Thai Community Perspectives on Suburban Smoke-free Homes: Qualitative Findings from a Mixed Method Study

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Abstract: A smoke-free home is defined as one where people are not allowed to smoke anywhere inside the home. Smoking inside the home leads to second-hand smoke for all household members, a health hazard that needs to be addressed. This study explored the perspectives of community members toward a smoke-free home in a suburb of Bangkok metropolitan area, Thailand. This paper describes the qualitative descriptive phase of a sequential mixed method study which employed four focus groups interviews with 29 key informants, including community committee members, smokers' family members, and current smokers. Focus group guidelines centred on understanding second-hand smoke and its effects on family health, how to ban smoking inside homes, and how communities get involved in promoting smoke-free homes.

Content analysis was applied for data analysis and the findings on community perspectives on smoke-free home had three categories: 1) negative attitudes toward second-hand smoke inside homes; 2) effect of second-hand smoke on health problems; and 3) feasibility of smoke-free homes. Participants believed it was possible to develop a smoke-free home by setting a community agenda that required participation and coordination among community members, family members, and current smokers. This should entail strengthening family negotiations, setting smoking ban rules, and providing smoking areas outside homes, as well as supporting current smokers to quit. Public health nurses have a role to play in promoting smoke-free homes by their advocating, encouraging, and empowering smokers in reducing or quitting their smoking, as well as providing guidance to their families. In turn this helps to strengthen community action to prevent second-hand smoking and smoking reduction.

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Introduction

Second-hand smoke (SHS) has the highest prevalence at home[1,2] and significantly increases tobacco-related illness.[3] Moreover, smokers with chronically high nicotine levels have a greater physical reaction to SHS exposure which makes them feel more stressed.[4] Smoking inside homes is the

indicator to assess SHS exposure.[5] Evidence shows that children in contact with SHS affects their long term survival and development.[6] Therefore, SHS prevention and control in households are critically important.

Most people agree on anti-smoking legislation in public areas and are concerned that SHS is serious threat to health.[7] Social reactions when smokers smoke outside the house or in a public place, includes them being met with negative nonverbal reactions, such as people covering their noses and mouths.[8] They may also receive verbal abuse from members of the public who do not like smoking. Not surprisingly, a significant number of smokers (45.5%) agree more than non-smokers that everyone has the right to smoke in public places.[7] Social reactions to smokers may push the majority of smokers to smoke in their homes. Smoking cigarette reduces anxiety, relaxing, calm down, and makes smokers feel good.[9] About one-half of any tobacco users report having smoke-free rules in a private setting.[10] In low-income countries like Bangladesh, it has been found that a significant proportion of second-hand smoking occurs due to smoking being allowed at home.[11] Moreover, family members especially wives, are often powerless to discuss this issue with a smoker,[12] so in many cases family members alone may not be able to solve the problem of SHS in the home.

The home where smoking is not allowed is called a smoke-free home (SFH).[10, 13, 14] A SFH is the goal for decreasing SHS in the home and needs the cooperation and concerted efforts of family and community involvement. Studies have found that there are varying approaches for the SFH such as determining smoke-free rules in the home,[13,15] raising awareness of community people and family,[16] and educating people to establish a smoke-free policy.[1,12] The core essence of tobacco control implementation especially regarding SFH requires collaboration with people, the public health community, health care practitioners, and other organizations at multi-levels.[11, 13, 16, 17]

Monitoring tobacco control policies is required for better planning and implementation of necessary public health intervention. The Royal Thai government has enacted the Tobacco Control Act, combined with the Health Care Act for non-smokers which indicated that smoking decreased over the period 2004-2017 (B.E.2547-2560).[18] However, the Thai laws cannot cover smoking at home so the prevalence of this continues.[19, 20] The concept of a SFH is new for many in Thailand communities and previous studies have usually focused on helping individuals or specific groups of the smokers about smoking cessation.[14, 21] The knowledge about community views on SFH and the linkage between this and SHS in the family context is limited, especially in Thailand.

Aim

To explore community perspectives on SFH in a suburban area of Thailand.

Theoretical framework

Community participation is a principle of primary health care which can improve health outcomes, equity, service access, relevance, acceptability, quality and responsiveness.[22] Evidence for applying SFH includes the concept of participation, a commitment to democratic principles, and has been used for practice and research[23] but participation by community members is not easy to achieve.[24] Community participation should develop and engage in the beginning to the end of the process. Therefore, involvement by healthcare provider with community partnerships is a key for success for sustainability.[25]

Community needs assessment, which is the first step in community development, is very important. This is a process to identify and prioritize opportunities for collaborative action in the community.[26] The evidence recommends that to achieve anti-tobacco strategies requires strengthening of legislation and reducing social

acceptability of smoking.[27] All of the stakeholders should get involved as health partners combined with the coalition strategies by relying on data-based and ongoing assessment in which sustainability is built.[28] A suburban community is a place where a large number of people come together for a special purpose that lacks the features of a city.[29] Community-engaged approaches are employed including establishing co-learning opportunities, participatory procedures for community-academic involvement, community and clinical capacity building[30] which is an input to guide the next implementation. Therefore, community understanding and realization are the first steps for a community to solve its problems.

Methods

Design

This paper presents findings of the descriptive qualitative first phase of a larger sequential mixed-method study.

Sample and setting

The setting was a suburban area of Bangkok Metropolitan, located in the north of Bangkok, Thailand. The prevalence of smokers in population aged 15 years and over was 1,135 people.[31] This community was selected based on its proximity to the suburban area, its active community leaders group which expressed interest in working with the research team, and the community-based intervention activities targeting SHS and SFH issues had not been implemented before at the time of project initiation.

Participants comprised community committee members, the families of current smokesr, and smokers as follows: Community committee members (8 people) were recruited by the head of a community committee, a village headman, 3 representatives of community committee members, a head of the healthcare volunteers, and 2 representatives of the healthcare volunteers. Participants' recruitment was guided by inclusion criteria of residency in the community for at least 6 months, and working in their position in the community

no less than 2 years. Community committee members were representative of people in the community, working with different kinds of community policy, and activities in the community.

There were 15 family members of current smokers who were divided into 2 groups (7-8 people/ group). All were recruited from family members who live with a current smoker and were exposed to SHS in the homes and were invited to join the study by the community committee.

To ensure diverse perspectives on SHS exposure inside a home, the six current smokers who smoked at home were included but had no serious health problems, and no substance use co-mobidity.

Ethical considerations

This study was approved by the Ethical Review Committee for Human Research, Faculty of Public Health, Mahidol University (COA. No. MUPH 2016-114). All participants took part voluntarily after being informed about the study verbally, and signed a consent form. Participants were free to withdraw at any time from the study. All information was kept strictly confidential and anonymous in the publication of their responses.

Data collection

Focus groups interview were utilized for data collection from December 2016 to January 2017 with one group of community committee members, two groups of current smokers' family members, and one group of current smokers. All participants gave permission for note-taking and audio-recording of interviews. The focus group guidelines were based on attitudes toward smoking inside the home, its effects on health, and the feasibility for developing SFH in communities. All questions were reviewed by five experts and these totaled 10 items (Table 1). Interviews were approximately 40-60 minutes in length per group and were stopped when no new categories emerged and all question were completed, reaching consensus on the meaning and importance of analytic categories. A complete review of categories continued until data saturation.

Table 1   Topic guide for focus group interviews.

Objective	Probing Questions
To explore the participants' opinions about SHS and its effects.	What is second-hand smoke?
	How does second-hand smoke affect people in the home?
	How do you think of people who smoke inside their home?
To find methods based on participants' viewpoint about feasibility, and develop smoke-free home interventions.	What does a smoke-free home look like?
	How can people prevent exposure to cigarette smoke in the home?
	How is the community and family members work together to create smoke-free homes in the community? Which local organizations can help to develop smoke-free homes in our community.
	In the past, what strategy did you prefer to avoid second-hand smoke? What do you think community committee or your family can do to help you to quit smoking? (current smokers only) In which area of the home could you stop smoking? Why? (current smokers only)

Data analysis

Researchers reviewed and checked the transcripts against the audio-recordings for accuracy. Content analysis steps were implemented as follows: transcripts read line by line, extracting the underlying content of the texts; coding the meaning units; clustering similar words, phrases, and concepts in relation to the content of each text; and compiling categories out of those subcategories. Description and interpretation were completed alongside reading and rereading.

Trustworthiness

Criteria of credibility, confirmability, dependability, and transferability accumulatively contributed to trustworthiness.[32] Engagement in establishing rapport and spending time immersed in community members' activities help to establish credibility. The interviewer avoided using ideas and experiences to lead or direct the participants to express their experiences and feelings. The reflexive data and community committee members checking methods were carefully applied to make the study process with confirmability. Dependability was enhanced through debriefing data collection and analysis with the advisory committee and sharing emerging ideas, codes, and interpretations. The reflective notes and narrative analysis were carefully applied not only to ensure that the study process was transparent and consistent but also verify key findings with supporting data. The thick description of participants' perspectives helped to assist validity of findings.

Findings

The 29 participants' characteristics were divided into three sub-groups: 1) community committee members (CC) (n=8) (male =4, female=4); 2) smokers' family members (FM) (n=15) (male =7, female=8); and 3) current smokers (SM) (n=6) (male =4, female=2). Females (n=14) and males (n=15) participated in this study. Most participants were married and age range between 18-85 years old, with the average age of 56.54 years.

The perspectives of communities are presented below in three categories: negative attitudes toward SHS inside home; the effects of SHS on health problems; and feasibility of SFH (Table 2).

Table 2 Categories and sub-categories regarding community members' perspectives on smoke-free home.

Categories	Sub-categories
Negative attitudes toward SHS inside the home	– Hate smoking inside home – Current smokers have some problems – Bad habit and selfish – Loss of money
Effect of SHS includes health problems	– Smoking causes lung diseases – Respiratory illnesses – Smoking creates diseases – Cigarette smoking like a drug addict
Feasibility of smoke-free home.	– Agree with developing the smoke-free home – Community agenda – Health education – Home smoking-ban rules – Negotiate with smokers – Smoking in somewhere outside the home – Support smokers to quit smoking – Participation of the community with a local coordination

SHS=second-hand smoke

Category 1: Negative Attitudes Toward Second-hand Smoke Inside Home

Most of participants disliked cigarette smoke because of its adverse smell. However, they believed that current smokers may be experiencing some problems or that smoking relieves stress. Participants felt sympathetic toward smokers because of a law enforcement ban on smoking in public places and social disapproval.

...smelly... (CC4)

I hate smoking. ...feel annoyed... (FM4, 11, 13)

Smokers are not bad; they smoke because they may have some problems. (CC2, 4, 5)

When I felt more stress, then I smoked more. ...it was my habit. (SM5, 6)

I think that a smoker is blamed too much by society. (FM12)

I sympathize with him. (CC4)

Some family members claimed smokers were selfish. They were also fearful that smokers may commit violence after drinking alcohol. Also, smoking was claimed to be a waste of money.

I am so sad that he does not love his family. (FM3, 11)

He is selfish. (FM11)

He is smoking and drinking alcohol. He might hurt me. (FM10, 12)

Smoking loses your money, ...he is burning money... (FM8, 11)

When smoking outside the home, the smoker is often criticized by the society, therefore, the home provides a safe place for smoking. Smoking in restrooms was found to be a typical habit. Some smokers revealed that family members never discussed or requested them to stop smoking in the home, so they carried on smoking indoors. Comments in this category included:

Smoker was blamed by society... (FM12)

Smoking at home is safe. It is my home. (SM4)

I would love to smoke in the toilet... it was my habit. (SM5, 6)

No one complained to me...so I carried on smoking at home... (SM2, 5)

Category 2: Effect of Second-hand Smoke on Health Problems

In regard to the effects of SHS, most participants stated that cigarette smoking affected their health. Smoking causes lung diseases, allergies, coughing, uncomfortable breathing, and respiratory illnesses. Smoking can also cause carcinoma. SHS may worsen the health of patients with chronic diseases and adversely affect the general health of smokers. Interestingly, smoking cigarettes was seen as a significant pathway to illegal drugs. SHS involves the same health risks as smoking and was perceived as perhaps being more harmful to health than actually smoking.

It is bad for health. (FM1)

It is worse for people nearby than for the smoker. (FM12)

...difficult breathing and nasal congestion. I have a sore throat. ...smoking creates diseases... (FM12)

A cigarette smoking causes me to cough. (CC3)

I had rhinitis. It causes complication, high blood pressure, and cholesterol. (CC4)

Smoke causes irritated eyes and chest pain. There is both cigarette smoking and sie-koon-roi (a substance that is composed of illegal ingredients which are kratom leaf (mitragynine), energy drink, anti-tussive with codeine, and soft drink), like a drug addict) (CC7)

I think smoking creates more diseases. (CC8)

It causes carcinoma. (SM2)

Category 3: Feasibility of Smoke-free Homes

Participants revealed that maintaining a SFH was feasible in communities and gave suggestions as to how this could be implemented. The community committee suggested that a SFH initiative should be initiated through the coordination among related organizations.

It's good. (FM7-8,10, 13)

I agree to develop smoke-free homes in this community. (CC4)

We should help each other. We are the community committee and we wish to volunteer. (CC3, 7)

We are in contact with secondhand smoke every day. We advised to stop smoking at home. We encourage them to keep going (stop smoking). (CC3-5)

Everyone in the system should be involved in this tobacco-free home... (CC5-6)

Implementation actions described by the participants is summarised below.

1) Community actions. Community committee members concluded that SFH should be placed on the community agenda and worked on together with academic support from related organizations such as local hospitals, public health organizations, and social agencies in a community context to create a sustainable solution to deal with the problem.

The agencies and related organizations should be responsible for it and be involved. (FM7, 11)

For developing smoke-free homes, it might take time. For example, in a big community event, set the campaign of smoke-free homes. At various meetings such as community committee meeting or wedding parties, advise to stop smoking at home and encourage smokers to keep quit smoking. (CC3, 8)

2) Regarding the reinforcing of negotiation skills for family members, the results showed that non-smoking family members were wives who did not feel confident to tell their husband, neighbor, or guest to stop smoking inside their home.

I'm afraid, he might get angry, and he would throw the knife at me. (FM3)

We could not prohibit visitors to stop smoking in our houses. (FM7, FM11)

It is my business to tell him to stop smoking, it is his health. Every time we fight. He always abuses me. (FM10)

When talking with smokers one must consider the appropriate time and exhibit calm manners were important during negotiations. Raising an individual smoker's awareness was important, but people also need to beware of unfavorable reactions.

It must be discussed. We should speak directly, while we also should understand his emotional state, use the right time and use pleasant words, ...ask him to smoke somewhere else, and not to smoke near me ...It needs enough time to present a sincere request for the smoker to quit... (CC8)

The participants described a SFH and applying smoke-free rules by placing no smoking signs, stickers, and posters in the household as a reminder to the smokers. Most of them said that smoking should be prohibited in the home. Some members stated that smoking should not be allowed in some places.

He should smoke outside. (FM4, FM7-8, 12-14)

I will smoke outside. (SM4, SM6)

We should show the smoke-free home poster inside the house. There should be signs to show where there is a smoking ban. (CC5)

I think it should be a total smoking ban inside homes. (CC1, CC5)

...also, do not smoke in the restroom... (FM10)

3) Participation of community and related organizations: The community committee members concluded that they had to become involved to help family members create a SFH and also support smokers who needed to quit smoking. The committee anticipated inviting officers of sub-district health promoting hospital to advise them on methods to quit smoking. The community healthcare volunteers and other volunteers are further important agents for community mobilization.

We should work with a healthcare professional in a sub-district health promoting hospital. They would help current smokers to stop smoking. (CC6-7)

Participants suggested endorsing community participation and self-empowerment, which represented the people's sense of concern and belonging. Trust and unity were important keys to success:

We should have self-empowerment. Let's help each other like at King Rama 9's funeral. We will find the time and persuade the villagers to come and share in all the activities together. (CC4, CC 7-8)

Quit smoking support: Some family members maintained that those who smoked for a long time would find it most difficult to quit and often times had no intention to quit. Family members felt discouraged. Health professionals should help current smokers to quit smoking.

He has been smoking for a long time. We may have to talk to him until we all die. (FM10)

He has no intention to quit. A health care professional in the hospital should help. (CC7)

In summary, most participants disliked smoking inside home and they were concerned about SHS exposure. It was considered feasible for smoking-bans at homes in this community. Participants described how to develop SFH and set an agenda for this, participate with community members and local organizations, practice negotiation skills with current smokers, stop smoking at home, and persuade current smokers to quit smoking.

Discussion

To the best of our knowledge, this is the first exploratory study to examine SFH among community members, current smokers and family members in suburban Thailand. The qualitative descriptive method enhanced our understanding of suburban SFH within Thai community perspectives. There is a strong prospect that smoking behaviors inside the home present negative attitudes on cigarette smoke consistent with prior research that noted unfavorable attitudes toward smoking, cigarette odor,[8] and when smokers smoke in front of children.[33] Cigarette smoking is a bad habit.[12] Hence, probably most non-smokers are concerned with the effect of SHS on their health and perceive this as very harmful,[8, 34] but Saw et al.[33] stated a conflicting view that smokers and non-smokers are concerned about the harmful effects on the health of the smoker, not the household members impacted by SHS exposure.[33] This suggests that SHS should be more emphasized by all families and community members.

Smoking inside home occurs because of several possible reasons. These may be that people in a public area have a negative reaction to smokers, and smoking in public does not receive favourable views.[8] Our study has found that community members sympathize with their family members who blamed the smokers. The home is a private setting and smokers need to relax and feel safe to smoke, as shown in a previous study of smokers reaching for cigarettes while under stress, and cigarette smoking is pleasurable.[9, 35] This may be explained by the fact that nicotine addiction is analogous to other pharmacological addictions (also referred to as brain rewards).[36]

Even though nearly all family members shared a concern for the smoker's health and wanted them to quit smoking, they allowed smoking and kept quiet because they did not want family conflict, given that Thai people's habits generally are very cautious not to create conflict in the household. Family conflict in the home about smoking will help to stop smoking

cessation.[8] For this reason, family members do not talk about the danger of smoking.[9] Nevertheless, a smoker does not want to be blamed by family members who should provide support, and speaking reasonably as scolding is not good for smokers.[8] Therefore, there needs to be encouragement of negotiations between family members as one tactic for treating the smoker with sincere respect and in a calm manner.

People agree on developing SFH in communities using a few strategies such as raising awareness about the harms of SHS with the strongest comment for the family's health, and especially that of children.[12] Previous studies commented that concern about the harm of smoking is also a predictor of cessation.[37] This study suggests that to stop smoking at home should involve talking with and giving cautions to inform smokers that smoking is dangerous as well as practicing to speak intelligently about this.

Smoke-free homes implementation should begin with the coordination of local networks and family participation.[16] Sharing information about the SHS issue to people could increase the number of SFH.[16] The use of SFH signs acts as a passive yet visible enforcement to discourage smoking in the home. Similarly, an intervention with a no-smoking sign is needed to eliminate SHS at home, including a complete agreement to ban smoking at home.[12]

Community members commented on participation and self-empowerment which is derived from people's sense of concern and belonging. Similarly, the involvement of community leaders, a healthcare profession, and people in the community is proposed for enhancing SFH.[16] These strategies illustrate that awareness of the duties in a role of community members through the interaction between public health personal integrated with the highest level of participation. This can affect their thoughts, beliefs, values, and change their behaviour toward better health.

Therefore, community participation is an important strategy for maintaining a SFH and reducing SHS. It was considered possible by the participants to implement SFH in this suburban area with the involvement of the community members.

Limitation

This study is limited as it was conducted with community members in a suburban area. Thus, the findings may not reflect the perspective of city dwellers or other communities.

Conclusion and Implications for Nursing Practice

Our findings provide evidence of community members' willingness to establish SFH with a community agenda and to implement this through the participation of committees, family members, and smokers. To strengthen community members against the burden of diseases and premature death, public health nurses should provide support, advocate, and empower people. Also, the public health nurse is a health partner who works in collaboration with community leaders for mobilizing community action, protecting members from SHS and implementing SFH in the future.

As the World Health Organization states, understanding patterns and trends in tobacco use and exposure to tobacco smoke helps policy-makers design stronger, more targeted tobacco control policies.[5] This can be applied by policy-makers in government and nongovernmental organizations to plan second-hand smoking control in the household at the communities. Thailand National Tobacco Control has applied for smoke-free zone in public places, workplaces, and (public) transportation to protect the health of non-smokers. These should also emphasize SFH, not only the control of smoking in public places.

Acknowledgments

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มุมมองของชุมชนไทยต่อบ้านปลอดบุหรี่ในชุมชนกึ่งเมือง: ข้อค้นพบเชิงคุณภาพจากการศึกษาแบบผสมผสาน

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บทคัดย่อ: บ้านปลอดบุหรี่หมายถึงบ้านที่ไม่อนุญาตให้บุคคลใดๆสูบบุหรี่ภายในบ้าน การสูบบุหรี่ในบ้านทำให้สมาชิกทุกคนภายในบ้านได้รับควันบุหรี่มือสอง เป็นอันตรายต่อสุขภาพที่ต้องให้ความสนใจ การศึกษานี้เพื่อสำรวจมุมมองของสมาชิกในชุมชนต่อบ้านปลอดบุหรี่ ในชุมชนกึ่งเมือง เขตปริมณฑลประเทศไทย การศึกษานี้อธิบายในส่วนของการวิจัยเชิงคุณภาพแบบพรรณนา ซึ่งเป็นส่วนหนึ่งของการศึกษาวิจัยแบบผสมผสานชนิดการวิจัยเชิงคุณภาพก่อนการวิจัยเชิงปริมาณ ซึ่งใช้การสัมภาษณ์กลุ่มทั้งหมด 4 กลุ่ม กับผู้ให้ข้อมูลหลักจำนวน 29 คน ได้แก่ คณะกรรมการชุมชน สมาชิกในครอบครัวของผู้สูบบุหรี่ และผู้สูบบุหรี่ แนวทางการสัมภาษณ์กลุ่มเน้นที่ความเข้าใจเกี่ยวกับควันบุหรี่มือสองและผลกระทบต่อสุขภาพของครอบครัว วิธีการห้ามสูบบุหรี่ในบ้าน และวิธีการที่ชุมชนเข้าเกี่ยวข้องในการส่งเสริมให้บ้านปลอดบุหรี่

วิเคราะห์ข้อมูลโดยการวิเคราะห์เนื้อหา ผลการศึกษา พบว่าชุมชนมีมุมมองต่อบ้านปลอดบุหรี่ 3 ประเด็นหลัก 1) มีเจตคติเชิงลบต่อควันบุหรี่มือสองภายในบ้าน 2) ผลของควันบุหรี่มือสองต่อปัญหาสุขภาพ และ 3) ความเป็นไปได้ในการทำให้บ้านปลอดบุหรี่ ผู้เข้าร่วมการวิจัยเชื่อว่าในการทำให้บ้านปลอดบุหรี่มีความเป็นไปได้โดยการกำหนดให้เป็นวาระของชุมชน ซึ่งต้องการ การมีส่วนร่วมและความร่วมมือระหว่างสมาชิกชุมชน สมาชิกครอบครัว และผู้สูบบุหรี่ ซึ่งควรเพิ่มความเข้มแข็งของครอบครัวในการต่อรองการกำหนดกฎห้ามสูบบุหรี่ และจัดให้มีพื้นที่สูบบุหรี่ภายนอกบ้าน และสนับสนุนผู้สูบบุหรี่ให้เลิกสูบได้ พยาบาลสาธารณสุขมีบทบาทในการสนับสนุนให้เกิดบ้านปลอดบุหรี่โดยการชี้แนะผลักดัน การกระตุ้นให้กำลังใจ และการเสริมสร้างพลังอำนาจให้ผู้สูบบุหรี่ลดหรือเลิกสูบบุหรี่ รวมถึงการจัดให้มีแนวทางสำหรับครอบครัวของผู้สูบบุหรี่ ในการนี้เพื่อช่วยเสริมสร้างความเข้มแข็งของการปฏิบัติของชุมชนในการป้องกันควันบุหรี่มือสองและลดการสูบบุหรี่ลง

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คำสำคัญ: มุมมองของชุมชน การศึกษาแบบผสมผสาน ระเบียบวิจัยเชิงคุณภาพแบบพรรณนา บ้านปลอดบุหรี่ ควันบุหรี่มือสอง

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