Abstract

Background: the authors wrote “However, there is scant research on how best to reduce and prevent ….” Thus, it seems that the present study would address the issue. Yet, it is a false proposition and the authors should clearly state here the purpose of the study. In the main text, the authors stated the study aimed to provide community-level factors affecting tobacco-related attitudes, beliefs, and behaviors among Southeast Asians in Minnesota.

Methods: the authors wrote “Grounded Theory was used to guide data analysis.” The procedures, described in the main text for data collection and analysis, are not congruent with this research method. Furthermore, instead of Grounded Theory, the authors mentioned ethnographic analysis in the main text. The two research methods are very different. Please indicate clearly and consistently which method was used.

Results: Readers who are not familiar with Hmong may wonder how this ethnic subgroup differed from other groups. Stating briefly their tobacco use could be helpful.

“In Minnesota, although elders felt pressure to quit…..” Please describe briefly the source of the pressure if it is okay with the word limit in abstract by the journal. Was it referring to perceived social norm in general or perceived family norm or pressure from healthcare workers?

Conclusions: This section seems to lack logically congruence. Authors studied the perceptions of key informants not the perceptions of current smokers. Their perceptions could be different from current smokers’ tobacco-related attitudes, beliefs, and behaviors; hence, I wonder whether findings from the study would have any practical implications for cessation interventions.

Background

Page 3, the third sentence of the third paragraph “For many, tobacco use was … in a foreign country.” Please provide reference(s) for the statement.

Page 3, the first sentence of the last paragraph also needs reference(s).

Page 4, in the third paragraph starting with “Ethnic Southeast Asian community members…,” the authors stated that the present study aimed to provide
community-level factors influencing present-day tobacco use among Southeast Asians. Yet, the study was based on one-on-one interviews and there was not much information about the community where the study was conducted. To have an in-depth understanding of community-level factors, the authors should have provided information on the community such as demographic composition of the residential population, ethnic cultural infrastructure for each ethnic group, and any tobacco control policies such as the clean indoor air policy, excise taxes of cigarettes, etc.

Results and Discussion

Page 5, why are Results and Discuss sections combined?

Page 5, the first paragraph: among participants, were there any limits for entry age to the United States? To talk about tobacco-related behaviors, knowledge, and norms in their homeland, participants should be immigrants who had some knowledge of the culture by having at least primary education (e.g., elementary school) in their homeland.

Page 5, the first and second paragraphs: how the interview was conducted, was it audio-taped? Were they transcribed into verbatim scripts? How many single-spaced typed pages of transcripts were collected? Or was the analysis done by listening to the tapes? These processes should be described more thoroughly. If the audiotape was not done, what was the rationale?

Page 5, the third paragraphs: the authors stated “a standardized framework of ethnographic analysis” and the procedure implemented is different from Grounded Theory that was stated in Abstract. Please elaborate how discrepancies in coding themes and topics were resolved between or among analyzers and what measures were undertaken to establish the trustworthiness of the findings for qualitative data (e.g., member checking, triangulation of data sources, etc.).

Page 6, the first paragraph: Please provide demographics of the participants in table. As I expected, all participants were immigrants but still no information was provided as to the age at migration. I think this information should be provided for the credibility of the findings. Furthermore, there were only 3 current smokers and 17 former smokers. Of these smokers, were there any female smokers? Exactly 60% of the participants were never smokers, which is a serious concern for the credibility or validity of the study findings and practical implications. Please provide detailed information about the years of abstinence for former smokers and whether they quit smoking before or after migration to the US.

Page 8, under the subheading ‘Tobacco, medicine and health’, the authors suddenly threw the concepts “some tobacco key informants” in the second line of this paragraph. Who were they? Were they different from other key informants?

Page 10, the 6th line from bottom of the page “Minnesota, smoking was becoming common youth and women.....” I think “among” should be inserted between “common” and “youth and women.”

Conclusion
Page 14, Conclusion: should it be Discussion?

Page 15, the first paragraph: the authors stated that participants in the study informed getting new information from health care professionals, which was not described in Results.

Pages 16-17, the paragraph on pages from 6 to 7 has a single sentence. The statement “Southeast Asian’s strong focus on the family and community” (the first line on page 7) seems to be out of place. It is read as if the family value of Asian Americans is used by tobacco companies as one of marketing strategies, which does not make a sense. Furthermore, in Results, the marketing strategies were never mentioned. I wonder whether the authors were trying to triangulate the findings with other resources, which is often used in Qualitative Research. If this is so, it should be clearly presented as it is.

All: I wonder how much the study adds to the existing body of the literature. Much of the information provided is already known. Based on my knowledge, may smokers in Southeast Asia still use roll-your-own cigarettes, betel quid, and/or water-pipe tobacco. Particularly chewing betel quit nuts with tobacco is popular among elder women in this region. There is not much information on how these smoking patterns had changed after living in Minnesota. It is not clear why the authors interviewed key informants instead of real smokers. The findings may have some practical implications in developing tobacco control policies but not much for smoking cessation interventions.