

The aim of this session is to share these findings and discuss and debate their validity on the global scale. Particular emphasis in this session is placed on requirements for applied research and translational skills.

The report describes and defines the range of research skills needed for health leaders practicing in real-world, field conditions (<http://www.aspph.org/educate/framing-the-future/>) It serves as a call to action for the discipline.

Key messages:

- Global health leaders need sound research and translational skills to support effective and sustainable solutions to the world's most complex and challenging health problems
- Teaching applied research and translational skills requires modern approaches that emphasize real-world, applied skills and experiential approaches to learning

3.D. Oral presentations: What works in smoking cessation?

Dyadic efficacy for smoking cessation in a sample of Romanian couples

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Background

Maternal smoking is one of the most modifiable factors with clear adverse effects for the fetus and the entire family. The objective was to explore the promise of dyadic efficacy as an emphasis for couple-focused postnatal relapse prevention interventions.

Methods

228 women who quit smoking during or before pregnancy were recruited after giving birth in two large maternity clinics in Romania. Dyadic efficacy for smoking cessation, intention to relapse, smoking abstinence self-efficacy, partner's smoking status, partner interactions, teamwork standards, heaviness of smoking and other characteristics were assessed. We describe dyadic efficacy and its components in this sample of Romanian recent mothers and partners and explore relapse-relevant correlates of dyadic efficacy.

Results

The average score on the 0-100 dyadic efficacy scale was 69.78 (SD=26.54), with significantly lower mean scores among women living with a smoker partner ($p<.01$) and women with a lower education ($p=.04$). The strongest predictors of dyadic efficacy were partner's smoking ($\beta=-.30$, $p<.01$), teamwork standards ($\beta=-.20$, $p<.01$), smoking abstinence self-efficacy ($\beta=.152$, $p=.046$) and agreement with the statement that light cigarettes are less harmful ($\beta=-.23$, $p<.01$). Intention to relapse in the next 6 months was negatively associated with dyadic efficacy for smoking cessation ($\beta=-.17$, $p=.02$).

Conclusions

The results of this study lend support to couple-focused smoking relapse prevention interventions that specifically target the enhancement of the dyadic efficacy for smoking cessation. Proactive counseling for couples referred by prenatal health providers has great potential as an addition to existing quitlines.

Key messages:

- Enhancing the dyadic efficacy for smoking cessation may be a promising approach in couple-focused postpartum smoking relapse prevention interventions
- Proactive counseling for couples referred by prenatal health providers has great potential as an addition to existing quitlines

Challenges in supporting pregnant women to stop smoking

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Background

The risks of smoking for fertility are well documented. However, the perception of pregnant smokers did not get enough attention so far. Finding and counselling pregnant smokers, and finally supporting their process of quitting are highly challenging. There are no evidence based guidelines or best practices that would guide such an endeavour.

Methods

A variety of quantitative and qualitative research approaches are applied, including literature reviews, online surveys, in-depth interviews with experts and pregnant smokers. Furthermore, the user-centred iterative design of game-based technologies strives different aspects of the complex problem. Questions we dealt with are: How can new media and social networks support the cessation process for pregnant women? What factors do pregnant smokers make use of existing cessation services? What helps to make smoking cessation in pregnancy a topic without shame and guilt? How can smoking cessation be addressed even before pregnancy starts?

Results

It is most likely that anonymous offers within new media and social networks are accepted better than face-to-face offers. Tangible mobile games help distract pregnant smokers any time anywhere in a non-stigmatising way.

Conclusions

Smoking in pregnancy is a field, which is highly stigmatised and not yet sufficiently addressed by the health system. It presents a burden for the individual smoker, being confronted with the feelings of own failures, guilt, prejudices, degradation and a lack of specialised cessation services. A holistic approach – as we developed – is needed to provide multidimensional effective mechanisms to accompany pregnant smokers in their attempt to quit smoking.

Key messages:

- The specifics of pregnancy like feeling of shame and guilt present a different starting point for smoking cessation. Tangible mobile games help pregnant smokers quit smoking in a non-stigmatising way
- It is most likely that anonymous offers within new media and social networks are accepted better than face-to-face offers