

Strategies of Young Fathers to Quit Smoking in the Context of Indonesian Men

Nur Rohmah¹, Francois Rene Iamy²

¹ Public Health Faculty, Mulawarman University, Samarinda, East Kalimantan, Indonesia

² Department Social and Health, Faculty of Social Sciences and Humanities, Mahidol University, Thailand

✉ Email: nurrohmah@fkm.unmul.ac.id

ABSTRACT

Background: Smoking cessation is a critical step towards improving overall health and well-being, not only for individuals but also for their families. Although young fathers who smoke may have particular difficulties while trying to stop, they can conquer their addiction with the correct techniques and assistance. **Objective:** This study aims to investigate the strategies used by young Indonesian fathers to give up smoking after the birth of their children. **Method:** We gathered thirty young fathers who were smokers at the time for semi-structured, in-depth interviews. The process of coding data from grounded theory was utilized to interpret the acquired data, even though grounded theory was not the theoretical framework used in this investigation. **Results:** Some informants described their efforts to change their smoking behavior, including both external and internal efforts, for both individuals who intend to quit and those who continue to smoke. Numerous additional informants mentioned external efforts. The informants have different motivations for wanting to quit smoking. According to an analysis of the interviews, there are two main sources of motivation and/or intents for quitting: internal and external cues. **Conclusion:** The complex experiences that young fathers have when attempting to quit smoking are influenced by some factors, including the transition to parenting, specialized support programs, and the significance of family encouragement.

Keywords: quit smoking, strategies, young fathers

INTRODUCTION

Smoking cessation is a critical step towards improving overall health and well-being, not only for individuals but also for their families. Because smoking poses a severe threat to public health, it is imperative that young fathers are encouraged to give up the habit (Guri-Scherman, 2024). The well-being of young fathers' families as well as their own health can be greatly enhanced by health promotion initiatives that assist them in quitting smoking. Helping young fathers quit smoking requires a multifaceted approach that considers their unique circumstances and challenges (Bottorff, 2019). Tailored smoking cessation programs, cultural adaptations, brief advice, supportive family environments, role modeling, peer support, and the use of technology can all contribute to

successful smoking cessation among young fathers (Bottorff, 2019).

Young fathers who smoke may face unique challenges when trying to quit, but with the right strategies and support, they can successfully overcome their addiction (Martinez, et al, 2021) (Poole, et.al, 2022). This is challenging to stop smoking, but for young fathers, it's even more important to make the right choice. As fathers, they have a fresh obligation to preserve and prioritize the health of their families (Demontigny et.al, 2018; Nomaguchi, K., & Milkie, M. A., 2020). Recognizing the influence that smoking can have on their personal well-being and the well-being of their children, young fathers are increasingly finding techniques to quit smoking and create a smoke-free atmosphere (O'Donnell, et al, 2019).

Paternity participation in smoking cessation is linked to the tasks that future fathers must play as a father: protector,

provider, and role model for their child's health, according to various academics (Bottorff et al., 2019). The following efforts are being taken: learning about the SHS effect, creating smoking regulations at home, committing to quit smoking, ensuring that cigarettes are not kept within reach of children, and offering continuous reminders (Bottorff et al., 2010). Modern fatherly norms and aspirations demand that men retain partner relationships, insulate children from passive smokers, and take on the role of more committed and active fathers than previous generations. Men who continue to smoke maintain their masculinity in the face of these demands (Kwon, J. L. Oliffe, J. L. Bottorff, & M. T. Kelly, 2014). As a result, a method for studying smokers' health and economic benefits and drawbacks that incorporates health beliefs, health behavior, and motivation is necessary.

Due to the father's duty to ensure the good health of his family, the birth of a child and being a new father are frequently linked to a desire to quit smoking before birth (Bottorff et al., 2017; Bottorff et al., 2019) and after the birth of a child (Pollak et al., 2015). This will to stop smoking is generally related to an attempt to prevent SHS exposure at home (Saito et al., 2018). However, only a small percentage of expectant fathers quit smoking during or after their wives' pregnancies, and even fewer definitively quit.

One of the advantages of fathers' changing roles today is that they are closer to their children. Despite the pregnancy of their partners, males could be unable to quit smoking because of the deeply established part that smoking tobacco have on their lives, as a source of happiness, and a means of being responsible fathers (Bottorff, Radsma, Kelly, & Oliffe, 2009). Men's continued smoking is supported by a more complex dynamic, according to Bottorff (2017), which includes reliance on smoking to express specific masculinity patterns (e.g., risk-taking, independence, and self-reliance), traditional gendered divisions in parenting responsibilities, and the stress associated with fatherhood responsibilities.

A father is a man who holds a specific place in the family. Not only does the father give financially to the family,

but he also plays a vital role in a variety of areas. A father's responsibility comprises ensuring the well-being and health of each family member via a variety of approaches (Crone, et. al, 2021). One of them entails refraining from harmful health behaviors such as smoking, drinking, or drug use.

In the context of Indonesian men, encouraging young fathers to cessation smoking is crucial because smoking is a serious public health issue (Ayuningtyas, et al, 2021; Kodriati, N., Pursell, L., & Hayati, E. N., 2018). By implementing these strategies, we can support young fathers in improving their health and creating a smoke-free environment for their families. This study aims to investigate the strategies used by young Indonesian fathers to give up smoking after the birth of their children.

METHODS

This study uses a qualitative design. Descriptive data from study procedures including people's written or spoken words and observed behaviors are produced by qualitative technique approaches (Yin, 2009). The qualitative paradigm in this study offers a means of investigating phenomena using several techniques that characterize one-on-one interactions with research participants (Creswell, 2007; Creswell et al., 2003).

Process of Recruitment

Purposive sampling is biased, but it is appropriate for this study because the targeted young parent is an ardent tobacco smoker. Furthermore, snowballing is appropriate for our study because using tobacco necessitates multiple social encounters with other smokers (Kumboyo, K. et al, 2020; Pourtau, L. et al, 2019). To participate in this study, the researcher will contact acquaintances, colleagues, and personal contacts who work in the child development and postpartum midwifery units at the Public Health Center (PUSKESMAS) in Samarinda City to introduce possible interviewees meet the inclusion criteria.

Process of Data Collection

The in-depth interview is a face-to-face interaction between the researcher and the informant to understand their perspective on their own life, experience, or situation (Taylor et al., 2015). Because

of the subjective nature of this method, researchers will need to use interpersonal skills to conduct the research, beginning with gaining access to possible participants. Once the researchers have gained access to the first responders, they must continue to use these talents to keep in touch with them. As a result, qualitative researchers must pay special attention to establishing and maintaining research connections (Taylor & Bogdan, 1984; Taylor, Bogdan, & deVault, 2015). The researcher will visit gatekeepers such as health cadres who live in the study field after receiving information from the Public Health Center/PUSKESMAS. The researcher scheduled three sessions to collect data. The first was to build trust by providing explicit information about the research and making an appointment between the researcher and the informant, then the researcher conducted the main interview with the informant in the second meeting, followed by a final meeting for clarification and termination.

The focus of the in-depth interview questions will be on the smoking experience as it relates to parenting. The researcher will perform a semi-structured face-to-face one-on-one in-depth interview after a brief presentation of the informed consent and the participant's signing. Each interview is expected to run between 30 and 60 minutes. Interviews will be digitally recorded, verbatim transcribed, notes taken, and accuracy checked. To participate in the interviews and for transportation, fathers will get US\$10 (Rp. 140.000,00) in cash.

Data analysis

Grounded theory systematically develops a theory based on information gathered through social research (Glaser, Strauss, & Strutzel, 1968). The data analysis method based on grounded theory coding was employed for this study since it is more robust and traceable. Encoding is a critical process in grounded theory. The researcher's "basic analytic method" is coding (Corbin & Strauss, 1990). Making pre-code, code, axial code, and core category are the four steps of processing research data in this study. The researcher systematically pre-coded the data for each informant transcript and then sorted and selected potential and relevant data for the research issue. The scientists began coding. A code was created by combining pre-codes that were

similar and related. The purpose of coding is to help the analyst acquire new insights into the data by dismantling standard thinking methods (interpreting) data events (Charmaz, 2006; Corbin & Strauss, 1990). The researcher created axial codes to enhance the argument by creating a core category to identify codes. The link between events, time, reasons, and actions from the informants' data creates axial coding. In axial coding, the relationships between categories and subcategories are validated against data. There is also further category development, and one continues to look for indicators of it (Charmaz, 2006; Corbin & Strauss, 1990). The researcher examined each prior phase after creating axial coding. To reanalyze, generalize, and map the acquired data, start with pre-code and axial codes. The axial codes were classified into key categories after they were rechecked. The core category represents the investigation's central phenomenon (Corbin & Strauss, 1990).

The Mahidol University Social Sciences Institutional Review Board (MUSSIRB) has authorized this study with Certificate of Approval No. 2019/252.0612.

RESULTS AND DISCUSSION

The age range of the informants in this study was 22 to 39 years old, with an average age of 32. The bulk of the informants have completed high school, with the remaining individuals having completed elementary, junior high, and college schooling. The average number of informants is two; the highest number of informants is five. Dayaks and Kutai make up the minority in this study, with Javanese, Buginese, and Banjarnese making up the majority. The majority of informants said they were the only ones who smoked in their homes, although a few said that other individuals, including their brother, father-in-law, and friends, also smoked there. Regarding their employment position, the majority of the informants are workers in the informal sector, such as laborers, motorcycle/taxi drivers, and traders, while the majority of interviewees are employed in the formal sector, such as security guards, employees, and teachers. Table 1 displays the sociodemographic details of the informants.

Table 1. Socio-demographic characteristics of study informants

Characteristics	Total N=30 (%)
Age	
22-29	7 (23.3)
30-39	23 (76.6)
Ethnicity	
Javanese	10 (33.3)
Buginese	8 (26.7)
Banjarnese	6 (20.0)
Kutai	3 (10.0)
Dayaknese	3 (10.0)
Education	
Elementary school	3 (10.0)
Junior High School	3 (10.0)
Senior high School	16 (53.3)
College or higher	8 (26.7)
Marital Status	
Married	30 (100)
Number of people smoking at home	
Only informant	24 (80.0)
others	6 (20.0)
Number of children in the home	
1-2	26 (86.7)
3-5	4 (13.3)
Age of children's (N=56)	
0-12 months	5 (8.9)
1-5 years	34 (60.7)
6-10 years	9 (16.1)
11-15 years	8 (14.3)
Employment	
Formal (teacher, security, finance, civil servant, temporary employees in government and private office)	10 (33.3)
Informal (trader, motorcycle/taxi drivers, laborers, farmer, handyman craft, keeper shop)	18 (60.0)
Odd jobs	2 (6.7)

The strategies for quitting smoking

To change smoking behavior, both for those who have the intention to stop smoking and those who keep smoking, some informants stated their efforts if they want to stop smoking with internal efforts and external efforts. Several other informants stated efforts related from outside themselves. The informants have various reasons to stop smoking or the desire to stop smoking. Analysis of the interviews suggests that the reasons and/or intentions for quitting originate from both internal and external cues.

Prepare to quit smoking internal

Internal preparation for quitting smoking is 1) having a smoking cessation strategy, 2) smoking cessation methods, and 3) Perceived benefit for the intention to quit smoking from inside.

Having a smoking cessation strategy

When asked about participants' strategies for stopping smoking, participants described seven main strategies: delaying buying cigarettes, stopping smoking immediately, not thinking about smoking, reducing smoking, exercising, asking friends who had successfully quit smoking, and consulting health workers:

"... Delay the time of buying cigarettes...I did not finish one of the sticks directly, but left half of the stems, then continued smoking again" (P2, age 26)

Smoking cessation methods /Tool-assisted methods for quitting smoking

Based on the data analysis, four methods can be identified concerning participants' intention to quit smoking: using medicine, using e-cigarettes, chewing candy, and using salt. As illustrated by the interview P19, age 32.

"I will provide candy in the car or in a place that is easy to reach, yes slowly I will try that"

The method for quitting smoking that was chosen by most participants was chewing candy. Chewing candy is an easy and cheap method for participants. The use of e-cigarettes and medical treatment requires sufficient funds and information about both methods. Only one informant chose the use of salt stuck to the tongue, which according to him would reduce the desire to smoke.

Perceived benefit for the intention to quit smoking from inside

When asked about the reasons for having the intention to stop smoking, participants described two main factors, namely because of the increasing age and health state, P9, age 27 states *"...I have a desire to stop. Yeah... if I can stop, I want to stop because I'm getting older, my body is weak. If I smoke all the time, My body will be damaged right"*

Prepare to quit smoking through social support

There are several strategies to quit smoking from outside participants that can be identified in this study, such as external influences and using appropriate methods. External factors in cues to action, such as interactions with other people, in this case friends, discussions with health care providers, or even religious messaging such as fasting, are all related to the Health Belief Model (HBM). In Malaysia, for example, where Muslim smokers can refrain from smoking while fasting during Ramadan (Ahmad et al., 2012).

Strategies for quitting smoking from external influences

Based on data analysis, participants tend to adopt several strategies if they had the intention to quit smoking, such as limiting smoking friends, announcing that they wanted to quit smoking, and fasting Ramadhan.

“... I don't meet smoker friends, limit meeting with them. If possible limit the time with them.” (P7, age 35)

“I believe that I can quit smoking during the Ramadan Fast. And I can stop during the fast because if I smoke it will break my fast. Because there is a prohibition on eating or drinking if I am fasting. Smoking is one of the prohibitions.” (P22, age 39)

Participants with high severity perceptions were more motivated to take action to prevent smoking-related diseases by designing a smoking-cessation strategy. Not only from inside himself but even from outside.

Table 2. Summary of the strategies for quitting smoking

Strategy(s)	Frequency of informants
Strategies for quitting smoking from internal efforts	
Delay buying cigarettes	4
Stop smoking immediately	4
Don't think about cigarettes	3
Reduce to 1 cigarette/day	6
Exercise	2
Consultation with health workers	1
Asking friends	1
Strategies for quitting smoking from external influences	
Limiting meetings with smokers	8
Declare if want to stop smoking	1
Fasting and quitting smoking	6
Few smoker friends	6
Tool-assisted methods for quitting smoking	
Use medicine	3
Using E-cigarette	3
Chewy candy	6
Using salt	1

The main symptom of several body intended to consult a health worker. Almost all informants intend to quit without help from health workers. According to Morphett's (2015)'s study, deep desire is the foundation of quitting smoking performance (Morphett, Partridge, Gartner, Carter, & Hall, 2015). Efforts that will be made by the informants are strategies from within themselves such as chewing candy and from outside themselves such as hanging out with friends. However, a strong intention alone does not guarantee that someone will stop smoking if it is not accompanied by a comprehensive understanding of the dangers of smoking behavior. Those who had failed to quit smoking tended to be more motivated to quit and more aware of the difficulty of changing their habits (Grogan, et al, 2022). The majority of the participants wanted to stop smoking. They are prepared to quit smoking if the time comes, and they have strategies to quit smoking from inside and outside themselves.

The relationship between strong self-effort and various methods will make it easier to realize the desire to quit smoking accompanied by having a strong intention to act. To successfully stop smoking, one needs a strong inner resolve. Not thinking about cigarettes, delaying buying cigarettes, and asking friends who managed to quit smoking are internal factors. Apart from such efforts, there is also a need for strong reasons why to quit smoking, such as because of health and aging.

Regarding methods for quitting smoking, participants conveyed four methods, such as chewing candy, using e-cigarettes, medical treatment, and using salt. In the cigarette industry, ammonium salt is added as a taste correction so that the nicotine intensity is well distributed (VI, H. J. C., 2023). The distraction of placing salt on the tongue can convey a taste like smoking even though you are not smoking. The physiological basis of the approach is that sulfide salts are produced when silver acetate contacts the sulfides in tobacco smoke (Cuello-Nuñez, et al, 2018). In an unlit cigarette, the nicotine is dissolved in the moisture of tobacco leaf as water-soluble salt, but in a burning cigarette, nicotine volatilizes and is present in the smoke as free

nicotine suspended on minute droplets of tar, nicotine exists as dissociated salts (ions) (Althakfi, S. H., & Hameed, A. M, 2024). Chewing candy is widely chosen by them as a ways to quit smoking. (Lee, C. Y., et.al, 2018; Lee, C. Y., & Chang, Y. Y, 2021).

There are six participants chose to reduce smoking every day. A strategy of limiting the number of cigarettes smoked would increase the number of addicted smokers who quit smoking and reduce the number of relapses (WHO, 2015). The rest had other strategies such as quitting completely, delaying buying cigarettes, or asking friends who had successfully quit smoking. Only one person has a strategy to ask health workers.

The reason participants have the desire to smoke is because of their health, which is in line with the existing literature (Romijnders, K. A., Van Osch, L., De Vries, H., & Talhout, R., 2018). *Perceived health risks* experienced by informants due to tobacco use, such as increasing age resulting in decreased body function, and negative health impacts, will make informants consider quitting smoking (Leppänen, A., Ekblad, S., & Tomson, 2020).

The relationship between the strategies and methods used to quit smoking is a preparation that is made to have the intention to implement smoking cessation in social support. One of the factors of preparation to quit smoking is social preparation such as limiting hanging out with smoker friends or needing a friend to hear that he wants to quit smoking. A strategy from external factors to quit smoking is needed as social support. Apart from social support, tools are also needed to stop smoking, such as chewing candy, drugs, salt, and even e-cigarettes. The relationship between strong self-effort and various methods will make it easier to quit smoking accompanied by having a self-effort to act. Not thinking about cigarettes, delaying buying cigarettes, and asking friends who managed to quit smoking are internal factors. Apart from such efforts, there is also a need for strong reasons to quit smoking, such as because of health and aging. Below is a summary table of the Intention effort to quit smoking. The efforts are as follows: seeking information about the passive smoker effect, making rules about cigarettes at home, making a

commitment to stop smoking, do not leave cigarettes within reach of children, and provide continuous reminders (Nurhasana, et al., 2020) The strategy that many participants chose was to limit smoking friends or to have a few smoking friends, and the rest of them chose fasting as an attempt to try to quit smoking. Even though they are still smokers now, they are already thinking about what plans they will make if they are ready to quit smoking in the future, because individual perceptions can predict their actions, according to the Health Belief Model (HBM) (Pribadi, E. T., & Devy, 2020). The need for the role of health workers and facilities provided to help them in their efforts to stop smoking, because in this study only one informant asked for help to quit smoking (Rice, et al., 2017; Lindson, et al., 2021)

Quitting smoking is a significant decision, and for young fathers, this choice often becomes intertwined with their roles as parents and their desire to prioritize their family's well-being. The decision to quit smoking is deeply personal, but life changes, such as starting a family, can significantly influence this choice (Bridges, W., & Bridges, S. .,2019). However, the experiences of young fathers in modifying their smoking habits are equally important and warrant attention.

One of the most effective ways to encourage young men to stop smoking is the shift to parenting. Dad's stories about their successful quitting generally focus on the reasons they were motivated to quit, with many mentioning their fatherhood and wanting to put their family's health first as the main reasons. It is clear from this that parenting has a significant influence on young dads' intentions to give up cigarettes.

It's critical to acknowledge the special requirements that young fathers have when trying to give up smoking (Thirlway, F,2020). Programs for quitting smoking that are specifically tailored to this group of people can offer the support and direction they need (Rigotti, et al, 2022). Tailored treatment approaches that take into account the unique situations and obstacles encountered by young fathers have demonstrated the potential to enhance the efficacy of smoking cessation programs (Washington (DC): US Department of Health and

Human Services; 2020). Additionally, offering young dads accessible avenues to seek support in their quest to quit smoking can be achieved through the use of digital technologies like SMS text message interventions and support in primary care settings (Zhou, et al, 2023).

Young fathers who want to quit smoking can find great help and encouragement from their family, especially from their kids (Allport, et al., 2018). Youngsters can provide useful support by taking on tasks that would cause their parents to worry when they retire, like meal preparation, errand running, or housework assistance (Townsend, P., 2023). Furthermore, creating an environment that is encouraging and helpful for young fathers who are trying to give up smoking can be achieved by acknowledging their accomplishments and providing positive reinforcement.

Tailored smoking cessation strategies for young fathers, such as culturally adapted programs, personalized treatment approaches, digital interventions, and targeted support in primary care settings, play a crucial role in effectively supporting young dads in quitting smoking. These strategies acknowledge the unique needs and challenges faced by young fathers, ultimately increasing the likelihood of successful smoking cessation. By understanding and using these strategies, young fathers can set a positive example for their children and begin the journey toward a smoke-free future. It is crucial to remember that these tactics must be customized for the Indonesian environment and attentive to cultural differences. Health promotion initiatives can effectively support Indonesian men in quitting smoking by addressing the particular obstacles faced by young fathers and utilizing their roles as fathers and providers.

CONCLUSION

A variety of factors, including social support and self-preparation, affect young fathers' experiences with stopping. By recognizing and addressing these influences, tailored solutions can be developed to effectively support young fathers in their quit journey. We can create health-promoting programs to help

young fathers stop smoking if several sectors work together. Health promotion initiatives and social support for fathers who smoke to assist them in quitting can be implemented as recommendations and follow-up to this study. Health education initiatives and awareness campaigns that use a variety of platforms, such as social media, community events, and health facilities, can raise public awareness of the risks associated with smoking and the advantages of quitting.

REFERENCES

- Allport, B. S., Johnson, S., Aqil, A., Labrique, A. B., Nelson, T., Angela, K. C., ... & Marcell, A. V. (2018). Promoting father involvement for child and family health. *Academic pediatrics*, 18(7), 746-753.
- Althakfi, S. H., & Hameed, A. M. (2024). Nicotine in electronic cigarettes. *Journal of Umm Al-Qura University for Applied Sciences*, 1-14
- Ayuningtyas, D. A., Tuinman, M., Prabandari, Y. S., & Hagedoorn, M. (2021). Smoking-related social control in Indonesian single-smoker couples. *International Journal of Behavioral Medicine*, 28, 455-465.
- Bridges, W., & Bridges, S. (2019). *Transitions: Making sense of life's changes*. Hachette UK.
- Bottorff, J. L., Sarbit, G., Oliffe, J. L., Caperchione, C. M., Wilson, D., & Huiskens, A. (2019). Strategies for supporting smoking cessation among indigenous fathers: a qualitative participatory study. *American Journal of Men's Health*, 13(1), 1557988318806438.
- Crone, M. R., Slagboom, M. N., Overmars, A., Starcken, L., van de Sande, M. C., Wesdorp, N., & Reis, R. (2021). The evaluation of a family-engagement approach to increase physical activity, healthy nutrition, and well-being in children and their parents. *Frontiers in Public Health*, 9, 747725.
- Cuello-Núñez, S., Benning, J., Liu, C., Branton, P., Hu, J., McAdam, K. G., ... & Goenaga-Infante, H. (2018). Fractionation of cadmium in tobacco and cigarette smoke condensate using XANES and sequential leaching with ICP-MS/MS. *Analytical and bioanalytical chemistry*, 410, 6795-6806.

- Demontigny, F., Gervais, C., Larivière-Bastien, D., & St-Arneault, K. (2018). The role of fathers during breastfeeding. *Midwifery*, 58, 6-12.
- Grogan, S., Walker, L., McChesney, G., Gee, I., Gough, B., & Cordero, M. I. (2022). How has COVID-19 lockdown impacted smoking? A thematic analysis of written accounts from UK smokers. *Psychology & Health*, 37(1), 17-33.
- Guri-Scherman, A. L. Y., Neumark, Y., Rodnay, M., & Bar-Zeev, Y. (2024). Barriers and Enablers to Implementing a Smoke-free Home and Car During Pregnancy: A Qualitative Study Among Expectant Israeli Fathers. *Nicotine and Tobacco Research*, 26(1), 94-101.
- Kumboyono, K., Hamid, A. Y. S., Sahar, J., & Bardosono, S. (2020). Community response to the initiation of smoking in Indonesian early adolescents: a qualitative study. *International Journal of Adolescence and Youth*, 25(1), 210-220.
- Kodriati, N., Pursell, L., & Hayati, E. N. (2018). A scoping review of men, masculinities, and smoking behavior: The importance of settings. *Global Health Action*, 11(sup3), 1589763.
- Lee, C. Y., & Chang, Y. Y. (2021). Betel quid chewing and cessation in the sociocultural context of Paiwan people from Taiwan: a qualitative study. *Journal of ethnicity in substance abuse*, 20(3), 395-414
- Lee, C. Y., Wu, C. F., Chen, C. M., & Chang, Y. Y. (2018). Qualitative study for betel quid cessation among oral cancer patients. *PLoS One*, 13(7), e0199503.
- Leppänen, A., Ekblad, S., & Tomson, T. (2020). Experiences of tobacco cessation including a prescription approach among patients in Swedish primary health care with a focus on socioeconomically disadvantaged areas. *PLoS one*, 15(10), e0240411. <https://doi.org/10.1371/journal.pone.0240411>
- Lindson, N., Pritchard, G., Hong, B., Fanshawe, T. R., Pipe, A., & Papadakis, S. (2021). Strategies to improve smoking cessation rates in primary care. *The Cochrane database of systematic reviews*, 9(9), CD011556. <https://doi.org/10.1002/14651858.CD011556.pub2>
- Martinez Leal, I., Taing, M., Correa-Fernández, V., Obasi, E. M., Kyburz, B., Le, K., ... & Reitzel, L. R. (2021). Addressing smoking cessation among women in substance use treatment: A qualitative approach to guiding tailored interventions. *International Journal of Environmental Research and Public Health*, 18(11), 5764.
- Nomaguchi, K., & Milkie, M. A. (2020). Parenthood and well-being: A decade in review. *Journal of Marriage and Family*, 82(1), 198-223.
- Nurhasana, R., Ratih, S. P., Djaja, K., Hartono, R. K., & Dartanto, T. (2020). Passive Smokers' Support for Stronger Tobacco Control in Indonesia. *International journal of environmental research and public health*, 17(6), 1942. <https://doi.org/10.3390/ijerph17061942>
- O'Donnell, R., Angus, K., McCulloch, P., Amos, A., Greaves, L., & Semple, S. (2019). Fathers' Views and Experiences of Creating a Smoke-Free Home: A Scoping Review. *International journal of environmental research and public health*, 16(24), 5164. <https://doi.org/10.3390/ijerph16245164>
- Poole, R., Carver, H., Anagnostou, D., Edwards, A., Moore, G., Smith, P., ... & Brain, K. (2022). Tobacco use, smoking identities and pathways into and out of smoking among young adults: a meta-ethnography. *Substance Abuse Treatment, Prevention, and Policy*, 17(1), 24.
- Pourtau, L., Martin, E., Menvielle, G., El Khoury-Lesueur, F., & Melchior, M. (2019). To smoke or not to smoke? A qualitative study among young adults. *Preventive Medicine Reports*, 15, 100927.
- Pribadi, E. T., & Devy, S. R. (2020). Application of the Health Belief Model on the intention to stop smoking behavior among young adult women. *Journal of public health research*, 9(2), 1817. <https://doi.org/10.4081/jphr.2020.1817>
- Rice, V. H., Heath, L., Livingstone-Banks, J., & Hartmann-Boyce, J. (2017). Nursing interventions for smoking cessation. *The Cochrane database of systematic reviews*, 12(12), CD001188.

- <https://doi.org/10.1002/14651858.CD001188.pub5>
- Rigotti, N. A., Kruse, G. R., Livingstone-Banks, J., & Hartmann-Boyce, J. (2022). Treatment of tobacco smoking: a review. *Jama*, 327(6), 566-577.
- Romijnders, K. A., Van Osch, L., De Vries, H., & Talhout, R. (2018). Perceptions and reasons regarding e-cigarette use among users and non-users: a narrative literature review. *International journal of environmental research and public health*, 15(6), 1190.
- Thirlway, F. (2020). Explaining the social gradient in smoking and cessation: the peril and promise of social mobility. *Sociology of Health & Illness*, 42(3), 565-578.
- Townsend, P. (2023). *The family life of old people: An inquiry in East London*. Taylor & Francis.
- VI, H. J. C. (2023). *Partitioning and Ammonium Replacement of Nicotine and Basic Gases to Particulate Matter* (Doctoral dissertation, Drexel University)
- VI, H. J. C. (2023). *Partitioning and Ammonium Replacement of Nicotine and Basic Gases to Particulate Matter* (Doctoral dissertation, Drexel University)
- Washington (DC): US Department of Health and Human Services; 2020. Chapter 6, Interventions for Smoking Cessation and Treatments for Nicotine Dependence. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK555596/>
- Zhou, X., Wei, X., Cheng, A., Liu, Z., Su, Z., Li, J., Qin, R., Zhao, L., Xie, Y., Huang, Z., Xia, X., Liu, Y., Song, Q., Xiao, D., & Wang, C. (2023). Mobile Phone-Based Interventions for Smoking Cessation Among Young People: Systematic Review and Meta-Analysis. *JMIR mHealth and uHealth*, 11, e48253. <https://doi.org/10.2196/48253>