The arrival of a new life and smoking cessation: how fathers and mothers stop smoking for their babies

Likwang Chen (陳麗光) Shu-Fang Shih (施淑芳) Hua-Chih Chang (張華志)

Division of Health Policy Research National Health Research Institutes Taipei, Taiwan The arrival of a new life and smoking cessation: how fathers and mothers stop smoking for their babies

Abstract

This study explores the association of childbearing history with smoking cessation using a national survey that collected relevant information in Taiwan in 2000. Preliminary findings of this study reveal that very few men among those having children and smoking before the first child was conceived quitted during their mates' pregnancy or children's infancy. A considerable proportion of women did refrain from smoking during pregnancy. However, most women who did so relapsed and smoked again during their children's infancy.

Furthermore, as it is rare that parents quitted smoking during pregnancy or their children's infancy, no substantial association can be found between parental social class and their decision to quit smoking in such periods. These results suggest that it is highly necessary for Taiwan's government to persuade parents to refrain from smoking for the sake their children's health.

Keywords: smoking cessation, father, mother, pregnancy, child, infancy

Introduction

The accumulation of knowledge on the detrimental effects of tobacco use on human health has a long history. Nevertheless, not until the 1970s did people start to pay more attention on the negative influences on health of secondhand smoke (U.S. Department of Health, Education, and Welfare, 1979). The 1980s was a time of milestone for scientific evidence on this regard. For instance, the U.S. Surgeon General's 1986 report on the health consequences of tobacco use substantially identified health risks due to involuntary smoking (i.e., inhaling secondhand smoke, which is also referred to as ETS --- environmental tobacco In particular, this report highlighted the adverse effects on child health smoke). of parental smoking during pregnancy and their children's early childhood (U.S. Department of Health and Human Service, 1986). Ever since public concerns over the harmful effects of parental smoking on child health have even elevated to an extent that parental smoking has become a critical issue in child custody disputes in advanced societies, such as the United States (Cordes, 1993; Sachs, 1993; Schwartz, 1993; Hall, 1994; McCarthy, 1994; Glassman, 1994; Moorby, 1995; Zgrodnik, 1995; Butler, 1996; Johnson, 1997; Sobie, 1997). Nonetheless, parental smoking seems to be a less disputing issue in less developed countries.

Furthermore, while it has been well recognized that concerns over personal health consequences of cigarette smoking significantly reduce an adult's tendency to smoke and a smoking adult's consumption of cigarettes (U.S. Department of Health and Human Service, 1990), much less research has been done on the relationships between adults' decisions on tobacco use and childbearing.

Since information on the deleterious impacts of parental smoking on child health has emerged for a couple of decades, many adults may have acquired abundant information in this respect and subsequently take this issue into account in various stages of childbearing. Therefore, it is likely that the history of childbearing and the timing of smoking cessation in a family are associated. this regard, there has been little research so far. Most studies documented in the literature pertain to parental smoking status associated with an isolated instance of pregnancy or birth, rather than the history of parental smoking over the births of several children to one family. Moreover, most research investigates situations in advanced countries where the majority of population is white. In general, the literature points out that women's age, marital status, socioeconomic status, and experience in quitting tobacco use are associated with their smoking status during pregnancy (Lu, Tong and Oldenburg, 2001). Research has also indicated that the status of primipara is correlated with women's smoking during pregnancy (Lu et al., 2001). Compared to women's smoking status during pregnancy, men's smoking status during and after their mates' pregnancy is less explored.

Taiwan is a country with a high smoking prevalence rate for males and a relatively low smoking prevalence rate for females in recent years (Cheng, Wen, Tsai, and Tsai, 2003). In 1996, 1999 and 2001, the smoking prevalence rates of male adults (aged 18 or over) in Taiwan were 51.9%, 47.3% and 46.5%, respectively (Cheng et al., 2003). While the trend of smoking prevalence among Taiwanese male adults is downward, the smoking rate is still high. As to tobacco use among females, the smoking prevalence rate of Taiwanese female adults (aged 18 or over) has been around 3% to 5% over the past a couple of decades (Cheng et al., 2003). Although the smoking rate of Taiwanese female adults does not appear to have an increasing trend, it does not significantly decline, either. As Taiwan's government and the public have devoted much effort to reduce tobacco use in recent years, smoking has gradually received less and less social acceptance in Taiwan. Nevertheless, there is less publicity for issues regarding secondhand smoke in Taiwan, compared to certain advanced countries. The detrimental effect of parental smoking on their children's health also receives

less discussion in Taiwan than in certain advanced countries. There has been little research on parental smoking during pregnancy and in their children's early childhood, too. Furthermore, to our knowledge, there has been no research specifically exploring the pattern of smoking cessation and relapse for parents with young children in Taiwan. To furnish knowledge in this area, this study enquires into this issue.

Specifically, this study investigates three issues. The first is Taiwanese women's and their mates' smoking patterns right before pregnancy, during pregnancy and in their children's infancy. The second is the association between the pattern of smoking cessation and relapse for a parent with young children and the smoking pattern of this parent's mate. The third is the relationship of socioeconomic status with a parent's smoking cessation in the childbearing period. Data for the study are from a survey related to women's and their children's health, and conducted by the National Health Research Institutes in 2000. Since this is the first study that intends to examine Taiwanese parents' pattern of smoking cessation and relapse over a period covering the births of several children to one family, findings from this study can shed light on the relationship

of parental decision to bear children and that to consume tobacco, and provide insights into formation of policies pertaining to tobacco use and child health.

Materials and methods

Data

This study utilizes data from a survey entitled "NHRI 2000 Survey of Health Status of Women and Children in Taiwan," and conducted by the National Health Research Institutes (NHRI), Taiwan. It adopted a "probability proportional to size (PPS)" stratified sampling method and collected data in sixty townships (about one sixth of all townships). After cases with wrong addresses and those unreachable after three visits were excluded, this survey had a response rate of 76%.

This is a retrospective survey. For each child, the survey covered the child's demographics, utilization of preventive care, and health conditions. It gathered information on maternal health knowledge and attitudes on children's preventive care, parental demographics, the history of parental education, employment, and child-bearing experiences, and family socioeconomic situations, too. Furthermore, the survey also collected information on women's and their mates' smoking practices during the childbearing period, and some of their other health behaviors during pregnancy. Over 98% of the respondents were the children's mothers. For a child who seldom lived with the mother, the

respondent was the child's main caregiver. This study excludes these cases because the central issues this study investigates are with respect to parental smoking. From this database, this study extracts a sample consisting of the mothers of a representative sample of Taiwanese children born in the period from March 1, 1995 to February 28, 1999. In total, there are 3183 mothers in the sample.

Statistical analyses

According to the number of children a woman had, we categorize the 3208 women into six groups: those with one child (n=547), two (n=1716), three (n=771), four (n=119), five (n=27) and six (n=3). In the first part of analysis for this study, we analyze parental smoking patterns over their childbearing history. For each single childbirth experience, we examine a woman's and her mate's smoking behavior in the six months right before a pregnancy, during pregnancy, and in the child's infancy.

The second part of analysis for this study pertains to the association between the pattern of smoking cessation and relapse for a woman with young children and the pattern for the woman's mates. For each of the first two childbirth experiences, we examine the relationship of a woman's status of smoking

cessation during pregnancy with her mate's smoking pattern; we also analyze the relationship of a woman's status of smoking relapse in her child's infancy with her mate's smoking pattern. Similarly, we investigate the relationship of a man's status of smoking cessation during his mate's pregnancy with the mate's smoking pattern, and the relationship of a man's status of smoking relapse in his child's infancy with his mate's smoking pattern. We were to probe the relationship between a woman's status of smoking cessation with her mate's corresponding behavior and the relationship of a woman's status of smoking relapse with her mate's corresponding behavior. However, the small number of smoking couples prohibits us from doing so. Therefore, we adopt the analytical plan mentioned above as an alternative strategy to explore this issue.

The third of the analysis is with respect to the relationship of socioeconomic status with a parent's smoking cessation in the childbearing period. We apply the logit model to analyze the association between a parent's smoking cessation during the childbearing period and the parent's social class, which is measured by a socioeconomic index based on both education attainment and occupation (Miller, 1983). A table illustrating the definition of this socioeconomic index is presented in the appendix. We investigate whether a parent's social class is

related to the parent's decision to at least quit smoking for some time the during childbearing period. We construct a variable to indicate the parent's decision to quit smoking. The variable value is 1 if the parent quitted smoking for at least some time during the childbearing period before the interview, and it is 0 otherwise. For comparison purposes, we also analyze the association of a parent's social class with the parent's smoking status in the six months right before the first experience of pregnancy for the family. For the smoking status mentioned above, we also construct a binary variable to indicate it, and the value "1" indicates that a parent smoked in the six months right before the first experience of pregnancy for the family.

Results

Sample characteristics

Table 1 presents sample characteristics. As shown in the table, more than a half of these parents had two children, and about a quarter of them had three children at the time of interview. The majority of them were married at the time of interview. More than a half of the mothers had paid job, and almost all fathers had paid job. Most parents had high school education. The educational level of fathers was a little higher than mother's. As more fatehrs had paid job and their average educational level was higher than the mothers', less fathers had low-rank social classes than mothers. The majority of families had a monthy income between 30,000 and 69,999 dollars. Regarding smoking behaviors, these results show that parental smoking prevalence at the time of interview was very similar to that in the six months before the first pregnancy experience of the family.

→ Insert Table 1

Women's and their mates' smoking cessation during the women's pregnancy and in their children's infancy

Table 2 reports parental smoking status in various periods over the childbearing history. These results reveal that around sixty percent of fathers

smoked during and after their wives' pregnancy. In particular, over eighty percent of fathers with five children smoked during and after their wives' pregnancy, and none in this group quitted smoking in these periods. Since the smoking prevalence rate of Taiwanese adult males was around fifty percent in late 1990s, these results indicate that the smoking prevalence among these fathers-to-be and fathers with infants was actually higher than the general level of adult males in the same period. Moreover, very few fathers-to-be and fathers quitted smoking during or after their wives' pregnancy, and most men in the small group of quitters relapsed again. The majority never quitted.

As to mothers' tobacco use, results from our analysis show that around four percent of mothers smoked during and after pregnancy. This prevalence rate was close to the general level of adult females in Taiwan. Women with one and those with five children appeared to smoke more. Women with four children also appeared to have a smoking prevalence rate higher than the average level of adult females in Taiwan. In particular, around eleven percent of mothers with five children smoked during and after pregnancy, and none of them quitted smoking in such periods. Compared to men, a considerable proportion of women did refrain from smoking during pregnancy. In spite of this, the majority of women who

refrained from smoking during pregnancy relapsed and smoked again during their children's infancy.

→ Insert Table 2

Association of a parent's smoking cessation and relapse pattern with the smoking pattern of the parent's mate

Table 3 presents results related to the association of a parent's smoking cessation during a pregnancy experience of the family with the mate's smoking pattern. These results indicate that over 90% of smoking mothers had smoking mates, and most of smoking mothers with smoking mates did not quit smoking during pregnancy. Few smoking mothers had non-smoking mates.

Nevertheless, these smoking despite that their mates never smoked basically just did not quit during pregnancy. As to men's smoking cessation pattern, almost all smoking men continued to smoke during their mates' pregnancy. These findings suggest that most smoking parents do not quit smoking during a pregnancy experience of a family, almost all men continue to smoke during their mates' pregnancy, and women who have at least some smoking experience despite that their mates never smoke are very unlikely to quit smoking during pregnancy.

→ Insert Table 3

Table 4 reports results regarding the association of a parent's smoking in a child's infancy with the mate's smoking pattern. These results show that most parents relapsed. Furthermore, the results suggest that the likelihood of relapse after the second child was born is higher than that associated with the first childbirth experience.

→ Insert Table 4

Relationships of socioeconomic status with a parent's smoking cessation pattern in the childbearing period and with the smoking status right before the first pregnancy experience of the family

Table 5 presents results from analyses with respect to factors associated with parental choice to quit for at least some time during the childbearing period. As men usually did not quit smoking during their wives' pregnancy or children's infancy, the association of their quitting decision in such periods with their social class was not substantial. Similar to the relationship between quitting decision and social class for men, the association of women social class and their quitting decision in such periods did not appear to be substantial. Table 6 reports results from analyses with respect to factors associated with parental smoking status in the six months before their first child was conceived. In contrast to results in

Table 5, these results indicate that social class is indeed associated with adults' smoking status, and family income level is associated with men's smoking status before their childbearing period.

- → Insert Table 5
- → Insert Table 6

Discussion

Findings from this study suggest that information regarding the harmful effects on child health of secondhand smoke at home does not play an important role in encouraging adults to quit smoking in Taiwan, which is a highly developing country with a high smoking prevalence rate for men and a relatively low rate for women. It appears that parental smoking is highly likely to induce substantial health risks to the youth in Taiwan and deserves more attention in our society. It is thus important for Taiwan's government to devote more efforts to transforming knowledge on the adverse effects of secondhand smoke on child health into effective tools to encourage parental smoking cessation.

As almost all Taiwanese parents continue to smoke during the period awaiting childbirth and in their children's infancy, intervention programs for smoking cessation should be targeted to all smoking adults who plan to bear children. Furthermore, as most parents who refrain from smoking when awaiting childbirth relapse in their children's infancy, intervention programs for avoiding smoking relapse after childbirth should also be emphasized. In particular, parents appear to relapse more easily in their later children's infancy, and programs for keeping parents from relapsing should be even more

emphasized for parents who just have their second or later children.

The fact that very few Taiwanese parents quit smoking when awaiting childbirth and in children's infancy deserves more exploration. As shown by findings from this study, socioeconomic status is associated with Taiwanese adults' smoking status before their childbearing period, but has no association with parental choice to quit smoking for at least some time. Such phenomenon tends to suggest that health knowledge with respect to the harmful effects of parental smoking on child health is not influential on Taiwanese parents' decision on tobacco use. Future research should be conducted to unearth reasons for such differences so that effective policies for reducing parental smoking prevalence can be formulated.

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Table 1: Sample characteristics

	All women	Women with	Women with	Women with	Women with	Women with	Women with
	(n=3183)	1 child (n=547)	2 children (n=1716)	3 children (n=771)	4 children (n=119)	5 children (n=27)	6 children (n=3)
Maternal current smoking status							
Smoker	4.68	7.69	4.20	3.24	5.88	11.11	0.00
Non-smoker	95.32	92.31	95.80	96.76	94.12	88.89	100.00
Maternal smoking status in the six mon	ths before the fi	rst child was conc	<u>eived</u>				
Smoker	4.59	7.50	4.02	3.24	6.72	11.11	0.00
Non-smoker	95.41	92.50	95.98	96.76	93.28	88.89	100.00
Paternal current smoking status							
Smoker	58.08	56.26	56.42	61.35	64.10	82.61	66.67
Non-smoker	41.92	43.74	43.58	38.65	35.90	17.39	33.33
Paternal smoking status in the six mont	ths before the fir	st child was conce	<u>eived</u>				
Smoker	59.92	58.00	58.25	63.19	66.67	82.61	66.67
Non-smoker	40.08	42.00	41.75	36.81	33.33	17.39	33.33
Number of children							
One	17.19	100.0					
Two	53.91		100.0				
Three	24.22			100.0			
Four	3.74				100.0		
Five	0.85					100.0	
Six	0.09						100.0
Marital status							
Currently married	97.74	94.87	98.54	98.31	98.32	85.19	100.00
Not currently married	2.26	5.13	1.46	1.69	1.68	14.81	0.00

Table 1 (continued)

	All women	Women with	Women with	Women with	Women with	Women with	Women with
	(n=3183)	1 child (n=547)	2 children (n=1716)	3 children (n=771)	4 children (n=119)	5 children (n=27)	6 children (n=3)
<u>Maternal cohor</u> t							
Born before 1965	21.38	14.65	16.91	31.04	46.22	48.15	100.00
Born in 1965-74	69.50	70.51	72.94	64.81	52.10	48.15	0.00
Born in 1975-84	9.12	14.84	10.15	4.16	1.68	3.70	0.00
Maternal current employment							
With paid work	55.52	63.55	56.38	49.16	51.26	37.04	66.67
w/o paid work	44.48	36.45	43.62	50.84	48.74	62.96	33.33
Paternal current employment							
With paid work	97.65	96.92	98.05	97.22	97.44	100.00	100.00
w/o paid work	2.35	3.08	1.95	2.78	2.56	0.00	0.00
Maternal current educational level							
< high school	19.23	12.25	14.64	28.40	43.70	77.78	66.67
High school	53.74	53.02	56.15	51.23	46.22	22.22	33.33
> high school	27.03	34.73	29.21	20.36	10.08	0.00	0.00
Paternal current educational level							
< high school	19.93	12.84	17.25	26.82	38.46	52.17	33.33
High school	44.53	45.14	43.57	45.57	49.57	39.13	66.67
> high school	35.54	42.02	39.18	27.61	11.97	8.70	0.00
Maternal current social class							
I	1.64	2.20	1.57	1.69	0.00	0.00	0.00
II	6.67	7.52	7.58	4.42	5.88	0.00	0.00
III	27.08	34.68	29.15	20.39	10.92	7.41	0.00
IV	20.13	20.55	20.29	20.13	15.97	14.81	66.67
V	44.48	35.05	41.40	53.38	67.23	77.78	33.33

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Table 1 (continued)

	All women	Women with	Women with	Women with	Women with	Women with	Women with
	(n=3182)	1 child (n=547)	2 children (n=1716)	3 children (n=771)	4 children (n=119)	5 children (n=27)	6 children (n=3)
Paternal current social class							_
I	5.12	5.81	6.11	3.40	0.00	0.00	0.00
II	14.27	15.83	15.61	11.68	7.02	0.00	33.33
III	33.39	36.67	34.48	29.08	32.46	26.09	33.33
IV	33.82	31.46	32.49	38.04	35.09	43.48	0.00
V	13.41	10.22	11.31	17.80	25.44	30.43	33.33
Average monthly family income (NT\$)							
<=29,999	11.55	11.90	9.87	12.84	19.09	47.62	0.00
30,000-69,999	60.01	58.33	59.11	63.35	60.91	52.38	66.67
70,000-99,999	18.65	19.64	20.13	15.58	16.36	0.00	0.00
>=100,000	9.79	10.12	10.89	8.23	3.64	0.00	33.33
<u>Residential region</u>							
North Taiwan	34.40	38.39	36.01	29.70	24.37	29.63	33.33
Central Taiwan	29.66	20.29	27.68	37.87	46.22	40.74	0.00
South Taiwan	33.84	38.57	34.15	31.39	24.37	25.93	66.67
East Taiwan	2.10	2.74	2.16	1.04	5.04	3.70	0.00
Type of residential district							
Taipei	9.68	10.97	11.01	6.87	4.20	3.70	0.00
Kaohsiung	8.55	10.97	8.97	6.87	3.36	3.70	0.00
Other large cities	24.44	28.70	24.88	22.18	13.45	22.22	33.33
Small cities / Towns	38.30	34.73	36.07	43.32	52.94	44.44	33.33
Rural areas	19.04	14.63	19.06	20.75	26.05	25.93	33.33

Note: Figures shown are percentages.

Table 2: Parental smoking status in various periods over the childbearing history

mistor y	Smoking prev	alence rate (%)
Period	Mothers	Fathers
All women with young children	(n=3183)	(n=3109)
First child $(n=3183)$	(n=3183)	(n=3109)
In the six months right before this pregnancy	4.59	59.89
During this pregnancy	3.64	59.31
In the child's infancy	4.40	59.34
Second child (n=2657)	(n=2636)	(n=2591)
In the six months right before this pregnancy	3.98	60.29
During this pregnancy	3.15	59.75
In the child's infancy	3.72	59.78
Third child (n=929)	(n=920)	(n=900)
In the six months right before this pregnancy	3.91	64.11
During this pregnancy	3.04	63.89
In the child's infancy	3.59	63.78
Fourth child (n=151)	(n=149)	(n=143)
In the six months right before this pregnancy	7.38	69.23
During this pregnancy	5.37	68.53
In the child's infancy	6.71	67.83
Fifth child $(n=30)$	(n=30)	(n=26)
In the six months right before this pregnancy	10.00	80.77
During this pregnancy	10.00	80.77
In the child's infancy	10.00	80.77
Sixth child $(n=3)$	(n=3)	(n=3)
In the six months right before this pregnancy	0	66.67
During this pregnancy	0	66.67
In the child's infancy	0	66.67
Women each of whom had one child (n=547)		
First child	(n=547)	(n=518)
In the six months right before this pregnancy	7.50	57.92
During this pregnancy	6.03	57.14
In the child's infancy	7.68	57.14
Women each of whom had two children (n=1716)		
First child	(n=1716)	(n=1691)
In the six months right before this pregnancy	4.02	58.25
During this pregnancy	3.21	57.54
In the child's infancy	3.79	57.66
Second child	(n=1716)	(n=1691)
In the six months right before this pregnancy	3.67	57.60
During this pregnancy	3.21	57.19
In the child's infancy	3.90	57.48

Table 2 (continued)

	Smoking prev	alence rate (%)
Period	Mothers	Fathers
Women each of whom had three children (n=771)		
First child	(n=771)	(n=757)
In the six months right before this pregnancy	3.24	63.14
During this pregnancy	2.59	63.01
In the child's infancy	2.98	63.01
Second child	(n=771)	(n=757)
In the six months right before this pregnancy	2.98	63.01
During this pregnancy	2.59	62.75
In the child's infancy	2.98	63.01
Third child	(n=771)	(n=757)
In the six months right before this pregnancy	3.11	62.62
During this pregnancy	2.72	62.22
In the child's infancy	3.11	62.35
Women each of whom had four children (n=119)		
First child	(n=119)	(n=117)
In the six months right before this pregnancy	6.72	66.67
During this pregnancy	4.20	65.81
In the child's infancy	5.88	64.96
Second child	(n=119)	(n=117)
In the six months right before this pregnancy	5.88	64.96
During this pregnancy	4.20	64.96
In the child's infancy	5.88	64.96
Third child	(n=119)	(n=117)
In the six months right before this pregnancy	5.88	64.96
During this pregnancy	4.20	64.10
In the child's infancy	5.88	64.10
Fourth child	(n=119)	(n=117)
In the six months right before this pregnancy	5.88	65.52
During this pregnancy	4.20	65.52
In the child's infancy	5.88	64.66
Women each of whom had five children (n=30)		
First child	(n=27)	(n=23)
In the six months right before this pregnancy	11.11	82.61
During this pregnancy	11.11	82.61
In the child's infancy	11.11	82.61
Second child	(n=27)	(n=23)
In the six months right before this pregnancy	11.11	82.61
During this pregnancy	11.11	82.61
In the child's infancy	11.11	82.61
Third child	(n=27)	(n=23)
In the six months right before this pregnancy	11.11	82.61
During this pregnancy	11.11	82.61
In the child's infancy	11.11	82.61

Table 2 (continued)

	Smoking prev	alence rate (%)
Period	Mothers	Fathers
Women each of whom had five children (cont.)		
Fourth child	(n=27)	(n=23)
In the six months right before this pregnancy	11.11	86.96
During this pregnancy	11.11	86.36
In the child's infancy	11.11	86.36
Fifth child	(n=27)	(n=23)
In the six months right before this pregnancy	11.11	86.96
During this pregnancy	11.11	86.36
In the child's infancy	11.11	86.36
Women each of whom had six children (n=3)		
First child	(n=3)	(n=3)
In the six months right before this pregnancy	0	66.67
During this pregnancy	0	66.67
In the child's infancy	0	66.67
Second child	(n=3)	(n=3)
In the six months right before this pregnancy	0	66.67
During this pregnancy	0	66.67
In the child's infancy	0	66.67
Third child	(n=3)	(n=3)
In the six months right before this pregnancy	0	66.67
During this pregnancy	0	66.67
In the child's infancy	0	66.67
Fourth child	(n=3)	(n=3)
In the six months right before this pregnancy	0	66.67
During this pregnancy	0	66.67
In the child's infancy	0	66.67
Fifth child	(n=3)	(n=3)
In the six months right before this pregnancy	0	66.67
During this pregnancy	0	66.67
In the child's infancy	0	66.67
Sixth child	(n=3)	(n=3)
In the six months right before this pregnancy	0	66.67
During this pregnancy	0	66.67
In the child's infancy	0	66.67

Table 3: Association of a parent's smoking cessation during a pregnancy experience of the family with the mate's smoking pattern

					moking cess	ation					
		A	A woman's smoking			A woman's smoking cessation dur					
	first pregnancy							second preg	gnancy		
			(n=129))				(n=90)		
			Quit	Not quit				Quit	Not quit		
smoking tern	1		25 (21.37%)	92 (78.63%)	smoking tern	1		12 (15.19%)	67 (84.81%)		
nal smc pattern	2		0 (0.00%)	0 (0.00%)	rnal smo pattern	2		0 (0.00%)	0 (0.00%)		
Paternal pat	3		1 (8.33%)	11 (91.67%)	Paternal pat	3		0 (0.00%)	11 (100.0%)		

Table 3 (continued)

				Paternal sr	noking cessa	tion			
	A man's smoking cessation during his mate's first pregnancy							A man's smoking c his mate's secon	
			(n=186	52)	(n=1548)				18)
50			Quit	Not quit	5 0			Quit	Not quit
smoking ern	1		0 (0.00%)	92 (100.0%)	smoking ern	1		0 (0.00%)	67 (100.0%)
rnal smo pattern	2		0 (0.00%)	25 (100.0%)		2		0 (0.00%)	12 (100.0%)
Maternal patt	3		19 (1.09%)	1726 (98.91%)	Maternal	3		10 (0.68%)	1459 (99.32%)

Notes:

- 1. Percentages shown are column percentages.
- 2. The three smoking patterns are defined as follows: (1) always smoke or start smoking in the period, (2) quit in the period, and (3) never smoke.

Table 4: Association of a parent's smoking relapse in a child's infancy with the mate's smoking pattern

				Maternal sr	noking rela _l	ose			
	A woman's smoking relapse in the first child's infancy							A woman's smok the second chi	
			(n=2)	6)	(n=12)			2)	
			Relapse	Not Relapse				Relapse	Not Relapse
smoking tern	1		17 (68.00%)	8 (32.00%)	smoking tern	1		11 (91.67%)	1 (8.33%)
nal smo pattem	2		0 (0.00%)	0 (0.00%)	mal smo pattern	2		0 (0.00%)	0 (0.00%)
Paternal pat	3		1 (100.0%)	0 (0.00%)	Paternal pati	3		0 (0.00%)	0 (0.00%)

Table 4 (continued)

				Paternal sn	noking relap	se				
	A man's smoking relapse in the first child's infancy					A man's smoking relapse in the second child's infancy				
			(n=19	9)	(n=10)				0)	
þΩ			Relapse	Not Relapse	50			Relapse	Not Relapse	
smoking ern	1		0 (0.00%)	0 (0.00%)	smoking ern	1		0 (0.00%)	0 (0.00%)	
	2		0 (0.00%)	0 (0.00%)		2		0 (0.00%)	0 (0.00%)	
Maternal pati	3		10 (52.63%)	9 (47.37%)	Maternal patt	3		8 (80.00%)	2 (20.00%)	

Notes:

- 1. Percentages shown are column percentages.
- 2. The three smoking patterns are defined as follows: (1) always smoke or start smoking in the period, (2) quit in the period, and (3) never smoke.

Table 5: Factors associated with parental choice to quit smoking

	N	Mothers			Fathers	
	Coef.	Std. Err.	odds ratio	Coef.	Std. Err.	odds ratio
Marital status (reference group:	not currently	married)				
Currently married	0.34	0.70	1.41			
Social class (reference group: cla	uss I+II+III f	or mother	s I+II for fa	thers)		
III				-0.11	0.48	0.90
IV	0.43	0.77	1.53	-0.36	0.52	0.70
V	-0.13	0.66	0.88	-0.83	0.74	0.44
Average monthly family income (reference gro	oup: <=N	T\$ 29,999)			
30,000 - 69,999	0.16	0.67	1.18	1.42	1.03	4.12
70,000 - 99,999	-0.10	0.85	0.91	2.37	1.06	10.69
>= 100,000	1.62	1.06	5.07	0.42	1.46	1.53
Residential region (reference gro	ир: north Ta	iwan)				
Central Taiwan	0.92	0.71	2.51	1.02	0.59	2.78
South Taiwan	0.05	0.72	1.05	0.76	0.61	2.13
East Taiwan	-0.25	1.28	0.78	1.51	1.20	4.53
Type of residential district (refere	nce group: T	Taipei)				
Kaohsiung	-1.08	1.15	0.34	-1.04	0.89	0.35
Other large cities	-1.29	0.62	0.28	-1.04	0.62	0.35
Small cities / Towns	-1.22*	0.79	0.29	-1.94*	0.74	0.14
Rural areas	-1.18	0.76	0.31	-0.89	0.75	0.41
Number of observations		133			1,640	
Log likelihood ratio: $\chi^2(16)$		11.18			28.22	
Note: ** $p < 0.01$; * $p < 0.05$; \bar{p}	< 0.1.					

Table 6: Factors associated with parental smoking status in the six months before their first child was conceived

	N	Nothers]	Fathers	
	Coef.	Std. Err.	odds ratio	Coef.	Std. Err.	odds ratio
Marital status (reference group:	not currently	married)				
Currently married	2.24**	0.36	9.36			
Social class (reference group: cl	ass I+II+III fo	or mother	s I+II for fa	thers)		
III				0.73**	0.12	2.07
IV	0.62 ⁼	0.34	1.86	1.16**	0.13	3.18
V	1.62**	0.28	5.06	1.39**	0.16	4.00
Average monthly family income	(reference gro	oup: <=N	T\$ 29,999)			
30,000 - 69,999	0.13	0.30	1.14	-0.14	0.15	0.87
70,000 - 99,999	0.47	0.37	1.60	-0.34 [∓]	0.17	0.71
>= 100,000	-0.04	0.51	0.96	-0.62**	0.20	0.54
Residential region (reference gro	oup: north Tai	iwan)				
Central Taiwan	-1.38**	0.33	0.25	0.11	0.12	1.11
South Taiwan	-1.31**	0.30	0.27	-0.23*	0.13	0.80
East Taiwan	0.97 ⁼	0.50	2.63	-0.11	0.29	0.90
Type of residential district (refer	ence group: T	aipei)				
Kaohsiung	0.06	0.51	1.06	0.05	0.23	1.05
Other large cities	-0.07	0.28	0.93	-0.02	0.16	0.98
Small cities / Towns	-0.90*	0.35	0.41	-0.18	0.17	0.83
Rural areas	0.05	0.36	1.05	0.23	0.20	1.26
Number of observations		2,896			2,773	
Log likelihood ratio: $\chi^2(16)$		148.29			217.55	
Note: ** $p < 0.01$; * $p < 0.05$; †	p < 0.1.					

Appendix: Definition of socioeconomic class

Occupational type	High-rank professional,	Professional, manager	Administrative employee	Small shop owner, clerk	Skilled labor	Semi-skilled labor	Non-skilled labor
Educational level	entrepreneur						
At lest some graduate school	Class I						
College	Class I	Class II		Class III	Class IV		
Some college		Class II		Class III			
High school or some high school							
Junior high school					Class IV		Class V
Elementary school or less							