

The Relationship Between Personal Factors, Smoke Exposure at Home, and Respiratory Problems in Early Childhood in Nakhon Si Thammarat Province, Thailand [Letter]

Oci Tasijawa¹, Vernando Yanry Lameky²

¹Book Publisher, Ghema Berkat Abadi, Ambon, Maluku, Indonesia; ²Department of Nursing, Universitas Kristen Indonesia Maluku, Ambon, Maluku, Indonesia

Correspondence: Vernando Yanry Lameky, Department of Nursing, Universitas Kristen Indonesia Maluku, Jl. Ot pattimaipaw, Ambon, Maluku, Indonesia, Email vernandoyanrylameky@gmail.com

Dear editor

We have read the research article “The Relationship Between Personal Factors, Smoke Exposure at Home, and Respiratory Problems in Early Childhood in Nakhon Si Thammarat Province, Thailand” by Phetruang et al.¹ We want to congratulate the authors on this successful article and make some contributions. This research has four strengths: 1) it highlights the negative impact of smoke exposure on children’s respiratory health. This emphasizes the need for family members to avoid smoking at home to reduce the severity and extent of respiratory problems in early childhood. 2) identify personal factors such as birth weight, breastfeeding, and nutritional status that can influence respiratory problems in early childhood. This can help healthcare professionals develop targeted interventions to mitigate these risks. 3) the findings of this study can provide input for public health policies and interventions aimed at reducing exposure to cigarette smoke at home and improving children’s respiratory health. 4) researchers engaged with the community, including health-promoting hospital directors, village chief executives, health volunteers, parents, and research participants, to clarify the details and goals of the project. This encourages community involvement in research and ensures that the research is relevant and beneficial to society.

However, we identified two limitations of this study that can be addressed in future research: 1) this study identified personal factors such as birth weight, breastfeeding, and nutritional status that may influence respiratory problems in early childhood. Future research could consider factors that influence respiratory problems in early childhood: a) respiratory infections (such as those caused by viruses or bacteria) are common in early childhood and can lead to bronchitis or pneumonia.² b) premature birth: Babies born prematurely have underdeveloped lungs, making them more susceptible to respiratory problems.³ c) genetics, a family history of respiratory diseases (such as asthma or allergies) can increase the child’s likelihood of experiencing respiratory problems.⁴ d) allergies and allergic reactions to substances (such as pollen, pet dander, or certain foods) can trigger respiratory symptoms in susceptible children.⁵ e) immunization status, lack of appropriate immunization can make children more susceptible to preventable respiratory tract infections.^{6,7} e) exposure to irritants and contact with respiratory irritants, such as solid chemicals or indoor pollutants, can cause respiratory problems.^{8,9} 2) there is a significant relationship between exposure to cigarette smoke at home and respiratory problems in children. However, the researchers did not explain the duration of exposure and the number of cigarettes smoked per day. Future research may take this into account because people exposed to secondhand smoke over long periods and in large amounts are at higher risk of developing respiratory health problems.¹⁰

In conclusion, research, accompanied by a thorough explanation of its methods and findings, is essential in advancing healthcare practice and improving patient outcomes.



Disclosure

The authors report no conflicts of interest in this communication.

References

1. Phetruang A, Kusol K, Eksirinimit T, Jantasuwan R. The relationship between personal factors, smoke exposure at home, and respiratory problems in early childhood in Nakhon Si Thammarat Province, Thailand. *J Multidiscip Healthc.* 2023;16:2499–2511. doi:10.2147/JMDH.S414172
2. O'Grady J, Bates M, Chilukutu L, et al. Evaluation of the Xpert MTB/RIF assay at a tertiary care referral hospital in a setting where tuberculosis and HIV infection are highly endemic. *Clin Infect Dis.* 2012;55(9):1171–1178. doi:10.1093/cid/cis631
3. Maritz GS, Harding R. Life-long programming implications of exposure to tobacco smoking and nicotine before and soon after birth: evidence for altered lung development. *Int J Environ Res Public Health.* 2011;8(3):875–898. doi:10.3390/ijerph8030875
4. El-Husseini ZW, Gosens R, Dekker F, Koppelman GH. The genetics of asthma and the promise of genomics-guided drug target discovery. *Lancet Respir Med.* 2020;8(10):1045–1056. doi:10.1016/S2213-2600(20)30363-5
5. Sicherer SH, Sampson HA. Food allergy: epidemiology, pathogenesis, diagnosis, and treatment. *J Allergy Clin Immunol.* 2014;133(2):291–307. doi:10.1016/j.jaci.2013.11.020
6. Prevention C for DC and Prevention. Recommended child and adolescent immunization schedule for ages 18 years or younger, United States, 2020. National Center for Immunization and Respiratory Diseases; 2020
7. Phadke VK, Bednarczyk RA, Salmon DA, Omer SB. Association between vaccine refusal and vaccine-preventable diseases in the United States: a review of measles and pertussis. *JAMA.* 2016;315(11):1149–1158. doi:10.1001/jama.2016.1353
8. Raju S, Siddharthan T, McCormack MC. Indoor air pollution and respiratory health. *Clin Chest Med.* 2020;41(4):825–843. doi:10.1016/j.ccm.2020.08.014
9. Choo CP, Jalaludin J. An overview of indoor air quality and its impact on respiratory health among Malaysian school-aged children. *Rev Environ Health.* 2015;30(1):9–18. doi:10.1515/reveh-2014-0065
10. Lubin JH, Caporaso NE. Cigarette smoking and lung cancer: modeling total exposure and intensity. *Can Epidemiol Biomark Prevent.* 2006;15(3):517–523. doi:10.1158/1055-9965.EPI-05-0863

Dove Medical Press encourages responsible, free and frank academic debate. The content of the Journal of Multidisciplinary Healthcare 'letters to the editor' section does not necessarily represent the views of Dove Medical Press, its officers, agents, employees, related entities or the Journal of Multidisciplinary Healthcare editors. While all reasonable steps have been taken to confirm the content of each letter, Dove Medical Press accepts no liability in respect of the content of any letter, nor is it responsible for the content and accuracy of any letter to the editor.

Journal of Multidisciplinary Healthcare

Dovepress

Publish your work in this journal

The Journal of Multidisciplinary Healthcare is an international, peer-reviewed open-access journal that aims to represent and publish research in healthcare areas delivered by practitioners of different disciplines. This includes studies and reviews conducted by multidisciplinary teams as well as research which evaluates the results or conduct of such teams or healthcare processes in general. The journal covers a very wide range of areas and welcomes submissions from practitioners at all levels, from all over the world. The manuscript management system is completely online and includes a very quick and fair peer-review system. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/journal-of-inflammation-research-journal>

<https://doi.org/10.2147/JMDH.S450520>