# New Zealand Adolescents' Perception of Smoking and Social Policy Implications

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## Abstract

The aim of this paper was to explore the attitudes and associations of smoking among adolescents to highlight the implications for the development of social policy. We report the results of a study based on a series of in-depth focus group discussions among school children. Several themes are identified, providing some indication of the susceptibility factors that can lead to smoking behaviour: the perception of infallibility despite knowledge of smoking related diseases; social influences from friends and family; the desire to experiment; and stress. The social policy initiatives recommended include the creation of anti-smoking messaging for cinema audiences in order to counteract the effect of aspirational role models. Targeting anti-smoking education programmes at the primary school level, extending current initiatives addressed at Maori and Pacific Island populations to pre- and primary-school education, and encouraging family involvement in these education programmes are also recommended. The reframing of current physical threat-themed media communication to focus more on social threat themes, and the widening of the media mix to reflect adolescent audience use are believed to be effective.

*Keywords: Smoking, Adolescents, Social policy*

## 1. Introduction

The debate concerning smoking among adolescents continues to mount. A New Zealand study by an anti-smoking group, Action on Smoking and Health (ASH), revealed that in 2001 28 percent of 14-15 year old girls and 21 percent of boys smoked (ASH Media Release 7 May 2002), and that 34 percent of youth smokers are Maori females. The New Zealand Government has made a significant attempt to curb this trend by introducing hefty fines on those caught selling tobacco to minors, a twenty-percent increase in cigarette pricing, a restriction on cigarette advertising, the creation of a national call centre: 'Quitline', health classes in schools, television campaigns, and billboards. While there has been some improvement in the overall statistics, with smoker numbers now at the same level as 1992, overall these efforts have not stemmed the adoption of smoking among New Zealand school children.

The aim of this paper was to examine New Zealand school children's attitudes and associations with smoking in order to highlight implications for the development of social policy initiatives. We found evidence to support existing research (e.g. Smith and Stutts, 1999; Stacy et al., 1992) concerning adolescent susceptibility to social influence, and confirmed these researchers' conclusions that smoking is stimulated by a perception of infallibility, social influences, self-concept, stress and pressure, experimentation and curiosity.

This is an intentionally contextualised study. Our assertion is that an understanding of the reasons and issues regarding a New Zealand adolescent's desire to initiate or not to initiate the smoking habit, informed by existing theory, can provide New Zealand policy makers with insights to develop countermeasures against smoking by New Zealand school children.

The goal of this study was to uncover relevant issues relating to smoking associations, attitudes and habits by drawing themes from the data and then linking them back to the literature. The insights discussed are based on consistent patterns of responses obtained from 28 focus groups representing various ethnic and school age groups. The following section describes the research

Table 1: Sample Composition

| Gender | Ethnicity | Smoker | Age Group | Social Class |
|---|---|---|---|---|
| Male   61 | European  90 | Regular     26 | 11-12yrs  40 | Upper  39 |
| Female  99 | Polynesian 36 | Casual     24 | 13-15yrs  95 | Middle 79 |
| | Maori     26 | Nonsmoker 110 | 16-18    25 | Lower  42 |
| | Asian      8 | | | |

Note: regular smokers are defined as those who smoke at least one cigarette per day, while casual smokers do so occasionally and mostly in a social situation.

method used, before discussing the findings and linking these to the relevant literature. Finally, we examine the implications of our findings for social policy and possible future research initiatives.

**2. Research Method**

The primary objective of this study was to elicit greater understanding of the attitudes and associations of smoking among New Zealand school children. While previous research primarily utilised quantitative research methods, that is, survey questionnaires (e.g. Ford et al., 1995; Laugesen, 2000; Laugesen and Scragg, 1999a; Laugesen and Scragg, 1999b; Schofield et al., 2001; Smith and Stutts, 1999) or experiments (e.g. Beltramini and Bridge, 2001; Pechmann and Shih, 1999), they are not intended to capture and cannot present rich insights into participants' thoughts and feelings. Some qualitative research methods have been used to explore smoking behaviour (e.g. Allbutt, 1995; Fergusson et al., 1995; Michell, 1999; Michell and Amos, 1997; Morrison et al., 1998; Reeder, 2001; Taylor et al., 1999). However, as many of these qualitative studies were conducted in the United States or the United Kingdom, we believe this area to be under-explored in New Zealand, and sought to extend the existing research by uncovering young people's thoughts and feelings. The research design was based on focus group discussions with the intention of generating qualitative data that enabled a deeper understanding of youth smoking.

While the aim of qualitative research is not to produce generalisable results, steps must still be taken to ensure research trustworthiness (Lincoln and Guba, 1986; Morse, 1994; Wallendorf and Belk, 1989). For example,

in this study, credibility was ensured by using two independent coders to analyse the data, while a third researcher commented on the plausibility of the interpretation of the data to ensure dependability. In order to reflect the opinions of different demographic groups to ensure transferability there was a mix of gender, ages, and ethnic backgrounds, and the sample included both smokers and non-smokers. The integrity of the data (i.e. data do not contain false information) was ensured by safeguarding the participants' identity, and using good interviewing techniques. Only two trained moderators were involved in the data collection, and pre-tests were carried out to ensure the questions were appropriate. Finally, in order to ensure that the research had rigour, we continued to collect data until we felt that the themes gained from the focus groups became repetitive (Glaser and Straus, 1967).

**2.1 Data Collection**

The study is based on 28 in-depth focus group discussions among school children in the Auckland (New Zealand) area. A total of 160 students, aged between 10 and 17 years, took part in the study, representing a cross-section of the population in terms of socio-economic status, ethnicity and academic levels (Table 1). The focus groups ranged in size, from 3 to 8 participants. The 45-60 minute discussion was both audio and video taped.

We took an inductive approach, with no predetermined hypothesis, and discussions were relatively unstructured. Although there were no specific questions, the moderators were familiar with the objective of the study, and were provided with broad discussion topics to ensure

that all relevant issues were covered (Malterud, 2001). The question guidelines probed respondents' thoughts and feelings about smoking, their perceived negative and positive aspects of smoking, their feelings about friends and family who smoked, and their own smoking behaviour. These discussion topics were pre-tested on the target audience to ensure flow and relevance.

When it was important to gain personal views without the influence of other members, each individual member was asked to write down their thoughts, and speak about what he or she had written, before a general discussion ensued. These written thoughts were collected at the end of the session to crosscheck with the recorded tapes to ensure reliability.

### 2.2 Data Analysis

The purpose of the data analysis was to identify themes from the group discussions. A descriptive coding scheme was used to examine these themes (Miles and Huberman, 1994), whereby transcripts were organized by topics (based on the research questions), and the key expression or phrases were then identified within each topic. Iterative reviews of the key expression employed by participants for each topic led to the definition of the classes of themes. The goal of the coding process was not to gain consensus or identical interpretations, but rather for coders to supplement and contest each other's statements, thereby strengthening the results of the study (Malterud, 2001).

Two researchers were involved in the identification of themes. We did not seek to identify a "single truth"; the goal was rather to ensure the plausibility of the researchers' interpretation and the adequacy of the data (Wallendorf and Belk, 1989). The two coders discussed and resolved issues of disagreement and discovery of themes not identified by the other coder, and where appropriate, these new themes were included. Once the themes were agreed, QSR.NUD*IST, a computer programme for analysing textual units (Richards and Richards, 1991; http://www.qsrinternational.com), was
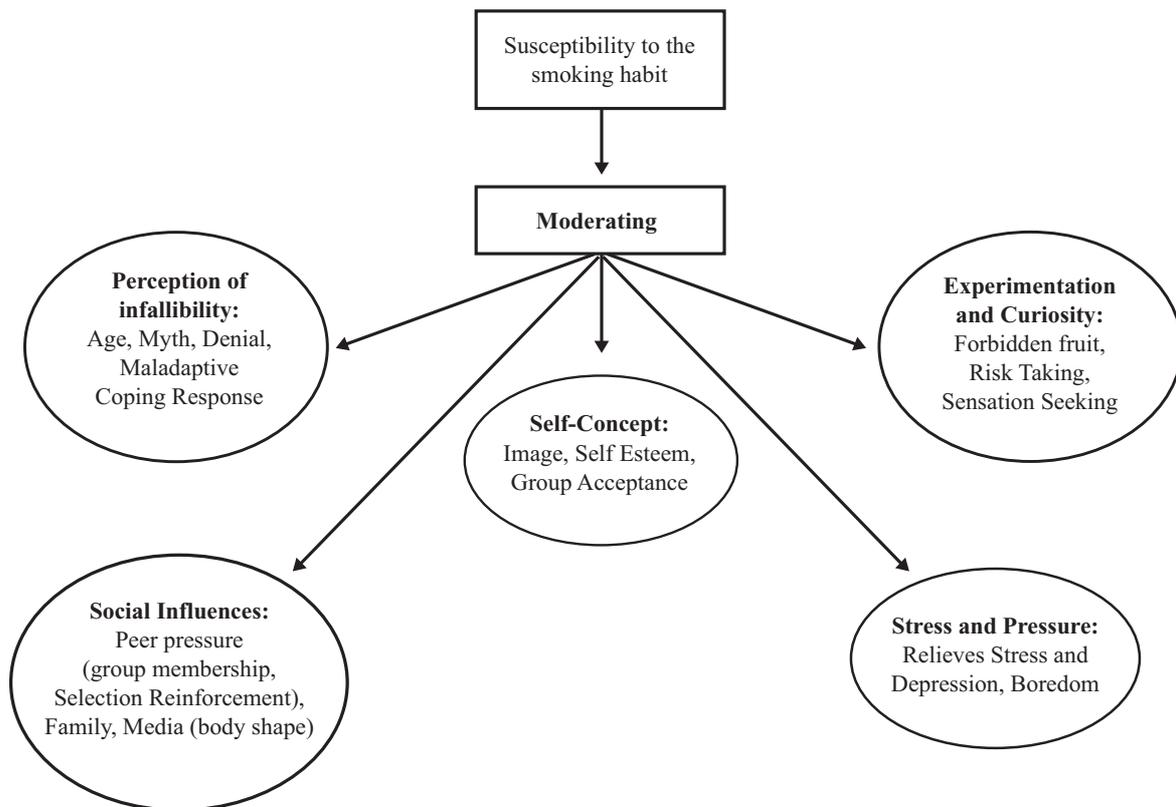


Figure 1: Susceptibility factors to smoking behaviour

used to discover and manage the data. At a later date, a third coder was recruited to re-examine the scripts to identify any themes missed by the two original coders. The third coder discovered one new theme, which was discussed and later included in the results.

## 3. Results and Discussion

Although there is previous research on smoking and adolescents, we took an inductive approach, because we were interested in the underlying attitudes of New Zealand teenagers. Further, many of the previous studies used surveys and questionnaires that could not probe deeply into the thoughts and feelings of respondents. To provide a richer picture of current research in this area, we integrated the literature review with the results section.

Figure 1 provides an overall view of the major themes uncovered from the focus groups. The idea of susceptibility variables noted in Figure 1 follows Stacy et al.'s (1992) idea that adolescents' susceptibility to social influence (in this case, to take up the smoking habit) is moderated by certain factors. The results of this study have provided some indication of these moderating factors, which include the adolescents' perception of their immunity to smoking-related diseases, perceptions of their self-image, social influences from significant people in their lives, the desire to experiment, curiosity, and pressure. A discussion of each of these factors follows.

### 3.1. Infallibility

The major association that adolescents hold concerning smoking is that of health, in particular the long-term damaging effects of smoking, which is understood to cause both diseases, such as cancer and emphysema, and general bad health. We may infer that the social policy messages concerning the negative health consequences of smoking targeted to adolescents have been understood. A closer examination reveals that the perception of infallibility is an important reason for the continuing rise in the number of teenagers who smoke. The adolescents, both smokers and non-smokers alike, expressed ideas related to the ability to control addiction and held beliefs of invulnerability to diseases and death. Teenagers view smoking-related illness as an age-related phenomenon, something that will not affect them. Several motivations behind the teenagers' view were uncovered that may help us understand this phenomenon. These include myths, personal fable, denial and maladaptive coping responses.

Teenagers seem to hold similar myths or misleading beliefs about the effects of smoking (Ames et al., 1999), as those commonly manifested among drug addicts to justify drug use. Three misconceptions were uncovered in our study: the ability to stop smoking later without difficulty; smoking-related illness is an age-related problem; and only addicted people suffer:

*Participant:*   *You get lung cancer, people reckon.*

*Interviewer:*   *People reckon, do you reckon?*

*Participant:*   *Not all people, just some people.*

*Interviewer:*   *Who are they?*

*Participant:*   *The really addicted people.*

*Interviewer:*   *So you're saying people can smoke casually and it will not have a too adverse effect?*

*Participant:*   *Yeah, I think so.*

*Participant:*   *People just say it is the end of your life and the five minutes that is taken off are just at the last few years of your life so they smoke anyway. It doesn't really hurt them.*

*Interviewer:*   *Do the dangers associated with smoking seem very far away?*

*Participant:*   *They'll probably start hitting about 40. It affects you later in life.*

Although the smokers understood smoking could be addictive, they believed that addiction only occurred among consistent smokers. Such behaviour was not regarded as their pattern and they did not, therefore, consider themselves as addicted to cigarettes:

*Yeah, I'll have it socially...but I think I am not a chain smoker like my dad.*

The reason for the ineffectiveness of social communication strategies that expound negative health consequences may be explained by the idea of a cognitive construction called "personal fable" (Elkind, 1978). The "personal fable" theory proposes that adolescents have difficulty differentiating between ideas unique to the self and those universal to mankind. This leads to a belief of personal immortality manifested in the adolescents' rationalizing that although bad things can happen to others they will not happen to them because they are "so special" (Elkind, 1967).

*They know it is real bad for them but they won't listen... it won't happen to them.*

This egocentric mentality leads to a sense of denial.

*No, I don't think that I am going to die younger, I don't believe that.*

This sense of immortality and denial may be one reason why teenagers do not respond to messages focusing on the physical risks of smoking, although these are the messages most commonly employed. Although these messages are considered easier for adolescents to comprehend, they appear to be blasé about such implications for themselves, or generate counter-arguments to challenge the information provided by public health campaigners:

*They [information messages] are all right but they just nag and nag you as well. They are there to tell us all the bad things about smoking but, as I said before, no matter how much people say about smoking we are all going to smoke anyway.*

Anti-smoking communication aimed at adolescents may not be effective because of the coping mechanisms used to respond to these messages. Tanner et al. (1991) suggested that people use maladaptive coping responses that minimize the threat but not the danger to counter fear appeal messages (Schoenbachler and Whittler 1996). Therefore, when threatened with a fear appeal message relating to health risks, the adolescent may note that he or she or someone they know who have been smoking for a long time, is still healthy:

*I know they say you won't live as long but I know this old lady and she started smoking when she was five and she is 96 or something.*

These findings are consistent with existing theory that knowledge of the long-term health consequences of smoking does not result in non-deterrence of smoking among adolescents (Barton et al., 1982; Evans et al., 1979). Further, the themes uncovered here suggest adolescents do not believe the facts portrayed in the anti-smoking communication, because they do not believe the communication is relevant to them.

### 3.2 Self-concept

Adolescents are typically self-conscious and desire to be part of the "in-group". Self-concept development is highest at this age, and adolescents' view of themselves, or the image they wish to project to others, may lead to certain behaviour, including the initiation of smoking. Therefore, the desire to confirm one's self-concept may lead to smoking (Grube et al., 1984). While there were

no significant attitudinal differences detected between gender and ethnicity, the opinions on self-concept issues showed differences between these two factors, and will be highlighted. Three important issues are discussed in this section: image, self-esteem and group acceptance.

While the participants articulated the main negative consequences of smoking as being "unpleasant", "smelly", and developing "yellow fingernails", they also frequently mentioned positive image associations with smoking. These revolved around the concept of being cool, so one could join desirable cohort groups. The term "cool" was used frequently throughout interviews to describe an attribute of smoking with different connotations: to be described as cool can mean one is perceived to be popular or sophisticated, or one can be noticed by others:

*"If people who do not smoke are around people who do, they won't be cool if they want to be popular.*

*…a girl seems, like, too sophisticated. But then if you see, like in movies, when you see someone like Sharon Stone. It looks really stylely. It looks cool.*

*[T]hey [adolescent smokers] walk around and all the adults just keep staring at them.*

Three things are suggested here: the need to rebel, the need to appear grown up, and the need to be the centre of attention. These attitudes reflect adolescent egocentrism. They assume others are as admiring or as critical of them as they are of themselves, and play their roles to an imaginary audience (Elkind, 1967). Adolescents believe that they are the centre of attention, operating on a stage on which they are the principal actors, and the world is the audience (Looft, 1971). The need for conformity and desirable self-image is known to be one of the main factors leading to smoking initiation among teenagers (Reid et al., 1992; Beede and Lawson, 1991; Smith, 1990).

Further, to smoke and appear to be cool also carries associations of toughness:

*Smoking makes people feel bad because they hang around town, and they're bad. They feel tough.*

The desire to look "tough" and "bad" was mentioned several times by both male and female Pacific Island participants. Although further investigation is warranted, this suggests these are attributes adolescents must attain/adopt if they wish to join a gang.

Individuals seek experiences that reinforce their self-esteem to enhance their self-concept (Sirgy, 1982). Low

self-esteem may occur when actual-self is far removed from ideal-self, and consequently this may lead to smoking initiation. Low self-esteem has been attributed as a stimulus to smoking; the act of smoking increases both one's perceived sense of self, as well as confidence (Barton et al., 1982; Chassin et al., 1981). Female participants view smoking as a social tool that enables them to meet and socialize with people more easily, whereas male participants view smoking as a social activity. Only European participants talked about smoking as a potential social tool:

*Can use it as a social tool, like if you want to approach someone and start talking to them. Ask them if they have a smoke...one way of getting to know people.*

While this suggests the selection process European adolescents go though, Maori and Pacific Island adolescents appear more influenced by direct peer pressure or group conformity.

Group affiliation and acceptance is important to maintaining a positive self-concept. However, the group must be "acceptable", i.e. one that meets the adolescent's social needs and provides a sense of group belonging. While it has been suggested that group members will have higher self-esteem compared with non-group members, social comparison theory suggests that self-esteem will vary according to their position within the group (Brown and Lohr, 1987).

*Pacific Islander: … just to be within the clan or group. Or just to be cool, just to look good.*

These results suggest the desire for congruence between self-concept, product choice or usage, and significant others, plays a role in smoking initiation and is thought to foster social acceptance. Self-concept is maintained and enhanced by a positive response from significant others (Grubb and Stern, 1981), thus participants reported smoking to break the ice and to attract like-minded people.

One of the motivating factors behind adolescent smoking is the acquisition of certain attributes associated with smoking (Barton et al., 1982). If adolescents perceive smokers as sophisticated, attractive and socially successful, they may begin to smoke to "attain these characteristics both in their own eyes and the eyes of their peers" (Barton et al., 1982, p.1499).

Belk (1995) argued that consumption reveals a lot about an individual's identity because of the symbolic meanings that are attached to commodities. Changing

consumption habits can therefore indicate adoption of a new identity (Campbell, 1995). By initiating smoking, a teenager may signal a new identity to others.

Alternatively, Aloise-Young et al. (1996) suggested that smokers are motivated by self-consistency rather than self-enhancement. That is, adolescents begin to smoke because this reflects rather than enhances their own image. Thus, the more consistent the smoker stereotype with young smokers' self-image, the more likely smoking is viewed as a means of self-identification.

Consequently, Schoenbachler and Whittler (1996) found that social threat messages were more persuasive than physical threat messages because of these unique cognitive processing constructions. While adults place more importance on personal attitudinal factors in decisions concerning smoking, social normative factors are more important in the decisions of children (Ajzen and Fishbein, 1972). When communicating to adolescents, it is thus more effective to use fear of social disgrace rather than health consequences, which are not considered realistic possibilities (Rotfeld, 1988).

## 3.3 Social Influences

This section focuses on social influences that transmit the appropriate norms, attitudes and behaviours to adolescents. A substantial body of research indicates the importance of socialization agents from which children and adolescents learn consumer-related skills, knowledge and attitudes (e.g. Arnett, 1992; Moschis and Churchill, 1978, Bandura, 1977), and that a number of social influences may influence a teenager's decision to smoke. Peer pressure, family influence and media influence are the three main socialising agents evident from our discussions with the participants.

### 3.3.1 Peer Pressure

Peer pressure is one of the major underlying factors for smoking initiation or trial noted among the participants in the study, as reflected by the following statements:

*Your friend[s] might not let you hang around with them if you don't smoke.*

Some adolescents who did not consider themselves as hard-core smokers did, however, smoke at social functions or when they are among friends:

*I just smoke at parties socially...*

*…depends on who I hang around with.*

There were some ethnic and gender differences: Maori

and Polynesian participants were more forthcoming in admitting that they started smoking because of peer pressure. The majority of female Maori participants in our study were smokers, and there appears to be more pressure on Maori and Polynesian females to smoke compared with European adolescents. Evans et al. (1995) suggest these teenagers' choices are partly determined by their perception of how acceptable their behaviour is to their peers.

*I was a bit worried that if they offered it to me and I said no, they'd think what a loser, so I felt a little bit of pressure to say 'yes'.*

Female participants in general believe that peer pressure is one of the main reasons people start smoking in the first place. Male participants were not as open when discussing issues concerning peer pressure, but this may be due to gender differences in communication. However, responses indicated that peer pressure is just as rife among male as among female teenagers.

Peer influence appears to be at the heart of a number of adolescent substance abuse models (Leventhal and Cleary, 1980), but it is unclear what peer pressure entails. Aloise-Young et al. (1994) suggested that while adolescents may be influenced by the actions of their friends, a more important aspect of peer influence occurs before group membership, i.e. at the initiation stage. They suggest adolescents may view smoking as a means of gaining entry into a desired friendship group and that group conformity is partially dependent on the rewards and costs expected for that behaviour (Aloise-Young et al., 1994; Thibaut and Kelley, 1959). This conclusion may explain why Maori and Pacific Island participants were more concerned about losing friends and gaining friends than European participants:

*Interviewer:* So you were forced to smoke?

*Participant 1:* Yeah, by a friend.

*Interviewer:* Why do you think some of your friends smoke?

*Participant 1:* They think to get more friends.

*Participant 2:* You see your friends smoking and you don't want to smoke and they force you.

*Participant 3:* It makes you feel rejected or not in the group [if you don't smoke].

Past studies have shown that teenagers who are smokers are more likely than non-smokers to have smokers as friends: this is not necessarily due to peer pressure but rather to selection processes. Smokers may socialise with smokers to maintain support for their behaviour, especially in an environment where smoking is discouraged. Conversely, adolescents who are non-users may be prone to reject those friends who begin to engage in deviant behaviour (Fisher and Bauman, 1988):

*They asked me if I wanted to smoke and I turned them down. We got into this big argument and we stopped being friends.*

Thus, it is argued that selection may play a more important role for smoking initiation than peer pressure (Ennett and Bauman, 1994; Fisher and Bauman, 1988). While selection is based on similarity between the friend and the subject, maintenance of the friendship relied very little on similarity (Ennett and Bauman, 1994; Billy and Udry, 1985). Many of the participants in our study reinforced this concept. European participants overall, did not believe they would lose friends if they did not smoke. Ennett and Bauman (1994) noted that de-selection (i.e. when a friend is dropped because they are participating in dissimilar behaviours), operated for non-smokers but not for smokers. This can be explained by non-smokers' perception of smoking as deviant behaviour (Darley and Fazio, 1980; Krohn et al., 1983), supporting the view that smokers tend to have friends who are smokers, and non-smokers tend to have friends who are non-smokers.

### 3.3.2 Family and Significant Others

Flay et al. (1994) found that friends have both a direct and indirect influence on smoking initiation, whereas parental smoking was found to have an indirect influence (Lackovi-Grgin and Dekovi, 1990). Conversely, we found that Maori teenagers who come from a smoking environment may indeed be directly influenced to smoke:

*The first time I had one was when I was four. My uncle shoved a fag in my mouth*

As a result of living in a smoking environment, some participants found smoking to be a natural progression:

*I was just curious because like all my friends were smoking and my mum and sister smoke, so I've been brought up in a smoking household so it's natural to me.*

The findings from our study also indicate that it becomes much harder for an adolescent to stop smoking when their own parents continue to smoke. They view this as a double standard:

*If they don't want us to smoke then they should stop smoking themselves.*

Significant adults also influence the formation of an adolescent's self-concept. Usually the most significant adult is the parent who has an immediate effect on a teenager's self-worth, self-concept, and aspirations (Galbo, 1984), and who also instigates rewards to reinforce behaviour. For instance, if an adolescent observes a significant adult smoking, they may begin to think that it is natural to smoke. Further, if they are encouraged by that adult to smoke, they may view this as a reward, especially if it involves bonding with the significant other:

*I had my first smoke when I was seven, up north. My cousin, she had some smokes and she asked me if I wanted one. I go "Nah", and she goes "You're a wussy". She said, "Come on, try some", and I took it and started smoking.*

### 3.3.3 Media

Causal links between the media and its adverse consequences on audiences may also play a key influencing role in smoking adoption. Audiences learn about their social world and about themselves from the media's presentation of society, which reinforces the culture's romanticized perception of risky behaviour as being sexy and exciting (Ponton, 1997). Cultivation theory states that heavy viewers of media will have unrealistic impressions of the world because their beliefs and perceptions will reflect the media they watch (Signorielli, 1990; Gerbner et al., 1980). Some of the descriptions made about smoking in our study include, 'cool, tough, sophisticated' and 'sexy', and these descriptions appear in other studies concerning the media (Peracchio and Luna, 1998; Goddard, 1990; Chassin, et al., 1981). Participants in this study made direct references to movie characters, and to looking 'cool' like the characters depicted in movies:

*…like in movies, when you see someone like Sharon Stone. It looks really stylely. It looks cool.*

As adolescents seek information to form a self-identity, they compare themselves with significant people and to the perceived ideal image (Botta, 1999; Festinger, 1954). Myers and Biocca (1992) and Stice et al. (1994) found a direct relation between media exposure, eating disorders and gender-role endorsement, while Escamilla et al. (2000) noted the prevalence of female actresses smoking in popular movies. Thus, it is likely that teenagers see a link between smoking, gender-role endorsement and

thinness. The European female participants in our study frequently mentioned that smoking could aid weight loss. This highlighted cultural views regarding weight and the female form, European teenagers' fixation on weight and, more disturbingly, the connection between smoking and weight control:

*You can smoke instead of eating and lose weight.*

Although not mentioned as frequently as by European participants, Maori and Pacific Island participants also noted the relationship between smoking and weight control.

Previous research (Flay et al., 1994; Meier, 1991) found that the main source of social influence on an adolescent's onset of smoking is the social modelling of behaviour (Bandura and Walters, 1963). It has also been widely noted that social influence is an important predictor of smoking initiation (Friedman et al., 1985; Kandel et al., 1978), and that children learn extensively through everyday direct and casual observations of other people, particularly from those who are important to them (Bandura, 1977).

The idea that smoking influences friendship patterns is consistent with earlier research that shows that adolescents who are non-smokers tend to select friends who do not smoke (Fisher and Bauman, 1988). Consequently, selection rather than influence is instrumental in the relationship between individual adolescent behaviour and the behaviour of friends who smoke (Friedman et al., 1985). Previous research indicated that adolescents choose new friends who are demographically and psychographically similar to them and their existing friends, and that similarities often predate the friendship (Urberg et al., 1995). Therefore, selection appears to occur through a number of characteristics, including whether one is a smoker or a nonsmoker.

## 3.4 Experimentation and Curiosity

Some of the participants in our study mentioned they had tried smoking out of a sense of curiosity, which indicates that many young people are going to try smoking regardless of anti-smoking messages or advice. The act of satisfying the curiosity of what it is like to smoke may itself be seen as pleasurable (Loewenstein, 1994). There was no clear difference in attitudes between gender and ethnicity expressed under this theme:

*'Cause like everyone was trying it and I suppose we were quite young and just curious.*

One of the reasons for the desire to experiment with cigarettes appears to be the public opinion that smoking is a social taboo, and that adults would disapprove of them smoking. As adolescents mature, they are expected to conform to the reality imposed on them, and teenagers choose to rebel against this expectation (Hunter and Youniss, 1982). The forbidden fruit theory posits that those activities or products that have increasingly gained tabooed status, may evoke positive arousal, e.g. illicit drugs, smoking, pornography (Bushman and Stack, 1996). The participants from our study clearly reflected the desire to rebel, to smoke because they were advised not to do so, and to take risks:

*You do things because they are bad for you. 'Cause you do things to take a risk.*

Risks and reputations are mutually affirming because they help create a sense of self and social identity. Lightfoot (1997) contended adolescents take risks to help them initiate new relationships or group memberships, as well as to consolidate or maintain existing relationships. Therefore, it is the meaning that risks communicates that is important. Risk is viewed as a declaration of independence and autonomy, a private rebellion, and the ability to perform an act without being discovered:

*When I wasn't allowed to smoke, it was actually more fun because you are hiding behind your parents' backs and you are having a good smoke out the window and they can't see it.*

This type of behaviour may also relate to sensation seeking, which is the willingness to take physical and social risks for the sake of novel and complex sensations or experiences (Wagner, 2001). Sensation seeking was found to be a significant predictor of substance abuse, such as smoking (Wagner, 2001) and has been found to be higher in adolescence than in adulthood (Arnett, 1996; Zuckerman et al., 1978).

Pechmann and Shih (1999) found that smoking was viewed as a forbidden fruit by teenagers and that when viewing smoking and non-smoking scenes of a film, smoking scenes positively aroused young viewers and their intent to smoke increased. Our study supports their finding that adolescents like to experiment with activities or products seen as inappropriate or dangerous by authority figures. By taking up smoking as an act of defiance or risk seeking, adolescents signal their independence and rebellion.

### 3.5 Pressures and Stress

Both smoker and non-smoker participants mentioned that smoking reduces stress and relaxes people, and they may therefore view smoking as a coping mechanism. Some teenagers smoke to relieve stress and depression, whether because of school pressures, social pressures, or family pressures. But once a person begins to associate smoking with stress relief, it may provide an extra incentive to smoke:

*Well, if you are really stressed out and you really want to smoke, it helps. It soothes the nerves away.*

Female participants tended to introduce this topic more frequently compared with their male counterparts. While male participants were not as forthcoming in their responses, this may be because admitting to smoking because of stress could be perceived as a sign of weakness. We also found that teenagers' belief systems are strongly influenced by family members, and significant others around them:

*My dad smokes, and he smokes all the time. I think he does it because of the stress of work.*

Participants also mentioned taking up smoking because of boredom, something to do to fill the day:

*When you're bored you smoke more. It gives you something to do.*

Boredom can also sometimes be a disguise for stress, or a sense of despair (Frydenberg, 1997). An overall impression from this study is that some Maori and Polynesian adolescents may have a tendency to smoke because of frustration:

*They think it is going to be the answer to them. To release all the pain, anger and letting it out. Just release most of your anger.*

Boredom could be a reflection of this state; some participants indicated they were not motivated to do anything to stop smoking:

*If it [cancer] happens, it happens.*

This lethargic state may transform itself into anger at a later stage, or it may result in low-esteem (Burton et al., 1989). As Burton et al. (1989) suggest, when one loses the aspirations for self-improvement, smoking may become desirable as a means of enhancing self-image.

Our findings suggest that smoking is one type of coping mechanism used to deal with the pressures of everyday

life, such as boredom, depression, anger and stress. Castro et al.'s (1987) study also found stress factors, such as a disruptive family life, increased the risk of an adolescent affiliating with more deviant, cigarette-smoking peers. Further, Ponton (1997) suggests depression and low esteem are factors that can lead to higher risk-taking behaviour among adolescents, and that cigarettes and alcohol act as "gateway" drugs leading to other risk behaviours.

## 4. Implications for Policy Makers and Social Marketers

Although the conclusions we report in this article are based on exploratory research and should be considered preliminary, the strength and pervasiveness of the participants' comments on which they are based, plus the findings of previous research, are such that they offer interesting insights for policy makers, and future research. We have distilled these insights into five suggestions for policy makers and social marketers: the creation of smokefree school environments; the use of friends and family as role models; aspirational role models; the targeting of specific at-risk groups; and appropriate communication.

The on-going provision of information concerning smoking during health classes at school is acknowledged to be important but insufficient and should be supplemented by other methods. Although non-smoking environments now apply for some schools (ASH Director, Trish Fraser, NZ Herald, May 5, 2002), we note that the current Ministry of Health programme for smokefree schools (e.g. "Smokefree Challenge") is primarily targeted at the secondary school level. We would suggest universal adoption of this policy, and it should apply not only to students but also to their teachers. Given that our research cites adult role models as a major motivating factor in smoking adoption, teachers are frequently the most immediate and most exposed adult role model, notwithstanding parents and/or caregivers, to the cohort.

We also note the Ministry of Health's concern that many at risk youths do not attend school and that a community focus is important in supporting anti-smoking messages so that young people do not receive conflicting messages (National Drug Policy for New Zealand 1998-2003, p.16).

To reduce conflicts between health messages and young people's environment we also suggest initiatives to encourage family involvement in the education programme, since our research indicated that adolescents

whose families (direct and extended) or friends smoke have a higher tendency to adopt similar modelling behaviour. The current Government-sponsored media campaigns (Ministry of Health Report: National Drug Policy for New Zealand 1998-2003) aimed at older Maori smoking populations, "Me Mutu Quit" Campaign launched April 1999 and "It's about Whanau" Campaign launched August 2001, both incorporate a national free phone quit smoking hotline ("Quitline" launched 2000 by the "Quit Group" - Health Sponsorship Council, Cancer Society and Te Hotu Manawa Maori) and information packs, they appear to be a positive step in attempting to alter the behaviour of these influential role models.

It has been shown that friends are capable of discouraging as well as encouraging anti-social behaviour (Kandel, 1978). We believe that health promoters could use social threat peer pressure to encourage non-smoking in adolescents, as this is a very powerful influence on this cohort in determining acceptable behaviour. We note that the previous Government media campaign, "Why Start" Campaign 1996-7, focused on physical threat messaging by peer groups rather than on social threats. The social threat approach has only been utilised in a recent New Zealand media campaign targeting another social policy area - drink driving and road safety - in younger cohorts.

Furthermore, Kandel's (1978) research suggested that non-smoking peer groups might contribute more to maintaining a non-smoking habit than to prompting smoking. Moreover, peer groups comprised entirely or primarily of non-smokers might actively prevent smokers from joining them and expel members who become smokers (Ennett and Bauman, 1994).

The intensity with which adolescents analyse their image, their high self-consciousness and their modelling behaviour on "cool" role models suggests that further communications could be aimed at cinema audiences, which are predominantly in the younger deciles. We would recommend that anti-smoking messages be screened to provide an antithetical perspective to the behaviour of characters who smoke on-screen in movies or who are smokers in their personal lives. From our group discussions it would appear that on-screen characters and charismatic movie actors have a reinforcing effect on adolescents' behaviour.

Given that the ASH study confines itself to adolescent smoking behaviour and since the documentary evidence gathered in this study suggests that smoking is taken up

at younger ages, we would further recommend initiation of an anti-smoking education programme at primary school level so that negative attitudes towards smoking, both from a health and a social perspective, are entrenched before adolescence. In noting the increase in smoking behaviours among Maori and Pacific Island populations, in addition to the adult-focused Ministry of Health "Me Mutu Quit" and "It's about Whanau" campaigns and the Health Sponsorship Council's "Auahi Kore" programme, we suggest intensive programmes at Te Kohanga Reo sites and similar programmes at Pacific Islander pre- and primary schools. These initiatives would echo the plea of Tukuirirangi Morgan, an anti-smoking campaigner, to Maori leaders to set an example by not smoking in the presence of children (The Press, 1999).

As social threat rather than physical threat messages appear to be of more importance to this cohort we would suggest a re-framing of the current campaigns and an increase in frequency. We would also suggest that the communication messages appear in media more appropriate to adolescent consumption (e.g. radio, sport and club venues) while continuing with TV and other broadcast media, and expanding to the new media categories (e.g. text messaging, WWW advertising (interstitials, pop-ups, banners, tiles, micro-sites), chat room and bulletin board environments).

## 5. Future Research

The conceptual framework (Figure 1) developed from the focus group results and literature review shows the factors that make an adolescent susceptible to smoking initiation. This framework provides some direction for future research. While some of these variables are well researched, for example, social influences, it would be useful to examine the relative importance of these factors and the interactions between them.

There is also a paucity of research for into the relationship between self-concept, experimentation and curiosity. Future research could examine personality traits such as curiosity and the desire to experiment and their relationship with smoking behaviour. Researchers could also examine the relationship between boredom, frustration, anger, and smoking.

While there is some research on the influence of role models on behaviour, we believe more can be done to explore how aspirational role models, such as movie actors, influence attitudes and behaviour. Specifically, we are interested to investigate the relationship between the young people's perception of self with their views of aspirational role models who smoke – would individuals' view of a famous actor who smokes influence their view of smoking?

Also of research interest is the influence of other, more immediate, role models on adolescents (e.g. teachers, family members) and, within this, the need to investigate gender skews as they relate to self-image and low self-esteem and ethnic skews as they relate to social inclusion behaviour. These two latter areas are of particular importance, given the high percentage of Maori girls who smoke daily (ASH Media Release 7 May 2002).

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