# Operationalizing intersectionality to stimulate smoking cessation in pregnant women in socially vulnerable situations

VLAAMS INSTITUUT

GEZOND

Pieter Debognies Flemish Institute for Healthy Living

ROOKVRIJE

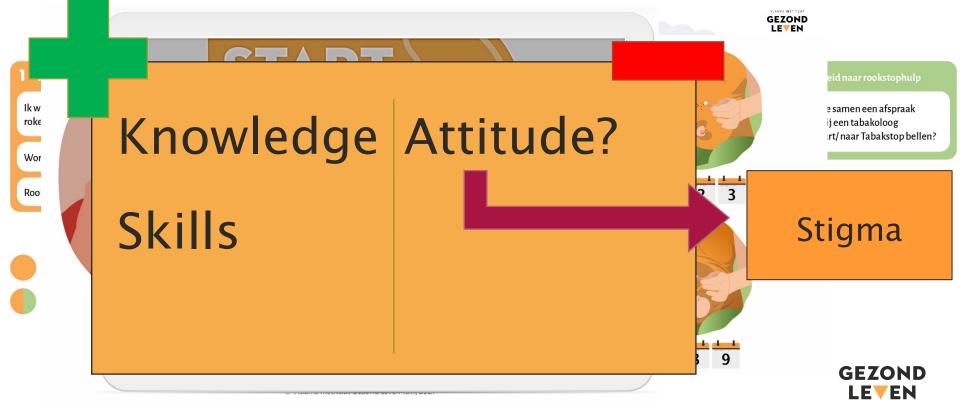
START



Vlaanderen

*This presentation is done in total independence from the event organizer. I have no conflict of interest to declare regarding the current presentation.* 

## Providing smoking cessation advice Supporting professionals?



#### Smoking and stigma

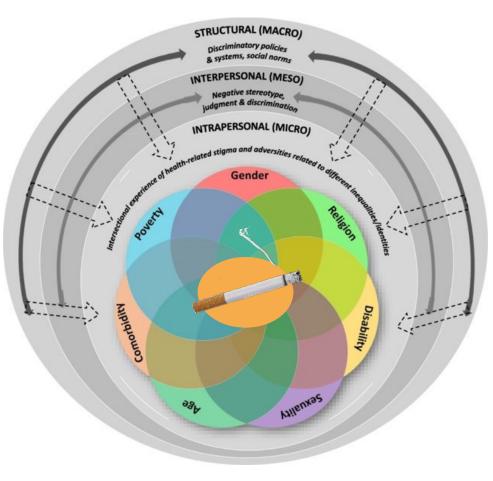
You have these professionals where I feel stigmatized because I smoke. They preach and think that quitting is so easy for me to do.

Before I got pregnant I didn't felt stigmatized, but now it happens...when I smoke and people notice my pregnant belly.



# Intersectionality

- Individual characteristics/identities intersect
- Intersections
  - $\rightarrow$  privilege or discrimination.
- Unequel distribution of
  - Smoking
  - Chances of quitting
- Smoking-related stigma intersects



# Stigma Smoking

- Denormalization of smoking
- Smoking as voluntary/rational behaviour
- Socially unacceptable activity
  - Harming own health
  - Harming innocent victims such as children
- ightarrow ightarrow negative stereotypes
  - Foolish
  - Sneaky

. . .

- Ignorant
- Lacking self-control





## Stigma Smoking x gender

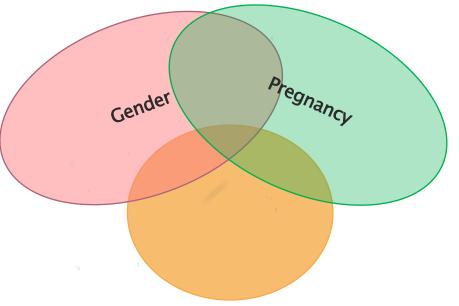
- Men's smoking as more acceptable
- Smoking woman as ugly, unattractive and out of control

Why not head to the website and upload a pic to the Future You Smoking Booth and see how old and horrible you could look if you keep smoking. It's a shocking transformation.



# Stigma Smoking x gender x pregnancy

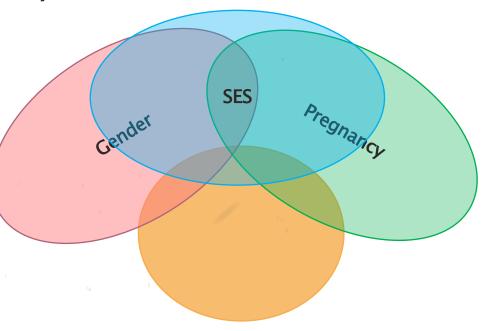
- Pregnancy as a largely female responsibility
- Moral judgements
- Woman who smoke = irresponsible mothers-to-be
- Foetal-centred approaches





# Stigma Smoking x gender x pregnancy x SES

- Social gradient
- Lower SES groups most affected by pregnancy-related stigma
- Stigma linked to low SES





#### Stigma Effects related to contact with health care

- Underreporting or non-disclosure of smoking status
- Avoid seeking support from health care practitioners
- Lack of feeling safe and trusted by health care practitioners
- Feeling guilty and shamed



## Reducing stigma by health-care practitioners

- 1. Take some time to "check yourself"
  - Do I force the woman to quit?
  - Do I consider the health of the fetus AND the mother-to-be?
- 2. Acknowledge that smoking is an addiction
  - ... and not a lifestyle choice or rational behaviour
- 3. Use person-first language and avoid overly simplistic descriptions of personhood and groups.
  - Pregnant woman who smokes instead of pregnant smoker



# Thank you

# **Any Questions?**

More information www.rookvrijestart.be rookvrijestart@gezondleven.be



VLAAMS INSTITUUT

GEZOND LEVEN