Reviewer's report

Title: Are single mothers' higher smoking rates mediated by dysfunctional coping styles?

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Reviewer: Ari Haukkala

Reviewer's report:

Authors have improved manuscript considerably. However, there are still some issues that need major revision. I think the current problem of the manuscript is highlighted in the conclusions.

Abstract, Conclusions:

"Single mothers compared to partnered mothers showed a different ability to cope with stress which in part accounted for their higher smoking rates. Our findings underline the significance of tackling dysfunctional coping styles in order to assist single mothers in quitting smoking."

I think authors make wrong conclusion. Despite single mothers have “adverse” means in coping styles, except positive self-verbalisation none of the psychological coping styles were related to heavy smoking or moderate smoking and there were no indirect effect to smoking in mediating models. Based on these results I do not understand how “showed a different ability to cope with stress which in part accounted for their higher smoking rates”. (also page 13 line 2)

Personally I read the results so that psychological coping strategies are not related to smoking status of mothers (except self-blame only among single mothers) and therefore they are not “mediating” the association between single motherhood and higher smoking prevalence.

Coping strategies self-reported information how people think that they solve imagined stressful situations. We do not know how well they are working in real life to help in real life problems among these subjects. Therefore also the next phase of the conclusions is problematic.

“Our findings underline the significance of tackling dysfunctional coping styles in order to assist single mothers in quitting smoking”

Cross-sectional results between smoking status and coping styles are quite far from the process of successful smoking cessation. This could be interpreted as authors are thinking that if we decrease self-blame, or blaming others coping styles this will lead to smoking cessation. This kind of straightforward concluding is visible also in discussion (page 11, line 7 and line 14 and page 12, line 3-7). If stress must be addressed in smoking cessation that will happen much more comprehensive way than just increasing or decreasing some dimension.
I would suggest that authors conclude the results already in the first paragraph in discussion (page 9, it is standard that results are already in first paragraph. No authors only repeat the questions).

1) There were differences in the mean levels of coping styles between single and partnered mothers (but this study does not tell do single mothers have more stress or how effective or non-effective these styles are)
2) (psychological) Coping styles did not have impact on smoking status
3) and therefore there was no indirect/mediating effects on smoking status.

After this authors could concentrate is smoking/substance consumption really the coping strategy for stress. If so, in case of smoking cessation, do mothers need some support how to cope with stress in general to avoid relapses to smoking.

However, this will go back to question does smoking really helps with stress. that could be shortly discussed as well eg.


I think this kind of discussion that is related more how to decrease the high prevalence of smoking among single mothers is more fruitfull that sudden citation to Hobfols model (page 10 line 17) in the discussion. The complicate association between affective states and smoking gives better picture to increase the level of the discussion and avoid conclusion from cross-sectional associations (page 11, line 7).

Again, small odds ratio that was significant only between small number of single moderate smokers and non-smokers is interpreted as finding among all single mothers (page 11, line 23) and then concluding from this finding that this might be problem in intervention among all single mothers. In my opinion this could be random finding.

For table 1:

It would have been convenient to use mean functions for coping styles (mean over three of two items) and this should give same results but means could have been comparable between substance consumption and other dimensions.

For table 2:

the number of subjects in all three categories must be shown (non-smoking, moderate, heavy) among single, partnered and all mothers groups.

Minor comments
p-value is either =0.001 or <.001 but not (p = <0.001)

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, and I have assessed the statistics in my report.