

# The Life Experiences of Thai Women and Smoking: A Phenomenological Study

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**Objective:** Exploring and understanding the live experiences of women smokers as well as the conditions and the family/social context of Thai society.

**Material and Method:** A phenomenological approach was used and conducted from July 2011 to April 2012. The informants were 25 Thai women smokers in Bangkok and peripheral areas. Data were collected from focus group discussions and in-depth interviews and was analyzed using Diekelmann and Love thematic analysis.

**Results:** The informants ranged in age from 14 to 66 years. The highest education level was a Vocational Certificate and the lowest level was a primary education (Grade 4). The youngest began smoking at 12 years. The average duration of smoking behavior was 22.3 years; the longest of smoking duration was 52 years. They smoked 2.4 packs of cigarettes per day on average, 6 packs per day at the maximum. Within a family setting, the highest number of people smoking and living in the same household was 13 persons.

Five themes were identified as follows: 1) the starting point of smoking:-the family environment triggers smoking; 2) the meaning of smoking:-smoking means 'cigarettes are like friends'; 3) femininity and smoking:-smoking is an individual right and is not illegal; 4) smoking and health:-smoking-health linkage is not an immediate issue as the informants did not suffer from any serious illness; and 5) view on/intention to stop smoking:-the permanent cessation of smoking was not possible due to the current environment in which their friends or family members still smoked, and because some also chose to reduce their stress by smoking.

**Conclusion:** Family environment and peer group influenced the informants smoking behavior. Children see their grandmother, mother or elder sister smoke, so smoking is perceived as normal behavior among women as well. Most of them had chosen cigarette smoking as a way to relieve themselves from stressful environments.

**Keywords:** Phenomenological study, Women, Smoking

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World Health Organization estimates an increase in deaths from cigarette smoking amongst the world population from 4.9 million in 2003 to 10 million in 2030. Smoking is also the cause of death amongst 1/3 of adults, which exceeds deaths caused by malaria, tuberculosis and mother and child mortality. Smoking is, therefore, a serious public health problem that has adverse effects on different organs and poses risks to the lives of smokers themselves as well as secondhand smokers due to toxic chemicals and carcinogens in cigarettes<sup>(1)</sup>.

In Thailand, according to the National

Statistics Office, there were 10 million smokers in 2007 or 20% of the then total national population. Thailand is among the top ten Asian countries with a high smoking rate. It was found that the 25-59-year-old bracket of the workforce is the largest group of smokers (25.3%), three-quarters of whom started smoking before the age of 19<sup>(2)</sup>. For every 20 Thai male smokers there is one female smoker. The smoking rate is higher in rural areas than in urban areas. Almost half of female smokers live in the northern region where woman smokers are accepted by the community. 90% of female smokers have a primary education or lower and 30% have rather low economic status<sup>(3)</sup>. Moreover, according to a behavioral survey conducted in 2008 by Kengganpanich T, and Kengganpanich M<sup>(4)</sup> using a sample of 3,093 Thai female teenagers aged between 13-25 years old, 10.2% started smoking before they

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were 12 years old, 42.1% smoked almost every day and 33% smoked more than five cigarettes per day.

Women who smoke at a premature age have a 50% possibility of dying in middle age; their life expectancy is shortened by 10 years. They are at much higher risks of having various serious diseases such as lung cancer, stroke, coronary heart disease (CHD) and heart failure. Their risk of having cervical cancer increases four times compared to non-smokers. Secondhand female smokers are also two to three times at higher risk of developing lung cancer compared to other women<sup>(2)</sup>. Moreover, smoke has severe effects on a fetus. It was found that smoking or secondhand smoker pregnant women are at twice the risk of miscarriage. They are also at higher risk of having placenta previa or premature delivery. Their fetuses undergo slow development and are at risk of sudden infant death syndrome either during delivery or within the first year after delivery. In addition, these infants are definitely more likely to contract respiratory tract infections such as asthma, allergies and otitis media. Through breastfeeding, the babies also receive nicotine from their smoking mothers<sup>(5,6)</sup>. It is apparent that smoking has adverse effects on women's health as well as their babies' during and after pregnancy including the ensuing years. Of no less importance is the fact that female smokers set an example for their children. Many studies have found that children in families that either mother or father smokes tend to start smoking soon after they have reached puberty<sup>(7,8)</sup>.

It should be noted that tobacco consumption has economic implications on the national budget. Treatment for lung cancer patients alone costs as much as three billion baht. Taking into account the costs of healthcare linked to other illnesses associated with smoking such as heart disease as well as the resultant economic loss, the national expenditure in this area amounts to many times greater than the revenue from the tobacco excise tax<sup>(3)</sup>.

Literature review discloses a number of research studies conducted on smoking behavior between both sexes in different age groups: school-age youth, teenagers, and various occupational groups such as farmers, factory workers, and workers in entertainment places. At any rate, a qualitative research on smoking among Thai women is non-existent. Therefore, the researcher was keen to study Thai women's life experience vis-a-vis their smoking in an attempt to better understand the meaning of smoking, the conditions and reasons for the commencement and continuance of smoking, their lifestyles and their family

maintenance within the Thai social context.

The above specific issues are best clarified through the examination of the personal perspectives and experiences of the female smokers concerned. The researcher expected that this study would provide not only the understanding of reasons for smoking and factors of access to cigarettes of this group of women, but also significant baseline data to guide future more effective care and support to better respond to the women's specific needs in quitting smoking and for prevention of relapse. It was also expected that this study would contribute to expanding as well as elaborating the body of fundamental information and knowledge about smoking among Thai women.

### *The selection of participant*

The present study informants were recruited through purposive sampling from among Thai woman smokers living in Bangkok or its periphery to participate in a 10-month study (July 2011-April 2012). The selection criteria included female smokers of Thai nationality, living either in Bangkok or in the peripheral area, being of sound mind and being free of any physical and mental ailments that might hinder their ability to provide the requested information; displayed an interest and willingness to participate in the present study, both in focus group discussion and in-depth interviews, about their personal smoking experience. Parental consent was required for informants younger than 18 years old. Twenty-five informants were recruited for the present study, which was conducted in three communities in inner and suburban Bangkok including Nonthaburi. The present study has been approved by the Ethical Review Committee for Human Research, Faculty of Public Health, Mahidol University, as per the certification number MUPH2010-187.

### **Material and Method**

Data were collected through focus group discussions and in-depth interviews. A structured questionnaire was used to obtain personal information. An unstructured questionnaire together with audio record, observation, and field notes were used during discussions/interviews on issues pertaining to smoking. The following steps were undertaken:

1. Qualified study informants were identified through community volunteers. The researcher then met the potential informants to introduced herself and obtain basic information as well as to invite them to participate in the study on a voluntary basis. Other study informants were identified using the snowball

technique; in other words, some participants were referred and recruited by the previous informants.

2. As a principle for qualitative data collection, the researcher built rapport with the study informants; first introduced herself followed by an outline of the study objectives and methodology. Ample time was given to them to decide whether they would like to participate in the study. Upon their consent, the informants were requested to sign a consent form confirming their voluntary disclosure of information.

3. Interview/focus group discussion dates, times and venues were determined in accordance with the informant's convenience and schedules. Each informant took part in three focus group discussions and two to three in-depth interviews each lasting about one hour. At each discussion/interview, the researcher emphasized confidentiality of personal information of the present study informants as well as their rights in providing/not providing information on their personal experience as well as the right to terminate their participation at any time. Focus group discussions/interviews were conducted on the scheduled date and time and at the venue that was most convenient to the respective informants. In most cases, the interviews were conducted in a private room at a community health centre.

4. The interviews and focus group discussions were recorded on audio tape for subsequent transcription. The researcher used Diekelmann<sup>(9)</sup> and Love<sup>(10)</sup> thematic analysis to analyze data from field notes and transcriptions. Data were coded and grouped while emerging themes were concurrently identified.

## Results and Discussion

According to the demographic information, the average age of the informants was 35.3 years old with the youngest informant being 14 and the oldest, 66 years old. Out of the 25 informants, five are below 18 years old. Most of the informants (14 persons) had completed primary education (Grade 6). The highest education level attained was Vocational Certificate and the lowest, Grade 4. Twelve informants were employees, eight were local shop owners and five are homemakers. Regarding their smoking behavior, it was found that some informants had started smoking as early as 12 years old. Their smoking experiences ranged from 3 to 50 years, or 22.3 years on average. They smoked from one pack or less to the maximum of six packs per day averaging about 2.4 packs of cigarettes per day. While almost all informants smoked filter-tipped cigarettes with only two of them smoking manually rolled tobacco,

all of them drank alcohol. Another common factor was that they had at least one smoker (up to as many as 13 smokers) in their household. Such family smokers included fathers, mothers or grandparents, elder brothers and sisters-in-laws and participants' husbands. There was at least one child under 12 living among the informants' households with the youngest child among them being one-month old. All informants bought cigarettes from convenience shops in their community.

The following five themes were identified from qualitative data analysis.

### *The starting point of smoking*

According to the in-depth interviews and focus group discussions, it was interesting to learn that family environment and peer group influenced the informants smoking behavior. It was found that, invariably, there was at least one other family member in each family besides the study informants who smoked. This person could be a grandparent, a parent, an elder brother or sister, and the participant's husband. The present study informants also had friends who smoked.

'I remember when I was little my grandparents smoked. They asked me to roll cigarettes for them. I ended up trying because seeing adults smoking I wanted to try'.

'I choked badly at the beginning but didn't give up. I kept trying and still smoke these days. I was about 15 or 16 when I started...'

'My dad smoked. I was asked to buy cigarettes for him. When I was a kid, I saw my elder brother sneaking some from dad to try. So I tried it too. And my friends, they smoked, so I joined them and continued smoking until now...'

'We have our own convenience store that sells cigarettes too. My dad, mum and grandmother smoked. So I tried and sneaked some from the store for my classmates, we were busted many times. Teachers took all cigarettes and we were punished, but never learnt our lessons...'

The informants said they could buy cigarettes - filtered-tip and manually rolled-from any local shops. Cigarettes are consumable goods just like soap or toothpaste that are widely available. Informants who are younger than 18 years old can also buy cigarettes as there are no restrictions.

'I bought it from community shops. They all have it'.

Informants who are younger than 18 years

old also commented on their access to cigarettes.

'I just went in and bought it, no question asked, we all know each other in our community...'

According to the demographic information, five out of 25 informants were younger than 18 years old, the youngest being 14. Some informants started smoking at 12 years old. In the informants' extended families, at least one and as many as 13 family members in the same household smoked. These family members were the participant's parents or grandparents, elder siblings, in-laws and participant's husband.

The findings of this study are consistent with those obtained from the study conducted by Suzanne and Pederson<sup>(11)</sup>. In the latter, the researchers reviewed researches and studies conducted from 1986 to 1996 on psychosocial factors for teenage smoking and found that the environment within a family, particularly families that have family members such as father, mother or siblings who smoke, as well as family size, influence and teenagers exposure, especially females, to cigarette smoking. This study found that the informants saw their family members smoke when they were young. Some rolled tobacco for grandmother, others were asked to buy cigarettes for adults in the family. Consequently, smoking is to them a normal family practice especially when it is considered an unfavorable behavior posing a health hazard to both smokers and non-smokers. The finding from this study is also consistent with the ABAC Poll survey on the influence of the environment on smoking among Thai female teenagers conducted in 2002<sup>(12)</sup>. The poll found that 16.3% of female teenagers whose mothers smoked also smoked and that there were smokers in their peer group. This finding can also be explained by the nature of teenagers and their emotional and psychological development. Teenagers are at the ages of experimentation and the seeking of acceptance from friends who influence their thinking. They also are impressionable and imitate each other's behavior. The ABAC poll found that 12.9% of female teenagers who have smokers in their peer group also smoke.

As all informants have easy access to cigarettes a survey of community shops was undertaken. It was found that cigarettes are available in all shops and are sold to anyone including those younger than 18. The law prohibiting selling of cigarettes to young people under 18 years old is not enforced, and investigation by government officials has not been implemented seriously. Moreover, communities are not aware of the problems and impact of smoking on health.

### *The meaning of smoking*

Teenage and working informants define cigarettes as friends helping them to unwind temporarily. These informants mentioned serious problems they were facing but unable to discuss them with others. Smoking does not actually improve situations but it does reduce the tension to a certain degree. Cigarettes are their friends in need.

'I think they're like friends. Because when I have worries and can't talk to anybody, smoking a few cigarettes helps. I feel it helps. It makes me feel better, like I have friends. Although it doesn't make those worries go away. I feel better somehow'.

'When I take a big puff, inhale deeply and slowly exhale I feel good. It was a huge satisfaction. It was like I'd let it out. When I feel bummed and lonely, I feel like cigarettes are my friends, because they are always with me. When I'm stressed and crave cigarettes, I have them. When I feel bummed, I smoke to not feel alone. Just like that. I need no one, just cigarettes are enough..'

With time on their hands, as they no longer have to work to support their family, the informants in late adulthood and elderly groups also referred to cigarettes as friends when they feel lonely. Living in an extended family, they may help around the house as much as they can when their children are at work during the day leaving them with their grandchildren of pre-school age. Their views on cigarettes and smoking are as follows:

'I think they are like friends, really. I don't need anyone to talk me into smoking cigarettes. When I enjoy my work I smoke one or two and continue with the work.

'If I have nothing to do, I also smoke. It's enjoyable'.

'Either being talked into smoking or not, I smoke alone...when I'm free and don't know what to do, I smoke. Cigarettes are like friends. I smoke and let my mind wonder. It's good. I don't have to mingle so much with other people'.

Both the teenage and working age informants refer to cigarettes as friends who de-stress them. Likewise, those in late adulthood and elderly groups say these 'friends' make them feel relieved and less lonely. Five of the study informants are under 18 years old. Out of this group, three are teenage mothers. Other informants are in the working age group, married and had completed primary and secondary education except for one who had a bachelor's degree. In-depth interviews with the informants revealed that almost all of

them were stressed out because of economic problems and family relationships. Most of them had chosen cigarette smoking as a way to alleviate the stress. This finding is consistent with that in the studies by Amanda et al<sup>(13)</sup> and Nichter et al<sup>(14)</sup>. Both studies found that women of low economic status, including vulnerable groups such as teenage mothers, single mothers, and the elderly, resort to smoking to relieve themselves from stressful environments. Consequently, it is difficult for them to quit smoking. On the contrary, it becomes the main cause of addiction to and dependence on cigarettes. According to the informants, smoking helps them to focus on work better, invigorates them and reduces potential physical violence in response to incitement or out of frustration at being agitated.

‘Yes, yes, sometimes something just throws me off. I go out for a stick or two to calm down, otherwise I’ll get worked up. I am hot-tempered. It feels good when I take a big puff and deeply inhale then slowly exhale. It’s feel good while letting off steam; its help in calms me down, otherwise I’ll get into trouble and that’s bad...here (showing her teeth to the researcher) that’s why I’ve lost so many teeth...at least it helps. I smoke and don’t quarrel with anybody...’.

‘You know, when something irks me, smoking helps a lot. I feel calm and don’t get into a fight with anybody. Smoking help me to clears off something in my head. I feel more energized and focused. I think smoking cigarette is better than using amphetamines...’.

### ***Femininity and smoking***

All of the informants shared similar opinions that smoking is not only for men; women can do it too. When asked how they felt at being seen by the community as smoking women, they all thought it is their right and that they had not done anything illegal. In their communities, both men and women smoke. Although smoking was accepted as a man’s thing, in today’s society, women smoking is more accepted than before. In addition, in the family environment, children see their grandmother, mother or elder sister smoke, so smoking is perceived as normal behavior among women as well. Nevertheless, the study informants in teenage and working age felt that they were more accepted when they smoked in their own community than when they did in public areas outside the community such as department stores, shopping malls and bus stops, for example. In case of these public areas, people would stare at them making them feel upset and uncomfortable. They also felt that women who smoke are normally perceived by men as approachable and easy as

described below:

‘In my family, my dad, my mum, my grandmother all smoke. My elder sister does too so I feel like it’s normal for women to smoke. When people looked at me I used to say to myself ‘what are you looking at, it’s just a woman smoking not undressing...’.

‘Me too. I’m upset when I go to a mall and people look at me... just a woman smoking. I didn’t kill anybody...’.

‘There were some men see us smoke and approach us, ask us out [for sex]..I was like, well, I smoke, but I don’t sell [sex]. They must have thought that smoking women are all like that...’.

‘My boyfriend told me to quit. He said it was unacceptable for him to have a girlfriend who smokes, but he smokes. So, I asked him what was wrong with women who smoke? He said smoking women are like hookers. So, I said and what do smoking men like? He said, it’s normal for men to smoke. Good women don’t smoke...’.

### ***Smoking and health***

The present study informants in the teenage and working age groups do not perceive the consequence of smoking on health as an immediate issue since they do not yet suffer from any smoking-related illness. They also consider themselves young and healthy; therefore, smoking does not seem to threaten their health. The three teenage mothers aged below 16 years old confided that they continued to smoke throughout their pregnancy and breastfeeding. The study informants in late adulthood and elderly groups suffered from respiratory illness symptoms such as chronic coughing, sore throat and hoarseness. Ironically, all informants had received information about the harm of tobacco to health from various media including television, radio, posters, as well as from health personnel such as physicians and nurses. Teenage mothers talked about smoking during their pregnancy and post-partum child care as follows:

‘When I was pregnant with this child, I was probably 15, so I quit school..I’d already started smoking. I started when I was in 7<sup>th</sup> grade. I had my first antenatal care visit when I was six-month pregnant. I didn’t tell my doctor that I smoked, I was afraid he would lecture me. I was stressed about being pregnant and both my dad and my mum scolded me about it every day. They said I was bad, screwed up, getting myself knocked up and pregnant and had to leave school. It was very stressful, so I smoked everyday. I knew it was bad for the baby. I wished I had miscarried,

but he was tough. He was born with about two kilograms. I didn't breast feed him though, didn't have enough breast milk so he had to be on bottle. He is a little older than one year now, and looks fine. I also smoked when I taking care of him, but tried to do it outside of the house...'.  
'...I was 15 when I was pregnant. They asked me during my antenatal care visit if I smoked. I said no because I was afraid of being scolded... They taught me that smoking would make my baby weak and have low birth weight. My boyfriend told me to stop smoking when I was pregnant, but I secretly did it. I couldn't quit, but tried to smoke less, half a pack a day. It's two packs a day now. I've been smoking all along. When my child was younger, I went to smoke outside the room, far away from her. She looks healthy, and never had any seriously ill, only caught a cold and had runny nose...'.  
The present study informants in teenage and working group talked about smoking and health as follows.

'I saw some (information) on television and some posters at clinics. They are scary, the photos are revolting, but I think that's still far away from me because I'm still healthy and have never been ill, never have to see a doctor. I only had common cold, taking medicine a dose or two and I'm fine...'.  
'I'm still young, only 20 years old, and healthy, but when the time comes and I get ill I'll think about it then. I'm okay now, so I don't want to think about it. It's too stressful...'.  
The present study informants in late adulthood and elderly groups talked about smoking and health as follows:

'I've been smoking for 40 years and haven't been seriously ill... I cough a little, just dry cough. It comes and goes. I have sore throat sometimes, but didn't go to see a doctor. I took herbal lozenge and drank warm water, I got better. I did see photos in the clinic, but I'm not afraid. I've been smoking all these years and am old. If anything would happen to me, so be it...just let it be...'.  
'I've been smoking since I was a teenager. I don't know what to be afraid of. I knew people who died of cancer although they didn't smoke, many died of other causes. I think when got older and sick I won't suffer so much if I haven't done a lot of bad things...'.  
'People who didn't smoke, didn't drink have died while I'm still alive. Like the woman next door who was my generation. She had cervical cancer and died. I've been smoking for 30, 40 years and never been ill.

So I think just let things be, we will all die...'.  
The present study found that the study informants did not realize nor appreciate the serious effects of smoking on health. Three teenage mothers, whose children were one month, five months and one year, respectively, smoked before, during pregnancy, and after delivery the baby; they have continued ever since. They evaded responding to the researcher's question about the effects of smoking during pregnancy on the fetus and baby specifically where respiratory diseases and the deleterious impact on intelligence levels are concerned. They simply said their babies were healthy without any sign of abnormality. Furthermore, according to them, they tried to protect their babies from secondhand smoke by smoking outside the room thinking that their babies were, therefore, not exposed to smoke. However, a number of clinical studies have reached similar conclusions, namely, that secondhand smoke does affect the functioning of babies' and pre-school age children's lungs and causes respiratory system illnesses such as asthma, cystic fibrosis and sudden infant death syndrome (SIDS)<sup>(6,15)</sup>.

Other study informants in teenage and working age groups think that health problems are only a remote possibility because they are still young and healthy and do not want to think about such consequences. This is a psychological mechanism used to avoid confronting the truth that might be inevitable in the future. The present study informants, in late adulthood and elderly groups, who had been smoking for over 20 years, some as long as 40 years, viewed the effects of smoking on health as karma. To them death is the end of a life cycle, regardless of smoking. Based on the data collected from in-depth interviews, the informants have been smoking for a long time and are unable to quit and thus apply Buddhist beliefs to explain and justify their feelings.

**View on/intention to stop smoking**  
In-depth interviews and focus group discussions revealed that some teenage and working age informants had joined smoking cessation programs at least once, but to no avail. When asked about their current intention to stop smoking, most replied that it was no longer on their minds. The fact that some family members and close friends still smoke causes them back to smoke again and makes it impossible for them to stop. It is like a cycle that prevents them from quitting smoking for good.  
Other justifications include stress and their

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choice of cigarette smoking to relieve stress.

'I used to go to smoking cessation support group for two weeks and could stop smoking then because they had activities for us to join and everybody did the same thing. I thought then that I could do it. When I came back home, I took lozenges, chewed chewing gum, all sort of things but people around me smoked like chimneys. They even dared me to smoke. After some time I just couldn't stand it and went back to smoking. It's been like that, many times. I just can't quit'.

'If you want people to stop smoking, you must ban cigarettes in this country. No cigarettes, and people will quit automatically, because they can't get any, but we can buy cigarettes anywhere. People therefore can't quit because they're sold just like bottled water...'

'I've been to cessation programs many times, but always went back to smoking again because I was stressed...stressed with work, stressed with financial matters, many things. So, I started smoking again. I feel relieved, I feel good when I smoke. I guess I'm addicted to it now because I smoke two to three packs a day. If I don't smoke, I'll feel my head a bit numb and stuffy and I'm moody. Smoking is ok in my office. Many of us smoke. When we take a break we go to smoke outside'.

'How to make people stop smoking? I think it's hard and it's better to be addicted to cigarettes than amphetamines or other stuffs and that it's not illegal. When we smoke, we stay far away from others and do not exhale smoke onto them. When we go to a mall, to a movie or crowded areas, we don't smoke because we know that it's not good for other people...'

The present study informants in late adulthood and elderly groups talked about their intention to stop smoking as follows.

'I've been smoking for 40 years, I don't think I'll quit. I smoke everyday. I'm addicted to it already. If I quit, I think I might get sick or die because there was someone in this community, she got sick and the doctor told her to stop smoking. She believed him and stopped then died a few months later. So, that got me thinking that if we stop when our body is already used to smoking our body is shocked from the withdrawal, so we die'.

'I don't think I can quit. I've been smoking since I was a teenager. Like she said, we've been smoking until our body is used to it. If we stop, our life will be cut short...'

It was found that some study informants had joined a smoking cessation programs, but relapsed, became caught in the cycle and eventually gave up the intention to stop smoking. Moreover, the study

informants did not consider cigarette smoking illegal, unlike using other narcotics such as inhaling glue, taking amphetamines or heroin for example. Finally, smoking, in their opinion, alleviates stress. This finding is consistent with the study of Graham<sup>(8)</sup> and Nichter et al<sup>(14)</sup> that found that women of low economic status and low education level use cigarette smoking as a tool to manage stress and loneliness. This leads to permanent addiction.

### **Conclusion and Recommendations**

The result from this study found that the environment within a family, particularly families that have family members such as father, mother or siblings who smoke, as well as family size, influence and expose teenagers, especially females, to cigarette smoking. This study found that the informants saw their family members smoke when they were young.

Although smoking was accepted as a man's thing, in today's society, smoking women are more accepted than before. In addition, in the family environment, children see their grandmother, mother or elder sister smoke, so smoking is perceived as normal behavior among women as well.

In-depth interviews with the informants revealed that almost all of them were stressed out because of economic problems and family relationships. Most of them had chosen cigarette smoking as a way to alleviate the stress. On the contrary, it becomes the main cause of addiction to and dependence on cigarettes. It is like a cycle that prevents them from quitting smoking for good.

All informants had received information about the harm of tobacco to health from various media including television, radio, posters, as well as from health personnel such as physicians and nurses. However, they do not perceive the consequence of smoking on health as an immediate issue since they do not yet suffer from any smoking-related illness. They also consider themselves young and healthy; therefore, smoking does not seem to threaten their health. For the informant in late adulthood and elderly group, who have been smoking for over 20 years, or even as long as 40 years, viewed the effects of smoking on health as karma. To them death is the end of a life cycle, regardless of smoking.

Recommendation from the present study that the informants live in slums and suburban communities around Bangkok and belong to the lower, working class. Future research should focus on middle, working class groups to enable data comparison in terms of

consistency and differences of findings.

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### **Potential conflicts of interest**

None.

### **References**

1. World Health Organization. World health statistic, 2010. Geneva: WHO; 2010.
2. Sittipan C. Impact of smoking toward the women. Newsletter "Sang-Suk" 2007; 4: 71.
3. Benjakul S, Kengganpanich M, Temsirikulchai L. The tobacco consuming situation among Thai population (1991-2004). Bangkok: Jareundeemunkong Publishing; 2006.
4. Kengganpanich T, Kengganpanich M. Smoking behavior among female adolescent. Bangkok: Research and Knowledge Management Center for Tobacco Control; 2008.
5. Samet JM, Yoom SY, editors. Gender, women and the tobacco epidemic. Geneva: WHO; 2010.
6. Matsubara F, Kida M, Tamakoshi A, Wakai K, Kawamura T, Ohno Y. Maternal active and passive smoking and fetal growth: A prospective study in Nagoya, Japan. *J Epidemiol* 2000; 10: 335-43.
7. Buchanan L. Implementing a smoking cessation program for pregnant women based on current clinical practice guidelines. *J Am Acad Nurse Pract* 2002; 14: 243-50.
8. Graham H. Women and smoking: understanding socioeconomic influences. *Drug Alcohol Depend* 2009; 104 (Suppl 1): S11-6.
9. Diekelmann NL. Learning-as-testing: a Heideggerian hermeneutical analysis of the lived experiences of students and teachers in nursing. *ANS Adv Nurs Sci* 1992; 14: 72-83.
10. Love JG. The hermeneutic of transcript analysis. *Qual Rep* 1994; 2: 18-26.
11. Tyas SL, Pederson LL. Psychosocial factors related to adolescent smoking: a critical review of the literature. *Tob Control* 1998; 7: 409-20.
12. Suwanratsami S. The activities champagne for smoking prevention in women. In: Kengganpanich M, editor. *Women, the victim*. Bangkok: Against Smoking Foundation; 2010: 24-30.
13. Amos A, Greaves L, Nichter M, Bloch M. Women and tobacco: a call for including gender in tobacco control research, policy and practice. *Tob Control* 2012; 21: 236-43.
14. Nichter M, Nichter M, Muramoto M, Adrian S, Goldade K, Tesler L, et al. Smoking among low-income pregnant women: an ethnographic analysis. *Health Educ Behav* 2007; 34: 748-64.
15. Bloch M, Althabe F, Onyamboko M, Kaseba-Sata C, Castilla EE, Freire S, et al. Tobacco use and secondhand smoke exposure during pregnancy: an investigative survey of women in 9 developing nations. *Am J Public Health* 2008; 98: 1833-40.



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## ประสบการณ์ชีวิตของผู้หญิงไทยกับการสูบบุหรี่: การศึกษาเชิงปรากฏการณ์วิทยา

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**วัตถุประสงค์:** เพื่อค้นหาและทำความเข้าใจถึงประสบการณ์การสูบบุหรี่ของผู้หญิงภายใต้เงื่อนไขบริบทการดำเนินชีวิต ครอบครัวและสิ่งแวดล้อมของสังคมไทย

**วัตถุประสงค์และวิธีการ:** เป็นการศึกษาเชิงปรากฏการณ์วิทยา ตั้งแต่เดือนกรกฎาคม พ.ศ. 2554 ถึง เดือนเมษายน พ.ศ. 2555 ผู้ให้ข้อมูลคือผู้หญิงไทยที่สูบบุหรี่ 25 ราย ในเขตกรุงเทพมหานครและปริมณฑล เก็บข้อมูลโดยการสนทนากลุ่มและการสัมภาษณ์เชิงลึก วิเคราะห์ข้อมูลโดย Thematic Analysis ของ Diekmann and Love

**ผลการศึกษา:** กลุ่มผู้ให้ข้อมูลมีอายุต่ำสุด 14 ปี และสูงสุด 66 ปี ระดับการศึกษาสูงสุดคือประกาศนียบัตรวิชาชีพ (ปวช) และน้อยสุดคือประถมศึกษาปีที่ 4 เริ่มสูบบุหรี่ที่อายุน้อยที่สุดคืออายุ 12 ปี และเฉลี่ยจำนวนปีที่สูบบุหรี่คือ 22.3 ปี และสูบบุหรี่ติดต่อกันมานานที่สุดคือ 52 ปี เฉลี่ยการสูบบุหรี่ต่อวันคือ 2.4 ซอง สูบมากที่สุดคือ 6 ซอง จำนวนสมาชิกที่อาศัยอยู่ในบ้านเดียวกันที่สูบบุหรี่จำนวนมากที่สุดคือ 13 ราย

ผลการศึกษาพบ 5 theme คือ 1) จุดเริ่มของการสูบบุหรี่เกิดจากสิ่งแวดล้อมภายในครอบครัว 2) ให้ความหมายของการสูบบุหรี่ว่า “บุหรี่เปรียบเสมือนเพื่อน” 3) ความเป็นผู้หญิงกับการสูบบุหรี่ ผู้ให้ข้อมูลเชื่อว่าการสูบบุหรี่เป็นสิทธิส่วนตัวของบุคคล และไม่ใช่การกระทำที่ผิดกฎหมาย 4) การสูบบุหรี่กับสุขภาพ ผู้ให้ข้อมูลมองว่ายังเป็นเรื่องที่ไกลตัวเพราะยังไม่มีอาการเจ็บป่วยที่ร้ายแรง 5) ความคิดเกี่ยวกับการเลิกบุหรี่ ไม่สามารถเลิกได้อย่างถาวรจากสภาพแวดล้อมที่มีเพื่อนและสมาชิกในครอบครัวยังสูบบุหรี่ รวมทั้งการเลือกใช้การสูบบุหรี่เป็นทางออกในการลดความเครียด

**สรุป:** สิ่งแวดล้อมภายในครอบครัวและกลุ่มเพื่อนมีอิทธิพลต่อพฤติกรรมการสูบบุหรี่ของผู้ให้ข้อมูล เนื่องจากเด็กเห็นย่าหรือยายแม่หรือพี่สาวสูบบุหรี่ ดังนั้นการสูบบุหรี่จึงเป็นพฤติกรรมปกติของผู้หญิงเช่นกัน นอกจากนี้ส่วนใหญ่จะเลือกใช้การสูบบุหรี่เป็นทางออกในการผ่อนคลายความเครียดจากสิ่งแวดล้อม

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