Author's response to reviews

Title: Attitudes towards Smoking and Smoking Cessation, Smoking Cessation Services and Medication Utilization, and Barriers to Implementation of Tobacco Control Policies in Rural China: A Qualitative Study of Residents of Rural Villages in an Eastern Province of China

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RE: MS-1689346017107773 Revised Manuscript Titled, “Attitudes towards Smoking and Smoking Cessation, Smoking Cessation Services and Medication Utilization, and Barriers to Implementation of Tobacco Control Policies in Rural China: A Qualitative Study of Residents of Rural Villages in an Eastern Province of China”

Dear Editor:

Thank you for the suggestions and comments provided by you and the three reviewers. We have carefully considered and responded to each comment/suggestion as detailed below. The revised manuscript is uploaded. The page and line numbers specified in the responses are those of the revised document. For your convenience, we also uploaded a companion document with the changes highlighted in yellow.

Attached please find the detailed description of our responses to each comment provided by the reviewers.

Thank you for your time and consideration. We are looking forward to hearing from you at your earliest convenience.

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Detailed Responses to Editor’ and Reviewers’ Comments

Editor’s Comments

"A number of concerns were raised by reviewers, particularly in relation to the scientific quality of the paper. Although a qualitative paper, the method of selection of study participants is a major limitation of the manuscript. Perhaps it would be more suited to a specialist journal in tobacco control."
Response: Please see our specific responses to reviewers’ comments below.

Comments from Reviewer #1 (Dr. Alicja Sieminska)

1. The title of the paper “Smoking and Smoking Cessation Among Chinese Villagers: A Qualitative Study” is somewhat misleading. The study group included not only ever-smokers who could experience smoking and/or smoking cessation, but consisted of both ever-smokers (81%) and never-smokers (19%). Therefore in my opinion results of the study reflect the attitudes of rural villagers (ever- and never-smokers) towards smoking and smoking cessation rather than smoking and smoking cessation among Chinese villagers, what is stated in the title of the manuscript. I suggest using for instance the following title “Attitudes of Chinese Villagers towards Smoking and Smoking Cessation: A Qualitative Study”.

Response: Thank you for your comments. In response to your comment and the suggestion provided by the other two Reviewers, we have revised the title to “Attitudes towards smoking and smoking cessation, smoking cessation services and medication utilization, and barriers to Implementation of tobacco control policies in rural China: A qualitative study of residents of rural villages in an eastern province of China “.

2. Because 50% of village doctors who participated in the study were current smokers, such a high prevalence of smoking habit between healthcare providers should be highlighted and discussed as a possible important reason for inefficacy of antismoking measures among Chinese villagers, as it was done in case of other reasons.

Response: Thank you for the suggestion. We have added a paragraph that discusses the high prevalence of smoking among health care providers with related literature. Please see pages 22-23 (highlighted).

Comments from Reviewer #2 (Dr. Mi Hu)

Major compulsory revisions:
1. The title that “smoking and smoking cessation among Chinese villagers” may not perfectly fit the context of the article. Beside the smoking and smoking cessation among villagers, smoking cessation services and medication provided by village doctors, barriers of the implementation of tobacco control policy are also the important and meaningful information described in the article.

Response: Thank you for your comments. In response to your comment and the suggestion provided by the other two Reviewers, we have revised the title to “Attitudes towards smoking and smoking cessation, smoking cessation services and medication utilization, and barriers to Implementation of tobacco control policies in rural China: A qualitative study of residents of rural villages in an eastern province of China “.
2. On page six and 12th line, the study population paragraph. The inclusion criteria of residents cannot be easily operationalized. For instance, how do the researchers define a smoker and former smoker in this study? How does one identify a person who “is familiar with smoking prevalence of their fellow villagers”? It would be nice, if the author could provide the clear definition of a smoker and former smoker. And generally, we believe the people who have lived in the village for more than six months are familiar enough with the local culture and situation. The third inclusion criteria is repeated in the sentence: “individuals whose communication skills were hindered by certain conditions such as deafness or drunkenness were excluded” and should be deleted.

Response: Thank you for your suggestions. We have revised that section to provide more details on the definition of smokers and selection criteria. Please see pages 7-8 (highlighted).

3. In the Data Analysis part, it would be easier to understand the article if the author could provide an example of data analysis. Please see the reference 13 “Hu M, Rich ZC, Lou D, Xiao S: Cigarette sharing and gifting in rural china: A focus group study. Nicotine & Tobacco Research, 2012; 14(3): 361-67.”

Response: Thank you for the suggestion. We have provided an example similar to Hu et al. (2013) in Table 1.

4. In the beginning of the result part, it would be helpful for the readers if the author could provide more information to draw a much more comprehensive picture of the these selected counties in Shangdong province since there is a lot of variation from province to province in China. Also, in the table 1, it would be more helpful if the author could provide more demographic information about the participants, such as education level and occupation.

Response: We have added more descriptions of these 3 counties. Please see page 7 (highlighted). We have also added education and occupation information about the participants in now Table 2.

5. There are different definitions of motivation in different fields. For example, Organization Behavior Science points that motivation is the desire to complete the behavior. There are three aspects, strength, direction and persistence. Some amount of confusion may arise when using motivation as a title of a paragraph like “motivation of smoking initiation and continuation”.

Response: Thank you for the suggestion. In response to your comment #6, we have reorganized the results according to your suggestions and have revised the subtitles so that “motivations of smoking initiation and continuation” is no longer used.
6. The results are interesting and meaningful. They could be reorganized and re-interpret more nicely. The structure presented below could be a possible way to organize the results.

**Why do people start to smoke?**
- Curiosity
- Social environment: influence of family and friends

**What makes people want to quit?**
- Health Issue: experienced directly or indirectly
- Discouragements and advises by family, friends and doctors

**Why do people continue to smoke and could not successfully quit?**
- Limited knowledge and negative attitude
- Social/ Cultural environment: Sharing and Gifting cigarette, opportunity of break during the work
- Benefit of smoking: physical and psychological
- Financial: affordable
- Limited resource to help them quit (doctors knowledge and attitude towards the smoking behavior and smoking cessation), available medication for smoking cessation.

**Barriers of implementation the tobacco control policy** (quote the words from village leaders and doctors)

**Response:** Thank you for your thoughtful suggestions. We have reorganized the results according to your suggestions. Please let us know if you have further suggestions.

7. For the “Barriers of implementation the tobacco control policy” part, the existing tobacco control policy should be presented.

**Response:** Thank you for your thoughtful suggestions. We have revised accordingly.

**Comments from Reviewer #3 (Dr. Nandita Murukutla)**

1. To be of appeal to a larger audience, this study should have encompassed all the major regions of China. Indeed, the title of the study claims to present the experiences of "Chinese" villagers when the study was conducted in only one province. Either the study ought to be replicated in other parts of the country to provide representation of these regions, or it should be stated clearly why the experiences from this one region may be considered generalizable to the country, or it should state its findings are applicable to this region alone.

**Response:** Thank you for your comments. In response to your comment and the suggestion provided by the other two Reviewers, we have revised the title to “Attitudes towards smoking and smoking cessation, smoking cessation services and medication utilization, and barriers to
Implementation of tobacco control policies in rural China: A qualitative study of residents of rural villages in an eastern province of China. This is an important limitation, which is a common limitation of qualitative studies that usually use samples from a restricted geographic area and of small sizes (e.g. Hu M, Rich ZC, Lou D, Xiao S: Cigarette sharing and gifting in rural China: A focus group study. Nicotine & Tobacco Research, 2012; 14(3): 361-67) due to the significant amount time and efforts required to conduct the individual interviews and focused group discussions. We do recognize this limitation and had previously stated briefly that the results may not generalize to other regions but now included more discussions on this. Please see pages 25-26 (highlighted). Although large nationwide studies would be ideal, large scale study using qualitative study design will require significantly more time and resources that are beyond this study.

2. The researchers have been thoughtful in their selection of the sample, encompassing both key opinion leaders and residents. However, the following are some limitations in the methodology:

- The fact that the village leader recommended the village resident participants undermines the study since their choices/recommendations could have been biased. It also unclear how reliable the village residents knowledge would be of other people’s smoking habits. The study would have been strengthened by the independent selection of participants in the village residents group.

Response: Thank you for pointing out this limitation. We used this approach because we believe the village leaders/doctors are most familiar with the local culture and residents and can more efficiently identify participants who are most familiar with smoking prevalence of their fellow villagers and are willing to participate. It is possible that this may have created some bias and we have included a discussion in the limitation section. Please see pages 25-26 (highlighted).

- How was “drunkenness” measured? How many were excluded for these reasons? Overall, how many were excluded for varied reasons?

Response: Our goal for this restriction was to ensure that participant can clearly communicate during the interview and/or focused group discussion. “Drunkenness” is judged by visual appearance. No participants showed up drunk. At the advice of Reviewer #2, we have deleted this statement.

- It appears that respondents of multiple demographic characteristics were placed in the same group, thus causing the FGDs to be unsuccessful. It is critical for the success of FGDs that homogenous groups of respondents be created.
Response: Thank you for this thoughtful comment. In some counties, we were only able to conduct one FGD. Therefore, more diverse demographics may have been included. However, when it became obvious that group dynamics in several discussion groups inhibited full participation by some discussants, we conducted additional semi-structured face-to-face interviews with 10 additional rural residents to allow participants to speak freely about their experiences in a more confidential manner and reached information saturation and redundancy after that. We have added this to the limitation section. Please see pages 25-26 (highlighted).