (Gabriela). [...] I started smoking because I know there I felt like it. I saw my father smoking, I was always curious. (Fernanda).

◆ Difficulties in coping with stress

Smoking is perceived as a tool that helps in overcoming stressful situations.

[...] the cigarette gives a sense of calm, it's crazy right !? I'm nervous, I'll go there and light a cigarette. I'm already very nervous (Dora). [...] in pregnancy I started to smoke more because I do not think I wanted to get pregnant very much, so I got pregnant and I became very tense so I started to smoke more (Rosa). [...] I smoke because everyday life stresses me, the everyday, the routine. All the same, I do not do different things, I just stay at home (Luciana). [...] I do not even leave the house, I stay home all day. (Andréia).

Ana's speech expresses the relationship between stress and work, and how cigarette plays an important role in controlling everyday fatigue.

[...] I guess I could not stop smoking because of the service. I liked the school that I worked for, but in this one I see that it is each one for itself. I work with a woman who has tendonitis and can not take weight, I get very overwhelmed.

In some situations, even when perceiving the health effects of cigarette smoking, a woman can not escape the habit of smoking.

I am easy to stop smoking, sometimes I get dizzy the cigarette I stopped and it was good, but it is very stressful, when I was stressed I would come back (Luciana). [...] I smoke to take away my stress and anxiety and at the same time I feel bad. I get stressed by everything, I think the pregnancy is leaving me like this without patience. (Andréia).

◆ Living with smokers

The family rules of pregnant women are extremely permissive, since cigarette smoking exists inside and outside the home, regardless of the presence of children and pregnant women.

In my family, my father smoked, my mother smoked, then my father left and my mother stopped smoking. I went to live with my boyfriend, he smokes, his mother smokes, his sister smokes. Wow! It is very smoky in the family. (Luciana). [...] my husband smokes too, we smoke in the house, my

children do not complain (Dora). Today I live with my husband and my three children. Everyone smokes in my family (Rosa). [...] I tried to stop once, I stayed nine months without smoking. Then I came back again because of this business of watching people smoke (Maria). One day I see my mother-in-law smoking and I'm already angry, she smokes in the house. My five-year-old daughter hates the smell of cigarettes. I do not smoke near her, but my mother-in-law smokes. (Janaína).

◆ Low perception of social support

In the speeches of the pregnant women the lack of support of the families in relation to the cessation of smoking is noticed.

My husband also smokes, when I get pregnant, only the doctors tell me not to smoke. (Gabriela). When I went back to smoking my mother cursed me, my grandmother cursed me. I said: Mother can you stop? No. Then done. (Andréia). [...] my husband said that if the baby is born with a problem because of the cigarette it kills me. (Paula). [...] my husband complains, says that I smoke like a frog and says: Stop smoking. You're smoking too much! It takes a lot on my foot because I'm pregnant and I smoke, but I do not care. (Rosa)

◆ Difficulty in realizing the life project

The aspects related to the life project demonstrated the difficulties encountered by pregnant women throughout life, both in following their choices and in the quest to achieve their life project. For most participants the pregnancy was not planned, which required the woman to adapt to the new reality and to reformulate future plans.

[...] in early pregnancy I did not want the baby, I was very sentimental. He was not accepting it at all. Then the belly grew, I began to feel it move, then I heard the little heart. The child is not at fault. Then I started to accept more, I'm more conformed. (Andréia). [...] in that pregnancy I increased my cigarette because it was an unwanted pregnancy, I did not want to, it was a fate chance. Today I accept more, but at first I did not accept it at all. I did not think to take it, only I did not want it at all. I denied too much, today I am already conformed.

The interruption of school life was recurrent in the speech of pregnant women. As the first pregnancy occurred before the age of 20, it was not possible to reconcile studies with maternity obligations.

I finished school and had the dream of college, but now I have to take care of them. I canceled this dream. (Rosa). [...] one day I want to go back to school and finish my studies. I only stay home doing nothing. (Fernanda). [...] I stopped studying

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in my first daughter's pregnancy and did not come back. Now that I've decided to study again, I'll find out that I was pregnant.
(Andréia).

DISCUSSION

Initiation to smoking occurred in a variety of ways. The community network of pregnant women had a strong influence on initiation. Most women began smoking in adolescence, out of curiosity, through parental influence - a long-standing habit of asking the child to light the cigarette - and even for weight-related aesthetic issues.

A study of adults who started smoking in childhood showed that smoking initiation was strongly associated with socio-cultural and family normality of smoking; Identification and learning with parental smoking figures; Adverse living conditions, including child labor and few recreational activities; And information scarcity.¹⁴ Occurring mainly in spaces of socialization, outside the family spectrum.¹⁵

There are specific female influences that contribute to the onset of smoking, such as the fact that the woman most commonly associates the act of smoking with negative moods (depression, anxiety, stress); A greater workload attributed to women in society, such as the need to reconcile work outside the home and care for the home and children; A greater sensitivity and expectancy in relation to life, which leads to negative frustrations and moods and the body weight factor, especially in adolescents and young women.⁸

The pregnant women reported the necessity of the cigarette as a support to overcome the stressful situations of the routine. There is a relationship of nicotine, present in cigarettes, with neurophysiological mechanisms of neurotransmitter release with the potential to minimize stress-related symptoms.¹⁶ In poorer population groups, tobacco is strongly related to stress relief and an instrument of pleasure, Which can be attributed to the difficulty of accessing other means of leisure and relaxation.¹⁶

It is noted that leisure is restricted to the domestic environment, this is due to the political and economic arrangement that involves the use of public space, causing entertainment to return to the home. Families have increasingly used their homes to enjoy their moments of fun, either because of the increasing use of technology, the difficulties of displacement in cities, violence or scarcity of resources for leisure consumption in the mercantiled way that he is being considered.¹⁷ The privatization of the fun and

the fact that it turns to the domestic environment has an even more negative result for community life. Since urban equipment has the capacity to aggregate people, its scarcity leads to social isolation.¹⁷

To analyze the difficulty of pregnant women not only in dealing with stress, but also in using cigarette as a means to overcome difficult moments in their routines, one must understand the stress in the family context, and how the dynamics of the family contributes to the maintenance Of high levels of stress.

Stress from family members can be expressed through physical and / or emotional symptoms as a result of problems in family dynamics. There is a conceptual differentiation of stress and crisis. The crises often result from events that occurred abruptly and suddenly. However, stress is always present at some level and progresses to crisis when the family lacks the resources needed to adapt. An unwanted pregnancy can be an element that triggers a family crisis. A family that has few resources to overcome a stressful situation and make necessary changes to adapt to a new reality, be it a new job, the arrival of a new member in the family, unemployment, losses, That the crisis lasts for long periods and that the family lives in a high stress environment.¹⁸ The perception of an intrafamilial, extrafamilial and institutional support network helps to overcome crisis situations and helps in the recovery of a situation of balance after the event Which destabilized the family dynamics.

Pregnant women are also exposed to passive smoking and have little control over family norms. Despite all the institutional effort to promote smoke-free environments indoors and in public institutions, the family environment is a place where the rules are determined by the members, which demands an awareness so that public policy enters the home.

The statements express the lack of control of the pregnant woman regarding the rules of the family. A study with family members of pregnant smokers demonstrated that social and family influences can make it difficult to quit smoking during pregnancy, especially when the woman has low control of cigarette smoking inside the home.¹⁹

A study that explored the behavior of pregnant women in avoiding environmental exposure to cigarette smoke concluded that less than half of the pregnant women who participated in the study reported a restriction of smoking in the home environment. Secondhand smoke is still a

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reality even for those women who do not smoke.²⁰

The speeches show a low perception of support from the social network in relation to cessation of smoking. Support can be defined as the provision or receiving of care and can be perceived individually as positive or negative.²¹ When families try to intervene to alert women about smoking, the threatening discourse stresses the relationship, makes it difficult to approach And effective aid. Current recommendations from the US Department of Health and Human Services for effective social support suggest that people involved in the smoking cessation process avoid comments that distract the relationship, such as scolding and cursing, hindering a welcoming and receptive stance.²²

When examining the impact of social networks and their influence on smoking cessation during the first trimester of pregnancy, it was found that women who lived with a smoker partner, had a significant number of smoking friends and were exposed to passive smoking were more likely to remain smoking During the first trimester of pregnancy.²³

A study of men and women who questioned the importance of smoking cessation in pregnancy has shown that some participants do not find it important to stop smoking in pregnancy. Meeting people who smoked during pregnancy and had healthy children may be a protective factor for the low supply of social support to pregnant women.²⁴

Relatives and friends who offer emotional support increase the chances of smoking cessation.²⁵ A smoker who realizes that he can discuss daily problems with a spouse or friend, or who receives empathic responses and support in the difficult moments experienced during an attempt to quit can be More capable of dealing not only with daily problems, but also with the specific consequences of withdrawal from quitting, ie withdrawal symptoms.²⁶

The abandonment of the project of life before the circumstances imposed by the conditions of life was also evident in the reports of the pregnant women. The perception that the woman could not follow her choices and realize her life project, as the interruption of school life was recurrent in the speech of pregnant women. Difficulties in realizing the project of life, which passes through a better professional qualification, generate a feeling of repentance and denial of pregnancy.

Social vulnerability may be present when

the individual has a fragile support network and a precarious insertion in the labor market. Therefore, when planning health actions, these factors should be considered, with their limitations and potential.²⁷

CONCLUSION

The study demonstrated that smoking is incorporated into the routine of pregnant women through early initiation, intimate socializing with smokers, difficulties in dealing with stress and with the realization of the life project. The challenge for health institutions in the development of smoking cessation actions during pregnancy is to consider these factors as fundamental to the success of the approach. In this sense, strategies to approach smoking should allow a reflection of the norms and rules of the family, not just a single member.

The study showed that pregnant women are involved in a social environment that is prone to smoking. The family rules of most interviewees allow indiscriminate smoking within and outside the family environment, often independent of the presence of children.

It was evidenced that the family is an important component in the pregnant woman's social network. In many cases there is no relationship of social support to pregnant smokers. What is perceived is a transgenerational pattern in tobacco consumption.

Thus, acting in a health promotion perspective requires the articulation of several sectors, ranging from the social network of the pregnant woman to the institutional policies of culture, income generation, housing and public security. Social-environmental determinants related to smoking demand intersectorial actions that extrapolate an action centered on biological issues of gestation.

REFERENCES

1. World Health Organization. Report on the Global Tobacco Epidemic [Internet]. Geneva: WHO; 2013 [cited 2013 Aug 16]. Available from:
http://www.who.int/tobacco/global_report/2013/en/

2. Lal P. Multilateral development banks and socially responsible investments--the case of tobacco. Glob Health Promot. 2012 Dec; 19(4):51-5. Doi: 10.1177/1757975912464246.

3. World Health Organization. Framework Convention on Tobacco Control [Internet]. Geneva: WHO; 2003[cited 2013 Aug 16].

Available from:
<http://apps.who.int/iris/bitstream/10665/42811/1/9241591013.pdf?ua=1>

4. Ministério da Saúde (BR), Instituto Nacional do Câncer, Organização Pan-Americana de Saúde. Pesquisa Especial Tabagismo - PETab: relatório Brasil [Internet]. Rio de Janeiro: IBGE; 2008 [cited 2013 Aug 16]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/pesquisa_especial_tabagismo_petab.pdf
5. Iglesias R, Jha P, Pinto M, Silva VLC, Godinho J. Documento de discussão - saúde, nutrição e população (HNP). Controle do tabagismo no Brasil: resumo executivo. Epidemiol Serv Saúde [Internet]. 2008 Dec [cited 2013 Aug 16];17(4):301-4. Available from: <http://scielo.iec.pa.gov.br/pdf/ess/v17n4/v17n4a07.pdf>
6. Borges MTT R, Barbosa RHS. As marcas de gênero no fumar feminino: uma aproximação sociológica do tabagismo em mulheres. Ciênc Saúde Coletiva [Internet]. 2009 [cited 2013 Aug 16]; 14(04): 1129-39. Available from: <http://www.scielo.br/pdf/csc/v14n4/a14v14n4.pdf>
7. World Health Organization. Gender, women and the tobacco epidemic [Internet]. Geneva: WHO; 2010 [cited 2013 Aug 16]. Available from: http://www.who.int/tobacco/publications/gender/women_tob_epidemic/en/
8. Otero M, De La Rosa L. Tabaquismo en la mujer: consideraciones especiales. Trast Adict. 2004 Dec; 06(02):113-24. Doi: 10.1016/S1575-0973(04)70152-X
9. Possato M, Parada CMGL, Tonete VLP. Representação de gestantes tabagistas sobre o uso do cigarro: estudo realizado em hospital do interior paulista. Rev Esc Enferm USP [Internet]. 2007 Sept [cited 2013 Aug 19]; 41(3): 434-40. Available from: <http://www.scielo.br/pdf/reeusp/v41n3/13.pdf>
10. Flemming K, Graham H, Heirs M, Fox D, Sowden A. Smoking in pregnancy: a systematic review of qualitative research of women who commence pregnancy as smokers. Journal of Advanced Nursing. 2012 Dec;69(5):1023-36. DOI: 10.1111/jan.12066
11. Buss PM, Carvalho AI. Desenvolvimento da promoção da saúde no Brasil nos últimos vinte anos (1988-2008). Ciênc Saúde Coletiva [Internet]. 2009 Dec [cited 2012 Sept 10];14(6):2305-16. Available from: <http://www.scielo.br/pdf/csc/v14n6/39.pdf>
12. Prefeitura Municipal de São Paulo, Secretaria Municipal de Saúde. Atlas da Saúde

da Cidade de São Paulo. São Paulo: Instituto Via Pública, 2012.

13. Bardin L. Análise de Conteúdo. Lisboa: Edições 70; 2009.
14. Calsavara TVS, Fontanella BJB. Uso de tabaco iniciado na infância: relatos de adultos em tratamento. J bras psiquiatr [Internet]. 2007 [cited 14 Aug 2014];56(4):252-9. Available from: <http://www.scielo.br/pdf/jbpsiq/v56n4/a03v56n4.pdf>
15. Panaino EF, Soares CB, Campos CMS. Context of the beginning of tobacco use in different social groups. Rev Latino-Am Enferm [internet]. 2014 May/June [cited 21 Aug 2014];22(03): 379-85. Available from: http://www.scielo.br/pdf/rlae/v22n3/pt_0104-1169-rlae-22-03-00379.pdf
16. Campaign for Tobacco-free Kids. Projetado Para Viciar [Internet]. 2014 June [cited 2015 Apr 10]. Available from: http://global.tobaccofreekids.org/files/pdfs/pt/TFK_DesignedforAddiction_pt.pdf
17. Marcellino NC, Barbosa FS, Mariano SH, Silva A, Fernandez EAO. Espaços e equipamentos de lazer em região metropolitana: o caso da região metropolitana de Campinas. Curitiba: OPUS; 2007.
18. Bomar PJ, Denny JF, Smith JE. Family stress management. In: Bomar PJ. Promoting health in families: applying family research and theory to nursing practice. 3rd ed. Philadelphia: Elsevier; 2004. p.373-419.
19. Gould GS, Munn J, Avuri S, Hoff S, Cadet-James Y, McEwen A, Clough AR. Nobody smokes in the house if there's a new baby in it: aboriginal perspectives on tobacco smoking in pregnancy and in the household in regional NSW Australia. Women Birth. 2013 Dec;26(4):246-53. Doi: 10.1016/j.wombi.2013.08.006
20. Chen CM, Lee PH, Chou YH, Kuo SF, Hsu YH. Avoidance of environmental tobacco smoke among pregnant Taiwanese women: knowledge, self-efficacy, and behavior. J Women's Health. 2007 Aug;16(6):869-78. Doi:10.1089/jwh.2006.0198.
21. Bullock K. Family social support. In: Bomar PJ. Promoting health in families: applying family research and theory to nursing practice. 3rd ed. Philadelphia: Elsevier; 2004. p.142-61.
22. Tobacco Use and Dependence Guideline Panel. Treating Tobacco Use and Dependence: 2008 Update [Internet]. Rockville (MD): US Department of Health and Human Services; 2008 [cited 2014 May 10]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK63952/>

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23. Homish GG, Eiden RD, Leonard KE, Kozlowski LT. Social environmental factors related to prenatal smoking. *Addict Behav* [Internet]. 2012 Jan [cited 2014 May 10];37(1):73-7. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3201815/pdf/nihms-328810.pdf>
24. Bull L. Smoking cessation intervention with pregnant women and new parents (part 2): A focus group study of health visitors and midwives working in the UK. *Journal of Neonatal Nursing* [Internet]. 2007 Oct [cited 2014 May 10];13(5):179-85. Doi: <http://dx.doi.org/10.1016/j.jnn.2007.07.003>
25. Bachir R, Chaaya M. Maternal smoking: determinants and associated morbidity in two areas in Lebanon. *Matern Child Health J* [Internet]. 2008 May [cited 2014 May 13];12(3):298-307. DOI: 10.1007/s10995-007-0242-z
26. Westmaas JL, Bontemps-Jones J, Bauer JE. Social support in smoking cessation: reconciling theory and evidence. *Nicotine Tob Res.* 2010 July;12(7):695-707. Doi: 10.1093/ntr/ntq077.
27. Figueiredo MD, Furlan PG. O subjetivo e o sociocultural na co-produção de saúde e autonomia. In: Sousa GW, Guerrero AVP. *Manual de práticas de atenção básica: saúde ampliada e compartilhada*. São Paulo: Aderaldo & Rothschild; 2010. p. 154-78.

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Corresponding Address

Lucíola D'Emery Siqueira
Av. Dr. Enéas de Carvalho Aguiar, 419
Bairro Cerqueira Cesar
CEP: 05403-000 – São Paulo (SP), Brazil