Reviewer's report

Title: The role of nicotine replacement therapy for temporary abstinence in the home to protect children from smoke exposure: a qualitative study with disadvantaged smokers

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Reviewer: Asgeir R. Helgason

Reviewer's report:

This is an interesting paper and a contribution for a better understanding of the dynamics of child exposure to environmental tobacco smoke and the complex relationship between parental knowledge and behavior. I have four points that may improve the paper.

1) ETS: I prefer that the authors use “environmental tobacco smoke” (ETS) instead of “secondhand smoke” (SHS).

AUTORS RESPONSE: ..................

2) Abbreviations: To start with, using abbreviations to the extent that the authors do is only confusing for most readers. This is in some ways a ghost of the past when papers were mostly published in printed journals with limited space. One of the advantages with BMC-Public Health is that it is published on line. My suggestion is that you only abbreviate two terms:

ETS: Environmental Tobacco Smoke
&
NRT: Nicotine Replacement Therapy

AUTORS RESPONSE: ..................

3) Generalizability: Environmental tobacco smoke (ETS) is an important public health subject that may vary considerably between children due to different parental level of awareness. Conducting in-depth interview studies is an important step in trying to understand the dynamics of ETS exposure for children and what factors may be of importance for successful intervention programs. There is a lack of such studies in the scientific literature regarding ETS. However, there are several methodological problems with studies of this nature. Generalizability is one such problem. This is indeed raised in the discussion but needs to be emphasized in the conclusions. I suggest a sentence at the end of the conclusion e.g. “The conclusions may only be valid for disadvantaged families.”

AUTORS RESPONSE: ..................
4) Knowledge/health risk awareness: In the discussion the authors cite a UK study (ref. 6) with high prevalence of risk awareness in the UK population. However, as far as I can see there is no direct measure of evidence based knowledge in that particular study. For example, we do not know from that study what the proportion of parents is who are aware of that ETS has been related to different problems like inner ear infection, respiratory diseases etc. Thus ref. 6 measures awareness that is probably more akin to “attitude” than “knowledge”. This is often the case when assessing the relationship between awareness and behavior. This may lead to an underestimation of the impact of knowledge about probable health consequences on health risk behaviors.

A Swedish study [Helgason AR., Lund KE. Environmental tobacco smoke exposure of young children – attitudes and health-risk awareness in the Nordic countries. Nicotine & Tobacco Research. 2001 Nov;3,(4):341-5.] , indicated that higher parental level of evidence based knowledge regarding potential hazards of ETS on young children may significantly affected the parents willingness to protect their children from ETS. You may want to cite that study (or another similar study), to sharpen the discussion regarding plausible effects of intervention aimed to educate parents regarding the effects of ETS on their children?

AUTORS RESPONSE: ………………

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests