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Opinions of syrian refugee and turkish citizen pregnant women regarding the ministry of health's practices to combating smoking

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Abstract

Laws have been enacted by the Ministry of Health to protect health against smoking. We aimed to contribute to the literature by examining the opinions of the citizens of the Republic of Turkey, which was presented as a role model by the World Health Organization in the fight against smoking, and of Syrian refugees whose public life was disrupted and migrated due to the war, as well as was examined the effectiveness of the Ministry of Health's practices in this field on pregnant women. The universe of the study consisted of pregnant women who applied to the Harran University Chest Diseases Clinic between December 2019 and April 2021. The sample of this cross-sectional study consisted of 208 pregnant women who agreed to participate in the study. In the collection of the data, a participant identification form, which includes socio-demographic and obstetric characteristics, and a questionnaire to define the opinions of pregnant women on the anti-smoking practices of the Ministry of Health were applied to pregnant women. This study group consisted of 54.3% Syrian Refugee pregnant women and 45.7% of Turkish citizen pregnant women. This study was determined that 63% of Syrian refugee pregnant women and 37% of Turkish pregnant women smoked during their last pregnancy. A significant difference was found between the groups according to the age, presence of a smoker in the family, the smoking status of their spouse, and "State of knowledge of health problems caused by smoking" of Syrian Refugee and Turkish citizens pregnant. Our study is the first study that examines the opinions of pregnant regarding the smoking cessation practices of the Ministry of Health in the field and compares Syrian refugee-Turkish citizens pregnant. Active smoking of pregnant and the rate of exposure to passive smoking by their spouse or others living in-house suggest that smoking is still a major threat for pregnant. It has shown that the practices of the Ministry of Health in the field are known and supported by pregnant, but these practices are far from the inspection mechanisms.

Keywords: Pregnancy, syrian refugee, ministry of health, smoking, syria

Introduction

Smoking is a global epidemic in developed and developing countries. Despite anti-smoking campaigns, 1.2 million people die each year from diseases caused by smoking, as well as 8 million people due to passive smoking [1]. Smoking affects different socio-cultural and economic levels as well as different age and gender groups. Smoking addiction in women continues during pregnancy, with the effect of the incentive activities of cigarette companies, especially for women. Smoking addiction, which threatens the health of the mother and the baby during pregnancy, can cause various health problems in the baby from developmental delay to death [2].

Based on all these situations, various strategies have been developed by the Ministry of Health and laws have been enacted in the Grand National Assembly of Turkey. Turkey started the fight against smoking with Law No. 4207 enacted in 1996 [3]. The scope of this law was expanded in 2008 with Law No. 5727 and the "National Tobacco Control Program and Action Plan" covering the years 2008-2012 [4]. With these initiatives, Turkey has been shown as a role model for other countries in the World Health Organization (WHO) reports with the effective implementation of MPOWER, which is the 6 measures to be taken in tobacco control. MPOWER consists of 6 components. To monitor tobacco use, to protect people from the harms of passive cigarette smoke, to offer help to quit tobacco use, to warn about the harms of tobacco, to enforce bans on tobacco advertising and promotion, and to increase taxes on tobacco products [5]. Turkey; has been affected in many areas due to the ongoing war in its border neighbor Syria since 2011, and the resulting humanitarian immigration. War and migration are historical/social traumas and have traumatic multidimensional

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effects on survivors[6]. Syria became the first Arab country to ban smoking in cafes and restaurants with its smoke-free air zone law in 2010 [7]. Our study is the first study in the literature that examines, on the one hand, the opinions of the citizens of the Republic of Turkey, which is presented as a role model by the WHO in the fight against tobacco, and on the other hand, the opinions of the Syrian refugees whose public life was disrupted by the war and migrated to Turkey, as well as the effectiveness of the Ministry of Health's practices in the field. The aim of this study; is to examine the effects of the anti-smoking practices of the Ministry of Health on immigrant Syrian refugees and Turkish pregnant women.

Materials and Methods

Setting and Sample

The sample of this cross-sectional study was comprised of 208 pregnant women who applied to the Harran University Chest Diseases Clinic/Polyclinic between December 2019 and April 2021. In the collection of the data, a participant identification form, which includes socio-demographic and obstetric characteristics, and a questionnaire to define the opinions of pregnant women on the anti-smoking practices of the Ministry of Health were applied to pregnant women.

Data Collection Tools

Participant identification form is a survey to define pregnant women's sociodemographic characteristics (age, education status, family structure), smoking status in pregnancy, daily cigarette amount, the presence of smokers in the family, the spouse's smoking status, smoking status in the living area, and their opinions on the anti-smoking practices of the Ministry of Health, consisting of 16 questions (Do you know the Ministry of Health's implementation of the smoking ban in indoor areas, Do you approve the implementation of the Ministry of Health's smoking ban in indoor areas, Has the Ministry of Health's indoor smoking ban reduced the number of smoking, Did you get a penalty due to the Ministry of Health's indoor smoking ban, Have you heard of anyone getting a penalty due to the Ministry of Health's indoor smoking ban, Do you know the health problems caused by smoking, Have you ever had any discomfort due to smoking, Do you know that people around are harmed as passive smokers due to the smoke while smoking in indoor areas, Do you access cigarettes easily).

For the intelligibility of the findings, the educational status was categorized as illiterate, primary/secondary school graduates, high school, and above. The categorization of age groups was classified according to the lower and upper age range of our study and the average age.

Application

After obtaining written informed consents of the pregnant women who applied to Harran University Chest Diseases Clinic/Polyclinic and volunteered to participate in the study, the questionnaire forms were filled in face-to-face interviews. To communicate with women who do not speak Turkish and to fill out questionnaires, support was received from translators working in the field and at the hospital. The application time of the questionnaire form to each pregnant has been approximately 25-30 minutes.

Data Analysis

The data obtained were evaluated with the IBM SPSS Statistics for Windows, Version 20.0. (Armonk, NY: IBM Corp.) Package Program. The frequency and percentage distribution of sociodemographic and obstetric data were calculated. Whether there is a difference between sociodemographic and obstetric variables according to the nationality of pregnant women and the opinions about the smoking cessation practices of the Ministry of Health has been evaluated with the Chi-square. A value of $p < 0.05$ was considered statistically significant.

Ethical Consideration

For this study, ethics committee approval was obtained from the Harran University medical faculty clinical research ethics committee on 02.12.2019 with session number 05 and the decision number 19/05/26.

Results

The study group consisted of 54.3% Syrian Refugee pregnant women and 45.7% of Turkish citizen pregnant women. 54.3% of the pregnant women in the study group were Syrian Refugees and 45.7% were Turkish citizens. The age of the pregnant women in the study group ranged from 15 to 53 and the average was 26.52 ± 6.76 . 51.4% of the pregnant women participating in the study had an education at the primary/secondary school level. It was determined that 69.7% of the pregnant women lived in a nuclear family structure.

In our study, 58.3% of Syrian refugee pregnant women and 41.7% of Turkish citizens were illiterate. While 50.8% of Syrian refugee pregnant women had primary school-secondary school education, this frequency was 49.2% among Turkish citizen pregnant women. While 61.8% of Syrian refugee pregnant women had high school and above education, 38.2% of Turkish citizen pregnant women had high school or higher education. No difference was observed between the groups in terms of the education status of pregnant women who are Syrian refugees and Turkish citizens ($p > 0.001$) (Table 1).

In our study, it was found that 58.6% of Syrian refugee pregnant women and 41.4% of Turkish citizen pregnant women were living in a nuclear family structure, while 44.4% of Syrian refugee pregnant women and 55.6% of Turkish citizen pregnant women were living in an extended family structure. A statistical difference was found between the family structure of the pregnant women according to their nationalities ($p > 0.001$) (Table 1).

In our study, 62.4% of Syrian refugee pregnant women and 37.6% of Turkish citizen pregnant women were in the 15-26 age group. The frequency of Syrian refugee pregnant women in the age group of 27 and over was 44%, and the frequency of Turkish citizen pregnant women was 55.6%. It has been determined that there is a statistically significant difference between Syrian refugees and Turkish citizens of pregnant women according to their age groups ($p > 0.05$) (Table 1).

In our study, it was determined that 63% of Syrian refugee pregnant women and 37% of Turkish pregnant women smoked during their last pregnancy. It was found that the frequency of smoking during the last pregnancy was 26% in the entire study group, but there was no significant difference between the groups ($p > 0.05$). While 62.8% of Syrian refugee pregnant women had individuals smoking

in their families, this frequency was 37.2% among Turkish pregnant women. It was observed that 65.9% of the entire study group had a smoker in the family and there was a significant difference between the groups ($p<0.001$). In our study, spouses of 64.1% of Syrian refugee pregnant women and the spouses of 35.9% of Turkish pregnant women were smoking. The frequency of pregnant women whose spouses were smoking was 61.5% in the entire study

group. In our study, it was observed that pregnant women whose spouses were smoking made a difference between the groups ($p<0.001$). While 57% of Syrian refugee pregnant women reported smoking in their living rooms, 43% of Turkish citizen pregnant women reported smoking in their living rooms. No difference was observed between the groups in terms of the frequency of smoking in living rooms of pregnant women ($p>0.05$) (Table 2).

Table 1. Distribution of Some Socio-Demographic Characteristics of Pregnant Women

Characteristics	Nationality		Total**	Test value/p
	Syrian* n(%)	Turkish Republic* n(%)		
Education Status				
Illiterate	28(58.3)	20(41.7)	48(23.1)	1.702/0.427
Primary-Secondary School	64(50.8)	62(49.2)	126(60.6)	
High School and above	21(61.8)	13(38.2)	34(16.3)	
Family Structure				
Nuclear Family	85(58.6)	60(41.4)	145(69,7)	3.557/0.059
Expanded Family	28(44.4)	35(55.6)	63(30,3)	
Age				
15-26 age	73(62.4)	44(37.6)	117(56.3)	6.289/0.012
27 age and above	40(44.0)	51(56.0)	91(43.8)	
*: Sum total, **: percentage is taken according to the column total				

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Table 2. Characteristics of the Participants Regarding their Smoking Status

Characteristics	Nationality		Total**	Test value/p
	Syrian* n(%)	Turkish Republic* n(%)		
Smoking status during pregnancy				
Yes	34(63.0)	20(37.0)	54(26.0)	2.192/0.139
No	79(51.3)	75(48.7)	154(74.0)	
The presence of a smoking individual in the family				
Yes	86(62.8)	51(37.2)	137(65.9)	11.541/0.001
No	27(38.0)	44(62.0)	71(34.1)	
Smoking status of spouse				
Yes	82(64.1)	46(35.9)	128(61.5)	12.713/0.000
No	31(38.8)	49(61.3)	80(38.5)	
In-house smoking exposure status				
Yes	81(57.0)	61(43.0)	142(68.3)	1.330/0.249
No	32(48.5)	34(51.5)	66(31.7)	
*: Sum total, **: percentage is taken according to the column total				

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The comparison of the smoking restrictions of the Ministry of Health according to the citizenship of the pregnant women included in the study is shown in Table 3. While 51% of Syrian refugee pregnant women were aware of the Ministry of Health's implementation of the smoking ban in indoor areas (Opinion 1), this frequency was 49% among Turkish citizen pregnant women. The frequency of those who approve of the Ministry of Health's implementation of the smoking ban in indoor areas (Opinion 2) was 53.1% among Syrian refugee pregnant women and 46.9% among Turkish citizen

pregnant women. 48.8% of Syrian refugee pregnant women answered yes to the question of whether the Ministry of Health's indoor smoking ban has reduced the number of smoking (Opinion 3), while this frequency was 51.2% in Turkish pregnant women. It was determined that both Syrian refugee pregnant women and Turkish pregnant women answered no to the question of whether they got a punished due to the Ministry of Health's indoor smoking ban (Opinion 4). When whether they have heard of anyone getting a penalty due to the Ministry of Health's indoor smoking ban was

asked (Opinion 5), it was determined that 30% of the pregnant Syrian refugees and 69.2% of the pregnant Turkish citizens heard about someone getting a penalty. 51.4% of pregnant Syrian refugees and 48.6% of Turkish pregnant women answered yes to the question of whether they know the health problems caused by smoking (Opinion 6). 58.8% of pregnant Syrian Refugees and 41.2% of Turkish pregnant women in our study answered yes to the question of whether they had any discomfort due to smoking (Opinion 7). 51.6% of pregnant Syrian Refugees and 48.4% of Turkish pregnant women answered yes to the question of whether

they know that people around are harmed as passive smokers due to the smoke while smoking in indoor areas (Opinion 8). When the easy access to cigarettes status of pregnant women was examined (Opinion 9), it was determined that 63% of pregnant Syrian Refugees and 37% of Turkish pregnant women had easy access to cigarettes. In our study, while a difference was found between the groups regarding the status of pregnant women knowing about the health problems caused by smoking (Opinion 6) ($p<0.05$), no difference was found in other variables (Table 3).

Table 3. Comparison of the smoking restrictions of the Ministry of Health by the citizenship of pregnant women

Characteristics	Nationality		Total**	Test value/p
	Syrian* n(%)	Turkish Republic* n(%)		
Do you know the Ministry of Health's practice of smoking ban in indoor areas? (Opinion-1)				
Yes	80(51.0)	77(49.0)	157(75.5)	2.933/0.087
No	33(64.7)	18(35.3)	51(24.5)	
Do you find the Ministry of Health's practice of smoking ban in closed areas correct? (Opinion-2)				
Yes	95(53.1)	84(46.9)	179(86.1)	0.492/0.483
No	18(62.1)	11(39.9)	29(13.9)	
Did the Ministry of Health's indoor smoking ban reduce your smoking number? (Opinion-3)				
Yes	20(48.8)	21(51.2)	41(19.7)	0.385/0.535
No	93(55.7)	74(44.3)	167(80.3)	
Have you been punished due to the Ministry of Health's indoor smoking ban? (Opinion-4)				
Yes	0(0.0)	0(0.0)	0(0.0)	Fisher/0.501
No	113(100.0)	95(100.0)	208(100.0)	
Have you heard of anyone who has been punished due to the Ministry of Health's indoor smoking ban? (Opinion-5)				
Yes	4(30.8)	9(69.2)	13(6.3)	2.171/0.141
No	109(55.9)	86(44.1)	195(93.8)	
Do you know the health problems caused by smoking? (Opinion-6)				
Yes	93(51.4)	88(48.6)	181(87.0)	4.005/0.045
No	20(74.1)	7(25.9)	27(13.0)	
Have you had any discomfort due to smoking? (Opinion-7)				
No smoker	79(51.3)	75(48.7)	154(74.0)	2.364/0.307
Yes	10(58.8)	7(41.2)	17(8.2)	
No	24(64.9)	13(35.1)	37(17.8)	
Do you know that people around are harmed as passive smokers due to smoke while smoking in closed areas? (Opinion-8)				
Yes	82(51.6)	77(48.4)	159(76.4)	2.064/0.151
No	31(63.3)	18(36.7)	49(23.6)	
Can you reach cigarettes easily? (Opinion-9)				
No smoker	79(51.3)	75(48.7)	154(74.0)	2.192/0.334
Yes	17(63.0)	10(37.0)	27(13.0)	
No	17(63.0)	10(37.0)	27(13.0)	

*: Sum total, **: percentage is taken according to the column total

Discussion

Our study group consisted of 54.3% pregnant Syrian Refugees and 45.7% pregnant Turkish citizens. The average age of pregnant women in the study group was 26.52 ± 6.76 . 60.6% of the pregnant women participating in the study had education at the primary/secondary school level. 69.7% of the pregnant women were living in a nuclear family structure.

Smoking during pregnancy is a situation that negatively affects the mortality and morbidity of both mother and baby and continues to be on the agenda [8]. Smoking during pregnancy can occur due to mental and behavioral reasons, as well as many comorbid (environmental factors, addiction level, etc.) reasons [9]. Besides, although the frequency of smoking during pregnancy varies according to the way questions about smoking are asked, the general frequency has decreased since the 1960s. One reason for the decline in smoking frequency during pregnancy over the years is likely to be increased awareness of the health risks of smoking for both mother and child. Despite this, smoking continues at a considerable level. For instance, in a study conducted in Germany, it was reported that the frequency of smoking during pregnancy was 34.5% [10]. Again, in a study conducted in Finland, it was reported that 15% of women smoked in the first trimester and 10% throughout their pregnancy [9]. In another study conducted in Brazil, the prevalence of smoking in mothers of premature babies was reported to be 18.0% and 12.6% in term mothers [11]. In Turkey, studies are reporting that the prevalence of smoking in pregnant women varies between 16.5-42.5% [12,13,14]. In our study, we found that six out of ten pregnant Syrian refugees (63%) and three out of ten pregnant Turkish citizens (37%) smoked during their last pregnancy. Although we found that there is no difference between Syrian Refugees and Turkish Citizen pregnant women, we can say that the number of pregnant Syrian refugees who smoke is twice the number of pregnant Turkish citizens. This situation, as emphasized at the beginning, shows that smoking during pregnancy continues at a significant level. The striking point is that this frequency is quite high among Syrian refugee women who had to migrate due to the war.

The presence of a smoker in the family is an environmental factor that encourages smoking. Either voluntary (active smoking) or involuntary (second-hand or passive smoking) smoking during pregnancy may cause worsening of pregnancy and fetal outcomes [15]. In a study conducted in Taiwan, it was reported that almost half of the women (47.8%) were exposed to smoking/tobacco involuntarily (second-hand or passive smoking) [16]. In our study, we found that six pregnant women (62.8%) out of ten Syrian refugees and three pregnant women (37.2%) out of ten Turkish citizens had a smoker in their families, and we detected a difference between the groups (Table 2). This finding proves that the presence of a smoker in the family affects the frequency of smoking. The number of individuals who smoke in the families of Syrian refugee pregnant women is striking. Our results support that Syrian Refugees are also disadvantaged in terms of smoking.

Smoking of the spouse is a factor that increases the frequency of smoking among partners. In a study examining the relationship between nicotinic acetylcholine receptor genetic variant and smoking during pregnancy, it was reported that the smoking of the spouse had a strong relationship with the smoking of the pregnant

woman [10]. Kurtuluş et al. (2021), in their study examining the relationship between smoking frequency and depression in 414 pregnant women, reported that 72.7% of the pregnant women in the entire study group smoked, and 42.5% of those whose husbands smoked continued smoking during pregnancy [2]. Similarly, in our study, we found that the spouses of six of every ten (64.1%) pregnant Syrian refugees and three of every ten pregnant Turkish citizens (35.9%) smoke and there is a significant difference between the groups. The significant difference detected between the groups is due to Syrian Refugee pregnant women (Table 2). Our findings, which support the literature, show that smoking of the spouse leads to the maintenance of smoking behavior.

Cigarettes smoked in living areas can cause anomalies and disease risk in both respiratory and other systems through exposure to second-hand smoke and exposure to third-hand smoke by hanging in the air. McEvoy and Spindel (2017) emphasized in their study that exposure to cigarette smoke while still in intrauterine life has significant negative effects on the lungs that develop with long-term/permanent structural changes, altered pulmonary function, increased respiratory disease, and increased risk of asthma. It is also the biggest preventable cause of preterm delivery and low birth weight, which are important determinants of childhood respiratory function [17]. In a study conducted with 379 secondary school students in Italy, 41.1% of the participants reported that they were exposed to second/third-hand smoke [18]. According to the Global Adult Tobacco Survey Turkey Report (2016), 25.9% of women reported that they were exposed to cigarette smoke at home [19]. In our study, it was determined that smoking was present in the living area of five of every ten pregnant Syrian refugees (57%) and four of every ten pregnant Turkish citizens (43%). The reason for this frequency, which we have determined almost twice as much in both groups compared to the average in Turkey, might be because Syrian refugees live more crowded lives due to migration and Turkish pregnant women due to the social structures of the region.

In this part of the study, the opinions of the participating pregnant women on the anti-smoking practices of the Ministry of Health of the Republic of Turkey will be discussed. This part of the discussion was limited since our study was the first study examining the opinions of pregnant women on the anti-smoking practices of the Ministry of Health, and the studies on anti-smoking practices in the literature were conducted in non-pregnant groups.

According to Article 2 of Law No. 4207, smoking is prohibited in indoor areas³. Smoking cigarettes indoors causes exposure to continue longer [17]. In our study, it was determined that five of every ten pregnant Syrian Refugees (51%) and four of every ten pregnant Turkish citizens (49%) were aware of the Ministry of Health's smoking ban in indoor areas (Opinion 1). Besides, five of every ten pregnant Syrian Refugees (53.1%) and four of every ten pregnant Turkish citizens (46.9%) in the study group stated that they approve the Ministry of Health's implementation of the smoking ban in indoor areas (Opinion 2). Our results, demonstrating similar frequency among the groups, can be explained by the fact that pregnant Syrian Refugees were informed about the health system of the country they had to migrate to. In addition, we believe that the legal implementations regarding the smoking ban in the country of origin of pregnant Syrian Refugees starting in 2010 may be one of the reasons for them to have full knowledge of this issue. In the

study of Coşkun et al. (2010), 75.8% of the teachers reported that they considered the smoking ban in indoor areas necessary [20].

Indoor smoking restrictions are expected to reduce the number of smoking. In our study, four out of ten pregnant Syrian Refugees (48.8%) and five of every ten pregnant Turkish citizens (51.2%) answered yes to the question of whether the Ministry of Health's indoor smoking ban reduced the number of smoking (Opinion 3), and no difference was found between the groups. In their study, Topçu et al (2014) stated that 28.3% of the students who smoke decreased their smoking frequency with the law [21]. In the study of Coşkun et al. (2010), 54% of the participants reported that smoking among teachers decreased with the new law [20].

Law No. 4207 states that smoking in indoor areas has a financial sanction [3]. The purpose of these criminal sanctions is deterrence. It is argued that for these practices to be deterring smoking rates, no compromises should be made in the enforcement of the law and criminal proceedings [21]. In our study, we asked the question of whether they got a penalty due to the Ministry of Health's indoor smoking ban (Opinion 4). According to our findings, both pregnant Syrian Refugees and pregnant Turkish citizens answered no to this question. One of the cases we examined in our study was whether the participants heard of anyone getting a penalty due to the indoor smoking ban. When hearing anyone getting a penalty due to the Ministry of Health's indoor smoking ban (Opinion 5) was questioned, it was determined that three of every ten pregnant Syrian refugees (30.8%) and every ten pregnant Turkish citizenship (69.2%) had heard of someone receiving a penalty. The reason why pregnant women in our study never got any penalty may be due to their smoking outside of public places such as their homes.

Smoking is one of the leading causes of many preventable diseases, especially chronic lung disease and heart diseases [22]. Moreover, the smoking habit of the pregnant woman not only affects her health but also negatively affects the health of her future baby [23]. In our study, we asked pregnant women whether they know the health problems caused by smoking (Opinion 6) and we found that five of every ten pregnant Syrian Refugees (51.4%) and four of every ten pregnant Turkish citizens (48.6%) answered yes. Although the study group is not similar, Topçu et al. (2014) reported in their study that 88.3% of their participants thought smoking has health hazards. In addition, in our study, five of every ten pregnant Syrian refugees (58.8%) and four of every ten pregnant Turkish citizens (41.2%) reported that they experienced any discomfort due to smoking (Opinion 7). Many people know that smoking is harmful to health. However, we believe that the fact that smoking is still a continuing behavior despite this knowledge is an indicator of the multidimensionality of the situation.

The term "passive smoking" usually refers to the inhalation of smoke that is exhaled by a smoker or released from a lighted cigarette. Another name for passive smoking is "involuntary smoking" because the person breathing cigarette smoke has no other choice [24]. Passive smoking is known to cause prenatal health problems, as well as placental problems, premature birth, and low birth weight in the fetus. In our study, five of every ten pregnant Syrian Refugees (51.6%) and four of every ten pregnant Turkish citizens (48.4%) stated that they knew that the people around were passive smokers due to the smoke while smoking in indoor areas (Opinion 8). According to our results, the frequency

of pregnant Syrian Refugees knowing about passive smoking is higher than pregnant Turkish citizens, although it does not make a significant difference. This situation shows that Syrian Refugees in Turkey sufficiently benefit from both the immigrant health center and other health services. In the study of Rabinerson and Borovich (2020), more than two-quarters of pregnant women who were active smokers have stated that they know the difference between active and passive smoking [24].

One of the ways the cigarette industry spreads to society is through illegal and under-the-counter sales, especially in vulnerable and defenseless groups. Due to its geographical location and the intensity of migration, the center in which we conducted the study is the most common land where under-the-counter and the illegal cigarette industry are experienced [25]. In our study, it was determined that six of every ten pregnant Syrian Refugees (63%) and three of every ten pregnant Turkish citizens (37%) had easy access to cigarettes (Opinion 9). Our findings show that pregnant Syrian Refugees have easier access to cigarettes compared to pregnant Turkish citizens.

The fact that the data collection phase in this study coincided with the pandemic period limited the sample. The fact that this is the first study examining the opinions of pregnant women on the Ministry of Health's practices in combating smoking caused us to compare the findings with studies with different samples in the literature. These situations created the limitations of the study.

Conclusion

As a result, our study; is the first study that examines the opinions of pregnant women regarding the smoking cessation practices of the Ministry of Health in the field and compares Syrian refugee -Turkish citizen pregnant women. Active smoking of pregnant women and the rate of exposure to passive smoking by their spouse or others living in the same house suggest that smoking is still a major threat for pregnant women. Yet, this threat is twice the current risk for pregnant Syrian Refugees. Our study has shown that the practices of the Ministry of Health in the field are known and supported by pregnant women, but these practices are far from the inspection mechanisms. Informing both Syrian Refugees and Turkish citizens about the anti-smoking practices of the Ministry of Health in the field is important in terms of making the inspection mechanisms more effective.

Conflict of interests

The authors declare that they have no competing interests.

Financial Disclosure

All authors declare no financial support.

Ethical approval

For this study, ethics committee approval was obtained from the Harran University medical faculty clinical research ethics committee on 02.12.2019 with session number 05 and the decision number 19/05/26.

References

1. WHO Report on the global tobacco epidemic, 2019;15-9, access date 25 April 2021
2. Kurtuluş Ş, Can R, Sak ZHA. Assessment of the Relationship Between Smoking and Depression in Pregnant Women. J Immigr Minor Health. 2021;23:536-46.

3. T.C. Official Newspaper. Law No. 4207. Release date: November 26, 1996. access date 23.04.2021
4. Bilir N, Çakır B, Dağlı E et al. Tobacco control in Turkey. Who Europe. 2009; 43-45. 5. T.C. Ministry of Health. National tobacco control program and action plan 2008-2012. TŞOF Plague Typography. Ankara, 2008;108-32
5. WHO Report on the global tobacco epidemic, 2013: enforcing bans on tobacco advertising, promotion and sponsorship. World Health Organization, 2013.
6. Karatay G. A Study on Historical/Social Traumas and the Forms of Intergenerational Transmission. STED, 2020;29:373-9.
7. Meral P S, Uzel E. Measuring the Effect of Unbranded Cigarette Packs on the Smoking Habits of University Students. Journal of Beykoz Academy. 2013;1:103-33.
8. Kahyaoğlu S, Özel Ş, Engin Üstün Y, Erdöl C. Pregnancy And Smoking Cessation. J Gynecol Obstetrics Neonatol. 2018;15:24-7.
9. Wallin HP, Gissler M, Korhonen PE, Ekblad MO. Maternal Smoking and Hospital Treatment During Pregnancy. Nicotine Tob Res. 2020;22:1162-9.
10. Mbarek H, van Beijsterveldt CEM, Jan Hottenga J, et al. Association Between rs1051730 and Smoking During Pregnancy in Dutch Women. Nicotine Tob Res. 2019;21:835-40.
11. Kataoka MC, Carvalho APP, Ferrari AP, et al. Smoking during pregnancy and harm reduction in birth weight: a cross-sectional study. BMC Pregnancy Childbirth. 2018;18:67.
12. Nur N. Association of risk factors with smoking during pregnancy among women of childbearing age: an epidemiological field study in Turkey. Sao Paulo Med J. 2017;135:100-6.
13. Ergin I, Hassoy H, Tanik FA, Aslan G. Maternal age, education level and migration: socioeconomic determinants for smoking during pregnancy in a field study from Turkey. BMC Public Health. 2010;10:325.
14. Yazici AB, UsluYuvaci H, Yazici E, et al. A. Smoking, alcohol, and substance use and rates of quitting during pregnancy: is it hard to quit?. Int J Womens Health. 2016;8:549-56.
15. Yi-Chang, Yeh CC, Wang PH. Voluntary and involuntary smoking during pregnancy. J Chin Med Assoc. 2017;80:745-6.
16. Jackson C, Huque R, Satyanarayana V, et al. He doesn't listen to my words at all, so i don't tell him anything"—a qualitative investigation on exposure to second hand smoke among pregnant women, their husbands and family members from rural bangladesh and urban India. Int J Environ Res Public Health. 2016;13:1098.
17. McEvoy CT, Spindel ER. Pulmonary Effects of Maternal Smoking on the Fetus and Child: Effects on Lung Development, Respiratory Morbidities, and Life Long Lung Health. PaediatrRespir Rev. 2017;21:27-33.
18. Protano C, Cammalleri V, Antonucci A, et al. Further Insights on Predictors of Environmental Tobacco Smoke Exposure during the Pediatric Age. Int J Environ Res Public Health. 2019;16:4062.
19. Global Tobacco Survey Fact Sheet Turkey. <https://www.who.int/tobacco/surveillance/survey/gats/tur/en/>. access date:23.04.2021
20. Coşkun F, Karadağ M, Ursavaş A, Ege E. Smoking Habits of the Teachers and Their Opinion About the New Law. Journal of Breathe. 2010;12:119–24.
21. Topçu B, ÜnsalC, Gazeloğlu C, Aktaş S. The Effect of Indoor Smoking Restriction Law on Smoking Habit of University Students Int J Basic Clin Med. 2014;2:24-31.
22. World Health Organization https://www.who.int/health-topics/tobacco#tab=tab_1
23. Altıparmak S, Altıparmak O, DemirciAvcı H. Smoking in Pregnancy in Manisa; a Sample From Semi Urban Area Jof Tur Toraks. 2009;10:20-5.
24. Rabinerson D, From A, Borovich A. Active AndSecondhand (Passive) Smoking During Pregnancy. Harefuah. 2020;159:503-7.
25. <http://www.tutuneksper.org.tr/association/press-releases/the-bermuda-triangle-of-smuggled-cigarettes>. access date:13.03.2021