



Social norms and its correlates as a pathway to smoking among young Latino adults



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ABSTRACT

Socially and culturally embedded norms regarding smoking may be one pathway by which individuals adopt smoking behaviors. However, few studies have examined if social norms operate in young adults, a population at high risk of becoming regular smokers. There is also little research examining correlates of social norms in populations with a large immigrant segment, where social norms are likely to differ from the receiving country and could contribute to a better understanding of previously reported acculturation-health associations. Using data from a nationally representative sample of young adults in the United States reached via a novel cell-phone sampling design, we explored the relationships between acculturation proxies (nativity, language spoken and generational status), socioeconomic position (SEP), smoking social norms and current smoking status among Latinos 18–34 years of age ($n = 873$). Specifically, we examined if a measure of injunctive norms assessed by asking participants about the acceptability of smoking among Latino co-ethnic peers was associated with acculturation proxies and SEP. Results showed a strong gradient in smoking social norms by acculturation proxies, with significantly less acceptance of smoking reported among the foreign-born and increasing acceptance among those speaking only/mostly English at home and third-generation individuals. No consistent and significant pattern in smoking social norms was observed by education, income or employment status, possibly due to the age of the study population. Lastly, those who reported that their Latino peers do not find smoking acceptable were significantly less likely to be current smokers compared to those who said their Latino peers were ambivalent about smoking (do not care either way) in crude models, and in models that adjusted for age, sex, generational status, language spoken, and SEP. This study provides new evidence regarding the role of social norms in shaping smoking behaviors among Latino young adults and suggests distinct influences of acculturation proxies and socioeconomic condition on smoking social norms in this population.

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1. Background

Smoking remains a significant public health problem among Latinos in the United States (US). Smoking prevalence among Latino adults can range from 12.5 to 18% depending on the data source (Centers for Disease Control and Prevention, 2014a,b; King et al., Nov 2012) and tobacco use is implicated in the top 3 leading

causes of death in this population (i.e., cancer, stroke and heart disease) (Centers for Disease Control and Prevention). Similar to other racial/ethnic groups, recent data also suggest a stagnation in the decline of smoking prevalence over the last few years among Latinos (Centers for Disease Control and Prevention, 2014b). While overall smoking prevalence among Latinos is generally lower than in the general US population (12.5% vs. 18.1%) (Centers for Disease Control and Prevention, 2014a), notable differences exist by nativity status. For example, foreign-born Latinos living in the United States less than ten years are less likely to be current smokers than their US-born peers (9.6% vs. 16.2%), but longer duration of stay in the US is associated with increasing smoking prevalence,

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particularly among women (Bethel and Schenker, Aug 2005; Castro et al., Dec 2009; Perez-Stable et al., Sep 2001; American Cancer Society, 2012).

One explanation proposed for this nativity-smoking association is that acculturation processes influence the adoption of smoking behaviors among Latinos. Acculturation is generally defined as the ideological and behavioral exchange that takes place as individuals from one cultural group interact with those of another and can involve both the retention and loss of cultural norms, views, and practices (Berry, 2001). Commonly used acculturation proxies include nativity status, length of stay in the US, generational status (i.e., whether person and parents are US or foreign-born) and language-based items. While studies have consistently shown that acculturation is associated with health generally, and smoking behaviors including quit attempts (Gundersen et al., 2012), little is known about the underlying mechanisms explaining these associations (Broesch and Hadley, 2012; Carter-Pokras and Bethune, Oct 2009; Zambrana and Carter-Pokras, Jan 2010; Hunt et al., Sep 2004). Specifically, there has been a growing interest in recent years to broaden the scope of acculturation research to consider, for example, how immigration policies and structural disadvantage influence health among Latinos (Viruell-Fuentes, Oct 2007; Carter-Pokras et al., May 2011), or how distinct forms of social disadvantage interact to influence the adoption of health-damaging behaviors (Echeverría et al., Oct 2013), to explicitly measuring the social and cultural factors that are hypothesized to underlie acculturation (Abraido-Lanza et al., Aug 2006). In the context of smoking behaviors, social norms regarding smoking may represent one pathway underlying acculturation-health associations.

1.1. Theoretical perspectives on how social norms influence smoking behaviors

Social norm theory has received relatively little empirical examination in population health research despite the long history of scholarship on this topic (Cialdini et al., 1991; Fishbein and Ajzen, 1975). Social norms can be defined as the rules of acceptable behavior that operate within a group that dictate the boundaries of permissible behavior and promote or deter the adoption of health behaviors (Lapinski and Rimal, 2005; Phua, Mar 2013; Thoits, Jun 2011). In the now classic paper by Christakis and Fowler, May 22 2008, the authors showed that similar to contagion processes typically characteristic of infectious diseases, smoking and smoking cessation were spread through social ties maintained in the offspring of the Framingham Cohort followed over 32 years. Results indicated that the patterning of smoking behaviors occurred through group processes, whereby groups of individuals started smoking together and groups also quit together. The authors speculated, but were not able to test, that socially or culturally shared norms explained the clustering of smoking and quitting behaviors observed. It stands to reason that membership in socially defined groups such as Latinos may also be associated with social norms that can shape the adoption of smoking behaviors and that immigration or acculturation-related processes may differentially pattern smoking social norms for native and foreign-born groups.

Identifying the specific ways in which social norms influence human behaviors is complex because several different types of normative influences are hypothesized to exist and norms can influence individuals across multiple levels of organization (e.g., as a group-level vs. individual-level phenomenon). Nonetheless, at least two types of social norms dominate the psychological and public health literature (Phua, Mar 2013; Karasek et al., Feb 2012; Stuber et al., Aug 2008). The first of these is defined as *descriptive norms* and describes what individuals perceive others actually do in a given context (Lapinski and Rimal, 2005). For example, questions

on descriptive norms among teenagers would ask about the extent to which teens perceive that peers in their schools, neighborhoods or other social groups actually smoke and then determine if a teenager's perception of the prevalence of smoking is associated with their own current smoking status. The second type of norm, *injunctive norms*, assesses if individuals perceive a referent group to approve or disapprove of a behavior and how much they are willing to comply with this behavior expectation (Lapinski and Rimal, 2005). In this scenario, questions center on determining if perceptions of disapproval of a particular behavior among a referent social group is associated with a person's engagement in that behavior. Of these two types of norms, injunctive norms may be particularly salient to consider in Latino health research as they are rooted in normative beliefs about acceptable behaviors (rather than what others actually do) and thus would point to belief systems that may promote the adoption of smoking behaviors in Latino populations. Further, the study of normative beliefs allows for the empirical examination of whether belief systems appear to differ between US vs. foreign-born Latinos (an underlying assumption in acculturation research) and thus contribute to 'unpacking' aspects of acculturation that may matter for health. Lastly, another theoretical contribution of norms research is that if associations between smoking norms and smoking status hold, it would suggest the need to address culturally-defined norms and belief systems and the multi-level social factors that shape these norms in the design and implementation of health interventions (Iwelunmor et al., Feb 2014; Livingood et al., Nov 2011; Unger and Schwartz, Nov 2012).

Surprisingly, little research has been conducted to examine the influence of social norms on smoking status among Latinos generally, and more specifically among young Latino adults. Young adulthood, an age period typically defined from 18 to 34 years of age, represents a critical life-course stage during which individuals are at significant risk of developing and maintaining life-long smoking habits and are targets of tobacco marketing. Current evidence suggests that adolescents who initiated and became daily smokers during adolescence became addicted to nicotine by the time they entered young adulthood (U.S. Department of Health and Human Services, 2012). Surveys that include a racially/ethnically diverse sample further indicate that anywhere from 17 to 36% of US-born 18–34 year olds reported being current smokers (Lariscy et al., Aug 2013), representing the highest prevalence of smoking by age group. Prior research on social norms has largely focused on adolescent or college-based populations and shown that adolescents who perceive that their friends or acquaintances have acceptable views on smoking are more likely to smoke themselves and have more difficulty quitting smoking (Graham et al., Apr 1991; Hansen and Graham, May 1991; Eisenberg and Forster, Aug 2003; Chen et al., Jul–Aug 2001). One study involving racially/ethnically diverse youth found that social norms regarding the acceptability of smoking among Asian American adolescents was significantly associated with having smoked in the past 30 days (Weiss and Garbanati, 2006). Other studies have extended the notion of social norms to characterize it as a group-level phenomenon and shown that school-level and neighborhood-level social norms, for example, are associated with smoking and smoking cessation (Karasek et al., Feb 2012; Kumar et al., 2002). However, to the best of our knowledge, no study has examined the role of social norms shaping smoking status among young Latino adults.

2. Study objectives

Our goal in the present study was to contribute to the literature in two ways. First, we examined how acculturation proxies such as nativity, language use and generational status, and measures of

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