

# Appendix

## GIRLS, WOMEN AND TOBACCO USING A PRINCIPLE-BASED APPROACH

Appendix references are located in a separate section of the *Baby Steps Help Guide e-resource*.

Participant handout references are not included, but are available upon request by contacting the [tru@ahs.ca](mailto:tru@ahs.ca).

There is no one approach that works for all women. Best practices in tobacco must always reflect context. At the same time, there are certain key influences on girls' and women's tobacco use and common health effects that are important to raise with them to normalize their experiences and generate ideas for making change.

Four principles for practice are recommended when working with girls and women who use tobacco and tobacco-like products, including women who are planning a pregnancy, pregnant women, new mothers, and their partners and support networks.

### Principles

1. *Woman-centred*
2. *Trauma-informed*
3. *Harm-reducing*
4. *Equity-informed*

### 1. Woman-Centred Approaches



#### What do we mean by a woman-centred approach?

A woman-centred approach recognizes sex- and gender-related influences on tobacco use and cessation, and offers interventions to address these influences and women's preferences for action. In the perinatal period, a woman-centred approach prioritizes women's health before, during and after pregnancy. Woman-centred approaches build women's sense of value, confidence and self-efficacy, and support their health and social priorities, as well as their ability to improve their health and that of their families.

**Why are woman-centred approaches important?** There are important sex-specific health effects as well as gendered influences on use of tobacco and tobacco-like products that are important for all girls, women and health practitioners to understand and collaboratively address. If health practitioners focus only on the risks for fetal health during pregnancy, then there is less incentive for the woman to stay tobacco-free after her baby is born, rather than for her own health as well as that of her family. If a pregnant woman is unable to quit tobacco, then focusing on the fetus can cause guilt and shame, which can diminish her self-esteem and confidence as a so-called "good mother."<sup>[2]</sup> It is important to recognize that by focusing on the woman, fetuses and children will also benefit.

One aspect of woman-centred care is to name the harmful judgments directed toward women who use tobacco while pregnant or caring for children. These stigmatizing attitudes can erode a woman's self-image and confidence in asking for help, and can cause women to hide their tobacco use from their health providers or resist discussing it in a productive way.<sup>[1,3,4]</sup> When providing support to women, health providers are encouraged to be sensitive to the stigma that pregnant women and mothers who use tobacco face, and recognize the ways this can manifest itself in patient-caregiver relationships.

- Discuss the sex- and gender-related effects of tobacco on girls' and women's health.
- Focus on women's health, strengths, interests, needs and self-efficacy.
- Consider each woman's life circumstances, and her ability to influence these circumstances.
- Help women identify how stigma directed to pregnant women who smoke affects them.
- Identify women as being the agent for change (for whatever change each woman deems achievable).

# Appendix

## GIRLS, WOMEN AND TOBACCO USING A PRINCIPLE-BASED APPROACH

### 2. Trauma-Informed Approaches

**What do we mean by a trauma-informed approach?** Trauma-informed approaches recognize how common trauma and violence are in the lives of girls and women, and identify the need for physical and emotional safety, choice and control in their decision-making. In trauma-informed services, the disclosure of trauma is not required; instead, services are provided for all clients in a way that supports safety, empowerment and strengths, and avoids re-traumatization.<sup>[5,6]</sup>

**Why are trauma-informed approaches important?** There is a strong correlation between smoking and the experience of violence and trauma arising from adverse childhood experiences, or exposure as adults to sudden loss, environmental disasters, violence and other overwhelming experiences. The prevalence of smoking among women who have experienced violence and trauma is 2–4 times higher than that of women who have not.<sup>[7-9]</sup> Trauma affects both physical health and how trauma survivors interact with health providers and the health system. It is recommended that health providers use non-confrontational approaches, so that women who have experienced trauma can make a safe and supportive connection with their health providers. Service providers can make a positive difference in client engagement, retention and outcomes by making their services emotionally and physically safe and by creating opportunities for learning, building coping skills, and providing clients with choice and control.



Awareness and recognition of the historical and intergenerational trauma experienced by Indigenous people in Canada is essential in trauma-informed approaches. Colonization, loss of lands and cultural practices, removal of children to residential schools, ongoing high rates of child apprehension, and ongoing high rates of violence against Indigenous women all have a bearing on smoking rates, and make culturally safe and trauma-informed approaches all the more critically important.<sup>[11-13]</sup>

### 3. Harm Reducing Approaches

Despite their best efforts, some women are not ready to quit using tobacco, or feel they cannot quit when a brief tobacco intervention is offered. Quitting may be a low priority for some women for a variety of reasons, including stressful life events like being pregnant or having a new child at home, heavy tobacco use, other substance abuse or mental health issues, vulnerability in an abusive relationship, poverty, homelessness, or other circumstances in their lives. It is important to respect a woman's right to decide what she can and cannot take on, and when.<sup>[1]</sup>

When it is clear that a woman is not ready to consider reducing or quitting tobacco, the emphasis should be on helping her identify any steps she can take in the immediate term to reduce the negative impacts of tobacco use.

# Appendix

## GIRLS, WOMEN AND TOBACCO USING A PRINCIPLE-BASED APPROACH

### Key elements of harm-reducing approaches:<sup>[1]</sup>

- Give women the opportunity to define their own needs, ideas for change and readiness.
- Support changes in women reducing their use of tobacco and improving their health in related life areas like nutrition, housing and safety.
- Respect women's choices, and their ability to make positive life decisions.
- Help women access the range of treatment/support options that are feasible for them.
- Help women reframe their quitting experiences in a positive way.

### 4. Equity-Informed Approaches

**What do we mean by equity-informed approaches?** Equity-informed approaches recognize how factors such as poverty, racism, social isolation, violence and trauma, and gender inequity affect vulnerability to tobacco-related health problems and capacity for change. It is important to consider how these factors may affect women's strategies for reducing or stopping their use of tobacco, the supports needed, and their success in making effective change.

Why are equity-informed approaches important? The social determinants of health and various social processes affect tobacco use and cessation. For example, girls and women with lower socio-economic status, limited formal education or who are homeless.<sup>[17-19]</sup>

- are more likely to smoke or use tobacco
- have less access to effective and affordable treatment
- are likely to work, live or frequent environments that allow tobacco use
- are targeted by tobacco companies
- have more stress in their lives, which is often related to their ongoing tobacco use

The determinants of tobacco use among pregnant and postpartum women consistently reflect social disadvantages, including low income, education and occupational status. In turn, these conditions are linked to social stress (i.e., psychological, relational and emotional issues), lack of social support and lack of control over their living conditions.<sup>[1]</sup>

### Examples of equity-informed approaches:

- Consider each woman's income level, and connect women to supports that are affordable for them.
- Discuss the financial benefits of quitting and ways of overcoming financial barriers.
- Consider each woman's education and literacy level, and whether English is her first language.
- Discuss each woman's preferences for receiving information and ways of overcoming any barriers in reading and understanding.

