



Differences in the smoking identities of adolescent boys and girls

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ABSTRACT

Objective: To assess sex-disaggregated differences in youths' characterizations of their own smoking behavior. **Method:** Cross-sectional data including demographics (sex, age, and grade level), perceived addiction to tobacco, Dimensions of Tobacco Dependence Scale (DTDS) scores, the Modified Fagerström Tolerance Questionnaire (M-FTQ) scores, smoking history, and self-reported smoking identity were collected from questionnaires administered to 7246 students in British Columbia, Canada. Differences in tobacco dependence by sex and by smoking identity were examined.

Results: Girls were more likely to report being ex-, social, irregular, or regular smokers than were boys; and were more likely to select more than one smoking identity to describe their smoking behavior. Among the current smokers, the boys smoked more cigarettes each day, on average, and had significantly higher scores on the social and sensation dependence dimensions of the DTDS, and the M-FTQ, compared with the girls. Girls in each smoking identity group had lower scores on every tobacco dependence measure, except the emotional dependence dimension of the DTDS.

Conclusion: Adolescent boys and girls appear to understand and subscribe to 'smoking identity' groups in similar patterns. However, there may be differences in the ways boys and girls conceptualize, describe, and endorse smoking identities. Researchers should examine the consistency between adolescents' smoking identities and researcher-derived categorizations of their smoking in planning and selecting appropriate interventions. Future research should explore qualitative gender differences in the smoking identities of adolescents.

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1. Introduction

Studies of adolescents have shown that several important intrapersonal (Martin et al., 2002; Skara, Sussman & Dent, 2001), interpersonal (Kobus, 2003), and environmental (Pucci & Siegel, 1999; Wayne & Connolly, 2002) factors are associated with tobacco use, and particularly smoking behavior. The complex interactions of these factors are hypothesized to influence individuals' engagement with tobacco use and their perceptions or construals of their own smoking behavior. Understanding how these factors affect the development of self-identity as a smoker may be particularly salient in adolescence because this is a time in which youth confront the task of defining their social identities as they make the transition to adulthood (Denscombe, 2001). For example, researchers have shown that youth who find the image of adult smokers appealing or desirable generally have greater intentions to smoke in the future (Burton, Sussman, Hansen, Johnson & Flay, 1989).

"Smoking identities" (i.e., self-identification as a non-smoker, former smoker, or regular smoker) characterize commonly employed psychosocial understandings of how tobacco users and non-users perceive themselves in relation to their 'cigarette' smoking behavior (Lloyd, Lucas & Fernbach, 1997; Wakefield et al., 2004). Yet, how these smoking identities are associated with actual smoking behavior in adolescence has not been studied extensively. Some researchers have noted that young current 'cigarette users' do not necessarily identify themselves as smokers (Harris, Schwartz & Thompson, 2008; Leatherdale & McDonald, 2006). For example, in a sample of 1401 college students who reported smoking cigarettes within the previous 30 days, 57% did not consider themselves to be "smokers" (Levinson et al., 2007). Such results suggest that smoking cessation activities may be unsuitably targeted towards, or unaddressed for, adolescent tobacco users who may identify as non-smokers, and point to the need for specific smoking prevention and intervention programs, targeted to these smoker subtypes (Leatherdale & McDonald, 2006). Researchers have recognized a need to further examine adolescents' self-perceptions of their smoking status, self-labels, and intentions, and to examine how these self-labels and intentions correlate with other behavioral measures (Mermelstein et al., 2002).

To better understand the development of substance use and related behavior it is recommended that researchers adopt sex- and

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gender-sensitive methods and data analysis processes (Johnson, Greaves & Repta, 2009). This recommendation encourages the consideration of both biologically- and socially-based factors that might affect girls' and boys' behavior and identity formation in different ways. As a multi-dimensional construction, "gender" refers to socio-cultural norms and expectations regarding individuals' roles, relations, and identities (Johnson et al., 2009). Although various tobacco consumption patterns, irregular smoking, and high rates of transition to and from smoking are common among youth (Mayhew, Flay & Mott, 2000), the gender differences in these transitions are not clear. Several studies have demonstrated a progression from occasional to daily smoking among adolescents (Patton et al., 1998); where some studies suggest that girls progress faster than do boys (Ariza-Cardenal & Nebot-Adell, 2002), others have found that boys are more likely than girls to progress in the frequency or regularity of their smoking behavior (Wetter et al., 2004). In addition, there is some evidence to suggest that the development of nicotine dependence symptoms during the early stages of intermittent tobacco use is more rapid among adolescent girls (DiFranza et al., 2002). Yet, few researchers have assessed differences between boys and girls in their self-defined smoking behavior.

Further differences between male and female smokers relate to differences in their smoking motives. In a study of adults, Berlin et al. (2003) found that women were more likely to report smoking for relaxation, stimulation, and social interactions. In a cross-sectional study of adolescent high school students, girls were more likely than boys to report expectancies about dysphoria reduction associated with smoking (Vidrine, Anderson, Pollak & Wetter, 2006). Other studies, however, have found that girls, compared with boys, are no more likely to smoke to reduce stress (Dugan, Lloyd & Lucas, 1999; Mermelstein, 1999). Differences may also occur in the extent of nicotine dependence experienced by boys and girls; some authors, employing the Modified Fagerström Tolerance Questionnaire (M-FTQ), have reported that boys are more likely to be nicotine dependent compared with girls (Kandel et al., 2005). Other researchers, however, have not found sex differences in nicotine dependence (Breslau, Kilbey & Andreski, 1994), and still others have found that girls have higher nicotine dependence scores compared with boys (Panday, Reddy, Ruiter, Bergström & de Vries, 2007).

To assess the validity of adolescents' smoking identities, Okoli et al. (Okoli, Richardson, Ratner & Johnson, 2008) compared self-selected smoking identities (i.e., selected from cigarette smoking identity choices: "I am a non-smoker," "I am an occasional smoker," "I am an irregular smoker," "I am a regular smoker," "I am a heavy smoker," "I am a social smoker," "I am an ex-smoker") with existing literature-based classifications of adolescents' smoking behavior (i.e., non-smoker vs. smoker) and adolescents' perceived tobacco dependence. The study found that the adolescents' selected smoking identities were modestly associated with both the literature-based classifications of adolescents' smoking behavior and their perceived tobacco dependence (Okoli et al., 2008). However, the study did not assess the potential for differences in boys' and girls' smoking identities. Understanding the gender-related factors or differences in the ways adolescents formulate and describe their smoking behavior is salient for tobacco addiction prevention and smoking cessation efforts. If differences exist in the ways in which adolescent boys and girls identify or conceive of their behavior, conventional efforts employed for smoking cessation may be construed as non-salient or inappropriate by the target audience (Leatherdale & McDonald, 2006). Hence, smoking cessation activities may be unsuitably targeted towards boys and girls, for example, who identify themselves as non-smokers because they infrequently use tobacco.

The purpose of the present study is to examine gender differences in youths' smoking identities by: (a) describing differences in the reported smoking identities of adolescent boys and girls, and (b) examining differences in the tobacco dependence of adolescent

female and male current smokers (i.e., individuals who have smoked in the past 30 days) stratified by smoking identity.

2. Methods

2.1. Participants and sampling

The data for this secondary analysis were obtained from responses to a self-administered cross-sectional survey from the British Columbia Youth Survey on Smoking and Health II (BCYSOSH-II) (Tu, Ratner & Johnson, 2008), which was administered to 8225 students (grades 7 to 12) in schools in British Columbia (BC), Canada. Of the 86 eligible schools located in the 14 districts which consented to the study, 49 (57%) agreed to participate with an average response rate of 84% (student absenteeism accounted for the majority of the non-response). The survey questionnaire was administered, either by computer in a web-based format or by paper and pencil, in the students' classrooms (Hutchinson, Richardson & Bottorff, 2008). Before questionnaire administration, the students were provided information sheets about the study to deliver to their parents or guardians; passive parental consent was employed. The questionnaires remained anonymous; names and other identifiers were not provided. The study was approved by the University of British Columbia, Behavioural Research Ethics Board.

2.2. Measures

Socio-demographic characteristics from the questionnaire included the participant's sex, age, and school grade.

The average number of cigarettes smoked per day (CPD) was assessed by asking the participants to indicate the number of cigarettes they had smoked on each of the preceding 7 days. The sum of the cigarettes smoked in the past week was divided by 7 to obtain a daily average.

Current tobacco use status was determined by asking the participants questions about their past month's cigarette use. The participants who were current smokers also were asked for the age at which they initiated smoking.

Tobacco dependence was assessed with four measures: (a) two single indicators of perceived "physical" and "mental" tobacco addiction, (b) the modified Fagerström Tolerance Questionnaire for adolescents (M-FTQ) (Prokhorov et al., 2000), and (c) the Dimensions of Tobacco Dependence Scale (DTDS) (Johnson et al., 2005; Richardson, Johnson, Ratner & Zumbo, 2009; Richardson et al., 2007). Based on items from the work of O'Loughlin et al. (O'Loughlin, Kishchuk, DiFranza, Tremblay & Paradis, 2002) perceived physical and mental tobacco addiction were assessed by asking the participants two questions: "How physically addicted to tobacco do you feel right now?" and "How mentally addicted to tobacco do you feel right now?" with response ratings provided on 10-point scales with 0 = "not at all addicted" and 10 = "very addicted." These items are associated with other measures of tobacco dependence among youth (Richardson et al., 2007). All participants, regardless of their smoking behavior, responded to the perceived physical and mental tobacco addiction measures.

The 7-item M-FTQ was included with minor changes (described in Richardson et al. (2007)). The M-FTQ has been evaluated for reliability (Cronbach's $\alpha = 0.67$ – 0.70) and validity in previous studies (Prokhorov et al., 2000). The DTDS measures tobacco dependence by assessing four different dimensions of tobacco dependence (i.e., social, emotional, nicotine dependence, and sensory); which have been shown to have high internal consistency (i.e., Cronbach's alphas of 0.91, 0.92, 0.97, and 0.80, respectively) and are correlated with other measures of tobacco dependence (Richardson et al., 2007). Only the participants who indicated that they had smoked in the past 30 days responded to these four DTDS subscales and to the M-FTQ measures.

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