

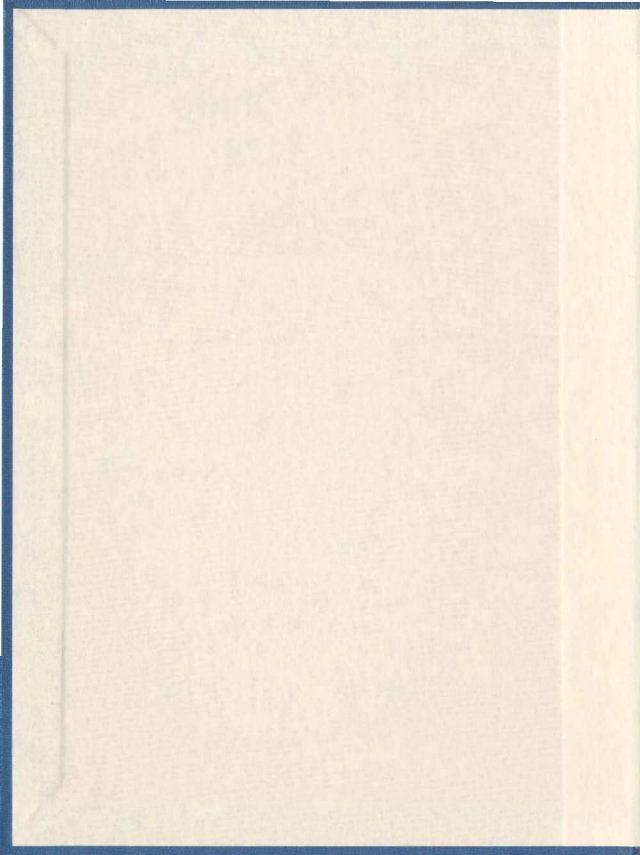
SOCIAL PRESSURES AND RESISTANCE TO
CIGARETTE SMOKING:
A PHENOMENOLOGICAL STUDY WITH YOUNG
ADOLESCENT WOMEN

CENTRE FOR NEWFOUNDLAND STUDIES

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Social Pressures and Resistance to Cigarette Smoking:
A Phenomenological Study with Young Adolescent Women

by

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ABSTRACT

Social Pressures and Resistance to Cigarette Smoking:
A Phenomenological Study with Young Adolescent Women

While advertising permeates many aspects of our lives, how it is perceived to influence the choices we make around areas that can have a marked effect on our health has been relatively unexplored. The purpose in this phenomenological study is to use cigarette advertising found in magazines targeted towards young adolescent women as a hermeneutic prompt and explore the questions: What are the social pressures on young women to smoke that are reinforced through cigarette advertisements? and, How do they experience these social pressures? Through the use of phenomenological methodology, the study aims to provide nurses and others with a richer and deeper understanding of young women and smoking.

The experience of social pressures on young adolescent women to smoke that are reinforced through cigarette advertising is a complex interrelationship among the following themes: *Being with others: smoking is a social event, Being like your peers: developmental issues, Parents, family and other important relationships matter, Not having an effective voice, Addiction warnings are not enough: you don't read the small print, Leading by misleading: seeing through the ads, and Smoke and you will be attractive, popular and slim: myths in ads.* Through these themes a greater understanding of just how easy it is for young women to smoke is more clearly understood. The essence of the lived experience of the young women is, "*It is so easy to smoke.*" The findings also

provide some insights into why smoking prevention and cessation programs targeted towards this group may not have the desired effect in practice. Implications for nursing practice and education, nursing research, and health policy are discussed.

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CHAPTER 1

INTRODUCTION

Cigarette smoking among adolescents is a significant health problem (Winkelstein, 1992), and is widely acknowledged to be the most preventable risk factor for death, disability, and disease in Canada (Clark, 1996; Mao, Gibbons, & Wong, 1992). The prevalence of smoking has declined among adults in recent years, however, the incidence among adolescents remains high with the age of onset declining (Abernathy, 1994; Hanson, 1999). Adolescents who begin to smoke at a young age have difficulty quitting in later life. Given nicotine is six to eight times more addictive than alcohol, it is not surprising that 90% of current smokers would like to quit but cannot (Reed, 1993). Cigarette smoking has also been identified as a risk factor for the abuse of alcohol and other drugs by adolescents and children (Bailey & Crowe, 1994; Eckhardt, Woodruff, & Elder, 1994).

There are many social pressures on adolescents that may lead them to begin smoking. One of these pressures has been identified as advertising targeted to young people (Gilpin & Pierce, 1997; Richmond, 1997; Schooler, Feighery, & Flora, 1996; Tye, Altman, & DiFranza, 1995). Advertisements embody many of the other social pressures to smoke, such as, peer pressure, being popular, and having a good time. Therefore, tobacco advertising both induces and reinforces children's smoking. There is a need to identify and guard against campaigns that, contrary to the opinion of the tobacco industry, have a particular appeal to children and adolescents (Hastings, Ryan, Teer, & MacKintosh,

1994). Cigarettes are heavily advertised in women's magazines; a media that is seen almost exclusively by women and female adolescents (White, 1993). Through the use of a phenomenological methodology, and by using cigarette advertising to assist with interviewing, the present study aims to provide nurses and others with a richer and deeper understanding of the social pressures to smoke among adolescent women.

Problem and Significance

Epidemiological data and the study of psychological, biological, sociocultural, and physiological variables reveal a gender-related proclivity for females to initiate and maintain the tobacco habit (Fried, 1994). The widespread consumption of tobacco by women is relatively new. In 1967 the initiation rate increased rapidly in girls younger than seventeen years and peaked around 1973, at which time the rates were up to 110% higher than the 1967 rate. This increase in initiation, specific to girls younger than the legal age to purchase cigarettes, started the same year that the tobacco industry introduced a woman's brand of cigarettes (Pierce, Lee, & Gilpin, 1994).

Research has shown that smoking rates have substantially decreased in Western countries since the 1970's (Government of Canada, 1996a). While certain segments of the population are decreasing their tobacco use, others have not decreased or they continue to start smoking. Specifically, young adolescent women have been identified as the fastest growing group of new smokers (Government of Canada, 1996b). Because of the grave implications for health and well being, it is critical that the reasons women start and continue to smoke be explored and understood. Alternatively, why they are able to resist beginning to smoke with so many social pressures to smoke needs to be understood.

There are many direct health consequences of smoking. Tobacco has been linked to a range of health problems, including several types of cancer, coronary heart disease, emphysema, bronchitis, stomach ulcers, and other diseases of the cardiovascular and respiratory system. Research has also indicated disturbing evidence that second hand smoke may be a factor in premature death (Government of Canada, 1989). Negative effects of maternal smoking have been identified in unborn children and have been associated with Sudden Infant Death Syndrome (Blackford, Bailey Hill, & Coutu-Wakulczyk, 1994).

There have been significant developments in Canada over the past five years which have changed public attitudes towards tobacco, patterns of tobacco consumption, and smoking behavior. Changes in taxation policy, the development of smoking control bylaws, the regulation of tobacco advertising, and measures to control tobacco merchandising have all been the product of focused advocacy activities on the part of health professionals and their organizations (Pipe, 1992). The Tobacco Demand Reduction Strategy was introduced by the Federal Government in 1994 and allocated \$185 million for tobacco control programming. The Government's goal was to minimize increases in the incidence of tobacco related illness and death. This was important particularly among the young, whose tobacco consumption might be more affected by tax reductions. The impact of the 1994 reductions in tobacco taxes on the prevalence of smoking is not yet clear, however, it seems likely to have slowed the decline in tobacco use (Angus & Turbayne, 1995).

Newfoundland introduced the following tobacco legislation in 1993: Tobacco Control Act and Tobacco Control Regulations, Smoke-Free Environment Act and Smoke-Free Environment Regulations, and Tobacco Tax Act Amendments (Government of Newfoundland, 1993). In November 1999 the provincial government of Newfoundland and the Alliance for Control of Tobacco released their strategy to reduce the use of tobacco in the province which was aimed primarily at preventing children and teenagers from becoming smokers. The goals of the strategy are the prevention of tobacco use by non-smokers, especially children, the protection of people from environmental tobacco smoke, help for smokers to quit and stay off tobacco, and education of people about the marketing strategies and tactics used by the tobacco industry to get children and adults to buy their addictive products.

In the Western Region of Newfoundland, considerable effort has been directed at health promotion activities in smoking prevention, targeting adolescents and pre-adolescents. In 1993, public health nurses in the Western Regional Health Unit provided smoking education to 1,336 students (Government of Newfoundland, 1995b). Public health nurses provide support and encouragement to teachers offering the Peer Assisted Learning Smoking Prevention Program to grade six students. This program is under the control of the Department of Education and is an active learning approach to attitudes, ideas, and life skills for eleven to thirteen year old children. Unfortunately this program is optional and implementation is sporadic. In areas where these programs are not offered, public health nurses focus on the specific smoking prevention, cessation, and protection needs identified in the local school. The impact of the program is unknown because no

formal evaluation has been conducted.

One force that teachers and health professionals confront in their programs and campaigns against adolescent smoking is the influence of advertising. Advertising is important in that it represents some of the social pressure teenage girls face on a daily basis. The tobacco industry claims that the purpose of their advertising is simply to obtain a larger share of adults who smoke. According to Price, Telljohann, Roberts, and Smit (1992) the cigarette industry needs over two million children to start smoking each year, in order to replace the adult smokers who die or quit. There is at the same time increased media attention on unethical marketing practices, highlighting society's concern with what appears to be a decline in marketing and business ethics (Zinkham, Bisesi, & Saxton, 1989). Advertising has been charged with a number of ethical breaches, most of which focus on its apparent lack of societal responsibility (Treise, Weigold, Conna, & Garrison, 1994). Criticisms include targeting advertising to potentially vulnerable groups, such as, children, minorities, and the disadvantaged. The tobacco industry vigorously denies targeting young people below the age of eighteen years. Health groups summarily dismiss industry denials (Cunningham, 1996).

A fundamental criticism of advertising revolves around the issue of fairness; fairness with regard to targeting advertising practices towards those who are less able to evaluate commercial persuasion (Kundel, 1988). These criticisms include the argument that advertising to children has the potential to influence children to experiment with alcohol, drugs, and smoking. It is suggested that R.J. Reynolds, "Smooth Dude" Joe Camel cigarette campaign is a thinly veiled attempt to attract underage smokers

(Bromberg, 1990). The equation of smoking to other adult pleasures and the emphasis of choice and decision making follow known tobacco industry strategies to encourage young people to smoke (Balbach & Glantz, 1995). Advertising is particularly adept at suggesting a certain product will help the potential user overcome problems they have in everyday life and even improve their overall quality of life.

In conclusion, female adolescent smoking is a problem of significant concern. Smoking rates are increasing among this group. This increase is occurring despite social and policy changes implemented to decrease smoking among adolescents. At the same time advertising is being used to increase the number of adolescents who smoke.

Rationale

The motivation for this research came from my nursing practice. While working as a public health nurse, and a public health nursing supervisor I participated in health promotion activities with young women in the area of smoking prevention. I observed during the smoking prevention activities, the complexity of female adolescent's health promotion needs, and the many incidents of isolated health education activities without the context of collaboration and partnerships with the young people. Baldwin (1995) describes the need for health professionals to increase multidimensional, health promoting, collaborative coalitions, and partnerships with the communities being served. Partnerships with young women are vital for building community capacity. Public health nurses have an opportunity to recruit young women and work with them to respond to a common concern such as smoking prevention and cessation. Kang (1995) identified the role of the public health nurse as building community capacity through fostering public participation,

strengthening community health services, and coordinating public health policy. Closer collaboration with others concerned with broadened perspectives of adolescent health will be required, as will greater investment in advocacy efforts related to social policy (Raphael, Brown, Rukholm, & Hill-Bailey, 1996).

The health promotion needs of young women have to be considered in the context of gender. Gender roles are learned behaviors that condition what activities, tasks, and responsibilities are thought of as male or female (Government of Canada, 1997). Gender has been found to be an important variable in smoking prevention and cessation programs (Abernathy & Bertrand, 1992; Allen, Page, Moore, & Hewitt, 1994; Elder, Sallis, Woodruff, & Wildey, 1993). Other research studies have identified smoking prevention programs for young women which need to address the smoking/relaxation association (Nichter, Nichter, Vuckovic, Quintero, & Ritenbaugh, 1997). The issues of weight control for young women and the use of smoking as a weight control strategy need to be considered in smoking prevention and cessation programs (French, Perry, Leon, & Fulkerson, 1994). While the results of the above studies provide factors to include in smoking prevention and cessation programs for young women, a greater understanding of young women's experiences is required to design more appropriate health promotion programs.

Within health promotion activities and programs targeted towards children in Canada there has been an identified need for the active participation of children. Hart-Zeldin, Kalnins, Pollack, and Love (1990) recognize that in order to improve the health of all Canadians through health promotion, children must be involved in the process. The

development of a knowledge base grounded in young women's experiences is essential for the provision of quality health promotion in the area of smoking prevention and cessation. It is anticipated, this present study will contribute in a meaningful way to the knowledge base in this area.

Research Question

While advertising permeates many aspects of our life, how it is perceived to influence the choices we make around areas that can have a marked effect on our health has been relatively unexplored. The purpose in this study is to use cigarette advertising found in magazines targeted towards young adolescent women and explore the questions: What are the social pressures on young women to smoke that are reinforced through cigarette advertising? and, How do they experience these social pressures?

CHAPTER 2

LITERATURE REVIEW

Cigarette smoking among adolescents is a complex physiological and psychosocial phenomenon. Adolescent smoking has been dealt with extensively by both researchers and policy makers, therefore, there is a large volume of literature on the topic. Policy makers want to decrease, and if possible, eliminate adolescent smoking because of the detrimental effects of smoking on health. They are most interested in which tobacco strategy reduction measures might work. To this end, they depend on the work of researchers who study adolescent smoking. Researchers have examined many aspects of adolescent smoking, such as, prevalence rates of smoking, age of initiation, and identification of influencing factors on adolescent smoking. We have a good picture of the pattern of adolescent smoking, including gender differences of these patterns. The purpose in this review is to focus on research that addresses some of the social influences on young women to smoke.

There is a growing awareness of gender differences in the influencing factors for the uptake and cessation of tobacco use. Gender differences are important to focus on as adolescent girls not only have different rates of smoking, but also may respond differently to cigarette prevention and smoking programs (Elder, Sallis, Woodruff, & Wildey, 1993). It is these gender differences that are the focus of the literature review. Cigarette advertising and the effects on young women will be dealt with extensively. Advertising "both mirrors a society and creates a society" (Sivulka, 1998, p. xii) and advertising for

cigarettes is no exception. Cigarette advertising is especially pertinent to the present study because it served as a means of getting the young adolescent women to talk about what they saw as social pressures to smoke and how they experienced these pressures in their every day life.

Reasons Why Adolescents Smoke

Motivational and situational factors are used as explanatory factors for why a person may adopt a certain behaviour. For cigarette smoking it is important to understand what these factors are in order to design appropriate interventions if we are to decrease the number of young people who take up smoking. Young women's ability to recognize the social pressures to smoke, may prevent or at least decrease female adolescent smoking. A meta-analysis of adolescent school-based smoking prevention programs found that the most successful programs for adolescents incorporated a social reinforcement orientation which focussed on developing abilities to recognize social pressures to use tobacco, developing skills in resisting pressures to use tobacco, and identifying immediate social and physical consequences of tobacco use (Price, Beach, Everett, Telljohann, & Lewis, 1998).

Many of the studies on adolescent smoking have focussed on factors associated with smoking. Early studies on adolescent smoking either did not differentiate between or report on gender differences, although they did suggest there may be some (Conrad, Flay, & Hill, 1992). Nevertheless, this early work suggested that social pressures to smoke may come from a variety of sources, such as demographic, social, and psychological factors, social networks, and access to cigarettes.

Demographic and Sociological Factors

Cigarette smoking is highly addictive, therefore, it is not surprising that adolescents have difficulty quitting. But a critical question is what leads them to start smoking in the first place? This was the problem that Lucas and Lloyd (1999) addressed in a survey of a large sample of female and male students between the ages of eleven and sixteen years in England. They examined the circumstances of smoking initiation including: age at first cigarette, source of supply, location of first smoke, persons present, and perceived degree of coercion. The only significant gender difference noted was age at first cigarette. The average age when boys started was lower than for girls, however prevalence of cigarette smoking was higher among girls. To help further explicate some of the findings on pressures to smoke, Lucas and Lloyd divided participants into three focus groups; one consisting of never-smokers, the second experimental smokers, and the third, regular smokers. Girls who had never smoked classified groups of smokers they came in contact with and who had tried to recruit them to smoking, as either active, predatory, or demanding in trying to get them to conform to their smoking behaviour. Experimental smokers attributed their smoking initiation to an instigator, often an older person known to them but not among their closest friends, who took them to a location specifically to smoke, and claimed that smoking just one cigarette would not hurt. In addition to recruitment strategies described above, the regular smokers reported being very anti-smoking prior to beginning smoking. This research suggests that an understanding of smoking among girls needs to take into account the dynamics of a girl's membership in groups and some of the social pressures at play in these groups in determining subsequent

smoking behaviour.

Simons-Morton et al. (1999) examined associations between smoking and demographic/contextual, psychosocial, school, and parent variables with recent smoking among a sample of 4,263 sixth to eighth graders from seven schools in Maryland. Their findings indicated that the overall prevalence of recent smoking was similar for boys and girls. Positive outcome expectation (e.g., smoking would get them in trouble, their friends would approve, and they would enjoy smoking), high perceived prevalence of peers smoking, deviance acceptance (e.g., it is okay to smoke), and trouble at school were independently associated with smoking for boys and girls. Among girls, a high number of self-control problems, parents who were not knowledgeable about the girls' activities, and lower grades were independently associated with likelihood of smoking. This study was one of the few studies to report an independent association between smoking and outcome expectation. There was support for the conceptualization of smoking as one of a cluster of related risk-taking behaviours and suggested that positive parenting practices may protect youth from smoking.

Psychological Variables

Early studies have explored the relationship between psychological characteristics and adolescent smoking (Sunseri, et al., 1983). Social influences and selected psychological factors thought to be involved in the development of smoking are poor self image, how easily influenced the person is, and the need for group acceptance (Botvin & Eng, 1980). Other psychological variables implicated in adolescent smoking include the intention to smoke, increased stress, decreased self-esteem, and inadequate coping skills

(Winkelstein, 1992). Jessor (1991) suggested that adolescent risk behaviours, such as, smoking, are instrumental in gaining peer acceptance and respect, in establishing autonomy from parents, in repudiating the norms and values of conventional authority, in coping with anxiety and frustration, or in affirming maturity and marking a transition out of childhood and toward a more adult status. According to Wearing, Wearing, and Kelly (1994), "...smoking can be a form of pleasurable leisure, adopted as a buffer to a sense of alienation from the dominant culture of femininity as well as an act of resistance to authority during adolescence both at school and at home. It provides a space for females to construct one aspect of their public identity which resists passivity and compliance" (p. 639).

The interactive effects of smoking status and gender on the basis of four psychosocial characteristics: shyness, loneliness, sociability, and hopelessness between adolescent smokers and non-smokers were studied by Allen, Page, Moore, and Hewitt (1994) in seven schools in a Mississippi county. The voluntary sample included 1,915 participants (48.8% males and 51.2% females) from grades nine to twelve, and was a mix of students from low, middle, and upper socioeconomic status, black and white students, and rural and urban schools. The findings suggested that perhaps current smoking prevention programs using social skills training and self-esteem enhancement may not be optimal for adolescent females since adolescent female smokers are the most sociable and least shy of any of the smoking status-gender groups.

Risk factors for the initiation of cigarette smoking, e.g., peer influence, frequency of drinking, temperament, depression symptoms, and presence of eating disorders, were

studied by Killen et al. (1997) among two cohorts of teenagers. Peer influence, defined as friend's smoking, was the most important predictor of smoking initiation for both boys and girls. The findings suggested that higher levels of sociability influenced smoking onset among girls, whereas, higher levels of depression symptoms have a modest influence on smoking onset in boys. The current self-esteem building and social skills training in tobacco cessation programs may not be beneficial for girls most at risk of smoking, because as the data suggested, such girls who smoked were already be more socially adept than their peers.

Smoking and weight control have been linked ever since an advertisement for Lucky Strike cigarettes featured a young woman and the slogan "Reach for a Lucky instead of a sweet" (Sivulka, 1998, p. 168). The results of a four-year longitudinal study on the development of eating disorders support the hypothesis that girls who are concerned with their weight will use multiple methods of weight control, one of which is smoking (French, Perry, Leon, & Fulkerson, 1994). The participants in the study were 1,999 seventh through tenth grade students, with the gender distribution being fairly equal. The results of the study indicated that girls who reported that they had tried to lose weight during the previous year, who reported two or more eating disorder symptoms, or who reported constantly thinking about weight were twice as likely as those not reporting these behaviours and concerns to initiate smoking.

Adolescent stress has been found to be related to the decision to commence smoking. Byrne, Byrne, and Reinhart (1995) in a panel study, investigated stress among a large sample of adolescents between thirteen and seventeen years of age attending

secondary school in Australia. The findings of their study suggested that girls were more likely to experience and be more responsive to adolescent stress than boys; therefore, girls may be more likely than boys to adopt behavioural responses such as smoking to help them cope with the difficulties they are encountering. Further support has been found for stress being a factor in smoking among adolescent girls. In fact the most frequently identified reasons for smoking among a sample of 205 girls attending two junior high schools and two high schools in Tucson, Arizona were stress reduction and relaxation (Nichter, Nichter, Vuckovic, Quintero, & Ritenbaugh, 1997).

Other studies have not demonstrated as strong a link between psychological variables and smoking initiation. Focus groups and interviews with 36 eleven year old and 40 thirteen year old students in Scotland were used to understand young people's accounts of their social world, descriptions of young people who take up smoking, and their explanations for such behaviour (Mitchell, 1997). The experiences of these young people suggested that with the exception of a small number of marginalized girls, there was no coercive pressure to smoke. The study findings provide evidence that there is pressure on teenagers, but it is mainly pressure to purchase the right clothes and portray the right image. The findings suggested that smoking is not particularly related to low self-esteem, and although a few marginalized girls take up smoking to gain entry to more popular groups, the largest number of smokers at thirteen are the girls who are recognized as more independent, more fun, and more street wise than their peers.

A panel study by Wang et al. (1999) evaluated the ability of social-psychological risk factors to predict adolescent smoking behaviour. Participants were a national

representative sample of 4,032 adolescents, who participated in the 1989 and 1993 *Teenage Attitudes and Practices Surveys*. Male adolescents had a higher smoking initiation rate (26.16%), than their female counterparts (22.40%), however, the regular smoking rate was higher for females than males (10.35% vs. 10.13%). The findings suggested that social-psychological factors are less able to predict the transition from non-smoking to experimental smoking than the progression from non-smoking to regular smoking. Seven significant risk factors predicted adolescent progression to regular smoking: adolescents who were depressed, did not like school, missed more school, perceived poor school performance, had parents who smoked, had more friends who smoked, and perceived more teachers who smoked. The most significant risk factor for this group was perceiving that their friends would approve of their smoking. The findings of this study found considerable similarities between adolescent females and males who smoke.

Smoking by Social Network Members

A peer assisted learning technique is quite successful in smoking cessation programs targeted to adolescents, therefore, it is important to know what influence social networks have on smoking initiation and continuation (Abernathy & Bertrand, 1992). If the members of one's social network smoke cigarettes the chances of smoking seem to be increased. A number of studies on adolescent's decision to begin and continue smoking have examined smoking by social network members. Early studies investigated age-related changes in the magnitude of peer and parental influences on adolescent cigarette smoking.

A longitudinal study with 1,459 initial never smokers and 669 initial triers from the sixth to eleventh grade, explored peer and parental influences on the actual smoking transitions of adolescents (Chassin, Presson, Montello, Sherman, & McGrew, 1986). The initial onset of smoking among never smokers was more likely for adolescents with more smoking friends and parents, for those who had lower levels of parental support, and for those whose friends has lower expectations for the participants' general and academic success. Additionally, for the youngest never smokers, those with stricter parents were more likely to begin to smoke, suggesting a rebellion motive. In contrast for the oldest participants, those with less strict parents were more likely to begin to smoke. The later transition from experimental to regular smoking was more likely among adolescents who had more smoking friends, lower levels of parental support, and higher levels of peer support. For young women, the transition to regular smoking was also more likely if their friends had more positive attitudes toward their smoking and if their friends had lower expectations for the participants' general and academic success. The pattern of sex differences showed that peer and parental influences were significant for girls but not for boys, suggesting that girls are more susceptible to outside social influence than are boys.

Smoking-related behaviours and attitudes of significant others, especially friends, and family, are among the most consistent predictors of adolescent smoking. However, researchers remain divided on whether the behaviours of significant others influence adolescent smoking directly or indirectly, and the relative influence of parental and peer smoking on adolescent's own smoking. Flay et al. (1994) examined the differential influence of parental smoking and friend's smoking on adolescent's initiation and

escalation of smoking in southern California among 527 seventh graders (54.08% female participants). Only those students who reported never smoking or smoking one cigarette or less were included in the analyses. Generally, friend's smoking had a stronger effect on adolescent's smoking behaviour, particularly on initiation. Parental approval of smoking played a significant mediating role for females, but not for males.

In contrast to examining who was likely to start smoking, Stanton, Lowe, and Silva (1995) examined the predictors of resilience to social influence on adolescent smoking. This longitudinal study investigated whether factors that influenced resilience to social pressures to smoke would be different from the factors that predicted vulnerability to smoking. The sample consisted of children enrolled in the *Dunedin Multidisciplinary Health and Development Study*, a longitudinal investigation of the health, development, and behaviour of a New Zealand birth cohort. The number of children interviewed about smoking was 779 at age nine years, 794 at age eleven years, 734 at age thirteen years, and 967 adolescents at age fifteen years. The findings suggested that among those with no recent history of smoking, the predictor variables for vulnerability and resilience were different across age. For adolescents with a recent history of smoking there were no predictors of continued smoking or of stopping, apart from whether or not a friend smoked. The strong association between adolescent smoking and seeing a friend smoke suggested that the need for social conformity was high during adolescent's junior secondary school years. There were some predictors of resilience to social influence among females. Mother's age at the birth of her first child was an important factor in the girl's resistance to smoking. If a mother did not have her first baby as teenager, but was

still relatively younger than other mothers, her daughter was less likely to be influenced by a friend's smoking. A mother who has matured more before parenthood but is still relatively young, may have a greater positive influence on her child's health behaviours. Less socialized aggression by girls at age thirteen was a resilience factor that could make them more receptive to their mother's influence.

The age trend of family and peer influence on adolescent smoking behaviour was part of a study on attitudes and practices among this age group by Wang, Fitzhugh, Westerfield, and Eddy (1995). Computer-assisted telephone interviews with 6,900 adolescents from fourteen to eighteen years of age generated data on the smoking status of the adolescent and their family and peers. The smoking behaviour of best friends turned out to be the strongest social environmental risk factor for both male and female adolescent smoking. This was especially so when adolescents reported that three or four of their best friends smoke. Family influences were restricted to the smoking of older, same sex siblings. While parental smoking did not influence adolescent smoking, perceived smoking approval from parents was significant for both male and female adolescents at all ages.

The direct influence that adolescents exert on others and the characteristics and attitudes which identify those who actively promoted either the message to try smoking or the message to be smoke free was examined by Stanton and McGee (1996). Two surveys were completed in New Zealand, with 1,665 students participating in the first survey and 1,263 students in the second. Fourteen to fifteen year old students were asked what they did to influence others to smoke or not smoke. The results of the study supported the view

that students, including many smokers, are actively promoting non-smoking and smoking messages. In the total sample, females (29.9%) were much more likely than males (19.3%) to promote an anti-smoking message. This usually took the form of a general comment, usually directed towards friends, that the person should give up or not smoke. Comments were also directed towards parents and relatives.

A longitudinal study by Mitchell and Amos (1997) in Scotland explored the complex interrelationships between smoking, peer group structure, and gender. The participants included 36 eleven year old and 40 thirteen year old students. Qualitative data in the form of focus groups and in-depth interviews were collected. Quantitative data were also collected on all students in the grade the participants attended; 39 eleven year old students and 150 thirteen year old students. The data revealed that smoking behaviour was shaped by gender, and the psychosocial processes involved in smoking uptake were different for boys and girls. Peer group structure, consistently described by young people as hierarchical, was closely related to smoking behaviour. Girls at the top of the social pecking order who projected an image of high self-esteem were identified as most likely to smoke, while only a small minority of girls fitted the stereotype of the young female smoker who had poor social skills and low self-esteem.

The influence of exposure to smokers, their norms, and problem solving communication, among adolescents aged twelve to eighteen years were examined by Distefan, Gilpin, Choi, and Pierce (1998). Through the longitudinal study *Teenage Attitudes and Practices Survey* they were able to determine these influences on two transitions in the adolescent smoking uptake process; from never having smoked to

experimentation, and from experimentation to established smoking. Among never-smokers (n= 4,149), baseline susceptibility to smoking and having best friends who smoke predicted experimentation in the next four years. Among experimenters (n= 2,684), susceptibility to smoking, having male or female best friends who smoke, and lack of parental concern about future smoking distinguished those who progressed to established smoking. Having a mother who smoked was found to be a significant predictor of progression to established smoking among both male and female experimenters. Additionally, communicating with parents first about serious problems was protective against experimentation to established smoking.

Age and smoking by social network members was the focus of a study by Unger and Chen (1999) designed to predict who would smoke among a large sample of adolescents from twelve to seventeen years of age in California. The analysis focussed on smoking by social network members such as friends, siblings, and parents, and receptivity to pro-tobacco marketing such as having a favourite cigarette brand, owning tobacco promotional items, and willingness to use these items. The age of smoking initiation was earlier among those adolescents whose friends, siblings, or parents were smokers, and among those adolescents who had a favourite tobacco advertisement, had received tobacco promotional items, or would be willing to use tobacco promotional items. Being a female was significantly associated with later smoking initiation.

Social network and parental influence can also be used to decrease adolescent smoking. In an intervention study Ary, James, and Biglan (1999) developed a pamphlet to guide parents in talking to their daughters about tobacco use and examined the content of

the discussions that took place on this issue. In addition they determined parent receptivity to the pamphlet and solicited input from parents and daughters on how to improve the content of the intervention materials. Twenty-one females in grade six and twenty-three females in grade eight, along with forty-one mothers and three fathers participated. The following themes were included in the pamphlet: setting clear family expectations and rules regarding tobacco use, advertising tactics of the tobacco industry that target youth, consequences of tobacco use, facts about chewing tobacco, praising a daughter for not using tobacco, tips for parents who use tobacco themselves, and developing a family agreement about non-use of tobacco. The parent-daughter dyads then participated in an audiotaped discussion in which feelings about tobacco use were discussed followed by the completion of a questionnaire pertaining to the tobacco discussion. Daughters and parents reported that the conversation went well with over 50% of the daughters and parents indicating that the conversation went very well. The parents felt the pamphlet was helpful, and the daughters reported that the parental advice was helpful. The findings suggested that non-aversive parent-daughter discussions about tobacco use can be facilitated, and parents may be able to influence their daughter's tobacco use.

Access to Cigarettes

The issue of access to tobacco products has a high saliency for research on adolescent smoking and needs to have greater emphasis in the research agenda in this area. Preliminary studies have been carried out on the prevention of cigarette sales to minors and some of the factors influencing sales to this group (Landrine, Klonoff, & Fritz, 1994). The purpose of their research was to present a theoretical model of the retailer's decision

to sell cigarettes to minors and to argue that a variety of contextual and sociocultural variables enter into that decision, namely: gender, ethnicity, ethnic similarity, age, the presence of others, and familiarity. The decision to sell cigarettes to minors entails an approach-avoidance conflict for the seller between the desire/need to satisfy the customer on the one hand and the perceived illegality of selling cigarettes to children on the other. Both men and women vendors were found to have a greater need to satisfy female minor customers. Thus, female adolescents may have increased access to tobacco products. In this study, the role of the ethnicity of the neighbourhood in sales of single cigarettes to white minors versus white adults was examined. Two white male minors and their adult counterparts attempted to purchase a single cigarette in each of 206 stores located in a commercial district in California. The findings suggested that all stores were significantly more likely to sell single cigarettes to minors than to adults. The data from this study further suggested that a variety of contextual variables such as gender and ethnicity, enter into the retailers' decision to sell versus not to sell cigarettes to minors despite the illegality of doing so.

Advertising and Smoking

We live in a consumer-oriented culture and mass advertising takes full advantage of this to enable companies to sell their products and make huge economic gains. With the recent disclosures of documents by Canadian cigarette manufacturers, we are finding out the extent to which these companies tried to persuade adolescents to smoke. Advertisements for smoking are targeted towards young women with the intent of increasing the market for cigarettes (White, 1993). These advertisements portray many

positive attributes of smoking, such as: promoting relaxation, looking glamorous, and helping to stay slim or as a means of weight control, while making negative attributes, such as the possibility of death, disease, and disability remote. Some researchers have examined the receptivity to pro-tobacco marketing and the association with adolescent smoking (Gilpin, Pierce, & Rosbrook, 1997; Pierce, Choi, Gilpin, Farkas, & Berry, 1998). Others have studied cigarette advertising in relation to children and adolescents to see how pervasive it is in the lives of this age group and what effect it might have on their smoking behaviour (Aitken, Leather, & O'Hagan, 1985). Both indirect advertising in the form of billboards and magazines and direct advertising through tobacco sponsored events have been studied.

Importance of Advertising

Attitudes toward cigarette advertising may be an important predictor of future changes in children's smoking behaviour (Alexander et al., 1983). Children who smoke have a greater awareness, and appreciation of cigarette advertising, suggesting that advertising reinforces their smoking behaviour. Adolescent smokers are nearly twice as likely as non-smokers to correctly identify edited cigarette advertisements and are more likely to have a positive attitude toward cigarette advertising (Aitken, Leather, O'Hagan, & Squair, 1987). The media is assumed to encourage adolescent smoking (Alexander et al.; Health Education Authority, 1990), however, Winkelstein (1992) felt these media effects were not well documented.

Exposure to tobacco advertising and watching tobacco sponsored sports are non-predictive of the onset of adolescent smoking as those children who have no interest

in sports are more likely to be smokers than those with sports interest (Charlton & Blair, 1989). Charlton and Blair in an attempt to identify the factors which influence girls and boys to attempt smoking, designed a large pre-test-post-test intervention study which examined social background, advertising, brand awareness, knowledge, teaching, and personal beliefs as predictors of smoking. The nine variables determined by the never-smokers at pre-test stage as predictors of immediate future smoking include: parental smoking, best friends smoking, perceived positive values of smoking, perceived negative values of smoking, correct health knowledge, cigarette brand awareness, having a favourite cigarette advertisement, and having a cigarette brand sponsored sport in four top favourite shows on television. For boys, there was no consistent statistically significant correlation of any of the variables with the uptake of smoking. In contrast for girls, four variables were found to be significant predictors of smoking including: having at least one parent who smoked, having positive views on smoking, cigarette brand awareness, and a best friend who smoked.

Gender differences and reactions to different styles of advertising for tobacco products and alcohol were examined in a study by Covell, Dion, and Dion (1994) among 75 adolescents from age twelve to sixteen years of age, who were recruited while they were visiting the Ontario Science Center in Toronto. There were 41 females, 34 males, and one parent of each adolescent participating in the study. The participants were asked to rate twenty-four magazine advertisements on a scale of one to five on its appeal of the subject and on its general persuasiveness. The teenage girls expressed greater liking for and attributed greater persuasive power to a product image than the boys. This is a cause

of concern as children, particularly girls, are having their first smoking experience at a young age, and may be receptive to persuasive advertising.

A growing body of research suggests that tobacco advertising is a contributing factor to adolescent smoking. Awareness of tobacco advertising and promotion is high, and evidence suggests that it plays a role in adolescent smoking uptake. Evans, Farkas, Gilpin, Berry, and Pierce (1995) evaluated the influence of tobacco advertising and promotion and exposure to smokers on never-smoking adolescents' susceptibility to smoking. The data for this study were drawn from the 1993 *California Tobacco Survey*, with 3,536 adolescent never smokers surveyed by telephone. Overall, one-quarter of adolescent never smokers were susceptible to smoking. Boys twelve to thirteen years were more likely to be susceptible to smoking than girls in this age group; however, this sex difference disappeared with older adolescents, among whom approximately 21% of both boys and girls aged sixteen to seventeen years were susceptible. Adolescents were most likely to agree that cigarette advertisements depict smoking as enjoyable and as helping people feel comfortable in social situations, and 40% indicated that cigarette advertisements also promote smoking as helping people to stay thin, with 43.9% of girls and 39% of boys supporting this view. Adolescents exposed to family members and peers who smoked were 1.89 times as likely to be susceptible, whereas adolescents who scored 4 or more on the Index of Receptivity to Tobacco Marketing were 3.91 times as likely to be susceptible as those who scored 0. The findings suggested that tobacco marketing may be a stronger current influence in encouraging adolescents to initiate the smoking uptake process than exposure to peer or family smokers, or socioeconomic variables including

perceived school performance.

Exposure to tobacco and alcohol advertising has been associated with adolescent substance use. However, it is not clear whether favourable reactions to advertising are an antecedent to or a consequence of substance use. Unger, Johnson, and Rohrbach (1995) investigated relationships between adolescent's level of susceptibility to substance use and their recognition and liking of tobacco and alcohol advertising in a large sample of eighth grade students in southern California who participated in an ongoing community wide substance abuse prevention project. The students viewed pictures of tobacco and cigarette advertisements with brand name and identifying information removed. Susceptible nonusers were found to like the tobacco advertisements at a level that was significantly greater than that of the non-susceptible nonsmokers and comparable to that of the users. Gender was a significant correlate of brand name identification for Marlboro and Budweiser and of product type identification for Absolut advertisements. Boys identified each of these advertisements more often than girls. Gender was a significant predictor of advertisement liking for Camel, Capri, and Budweiser; girls liked the Capri advertisements more than boys. The results of this study indicated that susceptible nonsmoking adolescents are similar to current cigarette smokers in their reaction to cigarette advertisements. The findings suggested that tobacco advertisements targeted to adult smokers may have the effect of recruiting new adolescent smokers. Further support has been found for cigarette advertisements enhancing the appeal of smoking among many adolescents. The response of adolescents to cigarette advertisements for different brands was studied by Arnett and Terhanian (1998). They used a large convenience sample of

adolescents in grades six to twelve, chosen from seven schools in four states in the United States. The advertisements that were most popular among adolescents are for two of the brands they are most likely to smoke: Marlboro and Camel.

It is perhaps no coincidence that among adolescents who smoke, and buy their own cigarettes, the three most heavily advertised brands; Marlboro, Camel, and Newport, have a substantially higher market concentration for them than among adult smokers (Cummings, Hyland, Pechacek, Orlandi, & Lynn, 1997). Marlboro was slightly more popular among female adolescent smokers than among males. For this study data on adult smoking behaviour were obtained from two cross-sectional telephone surveys consisting of 99,348 participants in 1988 and 79,890 participants in 1993-94. The data on adolescent smoking behaviour were obtained from two school-based surveys of ninth grade students, one conducted in 1990 with 7,097 participants and the second conducted in 1992 with 7,277 participants. The main findings from this study were first, cigarette brand use was found to be much more tightly concentrated in adolescent smokers as compared with their adult counterparts, second, the cigarette brand use of adolescent smokers appeared to be more stable than among adult smokers, and third, smoking prevalence rates appeared to be increasing in teenagers while declining among those 25 years or older. Although this study does not show that cigarette advertising encouraged young people to smoke, the results are consistent with the hypothesis that cigarette advertising affects the brand preferences of the young more than adults.

Media source of tobacco advertising may also be an important factor in increasing adolescent smoking. Sone (1996) conducted a study in Japan to provide primary data on

young women's contact with cigarette advertising in various media. The results of a survey with 198 nursing students suggested that participants received more memorable impacts from cigarette advertising on television than from any other media. Over 50% of the participants who had past/current smoking experience felt that they were frequently exposed to cigarette advertising, and, conversely, 50% of those who had never smoked felt they occasionally saw cigarette advertising. Legislation in Canada prohibits paid tobacco advertisements on television; however, many young people are exposed to tobacco products on television shows from networks that do not have tobacco control regulations.

The relationship between adolescent's receptivity to the tobacco industry's marketing practices and susceptibility to start smoking was assessed in a study by Feighery, Borzekowski, Schooler, and Flora (1998). They studied 571 seventh grade students from five randomly selected middle schools in California. The study results suggested a clear association between tobacco marketing practices and young people's susceptibility to smoke. Virtually all young people in the study were aware of tobacco advertising. More than 99% of them reported seeing tobacco advertising and promotions in a variety of venues, and 70% of them indicated a level of receptivity to tobacco marketing materials that is greater than simple awareness of advertising and promotions. Girls were less likely than boys to have experience with smoking. The girls were also less likely than the boys to have a clear resolve not to smoke.

Understanding the relationship between cigarette advertising and youth smoking is essential to develop effective interventions. A study by King, Siegel, Celebucki, and

Connolly (1998) investigated whether cigarette brands popular among adolescent smokers were more likely than adult brands to advertise in magazines with high adolescent readership. A cross sectional sample of thirty-nine popular American magazines were reviewed for the presence of advertising by twelve cigarette brands together with the youth, young adult, and total readership for each magazine. The researchers found new evidence that cigarette advertising in magazines is correlated with youth readership and that this relationship is different for youth and adult cigarette brands. Of all the demographic variables examined, including gender, only the percentage of youth readers was a significant predictor of whether or not cigarette brands were advertised in a given magazine. Youth are more heavily exposed to magazine cigarette advertisements for brands that are popular among youth smokers than for brands smoked almost exclusively by adults. While inferences cannot be made from the findings regarding the potential role cigarette advertising in magazines had on smoking behaviour, including smoking initiation among adolescents or whether there was an intent to target youth, the data suggested a brand-specific relationship between advertising and youth readership. The results of this study strengthen the justification for regulation of cigarette advertising in magazines.

Preliminary evidence is provided by Distefan, Gilpin, Sargent, and Pierce (1999) that stars who smoke on and off screen may encourage youth to smoke. They examined the relationship between adolescents' favourite movie stars and their smoking status. The 1996 *California Tobacco Survey* with 6,252 asked about favourite stars, smoking history, exposure to smokers, rebelliousness, knowledge, and attitudes regarding smoking, and cigarette advertising and promotion. Never smokers were significantly more likely to be

susceptible to smoking if they had preference for actors and actresses who smoked on and off screen, even after adjustment for known predictors of adolescent smoking, and demographic variables. A majority of favourite stars of ever smokers smoked on and off screen compared to favourite stars of never smokers. Female adolescent ever smokers named Brad Pitt, who smokes in movies and in private life, as their favourite actor significantly more often than did female never smokers. In contrast female never smokers named Jonathan Taylor-Thomas, a non-smoker in movies and private life, significantly more often than did female adolescent ever smokers. Female adolescent ever smokers favoured actresses who have tended to play glamorous and sexy characters on screen and smoke in many of their movies and in their private lives, significantly more often than did female adolescent never smokers. Favourite movie stars may provide culturally normative behaviour models who are emulated and then used to justify subsequent risky behaviour.

Advertising Through Sponsorship and Promotion Practices

Sponsorship and promotion of sports and cultural events is a known strategy of tobacco companies. Although there has been a ban on tobacco advertising on British television for more than a quarter of a century, nearly two-thirds of children claim to have seen such advertising. This is almost certain because of extensive tobacco sponsorship of sporting events on television (The Health Education Authority, 1990). Since tobacco advertising was banned on broadcast media, the tobacco industry has increased the size of their marketing budget (Gilpin, Pierce, & Rosbrook, 1997). This increase in expenditures is a direct result of the provision of tobacco promotional items such as cents-off coupons, and retail value added offers of speciality items through coupon redemption. The tobacco

promotional items are appealing to youth and serve as an advertisement for cigarettes, without the health warning.

Similarly in Canada, the *Youth Smoking Survey* (Government of Canada, 1994) found that awareness on the part of youth of events and activities sponsored or promoted by tobacco corporations was notable. The total sample for the *Youth Smoking Survey* consisted of approximately 23,700 interviews, with a school based sample consisting of approximately 14,200 self-completed interviews from children age ten to fourteen years. Recall of seeing advertisements for events sponsored by tobacco corporations was reported by nearly one-half of all youth aged ten to fourteen and this rose slightly among those between fifteen and nineteen years of age with very little difference between males and females respondents. This survey addressed the need for more information on attitudes and behaviours of youth on the use of tobacco products.

A study by Altman, Levine, Coeytaux, Slade, and Jaffe (1996) suggested there is a strong association between an adolescent's awareness of and involvement with tobacco promotions and being susceptible to tobacco use or a user of tobacco products. Data were collected from telephone interviews of a large random sample of adolescents. The interviews consisted of questions regarding tobacco use in the household, awareness of tobacco promotions, knowledge of a young person owning a promotional item, and participation in tobacco promotions. The findings suggested that girls are less likely to be either susceptible to tobacco use or current tobacco users, however, susceptibility to tobacco use and actual tobacco use increased with age. Promotional items increased the probability of being susceptible to tobacco use or being a current tobacco user.

The tobacco industry claims that it does not target young people under the age of eighteen, however, the industry has increased its marketing budget for sales promotions. It is important to determine the extent to which adolescents are affected as participation in sales promotions may lead to smoking initiation among the youth. A study by Gilpin, Pierce, and Rosbrook (1997) used data from cross-sectional random population surveys conducted in California to identify the extent to which demographic subgroups of youth and adults are receptive to promotional practices of the tobacco industry, and whether receptivity is changing over time. The surveys conducted in 1993 had 5,531 participants from twelve to seventeen years of age, and in 1994 had 1,735 youth, and 4,170 adults. Young adults were the most likely to possess a promotional item. However, willingness to use an item was highest among those from fifteen to seventeen years of age, and it was also high among those from twelve to fourteen years. Among the youth, ownership or willingness to use promotional items was more likely for boys, whites, those reporting below average school performance, and those smoking or susceptible to smoking. This sex difference was also present among both youth and adults which found that more boys than girls, and more men than women, reported possession of a cigarette promotional items. The study concluded that promotional marketing undertaken by the tobacco industry was effective in capturing the interest of adolescents.

Sargent et al. (1997) studied the prevalence of ownership of cigarette promotional items by rural northern New England students and examined the association between ownership and smoking behaviour. The sample included 1,265 sixth to twelfth grade students attending public schools. The researchers studied the relationship between

ownership of such an item and smoking behaviour. One-third of the students owned a cigarette promotional item, with the prevalence of ownership being evenly distributed across grade and gender. There was significantly higher ownership among poor to average students and children whose parents and friends smoked. Boys were significantly more likely than girls to bring a cigarette promotional item to school. These items are highly visible in the school setting, and their ownership is strongly associated with initiation and maintenance of smoking behaviour. Students using cigarette promotional items in schools heighten the perception of approval of tobacco use by peers and promotes smoking as a normative behaviour.

Media can be used as well to decrease smoking among adolescents. A study by Worden et al. (1996) developed a mass media smoking prevention intervention targeted primarily to adolescent girls at increased risk for smoking, and assessed its outcomes. A large cohort of students in the United States were assessed at baseline in grade four to six, and annually for four years. Media messages were created to appeal to girls, as preliminary research suggested that at every developmental level the leisure and media interests of the girls tended to focus on social relationships. The media producers were encouraged to create message ideas featuring credible boys and girls modelling cigarette refusal skills and endorsing non-smoking in a variety of social situations, using straightforward testimonials, teenage dramas, or rock videos. This study demonstrated smoking prevention efforts by achieving 40% lower weekly smoking at grades eight to ten, for girls receiving the media and school intervention compared to school intervention alone. Smoking behaviour effects were maintained at grades ten to twelve.

Summary and Conclusion

Literature on reasons why adolescents smoke and the effects of advertising on smoking behaviour are important to the present study and have implications for female adolescent smoking. The relationship of female adolescent smoking with the social pressures to smoke including: social and demographic factors, psychological factors, smoking by family network members, the access to cigarettes, and the influence of cigarette advertising is well documented. The influence of social networks is an important influencing factor on smoking behaviour. Peers and their smoking activity can be a critical factor among adolescent females, but positive parenting around smoking may afford some protection. Studies on cigarette advertising add to a body of research that suggests marketing has a significant effect on smoking behaviour among young people. However, there are a number of limitations and gaps in the literature.

The research designs of some of the studies have inherent limitations for example, a number were cross sectional, thus limiting the extent to which conclusions about causality can be drawn. The regional characteristics of some of the study participants also limited the ability of several of the research studies to be generalized to the larger population. The limitation of convenience sampling was evident in some of the research studies. Additionally, the use of a self-report survey may lead to under reporting or over reporting of smoking data (Palmer, Dwyer, & Semmer, 1994). Smoking has been defined inconsistently in the literature; therefore, making comparisons between studies difficult. Nichter, Nichter, Vuckovic, Quintero and Ritenbaugh (1997) reported that terms such as “smoker” and “non-smoker”, do not capture the full range of the female adolescent

smoking experience and attempted to refine the categorization of smoking as defined by the young women themselves. The majority of the studies were carried out in the United States and other countries; therefore, the lack of Canadian and Newfoundland research was noted. The results from the United States and other countries may not be generalized to a Newfoundland population as there may be cultural differences which may contribute to differing experiences and findings among adolescents (Westera & Bennett, 1990).

However the most important limitation of the current study is that although research on the identification of some of the social pressures for young women to smoke has enriched our knowledge, it has not identified how they experience these pressures. The perspectives and experiences of young women were not the focus in many of the research studies, which resulted in a fragmentation of their experiences as they tried to arrive at an understanding of the whole. Despite extensive research on female adolescent smoking, health care providers still do not have a clear understanding of how this group experience the social pressures to smoke. Many of the studies examine pressures to smoke in a limited way. Instead Daykin (1993) suggests that additional research be undertaken which “locates smoking in the day-to-day context of young women’s lives in which young women’s voices are heard” (p. 101). The phenomenological approach of the current study is an attempt to capture the whole of the experience for the young women in the study, of the social pressures to smoke and how they experience these pressures.

CHAPTER 3

METHODOLOGY AND METHODS

This study explored social pressures to smoke that confront young adolescent women on a daily basis by using cigarette advertising found in magazines as a hermeneutic prompt. It was designed to explore how this particular group experiences the influence of advertisements found in women's magazines and how these advertisements would assist in talking about social pressures to smoke. Two major sections comprise this chapter; methodology and methods. The first section presents phenomenology as a methodology using the phenomenological mode of inquiry as described by Streubert (1991). The second section includes an overview of the methods used by the researcher in each step of the research process.

Phenomenology as a Methodology

Phenomenology is a method which aims to describe particular phenomenon, or the appearance of things, as lived experiences (Streubert & Carpenter, 1999). It offers a means of accessing the "real life" experiences of people by retaining the integrity and context of those experiences. Using phenomenology helps avoid abstract descriptions or generalities of experiences and assists us to describe and interpret those experiences (Reed, 1994). The purpose of phenomenological data is not to explain, predict or generate theory, but to understand shared meanings by drawing from the respondent a vivid picture of the lived experience, complete with the richness of detail and context that shapes the

experience (Sorrell & Redmond, 1995). Phenomenological interviews are not conducted but are participated in by both the interviewer and the respondent. Often the interview questions are of a narrative structure. The respondents describe their experience, rather than the researcher interpreting it.

The advantages of using phenomenology as a research method are numerous. It enables the discovery of the essence of the phenomenon, which is the understanding of the structure of the experience. The data collected are rich because the experiences are multidimensional. The phenomenological method allows for the recognition of a person as a unique individual with a unique set of experiences. The researcher is also given the opportunity to gain insight into herself or himself and the opportunity to explore her or his intuitive nature and spirituality. Phenomenology provides nursing with a method that focuses on the client's experience of the care they receive, which can be used to plan future care (Jasper, 1994).

The purpose of phenomenological inquiry is to describe particular phenomena, or the appearance of things, through the every day lived experience. The findings of phenomenological research are descriptive and interpretative, rather than explanatory or predictive, with the purpose, in nursing, of enhancing nursing's knowledge base (Smith, 1989). Phenomenology as a research method is a rigorous, critical, systematic investigation of phenomena (Streubert & Carpenter, 1999).

The method developed by Streubert (1991) guided this phenomenological inquiry. This method consists of ten steps: explicating a personal description of the phenomena of interest; bracketing the researcher's presuppositions; interviewing the participant in a

setting unfamiliar to the researcher; careful reading of the transcripts of the interview to obtain a general sense of the essences of the experience; reviewing the transcripts to uncover essences; apprehending essential relationships; developing a formalized description of the phenomena; returning to the participants to validate the description; reviewing the relevant literature; and distributing the findings to the nursing community.

Methods

Streubert's (1991) phenomenological approach was used to guide the inquiry into the social pressures to smoke that daily confront young adolescent women using cigarette advertising found in magazines as a hermeneutic prompt. This section will present a detailed overview of the methods used in this study.

Participants

Participants were recruited who met the following criteria: were female, 14 to 16 years of age, living in western Newfoundland, able to understand, read, and speak English, were physically and mentally competent to participate in the study, had parental permission to participate, and willing to participate in the study. Participants were not invited on the basis of smoking status as I was interested in the experience of social pressures to smoke on young adolescent women and not whether they smoked or not. Males were not included in this study as I wanted to focus on adolescent women's experiences with social pressures to smoke, because the literature suggests there are gender differences in this respect.

A purposive sampling technique was used because in the phenomenological method there is no concern about sample heterogeneity, representativeness, or

comparisons with other individuals because intrapersonal rather than interpersonal variation and unity is the concern (Sandelowski, 1995). A total of eleven participants agreed to take part in this study. Sandelowski note that sample sizes in qualitative research are typically small because of the large volume of data generated from intensive and prolonged contact with participants. Although small sample sizes are normally adequate, participants were recruited into the study until full descriptions were obtained and understanding attained.

Participants were recruited with the assistance of guidance counselors practicing in schools in western Newfoundland (see Appendix A), through family members of work colleagues, and through other participants. Potential participants who expressed interest were asked if I could contact them.

Setting

The study was conducted in the geographical region of western Newfoundland. The interviews were held in a setting convenient to the study participants. They were interviewed in a setting of their choosing and not those where the researcher was familiar. This would allow greater control on the part of the participants over where the interviews were conducted. All participants were comfortable in the settings and the interviews flowed in a conversational style. Ten participants were initially interviewed in their homes and one participant was interviewed in her parent's work place. The second interviews were all conducted in the participants' homes.

Data Collection

Following ethical approval from the Human Investigation Committee of Memorial University of Newfoundland (see Appendix B), letters were sent to school boards in the western region, requesting permission to contact guidance counselors in the schools under their jurisdiction (see Appendix C). Approval was obtained from the school boards in order to contact guidance counselors in the western region and to assist in recruiting participants for the study (see Appendix D). A list of potential participants were received from schools, from family members of work colleagues, and through other participants. The potential participants were contacted by telephone, the research study was described, and participants' questions were answered. Upon verbal agreement of the participants, information about the study, and the consent forms were placed in their mailbox or hand delivered. The participants were then contacted by telephone within 48 hours and if they agreed to participate in the study, interview times and settings were arranged. Two of the potential participants contacted declined to participate in the study, one because of the time commitment and the other because of a family vacation. I met with the participants and parents, described the research project, read the consent forms, and answered all questions fully prior to any data collection. Permission was received from parents or guardians (see Appendix E). Participants provided the researcher with informed consent (see Appendix F). Data were collected from June to September 1999.

A sampling of cigarette advertisements appearing in popular magazines read by young women were selected (see Appendix G). Choice was made based on what magazines were readily available in local magazine racks and the magazines that were

purchased by young women in the research area. These advertisements were used in the interviews as prompts to explore the social pressures to smoke that young adolescent women experience. During the interview I would show each of the advertisements selected in turn to the participant and let her talk about what the advertisement suggested about smoking and her experiences. When she had exhausted her comments about a particular advertisement I would move to the next. The advertisements served as an excellent means of eliciting a response as the young women would discuss the ad and then their particular experience with certain situations where smoking was prevalent. They were used to obtain a fuller description of the many social pressures in the lives of these young women. This approach is suited to the topic under study. van Manen (1990) describes the use of such material as hermeneutic prompts, and is a way of obtaining a description of the experience. In this way, I gained an understanding of the experience that forms an important part of the respondent's day-to-day existence (Sorrell & Redmond, 1995). Participants were allowed to describe fully their experiences without interruption. I noted thoughts that were discussed that were inadequate or unclear. I redirected the participant to comments that required clarification or elaboration. Probes were used to help reflect on the topic of interest. Data collection ended when the participants believed they had exhausted their descriptions of the phenomena under study. I was available to answer questions following the session and was available by phone or a visit if further questions arose. I kept a journal, writing down feelings, ideas, or responses that emerged during data collection.

An interview guide (see Appendix H) was developed for the ethical review process¹ and to serve as a structure for material to cover should the adolescent require more than an open-ended approach to the topic. All topics on the guide were investigated with each participant either spontaneously or through questioning. Interviews were scheduled at a time convenient to the participants. The sessions were recorded using a tape recorder. The interview length varied from thirty to ninety minutes. Tape recorded interviews were transcribed verbatim into a text. A second interview was held in order to return to the participants for validation of key areas. During the second interview, two to three months following the first, each participant was given an interpretative summary obtained from the text of the first interview and asked to confirm that it represented her experience. The second interviews averaged about fifteen minutes. Changes were made to the text based on any feedback from the participants.

Data Analysis

Each interview transcript was carefully read to obtain a general sense of the essences or commonalities in the descriptions of the phenomena under study. Essences refer to elements related to the ideal or true meaning of something. Essences are concepts that give common understanding to the phenomena under investigation (Streubert & Carpenter, 1999).

In my research the following steps were taken with each interview transcript: the interview tape was transcribed verbatim; the transcript was read numerous times to get a

¹ The Human Investigation Committee requires an interview schedule or in the case of an unstructured interview some idea of what could be covered in the interview.

sense of the whole; and, following the readings themes were identified. Themes are structural meaning units of data that help the researcher cluster information and discover the meanings intended in what is observed and heard (Streubert & Carpenter, 1999).

In the analysis a highlighting approach was used. Any time one of the participants identified a social pressure associated with smoking I highlighted the text. These highlighted segments were compared and reduced to seven themes.

Credibility

A qualitative study is said to be credible when the descriptions are such that the people having the experience would immediately recognize it as their own (Streubert & Carpenter, 1999). To ensure credibility, the research committee consisted of two nurse researchers; one proficient in phenomenological research and both in the content area of the study. Once themes were identified, intersubjective agreement between the researcher and the thesis committee members was achieved at each phase of the data analysis. This discussion facilitated a richer understanding of the phenomenon under study, and assisted with uncovering hidden messages and meanings.

Another way to ensure credibility is to have each participant review an interpretative summary of her transcript and verify its accuracy. Numerous quotes from the participant's oral description of the phenomenon were included in the results of the study. The second interview was used in step eight of Streubert's method (1991) which involved returning to the participants to validate the description. Credibility was obtained by returning the interpretative summaries to the participants to see if they recognize the findings to be true to their experience. The purpose was to have those who have lived the

described experiences, validate the experience. Dependability was met through obtaining credibility. Participants were asked, "How dependable are these results?"

Activities were recorded over the time of the research, which will enable another researcher to follow the audit trail. This will enable the illustration of the evidence and thought processes which lead to the conclusions (Streubert & Carpenter, 1999).

Transferability refers to the probability that the findings of the study have meaning to others in similar situations. I anticipate that this study will have meaning for individuals interested in adolescents, tobacco, and addictions research. The expectation for determining whether the findings fit or are transferable, rests with the end users of the research not the researcher.

Streubert (1991) recommends as a final step that the findings be distributed to the nursing community. This step has important implications for nursing practice, education, and administration. Dissemination of findings to the nursing community and other interdisciplinary and interagency groups further may assist in future theory development in nursing.

Researcher bias was controlled by: 1) recording personal perspectives prior to and during data collection, 2) bracketing or controlling for pre-conceived ideas about the phenomenon, and 3) frequent consultation with the research committee.

Ethical Considerations

The guidelines as set out by the Tri-Council *Code of Conduct for Research Involving Humans* (1999) served as the ethical guide for my research. The rights of participants participating in the research study were protected to the fullest possible

extent. This was accomplished by submitting an application to the Human Investigation Committee of Memorial University, and obtaining ethical approval for this study before it was started (see Appendix B).

Informed consent requires that adequate information be provided to study participants, at a level that they can understand, and without any perception of being coerced (Brink & Wood, 1988). Informed consent to participate in this study was obtained from the parents or guardians and adolescents, prior to being included in the study. Informed consent was requested after the researcher approached potential participants, explained the purpose of, the method of data collection for, the commitment of time expected from them, and the potential benefits of this study. Parents were not informed of the smoking status of their children. Any questions from the study participants were addressed. Participants had the right to refuse to participate in the study, as participation was voluntary and participants could withdraw from the study at any time, however, no participants chose to do so.

Confidentiality was maintained throughout the study. Names were not recorded on the taped interview. No information was traceable to any one study participant. The schools, where the participants attend, were not identified by name either in discussion or written form. Interview transcripts, tapes, and consents were stored in locked filing cabinets, accessible only to the researcher. The interview transcripts and tapes had no identifying data. The interview transcripts, tapes, and consents will be destroyed upon conclusion of the study when it is ethically and legally acceptable to do so.

The interviews were conducted at a time and location acceptable to the study participants. The researcher was available to answer questions and was available by telephone or visit if questions arose. Participants were not subjected to physical or psychological risks. All questions were perceived by the participants to be non-threatening, and the interviews were not required to be delayed or terminated. The researcher provided a list of counseling or referral services for smoking cessation programs if requested (see Appendix I). However, the counseling or referral services were not required.

The costs of this study to the participants were outweighed by the potential contribution of the study. The major cost to the participant was her time to attend the interviews and to review the interpretative summaries. The participants did not benefit directly from the study, however, the opportunity to participate in the research study may heighten awareness of female adolescent smoking and the associated health risks. The potential benefit of this study will come from its potential for further contribution to knowledge and benefit to the participants (Brink & Wood, 1988). There may be no immediate benefit or contribution of the study.

CHAPTER 4

FINDINGS

What are the social pressures for young women to smoke that are reinforced through cigarette advertising? How do they experience these social pressures? These questions were explored with eleven young women through the use of cigarette advertisements found in popular magazines that were used as hermenutic prompts. The ads allowed for a greater exploration of these pressures than might have been found without their use. The research findings are presented in the form of the themes that best illustrated these experiences. The chapter is divided into three sections. The first section provides an overview of the participants in the study. The second section describes the themes that were identified from a phenomenological analysis of the text. The third captures the essence of the experience of the young women in the study.

Introduction to the Participants

A total of eleven young women between fourteen and sixteen years of age voluntarily agreed to participate in this study. They all live in western Newfoundland and attend secondary school on a full time basis. The grades they attend range from grade nine to twelve. Additionally, all still live at home with their parents. Although both smokers and non-smokers were invited to participate in the study, none who agreed to be interviewed described themselves as smokers. Some, however, may have tried a cigarette at one point or another. Some participants were concerned that they, “don’t know anything about it [advertising].” Others felt that they had a lot to say about the topic of cigarette advertising

and the whole topic of social pressures, young women, and smoking. Some felt that what they had to say, was not what the researcher was looking for in the interviews. When the researcher discussed the purpose of the study, they all acknowledged the importance of their accounts and expressed a willingness to help. They felt that if their experiences could help other young women from not beginning to smoke or to stop smoking then they were very supportive of participating. They did not express any discomfort about the topic and they all spoke freely. The participants gave their final approval to the contents of the interview after they read the interpretative summaries. Changes were made to a few of the interpretative summaries as requested. They appeared pleased and interested in the interviews and research. Upon reading her interpretative summary one young woman said, "It's perfect."

Thematic Analysis

This section presents in detail the themes identified from an analysis of the interview transcripts. The themes are presented separately to highlight the lived experience of the social pressures to smoke, however, they are interrelated and interdependent with each flowing into the other. The seven themes identified all capture in some way what it is like to be confronted daily with the pressures to smoke that exist in present day society. The themes are: *Being with others: smoking is a social event*, *Being like your peers: development issues*, *Parents, family, and other important relationships matter*, *Not having an effective voice*, *Addiction warnings are not enough: you don't read the fine print*, *Leading by misleading: seeing through the ads*, and *Smoke and you will be attractive, popular, and slim: myths in ads*. They are not presented in order of

importance.

Being With Others: Smoking is a Social Event

The transition from adolescence to adulthood is marked by a desire for social acceptance and the company of friends (Kyngas & Barlow, 1995). The need to be with others was identified as these young women talked about smoking. As they looked at and discussed the advertisements for cigarettes, they felt this need was reinforced through the advertisements. The desire for social acceptance among peers was mentioned as a very strong social pressure to begin smoking, particularly in settings and situations where teenage smoking is very prevalent. All of the participants identified this as one of the main reasons they felt some of their friends smoked and why they themselves might be inclined to smoke a cigarette. Informal gatherings particularly during breaks at school provided an important context within which many young people were initiated into smoking. Becoming a member of a group where most of the members of that group smoke, is not because of a need to smoke, but more of a desire to be with your classmates as one participant explained:

In our school people who smoke usually just go behind the school and they go back with the guys sometimes, and at recess and lunch you have people back there smoking. Most of them are girls and they probably only do it ... I don't know ... to look ... or maybe just to go to talk to people and stuff.

Smoking makes adolescents feel part of the group at school and groups are important as a source of friends. Therefore, if you are a part of a group whose members tend to smoke, or if you have friends who smoke, then you just might do the same. The young women

were only too aware of how the influence of friends who smoked and their participation with the larger group could have an influence on them:

I'd say probably because a lot of people started earlier, to get people to go with them as they go off as they don't want to go by the [school] gate themselves. And sometimes they just start to hang out with smokers, with their friends and then they would start [smoking].

We talked about why young women smoke and participants noted that their friends smoked to fit in and to hang around with their friends. Peer pressure was identified as being particularly strong for adolescents even though many of the participants noted that they were not personally affected by peer pressure when it came to smoking. They could all identify situations in which other friends or acquaintances were affected by peer pressure. Advertising they felt contributed to and reinforced peer pressure. One participant describes what she saw as the connection:

They don't affect me directly but I think that yeah ... certain advertisements will influence some people to go to a certain spot and buy cigarettes, or whatever.

The young women felt that peer pressure may be too simplistic a way to look at the social pressures to smoke when in a group. Another participant felt it was not so much peer pressure as such, but more the social aspect of smoking and being with other people who smoke. She made a connection between being with those who smoke and taking on aspects of the group. You not only want to be a part of the group, you need to feel like you belong:

Not so much pressure though, but just being around people, and thinking that it [smoking] makes them look better.

The participants made a number of comments about how many of the magazine advertisements reflected a party atmosphere which for some adolescents is the ultimate of being with others. They felt that the use of a party scene glamorized smoking. These types of advertisements created the illusion that smoking and fun is linked as one young woman noted:

A big party [in the ad] and . . . it is almost like if they are smoking then they are part of the party. It almost looks like it is a social thing, if you smoke, you have more fun.

An advertisement like the one just commented upon is specifically designed to influence young women to smoke by using the subtext of smoking as enjoyment. Furthermore, some participants felt that the advertisements suggested that women who smoked were noticed by everybody, therefore, they would have greater social acceptance if they smoked. They felt this message would have a greater appeal to those who were unsure of themselves or felt uncomfortable socializing in group settings. The fact that cigarettes are identified by the magazine advertisements as increasing young women's confidence and self esteem was not lost on these participants. They talked about how vulnerable teenagers are the target for these messages. One young woman in discussing an advertisement could see how it was an appeal to potential smoker's desire for popularity and a degree of comfort in social settings:

They [the ads] probably say that you would get noticed more, so if a person was kind of shy and don't really get noticed much and then they'd smoke and they are like really popular.

The social pressures to smoke cigarettes and drink alcohol and the social contexts of being together are very similar for many young people. Smoking and drinking are often

perceived as adult pleasures undertaken by sophisticated people, who are outgoing and secure. The same pressures that influence young people to smoke may also influence them to participate in other risk taking behaviours such as drinking. One participant pointed out the similarity between advertisements for smoking and drinking and the emphasis on fun:

Ah ... Like the advertisements on Much Music for Mike's Hard Lemonade and stuff. So it's a great big party scene and everything.

One young woman compared drinking and smoking and made a distinction between the social pressures to drink and those for smoking. She felt the pressures for smoking were more covert because the influence came from just being around smokers at parties and other social events. The pressures to drink alcohol was seen as more overt; your peers approached you and tried to get you to drink. In the case of drinking sometimes it is a strong pressure but one that they can more readily know is occurring, as one young woman explained:

I think it is kind of a false belief that teenagers kind of influence people by coming up to them and saying, "Try this and try that" [cigarette], with alcohol it is a different thing. Its like people saying, "You should drink." I think with smoking it is different, no one ever really came up to me and said, "[Name] smoke," it's just at parties and stuff like, with smokers they are always secluded and parked together in the backyard. So I guess if you just happen to go out there, if one of them is your friend, you can be smoking.

Being Like Your Peers: Developmental Issues

The second theme identified was closely related to the first theme and indicates what a strong social pressure peers can have on smoking behaviour. Just as adolescents have a desire to be with others, they want to be like others. Adolescence is a developmental stage characterized by changes and struggles. On the one hand young

people want to be like their peers and on the other hand they want to express their individuality, not only in relation to smoking, but in other areas of their lives. The participants described the challenge of being like their peers as well as the struggle for individuality. A strong motivating factor to smoke is being like peers:

But I would say that mostly to fit in with the group, is the main reason why they do it [smoke].

Influences of friends are very strong during these years. The participants talked about these influences and especially the need for some to conform. They talked about being part of the group, about acceptance, and not standing out. It is a part of who you are as a teenager even if that does not seem to make sense. Smoking is seen as one of the behaviours that adolescents engage in to be part of the crowd as one young woman said:

People look for ways to make them cool, I guess you can think of it in that light. It's the whole point of teen age years to adjust yourself to your surroundings, and if you think that everybody else is doing it [smoking], then you definitely are going to be influenced. It is kind of dumb but that is the way it is.

The development of a sense of self is an important developmental milestone of adolescence. The young women in the study identified that they and their friends are struggling with a sense of identity as a part of a group and want to be accepted and supported by their peers. Advertising promotes smoking as a way of fitting in with the group, and conversely, portrays smoking as a way to express individuality. One participant described the importance of fitting in:

Cause everyone wants to fit in, I guess and be the same as others, they don't want to be different.

Adolescents have peers who they want to be like. These people are usually singled out on the basis of some characteristic that they would like to possess. The person in school who is very popular is frequently the one they would like to emulate. This is an instance when the need to be like someone may lead to detrimental behaviours. The observations of one of the participants helped to make explicit some of the complexity of the issue:

...you know how like in high school there is always one glamorized person, and everyone either wants to be with that person or be like that person. So basically whatever they do, you kind of mimic. You don't tell them you are going to do it but you do it anyway. So basically if you see them with a cigarette in their mouth than you would go hum.... I don't knowit is pretty complicated.

The idea of influencing or being influenced, that is being like other adolescents is pretty strong. The participants were able to describe how some young women were vulnerable to initiating smoking to be like their friends. One participant described the complicated nature of teenage influence and its impact on the lives of young women:

Like some people are easily over taken by their friends and controlled. If they are followers then they can be easily persuaded to smoke, and to do everything else. The big goal for teenagers is to either be influenced or to influence someone else and have someone like you, like a little guinea pig or something.

The experience of being like others and being part of the “in crowd” can be negative for many young people, with young women participating in activities which they are not comfortable doing but will do anyway to be part of the group. Smoking is one such activity that they may participate in, not because they want too but because they feel they need to smoke in order to be like others in the group. The participants talked about how

the influence of trying to be like peers can be hidden, while many young people may not even realize it is occurring. One young woman described her personal experiences of being like others to be a part of the “in crowd”:

I changed the people I hung around with. I used to do everything I could to be part of the in crowd. I used to be friends with people for want of a better word, used me. They really didn't care about me, they just wanted me there cause I would do stuff and get stuff for them. I don't know it was weird. They would never tell me to do it but because they smoked, I did. I really hated it, but I did it anyway.

The participants discussed periods when they may be particularly vulnerable to peer pressure and trying to fit in and be like others. One of these periods was in the transition from elementary to junior high school and they felt young people may more likely commence high risk activities, such as the initiation of smoking, to be like their peers at this transition. The influence of being like others and succumbing to peer pressure to smoke was noted by one participant to be particularly strong in junior high school. One young woman in grade twelve commented:

Well I don't see it [pressure to smoke] as much now in high school but in junior high you would see it a lot. Like people saying, "You should smoke, you should try it." Mostly in grade seven cause you are just going into junior high and you are going to be pulled into peer pressure anyway. Everyone is going to be pulled toward peer pressure a bit, and you are just meeting a new bunch of people. A lot of people that I know have started in junior high, a lot of people I know haven't started in high school cause they really don't care about peer pressure in high school.

The opinion of their peers is important to young women, especially if the person is seen as being popular and the person that they may want to be like. Young women who are popular and smoke were described by participants as influencing other people to

smoke to emulate them, even though they are aware of the adverse health effects of smoking. One participant described how the social pressures to be like other young people may also impact positively on smoking prevention, if the person everyone wants to be like doesn't smoke. A participant described her feelings on how influencing peers not to smoke happens:

There is [sic] times like if one person is popular or something and then other people will follow them. However, like if one person said it was really stupid to smoke or didn't want to or anything like that, then I'd say more people would stop smoking just because of them. But they just go with whatever is happening.

Parents, Family, and Other Important Relationships Matter

Peers are not the only source of contact with smoking, nor may they be the most influential people on smoking behaviour among adolescents. The day to day contact with family and other friends who smoke contributes to the social acceptance of smoking. Being with family members who smoke was noted by the participants to increase the chances of picking up this habit. Many felt that family and the attitudes of family members were more important than their peers in whether or not they might smoke. Parents were seen as role models for some of these young women in their decision not to start smoking:

...well my parents don't smoke and I don't know if they did then I might. I might be more likely to knowing that it was acceptable to them. A lot of people whose parents smoke do smoke, they smoke too. But when my parents don't smoke, then it's ah... I know that I shouldn't either. I know they wouldn't want me to do it. None of my family smokes and the only one person in my family ever smoked and even he didn't want to. So you can tell that I wouldn't want to be different from all my family, my whole extended family.

Most of the participants' parents were non-smoking, but when parents smoked they posed certain conflicts for the adolescents in confronting them. The young women felt they did not always have the freedom to express their opinion in any meaningful way or with any effect on their parent's smoking behaviour. Whether they liked it or not, they were exposed to their parent's second-hand smoke and their only option was to "move away from them." Non-smoking parents have the option of banning smoking from the household and insisting that if their adolescents smoke, that they go out of the house to smoke. It was not that the participants felt it was any easier for adults to quit smoking than it was for adolescents, they just felt that if they said something it would have no effect. However, because of her concern for her mother's health, one young woman did try and influence her mother to quit smoking and was delighted with the results:

My Mom, it took her a long time to quit. Basically, I wouldn't let her smoke in the house. That was pretty cool that she actually did [stop] in the end. I was so proud.

It was not only the non-smoking parents who were influential in the participants' decision not to begin smoking. With smoking parents, some of the young women observed first hand many of the difficulties of trying to quit. When these young women observed the struggles of their parents with smoking, it reinforced their decisions to be non-smokers. A young woman commented on being a non-smoker because of her experience with her parent's smoking, and their subsequent decision to quit:

Like when Mom and Dad smoked and I always told them if you guys give up smoking, I'll never smoke. So then it had never occurred to me to smoke after that. Like, I think you have to experience [effects of smoking] it first hand.

There are many other people besides parents, who play a leading role in the lives of these young women, and whose actions and opinions matter. One such group the participants talked about was teachers. Teachers frequently act as role models and health promoters. Young women are receptive to the message that if adults smoke then it can't be that bad and, therefore, this may influence them to smoke. The participants talked about teachers who acted as negative role models by smoking, and as a result had negatively contributed to young people's smoking behaviour. The impact of teachers giving young people a light for a cigarette, and smoking with them, also raised concerns for these young women. They identified such behaviour as hypocritical, especially as the same teachers who smoke, often teach the health curriculum, which includes smoking prevention:

It is really odd cause you see half the teachers going out and smoking with them [students], selling them smokes, giving them lights. And um.. it is pretty weird cause you would think that if the adults were going to do it, then they should do it somewhere not around kids....even the principal going out during classes to have a smoke. It's like right after health class, you see a teacher going out to have a smoke. It's like you just told us to do the exact opposite [not smoking] of what you are doing. It turns teachers into a bunch of hypocrites.

A third important relationship that has an impact on smoking and acts as a social pressure is boyfriends. The participants noted how the cigarette advertisements portrayed women who smoke as being appealing to men. The idea they felt you got from these advertisements is that men (usually attractive) approve of smoking, even encourage smoking by offering to light cigarettes, and then look approvingly at the woman as she smokes. Participants could see the parallels in real life and this is best illustrated by the

young woman who observed:

.... if a girl sees a guy smoking ... that guy, like, the catch of the school ... they are going to want to smoke for them to see them.

Advertisements suggested to them that if you smoke then you will “get the guys.” There is a strong social pressure for young women is to have a boyfriend and if she does not then maybe there is something wrong with her. Participants saw this as a particularly strong pressure:

Because, like, when you are a teenager, everyone is like, “Oh, I got to have a boyfriend, I’ve got to have a guy to like me.” And if they think that guys think smoking is cool, they will go out and smoke.

Not Having an Effective Voice Against Smoking

Being able to speak and be listened to on an issue is important if workable solutions are to be found. One of the insights that the participants provided was that if smoking prevention and cessation strategies are to have any effect among adolescents, regardless of gender, there needs to be some way to work against cigarette advertising. They felt strongly that target audiences need to be included in planning the strategies. The participants talked about not being included in health promotion activities aimed at smoking prevention and cessation, and felt they had something to offer from their vantage point. They offered many practical suggestions that could be implemented within their communities and their schools:

I think the store needs to be stricter on selling cigarettes and it could be advertised a little more [tobacco control laws]. Like in school if we could probably have more presentations, or more people coming in to talk to us about smoking, it would greatly affect it [reduce smoking]. Or if we could have like a person that smokes and is really, really, badly affected them, like they had

lung cancer or something bad like that, if they could come in to talk to us then a lot of people could see first hand then they wouldn't be smoking.

The young women felt what they experienced were a number of seeming contradictions. The irony of it being illegal for anyone in Newfoundland under the age of nineteen to purchase cigarettes and at the same time permissible for those in the same age group to smoke on school grounds was not lost on the participants. They questioned how the sales restriction could be seen as a serious action when the stronger message seemed to be that it is alright to smoke. They felt that a lot could be done at a number of different levels to control smoking as far as possible, but it would take action on the part of adults. One participant, similar to that voiced above, described how she felt the schools would play a greater role:

...well the obvious ones [actions] is to make it less, ... to make cigarettes harder to buy and have, to make it less easy for us to smoke. Like it is open for us to smoke, we are allowed to smoke in school, even when you are underage. You can have people, like outside you can always have that, teachers outside making sure that no one underage is smoking.

According to some of the young women another area where schools could play a much greater role is through education and offering smoking prevention programs. Their experience was that there is not enough of this activity in this direction nor is it consistent. While they felt some of the school years seemed to be marked by more social pressures to smoke than others, their peers started to smoke in any or all of the grades from four or five up. One participant observed classmates as young as ages twelve to thirteen starting to smoke and another felt that in junior high school the peer pressure was the greatest to

smoke. It is because of these varied times when adolescents commence smoking that lead one participant to suggest:

If they provided the information and education throughout the rest of the years too [besides one time in a single grade]. If they would go with it [smoking prevention education] in grade three, four and five up to until even grade twelve it would mean more and it would be worth it for us.

One situation where the participants felt they did not have an effective voice, in fact they did not feel they had any voice at all, was in a situation where an adult in a position of power was smoking in their midst. Rights of non-smoking adolescents are not always respected when they object to second-hand smoke. It was difficult to confront adults who were smoking in their presence. This was especially true when the adult was a teacher. One young woman described how she even experienced negative repercussions when she asked a teacher not to smoke in front of her:

We were sitting down outside and one of my favourite teachers, um... one of my English teachers.... And I went, "Hey, how is it going," and he hauled out a cigarette and started smoking it. And I was like, I don't want to disrespect my elders but if you are going to smoke that, then get away from me. He had it out [sic] for me after that.

Although the participants felt that the smoking cessation programs and other activities they were suggesting could be implemented and needed to be implemented, they wondered if the concern about adolescent smoking was really present any more. Some saw little or no programs targeted at smoking prevention and cessation among adolescents despite the widespread attention that smoking among this group seems to get. One young woman summed-up nicely how she saw the problem:

I don't think that anyone wants to [smoke], they just do. So it can be

prevented but I don't think that anyone actually cares anymore.

Other participants were more optimistic that something would be done despite the advertisements for smoking. If these young women persist in seeking information and decide to take responsibility for their own health and use their voices effectively, tobacco usage may be reduced. While some of them did not see that smoking could be prevented, it could be reduced as one said:

It [smoking] can be taken down a lot, I don't know if it can be prevented but if there wasn't so many ads, then there's really, they are having some powerful TV ads about [not] smoking. I think if there was more of them, I think it could be prevented.

A number did speak about what they had already done as part of an educational project on smoking. It was obvious for these participants that the impact of educational programs stimulated an interest in tobacco prevention. Presentations by public health nurses and others inspired them to do science projects and learn more about smoking. However, they felt these educational strategies needed to begin earlier and the idea of not smoking had to be promoted more widely to have the desired effect:

I think that the younger kids should learn all the effects [health] when they are young before they can start smoking so that then they will know the effects and if someone tries to get them to smoke, they will say no. And we are starting to see now like the restaurants and stuff are completely smoke free. showing people that it is good not to smoke.

Magazine advertisements were seen to contribute to young women not having an effective voice. The advertisements are created “for” them and not “with” them. Participants pointed out that these advertisements portrayed women as passive participants in a process designed to influence their behaviour. Seeing women sitting back

and having their cigarette lit was one example of passive behaviour. To counteract such advertisements, one participant felt that the magazines, themselves could be used as a means to give a voice to a message of not smoking:

A lot of young women read magazines and stuff, so I guess if there was something in the magazine articles talking about non-smoking, and if other teens talked about it...

Addiction Warnings are Not Enough: You Don't Read the Fine Print

In reflecting on the advertisements and what the young women felt they conveyed, they talked about the discrepancy between the messages in the advertisements and the reality of what happens when you smoke. The participants, even though they were mainly non-smokers, were well aware of the addictive properties of cigarettes as one young woman assessed the situation:

If there is one word to describe [cigarettes and quitting smoking], it would be one word -addiction- wouldn't use, difficult.

Some of their perceptions about the addictive qualities of cigarettes came directly out of their experiences with friends who were smokers and were struggling to quit smoking. While we were talking about young women and the social pressures on them to smoke, they also talked about quitting smoking among their friends. They felt that when it came to trying to quit smoking there were certain experiences that cut across gender. Both their male and female friends seemed to have the same problems with being addicted. The participants all understood how difficult it was for their friends and they saw as well the continuing influence of social pressures. One participant recounted what her friends had told her:

...they told me it is really, it is hard to quit [smoking]. It is really, really hard to do it and you can't... and I guess if there is someone trying to quit and the people around you... you see everyday at school is smoking, then it makes it that much harder to stop smoking and it's really hard and that's probably why they continue to do it and can't quit.

Even though addiction warnings are displayed on cigarette advertising, they are not strong enough to counteract the appeal to smoke. Most of the time they are so small they hardly see them. The participants talked about this dilemma and believed that the problem was more complex than it appeared on the surface. Smoking is seen as a way to socialize with friends and also to offer relief from problems. They felt that some of their friends did not want to continue to smoke. Some of the complexity in the lives of friends who smoke was recounted by one of the participants:

I guess that some of them are addicted but I'm not sure maybe some others just... smoke around other people and other times they just smoke by themselves, so I guess it may be a way to get rid of their problems too, and it may make them happy. I think that within two months of picking up smoking, everyone starts to hate it. But it's just another... you just can't stop.

Many of the advertisements are concerned with the here and now, e.g., having a good time, and not the long term effects of smoking, therefore they act to minimize the impact of the health warnings on cigarette packages. As the participants in the study pointed out, this approach feeds into how some young people may operate. Some adolescents who start to smoke know the long term effects of cigarette smoking, but they just focus on the present:

They think that it [health effects of smoking] is not going to happen to them because they are only going to smoke for a short period of time and that they can give it up any time. But they can't. Once you

become addicted, it is really hard.

The participants pointed out that the impact of the health warning message on cigarette advertisements is often eclipsed by the size and colorfulness of the “ad” promoting smoking. They believed that with such small addiction warnings the health message could be easily missed by adolescents who are exposed to such advertisements. One young woman who looked at an advertisement felt the colour of the advertisement, contrasted with the small black and white health warning made the cigarettes more prominent. Therefore, she would come away from that advertisement remembering the brand of cigarettes. The size of the health warnings may then have an opposite effect to what is intended and may contribute to young people minimizing the health effects of smoking. In one advertisement a participant at first did not even notice the health warning:

No 'cause everything else [in the advertisement] stands out more in brighter colours and stuff. I don't think I'd notice it [health warning].

If the only anti-smoking messages that young people get are addiction warnings and these seem small in comparison with other messages about smoking then they are not sufficient. Some of the participants felt there was not enough effort in this direction:

I don't know if they think if it influenced us before [non-smoking messages] and that was it, and ah... what we needed to learn was learned already, or is it that they don't care anymore.

According to the young women addiction warnings are not enough, as cigarette advertisements do not portray a picture of addiction. The contrast between the picture of the healthy, confident and beautiful person on the advertisement and small, nondescript

health warnings are very extreme. As a result, adolescents may minimize the addiction warnings as the attractive models in the cigarette ads appear to be rewarded for smoking. According to one participant, the advertisements portray the picture perfect image:

Well, everyone here [in cigarette advertisement] is like really happy and it doesn't look like nothing [health effects of smoking] affects them at all, there is no down side to smoking and stuff [in ads], when I know there is.

Leading by Misleading: Seeing Through the Ads

Although the cigarette ads were used as prompts to facilitate the young women to talk about the social influences to smoke and how they experienced these influences, a great deal of discussion centred around the ads themselves and what some of the motivations were in advertising. The participants all identified tobacco advertisements as leading young women to smoke by misleading them. They saw through the marketing tactics of the tobacco industry. They used words to describe cigarette advertising such as “intimidating,” “vulnerability,” “not truthful,” and “gross.” One participant saw through the “ads” and expressed powerful feelings of intimidation in regards to cigarette advertising:

So I think that advertising does nothing except intimidate young people, cause older people are either, they have an opinion or they do and they hate it [smoking] or they do in general. So everyone figures out that it sucks in the long run. So I think the entire point of it is to get people at an early age which is pretty gross.

Some adolescents are especially affected by advertising, and less able, than adults, to evaluate the message and the product. This may lead some young women to being influenced by tobacco advertisements, and thus increase their susceptibility to smoking.

Some of the participants felt that advertising affects everything young people do, with a sense that they are a target for marketers. The young women discussed the pervasive nature of advertising, which they felt affected all aspects of their lives. The influence of advertising was recognized by the participants and they saw through the cigarette advertisements but appeared almost powerless to do anything about it. A participant linked advertisements placed in teen magazines with positive marketing responses from young women:

Advertising affects what you think, the music you listen to, the movie stars are doing. I don't know why it affects people, but it does. And teenagers are like a target. It is what people look for, I don't know why. I guess it is they are so vulnerable, they will listen to even the slightest thing we think we should do, we go for it. So I guess that any ad they put in Seventeen magazine, they are really going to get responses.

Additionally, the young women in this study questioned the truthfulness of the marketing schemes. Unfortunately, they identified that many of their peers are less able to critique the tobacco advertisements, which could result in young women smoking because they have been misled by the tobacco industry. The participants commented on how the cigarette advertisements present images of smoking that downplay health concerns, and instead associate smoking with positive attributes such as beauty and youth. The cigarette advertisements were noted to imply that cigarettes are not harmful, and participants actually said the advertisements do not tell the truth:

It says here [cigarette advertisement], "No Additives, No Bull." That just kind of tells that there is nothing wrong with smoking and there is nothing in it, in the cigarette that is going to hurt you. When they don't tell the truth about it [tobacco companies].

Furthermore, they singled out cigarette advertisements which deliberately mislead young people to start and continue smoking. They were able to decode these particular messages to see how misleading they actually were. One participant questioned the truthfulness of an advertisement, and described the advertisement as follows:

When it [cigarette advertisement] says, "No additives no bull, don't mess up an apology with an excuse," that's really stupid because what it is trying to imply is that it [smoking cigarettes] is safer and they [tobacco companies] are not being fully honest about it....

One participant made a very astute observation of an advertisement for Camels cigarettes suggesting it was saying that smoking cigarettes will help you out of any situation. The use of cigarettes portrayed as a coping mechanism is a known strategy of the tobacco industry. This strategy may particularly appeal to young women as they experience the many changes of adolescence, and the challenges that this brings. Cigarette advertisements were noted to suggest that smoking is a way to escape your problems:

...it suggests [advertisement for Camels] like cigarettes can help you out of anything, you can be in any situation, it will help you out of anything.

Since experimentation with new social behaviours often begins with the imitation of attractive models, who appear rewarded for their behaviour, carefully designed advertisements using attractive models are likely to increase the possibility that young women will try cigarettes. The participants saw through this advertising ploy and questioned the use of models in the advertisements who were slim, popular and beautiful, however, they felt the models did not appear to be smokers. The women in the advertisements did not appear to be the picture the participants had of a person who

smokes, as the women in the advertisements look “perfect.” The participants noted that the women portrayed in the cigarette advertisements are not anything like what they feel a young woman who smokes looks like:

She [model in advertisement] looks too perfect to be smoking. It doesn't look like she is a smoker, like her teeth are perfect white and there is no sign of discolouration on her fingertips or nails or anything. None of these pictures [cigarette advertisements] of all these women, none of them ever looked as if they smokes. They are just posing for them.

Advertisements can mislead when you are feeling vulnerable especially if you have low self esteem. Young women at various times of their lives, may be more receptive to the message to smoke so that they may be happy and self confident. One young woman described how cigarette advertising can affect her differently depending on her mood on that particular day or time:

It [influence of cigarette advertisements] all depends on the mood that you are in, how you feel about yourself and how secure you are about yourself. Um ... if I was pretty well at a low spot, or pretty depressed, feeling bad about myself when I saw this ad, and actually like, to get serious, you have days where you feel uglier than other days, you would actually pick this up and look at it and think, man, it's a woman thing.

Smoke and You Will Be Attractive. Popular and Slim: Myths in Ads

The participants in commenting on the women portrayed in the ads described these women as being beautiful, pretty, popular, slim, perfect, and self confident. The cigarette advertisements were identified as being particularly appealing to young women even though the participants felt some of the ads did not personally appeal to them. They could see how the ads could influence some friends in their group to smoke by promoting these

attractive images, containing attributes many young women aspire to achieve. Modelling behaviour such as smoking could occur if one wanted to identify with the image being portrayed. As one young woman explained:

One is the picture that advertising would like and I know someone who smokes and she fits perfectly into that ideal [attractive, popular and slim] that the tobacco advertising would want you to think that you would look like [if you smoke].

Because tobacco advertisements portray women who smoke as glamorous, beautiful, and thin, some young women may be influenced by the ads to use smoking as a weight control measure. Cigarette advertisements were seen by the participants as contributing toward young women smoking as a method to stay slim or to lose weight. Weight control or slimness was one of the issues that participants singled out as being important among their peer group. While they did not believe that smoking could fulfill the promise of weight control, they felt that cigarette advertisements at least held out the promise;

....they [cigarette advertisements] kind of indicate that you are going to be really small and lose a lot of weight, and going to be a perfect figure if you smoke.

As a society a great deal of importance is placed on physical appearance and being slim, therefore, it is not surprising that a myth of advertising is for young women to smoke and be slim. This prompted many of the participants in the study to question the ethics of tobacco marketing, to target weight control and smoking. One participant expressed concern that advertising messages regarding smoking and slimness, will be embraced by young women as a result of the cigarette advertisements:

Well, all these advertisements [cigarette] got skinny people on it, so the health risks... smoking, there is all kind of myths that if you smoke you will stay slim, and then they [young women] are influenced by, if I quit I will gain weight. They don't . . . everybody wants to be slim when they are teenagers, it's like if you are not this tiny then you are not in the "in crowd." And that's the most important thing for teenagers to feel they belong.

The fear of weight gain is a real social pressure to smoke, as the participants indicated. They felt once smoking was initiated then the myths in advertising could reinforce the impression that if women smoked they will be slim. They believed health professionals have not dispelled this myth, therefore, young women may be very receptive to smoking as a method of weight control. Rather health education needs to address ways for young women to have weight control through proper nutrition and exercise. One perceptive young woman articulated her concern that young women worry too much about their weight.

...and also people [young women] think that if they pick up smoking then they will probably lose weight cause their weight will be gone faster. But... just the fact that people worry too much about their weight, they think they can pick up and stop smoking.

Another participant expressed concern that cigarette advertising contributes toward her friend continuing smoking, feeling that if she quits smoking she will gain weight:

I have this one friend and she is really paranoid about her size, she is kind of big, and she even said that the reason...she is like a chain smoker, that the reason she kept smoking was because it suppresses her appetite or something.

Comfort and relaxation is also promoted by cigarette advertisements. The illusion of smoking for relaxation appeals to many young people. This may translate into smoking becoming more socially acceptable and thus increasing smoking rates. If young women

perceive that smoking is a way to reduce their stress they may use it as a coping mechanism. A participant described an advertisement that appealed to her because of the relaxation associated with cigarettes:

She [model in the advertisement] looks really like comfortable and relaxed. It kind of suggests that smoking is kind of laid back and relaxed. This kind of situation is how I see smoking as not that bad, just alone and relaxed and not for social or for looks or anything like that.

The participants discussed stress and the use of smoking as a coping mechanism. Cigarette advertisements capitalize on this by portraying beautiful women using cigarettes as a way to “unwind.” A participant noted about the lives of young people in Newfoundland:

...there is stress, people use cigarettes to unwind.

The young women described feeling of stress, worry, and being influenced by the opinions of others. The stress of adolescence may not be fully understood or may be minimized by adults, however, the stress is very real and important to these young people. What may happen is that young women may be receptive to the myths of advertising, and the message that smoking will help to alleviate stress. This group may also associate smoking with the opinions of others and may smoke to meet the expectations of advertisements, and their peers. The vulnerability and stress of young people was poignantly described:

...they [young women] are all the time vulnerable. I mean adults always feel that teenagers have the easy life but I think we are more stressed out then anybody. We might be worried about the stupid stuff but we really do, we take everybody's opinion and take it to the max. And we think, they [advertisers] say it is right so then it has to be.

The young women commented that many women who smoke are overweight, not confident, average looking, and not the picture perfect image that is illustrated by the tobacco industry. Nevertheless, the myth of advertising; identifying smoking with slimness, beauty, and popularity, may influence young women to smoke to achieve this portrayed image. A young woman described how the myths of advertisements may influence young women to think about smoking as an option to achieve a picture perfect image:

...in every single ad that I've seen for smoking and honestly I've never seen anybody who doesn't look perfect, like slim and wonderful, like you don't see anybody who is like overweight or not exactly the picture perfect image so that you could probably ah.. pretty much think that if you see it [cigarette advertisement] and have to say that if I smoke I'm going to look like this.

The myth of advertising is extended to include associating the beautiful people in the ads while discounting the health effects of smoking. The participants identified the people in the advertisements as portraying a powerful, positive visual image of health, therefore contributing toward the myth that smoking is not harmful. As a result young people may not believe the negative things they have heard about smoking and instead focus on the healthy people in the advertisements, and the positive aspects of smoking. These myths are difficult to counteract by people concerned with the health of adolescents. A participant described how she saw the problem:

... I know that some other people, they look at it and they see these great people smoking and stuff [in the cigarette advertisements], and they think well, how pretty they look [models in advertisements]. They don't look so bad. Maybe all this stuff [health effects of smoking] I've been hearing isn't true. The people in the magazines always look really happy, they look great, they don't look sick or anything. They probably don't think that it is really true.

The Essence

The purpose of phenomenological inquiry is to explicate the structure or essence of the lived experience of a phenomenon in the search for the unity of meaning or the identification of the essence of a phenomenon, and its accurate description through the every day lived experience (Smith, 1989). Through interviews and using advertisements of young women and smoking found in magazines targeted toward adolescent women as a hermeneutic prompt, participants reflected upon and described the social pressures for young women to smoke that are reinforced through cigarette advertising, and how they experience these pressures. The purpose of the interview is to understand shared meanings by drawing from each participant a vivid picture of the lived experience, complete with a richness of detail and context that shapes the experience. Interpretative analysis of the transcripts and confirmation of specific insights with each participant facilitated the grasping of the whole of the experience. The fundamental meaning or essence of the lived experience of young women as they confront the social pressures to smoke, that were identified in the above interrelated themes, is *"It is so easy to smoke."*

Separately each of the themes, *Being with others: smoking is a social event*, *Being like your peers: development issues*, *Parents, family, and other important relationships matter*, *Not having an effective voice*, *Addiction warnings are not enough: you don't read the small print*, *Leading by misleading: seeing through the ads*, and *Smoke and you will be attractive, popular, and slim: myths in ads*, captures something of the experiences of the social pressures to smoke. However, separately the themes do not provide the whole of the experience. When viewed holistically the texts provided an opportunity to view the

experiences and world of these young women, the insights they had into being a young woman and the pressure to smoke, and smoking and advertising.

They were able to provide insights into what is happening in their lives and some of the complexities around cigarette smoking. From these insights it is not difficult to see just how easy it is for some young women to smoke and what may lead to smoking among adolescent women. Cigarettes and smoking had a constant presence in their daily lives. School and peers were an important source of cigarettes and smoking. In fact it would be hard to avoid being confronted with the pressures to smoke as they went about their daily activities. Access to cigarettes and certain sets of circumstances where smoking occurs is very pervasive in their school and other social life. These factors together, coupled with some of the developmental issues of adolescence, suggest that not to smoke may be the more difficult decision faced by adolescents.

The participants identified the access to cigarettes as a factor in making it easy for young women to smoke. They recounted how easy cigarettes were to access in the school system; the sale of cigarettes by students to other students. This type of trading of cigarettes for money, may in fact increase the pressure for young women to buy and use cigarettes. The young women questioned the sense of making it illegal for a minor to buy cigarettes, but on the other hand, they are confronted by the pressure to buy cigarettes from their peers in school. They felt they are constantly receiving mixed messages from society regarding the messages of approval or disapproval of smoking. A young woman discussed how easy it is for young people to obtain cigarettes:

Well around here it is pretty easy to get smokes [cigarettes]. I don't

know how people do it [smoke]. Every time I see someone they have a package of cigarettes in their hand. So it would be really easy for someone to start [smoking], because there is a lot of people who get cigarettes and there is a lot of peer pressure. And like everyone is like, "Do you want to buy a smoke, do you want to buy a smoke?" It's like a trade business [sale of cigarettes] or something.

Home and parents for some of the young women were other sources of pressure to taking up smoking. The participants talked about how important role models may influence behaviour. Of course, if home and parents were supportive of not smoking, this served to counteract the ease of smoking outside the home. Boyfriends, or trying to attract a boyfriend, extended the circle of influence to smoke for some young women, as well.

Efforts to counteract smoking, by describing the longer term harmful effects of smoking seem to be less influential. What has more appeal are messages that feed into some of the characteristics of youth such as belonging, attractiveness, and a good time. The participants had a good understanding of just why and how their peers could smoke and some of the participants even expressed some ambivalence around cigarettes and smoking. Smoking was easy, not smoking in many circumstances could be more difficult.

Cigarette advertising was seen to use the psychology of being like peers, in this case the peer as presented in the cigarette ads. The associations of prestige, independence, power, freedom, and luxury were used in the advertisements, which is a covert promise that the individual will become like the person in the advertisement if the product is used. Such influences as those alluded to in cigarette advertisements were described as contributing to friend's decisions to start smoking. The participants pointed out that the

influence of advertising affects young women by offering them a new identity, a promise of transformation, and to aspire to resemble the person in the advertisement. One young woman noted that even though the advertisements did not affect her personally, she felt that they would influence other young women to be like the women in the advertisements, who were smoking:

Just that I know that advertising [cigarette] influences a lot of people my age, it doesn't influence me that much, but I know it influences a lot and I think that if there was less advertising then there would be probably less smoking.

It seems that smoking prevention can be a hit and miss affair for some and that the target audiences are not always reached, thus making it easier for some to take up smoking. While some of the participants talked about what they had learned in schools through teachers and public health nurses, other participants' experiences were that little had been done. One young woman's experiences stand out as an extreme case:

All that I have learned [about smoking prevention], I've learned off like, I know this is going to sound corny but like TV shows, magazines. Nobody has actually sat me down and told me about it.

These participants, thus, through their discussions and in their interview material provided important insights into just how easy it was for many young women to smoke and some even admitted that under the right set of circumstances they might smoke as well. They understood why some of their friends and family members would smoke and situations that could easily lead to smoking. The persuasiveness of cigarettes and smoking in the lives of young women was clearly identified. The magnitude of the problem was shaped by a concern for their friends who are smokers and wondering if these friends

would be “around” in twenty years if they continue to smoke. In some of their thoughts on advertisements, despite realizing the myths and how ads could mislead, they sometimes were unsure in what could be achieved by smoking. One of the participants wondered aloud about a woman in a cigarette ad:

Maybe she is popular because she smokes.

Although in general the participants could be described as non-smokers, this did not mean they had not tried smoking or that they would never smoke. Some young women in the study were ambivalent or curious about smoking and felt that in certain situations, smoking is acceptable. Advertisements are designed to promote and encourage these curiosities. In talking about the cigarette advertisements and the positive aspects of smoking that these ads presented, it was easy to see some of the conflicts that young women experience and just how easy it may be to smoke. A participant described such mixed feelings toward smoking:

I don't have a set opinion on smoking. I think in general when I see young women, girls my age smoking, I think it [smoking] is really like trashy and stuff. But I don't know, if... when they are in the open public [smoking], I think that looks really bad... really bad but I've never been 100% against smoking like a lot of people are. I can understand sometimes, certain like occasions were it is more acceptable.....Actually when I see anyone else smoking I think it looks gross, but I myself know deep down that I have like the same curiosities and stuff like that. I have tried it [smoking]. I would never be able to be a smoker but I have tried it so I can't be completely against it.

CHAPTER 5

DISCUSSION

The main purpose of this research was to understand the experience of young adolescent women with cigarette smoking. In particular the study sought to find out more about the social pressures on this particular group to take up smoking. It was an attempt to understand these social pressures as they are lived by the participants. The social pressures were explored through the use of cigarette advertisements found in magazines read by this age and gender group. Therefore, the discussion will focus primarily on the findings as they relate to some of the main social pressures to smoke that have been identified.

The experience of social pressures on a group of young adolescent women to smoke cigarettes that are reinforced through cigarette advertising is a complex interrelationship among the following themes; *Being with others: smoking is a social event*, *Being like your peers: developmental issues*, *Parents, family and other important relationships matter*, *Not having an effective voice*, *Addiction warnings are not enough: you don't read the small print*, *Leading by misleading: seeing through the ads*, and *Smoke and you will be attractive, popular and slim: myths in ads*. Through the themes a greater understanding of just how easy it is for young women to smoke is more clearly understood. These themes also provide a link to previous research and theory into smoking among adolescent females. The findings provide some insights into why smoking prevention and cessation programs targeted towards this group may not have the desired

effect in practice. The study findings in relation to the current body of knowledge on female adolescent smoking and the social influences to smoke will be discussed. Commentary is also provided on new insights gleaned from the data and what meaning this has for nurses and other health care professionals within the health system.

Peer Pressure

Understanding why young women take their first cigarette and subsequently begin to smoke is a highly complex and dynamic interplay of psychological, social, and cultural variables. Pressure from friends in close social networks, usually captured by the concept of "peer pressure" has been consistently identified as a strong motivating factor for why adolescents begin and maintain smoking behaviour. The findings from this study challenge the concept of peer pressure as it is usually presented and demonstrate other ways peers influence smoking behaviour. Just being around smoking friends may easily lead to a gradual initiation into cigarette smoking. The peer pressure is seen as a more covert type of pressure. This finding is consistent with research that suggests the majority of smokers acquire their first cigarette from a friend, and non-smokers tend to try a cigarette because they have friends who smoke (Eiser, Morgan, Gammage, Brooks, & Kirby, 1991). The social aspect of smoking and being with friends, both male and female, is a strong social pressure illustrated by the findings of the study.

Most girls who smoke have friends who do so, and a cigarette is a way of identifying with a group and feeling part of it (Jacobson, 1986). The challenges of being in the "in" group and the covert influence of peer pressure was a major finding in the study, and cigarettes were seen as a way to identify with the group. Thus, the findings supported

the importance of peers as a factor in beginning smoking. The findings illuminated how peers are important. Two interrelated themes were especially important in this respect. The first was the need to be with others and to have a social group. The second was the need to be like your peers; to fit in with your social group.

The smoking scene is seen as fun, and at parties adolescents who smoke tended to stay together and appeared to be having more “fun” than their non-smoking peers. This is consistent with the observations of Lucas and Lloyd (1999) who observed, “Smokers are seen by their peers as fun loving and non-conformist and cigarettes are viewed as a passport to an exciting and popular lifestyle” (p. 654). A salient finding for programs targeted to preventing adolescent smoking is that there may be no overt pressure to smoke, it is mainly covert and has to do with smoking identity and style.

Desired friends exert an important influence on smoking initiation during adolescence (Aloise-Young, Graham, & Hansen, 1994). Conversely, conformity to be like your peers may also be extended to positive health practices, such as not smoking. Stanton and McGee (1996) believe that adolescents are actively supporting both smoking and non-smoking messages. The smoking related behaviours and attitudes of friends are just one aspect of a range of characteristics that attract adolescents to form friends with certain other adolescents (O’Callaghan, Callan, & Baglioni, 1999). The present study helped to further identify social relationships with friends that may influence their smoking behaviour.

The initiation of smoking for young women has different peak pressure periods. For example the junior high level seems to be a time of intense peer pressure to smoke.

suggesting a theory of accelerated maturity as an explanation for adolescent smoking (Wong-McCarty & Gritz, 1982). When young people enter junior high school, they experience a major need for an autonomous self-image. They also seek social prestige and respect from peers and want to appear older. This is in keeping with the findings in this study.

Family Influence

The social influence of parents and friends is important. Exposure to smokers in one's social network is a strong and consistent predictor of adolescent smoking initiation (Distefan, Gilpin, Choi, & Pierce, 1998). The behaviour of others in this social network, especially parents, are important predictors of a range of adolescent behaviours. The decision process that adolescents use to determine whether they will smoke or not is often difficult, intense and covert. The findings suggest that some young women find their decision not to smoke as being very simple, others find the process very complex. There are many factors which come into play when making this decision, one of which is family. The smoking behaviour of parents, siblings, and friends are important influences on young smokers, although girls may be slightly more influenced by parents' smoking and less by their peer group (White, 1993). In the present study even though there was intense peer pressure to smoke, the values of parents on non-smoking seemed to predominate in decision-making. Flay et al. (1994) points out the importance of parents in preventing adolescent tobacco use through persuasive messages which directly target tobacco specific beliefs, and challenge adolescent's perceptions regarding the normative nature of tobacco use.

The influence of family on attitudes and decisions regarding smoking were clearly evident. Parent's decision to quit smoking were viewed as very positive and an influence on not smoking, however the smoking status of all the parents were not identified in this study. The findings of a study by Farkas, Distefan, Choi, Gilpin, and Pierce (1999) suggested that parental smoking cessation discourages adolescents from becoming smokers. This study acknowledged the need to motivate and assist parents to quit smoking, which can lead to a reduction in smoking uptake among adolescents. Adolescent girls seem to be especially vulnerable to the influence of smoking mothers. A study by Hover and Gaffney (1988) reported that young female smokers had a greater percentage of smoking mothers than non-smokers. This was further supported by a report by Distefan, Gilpin, Choi, and Pierce (1998) who identified the smoking status of the mother as more predictive of adolescent smoking than the smoking status of the father.

Family support for non-smoking behaviour was a motivating factor that seemed to mitigate against the many social pressures to smoke. Family members who smoked appeared not to conform to the expectations of other non-smoking family members. While adolescents may want to like their peers, there may be a stronger feeling of wanting to be like family members and not to disappoint them; included non-smoking behaviour. One of the processes by which adolescents may adopt smoking behaviour is by modelling, which includes smoking behaviour by family members (Flay et al., 1994). Mitchell (1997) described how many adolescents share parental risks and attitudes, and accept their family's health education messages about the dangers of smoking. While, the non-smoking values of families is strong, however, it is not apparent for how long adolescents embrace

these positive health messages and remain non-smokers. Flay et al. identified that the strength of the influence of the parent may be related to the quality of the relationship with a parent.

The present study has helped to provide insight into the influence of the family and adolescent smoking behaviour. It has suggested that the role of the family may be an important link to reducing adolescent smoking. Wang, Fitzhugh, Westerfield, and Eddy (1995) suggested parents be targeted for interventions which emphasise smoking cessation if they, themselves smoke, communicating strong anti-smoking norms to their children which are reinforced over time, and sustaining positive involvement with their children.

Social Networks

Beside the immediate family wider social networks have been identified as an important component in the decision young women make regarding smoking initiation and continuation. A powerful indication of adolescent smoking experimentation is smoking by social network members (Unger & Chen, 1999). Constructive involvement with social networks such as family, school, religious, and community groups may encourage adolescents to accept the values of these networks making them less likely to smoke (Kumpfer & Turner, 1991). The findings of this study support the importance of social networks: family, friends, school and other community activities. Many young women smoke to be like other members of their social networks.

The complexity of the social environments that young women encounter when making a decision around smoking or not smoking is evident. Social networks contribute to this decision-making. Jessor (1991) acknowledged the importance of social

environments on adolescent smoking prevention with adolescents growing up in adverse social environments in double jeopardy from the risks of smoking. The risk factors to smoke are intensive, however, the protective factors for adolescents are less available or may be absent.

Adolescence is a time in which young women are involved in leisure activities with others in their social network. Parties, being with friends, and just hanging out at school, where smoking is prevalent, are part of the leisure activities. Identities are being tried out in these situations and one of these may be whether the young woman identifies with smoking. Adolescence is a critical period in identity formation, and leisure at home, school, and the community are areas where activities are tried out and developed (Wearing, Wearing, & Kelly, 1994). One of the identities young women may try is a smoking identity. When young women try smoking it is often in a social or environmental situation, such as at a party where friends offer them cigarettes, or in a stressful situation where smoking is attempted as a quick and easy coping strategy for stress reduction (Wang, et al., 1999). The relaxation component of being with a close friend or being alone to smoke was a positive aspect of smoking.

Social network members who smoke serve as role models for adolescents. Their smoking behaviour may communicate that smoking has positive consequences and is normative and socially acceptable (Unger & Chen, 1999). Adolescents also have greater access to cigarettes if members of their social network smoke. Easy access to cigarettes, and how cigarettes could be obtained at any time, often from their peers at school, is a common feature of an adolescent's social environment.

The present study has helped to provide insight into the importance of social networks for female adolescents and the interconnection with adolescent smoking. Bertrand and Abernathy (1993) identified the strongest predictors of smoking status to be those that are classified as environmental. Smoking prevention strategies are more likely to succeed if they begin with a recognition of the paradoxes and losses in young women's lives (Daykin, 1993). This study indicates the many complexities of adolescent women's lives and how hard resistance to smoking may be for them at certain times.

Advertising and Smoking

The use of cigarette advertising proved to be a helpful means to initiate conversation about the social pressures to smoke. The tobacco advertisements selected portrayed the women who smoke as popular, beautiful, and confident because they smoke. According to Hackbarth and Schnopp-Wyatt (1997) an advertising theme designed to attract adolescent girls is that smoking will make you glamorous and attractive to others. The advertisements are also marketed to influence young women to feel if they smoke then they will be more attractive, popular, and slim. Although the findings suggested that young women can identify the thinly veiled attempts of tobacco advertising to deceive the target audience, they also suggested that the advertisements may have appeal for adolescents at certain times in their lives when they are not feeling good about themselves. Advertisements may contain a particular appeal for some of young women who have low self-esteem. While young women may have insight into the motives of the tobacco industry, they may not be able to resist the appeal and promise in the advertisements at particular times in their lives.

Tobacco advertising is well designed to tap into both the dreams and the insecurities of preteens and adolescents. Tobacco companies tailor advertising to tap into these insecurities and need for acceptance (Hackbarth & Schnopp-Wyatt, 1997). Pierce and Gilpin (1995) identified that each time there has been a major marketing campaign targeted at a particular gender group, there has been a rapid increase in youth smoking among the targeted gender group, but no increase in smoking initiation among other population groups not targeted by the campaign. Tobacco advertising and sponsorship has been shown to influence the decision to take up smoking among adolescents. Research suggests that adolescents are very much aware of tobacco advertising and can recall and recognize cigarette advertisements and identify specific brands (Aitken, Leather, O'Hagan, & Squair, 1987; Charlton, 1986). The influence of cigarette advertising and how it affected adolescents was evident. A particular insight was that all adolescents at one time or another may be vulnerable to the intended message of the tobacco advertisement.

Tobacco companies encourage young women to smoke by promoting advertising myths and using those myths to target women in their marketing campaigns. Industry marketing techniques include advertisements, sponsorship promotions, and special brands deliberately targeted at women. For many girls, there is a gap between actual and desired self-image. The industry portrays cigarettes as something that can fill the gap (Cunningham, 1996). The tobacco industry taps into young women's insecurities regarding their self image. The advertisements paint a picture of healthy, attractive, popular and slim women who smoke. While young women may at times see through the advertising ploys, at other times they may be attracted by them. According to Cunningham

more women than men use smoking as a method of weight control, especially young girls who are afraid to quit smoking because they will gain weight. A successful advertising theme in luring and keeping young girls as smokers is the inference that cigarette smoking will make a girl become slim and desirable (Hackbarth & Schnopp-Wyatt, 1997).

Young women do have insight into the techniques used by the tobacco industry to entice them to smoke and even though the messages are pervasive, many young women are able to resist their appeal. They know, however, that advertisements have impact on peers who smoke.

Why Health Messages May be Ignored

Addiction to nicotine affects children and young people and is actively used by the major corporations of the tobacco industry (Pierce et al., 1991). Without the recruitment of replacement smokers in the form of young people, the tobacco industry would go out of business. Addiction to cigarettes is a major concern among adolescents who are concerned for the health of their friends who smoke and are unable to quit smoking. Although the transition from experimentation to habitual smoking requires three to four years for most teenagers, nicotine dependence can develop only after smoking a few cigarettes (Winkelstein, 1992). There are not enough advertisements telling young people why they should not smoke.

Cigarette advertising is required to contain a health warning but many of the health warnings that are a part of cigarette advertisements are not really noticeable. The advertisements tend to be bright and colourful and, therefore the small health warnings fade in the background. This may be a deliberate action on the part of the tobacco

companies to deceive young people into ignoring the health warnings and instead to focus on the social aspect of the advertisement. This is a common practice of the tobacco industry. According to Cunningham (1996) the tobacco companies chose colour combinations for the warnings that minimized their prominence and blend in with existing packaging design. Many young people feel they can quit smoking at any time before they develop consequences of smoking. Addiction warnings are not enough given the influence of advertising as portraying smoking as fun loving and the lack of messages and health promotion activities to counter this.

The occurrence of smoking in young people is complicated by the belief that they will quit smoking in the future and that they will be spared the long-term effects of smoking (Rienzo, 1992). Despite overwhelming evidence of the harmful effects of smoking, a significant percentage of young adults continue to smoke for reasons such as peer pressure, self-image, self-esteem, and the influence of parental/sibling smoking (Martinelli, 1999). For many young people the immediate positive aspects of smoking are seen to outweigh the seemingly remote possibility of health effects in the future (White, 1993). The findings indicate that adolescents are concerned that their friends who smoke believe that the health effects of smoking are in the future and not relevant to them so they will be able to quit smoking before they develop. Because the long-term consequences of smoking may not influence the behaviour of young people, research efforts must be directed towards identifying personally relevant shorter term effects of smoking such as changes in personal appearance such as bad breath, smell and financial effects (Martinelli). While many adolescents are aware of the negative effects of smoking

such as bad breath, yellow teeth and fingers, or the “noticeable” health effects of smoking, the positive features associated with smoking may be more relevant to their smoking friends.

Although young people are in a peak period for health, as measured by morbidity and mortality, the lack of health promotion behaviours during this period can lead to disease (Kulbok, Earls, & Montgomery, 1988). Adolescents are concerned for their peers who smoke, and worry about the effects of smoking on their health. For peers who smoke health warnings are not enough and are ignored in favour of the persuasive messages of the tobacco advertisements.

Importance of Including Adolescents in Anti-smoking Campaigns

Smoking prevention and cessation programs have to address the same pressures that influence young people to smoke in the first place. Adolescents, with their experiences with the many social pressures to smoke, have a role in smoking prevention messages and without the involvement of young people the programs will not meet its full potential. According to Price, Telljohann, Roberts and Smit (1992) anti-smoking programs must go beyond information and fear approaches and instead emphasize program content which examines social influences and teaches behavioural skills to resist those same influences.

A component of health promotion is the understanding of the value of effective public participation, based on the realization that health is determined by people's way of life and their interaction with their environment (Stachtchenko & Jenicek, 1990). Young women feel they do not have an effective voice in smoking prevention and cessation programs, therefore they are not able to participate effectively. They have a valuable

contribution to make in dealing with the issue of adolescent smoking. The findings identified the need for school based program to begin in the early grades. The literature confirms that tobacco use prevention programs should begin in elementary school (Morris, Vo, Bassin, Savaglio, & Wong, 1993; Winkleby, Fortman, & Rockhill, 1993). The need for a focus on preventative and risk reduction strategies at the high school level or earlier has been identified (Wiley, James, Furney, & Jordan-Belver, 1997).

The Role of Public Policy

Both the lack of healthy public policy and the inconsistent application of existing policy is a factor why adolescents begin and continue smoking. The young women identified the need for policies regarding smoking in school, access to tobacco products, and the need to counter tobacco advertisements with a campaign on non-smoking. They saw themselves as participants, helpers, and change agents in their communities as they strive to reduce smoking. However, they cannot do this without the help and support of adults including teachers, parents, and policy makers. Adolescents do have some knowledge of ways to reduce smoking among young people, however, they often do not have an effective voice and participate to the fullest extent. Hart-Zeldin, Kalnins, Pollack, and Love (1990) identified the role of children in actively participating and contributing to activities which enhance their coping, self care, mutual aid, increased prevention and public participation if given the skills and opportunities to do so. The role of young women in advocating for and implementing healthy public policy is undeveloped and if it is supported may provide hope for a future smoking prevention among young people.

There is a very easy access to tobacco products. If young people are to be discouraged from smoking, it is important that society restrict easy access to tobacco products. To achieve this the collaboration of health professionals, youth and tobacco vendors is needed (Dovell, Mowat, Dorland, & Lam, 1998). The cigarette advertisements were seen by many of the participants to suggest that smoking is not that bad, and what harm can a cigarette do. The easy access to tobacco products may further mislead young women. It is a logical conclusion that tobacco can't be that bad if it is sold just like any other convenience item. They felt the current policy did not prevent access of an illegal substance to minors.

Concluding Statements

The young women's understanding and knowledge of how advertising portrays the social pressures that lead to adolescent smoking is quite insightful and although they did voice some ambivalence and despite the ease with which one could smoke they have so far avoided the social pressure to become smokers. Their stories reflected knowledge, understanding, and a commitment to smoking prevention and cessation. They expressed feelings of concern for friends and family members who smoke. They expressed insight into the addictive nature of tobacco products, and the struggle of their peers to stop smoking.

The social influence of cigarette advertising on young women and their decisions regarding smoking was apparent from the research findings. The young women clearly articulated the influence of cigarette advertisements on young women's feelings of popularity, belonging, beauty, and slimness. These influences were felt by many of the

young women to affect vulnerable teens, with low self esteem. However, the subliminal effects of cigarette advertising was also apparent, with some young women articulating that they are not influenced by advertisements and then giving an example of how they have been influenced to use a product because of advertising. Advertising has a tremendous impact on adolescents. Even though the tobacco industry research showed that teens start smoking young and become addicted, the tobacco industry continues to direct advertising to teens (Cunningham, 1996).

It is clear from this study's findings that efforts directed at preventing and reducing female adolescent smoking can be enhanced by considering the experiences of young women. Without building on their experiences and providing smoking prevention and cessation programs and services from a female adolescent centred approach, they will not be effective in reducing the incidence and severity of the effects of female adolescent smoking. When the young women encountered the lack of smoking prevention and cessation programs and services they verbalized despair and feelings that no one "cares" because those who ought to are not trying to prevent adolescent smoking.

CHAPTER 6

CONCLUSION: IMPLICATIONS FOR NURSING

There are a number of implications of the findings of this study for nursing practice and education, and nursing research. There are also implications for health policy, not only for nursing but within the total health care system and its partner the education system. The findings of this research study mainly have implications for health promotion activities in the schools. The findings indicate a need for a change in the current way smoking is addressed to one that includes an emphasis on female adolescent smoking. The chapter is divided into five sections. The first section presents implications for nursing practice and education. The second is on nursing research. The third section is on implications for health policy. The fourth section is on the limitation of the study and the fifth, and final section, contains the conclusion.

Nursing Practice and Education

Many authors have addressed the role of nurses in health promotion and female adolescent smoking prevention and cessation programs (Glynn, 1989; Hackbarth & Schnopp-Wyatt, 1997; Martinelli, 1999; Poulin & Elliott, 1997; Price, Beach, Everett, Telljohann, & Lewis, 1998). Despite the increased emphasis on the role of nurses in health promotion, many nurses are expressing concern that health promotion roles are being eroded to meet the many competing roles in their workplace.

Based on the findings of this study and supported through the literature on female adolescent smoking, there are specific skills and roles which are necessary for the effective

delivery of health promotion activities for female adolescents. The context in which health promotion is practised is important to consider, and demands new attitudes and skills on the part of the nurse (Gillis, 1995). Nurses need to understand their feelings, attitudes, and beliefs about female adolescent smoking, in order to work effectively with the young women. They need to acquire the knowledge and develop the skills to work with the female adolescent population. Nurses need to understand and acknowledge the value of female adolescent's experiences and work in collaboration with them to provide effective health promotion activities which could reduce tobacco use through peer support programs. Nurses need to continue to advocate for health promotion activities in the face of many competing workplace demands.

The young women in this study acknowledged the value of smoking prevention activities by health professionals, however, they identified the limited health promotion activities that are occurring and the fact that many times the programs are not comprehensive and are occurring too late to prevent smoking initiation. In view of the focus of the Government of Newfoundland, on "*A Model for the Coordination of Services to Children and Youth*" (Government of Newfoundland, 1995a), which focuses on a shift in the provision of services from crisis management to early intervention and prevention services, Newfoundland students have a right to comprehensive health promotion activities, targeted to reduce the incidence and consequences of female adolescent smoking.

Phenomenology has relevance to health promotion programs. "Adherence to "natural science" methods has meant that the flavour of lived experience and the role of

lived experience and the role of the intersubjective taken-for-granted in the evolution of health-related simplifications, symbols, and interactions therefore remain largely unexplored despite their relevance to the design, implementation and evaluation of health promotion" (Poland, 1992, p. S32). The experiences of the young women in this study may contribute towards the design of comprehensive smoking prevention and cessation programs with young women as full partners in planning, implementing, and evaluating the programs. Comprehensive smoking prevention and cessation programs require cooperation and collaboration from many sectors including education, health, and other community agencies and organizations. An increased knowledge base on adolescent smoking has implications for health reform and the allocation of resources to the community to meet those needs. This may require a more concentrated effort on the part of non-smoking activists and the delivery of programs outside of the tradition forums, workplaces, and working hours. Programs provided with the support of young people at a time and place convenient to them may require additional resources or the shifting of resources to meet this need. One such program may be encouraging young women to be active participants in smoking prevention efforts.

Nursing educators have the responsibility to teach future nurses about the meaning and importance of smoking prevention and cessation activities for female adolescents. Educators could help their students develop good listening skills and therapeutic ways to connect with adolescents so they may explore smoking in this age group. In this way nurses could be sensitized to including adolescent females in health promoting activities which could decrease tobacco use among them. Educators could help their students

develop skills that will enable them to work in collaboration and partnership with female adolescents and the many organizations that play a role in smoking prevention and cessation. By assisting students to be aware of the impact of gender in smoking prevention and cessation programs, this could result in gender sensitive programs designed to meet other needs of female adolescents. Educators could help their students to develop the skills of facilitators, activists, and change agents in order for them to work with the young women and ensure they are full active partners in health promotion. The role of the student in advocating and implementing healthy public policy has to be developed to meet the many challenges offered by the current public policies regarding smoking. The ability of students to critically appraise the vast knowledge base on smoking is essential, therefore research principles and evidence based practice are important components of student education. Nursing educators are challenged to develop and implement a curriculum to prepare students to meet the health promotion needs of adolescents and to meet the diverse needs of populations in a changing health care environment.

Nursing Research

From this study, it is apparent that research is warranted in several areas. The need for Newfoundland specific research has been noted in previous studies (Small, 1994). Prior to this research study, there was little phenomenological research on young women and smoking. Additional qualitative research in the experiences of young women and smoking, using participants from a variety of cultural and socioeconomic groups are needed to determine if others manifest comparable experiences.

Additionally, greater qualitative research efforts are needed to further our understanding of the role social influences actually plays in the initiation of female adolescent smoking. Studies could be designed which compares and contrasts the experience of social influences to smoke on smoking and non-smoking female adolescents, to determine if the experiences are the same or different. Further research is needed to identify the characteristics of those friends who promote smoking and non-smoking.

There is a need to determine what smoking prevention and cessation programs would be of maximum benefit to adolescent females to assist them to resist the social pressures to smoke. Research designed to evaluate health promotion programs with input from young women would help nurses design more appropriate programs. Additional qualitative and quantitative work, especially participatory action research, is needed to help design comprehensive and appropriate health promotion “for” and “with” young women that meet their particular need. Research is required to identify the effective role of nurses in facilitating smoking prevention and cessation among young women.

This study has raised many important questions that could elicit further research into young women and smoking: What are young women’s social support networks that prevent smoking behaviour?; What are health promotion activities that support female adolescents in smoking prevention and cessation?; What are the influences of health educators role modelling on young women’s smoking decision?; and, What are the influence of nurses in smoking prevention and cessation among female adolescents? Additionally, the experiences of male adolescents and the influence of advertising and smoking needs to be explored.

Health Policy

Social policies around health are in a state of uncertainty. Health system reform, deficit reduction, decentralization of control, and concrete threats to the social safety net indicate a period of intense and rapid change in areas of everyday life for many Canadians, including people working in the area of health. It is promising that reform proposals under consideration in many provinces and the territories use goals and objectives that address the determinants of health as the frame of reference for health policy (Canadian Public Health Association, 1995).

Many proposals include a shift of focus from illness treatment towards health promotion and disease prevention. Proposed reorganization of health structures places responsibility for health care management much closer to the community and suggests new methods for planning and monitoring healthy public policy. Health system reform may be the vehicle through which health promotion will have a major impact on fundamental issues in the health field. By using health promotion as a framework for female adolescent tobacco prevention and cessation, a multi-faceted approach to tobacco prevention and cessation is fostered which includes not only strategies like education but includes community development, mass communication, social marketing, self-help, healthy public policy development, fiscal measures and organizational change.

One of the strategies for health promotion identified by Epp (1986) is the development of healthy public policy. Nurses, especially public health nurses, have an important role to play in the development and implementation of healthy public policy in the area of adolescent smoking. The development of policies restricting the access of

tobacco sales to adolescents, and the restriction of tobacco advertisements targeted to female adolescents are several policy issues where nurses may be able to have a positive impact. Nurses, through the understanding that comes from research, will be able to inform and influence the education system regarding health promotion in the schools and the importance of comprehensive school policies aimed at reducing the impact and incidence of adolescent smoking.

Limitation

There is one potential limitation to this study and that is the difference between researcher and participants which may affect the credibility of the findings. The role of the researcher is to transform the information given to him or her into the final research product, i.e., findings (Streubert & Carpenter, 1999). During the interviews and while reflecting on the texts of the transcripts I was aware at times that it may not have been easy for all the young women to talk to an adult and a nurse about their particular experiences with smoking and friends who smoked. While in general they spoke freely and voluntarily in the interviews, at times they struggled with explaining their experiences. Some would preface a statement by "I know this is going to sound stupid" or pause after they told me something and then add "but I don't know". These feelings expressed may have put some constraints on participants or at least on those who did not want to appear in the same light, i.e., not knowing or sounding stupid.

In phenomenological research the notion of credibility of the findings are enhanced by the selection of participants. The participants must be able to clearly communicate their experiences in order to provide rich data. Consequently, the study participants tend to be

the most articulate, accessible or high status members of their group. Sandelowski (1986) refers to this as elite bias. Because the participants in the study were fairly articulate, outgoing, and non-smoking they may be different from their peers. Also, the method of sampling used may have recruited participants who are more alike in demographics and attitudinal characteristics. The participants in this study all considered themselves as non-smokers, however, some of the young women may have tried a cigarette at one time or another. Even though smoking and non-smoking female adolescents were invited to participate, none of the young women who smoke regularly chose to do so. The fact of having virtually all non-smokers no doubt shaped the research in an important way and led to being able to study resistance to the social pressures to smoke.

Conclusion

The young women in this study contributed to the knowledge base of how young women deal with many of the social pressures to smoke that confront them daily. They shared their experiences freely and contributed to the professional and personal growth of the researcher. They displayed concern for their friends and peers and have expressed frustration over the lack of health promotion available to them. They identified potential health promotion activities which if implemented may contribute to the prevention and cessation of smoking behaviour. The young women have expressed concern for their parent's smoking behaviour and have commended their parents when they have stopped smoking. They have identified the need for peer support and adult role models. They have identified issues for healthy public policy including: restricted access to cigarettes by minors, restriction of smoking on school property, enhanced health promotion activities in

the schools, restricted smoking advertising, and promotion of anti-smoking advertisements. The young women have altruistically contributed to the research base on female adolescents and the influence of advertising and smoking. The study further provides insights to understand the issues, paradoxes, and challenges for adolescents in general. Adolescents face many risk factors and social pressures to engage in these risk factors.

While advertising permeates many aspects of our life, how it is perceived to influence the choices we make around areas that can have a marked effect on our health has been relatively unexplored. The purpose in this study was to use cigarette advertising found in magazines targeted towards young adolescent women to explore the questions: What are the social pressures to smoke for young women that are reinforced through cigarette advertising? and, How do they experience these social pressures? To investigate the research question, a phenomenological mode of inquiry was used as outlined by Streubert (1991). Eleven young women participated in a semi structured interview on two occasions. From the interviews, seven themes were identified. The themes include: *Being with others: smoking is a social event*, *Being like your peers: developmental issues*, *Parents, friends and other important relationships matter*, *Not having an effective voice*, *Addiction warnings are not enough: you don't read the small print*, *Leading by misleading: seeing through the ads*, and *Smoke and you will be attractive, slim and popular: myths in ads*. The fundamental meaning or essence of the lived experience of young women as they confront the social pressures to smoke, that were identified in the interrelated themes is, "*It is so easy to smoke*". The findings, considered within the

limitation identified, have a number of important implications for nursing education, practice, and research, as well as for health policy.

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APPENDIX A - Letter to guidance councillors

183 Petries Street
Corner Brook, NFLD
A2H 3M1

Guidance Counselors
School District 3 and 4

Dear Guidance Counselor,

I am a graduate student in the Masters of Nursing Program at Memorial University of Newfoundland, and as a part of the requirements for this degree I have to conduct a research study. My clinical experiences during this program focused on female adolescent smoking. These experiences and the limited pertinent literature on the real life experiences of the relationship between tobacco advertising on female adolescent smoking impressed upon me the importance of increasing our knowledge in this area.

I am seeking your assistance in identifying and acting as an initial point of contact for female adolescents. I am particularly interested in interviewing female adolescents who meet the following criteria: 1) living in western Newfoundland, 2) 14 to 16 years of age, 3) able to understand, read and speak English, 4) physically and mentally competent to participate in the study, 5) parental permission to participate, and 6) willing to participate.

Complete anonymity will be assured, and those who agree to participate will be given the option to withdraw from the study at any time. Further, participants will be given an interpretative summary of their interview transcripts to review and confirm for accuracy.

Permission will be sought from the Human Investigation Committee (HIC), Memorial University of Newfoundland. Once approval has been received from HIC to proceed with the project, I will forward a final research proposal to you.

The results of this study will be made available to you following completion of the thesis. If you require further information, I am available at (709) 785-5463 (home) and (709) 637-5249 (work). Your time and consideration are greatly appreciated, and I look forward to you earliest favorable reply.

Sincerely,

Susan Gillam R.N., B.N.



APPENDIX B
Ethical Approval

1999-05-13

TO: Ms. Susan Gillam

FROM: Dr. Verna M. Skanes, Assistant Dean
Research & Graduate Studies (Medicine)

SUBJECT: Application to the Human Investigation Committee - #99.58

//

The Human Investigation Committee of the Faculty of Medicine has reviewed your proposal for the study entitled "Cigarette Advertising and Smoking Among Young Adolescent Women: A Phenomenological Study".

Full approval has been granted for one year, from point of view of ethics as defined in the terms of reference of this Faculty Committee.

For a hospital-based study, it is your responsibility to seek necessary approval from the Health Care Corporation of St. John's.

Notwithstanding the approval of the HIC, the primary responsibility for the ethical conduct of the investigation remains with you.

Verna M. Skanes, PhD
Assistant Dean

cc: Dr. K.M.W. Keough, Vice-President (Research)
Dr. R. Williams, Vice-President, Medical Services, HCC
Dr. S. Solberg, Supervisor





Memorial

University of Newfoundland

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Human Investigation Committee
Research and Graduate Studies
Faculty of Medicine
The Health Sciences Centre

1999 05 13

Reference #99,58

Ms. Susan Gillam
183 Petries Street
Corner Brook, NF
A2H 3M1

Dear Ms. Gillam:

At a meeting held on **May 6, 1999**, the Human Investigation Committee reviewed your application entitled "**Cigarette Advertising and Smoking Among Young Adolescent Women: A Phenomenological Study**".

The Committee granted approval of the study and commented that the pro-posal was very fully documented.

A suggestion was made that the consent process could be simplified.

Sincerely,

Roger Green, PhD
Acting Chairman
Human Investigation Committee

RG\jgic

C Dr. K.M.W. Keough, Vice-President (Research)
Dr. R. Williams, Vice-President, Medical Affairs, HCC
Dr. S. Solberg, Supervisor



APPENDIX C - Letter to School Board

183 Petries Street
Corner Brook, NF, A2H 3M1

Mr. Andrew Butt
Director of Education, School District 3
P.O. Box 5600
Stephenville, NF, A2N 3P5
Dear Mr. Butt,

Dr. Tony Genge
Director of Education School District 4
P.O. Box 368
Corner Brook, NF, A3H 6G9
Dear Dr. Genge,

I am a graduate student in the Master of Nursing Program at Memorial University of Newfoundland, and as a part of the requirement for this degree I have to conduct a research study. My clinical experiences during this program focused on female adolescent smoking. These experiences and the limited pertinent literature on the experiences of the relationship between tobacco advertising and female adolescent smoking impressed upon me the importance of increasing our knowledge in this area.

The main objective of this study is to explore cigarette advertising and smoking among adolescent women. The information in this study may help nurses and other health care providers, to develop a deeper understanding of one link between smoking and advertising among adolescent women and contribute to the development of appropriate interventions to prevent the initiation and continuation of smoking.

I am requesting permission to contact guidance counselors in your district, who will be approached to assist in identifying and acting as an initial point of contact for female adolescents. I am particularly interested in interviewing female adolescents who meet the following criteria: 1) living in western Newfoundland, 2) 14 to 16 years of age, 3) ability to understand, to read and speak English, 4) physically and mentally competent to participate in the study, 5) have parental permission to participate, and 6) be willing to participate.

Complete anonymity will be assured, and those who agree to participate will be given the option to withdraw from the study at any time. Further, participants will be given an interpretative summary of their interview transcripts to review and confirm for accuracy. Permission will be received from the Human Investigation Committee (HIC), Memorial University of Newfoundland, prior to proceeding with the project.

The results of this study will be made available to you following completion of the thesis. If you require further information, I am available at (709) 785-5463 (h) and (709) 637-5249 (w). Your time and consideration are greatly appreciated. I look forward to you earliest favorable reply.

Sincerely
Susan Gillam R.N., B.N.

District #4 - Stephenville/Port aux Basques

P. O. Box 5600, Stephenville, Newfoundland A2N 3P5
Telephone: (709) 643-9525 Fax: (709) 643-9235

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APPENDIX D - Approval from School Boards

June 9, 1999

BOARD EXECUTIVE

GAR RANDELL
CHAIR

JOHN DOLLIMOUNT
VICE-CHAIR

WALTER MURPHY
SECRETARY

Ms. Susan Gillam
183 Petries Street'
Corner Brook, NF
A2H 3M1

Re: Study Proposal

Dear Susan:

I have reviewed your request to contact Guidance Counselors with respect to soliciting thier help with your study.

I support the objectives of your study and I agree to allow you contact with the counselling staff.

Good Luck!

Sincerely,

Andrew D. Butt
DIRECTOR OF EDUCATION

ADB/hca

pc: Peter Doyle, Assistant Director (Programs)

EXECUTIVE STAFF

ANDREW D. BUTT
DIRECTOR OF EDUCATION
abutt@calvin.stemnet.nf.ca.

PETER M. DOYLE
ASSISTANT DIRECTOR -
PROGRAMS
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FINANCE
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JOSEPH W. ROBERTS
ASSISTANT DIRECTOR -
HUMAN RESOURCES
jwrobert@calvin.stemnet.nf.ca.

School District #3

Corner Brook-Deer Lake-St. Barbe

Tel. (709) 637-4007; 637-4006; Fax. (709) 634-8349

P. O. Box 368, 10 Wellington Street
Corner Brook, NF A2H 6G9

Office of the DIRECTOR

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June 15, 1999

Ms. Susan Gillam
183 Petries Street
Corner Brook, NF
A2H 3M1

Dear Ms. Gillam:

I acknowledge and respond to your letter of 03 June 1999 seeking my approval to contact guidance counsellors whom you anticipate will assist you in identifying and act as an initial point of contact for female adolescents.

On behalf of our District, I give permission for you to conduct this research. All involvement of staff and, of course, students will be voluntary. You are to obtain parental permission before interviewing.

If you have questions or concerns, please get in touch with me.

Sincerely,

Anthony Genge, PhD
DIRECTOR OF EDUCATION

AG/bc
Copy to: Principals

APPENDIX E - Permission From Parents or Guardians

183 Petries Street
Corner Brook, NF
A2H 3M1

Dear _____,

I am a graduate student, School of Nursing, Memorial University of Newfoundland. I am conducting a research study on young women's experiences of the influence of advertising on smoking.

The findings of this study will provide an understanding of the influence of cigarette advertising and its link to smoking and nonsmoking among adolescent females from 14 to 16 years of age.

Because your daughter _____, meets the criteria of the study and has expressed a willingness to participate, I am requesting permission for her to participate in this study. Participation will involve two interviews, at a location convenient to your daughter. The initial interview will consist of questions related to your daughter's experiences as a female adolescent and the influences of advertising on smoking. The second interview will involve returning the study findings to your daughter to see if they recognize the findings to be true to their experience.

The confidentiality of your daughter's response will be protected and names will not appear on the interview transcripts. The participation of your daughter is voluntary and she may withdraw from the study at any time. Taking part in the study will not result in health risks for your daughter.

The data obtained will be held in strict confidence and will remain the property of the researcher. No specific information will be released on your daughter or any individual. Your daughter's smoking status will not be identified. The final report will be made available to you at the end of the study.

If you or your daughter have questions related to the study, please call me at (709) 785-5463 collect. If you agree to give your consent, please sign the attached consent form and forward in the attached envelope.
Thank you for your assistance and cooperation.

Sincerely,

Susan Gillam RN, B.N.

FACULTY OF MEDICINE - MEMORIAL UNIVERSITY OF
NEWFOUNDLAND
AND
HEALTH CARE CORPORATION OF ST. JOHN'S

Consent To Health Research

TITLE: Cigarette Advertising and Smoking Among Young
Adolescent Women

INVESTIGATOR(S): Susan Gillam

Your adolescent has been asked to participate in a research study. Participation in this study is entirely voluntary. Your daughter may decide not to participate or may withdraw from the study at any time.

Information obtained from your adolescent or about your adolescent during this study, which could identify your adolescent, will be kept confidential by the investigator. The investigator will be available during the study at all times should you or your daughter have any problems or questions about the study.

1. Purpose of study:

The main objective of this study is to explore cigarette advertising and smoking among adolescent women. Using advertisements contained in popular magazines targeted to this group, I will explore how young women see these advertisements as influencing their choices around smoking and continuing to smoke. A related purpose is to increase nurses and other health care providers understanding of how cigarette advertising influences young women's choices around smoking and continuing to smoke. The information in this study may help nurses and other health care providers to develop a deeper understanding of one link between smoking and advertising among adolescent women and contribute to the development of appropriate interventions to prevent the initiation and continuation of female adolescent smoking. The purpose in this study is to address the following research questions, "What influence does cigarette advertising have on young women's experiences with smoking?" and "How is it manifested?"

2. **Description of procedures and tests:**
Your daughter is being asked to participate in an interview which will be conducted at a place and time that is convenient to her. The interview will be recorded using a tape recorder, with the permission of you and your daughter. The tapes will be transcribed word for word, and will be used to help the researcher remember the details of the conversation. Magazines and tobacco advertisements will be used during the interview as prompts for the conversational interview with your daughter on her experiences of cigarette smoking and advertising, as a way of obtaining a description of the experience. Your daughter will be initially interviewed, using an interview guide. A second interview will be scheduled within two months to confirm the content of the summaries from the initial interview.
3. **Duration of participant's involvement:**
The first interview will take approximately 60 to 90 minutes to complete. The second interview will be scheduled within two months and will last about 30 minutes.
4. **Possible risks, discomforts, or inconveniences:**
There are no expected risks from participating in this study. Your daughter may refuse to answer any questions that makes her feel uncomfortable and she may terminate the interview at any time. All information that your daughter provides will be kept strictly confidential, secured in a locked file, and accessible only to the principal investigator.
5. **Benefits which the participant may receive:**
You or your daughter will not benefit from participating in this study. However, the information provided may heighten awareness of female adolescent smoking and the associated health risks.
6. **Liability statement.**
Your signature indicates your consent and that you have understood the information regarding the research study. In no way does this waive your legal rights nor release the investigators or involved agencies from their legal and professional responsibilities.

7. Any other relevant information:

Findings of this study will be available to you, and your daughter upon request. Findings will be published but you or your daughter will not be identified. The investigator will be available throughout the study to address any questions or concerns.

Signature: _____

Date: _____

Witness: _____

Date: _____

Signature Page

Title of Project: Cigarette Advertising and Smoking Among Adolescent Women: A Phenomenological Study

Name of Principal Investigator: Susan Gillam

To be signed by participant

I, _____, the undersigned, agree to the participation of _____ (my child, ward, relative) in the research study described above.

Any questions have been answered and I understand what is involved in the study. I realize that participation is voluntary and that there is no guarantee that I will benefit from my involvement.

I acknowledge that a copy of this form has been given to me.

(Signature of Participant)

(Date)

(Signature of Witness)

(Date)

To be signed by investigator

To the best of my ability I have fully explained the nature of this research study. I have invited questions and provided answers. I believe that the participant fully understands the implications and voluntary nature of the study.

(Signature of Investigator)

(Date)

Phone Number

Assent of minor participant

(Signature of Minor Participant)	(Age ____)
Relationship to Participant Named Above	

Consent for audiotaping during interviews

(Signature of Participant)	(Date)
(Signature of Witness)	(Date)

APPENDIX F- Participant's Informed Consent

My name is Ms. Susan Gillam and I am a Registered Nurse in the Master of Nursing program at Memorial University of Newfoundland.

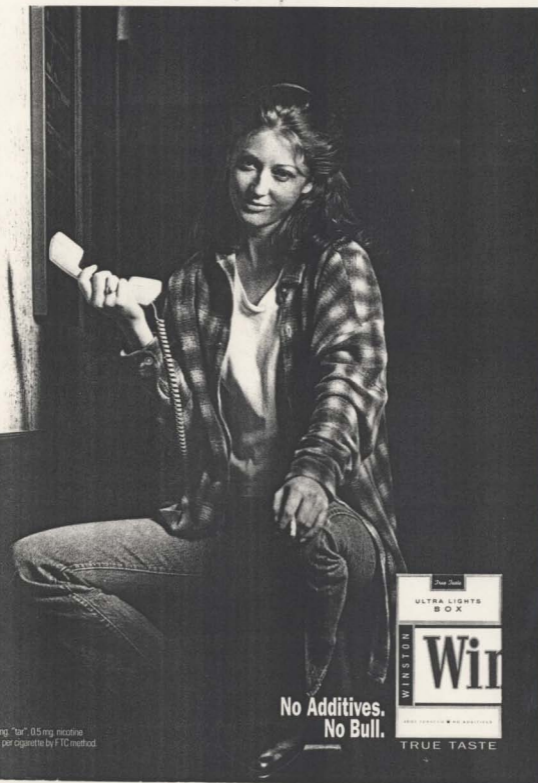
I would like to interview female adolescents to explore the influences of advertising on smoking. There will be two interviews, which will be recorded using a tape recorder. The findings of this study will provide an understanding of cigarette advertising and its link to smoking among your age group.

I would like to answer any questions you have. You are not obligated to participate in the study, it is entirely your decision. Consent has been obtained from your parents or guardians but this does not influence your right to refuse to participate in the study. Your smoking status will not be discussed with your parents.

Confidentiality is ensured. Your name will not appear on any documentation and will not be used on the interview transcripts. Taking part in this study will not result in any health risks for you. There may not be an immediate benefit of this study.

Are you willing to participate in this study?

APPENDIX G - Cigarette Advertisements



5 mg. "tar", 0.5 mg. nicotine
av. per cigarette by FTC method.

**No Additives.
No Bull.**

Three Stars
ULTRA LIGHTS
BOX

WINSTON
Win

100% TOBACCO • NO ADDITIVES

TRUE TASTE

SURGEON GENERAL'S WARNING: Smoking
By Pregnant Women May Result in Fetal
Injury, Premature Birth, And Low Birth Weight.

Never mess up an
apology
with an excuse.



No additives in our tobacco
does **NOT** mean a safer cigarette.

What we call



"Feel-Good Movie
of the Year,"

you call "Wake Me
When It's Over."



**VIRGINIA
SLIMS**
It's a woman thing.

SURGEON GENERAL'S WARNING: Cigarette
Smoke Contains Carbon Monoxide.

© Philip Morris Inc. 1998

8 mg "tar," 0.7 mg nicotine av. per cigarette by FTC method.



On a first date,

**never tell us about
your cat allergies,
fear of commitment,**



**or your
2-for-1 coupon.**

© Philip Morris Inc. 1998

8 mg "tar," 0.8 mg nicotine av. per cigarette by FTC method.

**SURGEON GENERAL'S WARNING: Cigarette
Smoke Contains Carbon Monoxide.**



**VIRGINIA
SLIMS**

it's a woman thing.

CAMEL



© 1999 R.J. REYNOLDS TOBACCO CO.



1 mg. "tar," 0.1 mg. nicotine av. per cigarette by FTC method.

**SURGEON GENERAL'S WARNING: Cigarette
Smoke Contains Carbon Monoxide.**

VIEWER DISCRETION ADVISED

THIS AD CONTAINS:

HW Hungry Women

HG Hot Guys

MS Man Stew



Mighty Tasty!

CAMEL

**SURGEON GENERAL'S WARNING: Cigarette
Smoke Contains Carbon Monoxide.**

11 mg. "tar" and 0.9 mg. nicotine av. per cigarette by FTC method.



VIEWER DISCRETION ADVISED

THIS AD CONTAINS:

PT Package Tampering

SP Self Parole

OB Overdue Books

Mighty Tasty!



CAMEL**CAMEL LIGHTS**

11 mg. "tar," 0.9 mg. nicotine av. per cigarette by FTC method.

**SURGEON GENERAL'S WARNING: Cigarette
Smoke Contains Carbon Monoxide.**

APPENDIX H - Interview Guide

Interview Guide:

Using advertisements of young women and smoking in magazines targeted towards adolescent women as a hermeneutic prompt, I will show the participants these advertisements and use the following open ended questions:

1. Looking at these advertisements relate them to your experiences and smoking. Tell me about these.
2. What influences might advertising such as these have on your decision to start smoking or to continue smoking? (I will get participants to expand on this)
3. How do you think advertising such as these influence other health related actions; staying slim, feeling good about yourself, or any other actions?
4. Tell me all about your experiences as a female adolescent and the influences of advertising on smoking?
5. What does it mean to you as a female adolescent when you see advertisements for tobacco products in magazines?
6. If you had to choose three pictures describing female adolescent smokers, what would they be?
7. Are there any comments or thoughts that you would like to share with me about your experiences with advertising and female adolescent smoking?

APPENDIX I - Smoking Prevention and Cessation ResourcesSMOKING PREVENTION AND CESSATION RESOURCES WESTERN
NEWFOUNDLAND

1. Public Health Nurses, Health and Community Services Western.
2. Addiction Services, Health and Community Services Western.
3. Guidance Counselors, School Districts 3 & 4.
4. The Canadian Cancer Society.

