

meetings with mothers to keep a sustainability after the baby was born.

**Intervention or response:** Pregnant mothers were trained by ADIC once a month in their clinics when they came to check their health condition. They support us for prevention and spread the messages among the target community. They used materials such as hand bills, stickers distributed by ADIC. ADIC staff conducted short sessions during their clinics and parent's meetings, empowering women's groups in the community.

Follow up's were done by conducting field visits and by making telephone calls. To overcome the biggest challenge we created small community groups near pregnant mother's houses and we held meetings with them twice a week until the baby was born. Then we did follow up with them by telephone calls to continue the progress till two years.

**Results and lessons learnt:** According to the pre and post evaluation tobacco free houses were improved from 23.18% to 93.75%. Number of husbands who reduced smoking were improved from 18.84% to 57.69%. Number of husbands who quit smoking were improved from 18.84%-30.76%

**Conclusions and key recommendations:** Addressing a husband thorough pregnant mother's is a very effective way of reducing the use of tobacco in a community.

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**12:30-14:00**

### PS-1008-3 Social inequalities in exposure to secondhand smoke in households with children under 12 in Spain

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**Background:** Children are particularly vulnerable to the effects of secondhand smoke (SHS), mainly due to presenting a respiratory and immune systems in development and a faster respiratory rate. The objective of this study is to describe the potential social inequalities in SHS exposure in households with children under 12 in Spain.

**Methods:** Cross-sectional study in a representative sample of population under 12 years of age in Spain. The sample size was 2,411 individuals, being proportional by regions, size of municipality of residence, sex and age groups. A telephone survey was administered to parents or legal tutors in 2016. It included sociodemographic variables and variables related to SHS exposure at home. A descriptive bivariate analysis of the main SHS exposure variables according to educational level and social class (based on occupation) was carried out.

**Results:** 25.8% of children are exposed to SHS at home (smoking reported either inside or on balconies or terraces). An exposure gradient is observed according to the level of studies of the household's main earner, being the prevalence of exposure higher as the educational level decreases (37.9% in primary studies or lower, 27.8% in secondary studies and 20% in university studies,  $p < 0.05$ ). This reverse gradient is maintained by social class

(31.1% in class V-VII (most deprived), 23.4% in class III-IV and 21.7% in class I-II (most affluent),  $p < 0.05$ ). There are no significant differences according to the sex of the child.

**Conclusions:** In Spain, one out of every four children is exposed to SHS at home. This exposure presents a clear socioeconomic gradient, being children living in more deprived families at higher risk of SHS exposure. Interventions aiming to reduce SHS exposure in children, with a perspective of equity, are urgently needed.

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### PS-1009-3 Outdoor hospitality venues: a real challenge for tobacco control policies

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**Background:** After the implementation of smoke-free policies in indoor hospitality venues, smokers may have displaced to their outdoor areas. Authors aimed to describe smoking visibility and second-hand smoke (SHS) exposure in outdoor hospitality venues.

**Methods:** An observational study was conducted in Madrid city. We collected information, through direct observation, on signs of tobacco consumption on entrances and terraces of hospitality venues. We also measured airborne nicotine in terraces with a monitor by active sampling during 30 minutes. We calculated the medians and the interquartile ranges (IQR) of nicotine concentrations. We computed an analysis stratified by the possible explanatory variables and compared the nicotine concentration using the Kruskal-Wallis test for independent samples.

**Results:** We characterized 256 entrances of hospitality venues, 174 measured between May and September 2016 (hot season) and 82 between October and December 2016 (mild season). 204 entrances showed signs of tobacco consumption: 97 had ashtrays; 166 had cigarettes butts; in 66, tobacco smell was perceived; and, in 67 entrances, smokers were observed. There were no differences in signs of tobacco consumption observed between seasons ( $p=0.155$ ). We measured nicotine concentration in 92 terraces with an overall median of 0.42  $\mu\text{g}/\text{m}^3$  (IQR: 0.14-1.59  $\mu\text{g}/\text{m}^3$ ). Nicotine concentration in terraces increased with number of cigarettes smoked from 0.03  $\mu\text{g}/\text{m}^3$  (IQR: 0.03-0.91  $\mu\text{g}/\text{m}^3$ ) when no cigarette was litten to 3.83  $\mu\text{g}/\text{m}^3$  (0.97-4.70  $\mu\text{g}/\text{m}^3$ ) when more than eight cigarettes were lighted ( $p = 0.001$ ). We observed differences in nicotine concentration according to the number of covers from 0.37  $\mu\text{g}/\text{m}^3$  (IQR: 0.15-1.59  $\mu\text{g}/\text{m}^3$ ) in terraces with no cover to 2.40  $\mu\text{g}/\text{m}^3$  (IQR: 0.64-13.36  $\mu\text{g}/\text{m}^3$ ) on closed terraces ( $p=0.006$ ).

**Conclusions:** Outdoor hospitality venues are areas where non-smoking population continues to be highly exposed to SHS. These spaces should be considered in future tobacco control interventions.