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A DIFFERENT ASPECT OF NEGLECT: SMOKING MOTHERS

İhmalin Farklı Boyutu: Sigara İçen Anneler

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ABSTRACT

Smoking during pregnancy and lactation poses a serious risk in terms of fetus, newborn and child health. Therefore, for mothers all over the world, pregnancy and breastfeeding periods are a good opportunity to end smoking habits. Unfortunately, many mothers ignore this problem and continue to smoke widely. This study was conducted to evaluate the views of mothers with children at 0-2 age group who smoke, about the harms of smoking during pregnancy and breastfeeding, in terms of neglect. This qualitative study was conducted with 19 volunteer mothers who smoke. An introductory information form and a semi-structured questionnaire were used to collect the data. The data were collected through face-to-face interviews, recorded, literally transcribed, and analyzed with content analysis. It was determined that almost half of the mothers continued to smoke during pregnancy although they knew its harmful. Almost none of them had knowledge about the harms of smoking to the baby during breastfeeding period, and only two of the mothers were aware of passive smoking. In this direction, mothers who continue to smoke consciously or unintentionally should be followed more carefully by health professionals to protect children's health and rights.

Keywords: Breastfeeding, Infant, Neglect, Pregnancy, Smoking.

ÖZ

Gebelik ve emzirme döneminde sigara kullanımı fetüs, yenidoğan ve çocuk sağlığı açısından ciddi risk oluşturmaktadır. Bu nedenle tüm dünyada anneler için, gebelik ve emzirme dönemi sigara alışkanlığının sonlandırılması bakımından iyi bir fırsattır. Maalesef birçok anne bu sorunu gözardı etmekte ve yaygın bir şekilde sigara kullanmaya devam etmektedir. Bu çalışma 0-2 yaş arasında çocuğu olup sigara kullanan annelerin, gebelik ve emzirme döneminde sigara kullanmanın zararları hakkındaki görüşlerini ihmal boyutuyla değerlendirmek amacıyla yapılmıştır. Bu nitel araştırma, sigara içen 19 gönüllü anne ile yapılmıştır. Verileri toplamak için tanıtıcı bilgi formu ve yarı yapılandırılmış anket kullanılmıştır. Veriler yüz yüze görüşme yoluyla toplanmış, kayıt altına alınmış, yazıya dökülmüş ve içerik analizi yöntemiyle analiz edilmiştir. Annelerin neredeyse yarısının zararlı olduğunu bilmelerine rağmen gebelikte sigara içmeye devam ettikleri belirlendi. Annelerin hemen hemen hiçbirinin emzirme döneminde sigara içmenin bebeğe zararları hakkında bilgisinin olmadığı, annelerden sadece ikisinin pasif içiciliğin farkında olduğu belirlendi. Bu doğrultuda bilinçli veya istemeyerek sigara içmeye devam eden annelerin çocuk sağlığı ve haklarının korunması için sağlık profesyonelleri tarafından daha dikkatli takip edilmesi gerekmektedir.

Anahtar kelimeler: Bebek, Emzirme dönemi, Gebelik, İhmal, Sigara içme.

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INTRODUCTION

Smoking is a serious problem threatening public health in our country, as well as the other countries all over the world. Smoking, which is widespread among individuals of all ages, can cause serious damage to the health of the fetus, newborn and child, especially when it is continued during pregnancy and breastfeeding (Çınar, Topal, & Altınkaynak, 2015). In the literature, it is reported that smoking or passive exposure to cigarette smoke during pregnancy negatively affects the fetus, every stage of pregnancy, birth, infant health and the growth of the baby (Coşkun, 2011; World Health Organizatio [WHO], 2013), and increases the rate of sudden infant death by nearly three times (Anderson et al., 2019). Moreover, it is stated that children exposed to the harmful effects of smoking during pregnancy and after birth are more affected by respiratory diseases such as decreased lung function, pneumonia, bronchitis, middle ear infections and severe asthma (Keskinoğlu & Aksakoğlu, 2007).

According to studies conducted in our country, the rate of smoking during pregnancy was 19.1%, 10.8% and 11.9%, respectively; also, the prevalence of passive smoking during pregnancy was found to be 59.6%, 35.8%, and 63.9%, respectively (Altıparmak, Altıparmak, & Demirci Avcı, 2009; Mutlu & Varol Saraçoğlu, 2014; Tarhan & Yılmaz, 2016). In addition, it has been found that mothers with daughters smoke more in our country, babies of mothers who smoke have lower birth weight, and they use formula earlier (Timur Taşhan, Hotun Şahin, & Omaç Sönmez, 2017). In another study, it was found that smoking while breastfeeding significantly reduces the duration of breastfeeding (Yalçın, Yalçın, & Kurtuluş Yiğit, 2014). All these data in our country show that smoking is widespread among pregnant women and poses a serious risk to the health of the fetus and the baby.

Smoking is one of the few preventable factors that adversely affect the health of pregnant women, fetuses and babies. To protect the fetus in the womb, where the foundations of a healthy life are laid, and the baby after birth, pregnant women and breastfeeding mothers should avoid harmful behaviors such as smoking (Coşkun, 2011; WHO, 2013). It is reported by the Public Health Service of the United States that if all pregnant women in the United States quit smoking, stillbirths would decrease by 11% and neonatal deaths by 5% (Alexander, LaRosa, Bader, Garfield, & Alexander, 2010). Pregnancy is a good opportunity to quit smoking (Brinzaniuc, Strilciuc, Blaga, Chereches, & Meghea, 2018; Flemming, McCaughan, Angus, & Graham, 2015). In a study conducted on the subject, it was found that approximately 30% of women successfully quit smoking during pregnancy (Ashwin, Marshall, & Standen, 2012). However, Nguyen, Von Kohorn, Schulman-Green, & Colson

(2012), determined that 90% of women had relapses of regular smoking within 12 months after the birth. In the study of Ingall & Cropley (2010), it was determined that women were aware of the health risks of smoking on the fetus, but this information did not provide sufficient motivation to quit smoking.

The fact that women yet continue their smoking habit during pregnancy and breastfeeding despite all the harm to the fetus and baby, proves that they ignore the problem. In the literature on the subject, it is reported that women's smoking experiences are caused by marital status, easy access to cigarettes, lack of social and financial support, addiction, the stress of dealing with newborns and smoking in their relatives (Britton et al., 2017; Dokuzcan & Gördes Aydoğdu, 2021; Flemming et al., 2015; Ripley-Moffitt et al., 2008). It is emphasized that the reasons why parents with children under the age of five cannot protect their children against passive smoking despite knowing the harm are the lack of knowledge and addiction (Aslan, Koç, Özmert, & Vazioğlu Acar, 2016). Smoking of women, which is a health right violation when considered within the scope of fetus and children's rights, is a habit that should immediately be terminated (Atar & Yalım, 2018; Jarvie & Malone, 2008). In the legal investigations on the subject, it is emphasized that evidence of parents' smoking can be considered as a factor in child neglect and abuse processes, and to protect the child, the legislature and the judiciary should take into account the evidence of parent smoking (Clark, 2002, Huml, 2019).

In the literature, there are many descriptive and qualitative studies investigating the prevalence of smoking during pregnancy and lactation, and the factors affecting smoking (Altıparmak et al., 2009; Ashwin et al., 2012; Bovill et al., 2018; Brinzaniuc et al., 2018; Constantine, Slater, Carroll, & Antin, 2014; Mutlu & Varol Saraçoğlu, 2014; Nguyen et al., 2012; Nichter et al., 2008; Tarhan & Yılmaz, 2016; Yin et al., 2016). However, no qualitative study which evaluated the harms of smoking during pregnancy and breastfeeding and maternal views about quitting smoking with the dimension of neglect was found. In this direction, this study was conducted to determine the views of smoking mothers about the harms of smoking during pregnancy and breastfeeding in terms of neglect.

MATERIAL AND METHOD

Study Design

The study is a qualitative descriptive study in which the views of smoking mothers about smoking during pregnancy and breastfeeding are collected using a phenomenological approach. Phenomenology is one of the perspectives that form the foundations of the

qualitative study. It is an approach that enables people to think about their life experiences and practices (Başkale, 2016; Çekmez, Yıldız, & Bütüner, 2012).

Setting and Participant Recruitment

The study was conducted on smoking mothers who had sick children at the age group of 0-2 and were hospitalized in the pediatric clinic of a state hospital located in the Black Sea region of Turkey. For sampling, 30 mothers who were accompanying their child between June 15 and September 2018 were invited. The study was completed with 19 mothers since 11 of the mothers did not agree to participate in the study, claiming that; there were no other companions with the child, that the child was uneasy and that they could not leave them alone any longer, and that they smoked secretly from family members. Participants were recruited according to the inclusion criteria.

Participation criteria of the study:

- Mothers with children at 0-2 age group who smoke
- Those who speak in Turkish
- Mothers whose child is scheduled to be discharged
- Mothers who had no communication problems were included in the study.

Before starting the study, necessary permissions were obtained from the ethics committee of a university and from the institution where the study was conducted. The mothers were informed about the study and the voice recording, their verbal consents were obtained, and the necessary explanations were made that the data would be used for scientific purposes and that the principle of confidentiality would be considered.

Data Collection

The data were collected using a questionnaire form consisting of an introductory data form and semi-structured questions prepared by researchers according to the literature and expert opinions (Bovill et al., 2018; Johansson, Hermansson, & Ludvigsson, 2004; Myers, Shiloh, & Rosen, 2018) The descriptive data form included questions about the socio-demographic characteristics of the mothers (age, employment status, education level, income level, etc.), and the semi-structured questionnaire included questions that aimed to evaluate the views of mothers about smoking during pregnancy or breastfeeding. In the study, the face-to-face interview method, which is one of the qualitative data collection techniques, was used to obtain more comprehensive information. Verbal consent was obtained from the mothers for the study and the recording before starting the interviews. The interviews took place in a

suitable room of the ward where the child was sleeping. Interviews, which lasted for an average of 20 minutes, were recorded with the consent of the mothers.

Data Analyses

Socio-demographic data of the study were evaluated in terms of numbers and percentages. First, the data from the open-ended questions with the audio recording were transcribed. The data breakdown was then made by one researcher, and content analysis was performed by three experts. The themes were created by coding the data independently coded by the experts. Five main themes emerged from the analysis. The themes of the study; the harms of smoking, smoking during pregnancy, smoking during breastfeeding, smoking in the presence of the child, and mothers' views on quitting smoking. All data were interpreted and put into a report.

RESULT

Socio-demographic Findings

The Socio-demographic characteristics of mothers are given in Table 1. It was determined that the average age of the mothers participating in the study was 33.47±5.79, and the average age of their husbands was 37.78±6.90. It was found that 52.6% of the mothers and 73.7% of their husbands had high school or higher education and all their husbands were working. It was determined that 68.4% of the mothers were housewives, 78.9% had nuclear families, 42.1% had only one child, and 68.4% had a room for their children in their home.

Smoking Habits of Mothers and Their Husbands

The smoking habits of mothers and their husbands are given in Table 2. It was determined that 57.9% of the mothers who participated in the study had been smoking for an average of 11 years or more, 73.6% started smoking because of friendship wannabe and 42.1% consumed 11-20 cigarettes per day. It was found that 78.9% of the husbands were smokers, 53.3% consumed 11-20 cigarettes a day, and 40% consumed 21 cigarettes or more on average.

Table 1. Socio-demographic Characteristics of Mothers

Socio-demographic Characteristics	**Ortalama±SD**		**Socio-demographic Characteristics**	**Ortalama±SD**	
Mother's average age	33.47 ± 5.79		**Husband's average age**	37.78 ± 6.90	
Number of children	**n**	**%**	**Children's room status**	**n**	**%**
1 child	8	42.1	Available	13	68.4
2 children	6	31.6	Not available	6	31.6
3 children	5	26.3			

Mother's educational level			**Husband's educational level**		
Primary School	5	26.3	Primary School	2	10.5
Elementary School	4	21.1	Elementary School	3	15.8
High School	5	26.3	High School	3	15.8
Associate Degree	3	15.8	Associate Degree	5	26.3
Bachelor's Degree and Higher	2	10.5	Bachelor's Degree	6	31.6
Occupation			**Family type**		
Housewife	13	68.4	Nuclear family	15	78.9
Officer	3	15.8	Extended Family	4	21.1
Self-employment	3	15.8			
Employment status			**Husband's employment status**		
Employed	6	31.6	Employed	19	100.0
Unemployed	13	68.4	Unemployed	-	-

Table 2. Smoking Habits of Mothers and Husbands (n=19)

Smoking period of mothers	**n**	**%**
Less than 5 years	3	15.8
6-10 years	5	26.3
11 years and above	11	57.9
Reason to start smoking *		
Friend wannabe	14	73.6
Observing close people like parents etc.	4	21.1
Living conditions, stress environment	3	15.8
Daily smoking amounts of mothers		
10 cigarettes or less	10	52.6
11-20 cigarettes	8	42.1
More than 21 cigarettes	1	5.3
Smoking status during pregnancy		
Mothers who smoke during pregnant	8	42.1
Mothers who do not smoke during pregnant	11	57.9
Smoking status during breastfeeding		
Mothers who smoke during breastfeeding	12	63.2
Mothers who do not smoke during breastfeeding	7	36.8
Smoking status of husband		
Yes	15	78.9
No	4	21.1
Daily smoking amounts of husband (n = 15)		
10 cigarettes or less	1	6.7
11-20 cigarettes	8	53.3
More than 21 cigarettes	6	40.0

** More than one answer was given.*

Mothers' Views on the Harms of Smoking

In the study, mothers' views about the harms of smoking were questioned; all mothers stated that smoking was harmful. Some of the mothers expressed the harms of smoking as follows: One mother said, "*I know that smoking is bad for the lungs and the liver. But I don't think about it because I really enjoy smoking",* another mother said, *"I feel difficulty in breathing and get tired quickly. All smokers know the harm but still smoke. Cancer, throat cancer, lung cancer ... I can't think of anything else",* "*It causes shortness of breath, phlegm and bad mouth smell in the morning, and heart diseases. The simplest affects even climbing stairs. It makes me dizzy, I feel like I'm on drugs, I get weak, I can't even move my finger, I*

have palpitations, I go to bed for a while and then get up" said another one*, "My skin has deteriorated, my skin tone has darkened, the risk of cancer is increasing, it triggers other diseases more quickly"* stated another mother. These statements of mothers show that they know the harms of smoking, but that is not enough to quit smoking. Another mother *"I know it is harmful, but I smoke because I enjoy it. It causes shortness of breath, but I use organic products to prevent it" has expressed it with an interesting approach.*

Mothers' Views on the Harm of Smoking during Pregnancy

The mothers who participated in the study expressed their views on the harms of smoking during pregnancy as "*It affects the mental and physical development of the baby, causes premature birth, low birth weight, anomaly and disability of the baby, causes congenital heart diseases, cystic fibrosis, respiratory distress and asthma, weakens the baby's immune system and causes children to experience health problems in the future".* It is a striking finding that mothers continue to smoke during pregnancy despite being aware of the harms.

Another mother said *"I think it wouldn't hurt. I think that the baby is under great protection in the womb and everything that passes through to the baby was filtered. I smoked during my first pregnancy.* The statement *"I used to smoke while breastfeeding but not during my pregnancy"* was important in terms of showing mothers' lack of knowledge about this issue. Some of the mothers' views about the subject are given in Table 3.

Mothers' Views on the Harm of Smoking While Breastfeeding

It was determined that two-thirds of the mothers participating in the study continued to smoke during breastfeeding and most of them did not have enough information about the harmful effects of smoking during breastfeeding. Some mothers' views on this issue are given in Table 3.

Mothers' Views on the Harm of Smoking in Front of Their Children

In our study, only three of the mothers stated that they did not smoke in the environment where the child was present because they thought it was harmful. Two mothers highlighted

The damages of passive smoking "*He's more damaged than actual smoking. Even if we don't smoke in front of them, children are affected by cigarette smoke"*. Other mothers stated that they smoked in the kitchen or on the balcony, but their spouses didn't pay attention to this. The views of some mothers on the subject were quite striking.

Mother 1. I and my spouse do not find it right to smoke in front of my children. We smoke on the balcony. If the kids see their parents doing it, I think they will smoke too. My father and mother used to smoke too.

Mother 3. Including me, nobody can smoke in front of my child. I smoke outside. An act that shouldn't be made. When children grow up, they will already have a taste of everything. They don't need to see and learn early.

A mother's statement that her child was already imitating his father was quite interesting.

Mother 6. My spouse smokes. He says that he is tired from working till the evening and wanted to smoke comfortably at home. I smoke outside and on the balcony. A very bad behaviour. Children are negatively affected by seeing their parents smoking. Although my child is young, he pretends to smoke, because he sees his father smoking at home, he takes a toothpick in his mouth and an ashtray next to him, then he breaks the toothpick and throws it into the ashtray.

Mothers' Views on Smoking Cessation

Most of the mothers stated that they thought to quit smoking but failed. After a short time, due to stress, habits and friend environment, they started smoking again. Mothers' views about quitting smoking are given in Table 4.

Table 3. Mothers' Views on the Harms of Smoking During Pregnancy and Breastfeeding

Mother's Code	***Quotes from mothers' views***
Mother 5	*I think it causes brain and body damage to the child. It does the same damage to the mother. I learned that I was pregnant afterward, I learned when I was 2 months pregnant, I quit smoking, but I started again when I was 7 months pregnant.* *I only breastfed for a month. I continued smoking then. I don't think smoking during breastfeeding will harm the baby.*
Mother 6	*I did not realize the harm when I was pregnant, but after giving birth I realized that it gives a lot of harm. The immunity system gets weaker, premature birth occurs and respiratory distress occurs. I continued to smoke but reduced the number of cigarettes I smoke. I smoked 2-3 times a day.* *I continued to smoke while breastfeeding but reduced the number of cigarettes I smoked. I only know that it passed to the baby through breastfeeding, but I have no idea what harm it will cause the baby.*
Mother 8	*Postpartum respiratory distress in the child, incubation, caesarean section may occur in the mother, I know that the child got all kinds of harm in the womb. I did not smoke during my first pregnancy, but I smoked during my second pregnancy without any change.* *I did not smoke while breastfeeding my first child, but I did not change my smoking habit with my second child. I have no information about its' harm.*
Mother 10	*It harms the baby. I don't know what it is. I couldn't stop smoking, but I reduced it to 10 cigarettes.* *I continued to smoke after giving birth, while breastfeeding, as I did when I was pregnant. Its' smell affects the baby's breathing.*

Mother 14	*I know that the baby cannot thrive, it harms its' breathing, everything. I hope my child's growth retardation is not due to smoking in the early stages of my pregnancy. I continued to smoke until I accepted my pregnancy but then quit. I haven't smoked since I gave birth, but because my baby was staying in the incubator, I smoked and got caught by the medical staff. I'm planning to decrease it gradually. It passes directly to the baby while breastfeeding. It causes respiratory failure and harms the heart.*
Mother 16	*"I think it wouldn't hurt. I think that the baby is under great protection in the womb and everything that passes through to the baby was filtered. I smoked during my first pregnancy. I smoked while breastfeeding. I did not smoke for the first 40 days, then I started over with the same smoking rate. I don't know. I don't think it causes any harm.*
Mother 17	*I used it wrong, however. It affects the mental and physical development of the baby. I was having difficulty breathing in the last months of my pregnancy, I reduced it but I still smoked. I did not smoke for 20 days after birth. There was a problem with the baby's sucking, I started to smoke because of the stress. I smoked more than a few cigarettes a day. I know that when breastfeeding, nicotine and harmful substances pass into the milk. I don't know the effects of nicotine on the baby.*
Mother 18	*It causes congenital heart diseases, cystic fibrosis and low birth weight. I smoked less but continued to smoke. I preferred cigarettes with less nicotine. The doctor said you can smoke 2 cigarettes a day if you can't stand it, so I did. Nicotine in the mother is passed on to the child, I know the harm. I did not breastfeed babies because I was sick, so I continued smoking.*

DISCUSSION

Smoking in all or part of the pregnancy exposes the fetus to the risk of many complications during pregnancy and after birth (Altıparmak et al., 2009; Atar & Yalım, 2018). Considering this situation, various measures have been taken to prevent smoking in developed and developing countries. In our country, the "Smoke-Free Turkey" study was carried out in this context. Member States of the United Nations have called for tobacco control to be included in efforts to improve public health to protect children and pregnant women from tobacco use and exposure to tobacco smoke and called for specific measures to be taken during this period. The World Health Organization also emphasized the importance of increasing support awareness in protecting mother-child health from the harms of active and passive smoking, smoking cessation, and prevention of postpartum recurrence (WHO, 2013). In this direction, in this study, in which the views of mothers who smoke about the harms of smoking during pregnancy and breastfeeding were evaluated in our country, it was determined that nearly half of the mothers continued to smoke during pregnancy and two-thirds of them while breastfeeding.

In the study, mothers' views on the harms of smoking were questioned; it was determined that all mothers thought that smoking was harmful to health and mothers knew the damage of smoking mostly to cancer, lung, heart diseases and skin. In addition, the statements of some mothers were important in terms of showing that knowing the harms of smoking alone is not enough to break this habit. Similar to our findings, in the study of Marakoğlu & Erdem (2007), to the question "How does smoking affect human health?" 32% of women

answered cancer, 23.5% lung disease and 10.2% cardiovascular disease. In the study of Altıparmak et al (2009), it was found that almost all women were informed about the health risks of smoking. A few of the mothers who participated in the study mentioned that smoking also has a negative economic effect. In a similar study, it was determined that one of the mothers not wanting to start smoking again was associated with the price of cigarettes (Nichter et al., 2008).

In the literature, birth defects, fetal location problems, intrauterine growth retardation, low Apgar score, low birth weight, stillbirth, and premature birth are among the most known damages of smoking during pregnancy to the fetus (Alexander et al., 2010; Coşkun, 2011; WHO, 2013). In this study, mothers evaluated the effects of smoking on the fetus during pregnancy. *They stated that smoking affects the mental and physical development of the fetus, causes premature birth, low birth weight, anomaly, and disability of the baby, causes congenital heart diseases, cystic fibrosis, respiratory distress and asthma, weakens the baby's immune system, causes children to experience health problems in the future.* In a similar study, 90.4% of women cited premature birth, 84% mental retardation, 76.5% growth retardation, 72.3% miscarriage, 68.1% lung problems in the baby, and 60.6% stillbirth as harms of smoking during pregnancy (Altıparmak et al., 2009).

Table 4. Mothers' Views on Smoking Cessation

Mother's code	***Views***
Mother 1	*I thought about quitting smoking. But I stopped smoking for only 3 months. Then I started again because of the stress.*
Mother 2	*Yes. I don't smoke for a few days and then I start again. I smoked again because it has become a habit.*
Mother 3	*I've never thought about it. I just thought if I had a child, I would quit.*
Mother 4	*No, I did not think about it. I knew I couldn't quit.*
Mother 5	*Yes. I quit when I was pregnant but started again after 4 months.*
Mother 6	*I have already thought about it. But the important thing is that I could not quit.*
Mother 7	*Yes. I want to quit because I have a child and because it hurts financially, but I still want to smoke.*
Mother 8	*Yes, but I couldn't.*
Mother 9	*I thought a lot but didn't do it. Since it is a habit, I want to quit but I also want to smoke because it gives me pleasure.*
Mother 10	*Yes, but I couldn't quit. I tried it when I was pregnant, I couldn't quit.*
Mother 11	*I tried hard. I stopped smoking for 2-3 months, then I felt an emptiness in my life and started again. I quit and started over many times. But now I am pregnant and I quit and I do not smoke anymore.*
Mother 12	*No, I don't. Because I enjoy smoking.*
Mother 13	*I think but I still smoke. I want to quit when I think economically. Since it is a habit, when people around me smoke and I smell it, I get the desire to smoke.*
Mother 14	*While I was pregnant and breastfeeding, I got the will not to smoke. But then I started to smoke again, thinking as if I should start right away.*
Mother 15	*I don't care because I don't smoke much.*
Mother 16	*Yes. I don't smoke for 6 months of the year every year. I start over because I like smoking*

	and because there are too many smokers around me.
Mother 17	*I tried to quit many times, but I couldn't quit. Since my spouse smokes, I desire to smoke too.*
Mother 18	*I think almost every day, but I don't try. I share my loneliness with my cigarette like a friend. Smoking is a bit of a psychological habit, I feel the need to smoke while chatting on the phone, and you cannot quit when your social circle consists of people who smoke.*
Mother 19	*No, I don't.*

In this study, it was found that almost half of the mothers continued to smoke during pregnancy, although they were aware of the harms. In the study of Marakoğlu & Erdem (2007), it was determined that 27 out of 56 women quit smoking during pregnancy. It was determined that 70.4% of women quit smoking during pregnancy due to the reason that it would harm their babies, 22.2% of them quit smoking due to nausea and disgust they experienced during pregnancy, and 7.4% of them quit smoking by taking both reasons into account. In another study, it was found that the most striking factor that encourages mothers to quit smoking was their concerns about the harms of smoking to the health of the baby (Ingall & Cropley, 2010). In some studies, it was determined that the beliefs of pregnant women that it is necessary to quit smoking to have a healthy baby are also effective in quitting smoking (Brinzaniuc et al., 2018; Flemming et al., 2015). Contrary to these findings, in our study, one mother's statement: *"I smoked less, but I didn't quit. I chose to cut down on nicotine,"* another mother's statement, *"I guess it can't harm. I think the baby is under great protection in the womb and everything is filtered before being passed on to the baby"* may be considered as an excuse for them to continue smoking, as well as their lack of knowledge on this issue.

It was determined that two-thirds of the mothers participating in the study continued to smoke while breastfeeding. It was found that most of the mothers did not know the harms of smoking to the baby during the breastfeeding period. It was determined that some of the mothers knew partially the harm of smoking during breastfeeding, and unfortunately, they continued to smoke. One of these mothers, *"I did not smoke during pregnancy but started a few months after birth. I know that smoking passes into milk and causes asthma and bronchitis in the baby"*, another mother said, *"I smoked the way I did while breastfeeding and pregnant, its' smell affects baby's breathing"*. Another mother stated, *"I smoked 1-2 times a day while breastfeeding, smoking causes nicotine to pass to the child and causes respiratory distress.*" In contrast to these findings, a similar study found that most women (more than 90%) were concerned that smoking could have harmed their breastfed babies (Nichter et al., 2008).

In the study, it was determined that two mothers started smoking during breastfeeding due to stress, coping problems, lack of information and lack of support. One of these mothers said, *"I did not smoke for 20 days after giving birth. There was a problem with the baby's sucking, I started to smoke from the stress. I smoked more than a few cigarettes a day. I know that when breastfeeding, nicotine and harmful substances pass into the milk. However, I do not know the effects of nicotine on the baby "*. Another mother said, *"I haven't been smoking since I gave birth, but because my baby was staying in the incubator, I smoked and got caught by the medical staff. I'm planning to decrease it gradually. It passes directly to the baby while breastfeeding. It causes respiratory failure and harms the heart"*. In a similar study conducted by Ashwin et al (2012), it was found that mothers thought to get rid of the stress caused by being a mother at an early age by smoking instead of protecting the health of the baby. Nichter et al (2008), reported that some women continued to smoke while breastfeeding because they perceived the benefits of breastfeeding more than the risks of smoking. These studies on the subject reveal that unfortunately, women continue to smoke as negligent behavior during breastfeeding.

It is estimated that approximately 40% of children in the world are exposed to cigarette smoke by their parents. However, inconsistencies between the children's biochemical results and the parents' reports show that the parents did not correctly report their children's exposure to cigarette smoke (Myers et al., 2018). In a study by Yücel, Öcek, & Çiçeklioğlu (2014), it was found that smoking at home causes an increase in the amount of cotinine in children's urine. In another study, it has been found that informing the measurement results of the cotinine levels in the hair of the children who are exposed to smoking and the number of nicotine and particles in the air was effective for parents to quit smoking (Rosen et al., 2018)

Smoking in the house increases the risk of passive smoking. Especially children and pregnant women are at risk in this regard (Johansson et al., 2004, Myers et al., 2018). Unfortunately, the number of mothers who paid attention to passive smoking was very low in our study. A study on this topic found that parents were aware of the dangers of passive smoking and found children to be more vulnerable to passive smoking (Zaini et al., 2018). Glover et al. (2015) stated that mothers who took care of their children didn't let them expose to smoking; Rosen & Kostjukovsky (2015) determined that parents have information about passive smoking and that risk perceptions of smoking parents are lower than non-smokers. In a similar study, it was found that parents did not know to what extent their children were affected by smoking exposure (Ribeiro et al., 2015).

Most of the mothers participating in the study stated that they smoke in the kitchen or on the balcony, but their spouses did not pay attention to do this. Contrary to our findings, some studies have found that fathers either quit smoking or do not smoke in front of them because they find smoking harmful for their pregnant wives and young babies (Kayser & Semenic, 2013; Yin et al., 2016). In this study, most of the mothers, unfortunately, stated that they smoked in another part of the house with the fear that their children would take them as an example, far beyond its' harm. In the study of Nichter et al. (2008), it was determined that most of the women wanted to be good role models for their children and thought to quit smoking before the child grows up. In another study, approximately 60% of the parents who smoke stated that they were ashamed of smoking in front of their children (Johansson et al., 2004).

Undoubtedly, education, support and assistance are of great importance in order to reduce maternal and fetal morbidity and mortality during pregnancy or to quit smoking in cases where smoking recurs in the postpartum period (Dokuzcan & Gördes Aydoğdu, 2021; Flemming et al., 2015; Levis et al., 2014; Mund, Louwen, Klingelhoefer, & Gerber, 2013; Nguyen et al., 2012). However, in a study conducted on the subject, it was found that pregnant or breastfeeding mothers were hesitant about smoking or not, as some healthcare professionals made confusing comments about quitting smoking (Brinzaniuc et al., 2018). In this study, it was determined that most of the mothers thought to quit smoking, but they were unsuccessful and restarted smoking for reasons such as stress, habits and friends' environment after a short time. Several mothers said that they did not apply to any health institution regarding this issue because they thought they could not quit smoking. Mothers stated that their own decisions were more effective than health centers or social support resources during the smoking cessation process. In a study with Aboriginal women on smoking cessation during pregnancy and the decision to quit, most women argued that quitting was something they had to do on their own and did not need any support to quit smoking (Bovill et al., 2018). This research is similar to our study.

In this study, despite being aware that smoking endangers the health of the mother and baby, most pregnant women don't break these habits. Even if some smoking women stop smoking during pregnancy, the continuation of smoking by their relatives directly harms the health of mother and child; teaching quitting smoking is vital for women in the childbearing period. Although the decision was taken individually is effective in this process, considering that mothers tend to smoke because of their lack of knowledge about the harms of smoking on the fetus and baby, and their inability to cope with the illness of their babies after birth or the

stresses of being a parent; the importance of informing and empowering mothers, maternal skills, effective coping mechanisms and social support resources are emerging. Nurses and midwives have important responsibilities in this regard. Various studies have concluded that support and assistance are successful in helping someone quit smoking (Feeney & Britton, 2016; Levis et al., 2014).

Study limitations

As with other studies, this study has limitations. First, our sample was limited to mothers accompanying a 0-2-year-old child in a hospital in a single province. Second, since our study is based on personal reports, we do not know that mothers who said they did not smoke during pregnancy or breastfeeding avoided smoking. However, the purpose of this study was to evaluate the awareness of mothers who smoke during pregnancy or breastfeeding in terms of the health of the fetus and baby and their views on quitting in terms of negligence. One challenge for all research on sensitive topics is social desirability bias. Because the participants met with medical staff at a hospital, they may have responded in a more socially acceptable way. Although we have tried to present ourselves to mothers as open-minded and non-judgmental, it is unclear how far this bias affects the data. Despite these potential limitations, our findings suggest that most mothers continue to smoke during pregnancy and while breastfeeding.

CONCLUSION

In the study, it was determined that mothers were aware of the harms of smoking in general, but approximately half of them continued to smoke during pregnancy and two-thirds during breastfeeding. It was determined that mothers knew the harms of smoking during pregnancy relatively better, but they did not have enough information about the harms of smoking during breastfeeding. It was determined that only three of the mothers did not smoke in the environment where the child was present because they thought it was harmful, and two mothers were aware of passive smoking. These results are extremely important in terms of showing that raising awareness about the harms of smoking and creating behavioral changes about smoking are necessary in terms of children's rights to create societies that include healthy mothers and children in the future. In line with the data obtained; mothers who continue to smoke consciously or unintentionally should be followed more carefully by health professionals, especially nurses, to protect their children's health and rights. It is recommended that health professionals, especially nurses, should provide comprehensive

information on the harms of smoking and support mothers to quit smoking through continuous training. It is also recommended to increase the social support resources of mothers in critical periods such as pregnancy and breastfeeding and encourage spouses to quit smoking and create sufficient awareness with comprehensive studies on this subject.

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Conflict of Interests

No conflict of interests to declare.

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