

# Passive Smoking

*Qualitative Research in Merseyside  
Summary Report • April 2005*

Dr Jude Robinson • Mr Andrew Kirkcaldy

Health and Community Care Research Unit, University of Liverpool

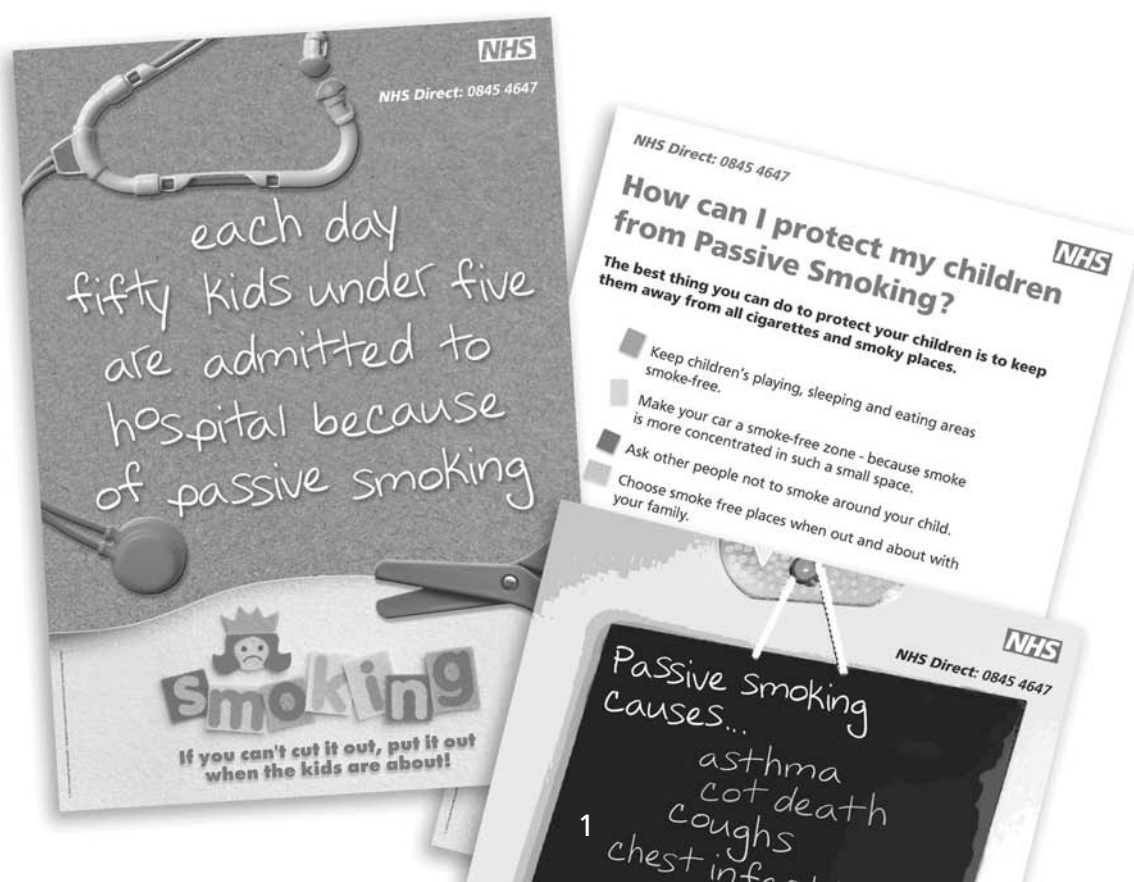
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**If you can't cut it out, put it out  
when the kids are about!**

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# 1. Background

Along with poor diet and physical inactivity, smoking is one of the main contributors to cardiovascular disease and many cancers, causing over 120,000 avoidable premature deaths each year in the UK (ONS, 2003).

Although the number of people smoking has declined in the UK, the fall is less, and smoking is highest, in areas of high social and economic deprivation (March & McKay 1994, Lader & Meltzer, 2003). The reasons why people smoke are complex, and relate their wider social and physical environment (Graham 1993, Wiltshire et al 2003).

Exposure to environmental tobacco smoke (ETS) is now accepted as a real risk to health (Berridge, 1999). Children from lower income families are three times more likely to be exposed to ETS than children living in professional households (ONS 2003).

Over the past few years, various health promotion campaigns have publicised the harmful effects of passive smoking, most recently drawing attention to the exposure of many children to tobacco smoke, both in public places, but more problematically in private places - at home, the homes of relatives and friends, or in the car with smoking adults.

The exposure of children to environmental tobacco smoke (ETA) is associated with increased risk of heart disease, cancer, and cot death (Cook et al 1999, Hofhuis et al 2003). As children's bronchial tubes are smaller and their bronchial systems less developed, this also makes them far more likely to develop respiratory and ear infections than adults when exposed to smoke.

During the summer of 2003, a pilot project was run by Smoke-free Merseyside to highlight the dangers of passive smoking, particularly for those children most likely to be at home such as the pre-school age group. The promotional campaign included a range of activities in three target areas: the Sure Start locations of Bootle/Litherland, West Everton/ Breckfield and Birkenhead North.

The campaign had two overall objectives:

- To increase public knowledge and awareness of the dangers of passive smoking via an advertising campaign.
- To change parental behaviour and therefore reduce children's exposure to environmental tobacco smoke within the home environment through the intervention of health professionals.

NOP Social and Political was commissioned to conduct a post-campaign survey with a sample of parents of pre-school children in the three Sure Start areas. The objective of the survey was to check for awareness of the campaign and the media used as well as to examine the understanding and impact of the key messages.

The survey conducted by NOP revealed the following:

- Smoking in the sample was high at twice the national all-adult average – only about one in three households were non-smoking.
- Nearly 90% of respondents correctly defined passive smoking (without prompting).
- There was widespread agreement that children should avoid being in smoky places but less than half of the respondents agreed strongly that they actually avoid taking their children to smoky places.
- In a third of smoking households, a parent smoked in front of pre-school age children.

Awareness of the associations between passive smoking and certain health conditions was often high but less so for more serious longer-term conditions. Although four-fifths of the sample strongly agreed that passive smoking is a serious health risk for children, a quarter indicated that passive smoking didn't really worry them (Aspinwall et al., 2004).



## 2. The research project

Early in 2004, researchers at the Health and Community Care Research Unit (HaCCRU), at the University of Liverpool were invited by Smoke Free Merseyside to explore in detail the smoking behaviour of parents of pre-school children to provide an understanding of the factors that influence smoking behaviour, including the role of knowledge and lay beliefs about the nature and risks of passive smoking to children.

The results of this report are presented in full in the report 'Passive Smoking: Qualitative Research in Merseyside', which can be accessed from the HaCCRU website on:

[www.liv.ac.uk/haccru/passivesmokingfull.pdf](http://www.liv.ac.uk/haccru/passivesmokingfull.pdf)

The participants were recruited by:

- Inviting respondents from the original NOP survey to participate in the focus groups via letter from NOP, followed by telephone contact by HaCCRU,
- Community workers, Midwives and Health Visitors,
- Rite Angle Recruitment Ltd. (Liverpool only).

Ten focus Groups took place across Merseyside, including six in the three SureStart areas in which the original NOP survey took place: Bootle/Litherland, West Everton/Breckfield and Birkenhead North. The remaining four groups took place in Liverpool at Speke, Norris Green, Kensington and Granby.

Seven focus groups were with mothers and three groups were undertaken with fathers/male partners. Each focus group included individuals who smoke and who have at least one pre-school age child.

Over the course of the ten groups there were 70 people who participated, 51 women and 19 men. An incentive cash payment of £25 per respondent for a one hour group plus £10 babysitting money was offered to each focus group participant.

## 3. Results

### 3.1 Knowledge and understanding of the risks of passive smoking

- Although able to give short definitions of passive smoking and second-hand smoke, the knowledge of some respondents was very limited.
- Almost all respondents discussed passive smoking as a risk to non-smokers, not as a risk to other smokers.
- The majority of people said that they had only become aware of the risks to non-smokers of breathing in tobacco smoke during the last few years.
- A minority of respondents were more knowledgeable, understanding some of the different ways in which children could be exposed to smoke, and showing a greater awareness of the risk of passive smoking.
- People who had been in contact with smoking cessation programmes appeared to have retained a lot of the information they had been given, particularly about how their smoking behaviours could impact on their children.
- Coughs and even wheezing were seen as relatively minor childhood illness and some participants remained unconvinced of the links between minor childhood illness and exposure to tobacco smoke.
- Many participants mentioned the association between smoke exposure and the development of asthma by children. However a vocal minority of parents did not believe that their children's asthma was directly attributable to exposure to smoke.
- Very few people mentioned the risks of children developing cancer or heart disease, associating these diseases only with adults.
- The majority of the participants were aware of the association between cot death and exposing newborn babies to smoke. However, not all parents created smoke free environments for their babies.
- The majority of participants did not believe that their children would be more likely to smoke as adults because their parents smoked.

- Participants described how pre-school children pretended to smoke while they were playing and they accepted this behaviour as 'normal'.
- Although the majority of participants knew smokers who had developed serious long term conditions, they countered this with smokers who were well and non-smokers who had developed serious health problems.
- Participants relied as much on their own direct knowledge and experience as on sources of official information, many of which were perceived as untrustworthy.

### 3.2 Passive smoking and advertising

- Most participants claimed to have seen adverts either on posters or on the television, or heard them on the radio.
- Participants commented on the number of anti-smoking messages and the fact that they were everywhere and referred to adverts about smoking and passive smoking interchangeably.
- The adverts that were described as having the most impact were national campaigns featuring 'real' people as compared to actors.
- The national advertising campaign, featuring digitally enhanced images of babies breathing out cigarette smoke, had been seen by all but a few of the participants in the research and had made them review their own smoking behaviour.
- Fewer people had seen the local adverts and the majority of those who had saw them as part of a smoking cessation programme that they had recently attended.
- Participants found the slogan "If you can't cut it out, put it out when the kids are about" gave them helpful and practical advice without expecting them to stop smoking.
- The majority of other references to health care professionals who people were routinely in contact with (Midwives, GPs, Health Visitors etc.) were negative.
- Advertising could use more shocking images, particularly images that involved children, perhaps illustrating or demonstrating adverse health consequences.

- Male participants discussed how they find graphic and shocking images more effective prompts to stop smoking or change their smoking behaviour than verbal or written messages.
- Although participants described how they got used to the images, many messages did stay with them and they believed that ultimately they might modify their behaviour as a result.

### 3.3 Smoking, pregnancy and young children

- Having children affected the smoking behaviour of the majority of women and of some men.
- Many women participants cut down or changed to menthol or low tar cigarettes while pregnant.
- Women saw themselves as 'temporary non-smokers' rather than quitters.
- Some women only stopped smoking because they suffered from morning sickness and the idea of smoking was unpleasant, or the smell of smoke made them feel sick.
- The majority of the respondents agreed that smoking during pregnancy could adversely impact of the health of their baby, however many of the women continued to go to smoky places, and sit with their partners and friends, all of whom smoked.
- Low birth weight for babies, unaccompanied by other health problems, was not seen as an adverse consequence of smoking, and participants believed that any ill health could be attributed to other factors.
- Some women resumed smoking during the second or third trimester, or immediately before the birth.
- Women reported that the anti-smoking message from health promotion campaigns and GPs and Midwives was directed at them, rather than their partners, or at other people in contact with them. They felt that giving up smoking while their partner continued to smoke was very unfair, and some cited it as a reason for their continuing to smoke.

- Around half the women in our study, who had either given up or cut down their smoking, resumed smoking within two months of the birth of their children.
  - Women who went on to have more babies were less likely to give up during their subsequent pregnancies than women who were having their first baby. In this study, 34 women and nine men had more than one child.
  - All participants strongly and unequivocally supported the principle that newborn babies should not be exposed to cigarette smoke and participants described how they attempted to reduce or eliminate their exposure to tobacco smoke in the home and elsewhere.
  - Women who had not smoked during their pregnancy did not resume smoking until some weeks or months after the baby was born, describe how stress and social and environmental pressures made them start smoking again.
  - A small number of women in the study continued to smoke while breastfeeding.
  - Mothers and fathers described how they avoided smoking in the same room as their child, and around a quarter of the women and men in this study smoked outside the house.
  - Smoking mothers who had managed to give up smoking during pregnancy kept their houses as smoke free as possible, even if their male partner (still) smoked.
  - All women, and some fathers, whether smokers and temporary non-smokers, said that they would ask visiting relatives and friends to smoke away from their baby, either in another room, or even outside if the parents had decided to create a non-smoking house.
  - However very few parents had actually maintained a non-smoking environment for their children in the longer term, although the mothers of very young children expressed their intention of doing so.
  - Some mothers avoided exposing their children to cigarette smoke until they were of primary school age (5-11 years) whereas other mothers relaxed their smoking habits once children were old enough to walk (or crawl, around one to two years). Others talked about how they relaxed their smoking habits when their babies were six months old, or younger.
  - Our data suggests that an early resumption of smoking close to children occurred in households where both parents had continued to smoke, or had resumed smoking immediately after the birth of their baby.
  - A key finding is that a number of social, physical and economic factors inhibit the creation or maintenance of smoke-free environments, and in practice, few homes remain smoke-free beyond the first year or two of a child's life.
- ### 3.4 The exposure of children to ETS in public places
- The majority of women were very aware of where one could and could not smoke outside their home and the local area was effectively 'mapped' according to whether or not smoking was allowed.
  - Some evidence suggests that smokers go to places where they meet other smokers and know they can smoke, and some parents take their children with them when they go.
  - Many participants described a 'smoky place' as one where the smell of cigarettes was perceptible even to a smoker, and where the smoke was so thick that it is visible in the atmosphere, whereas a place where people are smoking was not necessarily considered a smoky place.
  - The majority of respondents said that they would never take their children to a 'smoky' pub, and if they did visit a pub with their children, it would be a pub with a designated children's area, or an outside play area.
  - Some parents were critical of the arrangements for no-smoking areas, and did not believe that the proprietors took enough care to reduce smoke exposure in non-smoking areas in many pubs and cafes.
  - Many participants were also critical of the enforcement of current non-smoking policies in buses and trains.

- Around half of the respondents said that they didn't specifically look for non-smoking venues when they were out with their children but thought that non-smoking eating areas and shopping malls were a good idea, and the majority said that they would choose a non-smoking restaurant if possible.
- Some parents said that they would only take their children to places that were not 'smoky'. As McDonalds was known to be strictly smoke free, in the context of this discussion it was clearly seen as a 'healthy' option by parents.
- Other parents mentioned the Wimpy as a favoured venue, as it had a designated smoking area, so parents could smoke while still keeping an eye on their children in the non-smoking area.
- Despite the support given to non-smoking initiatives by the respondents, they were not supportive of wider bans, particularly those extending to pubs and other 'adult' venues.
- Male participants said that they smoked well away from the home environment ie, when walking to places, in pubs, bars, betting shops, etc.
- Men associated smoking with what they called 'sociable environments', eg. the bookies, pub, football matches.
- Some parents were conscious about the way smoke could travel within the home, and were realistic about the affect their behavioural changes (such as opening a window) were actually having on their children's smoke exposure.
- Many women discussed the difficulty of going outside if they had small children as they didn't want to leave very young children alone in the house, particularly once they had become mobile
- Around a quarter of women stated that theirs was a non-smoking home. This 'non-smoking' status was one that had been negotiated with partners and friends and families, but appeared to rely on the vigilance of the respondents to maintain it.
- Some women had tried to make their homes non-smoking, and were successful for a while, but had failed to win the long-term support of their partners, friends of families, and so now accepted (often limited) smoking in the home.
- Many respondents felt inhospitable by asking their friends or family not to smoke in certain places, and to come into the kitchen, or porch, or to go outside. Such requests were not without social consequences, and could lead to an alteration in an existing relationship, and could increase social isolation if people did not continue to visit.

### **3.5 Exposure of young children to smoke in the home**

- Around three quarters of participants currently smoked inside their houses, although over half restricted smoking to one or two areas within the house.
- Around half of the total number of respondents only smoked downstairs, and only a quarter of people smoked routinely in their sitting room, with a high proportion of this group claiming to locate themselves close to an open door or window when they did.
- Some women were happy to smoke in the same room as their child, but at the other end with the windows open.
- A minority of respondents felt that some of their relatives and friends would understand if they were asked not to smoke when they visited them with their child, and could trust them not to smoke near their child if they were left in their care.
- The majority of participants accepted that their relatives and friends would still smoke in their own houses while they visited with their children, but appreciated some cessation while they were there. Many of these participants believed that asking people not to smoke in their own homes was unacceptable, possibly leading to a break in social relationships.
- Some respondents described how they actively avoided taking their children to some people's home because of their concern over the high levels of smoking there.

- Participants believed that older people (i.e. parents, relatives) were not so aware of the risks of passive smoking, and resistant to some of the messages about the dangers of smoking.
- Christenings and First Communions were generally held in people's houses, or at local social venues, such as pubs or clubs, and it was accepted that everyone who wanted to, would smoke, regardless of whether or not children and newborn babies were present.

### 3.6 How do they feel about smoking?

- The link between being a carer of young children and smoking was made explicit by many mothers, in particular the desire for something to give them the emotional and physical energy they felt they needed to cope with looking after their children day after day.
- Women described how smoking cigarettes helped them to cope with stressful situations and also to unwind and relax.
- Many women who were resentful of some of the 'advice' they were given about trying to stop or reduce their smoking while they remained the carers of young children.
- Some women described how other factors, such as the quality of their housing, the area where they lived, and their wider physical and social environment could also cause them to feel stressed, and seek relief in cigarettes.
- Smoking with partners, and attributing their smoking to contact with other smokers throughout their lives was a recurrent theme.
- Some responses were positive, indicating that the participants enjoyed smoking as part of their recreation and social life.
- The link between smoking and drinking both alcohol and beverages such as tea and coffee was strongly expressed by many respondents. Other respondents enjoyed cigarettes with their meals, or after a meal.
- Giving up smoking and gaining weight were discussed in all the women's groups, and was clearly a major concern. Slimness, even thinness, was described as a positive body image. The desire to lose weight after having children was given as the reason why some women had never given up smoking during pregnancy, or had resumed in the weeks and months after giving birth.
- For many respondents, the fear of gaining weight outweighed their fear of developing serious life-threatening and debilitating conditions. Even knowing someone who had suffered a health problem as a result of smoking did not stop people worrying about weight gain if they gave up.
- Some respondents were concerned with other negative symptoms of trying to give up, such as irritability and general feelings of withdrawal. This also made them less likely to try and give up again in the future.
- Participants gave other reasons for why they still smoked, including boredom, that they were addicted and so couldn't physically give up, selfishness and the fact that ultimately they enjoyed smoking.
- An underlying theme of the discussions was that it was an individual's choice to smoke. This independent view of smoking may perhaps explain why some women were also reluctant to admit that their smoking could impact negatively on anyone else's health or life.
- From discussions, it was apparent that a number of women were waiting for 'something' that would make them stop smoking.
- Some participants described feeling 'dirty' and embarrassed when other people either saw them smoking, or knew that they were a smoker.
- Respondents in one group discussed how when they were children, everyone seemed to smoke, but now they themselves were made to feel self-conscious and aware.
- As smoking parents, almost all the women in the study described how they felt guilty when they were 'caught' smoking by their children, particularly outside in the street, or at the school gate.
- Concerns about smoking affecting their overall health and fitness ran through a few accounts from parents, although this was not a concern for many respondents.

## 4. Conclusions

Parents are very concerned about their children's health, but do not necessarily intend to quit smoking in the short term. As smokers, they are resentful of being told to stop smoking by health care professionals and are sensitive to messages that imply that their children are not healthy, or are exposed to harm by their smoking.

Health messages about the risks of exposing children to ETS are currently having a limited impact on these parents with young children. This may be due to the fact that the information is new, and so has not been widely discussed and accepted. However some parents were already aware that ETS could be harmful to their children, and had introduced measures to restrict smoking in their homes, particularly during the first years of life for their children.

Other parents need to be convinced of the potential for ETS to harm their own children through more immediate and visible methods, as government messages and abstract figures have limited credibility.

Many parents are not aware of how cigarette smoke can linger in rooms and on their clothes and may need specific advice as to how to reduce the ETS within their homes. Despite apparent barriers to the dissemination of advice from established health sources, facilitated and informed peer group support and discussions may represent an acceptable means of delivering key health messages.

Discussions about reducing children's ETS exposure may need to be separated from smoking cessation advice, as potential resistance to smoking cessation could lead to the rejection of messages about children's health. However information about support and advice about stopping smoking should be made available to parents should they specifically request it.

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