

THE PROCESS OF REMAINING A NON-SMOKER AS EXPERIENCED BY  
ADOLESCENT FEMALES

by

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## ABSTRACT

The purpose of this study was to investigate the process of remaining a non-smoker used by adolescent females. Grounded theory was used as the research methodology to guide this qualitative study. Through the use of theoretical sampling, data was collected from seventeen female adolescents through audiotaped interviews. The findings of the study revealed that the girls proceeded through a three-phase process in order to remain a non-smoker. The main theme underpinning the entire process was found to be the development of self-confidence. The girls each possessed their own individual degree of self-confidence which enable them to commence the process by first making sense of smoking. Subsequently, the girls proceeded to phase two, rejecting smoking, only after they had decided that smoking served no purpose in their lives. Successfully rejecting smoking enabled two things to happen; 1) self-confidence increased and 2) one became known as a non-smoker. Finally, the girls were able to declare themselves to be non-smokers, signaling the completion of the process of remaining a non-smoker. Three intervening conditions being busy, having support, and peer pressure to fit in were identified which influenced both the development of self-confidence and the progress of the process of remaining a non-smoker. By studying the experiences of non-smoking female adolescents, the investigator discovered that some girls do implement a process for remaining non-smokers. Interestingly, these girls were quite unaware of the process they were utilizing. This would imply that there may be value in fostering an awareness in adolescents and the people who interact with them that indeed there is a process occurring that empowers teenagers to be successful at remaining smoke-free. By learning more about this process, more adolescents could be prepared for what they may experience and then

health care professionals could better support and foster their efforts to proceed on a path of remaining smoke-free.

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## CHAPTER 1: INTRODUCTION

### Background

Tobacco use in Canada continues to be a significant health problem, causing death and disease to thousands of Canadians each year. It is widely known that adolescence is the critical time in life when onset, regular use, and dependence on smoking cigarettes begins (U.S. Department of Health and Human Services, 1989). Smoking during adolescence places individuals at risk for immediate and long-term health consequences. Smoking potentially retards the rate of lung growth and level of maximum lung function and places adolescents at risk for respiratory symptoms such as wheezing, coughing, and phlegm production which in turn places them at increased risk for chronic conditions in adulthood (U.S. Department of Health and Human Services, 1994). Smoking accounts for 83% of lung cancer cases in men and 43% among women (Gritz, 1984). Preventing young people from starting to smoke and supporting them to choose to be smoke-free is a key strategy in promoting the optimal health of adolescents and future adults.

Statistics on the smoking behavior of Canadian and American men and women indicate that their prevalence rates have converged (Eliany & Courtemanche, 1992; U.S. Department of Health and Human Services, 1989). This trend has been attributed to the fact that male smoking rates have declined more rapidly than female rates. Lung cancer mortality rates in women are increasing and the American Cancer Society (1989) reports that this cancer has surpassed breast cancer becoming the number one cause of cancer death in women. The female smoker exposes herself to additional health risks which are gender related. The combination of using cigarettes and oral contraceptives contribute to the increased risk of developing cardiovascular disease. The risk of developing coronary

heart disease doubles for female smokers (Gritz, 1984). Preventing the initiation of smoking in female adolescents could potentially prevent a substantial number of these health problems.

The Youth Smoking Survey (herein referred to as YSS) conducted in 1994 was the first of its kind in Canada to examine the smoking behavior of adolescents aged 10-19. Other surveys had studied older adolescents aged 15-19 (Statistics Canada, 1994; 1995). Fourteen thousand and two hundred 10-14 year olds (80% response rate) completed questionnaires in the presence of a trained invigilator in their school classrooms between the months of September through December 1994. Ninety-five hundred 15-19 year olds (81% response rate) responded to telephone surveys conducted by trained interviewers in the same time period. This survey provided substantial and significant data concerning female adolescent smokers and non-smokers alike.

According to the YSS, approximately 290,000 Canadian females aged 10-19 are current smokers (15%) (Health Canada, 1996). The prevalence of smoking increases with age starting from 2% of those girls aged 10-12 and increasing to 14% of those aged 13-14, 22% of 15-17 and 27% 18-19 . The percentage of lifetime female abstainers (those who report never having smoked a whole cigarette) drops dramatically from 88% for 10-12 year olds reporting as such to 56% for 13-14 year olds. This suggests that many females who experiment with smoking do so before age 15. Furthermore, it suggests the existence of a critical period. Somewhere between the age of 12 and 14 fewer girls report being abstainers and have at least experimented with smoking based on the difference in percentages of abstainers reported between these two age groups. Of particular interest to this author is that over half (56%) of the 13-14 year old girls report being abstainers. What is occurring in the lives of these female adolescents to help them

to remain non-smokers when a percentage have at least tried smoking? It would seem that health care professionals not only have a responsibility to prevent the large move to smoking initiation but an equally compelling responsibility to help more female adolescents to remain non-smokers.

In 1997, the Angus Reid Group conducted a large survey investigating the use of tobacco in British Columbia, on behalf of the Heart and Stroke Foundation of BC and Yukon, the BC Ministry of Health, and the Ministry Responsible for Seniors of BC (Angus Reid Group, 1997). Included within this study was a report on smoking in teenagers which demonstrated that overall, the prevalence of smoking in adolescents between 12-19 years of age was similar to the prevalence in the entire province. The results of this survey are also similar to the results of the YSS, but cannot be compared directly because ages were grouped differently. The Angus Reid survey of 1448 adolescents reported the prevalence of smoking ranges to be from six percent among adolescents between the ages of 12-14, increasing to 25% among those 15-18, and peaking at 31% among the older 19-24 year olds. This report also noted that onset of smoking in BC adolescents occurs approximately at age 13, further highlighting the importance promoting non-smoking lifestyles early in children's lives.

### **Problem Statement**

Overall, teenage smoking prevalence has decreased particularly from 1981-1994 when prevalence of smoking in 15-19 years olds went from 43% to 24% (Health Canada, 1996). For younger adolescents (10-14 years) surveyed in the YSS, 15% of females and 9% of males reported being beginning smokers. A beginning smoker was defined as "someone who has not smoked 100 cigarettes in his/her lifetime but has smoked in the last 30 days" (Health Canada, 1996, p.1). One hundred cigarettes seems

to be a large number given the age of the children, especially when we do not know exactly how many cigarettes it takes to establish nicotine dependence in adolescents (Winkelstein, 1992). The decrease in overall prevalence of youth smoking is promising but the high percentage of young female adolescent beginners is disturbing. How and why female youngsters begin and continue to smoke despite world wide trends among adults (in developed countries) to stop remains unclear.

Many factors have been shown to be associated with adolescent smoking in general and female adolescent smoking in particular. These factors span behavioral, psychological, social, economic, and political categories. Most of these factors have been identified by comparing adolescent smokers to non-smokers. Knowledge gained to date helps one to explain how and why smoking becomes incorporated into the lives of some female adolescents. However, many questions remain unanswered. We have yet to explore smoking from the non-smoker's perspective. Such an approach could provide valuable new insight into the experience of non-smokers and improve our understanding of how the non-smokers manage to avoid incorporating smoking into their lives. A detailed examination of the experience of non-smoking female adolescents could expose factors or characteristics of a non-smoker which could potentially assist health promotion efforts.

The primary motivation researchers provide for conducting research into the smoking behavior of adolescents is to prevent more adolescents from initiating or continuing to smoke. By understanding how some female adolescents do succeed in choosing to be smoke free, we may be better prepared to create the environment necessary to foster this choice in more adolescents, thereby contributing to health promotion efforts more directly. By understanding how some female adolescents resist

pressures to smoke, we may be better prepared to help more teenagers resist these pressures, thereby contributing to prevention efforts. Armed with such knowledge, the serious problem of smoking in adolescence could be tackled on two fronts, disease prevention and health promotion.

### **Purpose of the Study**

The purpose of this research was to study female adolescent non-smokers to learn about the process(es) underlying their non-smoking behavior. In particular, this research was directed towards uncovering how and why some adolescent females remain smoke free so that these beliefs, values, or behaviors could potentially be fostered in other female adolescents and /or their environments. An understanding about the process of growing up as a non-smoking female adolescent will contribute to knowledge which could guide or inform health promotion efforts directed at encouraging female youngsters to choose to be smoke free.

### **Research Question**

This study addresses the following question: What is the process of remaining a non-smoking female adolescent?

### **Summary**

Smoking has such serious and dire consequences on the immediate and long-term health of adolescents that any effort directed toward understanding how and why young females adopt this behavior is welcomed by the health care community. Nurses strive to both prevent disease and promote health. By knowing more about how to encourage more adolescent females to remain non-smokers nurses could broaden their health promotion efforts in caring for adolescents. This research explores smoking from the non-smoker's perspective and contributes to our understanding of how some female

adolescents remain non-smokers. Ultimately, improving our understanding of the non-smoking female adolescent will guide us in creating environments which foster non-smoking and help us to foster the development of more non-smoking female adolescents.

## CHAPTER II: REVIEW OF THE LITERATURE

### Introduction

The purpose of this literature review is to describe what is currently known about non-smoking female adolescents. Studies conducted in North America and published over the last 17 years (1980-1997) were critiqued to discern two things: the characteristics of female adolescent non-smokers and factors which are associated with being a non-smoking female adolescent. The following search terms were used to investigate the CINAHL and MEDLINE databases: non-smoking, adolescence, adolescent, teenage, and female. The few studies generated were generally concerned with the physiological effects of smoking, the effects of passive smoke, the validity about self-reports of smokers, and non-smoking bylaws. In light of these limited results, the search strategy was re-designed by substituting the term non-smoking with smoking and the search was repeated. This yielded numerous studies and reviews which fell into three broad categories: studies about smoking prevention programs, studies about cessation programs, and studies about the factors associated with smoking in adults and adolescents. Studies about prevention and cessation programs were excluded for the purposes of this review and only those concerning factors related to smoking in adolescents were included.

There are three important points to note in relation to this review. First, while some studies report differences in smokers and non-smokers by studying gender mixed groups of adolescents (e.g., Blackford, Hill Bailey, & Coutu-Wakulczyk, 1994; Newman & Ward, 1989; Nolte, Smith, & O'Rourke, 1983; West, Carlin, Subak, & Greenstone, 1983), studies do not provide specific insights into the experiences of non-smoking females. Indeed, results of these studies are predominantly discussed in terms of the

smokers, with relationships that the particular variables or factors have with non-smokers often reported indirectly. Only one study published in 1977 was discovered by this author that specifically investigated smoking and non-smoking female adolescents (Yankelovich, Skelly, White, Inc., 1977).

Secondly, while some mixed gender studies compared smoking female adolescents to smoking male adolescents. (Chassin et al., 1981; Malkin & Allen, 1980; Pederson, 1986; Sarason, Mankowski, Peterson, & Dinh, 1992; Urberg & Robbins, 1981; Waldron, Lye, & Brandon, 1991) most did not report directly about the non-smokers. These studies inform us about factors associated with smoking female adolescents but do not permit conclusions to be drawn about non-smoking female adolescents. Few studies systematically investigated within group differences with respect to gender. This means that non-smokers are not necessarily compared or contrasted to smokers directly within a certain research study. Factors found to be statistically associated with smoking female adolescents have been interpreted by this author to mean that the same factor is associated with non-smokers. If a variable is predictive of smoking it can also be said to be predictive of non-smoking. For example, as will be described, adolescent smokers have more friends who smoke, so one can conclude that non-smokers have fewer friends who smoke. However, there may be different or better predictors of non-smoking that could be discovered by specifically studying non-smokers.

Finally, researchers have focused on different stages of smoking in adolescence. The process of becoming a smoker has been defined as involving four stages: preparation, initiation, experimentation, and becoming a regular smoker (Flay et al., 1983). Some researchers have focused on the onset of smoking and explored the transition from preparation to initiation of smoking while others, have investigated the

transition from initiation to experimentation. Sometimes it is not entirely clear which stage they examined. Other times the stages of smoking were redefined for particular studies. This classification problem makes it difficult to compare and contrast findings. Any study reporting on adolescent female smokers and non-smokers, regardless of the stage of smoking examined, were included for this review in order to uncover as many factors associated with smoking as possible.

The study of adolescence has been in existence for centuries, beginning in early Greece when both Plato and Aristotle described this developmental phase of human behavior. Society's view of adolescence has changed over time resulting in the creation of numerous definitions. For the purposes of this study, adolescence is defined as "the developmental period of transition between childhood and adulthood that involves biological, cognitive, and social changes. In most cultures adolescence begins at about 10-13 years of age and concludes at about 18-22 years of age" (Santrock, 1993, p. 29).

The search strategy yielded research which identified many factors associated with smoking behavior among female adolescents. Once these factors are summarized, the strengths and limitations of the studies will be presented.

### **Factors Associated with Female Adolescent Smoking**

In their review of findings from 27 prospective studies about the onset of cigarette smoking in children, Conrad, Flay, and Hill (1992) found approximately 300 measures of associations found to be predictive of children/adolescent smoking. It is beyond the scope of this review to discuss every suggested association therefore this review will present findings relating to six categories of factors which have been consistently associated with adolescent smoking/non-smoking. These categories are: 1) knowledge of health effects of smoking; 2) peer smoking or non-smoking behavior; 3) family members' smoking

behavior ; 4) psychosocial characteristics; 5) academic success; and 6) behavioral correlates. The Youth Smoking Survey 1994 (Health Canada, 1996) represents a key source of Canadian data used within this literature review. From these six categories, profiles of smoking and non-smoking female adolescents will be described.

It is note worthy that a profile of a non-smoking female adolescent was described in 1977 by Yankelowich, Skelly, and White (Yankelovich et al., 1977). They investigated female adolescent smokers and non-smokers in ways that have not been repeated. From their survey data, these authors separated female non-smokers into two distinct groups which they labeled “traditionalists” and “vulnerables.” The “traditionalists” were strongly religious, respectful of authority, and avoided peers who smoked, drank, or used drugs. The “vulnerables” seemed at high risk to initiate smoking because one out of two reported that half or more of their male friends smoked, 30% indicated that at least 50% of their girlfriends smoked, and the majority had someone at home who smoked. Despite these conditions, the “vulnerables” reported not smoking. Furthermore, the “vulnerables” expressed concern about the addictive property of cigarettes, emphasized physical fitness and well being in addition to valuing being in control of their lives. They also seemed to have found a new cause and peer group to identify with, that of the anti-smoker, supporting legislation to regulate smoking and to promote smoke-free areas. It is unclear if these characteristics apply to adolescent females in 1997. However, these labels suggest that non-smokers are a diverse group. It is interesting to note that although a distinct groups of non-smokers were identified, subsequent research has concentrated on investigating smokers and smoking almost exclusively.

### Knowledge of Health Effects of Smoking.

Studies consistently demonstrate that adolescent smokers and non-smokers know about the long-term health effects of smoking (Blackford et al., 1994; Malkin & Allen, 1980). What is unclear is why non-smokers heed this knowledge and smokers do not. Thus far explanations are limited to some differences in beliefs about the health effects of smoking.

For example, Mittlemark et al. (1987) surveyed a cohort of 7-11th grade students in Minnesota and demonstrated that younger non-smokers who continued to be non-smokers for the two-year duration of the study were distinguished by the degree of their belief in the negative consequences of smoking. The younger participants who held strong beliefs about the negative consequences were more likely to remain non-smokers than the young non-smokers who did not have strong beliefs. Similarly, Canadian non-smoking adolescents aged 10-19 were more likely to think that “there is a danger to your health from an occasional cigarette” than their smoking peers (65% of non-smokers versus 53% smokers) (Health Canada, 1996, p.7). Both smokers and non-smokers in this same age group reported that smoking was addictive and that smoking could harm the health of non-smokers (by percentage rates of 84% or higher)

It is interesting that knowledge about the prevalence of smoking in adults and adolescents seems to be misconstrued by smokers and non-smokers alike. There is evidence that adolescents over estimate the prevalence of smoking, thinking that the majority of adolescents and adults smoke (Chassin et al., 1981; Mittlemark et al., 1987; U.S. Department of Health and Human Services, 1989). This raises interesting questions about non-smokers. How do they maintain their non-smoking status in the face of the

belief that the majority of people smoke, particularly, adolescents who are susceptible to peer pressure?

#### Peer Smoking or Non-smoking Behavior

A number of studies have demonstrated that smoking adolescents have more friends who smoke than non-smoking adolescents (Chassin et al., 1981; Coe, Crouse, Cohen, & Fisher, 1982; Malkin & Allen, 1980; McCaul, Glasgow, O'Neill, Freeborn, & Rump, 1982; Mittlemark et al., 1987; U.S. Department of Health and Human Services, 1989; Yankelovich et al., 1977). Having friends who smoke was the most common reason for starting smoking given by young Canadian adolescent smokers and non-smokers alike (Health Canada, 1996). More 10-14 year old non-smokers than smokers (76% compared to 56%) reported this reason. A difference between smokers and non-smokers is not seen in 15-19 year olds. Overall, 70% of older adolescents report smoking behavior of friends as a reason peers start to smoke. Curiosity was reported as the number two reason for smoking. The YSS did not include a question asking non-smokers to report why they did not smoke.

The smoking status of peers and its relationship to female adolescent smoking behavior was reported in five studies (Best, Brown, Cameron, Manske, & Santi, 1995; Health Canada, 1996; Pederson, 1986; Pomrehn, Jones, Ferguson, & Becker, 1995; Sarason et al., 1992). Pederson's (1986) work examining a single cohort clearly demonstrated that peer smoking was associated with adolescent smoking particularly for the younger female students. Pederson suggests that reasons for smoking change with age and that the relative importance of peers is different for girls.

Although different studies have demonstrated that peer smoking is associated with adolescent smoking, it is sometimes difficult to compare results because "peer" has been

defined in the research in different ways. The term “peer smoking” may represent a response concerning peer pressure, offers from peers to smoke, peer attitudes towards smoking, or friends/best friends who smoke. Furthermore, respondents may be asked about their own behavior or about what they attribute to the behavior of others. When peer was defined as friend or best friend, two studies (Best et al., 1995; Pomrehn et al., 1995) were found which reported that the value of peer approval predicted onset of smoking more strongly for girls than boys. It appears, therefore, that peer approval is an important factor related to the onset of smoking and that this factor influences boys and girls in different ways to varying degrees.

Sarason, Mankowski, Peterson, and Dinh (1992) report that three categories of reasons coded from open-ended responses were positively related to continuing smoking, namely, social norms, desire and pleasure/affect. Some examples of responses coded in each of these categories are: “a lot of my friends did” (social norms); “I wanted to” (desire); and “it’s relaxing” (pleasure/affect) (p.187). Their study is one of the few to compare females who continued to smoke with those who did not. It should be noted that non-continuers do not represent abstainers or adolescents who had never smoked. Non-continuers, as defined by these researchers, are smokers who did not continue to smoke during the study. Specifically, grade ten students ( $n=1126$ ) who reported ever having tried smoking were used to investigate reasons for beginning to smoke. This group was then divided into those who were still smoking (continuers) and those who at the time of the study no longer smoked (non-continuers). More female continuers reported that social norms, desire and pleasure/affect were reasons for smoking than did female non-continuers as follows: social norms (38% versus 26%) desire (17% versus 6%) and pleasure/affect (10% versus 4%). The most frequently reported reasons for beginning to

smoke were curiosity (45%), social norms (23%), and offers from friends (12%). Here again, a strong association between having smoking friends and beginning to smoke was demonstrated. What is unclear from this research is whether having friends who smoke is an antecedent or consequence of the behavior.

The YSS presents quantitative findings which suggest that there is a critical period in a girl's life when she may try smoking and no longer be able to claim that she has never smoked a whole cigarette. The percentage of the girls who reported never having smoked a whole cigarette is 88% in the 10-12 year old age group and this rate drops to 56% for those aged 13-14 (Health Canada, 1996, p.4). It would be interesting to know the smoking behavior of these girls' friends. Do the 13-14 year olds who still report never having smoked a cigarette have any friends who are trying cigarettes and how do they resist pressure to try?

#### Family Members Smoking

When researchers have examined the effects of significant others on adolescent smoking behavior they have focused on the effects of parental and sibling smoking. Some studies have shown parental smoking to be a strong predictor of adolescent smoking (Chassin et al., 1981; Coe et al., 1982). In particular, Chassin et al. (1981) reported that parents' smoking was significantly associated with female smokers. In young adolescent boys and girls (10-12.5 years old), West et al. (1983) found a similar trend, in that 32% of their sample of smokers had parents who smoked compared to 15% of the non-smokers. Others have not been able to demonstrate this association (McCaul et al., 1982; Mittlemark et al., 1987).

Based on such mixed results, the association between parental smoking and adolescent smoking seems unclear. Newman and Ward (1989) replicated Nolte, Smith

and O'Rourke's (1983) earlier work differentiating parental smoking behavior from parental attitude towards adolescent smoking. Newman and Ward's results, although of smaller magnitude, support the previous findings. This study of 735 adolescents revealed that parental disapproval of smoking, regardless of whether or not they themselves smoked, was negatively associated with adolescent smoking. This differentiation may help explain the inconsistency of results reported when parental smoking behavior is the only factor assessed within a study. Parental smoking is important in influencing adolescent smoking but the influence may be modified by particular parental attitudes.

The YSS also elicited data about the smoking behavior of Canadian parents. Forty-six percent of 10-19 year olds reported they had at least one parent who smoked; the rates were 61% for current smokers and 43% for those who never smoked. Data about the attitudes of parents concerning their attitudes towards youth smoking that might help explain the high proportion of never smokers with parents who smoke, however, these data were not collected.

The 1989 Report of the Surgeon General (U.S. Department of Health and Human Services, 1989) does not make reference to any association between parental smoking and adolescent smoking. Instead, the presence of a significant and supportive adult is noted to be a critical factor in an adolescent's ability to resist smoking, sometimes referred to as resiliency. Similarly, the descriptive study by Bowen, Dahl, Mann, and Peterson (1991) found that having enough adults to talk to when problems were present was predictive of non-smoking in grade five girls. The smoking status of these supportive adults was not reported in this study so it is unclear how their role modeling may have influenced these subjects.

The effect of peer and parental smoking appears to differ depending on which stage of smoking the adolescent is experiencing. Greaves (1990) summarizes various evidence which helps explain how smoking begins and the effect that role models have on the preparation stage and initiation or experimentation stage. Parental smoking and sibling smoking have been found to influence adolescents who are anticipating or preparing to smoke. They become accustomed to the physical behaviors surrounding smoking and are influenced by role models in this stage. In the initiation stage, peers seem to have more of an influence, supported by the strong association between friends who smoke to stay together and friends who do not smoke to stay together. Greaves notes that first cigarettes are usually smoked with friends and most often with same gender friends.

As noted, having a sibling who smokes has also been associated with smoking in adolescents (McCaul et al., 1982; Mittlemark et al., 1987; Schoonmaker, 1983). It has been suggested that sibling smoking provides models for brothers and sisters to imitate (Flay et al., 1983). Statistics about Canadian youth who have siblings who smoke are not available from the YSS.

In summary, relationships demonstrated between adolescent smoking behavior and the smoking behavior of their parents and /or siblings can be reversed to help explain non-smoking behavior. If parents and siblings do not smoke, female adolescents will be more likely not to smoke. Even if a parent smokes, expressing a negative attitude towards adolescent smoking may influence a teenage female not to smoke. Furthermore, a specific predictor for not smoking in adolescents is having a supportive adult who may be relied on during times of trouble. Although this research is helpful, it does not explain how non-smokers resist or continue to be smoke-free. As noted, 43% of 10-19 year old

Canadian teenagers reported being never smokers but having at least one parent who smoked. What are these adolescents doing to remain tobacco free?

### Psychosocial Characteristics

Smoking in adolescence has been discussed in terms of the psychosocial functions that it serves. Many of these functions relate to personal characteristics, social and cultural norms, and psychological/physical development and maturation which occur during this period of growth. The complex nature of adolescent smoking is also influenced by the fact that any combination of these characteristics may influence the various stages of smoking in different ways.

Cigarette smoking may be perceived by adolescent girls as a way to reach certain goals such as establishing feelings of maturity, autonomy, or even rebellion against certain forms of perceived oppression. An early study conducted for the American Cancer Society by a private opinion survey corporation (Yankelovich et al., 1977) was one of the few surveys to report comparisons between smoking and non-smoking female adolescents. Not all the data collected on smoking female adolescents was compared to non-smoking female adolescents but, of the factors examined, the following descriptions were offered. Female smokers from this representative sample of 267 were more likely to enjoy parties as a form of leisure, have a boyfriend, have had sexual relations, drink alcohol, use marijuana, have been suspended from school, and have run away from home. Smokers were less likely to enjoy reading, feel nervous meeting new people, and feel they were not very good at accomplishing things. From these descriptions these authors proposed that female smokers were self-confident, sociable, rebellious, risk takers, and had high self-esteem. Subsequent studies can be found which contradict the possible association between self-esteem and smoking. For example, Murphy and Price

(1988) found that those subjects who reported high self-esteem were less likely to smoke and subjects who reported low self-esteem were more likely to smoke.

Urberg and Robbins (1981) had students in a white middle class area rate the importance of 15 benefits and 19 costs of smoking. The female smokers compared to the male smokers were more likely to demonstrate independence and rebellion through smoking as indicated by more frequently responding favorably to the following items: “shows you can do what you want to do” and “makes your parents mad.” Here again, smoking female adolescents were not compared to non-smoking female adolescents so no conclusions can be drawn about what non-smoking female adolescents report about the costs and benefits of smoking or not smoking.

In attempts to develop their identity, some adolescent females may incorporate smoking into their repertoire of behaviors as a way of projecting a certain image. The role of women in society continues to change. Advertising of cigarettes has been associated with women who project characteristics of youth, beauty, freedom, independence, personal success, and sexual attractiveness (Greaves, 1990; Gritz, 1984). The jingle accompanying the Virginia Slims cigarette advertisement, “You’ve come a long way baby” seems to reinforce these characteristics. How advertising specifically influences adolescent smoking has been investigated within another body of research not included in this review. However, if role modeling from peers is associated with initiation of smoking, it seems reasonable to suggest that images portrayed in the media may have an effect on some teenagers who are looking for role models to emulate.

An additional pressure facing women and young girls is the ideal female body image that is portrayed in media images. Advertisements encouraging smoking portray women smoking cigarettes as not only independent and beautiful but as thin. Women

have been shown to be more likely than men to believe that smoking helps control body weight and are more likely to report that they use cigarettes to control their weight (Camp, Kleges, & Relyea, 1993; Charlton, 1984). French, Perry, Leon, and Fulkerson (1994) claim to be the first to demonstrate that adolescent girls who diet or are concerned about their weight initiate smoking at higher rates than non-dieters and those girls with fewer weight concerns. Strengths of this study include a large sample, prospective design, and specific questions about weight concerns and dieting behavior. Limitations include the use of an upper middle class mostly white sample, the use of a single self-report measure of smoking, and lack of questions specifically related to reasons for smoking other than weight concerns.

Adolescent smoking has been associated with other risk-taking behaviors such as drug and alcohol use and tolerance for deviant behavior (Bailey, 1992; Bowen et al., 1991; Chassin, Presson, Sherman, & Edwards, 1991; Donovan, Jessor, & Costa, 1991; Robinson et al., 1987; Waldron et al., 1991). Bowen et al. (1991) found that taking dares, doing things that are not good for you, and believing that things are not going well were predictive of trying cigarettes for girls. Also the triers differed from the never-triers in variables that have been used to describe deviant behavior such as having low grades, exhibiting risk-taking behavior, and not succeeding in traditional academic schools. The suggested association to low academic achievement and smoking will be discussed in a subsequent section.

Gilchrist, Snow, Lodish, and Schinke (1985) tested the hypothesis that high levels of social skills are associated with not smoking with a small convenience sample of 126 sixth grade students. Non-smokers were found to be more assertive, less compliant when faced with peer pressure to participate in risky behaviors, more resourceful at suggesting

alternatives, and more frequently used positive self statements to reinforce themselves for choosing not to smoke. Unfortunately, gender differences were not reported. The findings suggest, however, that non-smokers do have a repertoire of attributes that may be helpful in resisting pressures to smoke.

The characteristics of sociability, feelings of loneliness, hopelessness and shyness in adolescent female smokers and non-smokers were studied by Allen, Page, Moore, and Hewitt (1994). Smoking female adolescents scored significantly higher on hopelessness than non-smoking female adolescent but there were no significant differences found in scores of smoking female adolescent and non-smoking female adolescent on shyness, loneliness or sociability. Smoking female adolescents scored the highest overall on sociability and, furthermore, differed significantly from smoking and non-smoking boys. They did not differ from their non-smoking peers. These results seem to contradict Gilchrist et al. (1989) who found that smokers were less socially skilled. The greatest limitation to these studies is that no baseline norms exist for the variables investigated. In addition, differences in the way social skills have been defined and operationalized make comparisons tentative, at best.

Best, Brown, Cameron, Manske, and Santi (1995) examined the relationship between rebelliousness, rejection of adult authority, personal dissatisfaction, and peer approval and smoking status. When girls scored higher than boys on each factor, there was a stronger significant association with smoking onset. The lower they scored the less likely there were to become a smoker. A major limitation to this work is that future smoking was evaluated over a relatively short period of time from grade six to grade nine entry.

The most recent report of the Surgeon General on smoking (U.S. Department of Health and Human Services, 1989) indicates that adolescents with lower self-images are more likely than their peers to smoke. Adolescents may smoke as a way of bolstering their self-image. It is possible that non-smokers have higher self-images and that they do something different to develop or bolster it.

Behavioral intentions to smoke have been shown to be associated with future smoking (Ajzen & Fishbein, 1970; McCaul et al., 1982). It has also been reported that more experimental smokers intend to smoke in the future than non-smokers (Murphy & Price, 1988). The YSS reported that 98% of 15-19 year olds who have never smoked expect to be non-smokers in one year. This statistic sounds encouraging. Only 83% of females 10-14 years old who have never smoked expect to be non-smokers in one year and 16% of 10-14 year old girls did not know if they would be smoking or not in one year. Taken together, these statistics suggest that the resolve of non-smokers to remain non-smokers may weaken over time.

It remains challenging to interpret the results of research regarding the psychosocial characteristics associated with smoking in adolescents. The limitations of the individual studies, the equivocal findings, and the lack of comparisons between smoking female adolescents and non-smoking female adolescents reduce the potential for making confident statements about non-smoking female adolescents regarding these characteristics. The precise way these factors may or may not help non-smoking female adolescents resist pressures to smoke remains unclear. Furthermore, factors that have been studied have been determined in advance by researchers based on an incomplete understanding of smoking and non-smoking behavior. Factors which are associated with being a non-smoking female adolescent may exist which have yet to be discovered. At

the very least, the multitude of characteristics which have been investigated heighten awareness about the complexities of remaining a non-smoker during adolescence.

#### Academic Success

Several studies have demonstrated an association between poor academic success and smoking (Chassin et al., 1981; Eckert, 1983; Escobedo, Marcus, Holtzman, & Giovino, 1993; U.S. Department of Health and Human Services, 1989; Wong-McCarthy & Gritz, 1982). Wong-McCarthy and Gritz propose that when adolescents enter high school they experience an increased need to develop their identity, self-image, and autonomy. Some fulfill these needs through sports participation, succeeding in their studies, and participating or leading extra-curricular clubs and associations. Other teenagers may use smoking to compensate for lack of athletic ability, poor academic success, or isolation from groups they aspire to belong to. Eckert's (1983) work suggested that for some, smoking is the only social means for expressing their adult identities. Interestingly, she also noted that social roles of smoker and non-smoker were so strictly defined within this sample that some of the non-smokers at school did actually smoke off site.

A study by Marston, Jacobs, Singer, Widaman, and Little (1988) took a unique look at all the reported nonusers of drug, alcohol and nicotine in their sample of 843 students in grades 9 through 12. They discovered that this relatively small group (43 girls and 34 boys) reported generally better physical and mental health and academic achievement.

#### Behavioral Correlates

The tendency of certain health behaviors to correlate or exist together has been referred to as clustering or covariation. It has been well established that risk-taking

behaviors such as drug use, smoking, and drinking alcohol cluster in adolescence (Bailey, 1992; Donovan et al., 1991; Robinson et al., 1987). There is also evidence that cardiovascular risk factors of smoking, sedentary lifestyle, and unhealthy eating cluster in children (Khoury et al., 1980; Lytle, Kelder, Perry, & Klepp, 1995; Sallis, Paterson, Buono, & Nader, 1988; Tell & Vellar, 1988). What remains unclear is if and how non-smokers take risks and whether or not being a non-smoker clusters with healthy eating and physically active living.

Lytle et al.'s (1995) examination of patterns of smoking, healthy eating, and physical activity were measured over seven years through self-report surveys using serial cross-sectional samples of students in grades 6-12 who had participated in the Minnesota Heart Health Program. Not only did they confirm the clustering of these behaviors but they also demonstrated that the association strengthened over time. After grade eight, students reporting lower activity patterns, and those making fewer healthy food choices also demonstrated a higher weekly smoking prevalence. Furthermore, the three-variable covariation was computed for all seven years of measurement and significant differences between high/high and low/low categories and smoking prevalence are not evident until the seventh grade and then only in females. These authors note that smoking prevalence was so low in grade six that insignificant associations were computed. Low levels of both activity and healthy food choices were significantly related to higher levels of smoking for the seventh grade girls. The reverse also held meaning that where high levels of activity and healthy food choices were found, there were significantly more grade seven female non-smokers. From the grade eight on, differences are significant in all grades and in boys and girls. Generally, the average age of seventh graders in B.C. is 12-13 representing an overlap in the age categories used in the YSS. As noted, the YSS (Health

Canada, 1996) reports that 88% of 10-12 year olds report being non-smokers but this number drops to 56% of 13-14 year olds reporting as non-smokers. Based on Lytle's findings and the YSS, somewhere between grades six and eight some children may make changes in their smoking status and changes in their eating and activity patterns.

This information expands the profile of the non-smoking female adolescent by including the possibility that this person makes healthy food choices and lives a physically active life in addition to taking fewer risks such as using drugs or alcohol. As noted with previous associations, explanation for how associated health behaviors influence non-smoking behavior remains unknown.

### **General Strengths and Limitations of Current Research on Adolescent Smoking**

#### **Strengths**

To date, research has contributed to what we know about smoking in adolescence by identifying variables that are associated with smoking and demonstrating how some factors are or are not predictive of smoking. Both cross-sectional and longitudinal designs have been used. The categories of associations reviewed for this study have been helpful in creating the profile of a smoking female adolescent but the specific relationship of some factors to smoking as either an antecedent to or consequence of the behavior of smoking remains unclear. Information gained from quantitative research has guided professional practice and health education in a number of ways. This research has illuminated the complex nature of adolescent smoking, identified groups potentially at risk, and provided direction to those developing and implementing prevention programs.

### Limitations

The lack of qualitative research methodologies to investigate adolescent smoking can be considered a limitation. Quantitative research especially in the form of large surveys, presents a picture of the issues surrounding adolescent smoking at a macro level as opposed to a micro level. Quantitative research techniques can help health care professionals determine statistically significant patterns of behavior while qualitative research methodologies can provide further insight into the meaning of those quantitative findings. For example, Stewart and her colleagues (Stewart et al., 1992; Stewart et al., 1996) used qualitative research techniques to develop an in-depth understanding about why disadvantaged women become smokers, what keeps them smoking, and what services they thought would be most supportive to help them become non-smokers. This research moved beyond describing who these women were and instead provided information about why and how they became smokers in the first place. This could provide direction for developing prevention strategies. This research also provided health care workers with a deeper understanding of what maintained the behavior and what the actual participants thought would help them the most to quit. Similarly, the YSS has provided important information about factors that are significantly related to smoking among female adolescents and has presented a current description of those girls who participated in answering the survey. Qualitative research has the potential to contribute information which addresses why and how certain girls smoke or do not smoke by enabling them to share their stories and experiences in detail. For example, the YSS states that 56% of 13-14 year olds report never having smoked. Qualitative research methodology would permit a researcher to study how a smaller group of 13-14 year old never smokers succeeded in remaining smoke free. By examining personal experiences

and perspectives, texture and depth can begin to be added to the knowledge we have gained concerning adolescent girls and smoking. The contribution that more qualitative research could make is long over due. No qualitative studies involving female adolescents and smoking were found by this author. Only one study previously referred to used participant observation to explore which specific aspects of social identities are associated or expressed by smoking among adolescents (Eckert, 1983).

The predominant use of surveys while convenient, cost effective, and yielding data focusing on large sample sizes, has failed to offer complete explanations of adolescents' experiences around smoking. Furthermore, researchers often use pre-constructed lists and ask adolescent participants to indicate if the items pertain to them or their situation. Problems related to the appropriate wording and questions in surveys targeting adolescents has been recognized by others (Conrad et al., 1992; Miller & Slap, 1989). For example, sometimes researchers highlight issues of little concern to adolescents while avoiding issues that are of interest and relevance to adolescents.

Lack of consistency between studies makes comparison difficult if not impossible. Studies vary on such characteristics as definitions, age grouping, data collection instruments, and data analysis. Some instruments were developed especially for the single study and questions of reliability and validity are raised, often by the very researcher using the tool. The term non-smoker can be defined rigidly as a total abstainer or more loosely grouping ever-smokers or experimenters as non-smokers. The definition of smoker is often determined according to number of cigarettes smoked in a certain period of time and herein lies another problem. The number and time period can vary from study to study. As mentioned, various stages of smoking, which are closely related to the number of cigarettes smoked, may be studied. Some cross-sectional research was

conducted on very small samples. Some longitudinal research suffered from high rates of attrition.

A predominance of between-group comparison versus within-group comparisons has yielded a large body of knowledge about the difference between male and female smokers and by default, non-smokers. Less is understood specifically about female adolescent non-smokers because relatively few studies compare female smokers to female non-smokers. Some factors associated with female adolescent smoking may be related to gender as opposed to smoking status. More studies are needed which address these differences.

Where studies comparing smokers to non-smokers are found, the results, findings, and discussions are often focused on the smokers and prevention. No specific research into the promotion of health behaviors related specifically to not smoking in adolescence was found by this author. There is a need to describe experiences that contribute to and support efforts to be a non-smoker. These experiences could be identified by studying non-smoking female adolescents using qualitative research methods.

### **Summary**

A review of the literature has revealed that creating the profile of a smoking female adolescent or non-smoking female adolescent is wrought with difficulty. The predominant use of quantitative research methods has provided knowledge which has been used to further prevention strategies but a number of limitations and inconsistencies suggest there is more to learn. Qualitative research methods have the potential to compliment quantitative studies by suggesting new perspectives which may be used to direct further research in this field and provide guidance to health care professionals on

how to both prevent smoking and foster non-smoking in adolescents, particularly females.

What we know about non-smokers has been primarily obtained by studying this group indirectly. I propose that we could learn more about promoting non-smoking in female adolescents by directly studying non-smoking female adolescents to learn about their experience of remaining non-smokers. By understanding more about the process of remaining a non-smoking female adolescent, factors which are associated with non-smoking may be uncovered allowing for new strategies of health promotion to be suggested. Despite the increased trend in smoking female adolescents, non-smoking female adolescents remain the majority (Dinh, Sarason, Peterson, & Onstad, 1995; Health Canada, 1996). There is a large repertoire of knowledge and understanding yet to be gained from this sub-group. Therefore, a research study exploring the process of remaining a non-smoking female adolescent was undertaken.

## CHAPTER III: RESEARCH METHODS

### Research Design

The process of becoming a smoker is complex and research into smoking has helped health care professionals understand this process in order to develop prevention strategies. Little is known about the process of remaining a non-smoker and attention to health promotion efforts directed at encouraging more adolescents to remain non-smokers is long over due. A qualitative research approach, specifically grounded theory, was used to direct the discovery of what process(es) non-smoking females undertake in order to remain non-smokers. An assumption underlying this research is that remaining a non-smoking female adolescent is as complex as becoming a smoker and that some type of process is experienced by female adolescents who remain non-smokers.

Grounded theory is an approach to conducting qualitative research that utilizes specific procedures which guide the researcher toward capturing the experiences of individuals. The researcher then conceptualizes these experiences and ultimately creates theory from interactions and observations that the researcher engages in with participants in various settings (Strauss & Corbin, 1990). Grounded theory is founded on the social-psychological theory of symbolic interactionism (Hutchinson, 1993). Symbolic interactionism is based on the premise that humans give meaning to their lives by interacting with those around them in certain contexts. Individuals and their actions can best be understood by examining their social interactions within the context of their existence. The people that individuals share their lives with also share common circumstances and problems. A core assumption of grounded theory is that these groups share specific social psychological problems that are not necessarily articulated (Hutchinson). By examining and conceptualizing the processes which the individuals use

to resolve these problems, grounded theorists can begin to explain behavioral variation in certain social groups.

The purpose of using a grounded theory method was to build theory scientifically and creatively which accurately represented the phenomenon under study as it was experienced by particular individuals. Grounded theory provided both a way of discovering the complex interactional processes underlying human behavior and a way of articulating those processes conceptually. Accordingly, grounded theory served as an appropriate means for discovering the process by which certain female adolescents remained non-smokers.

Data collected from interviews and observations was used to generate the emerging grounded theory (Hutchinson, 1993). The researcher observed behavior and began to perceive the meaning of that behavior. Interviews enabled the participants to recount their stories and inform the researcher about detailed aspects of their experiences as they pertained to the phenomenon under study. Grounded theory directed the researcher to utilize both inductive and deductive approaches to theory construction (Hutchinson. ) Initially, meaning was interpreted from the data collected and the theory began to emerge. The researcher was guided by the emerging theory to return to participants and not only clarify meaning but to also collect new data which tested and advanced the developing theory. The researcher constantly compared and contrasted portions of data to discover patterns, similarities, and differences in participants' experiences. Grounded theory provided a method for exploring the process of remaining a non-smoker and a means of conceptualizing behavioral differences and similarities within this particular group of female adolescents.

### **Sample Selection and Criteria**

In qualitative research, the investigator is interested in meaning and understanding a concept as it is experienced by the participants (Morse, 1986). The researcher is concerned with selecting participants who are not only willing to tell their stories but who can also relate their knowledge and experience in depth. For this reason, the appropriateness and adequacy of participants' experience outweighs concerns about numbers of participants when the investigator is selecting a sample.

Initial participants were selected in the following manner. People in the community whom the researcher knew and who had informal contact with adolescents were approached by the researcher and asked to give a letter of introduction to non-smoking female adolescents who they knew and who would consider being in a study. The letter briefly explained the purpose of the study and what participation would entail. The recipient was invited to contact the researcher if they were interested in participating and asked to share this invitation with their parents. Those recipients who contacted the researcher were given more information about the study and if they volunteered to participate, arrangements were made to meet and talk after all necessary consent forms were completed. A sample of the letter of introduction can be found in Appendix I.

An appropriate sample was achieved through a combination of nominated and theoretical sampling techniques (Morse, 1986). Participants were selected who claimed to be non-smokers and who were willing to describe their experiences related to not smoking. These participants, or primary informants, were then asked to introduce the investigator to other non-smoking female adolescents who they thought would be willing to participate. Primary informants gave copies of the letter of introduction to potential participants who were then invited to contact the researcher if they were willing to

participate. Using this nominated or snowball technique, the researcher relied on the initial participants, or the primary informants' judgment that the subsequent informants were knowledgeable and receptive to participating in interviews. A potential benefit to this technique was that personal introductions between informants and the investigator helped to establish trust and encourage participation. A potential limitation is that the sample selection was dependent on the primary informants' judgment that friends and/or acquaintances were appropriate for the study. Fourteen of the seventeen participants interviewed were recruited directly from contacts in the community whom the investigator knew and who interacted with non-smoking female adolescents. Only three of these participants referred subsequent acquaintances to the researcher who then selected them to participate.

Based on data from the Youth Smoking Survey (Health Canada, 1996), there is a significant shift in the percentage of 12 and 13 year old females who report being non-smokers (from 88% to 56%). Something is happening in the lives of female adolescents to result in fewer non-smokers after the age of thirteen. Something is also occurring in the lives of particular thirteen and fourteen year olds which helps them resist this trend and remain non-smokers. A total of 17 participants were therefore selected who were non-smoking females and who were between the ages of thirteen and seventeen. Two participants were 13, five were 14, one was 15, five were 16, and four were 17.

Demographic characteristics of these participants were collected in the first interview and are summarized in Table I. One 13 year old had tried smoking. All the 14 year olds and the 15 year old reported never having tried smoking. The majority of the 16 and 17 year olds had reported having tried at least once but were currently non-smokers. For the purposes of this study, a non-smoker was defined as a female adolescent who had never

smoked a single cigarette or who had experimented with less than 20 cigarettes in her lifetime and who had not smoked in the last 30 days.

**Table 1. Demographic Characteristics About the Participants**

<u>Participant</u>	<u>Age</u>	<u>Grade</u>	<u>Smoking Status</u>	<u>Friends Smoking</u>
1	16	11	never	best friend smoked
2	16	11	tried once	some friends smoked
3	17	12	tried >once	best friend smoked
4	17	12	tried once	best friend smoked
5	17	12	never	some friends smoke
6	13	8	tried once	some friends smoke
7	16	12	never	no friends smoked
8	13	8	never	some friends smoke
9	14	9	never	best friend smoked
10	16	11	tried once	no friends smoked
11	17	12	tried >once	some friends smoke
12	14	9	never	no friends smoked
13	14	9	never	some friends smoke
14	14	9	never	no friends smoked
15	16	11	tried once	some friends smoke
16	14	9	never	best friend smoked
17	15	10	never	best friend smoked

Characteristically, definitions of non-smokers have included number of cigarettes smoked over a specified time with reference to some pattern or regularity (Chassin et al., 1981; Coe et al., 1982; Health Canada, 1996; Newman & Ward, 1989; Yankelovich et al., 1977). The clearest definition of a non-smoker would obviously be someone who has never smoked even one cigarette. However, based on how the process of smoking has been defined, it is possible for someone to have tried or experimented with a few cigarettes and still be considered a non-smoker (Flay et al., 1983). Unfortunately, it is difficult to quantify “a few.” It is unclear when nicotine dependence develops in adolescents (Winkelstein, 1992). It would seem logical to restrict the definition of “a few” cigarettes to a low number. Cigarette packages usually contain 20 to 25 cigarettes.

It is possible that youth who have smoked more than this amount are well on their way to developing a smoking habit. Therefore, the number of cigarettes selected as a cut-off was less than twenty. In addition, the sample was restricted to participants who had not smoked within the last 30 days as they were unlikely to have established any regularity to their experimentation.

All but two experimenters had only tried cigarettes on one occasion. One experimenter had tried at the age of 10 and again at 13 while the second had smoked an undisclosed amount but regularly with friends during grade eight. This participant had not smoked again since that period. All of the 14 year olds had never smoked. All 16 and 17 year olds had tried at least once. A large majority had either a best friend or some friend(s) who smoked.

Once the investigator had completed several initial interviews and begun data analysis, all subsequent participants were selected by the researcher according to the theoretical needs of the emerging theory (Strauss & Corbin, 1990). The researcher required participants who were both willing and able to contribute to the informational needs of the specific stage of the research by sharing their experiences completely. To that end, the investigator selected informants who had the range of experience required to enrich the data, answer questions, and to confirm or refute the emerging conceptualizations. Two volunteers were declined because they did not meet the theoretical needs of the study.

The adequacy of the sample refers to the sufficiency and quality of the data and is evaluated by the quality as opposed to the quantity of cases included (Morse, 1986). Sample adequacy is evaluated by assessing the relevance, completeness, and coherence of the information obtained. The amount of information obtained is only relevant to the

degree of saturation reached. Once no new data appeared and all attempts to contrast and compare diverse and contrary cases had been made, the researcher considered data collection complete.

### **Data Collection Procedure**

Before commencing interviews, the researcher obtained written consent from both the female adolescents who participated and their parents. Samples of the consent form can be found in Appendix II. Demographic information from each informant was obtained by the end of each interview.

The primary method of data collection was open-ended interviews with single participants, in their homes. A total of fifteen initial interview sessions which lasted 30 to 45 minutes were audiotaped. Two of these interviews lasted 60 minutes because these interviews included a pair of same age participants who requested that they be interviewed together. This was done to accommodate their wishes with the hope of establishing trust and ensuring that the participants would share their stories comfortably. Consequently, 15 interviews represent 17 participants who contributed their stories. Clarification of data interpretation was carried out in follow-up interviews. Each subject was interviewed once and then six of these were re-interviewed a second time to clarify meaning of the emerging conceptualizations and to test and advance the developing theory.

Initial interviews were conducted using open-ended questions designed to trigger the participants into telling detailed and complete stories about their experiences as non-smoking female adolescents. For example, a trigger statement such as “Tell me what you think about smoking” was used. Questions were kept to a minimum but used to encourage elaboration and comprehensiveness. As the research process unfolded, the

nature of the second interview was adjusted to investigate emerging themes and concepts as well as questions and relationships suggested by those concepts.

Immediately following each interview session the researcher recorded field notes describing the setting and key points raised by the participant(s). Verbatim transcriptions were produced from the audiotapes by a transcriptionist hired by the researcher. Each transcript was compared to the audiotaped interview in order to ensure accuracy.

### **Data Analysis**

Data analysis began with the first interview using open coding, conceptualizing, and categorizing (Strauss & Corbin, 1990). Open coding is the process of conceptualizing the data by breaking it down into parts that can be compared, and contrasted in order to expose meaning and permit categorization to occur. The processes of conceptualizing and categorizing were not necessarily linear. The researcher coded, conceptualized and categorized data as it was obtained while simultaneously thinking and writing about her initial thoughts and suspicions about the larger picture of the process of remaining a non-smoker.

Strauss and Corbin (1990) specifically advise grounded theorists, novices and experts alike, to maintain an attitude of skepticism. They stipulate that until the theoretical explanations, categories, hypotheses, and associations are supported by actual data, they must be considered as provisional. By asking questions and making comparisons from the beginning to the end of analysis, conceptualizations become precise and specific (Strauss & Corbin, 1990). Constant comparison between the collecting and analyzing of data, therefore, served two purposes. First, it promoted the testing of hypotheses as they were being formulated. Second, it guided the researcher to

search for evidence in the data to support or refute concepts on the basis of emerging theory.

The first step of data analysis was to code the data as it was read from the transcripts. Key words which represented and summarized the participants' communication were written in the margin of the transcript. Most of these code words were the actual terms used by the participants. Then the code words were labeled beyond the level of summarization to represent the concept which the investigator interpreted as the basic unit of analysis (Strauss & Corbin, 1990).

The second step was to categorize the concepts into groups which seemed to pertain to the same phenomenon (Strauss & Corbin, 1990). The name selected for a category was more abstract than the concepts it represented yet graphic enough so that the researcher could reflect on the category and develop it further. Initially, categories were merely coded data that appeared to cluster together. Categorized data was compared to previous data and new incoming data for the purposes of clarification and determination of relevancy. In this way data became refined as properties and dimensions of the categories were discovered and understood. In this way, categories did more than cluster together their relationships began to emerge.

The third step entailed examining these emerging relationships (Strauss & Corbin, 1990). The participants were consulted to clarify and validate relationships the investigator discovered. A limited review of the literature was undertaken only as it pertained to the categories disclosed. The researcher maintained theoretical sensitivity by questioning the relationships suggested by the data and identifying assumptions which might have been at the basis of her interpretations. By actively listening to participants, colleagues, and thesis committee members, the researcher reflected on the categories and

selected both participants and literature which enhanced comprehension and verification of the emerging theory. In the words of Strauss and Corbin, “categories become the basis for theoretical sampling” (p.73). Every attempt was made by the investigator to permit the theory to emerge from the data. Hypotheses generated through reflection and memoing were considered very skeptically. Concepts which emerged were retained and included in the developing theory only if they were supported by data from the participants’ stories.

The fourth step was to reconstruct the data by relating categories (Strauss & Corbin, 1990). At this stage, the researcher developed the category beyond its properties and dimensions through the use of axial coding techniques. These techniques guided the researcher to use a coding paradigm which linked categories into sub-categories by considering a specific set of relationships denoting the conditions, context, action/interaction, strategies, and consequences of the categories. The investigator diagrammed the emerging theory which guided the researcher further to identify gaps, question hypothesized sequences, and examine proposed relationships. This paradigm model gave precision and density to the grounded theory analysis by guiding the researcher to methodically consider all aspects and examine suggested relationships both inductively and deductively. The researcher substantiated elements of the proposed model with data from the field. This model also facilitated communication with participants and committee members, informing the investigator how to proceed with interviews and ensure saturation of the categories.

The fifth step was to articulate the differences and similarities among and within categories, in order to identify themes. Eventually, a core theme or variable emerged. Through the use of the framework and reflective memoing the investigator could identify

how the core variable linked categories together and explained most of the variation in the data. Phases within the process of remaining a non-smoker could be articulated and differentiated from each other. The relationship of the core variable to each phase and the process as a whole began to emerge. By using the framework and reflective memos, properties of each phase in the process were tracked and recorded (Strauss & Corbin, 1990). All data related to the core variable was re-examined and new data was sought to saturate the proposed categories and conceptualizations diagrammed in the framework.

Finally, the findings were written as a descriptive narrative about the central phenomenon and substantiated with data taken directly from the transcripts. The investigator drew a final conceptual framework of the central phenomenon, namely the process of remaining a non-smoker, which featured the core variable of developing self-confidence, only after clarifying and validating all components with selected participants. The framework was refined as necessary according to the participants feedback and literature was reviewed to facilitate explanation of the theory generated. The objective of this research was met. A descriptive theory about the process of remaining a non-smoker was identified and is presented in Chapter IV.

### **Ethical Considerations**

Permission to conduct this study was obtained from the University of British Columbia Behavioral Sciences Screening Committee for Research and other Studies Involving Human Subjects. Before the first interview, participants and their parents/legal guardians provided written consent. The written consent (Appendix II) contained the following: 1) an explanation of the study, including its purpose, format, taping , and the number and duration of the interviews; 2) a statement that the participant was free to refuse to answer any question without consequence, and that she may withdraw herself

or any specified data from the study at any time; 3) a statement that all identifying information on the transcripts and written materials would be deleted and replaced with codes to keep all data anonymous; 4) a statement that for confidentiality purposes, the master list of the subject names and corresponding codes would be kept in a secure and private location that would only be known and accessible to the researcher; 5) a statement that at the completion of the study, the master list of codes and names would be destroyed and the audiotapes would be erased; and, finally, 6) a statement that the transcripts and field notes would be kept for future teaching and research purposes but eventually would be also destroyed.

### **Rigor, Validity and Reliability**

Basic components of research usually involve the interaction of a researcher or investigator, subject(s) or the data collected from them, and a particular context. The theory produced from the interaction of these three primary elements is dependent on the research procedures and perspectives employed by the researcher. Qualitative research procedures such as grounded theory strive to specify the experience of individuals in relation to a particular phenomenon and the social-psychological processes which these individuals use to solve problems in their every day lives. The reliability and validity of qualitative methods are evaluated in terms of rigor therefore, qualitative research deemed to be of high caliber adheres to the tenants and criterion measures suited to this perspective and style of conducting research.

Credibility is the criterion against which the truth value of the qualitative research is evaluated (Sandelowski, 1986). A qualitative study is credible when its resultant theory represents the lived experience of the participants so accurately that they recognize the findings as their own experience. Furthermore, a qualitative study is even

more credible when researchers or readers can recognize the phenomenon when confronted with it in their own experience.

Fittingness refers to the criterion against which applicability of the qualitative research is evaluated (Sandelowski, 1986). Three types of applicability are relevant to the fittingness of a study. First, the findings must fit the data from which they are derived. Second, both the participants and the audience of readers, public and researchers alike, must consider the findings to be meaningful in terms of their own experience. Third, the findings should fit into contexts outside the study situation. This can be interpreted to mean that the findings should fit the experience of other groups who are similar to the sample and other research in the literature published around the same central phenomenon. The more grounded the theory is in the real life experience of the individuals the more fitting it will be to both the experiences of those individuals and others who are interested in the phenomenon studied.

As this research proceeded, the investigator strove to achieve credibility and fittingness by adhering to the following strategies. The researcher listened to the taped interviews prior to transcription and again after transcription checking to ensure that transcriptions were accurate and complete. The researcher also checked for representativeness of the data as a whole and of coded categories as the research progressed by posing questions along each step of the research process and constantly comparing incoming data with previously analyzed data. This constant comparative analysis of the data provided a check on credibility by ensuring that misinterpretations and/or inaccuracies were avoided or corrected. The emerging theory was validated with informants. Additional questions were posed in attempts to deliberately discount or refute the interpretations emerging from the data. The researcher critiqued the data as it

was collected, questioned its relation to previous data, and elicited questions from her committee members to stimulate this constructive critique. The committee members posed key questions which guided and aided the researcher in moving from a level of axial coding to another level of coding called selective coding (Strauss & Corbin, 1990). This enabled the investigator to diagram the emerging theory more clearly, and move to a higher level of conceptualization. This, in turn, enabled the researcher to move beyond a level of description and discover the process(es) underpinning the experiences of these non-smoking girls. In this way, the emerging theory was believable and fit with the experience of the participants because conceptualization was exclusively based on these participants' stories.

Theoretical sampling (Strauss & Corbin, 1990) was used to ensure that findings were not only representative but also credible and applicable. Theoretical sampling guided the researcher to select participants who verified typical experiences as well as atypical experiences with the phenomenon under study. Participants were consistently and regularly consulted for validation of emerging concepts. As typical experiences were substantiated and atypical experiences uncovered and related, the researcher ensured as best that she could that the experiential stories shared by the participants reliably and validly represented their experiences of being non-smoking female adolescents. This was achieved by quick telephone call backs after initial interviews to validate meaning and through the use of constant comparison . When gaps were identified in the data, the researcher attempted to select informants who could provide experiences which would enrich the emergent theory as much as possible. In this way, the sample was representative of the phenomenon under study rather than the population in general.

Some participants were able to contribute missing components of the data while others were limited by factors which will be discussed in chapter five.

Auditability is the criterion of rigor used to evaluate the consistency of qualitative findings (Sandelowski, 1986). In order for a qualitative study to be deemed consistent, another researcher must be able to clearly follow the decision trail that the investigator used so that the reader would arrive at a comparable and not contrary conclusion given the same data, perspective, and context (Sandelowski, ). To ensure that auditability was achieved this researcher clearly described, explained, and justified why and how certain aspects of this research unfolded. In particular, attention was given to how participants and their stories were included in the study and how participants were approached. Immediately following interviews, the investigator recorded notes that described her feelings about the interview and details about things which the participant said which stood out in the interviewer's mind. Reflective memos were recorded in the same notebook and used to capture questions and hypotheses as they occurred. A file containing several copies of the conceptual framework demonstrates diagrammatically just how the theory developed. Records were also kept on how interview questions were formulated and in particular, notes combining certain parts of the theory with the questions that were used to test and advance the evolving theory were recorded for reference.

Confirmability is the criterion of rigor used to evaluate freedom from bias in the research process and products (Sandelowski, 1986). Confirmability is achieved, according to Sandelowski, "when auditability, credibility, and applicability are achieved" (1986, p.33).

The impact of investigator-subject or researcher-participant interaction was assessed and included within data analysis as deliberate strategy to address if and how credibility and confirmability might be affected. Sandelowski (1986) warns that an investigator's involvement can both enhance and threaten the credibility and /or confirmability of a qualitative study. By acknowledging if and how researcher-participant interaction impacted the study both during and after the investigation, the researcher strove to make this piece of qualitative work both relevant and rigorous.

Qualitative researchers are most interested in uncovering the unique and complex experience of individuals in varied and dynamic contexts. What a qualitative researcher hopes to communicate is the rich experience of people so that the phenomenon under study can be described, explained and conceptualized in theories which accommodate the natural and varied settings in which humans interact. Science and art are served when rigorous evaluation criteria are applied to the scientific research processes which underpin the creative abilities of qualitative researchers.

### **Summary**

Grounded theory was used as the research methodology for investigating the process of remaining a non-smoker. The chapter began with an overview of how grounded theory was used as a means of discovering and articulating this process. The sample selection and criteria, the data collection procedure, and the stages of data analysis were outlined. Ethical considerations were presented and then the chapter concluded with a summary of how rigor would be used in order to ensure the production of a valid and reliable theory.

## CHAPTER IV: FINDINGS

The goal of this research study was to discover and describe the process used by female adolescents to remain non-smokers. As the investigation proceeded, a story emerged which illuminated three distinct phases of a process through which participants progressed as they experienced life as non-smoking adolescents. Further analysis exposed a core category of developing self-confidence which served to integrate all the other categories and helped explain some of the variation in the data. Participants who completed the three phases of the entire process remained non-smokers. Two key conditions were identified which were necessary for progress from phase one to two and from phase two to three. Transition through the entire process is influenced by at least three intervening conditions which include fitting in, being busy, and having support. The entire process is depicted in Figure I.

In this chapter, the process of remaining a non-smoker is presented. The context of how these female adolescents were exposed to smoking is described first. Then, an overview of the entire process is presented. The core category is briefly described before each of the three phases within the process are presented. Intervening conditions will be addressed where their effect is most prominent. Verbatim quotations depicting how these female adolescents remained non-smokers are used to substantiate the process of remaining a non-smoker. All participants are female therefore, the feminine pronoun her will be used exclusively where appropriate.

### Context of Exposure to Smoking

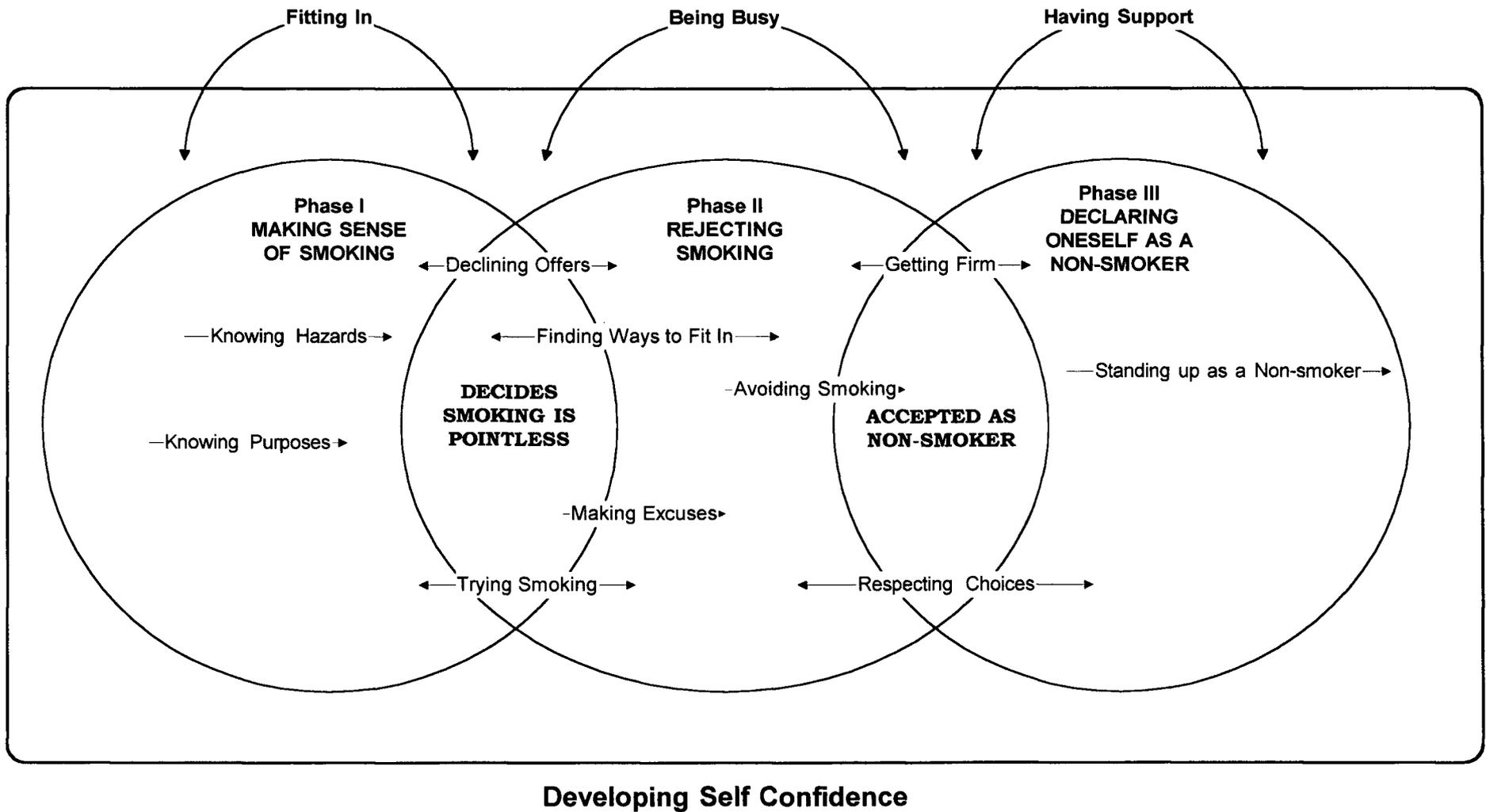
When one thinks about it, everyone begins life as a non-smoker without knowing anything about smoking. Exposure to smoking can occur at various times in a

youngster's life but often intensifies in adolescence. All of these non-smoking participants were exposed to smoking in varying degrees.

Exposure to smoking came from many sources. In this study some participants had a smoking parent they lived with, while others had lived with a parent who had quit smoking. Many of these participants had smokers as best friends or some friends who smoked. Only one participant reported that she had exclusively non-smoking parents and non-smoking friends. This same girl reported that she had tried smoking in grade eight. Other participants also had tried smoking, one as early as grade five and another as late as grade ten. Only one of these girls who had tried smoking had a parent who also smoked while another had all non-smoking friends. Many participants were aware of various types of media which provided many messages about smoking, including television and magazine advertisements, anti-smoking posters that hung in their schools, and videos and movies which portrayed smoking and smokers. Many had participated in classroom activities which had informed them about the many hazards of smoking. Most were aware of their parent's position or attitude towards smoking. So, for each individual exposure to smoking occurred at various times, in various ways, to varying degrees.

### **The Process of Remaining a Non-Smoker**

The data revealed that the process of remaining a non-smoker is comprised of three phases, as depicted in Figure 1. Each phase consists of strategies which can overlap and can be influenced by intervening conditions. The entire process is inter related to the development of self-confidence, the core category.



**Figure 1: THE PROCESS OF REMAINING A NON-SMOKER**

The first phase, **making sense of smoking**, may begin very early in a girl's life and continue for many years. During this phase, the girls learned about smoking and by the end of the phase had decided that smoking served no purpose. Two of three strategies discovered in this phase were employed by all participants and these strategies were titled *knowing about the hazards of smoking* and *knowing about the purposes for smoking*. Some non-smokers employ a third strategy of *trying smoking* in order to acquire experiential knowledge of smoking and then make their decision about smoking. At some point in phase one the girls judge or evaluate everything they know about smoking and make a decision about smoking. Specifically, deciding that smoking is pointless was found to be a key condition for progressing on to phase two.

The second phase entails **rejecting smoking**. Rejection of smoking can be represented by the statement, "I do not smoke." Various strategies were used by these participants to reject smoking but not all strategies were used by every participant. The girls described four strategies including *declining offers to smoke*, *making excuses* for not smoking, *avoiding smokers* and smoking areas, and *respecting choices*. The consequences of using one or more of these strategies were twofold: 1) they successfully rejected smoking; and 2) they became known by their friends as a non-smoker. These consequences heralded the arrival of the second key condition, being accepted as a non-smoker. Being accepted as a non-smoker needed to occur in order for the girl to proceed to phase three and entailed both accepting oneself as a non-smoker as well as being accepted as a non-smoker by one's peers.

The third phase of remaining a non-smoker is **declaring oneself to be a non-smoker**. Declaring to be a non-smoker is represented by the statement; "I am a non-

smoker.” Declaring to be a non-smoker involved four strategies: *standing up/asserting one’s position as a non-smoker, respecting choices, getting firm, and finding other ways to fit in*. *Respecting choices* and *finding other ways to fit in* are examples of strategies which were used across all phases. Three consequences of declaring to be a non-smoker included: feeling proud, being respected, and being envied as a non-smoker. These consequences reinforced the process of remaining a non-smoker and also increased the girls’ self-confidence.

### **The Core Category: Developing Self -Confidence**

The core category underpinning the entire process of remaining a non-smoker is developing self-confidence. Self-confidence must be present in varying degrees in all phases of this process. In order for an adolescent female to conclude that smoking is *pointless*, she must have had some degree of self-confidence to make her own decision. She may have faced significant peer pressure to fit in by smoking and, therefore, required a certain degree of self-confidence to make her own decision to not smoke. Self-confidence must be increased further if the non-smoker is to actively reject smoking. Peer pressure to fit in by smoking may continue or return. A girl may be required to repeat strategies or try new ones in order to remain a non-smoker. There appears to be a reciprocal relationship between rejecting smoking and developing self-confidence. As a girl rejects smoking, self-confidence is boosted because she learns that her choice will be accepted and her strategies are effective in rejecting smoking and finding other ways to fit in. Declaring that one is a non-smoker requires the greatest degree of self-confidence. Consequences of making this declaration serve as positive reinforcement for remaining a non-smoker. Feelings of pride and respect build self-confidence and the

more self-confident the non-smoker feels, the easier it is to remain a non-smoker. Furthermore, some non-smokers are envied by their peers for having never smoked and this consequence of declaring neutralizes peer pressure to fit in through smoking. Offers of cigarettes from friends eventually cease indicating that the non-smoker's declaration has been accepted by their peers. Smoking peers indicated that they wish they were non-smokers. The strongest reciprocal relationship between the process of remaining a non-smoker self-confidence appeared to be during phase three.

In the following sections, the three phases of the process of remaining a non-smoker will be presented and the strategies and their consequences will be described. Strategies, according to Strauss and Corbin (1990), are actions/interactions which are aimed at managing or responding to a phenomenon as it is perceived within a certain context. The strategies used in the process of remaining a non-smoker were not necessarily exclusive to any one phase. For ease of reporting, three strategies are reported in phase one, four in phase two, and three in phase three. The participants shared strategies they were familiar with but others may exist.

Phases of this process evolved as opposed to concluding and commencing in an abrupt manner. Some consequences of one phase became the condition of the next phase, but signs of this occurrence were very subtle and highly individualized. Consequences, according to Strauss and Corbin (1990), are simply outcomes of action/interactions but some consequences become conditions for subsequent situations.

Conditions are "events or incidents which lead to the development of the phenomenon" (Strauss & Corbin, 1990, p.100) and are more fortuitous. Intervening conditions are defined by Strauss and Corbin to be "the broader structural context

pertaining to a phenomenon” (1990, p. 103) which are more consistently present. Not all intervening conditions apply to every situation and they may apply more in one phase than another. Three intervening conditions were identified during the analysis and they will be reported where their influence was more pronounced.

### **Phase One: Making Sense of Smoking**

The first phase in the process of remaining a non-smoker is **making sense of smoking**. Participants noted that a change in attitude towards smoking occurred between leaving elementary school and entering high school. Friends from grade seven who “swore they would never smoke” began smoking in grade eight. Other participants expressed bewilderment towards smoking friends because “they know all about how bad smoking is yet they smoke.” This change did not always occur between grade school and high school. One participant expressed amazement at how many of her non-smoking friends had returned to grade eleven as smokers when she stated: “...but what started over this past summer like sooo [sic] many people when we came back to school everyone was like this person started, this person started, and so it just seemed like everyone started smoking over the summer.” Many girls were therefore, unexpectedly, faced with smoking friends and confronted with offers to smoke. Accordingly, they needed to understand just what smoking was all about and subsequently, they needed to decide whether or not it would become part of their lives.

The first two strategies to be identified in phase one were knowing about the hazards of smoking and knowing about the purposes for smoking. Girls used this knowledge to both rationalize and motivate their decision to remain a non-smoker. The consequences of knowing included forming feelings about smoking, establishing beliefs

about smoking, and ultimately making a decision about smoking. Somehow, a decision about smoking or not smoking could be made by discounting what they had come to know about smoking in total. These girls not only believed what they knew about the hazards of smoking but they also believed that smoking served no purpose oin their lives. This phase evolves into phase two when non-smokers specifically *decide that smoking is pointless*. Deciding that smoking is pointless is a consequence of phase one which becomes a condition of phase two.

### Strategies for Making Sense of Smoking

#### Knowing about the hazards of smoking

All participants' stories included detailed information about the short and long term hazards of smoking which included information on the physical, psychological, social, and behavioral effects of smoking. Many related this knowledge as part of their reason for not smoking: "...when you are in grade eight we haven't stopped growing yet, they're (smokers) starting to weaken their insides." Another girl commented, "I know what's in the cigarettes and I don't want that to go into my body and that's why I don't do it." Many informants were particularly aware of the short and long term consequences which is illustrated in the following participant's comments.

I know ...it just does awful things to your lungs, it makes them black and ...the tar leads to lung cancer or leads to various lung disease.....it affects your hair and your nails and your teeth and ....you have horrible breath...

Most informants knew about the addictive properties of cigarettes. This knowledge came from their experience with family and friends who had tried to quit smoking. Some participants had witnessed a parent who had tried to quit. Their parents' struggle, regardless of results, made a lasting impression on them. For example, one girl stated, "I

know from seeing my Mom try to quit....I've always wanted to stay away from it."

Another girl commented, "...another reason that I don't smoke is because I've seen, you know, I've seen how hard it is to quit."

Many participants in grade 11 or 12 acknowledged how addicted their friends were, many of these friends had been smoking since grade eight or nine. Quite a few commented on the manner in which their smoking friends had to frequently stop what they were doing and go somewhere for a cigarette. For example, one girl noted how time consuming and inconvenient cigarette breaks were when she stated: " Even if it's freezing cold out they need to have a cigarette ...it doesn't matter how cold it is or if it's raining they always go out for a cigarette.... They need to get out to have a smoke.....they always have to have one [cigarette] so they always have to find the time [to smoke]"

Observations of the controlling nature of an addiction to cigarettes was viewed negatively by the participants. One participant explained that she did not want something like smoking to control her life.

My friend always needs to go out and have a smoke. I think it's just an awful thought to have something else in control, you know, like I want to be in control of my own life so I don't smoke.

A few participants had smoking friends who had tried to quit and had witnessed their friends' cravings and withdrawal symptoms. These participants were quite "put off" by how miserable their friends behaved when they were trying to quit. One participant commented on a friend who tried to quit saying "She's grumpy, she doesn't want to be at parties, she doesn't want to be around people, she gets stressed out. There's nothing to take her stress away. She is so moody she drives me crazy." This participant was

adamant in her desire to remain smoke free based on how negatively she viewed addiction to cigarettes. Another noted behavioral habits that are difficult to overcome. “My girlfriend doesn’t know what to do with her hands when she tries to quit smoking.”

*Knowing about the hazards* of smoking includes knowing about short and long term consequences of smoking as well as knowing about the addictive properties of smoking. Participants used this information to rationalize their choice for not smoking. However, in order to make a final decision about smoking, these non-smokers needed to move beyond only *knowing about the hazards* and reconcile if there was generally, any purpose to smoking and specifically, if there was any reason for them to smoke.

#### Knowing about the purposes for smoking

*Knowing about the purposes* for smoking was another strategy used within the first phase of making sense of smoking. Adolescent smokers are generally very knowledgeable about the hazards of smoking yet they choose to smoke. Informants were aware of this contradiction but speculated that smokers must have reasons for smoking. Some participants hypothesized about why their friends smoked and ideas ranged from “being addicted” to just “doing it to look grown up.” For example, one participant stated “I think some people do it (*smoke*) to fit in to the norm of their other groups because they don’t think they’ll fit in to any other groups.” Smoking was viewed as a way of meeting people by one informant who said, “She is outgoing and wants to kind of talk to everyone and I guess she figured the only way to go out and talk to these people is to go out there and smoke with them.” Smoking was also viewed as a way to take risks: “I guess they wanted to take risks or something.” The first participant to link not smoking to self-confidence simply said, “They [smokers] don’t have confidence to say no.”

Only when a non-smoker decides that there is no useful purpose for smoking in their own lives will it be abandoned or avoided. A majority of girls had decided that smoking was “pointless”, “useless”, and “stupid” based on what they knew, felt, and believed about smoking. This conclusion was drawn without the benefit of having tried cigarettes. Girls who had never smoked made claims like, “I don’t think smoking is cool I think its stupid [emphatically expressed “stupid”].”, or “I just don’t see the point to it.” Some were able to make the decision based almost exclusively on what they knew about the hazards, as exemplified by the following statement: “Why would I smoke because I don’t want to do this to my body, there’s no reason at all for doing this [smoking].”

Some non-smokers could not arrive at the decision that smoking was pointless until they had actually tried smoking. *Trying smoking* was another strategy used by some participants to make sense of smoking.

#### Trying smoking

Some participants tried smoking for one of two reasons. First, a few tried smoking because they were curious. They wanted to learn just what smoking was “all about.” One participant tried smoking when she was in grade five. Her father smoked and his cigarettes were “just lying there” so she took one and tried it “out of curiosity.” Others who tried in grade eight or nine also did so to satisfy their curiosity and “figure out what all the fuss was about with smoking cigarettes.” Once they had experimented, they had experiential knowledge about how “gross” it was and confirmed to themselves that smoking was of no use to them. For example, one girl stated, “Well I’ve tried and then that’s what turned me off because it was gross and I don’t know why I would want to do it again.” Another participant explained that smoking failed to provide the promised

effects, “When I tried it, it didn’t make me ... happy. It didn’t make me feel excited or anything like most people said it will make you feel good and relaxed, but that didn’t happen to me.” *Trying smoking* for these girls gave them substantiation for confirming that smoking was not for them. What they had been told or what they had experienced by being around smokers was validated experientially, enabling them to decide that smoking was “pointless.”

Still other experimenters admitted trying cigarettes to “fit in” with the kids in school. They were smoking not necessarily to confirm or refute the presence of physiological effects of smoking but rather to feel part of a certain peer group or gain a sense of belonging.

I remember thinking it was cool and just I thought people looked good when they held a smoke and so I would go and do it just because it was a cool thing to do because in grade eight you’re so self-conscious and that’s the first year and you’re trying to get everybody to like you so that’s exactly what I did and I just did what everybody else was doing.

In order to decide that smoking was pointless, non-smokers had to consider their decision to remain a non-smoker in light of a very strong intervening condition, peer pressure. The informants used the term “fitting in” to refer to pressure to be part of a group of friends, their grade, or their whole school. “Fitting in” was also used by these girls to mean “being cool” but “being cool” changed over time. Fitting in existed in opposition to “being sure of yourself” as an individual because, initially, fitting in entailed doing what the group did or “being the same.” Later, self-confidence was developed and “being cool” meant “being an individual.” A fifteen year old explained it this way:

...the majority of people think being cool is like everything kind of being the same...I see cool as being like totally who you want to be in yourself and it doesn’t matter what other people think. ...The only thing I see as being un-cool is when you’re trying to be like everyone else and like change the way you are and stuff.

Another participant clearly expressed how fitting in, being sure of yourself, and not smoking seem to be related to building self-confidence when she stated:

Well I think it's [peer pressure] when other people want you to do something. And usually the people that cave into it are those who are kind of like trying to fit-in or are not quite sure of themselves so they're just like oh, I have to fit-in, so they smoke.

Smoking seemed to be a strategy for fitting in, especially in earlier grades as the following statement indicates. "In grade 8 we felt a lot of pressure to be cool....but in grade 9 you have a lot more freedom to be who you are, you know, not try to be like everybody else."

As described previously, some girls tried smoking to confirm the existence of the physiological side effects and were able to discount smoking based on their experience. Some girls perceived "being the same" as "uncool" so they could decide that smoking served no purpose for them because they did not wish to use smoking to "be cool". A few girls valued personal control over "caving in" to peer pressure to fit in so they discounted smoking as a way to belong and instead decided that smoking served no purpose and found other ways to fit in. *Finding other ways to fit in* was another strategy which will be discussed in phase two.

The core category of developing self-confidence helps explain some of the variation within data related to making sense of smoking. In early grades, fitting in or being cool meant "being the same" and "not standing out." If smoking was used as a strategy to fit in to a certain group, it would take a larger amount of self-confidence to stand out and not smoke as opposed to smoking or "being the same" in order to fit in. One participant linked self-confidence to remaining a non-smoker when she claimed, "The more self-confident you are, the more comfortable you are with being independent.

I am independent and prefer to be an individual and not smoke.” Another participant described a scenario demonstrating that in earlier grades adolescent girls are more concerned with fitting in. In later grades “it [fitting in] doesn’t matter any more.” The pressure to fit in seemed to dissipate as the girls progressed through school. One girl compared the differences she had experienced in junior and senior high this way.

In grade eight everyone is so worried like what, what are they going to think of you, what are they going to do next. I’m going to do this to fit in. This year [grade 11] I found that everyone was sort of like expanding and no one really cares like what group you are in.... It’s a lot more open and I like that better.... You can tell those in grade eight because they stick together, all wear the same thing and then in grade 11 it’s nicer, it’s just like relaxed...you do whatever you want.

Non-smokers possessed a critical amount of self-confidence which enabled them to decide that they did not need to smoke to fit in. “I just decided that I wasn’t going to smoke. I found other ways to have fun.” This is also an example of the other strategy mentioned, *finding other ways of fitting in*.

Another participant decided that fitting in to any one group was not desirable and was content with not belonging to any one particular group. Some participants had a few close or “best friends” and did not feel as great a need to fit in as other smokers may have. Non-smokers valued being an individual over being the same and directly attributed this to being confident. Confidence was implied when participants spoke about being more outgoing, less shy, and less judgmental. When contrasting herself to a friend who smoked, one participant stated,

She’s more of a person who wanted to fit in more than I am...she worries about what people think about her...I really don’t care about that. If they don’t like me then they don’t like me. She doesn’t really have a lot of self-confidence.

Non-smokers were seen as people who had strong personalities and did not need to blend in. They valued individuality which was expressed by girl who said:

I hang out with so many different groups of friends like more non-smokers than smokers. All the smokers are basically the same but all my non-smoking friends have like their own personalities. ....I think it's good to be more of an individual than it is to blend in...

### Summary

*Knowing the purposes for smoking* were as important for non-smokers to understand as were *knowing the hazards*. The data suggests but does not specifically explain how knowledge of the hazards of smoking are confirmed to be true and therefore accepted by non-smokers as valid reasons to decide that smoking is pointless. The data also suggests that by *knowing the purposes for smoking*, adolescents are able to discount these as reasons for smoking enabling them to decide that smoking is pointless. Somehow discounting the purposes and accepting knowledge about smoking hazards serve as implicit means of making sense of smoking ultimately, culminating in a decision about smoking. Peer pressure to fit in is the main intervening condition that confronts adolescents and forces them to decide if smoking serves a purpose for them personally or not. Non-smokers have enough self-confidence which enables them to make sense out of smoking and decide that it is pointless for them to engage in it. They continue through the process of remaining a non-smoker by progressing to the second phase, rejecting smoking, which will be described next.

### **Phase Two: Rejecting Smoking**

Deciding that smoking is pointless is a necessary condition for **rejecting smoking**. This phase of remaining a non-smoker is comprised of four strategies which include: *declining* offers to smoke, *making excuses* for not smoking, *avoiding* smokers and smoking areas, and *finding other ways to fit in*. Not all strategies were used by all girls but each strategy used had consequences. Strategies and consequences are integrated by

the core category of developing self-confidence because a certain degree of self-confidence is necessary for a non-smoker to both begin and proceed with rejecting smoking. The strategies enable the non-smoker to succeed in rejecting smoking and they “boost” the non-smoker’s self-confidence providing reinforcement for rejecting smoking thus moving the process forward. Being busy was found to be an intervening condition which affected both the process of remaining a non-smoker and the core category of developing self-confidence. Phase two evolves into phase three when the non-smoker is accepted as a non-smoker.

### Strategies for Rejecting Smoking

#### Declining offers to smoke

One strategy that these participants used to reject smoking was *declining offers to smoke*. All participants eventually declined offers to smoke or “take a drag” even if they had tried smoking in the past. One feature of declining offers to smoke which emerged was that non-smokers consistently declined these invitations. This was expressed by the number of times they reported that they “always” said “no”; or “no thanks”, or “na [sic] I don’t smoke.” As consistent as the peer pressure was to “take a drag” or “join in” these non-smoking girls were equally consistent in declining. The consistent use of declining offers to smoke was expressed by one girl who said, “They are always like offering me a drag and I always say no. So they just know I just don’t smoke and I always say I don’t want to smoke.” Another noted how annoying and monotonous it was to resist when she emphatically said, “I don’t give in but they’re always, like they consistently just ask me to and I always say no.”

An example of how strategies overlap phases comes from the data about trying smoking. Some girls had tried smoking as a strategy to help them decide if smoking served any purpose for them. Other girls who had already decided that smoking was pointless found it easier to reject smoking when they could claim that they had tried it and didn't like it. This strategy not only added credibility to their rejections but it also increased their self-confidence enabling them to resist peer pressure to fit in by smoking.

Just like one try turned me off....It made my position stronger. I don't want to go through that again. I've tried [it] and that's what turned me off. It was so awful, I was hacking and coughing. I didn't find it relaxing or pleasurable so I just say like when they ask me to try again I say no, I've already been through that and I don't want to.

Declining smoking required a little more self-confidence because a non-smoker now had to take action based on their decision that smoking was pointless. Peer pressure to fit in could continue and often did in the earlier grades of high school despite non-smokers' efforts to decline. Some non-smokers elaborated on their stories of why they declined by offering reasons and excuses for not smoking.

#### Making excuses for not smoking

Making excuses could be used during any phase but seemed to be predominantly used early in phase two. Participants communicated indirectly that excuses had limited effect. They were used to decline smoking in some situations but not necessarily others. For example, excuses were effective in stopping strangers from offering cigarettes but not required with friends as the following example illustrates.

I was at this party when everybody else is doing it [smoking] and you're kinda sitting there going na [sic] no thank you like I'm allergic to it or I really get sick if I smoke. But my close friends just know I don't. I don't need to use excuses with them.

Excuses were used by the girls to make declining smoking more definite. One participant cited an interesting analogy to declining drinking. She noted that declaring to be the designated driver at a party “makes it easy” to avoid drinking but that there was no similar excuse for declining offers to smoke.

It’s more difficult than just saying I’m the designated driver so I can’t drink, right? But there is an excuse out of that one right? I don’t have to drink but, what’s your excuse about not smoking? I have to be more creative finding excuses not to smoke.

Younger participants admitted to resorting to parental authority to support their action to decline smoking. For example, one participant recalled telling someone: “If my Mom smells it on me she’ll be angry and I’ll get in trouble.” This example demonstrates how some excuses have limited use. This excuse is more likely to be accepted by the peers of a thirteen-year old than it is by those of a seventeen-year old. If excuses become ineffective, some non-smokers resort to avoiding smokers and smoking areas.

#### Avoiding smokers and smoking areas

Avoiding smoking was a strategy that made rejecting smoking easier. In fact, it permitted non-smokers to reject smoking while not rejecting their smoking friends. Going to separate places for periods of time permitted the smoker to smoke, and the non-smoker freedom from the “smell” of smoking, and peer pressure to smoke. “When they’re smoking I don’t want to so ...I don’t go around them, like if they’re going out to smoke I say ‘OK I’ll just stay here or I’ll just go here [somewhere else]’.”

Avoiding smokers could result in the non-smoker feeling like they did not fit in as one girl described in detail.

We went to a hockey game all together and she [a smoking friend] wanted to go out and smoke and there was a whole bunch of people and we were all outside. I

was kind of like feeling left out because I didn't want to smoke but everybody was. So I kind of walked back in and sat with my other friend. We started complaining about her smoking...we were kind of upset because we felt like she was kind of ditching us...ignoring us because she was out there smoking and trying to be cool in front of all these people and well, we were kind of left out in the cold. ...feeling bitter about the whole thing. We were kind of teed off at her.

#### Finding other ways to fit in

Faced with feelings of isolation some girls were forced to find other ways to fit in.

Peer pressure to fit in by smoking presented as an intervening condition which could affect how a non-smoker made sense of smoking. Peer pressure to fit in by smoking could continue in phase two as the non-smoker undertook strategies to reject smoking.

*Finding other ways to fit in* proved to be an effective strategy used by some non-smokers to both make sense of smoking and reject smoking. One participant overtly acknowledged that she felt she fit in at her school and with her friends through sports. In grade eight she had experimented with smoking because she perceived that "everybody smoked to be cool." By grade nine she discovered that school athletes were "popular" so she could satisfy both her desires to be smoke free and popular by fitting in through sports.

Well, sports are like a big thing in my life. They [people who play sports] are very popular at school and it's like anybody who's anybody will play sports right? ...I saw this and I kind of thought to myself like what's the use [smoking]. I'd rather play sports than smoke.

Another participant decided that fitting in to any one group was not desirable and was more content with not belonging to any one particular group. She explained, "I'm the kind of person who has friends everywhere. I've got friends that are popular, I've got friends who are unpopular and I'm just kind of like in the middle."

Some participants had a few close or “best friends” and did not feel as great a need to fit in as other adolescents may have. They gained a sense of belonging from a few friends who may or may not have attended the same school. As one participant noted: “I really don’t see my school friends outside of school. I belong to a youth group and we meet twice a week and do all kinds of stuff [together].” Non-smokers valued being individuals over being the same as others and directly attributed this to being confident. Confidence was implied when participants spoke about being more outgoing, less shy, and more “sure of yourself”. One girl likened being sure of yourself to being respected for making your own decisions when she commented:

I’m more comfortable now...people just respect you if you make your own decisions, you don’t have to make like exactly the same decisions as your friends or anything. Just because you have a few different decisions doesn’t mean that you are not in the group anymore.

So, some girls were content to be themselves and did not feel a great need to fit in.

Others felt like they belonged for who they were as individuals. Still others indicated that they changed groups of friends until they found people “who shared the same ideals.”

Informants noted that they not only rejected smoking but “other stuff that goes with it.”

One girl described the long time it took her to find friends she “connected” with and how her life excluded smoking, drinking, and “always” partying.

....a few really good friends and we all sort of share the same ideals, you know, we don’t smoke, we don’t really drink, we don’t party. We don’t do anything like that so it’s not something that I’m really exposed to[*smoking*] ...with the people that mean the most to me. When I switched schools I didn’t know anyone so it was nerve racking...I hung out with the cool group right? But I didn’t really like any of the things they were into. We just weren’t compatible as friends and so I ended up switching groups ...until I found people who I could connect with, who were heading in the same direction as I was you know. My friends shifted again and once you grow a little more you realize that they’re really heading towards [things] in their lives and who look like there on the same direction [as you] and just people that you find connections with right?

Interestingly, this girl was very self-confident and more mature for her age. She was a year younger than peers in her grade and displayed confidence when she commented that she was very happy to leave elementary school because, as she put it, “It was time to move on. I had out grown my friends.”

Some girls were willing to make compromises and adjustments to fit in on their own terms. For example, one girl described how she found an acceptable way to fit in. “I tried out for the volleyball team and didn’t make it so I became the score keeper instead.” Whether they made compromises or discovered completely new ways of fitting in, having self-confidence underpinned this strategy because they stood out as individuals.

Peer pressure to fit in by smoking could continue to affect the process of remaining a non-smoker especially as the adolescent lived out the consequences of the various strategies they may have used to reject smoking. Another intervening condition, being busy, also affected the process of remaining a non-smoker particularly during the second phase. Being busy entailed everything from hanging with friends “doing nothing”, which meant just being together in different places, to being involved in various sports (basketball, volleyball, swimming, field hockey, competitive rowing , outdoor hiking ), artistic endeavors (choir, ballet, craft classes), and clubs both at school and in their respective communities (youth club, leadership club, yearbook club, environmental club). Two participants mentioned baby sitting as a past time and only one claimed to have a part-time job. Being busy directly and indirectly affected the process of remaining a non-smoker.

Being busy affected the process of remaining a non-smoker directly by providing the non-smoker with alternate ways to fit in and by actually removing non-smokers from

smoking situations. Many activities excluded smoking. Smoking made no sense to someone striving to give their best performance, be it in athletic or artistic endeavors. A sixteen-year old dancer stated, "I also have like the influence of dance. I am a dancer. I need my stamina, I need my lungs." Another girl remarked, "Like you have better stamina for rowing, we can go further and we can do more things. I don't have to worry about getting out of breath before I should."

One participant, who had experimented in grade eight, alluded to the negative affect smoking can have on performance when she said,

....people would smoke and they would get caught and be thrown off teams and there were people who would smoke and then would like get sick, like asthma and stuff and couldn't play...and I saw this and kind of thought to myself like what's the use. I'd rather play sports than smoke. So I played the sports and kind of quit the smoking.

Being busy was not always related to athletic performance. Many of these girls found ways to "have fun" which excluded smoking and they demonstrated an ability to look towards their future. One informant related a number of elements when she said,

I'm very interested in like music and school and I spend a lot of time like doing my work because I want to get far and smoking is just such a filthy habit, it takes up so much of your time and money. It does so many like harmful effects on you [sic]so I just emphasize everything in my life and realize smoking is stupid.

Some of the activities which these participants were busy doing automatically placed them in smoke-free environments diminishing or eliminating their exposure to smoking and interaction with smokers. This naturally diminished peer pressure to smoke and made remaining a non-smoker easier. One girl admitted, "I go to youth club twice a week. We play sports for an hour and a half and then sit around and talk. I don't associate with my school friends [who smoke] outside of school."

Being busy also helping these participants develop their self-confidence. Many of the activities helped some participants to learn skills such as setting goals, achieving success, dealing with failure, supporting a cause, and understanding their personal strengths and limitations. All these skills affected the development of self-confidence. Where self-confidence was increased, the process of remaining a non-smoker was enhanced. As one participant stated: "...I think swimming really helped me get my life in order because ...I learned a lot on how to manage my time and....I've been doing goals for as long as I can remember so that helps me with planning." Another participant linked self-confidence to leadership and independence when she commented, "If you are self-confident you are more comfortable being independent. If you feel more independent you are not worried about fitting in. You're okay with being an individual." In addition to referring directly to building self-confidence, another sixteen year old recognized the importance of achievement when she said, "It's like through sports you build self-confidence because you learn leadership, teamwork, and you learn that you are good at something."

Finally, being busy also gave some of these adolescents another way of belonging or fitting in which excluded smoking. If by rejecting smoking they did not feel like they fit in or belonged within one situation, they could feel confident that they belonged in another situation, namely, with the group or individual they were busy with. Being busy was accomplished quite simply by some participants. They were not necessarily involved in organized sports or expensive hobbies. Instead, they acquired their sense of fitting in or belonging through the friendships they maintained. As one participant noted: "We usually just like do nothing [laughs]. We like, you know, go to the mall, or like

sometimes go to movies, just hang around at each other's house." Being busy with others who did not need to use smoking to feel like they belonged made the process of remaining a non-smoker easier to fulfill. Another participant specifically noted that "If things aren't going well with friends say at school, you have other friends you can talk to outside school and that helps. Friends are very important." She communicated that she felt like she belonged, or fit in, with more than one group of friends.

### Summary

Non-smokers had to decline smoking to some extent in order for their choice to be understood and sometimes this entailed embellishing their refusal to smoke with excuses. Consistently declining offers to smoke helped establish their position as non-smokers. Avoiding smoking and smokers made rejecting smoking easier and indirectly showed respect for their smoking friends. Reciprocal respect for choosing not to smoke occurred as phase two, rejecting smoking, started to evolve into phase three, declaring oneself to be a non-smoker and will be presented next. Peer pressure to fit in by smoking was diminishing because offers to smoke were decreasing. Being busy helped some participants avoid smoking and smokers and it developed their self-confidence further, enabling them to reject smoking with relative ease. By finding other ways to fit in non-smokers could remain non-smokers and still feel like they belonged. Strategies the participants had used to the end of phase two resulted in the non-smoker being accepted as a non-smoker and this consequence became the condition for phase three to proceed. By the time the girls were having their choice to remain smoke free respected, they were prepared to progress onto phase three

### Phase Three: Declaring Oneself to be a Non-Smoker

Declaring oneself to be a non-smoker is a step beyond simply rejecting smoking. Declaring oneself to be a non-smoker is conditional upon being accepted as a non-smoker on two levels. First, the girl begins to accept herself as a non-smoker. Accepting oneself as a non-smoker entails internalizing such a belief and acting in such a way so that this belief is presented to the world. Being a non-smoker becomes part of one's identity. Girls who had reached this phase presented themselves as non-smokers in a very matter of fact manner. Many participants stated, "I just don't [smoke]", or "It's who I am [a non-smoker]." Secondly, declaring oneself to be a non-smoker involves having others accept you as a non-smoker. An overt consequence of being accepted by others as a non-smoker is having offers to smoke cease. Furthermore, the girl has been successful in rejecting smoking and not smokers. This was most evident with the non-smokers who retained "best friend" relationships with smokers. *Respecting choices* emerged as a key strategy which will be discussed within this phase although it was present in phase two in some cases. Two additional strategies called *standing up* and *getting firm* are introduced. The third intervening condition to be presented entitled having support, will be described.

#### Strategies for Declaring Oneself to be a Non-Smoker

##### Standing up as a non-smoker.

The strategy of standing up as a non-smoker emerged subtly at first. Many participants stated that their smoking friends did not dictate what they did together. This strategy could start gradually and develop into a more assertive stance depending on the experience and self-confidence of the non-smoker. Smoking was tolerated by non-

smokers who had smoking friends but only to a point as evidenced by the following statements made by two different girls: .

None of my friends would make us change our plans so they could smoke. Like if we're doing something and they can't smoke inside then they'll just have to wait. They'll have to go outside or something because I'm not gonna [sic] just stop what I'm doing for other people to just like so they can smoke.

When we're hanging around occasionally she'll [a smoking friend] ask us if we mind if we go outside because she wants to like smoke, but other than that it doesn't deter us from doing anything with her, or stop us from being with her.

Informants did not "make a big deal" about their non-smoking status but at the same time did not accommodate their friends' smoking by altering their plans just so they could smoke. The second statement also demonstrates the reciprocal respect which operated through the process of remaining a non-smoker. The strategy of respecting choices will be discussed next.

#### Respecting choices.

*Respecting choices* emerged as a strategy which participants used to remain non-smokers and was apparent in the data about how tolerant participants were of their smoking friends' smoking behavior. Participants used their tolerance towards their friends' smoking as grounds for their friends to offer them equal respect for their choice. Respecting choices took many forms including being around smokers, "They just started smoking and we were just sitting there doing nothing. We just didn't smoke. We didn't join in. We just sat there and talked to them." Others indicated they did not notice second-hand smoke. "When I'm out with my friends I'm around smoke all the time...I always go outside for some fresh air but I don't really notice it as much any more because I'm used to it. It doesn't bother me."

Rejecting smoking did not mean rejecting smokers because many non-smokers had smoking friends and they made it clear that “there is more to my friend than her smoking.” Respecting choices was expected to be reciprocal as is demonstrated by the following statement. “Respect is very important. If somebody thinks that you don’t want to smoke you don’t have to....and that’s just that I mean I can respect them for the choices they make....”

Respecting choices was successful when non-smokers indicated that rejecting smoking had been achieved and friends just “dropped it”, especially if a long list of reasons no longer had to be offered. “Dropped it” referred to the action of smokers who stopped pressuring the non-smoker to smoke. One girl articulated it this way, “I just say it’s [smoking] gross and that I don’t smoke, that I just don’t want to and they always say ‘why’ but I just say I don’t want to... and they just drop it.” Another girl noted that smoking was a choice and that once you decided one way or the other, you moved on and no one bothered pressuring you anymore. She stated,

It’s kind of like a choice whether you really want to be in this group or not. I know some of her [smoking friend’s] friends and they’re nice and they don’t pressure anybody else to smoke. It’s just a choice. If you want to meet or hang out with these people the one thing you’re going to have to deal with is that there is smoking around you.

It may be that avoiding smoking is a sub-strategy of respecting choices. It became clear that non-smokers were very tolerant of smokers and they respected their friends choice to smoke even if they did not choose to smoke themselves. Non-smokers would avoid going with smokers when they had their cigarette or smokers would temporarily leave and go somewhere to have a smoke. Participants who had smoking friends enacted this strategy regularly, avoiding smoking situations but continuing to spend time with their smoking friends. As one participant stated,

I have one friend who smokes and even though you can smell it on her ...I'm not going to hold that against her because it's her choice. I'm not going to look down on her because of a personal choice.

Many of these participants respected smokers' choices even if they did not agree with them. Participants also expected to have their choice of not smoking respected. Some of these participant non-smokers had to "get firm" in having their choice to not smoke respected and further analysis revealed that *getting firm* was yet another strategy for remaining a non-smoker.

### Getting firm

Standing up as a non-smoker developed into a more assertive stance if non-smokers had to "get firm" with their smoking friends when they were refusing to smoke. One girl stated this directly when she said, "I don't give in but they're always like they consistently just ask me to and I always say no and then I have to get firmer and then they just back off." *Getting firm* is discussed as a strategy in phase three because it seems to be associated with having a higher degree of self-confidence. *Getting firm* takes a larger degree of self-confidence than perhaps avoiding smokers and smoking areas. *Standing up* as a non-smoker could begin gradually as noted above and took a certain degree of self confidence to enact. If a non-smoker needed to become more assertive in her stand, she could do so by *getting firm*. Not every participant had to get firm or assert her non-smoking position more strongly. However, if a participant continued to associate with smokers who pressured them to join in, she would need to stand up more assertively to such pressure. For example, one participant who was cruising [driving around] with her friend and two guys stated,

I had to explain myself to him. I told him I don't smoke, I don't want to hurt myself and my body's too precious to me and there's no point. It (smoking)

doesn't make me look any better. And he was just kind of like, well take one and I was like no if you respect me for that then you should respect me for not smoking and he was kind of like okay. I really [emphasized] had to explain myself to him before he was ok with it.

*Getting firm* could be used as a strategy earlier in the process of remaining a non-smoker. The critical factor determining if this strategy would be used by a non-smoker seems to be the degree of self-confidence that the non-smoker had developed.

Interestingly, the fourteen and thirteen-year olds did not refer to getting firm. Instead, they claimed that they found it easier to "just leave." So avoiding smoking seemed to be their preferred strategy. A sixteen-year old related an increase in self-confidence to being more firm or assertive when she commented that, "I got firm when I was feeling more sure of myself. I wasn't afraid to break away from the little pack. I didn't want to smoke no matter what they said and I just had to tell them."

Interestingly, participants who had best friends who smoked cited many examples of how they communicated their disapproval and disagreement with a smoking friend's choice to smoke yet they were aware of limits on how much they could try to encourage their smoking friends to quit. One girl expressed disappointment in a friend who had broken their promise to each other not to ever smoke.

At first we were kind of upset with her...we had done this big project [on the hazards of smoking] at school...we had said that we would never start to do that [smoke]... She had broken our promise, she had started smoking....Now we just sort of let her do whatever, she can go off and smoke anytime. We kind of do our own thing and she can come back and talk to us but she knows we don't really [approve] but we don't bother her about it.

Another girl told the investigator about "freaking" out at a friend who started smoking but who was soon told in no uncertain terms to "get over it." She stated,

I've been friends with her for three years.....She started smoking in grade ten....I was completely shocked because when we were in grade six you do the projects ...you know what smoking does to you....then [you] get older and it's like a lot

easier you know, everybody is doing it so I was really surprised and I freaked out at her. She told me to get over it and so I did.

Some participants could get firm regarding their own non-smoking position but very few got firm regarding their friends' smoking position, for example, insisting that they try to quit. The risk of losing a friend was too high for some participants to pressure their friends to quit smoking. Instead, they often worked out a compromise. The smoker stopped pressuring the non-smoker and the non-smoker stayed "off the smoker's case."

Finally, other participants did not need to resort to getting firm but were successful in being accepted as non-smokers based on who they were as people. As one girl mentioned and many echoed, "Well we've talked about it before and they all know that I just don't smoke. If they're smoking they don't offer me anything because they know I wouldn't." Another girl exclaimed that her friends "... would probably not let me have one" even if she changed her mind and thought she might try smoking.

The fact that they consistently rejected smoking served more as confirmation of their declaration as a non-smoker and less as a strategy to assert their position. Declaring to be a non-smoker was a way to take a stand for other things they also rejected such as "skipping classes", "drinking" and "partying late". For some of these participants, their strong sense of right and wrong preceded their stand on smoking so their friends just knew that they would not consider smoking.

For some participants, declaring to be a non-smoker was part of a bigger picture. One girl declared that she did not want to fit in with a certain group because they smoked but because they did a whole number of things she was against. For her, finding friends and connections who accepted her for who she was seemed paramount and part of who she was a non-smoker. This participant, like so many, commenced the interview with the

investigator by simply claiming “ I am just a non-smoker.” Girls who had reached the phase of accepting themselves as non-smokers and being accepted as non-smokers and found the questions about their adolescent life as a non-smoker to be strange.

Participants who had a strong sense of right and wrong drew strength from their beliefs to increase their self-confidence. One girl identified her source of confidence to be her family when she said, “I think a lot of this confidence comes from here [gestures to her house]. It’s like your everyday life and what happens at home.” Confidence also came from having a “secure group of friends” and, in particular, a group of friends who accepted you as an individual and not as someone who just did what the group dictated. As one participant described,

I’m more confident now about like, because I know I have a secure group of friends. And they’re not going to say oh you know, we don’t want to hang out with you because you don’t wear the right kind of jeans or whatever, they’re more substantial than that. ...I don’t have to be the same as everyone else and ...people respect you if you make your own decisions. You don’t have to make like exactly the same decisions as your friends or anything and just because you have a few different decisions than your friends, doesn’t mean you’re not in the group anymore.

As self-confidence developed, participants found it easier to live with their beliefs and declare themselves to be non-smokers. Furthermore, developing self-confidence paralleled *declaring to be a non-smoker* very closely because, over time, the girls grew, matured, and developed an identity which included accepting oneself and being accepted as a non-smoker. The close manner in which self-confidence and declaring to be a non-smoker are linked is evident when the consequences of declaring are examined.

### Consequences of Declaring Oneself to be a Non-Smoker

Three specific consequences of declaring oneself to be a non-smoker were articulated by participants as: being respected, feeling pride and being envied. These consequences confirmed to non-smokers that their original decision and subsequent actions within the process of remaining a non-smoker had been the right ones for them to take. As one girl stated, “Yeah, the fact I haven’t smoked yet like really boosts my confidence to know that I can stand up to it [pressure to smoke].”

Being respected, feeling pride, and being envied served as reinforcing factors for remaining a non-smoker and simultaneously developed the non-smoker’s self-confidence. One informant specifically said, “...people respect you for not wanting to smoke. Respect is very important. And it’s like people realize that if somebody thinks that you don’t want to smoke you don’t have to...There are a few people that don’t (smoke) and they’re proud of it and people are proud of them that they don’t. It’s good that they don’t.”

Many participants, particularly those in senior high school, noted that now they were envied by their peers, often the same people who had pressured them to smoke in the past. Participants acknowledged that they were free from the tobacco addiction and that they had some smoking friends saying things like, “You’re so lucky, I wish I had never started.”

Once declaring oneself to be a non-smoker occurred there seemed to be a corresponding resolution that smoking was no longer used by adolescents to fit in and people respected you for other reasons. For example, one girl stated, “...people realize... that you don’t want to smoke...so you don’t have to and that’s just that.” Another girl

said, "Nobody respects you any more if you do or you don't smoke." This was particularly pertinent in senior grades where smoking is used less and less as a strategy to fit in. Fitting in or belonging is still important but the focus changes from being the same to being an individual.

So obviously with some of your growth and maturity which comes whether you want it to or not you've got a sense of your own identity. I couldn't care less what people think of me. I'll go to school looking how I want and doing what I want. If people don't like me for who I am forget them. I don't want to be friends with them.

Remaining a non-smoker was not related to what grade a girl was in but rather to how much self-confidence she had. Increased self-confidence usually accompanies growing older but the development of self-confidence is not necessarily guaranteed by only growing older. The following comments were made by 13 and 14 year olds and demonstrate that these girls were self-confident. One said, "I'm more self-confident about myself and about what I do. I'm not as intimidated... I'm more outgoing, it's just, you just kind of grow out of these things." Another noted, "...that you are a strong enough person to go with what you believe and stuff. ...I just like to go my own way and don't follow other people."

One participant specifically admitted that being a non-smoker "boosted" her confidence. It would seem that girls need some degree of confidence to resist the pressures to smoke but by declaring to be a non-smoker, a girl's own self-confidence is developed further. Not smoking was in itself a way of acting confidently that, in turn, contributed to the development of more self-confidence. As one of three other fourteen-year olds stated, "...you have to have the confidence and will power to say no if you don't want to do it." Another elaborated when she said,

Yeah, I think I'm getting more outgoing as I get older, like, I was really shy when I was little ...but you know now I am pretty comfortable with going [to a youth group meeting] and not knowing who is going to show up. Before I would only go if I [absolutely] knew who else was going to be there.

The third girl related increased confidence to her cognitive abilities stating,

I think maybe I think deeper than some other people like I read on a higher level so that could be why for me, for my age and that's where I get confidence....I think one reason I don't do it [smoke] is because I have confidence so I don't need to smoke.

Many of these participants attributed their high level of self-confidence to a supportive family life. Constant comparative analysis revealed that "having support" was an intervening condition which made the difference. Support could come from adults or friends.

Having support from an adult in one's life meant that participants had adults who influenced their lives by providing stable support in ways which included confidentially listening to their concerns, accepting and respecting them for who they were, and fostering their feelings of self-worth. Parents, older siblings, coaches, teachers, and baby sitters were some of the adults included on their lists of adult supporters. Some participants described a direct link between adult influence and smoking, for example, "I looked up to my baby sitter when I was little and even now we are pretty close....She never smoked. ...So that probably had a big influence on me." Another girl likened her situation to her sister's and commented that if "she's gotten through that without smoking ...so obviously I can so that too."

Other examples mentioned by participants indicated that having adult support influenced their choice not to smoke more indirectly by influencing the development of their self-confidence. One extreme case was described by a 16 year old girl who admitted to smoking in the past but who now considered herself to be a non-smoker. She

had made friends with people who smoked and her parents forbade her from associating with them, going so far as to have her change schools. This girl admitted that at first it was her parents' actions which stopped her from smoking. She would probably still be smoking if she had remained friends with those people. Now, she claimed to have adopted the position of a non-smoker on her own. She stated:

That wasn't the main reason [smoking] I wasn't allowed to see them any more. ...I stopped [smoking] because I got in [other] trouble [with these friends]. Then I thought about it afterwards and figured out I wasn't going to do it [smoke] any more.

She later said, "I never really wanted to smoke but didn't have the confidence to stand up to these girls. When I started at the new school, everyone just got to know me as a non-smoker." This example demonstrates parental influence to an extreme. By directly intervening and removing their daughter from particular circumstances, these parents were very instrumental in helping their daughter become a non-smoker. Another participant clarified that,

People with supportive parents have a lot more self-confidence because when they take risks, like positive risks, they know they have people who will back them up. They're accepted by those people for who they are.

Having support from friends was considered to be very important by many participants. One girl stated, "What your friends think of you is more important than what adults think of you." Many participants could identify where they had adult support in their lives but stressed how many friends provided support, in many situations including where peer pressure to smoke operated. For example, one girl had a friend "stick up" for her when someone tried to get her to smoke. She said, "All my friends know I don't smoke and we were at this party and someone was offering me a cigarette and my friend was the one who told him I don't smoke and he backed off."

### Summary

Being accepted as a non-smoker is a condition of declaring to be a non-smoker. Self-confidence is strong enough to not only reject smoking but to internalize the non-smoking position and declare oneself to be a non-smoker. Peer pressure to fit in by smoking is neutralized or non-existent based on the evidence that offers from friends to smoke decreases and eventually stops all together. Standing up as a non-smoker can gradually evolve into a more assertive position if the non-smoker encounters circumstances which require her to get firm in order to remain a non-smoker. Getting firm is related to how self-confident one is and may not be utilized as a strategy by all non-smokers. Having supportive people in one's life means that you are accepted for who you are in conjunction with developing who you are. Declaring to be a non-smoker also entailed experiencing positive feedback for being a non-smoker. Feeling pride and being envied by smoking friends were positive consequences of declaring.

### **Summary of Chapter IV**

This chapter presented the process of remaining a non-smoker which female adolescents use in order to remain smoke free. The process was shown to be comprised of three phases characterized by certain strategies, consequences, and conditions. Each participant completed the process in unique and individual ways. Although circumstances varied, the common theme of developing self-confidence linked the participants' experiences of progressing through the process of remaining a non-smoker. Developing self-confidence was identified as the core category which helped explain some of the variance in their completion of the process. Self-confidence was required to enact strategies and move between phases. Consequences of one phase became

conditions of the next phase. Progress through the phases simultaneously developed self-confidence. Initially, the non-smoker made sense of smoking and with some degree of self-confidence decided that smoking was pointless. The decision to remain smoke free was operationalized through strategies to reject smoking which took an even greater degree of self-confidence. As the non-smoker learned that her choice to reject smoking was respected her self-confidence developed further. The key consequence of rejecting was being accepted as a non-smoker both by others and by one's self. Declaring to be a non-smoker evolved when the female adolescent had enough self-confidence to internalize the perception of herself as a non-smoker and ultimately be accepted as a non-smoker by others, specifically peers. The completion of all phases occurred for these participants over varied and individualized time periods. Intervening conditions of fitting in, being busy, and having support impacted on the process in varying degrees for each individual participant but in the end all these participants had declared themselves to be non-smokers.

## CHAPTER V: DISCUSSION AND IMPLICATIONS

In this chapter three aspects of this study are addressed. In the first section the research methods are discussed. In the second section, the major findings are discussed in relation to the literature which pertains to the process of remaining a non-smoker. Implications are addressed as they pertained to each particular finding. The chapter concludes with a brief summary of the implications for nursing practice and research.

### **Discussion of the Research Methodology**

The qualitative approach of grounded theory was used in this investigation. It provided a means of discovering and articulating the process which certain female adolescents use in order to remain non-smokers. Four criterion measures of reliability and validity expressed as rigor within qualitative research were highlighted in chapter three. These four criterion measures included; credibility, fittingness, auditability, and confirmability (Sandelowski, 1986). We now turn to a discussion of the effectiveness of the strategies that were undertaken to achieve these criteria.

The criterion measures to ensure auditability were implemented according to plan. Confirmability was achieved to the best of the researcher's ability because as with auditability, all planned measures were performed. The two criterion measures which warrant the most discussion will be presented next and then this section will conclude with a brief comment on the investigator's experience interviewing adolescent females.

#### Credibility

To paraphrase Sandelowski (1986), credibility of qualitative research refers to how well the emergent theory mirrors the experiences and perspectives of the subjects and not to how a priori concepts or theories exist or do not exist in the experiences and

perspectives of those subjects. In this study, strategies to capture the accurate meaning of the participants' experience as non-smokers were effective. These informants considered the preliminary findings and the resultant theory to be meaningful to them. As one participant stated, "That was me."

The core category of developing self-confidence emerged about half way through data analysis and collection. Once it was discovered and coded, the investigator returned to previous transcripts to discover that it had in fact been present in the data much earlier. Many of the informants had referred to smoking friends as "less confident." Once the investigator clarified that these same participants considered themselves to be self-confident, it was reasonable to believe that developing self-confidence was the main theme permeating the process of remaining a non-smoker. Many participants gave examples of how their self-confidence had developed by comparing things they had done in grade eight with things they did in their current grade. These stories provided data to substantiate the initial hypothesis that self-confidence was the central theme or core category. Constant comparative analysis had assisted the investigator in exposing the core category.

As noted, the basic components of research include interaction of the researcher, subjects or their stories, and a certain context. Sandelowski (1986) warns that credibility can be threatened in various ways by the closeness of the researcher-participant interaction. In this study the majority of interviews were relatively brief and participant driven. All participants were strangers to the investigator. The use of continuous comparative analysis and the creation trigger questions derived from the data assisted the investigator in maintaining distance from the participants remaining immersed in their data or stories. Also, the investigator's limited experience in working with adolescents

helped keep the interviews participant driven because the investigator considered the participants to be the experts and the primary source of data about remaining a non-smoker. Furthermore, the investigator acknowledged that she possessed knowledge about smokers but little knowledge about how non-smokers remained non-smokers. When the investigator reflected previous participants' experiences back to the participant being interviewed at the time, participants were very clear in either agreeing or disagreeing with the statement or example offered. Their comments validated for the researcher that participants were concerned with telling the truth. These factors limited the potential effect of researcher-participant interaction but did not necessarily eliminate it entirely. Researcher-participant interaction will be discussed again in relation to confirmability.

Finally, select participants, one non-participant, and research committee members confirmed that the major components of the resultant theory were believable but it remains to be seen if other readers will believe the relationships which the resultant theory proposes.

#### Fittingness

Some of the strategies employed to achieve credibility were equally effective in helping to achieve fittingness. Constant comparative analysis and reflecting hypotheses or conceptualizations back to informants served to establish if the emergent theory fit within these participants' experiences as non-smokers. The findings of this study were indeed grounded in the data. In each phase of the process, strategies, consequences, conditions and dimensions were derived from the data. For example, a condition of moving from the phase of making sense of smoking to rejecting smoking is deciding that smoking is "pointless." A majority of participants had used this very word in describing why they

did not smoke. Another example of how the participants assisted the researcher in ensuring that the theory reflected their very own experiences occurred when the investigator was having difficulty understanding how a prevalent intervening condition of adult support “fit” into the process. Participants explained that “having support “ was the important and significant feature because sometimes a lot of support is received from friends so conceptualizing the intervening condition more broadly permitted this dimension to be included within the theory.

Fittingness can be interpreted to mean that a researcher should attend to whether or not findings “fit” into contexts outside the study situation (Sandelowski, 1986). These findings may “fit” with other populations of female adolescents who have also remained non-smokers. Determining if this process of remaining a non-smoker is operating in other populations of adolescent females would still need to be studied. This interpretation of fittingness relates to the concept of generalizability in research. The investigator acknowledges that although findings fit satisfactorily with the data from which they were derived, fittingness outside this sample is limited for the following reasons. First, a clear majority of these participants demonstrated and many confirmed that they had a high degree of self-confidence. Research with non-smokers who have low self-confidence would expand our understanding further about the process of remaining a non-smoker. For example, a study of recent beginner smokers or recent quitters might demonstrate alterations in their self-confidence which would correspond to decreasing or increasing self-confidence respectively indicating if the emergent theory fits with female adolescents in different contexts. Secondly, this sample lacked cultural, ethnic, and socioeconomic diversity. In particular there were no girls from visible minority groups or from families with low income levels. This in turn limits generalizability. How these findings fit or

correspond to other research published concerning non-smokers will be addressed in the next section of Chapter V.

In the investigator's opinion, the strongest feature of these findings is that they fit with the data from which they were derived. This may be due in part to the fact that informants were the primary source of data and that the investigator made a concerted effort to permit the theory to emerge from the data and not to be driven by the opinion of others. The researcher worked in virtual isolation using only one other resource, namely committee members, as a sounding board for interpreting meaning and guiding the research process. The investigator is left wondering what meaning would have evolved if she had communicated with other people who work with adolescent females.

In the researcher's opinion, the weakest feature of these findings is the limited degree to which atypical cases were incorporated into the analysis. Limited examples of atypical cases emerged to be considered and of those which were apparent, experienced subjects were unable to be found to fill the gap. For example, all 17 year olds had best friends or some friends who smoked and all 14 year olds had never tried smoking. It would have been more thorough to be able to include a 17 year old who had no smoking friends and a 14 year old who had tried. Also, only one 15 and two 13 year olds were recruited. It would have been enriching to see what more or different meaning could have been considered had more participants been recruited in these age groups. If nothing else, a more inclusive sample could have increased the degree of rigor that could have been claimed.

### Interviewing

After each interview, the investigator reflected upon the researcher-participant interaction. Overall, the girls were very open in describing their experiences as non-

smokers. In the beginning of most interviews, some stated matter of factly that they were non-smokers and they seemed curious about why someone would be interested in their experiences around smoking. Once they began talking about specific situations they related many details willingly. Two aspects of the interviews as a whole are interesting to note. The older girls provided somewhat more detailed information based on the simple fact that they had had more experience as teenagers that involved smoking/not-smoking. The sixteen and seventeen year olds had a history which they could reflect on and recall instances which enriched the data. The thirteen year olds had less personal history to reflect upon, relatively speaking, therefore, occasionally they admitted that they simply had no experience with whatever the investigator had questioned them about. Secondly, smoking history was revealed midway through the interview in most cases. All were current non-smokers but if they had experimented, they tended to divulge that information later. The investigator interpreted to mean that they had come to trust the investigator and share a secret of sorts. One girl in particular stated that she had not told her parents only because they would be “disappointed” in her but she shared that information with the investigator.

The investigator acknowledges that smoking status was established by self-report only. Some authors suggest that self-report measures may be subject to error (Palmer, Dwyer, & Semmer, 1994) and should be coupled with biochemical validation measures in order to establish the most reliable and valid reporting of results. However, Patrick et al., (1994) recommended that interviewer-administered questionnaires are less likely to be erroneous compared to intervention studies. This study was observation only but the researcher fully recognizes the potential threat to credibility which may exist.

On a different level, this researcher heeded the direction Sandelowski (1986) provides when she writes that “there is no way to study a thing without changing it.” (Sandelowski, 1986, p. 34). Even by encouraging non-smokers to discuss their experience of being a non-smoker, the researcher affected their process of remaining a non-smoker and potentially their reporting of same. These participants required a certain degree of self-confidence to agree to participate in a study and the majority were approached by adults and asked to volunteer. Declaring to be a non-smoker emerged as one of the of the phases in the process of remaining a non-smoker. So, the research process could have potentially impacted the process of remaining a non-smoker by virtue of the fact that all participants made such a declaration during the interviews. The researcher acknowledges that by giving these non-smokers an opportunity to declare their non-smoking status she may have influenced their ability to remain a non-smoker. These observations point to the inter-relatedness of doing and producing qualitative research.

### **Summary of Findings and their Relation to the Literature**

#### **Summary**

In this study, the researcher investigated the process that adolescent females used in order to remain smoke free. The findings revealed a three-phase process that revolved around the core category of developing self-confidence. Various strategies were used by these girls over the three phases which resulted in them progressing through the process at variable and individual rates and contributed to developing increased self-confidence. Intervening conditions were encountered in unique ways and were found to impact each of these adolescents’ experiences by directly and indirectly influencing both the process of remaining a non-smoker and the development of their self-confidence.

Developing self-confidence was identified as both a condition and consequence of progressing through the process. A certain individual minimal level of self-confidence was required for these girls to progress through phase one and decide that smoking served no purpose for them. Having some self-confidence enabled them to believe what they learned about the hazards of smoking and to discount the many purposes their smoking friends claimed as their reason(s) for smoking. Subsequently, making their decision and enacting strategies to realize it increased their feelings of self-confidence. Strategies enacted by the participants to remain non-smokers served to help them make sense out of smoking as they were exposed to it in their day-to-day lives. Strategies also served to help them reject smoking but not friends who smoked. In this way they met different needs simultaneously, namely, keeping healthy and keeping friends. Successful enactment of strategies developed their self-confidence even further because they experienced a sense of achievement. They successfully made a decision, followed through on that decision, and were still respected by friends. Finally, strategies also served to help them internalize the concept of themselves as a non-smoker and then either simultaneously or consequently, they also became accepted by others as a non-smoker. Once accepted as a non-smoker both by themselves and by others, they could complete the process by declaring to be a non-smoker.

Intervening conditions influenced both the process and the development of self-confidence. For most of these girls, peer pressure to fit in by smoking was experienced early in high school. Having decided that smoking was pointless for them to engage in, they rejected smoking in various ways depending on how much they were exposed to offers to smoke. Being busy in various activities often removed them from interaction with smokers but more importantly exposed them to opportunities in which they could

develop rudimentary skills which contributed to the development of their self-confidence. For example, sports activities were a prevalent part of many of these girls' lives. Through these activities they learned to set goals, work as team members, experience achievement, and cope with failure. The third intervening condition was identified to be having support which included support from friends and adults. This intervening condition predominantly influenced the development of self-confidence and was such a natural part of these girls' lives that they tended to take it for granted. They gave little if any conscious thought to how influential others had been throughout their process of remaining a non-smoker.

There are many findings from this research. The five main findings which this discussion will focus upon are the following:

1. Developing self-confidence is both a condition and a consequence of progressing through the process of remaining a non-smoker.
2. Self-confidence increases throughout the phases of the process as the strategies which the girls enact to remain smoke-free prove successful.
3. Development of self-confidence is strongly influenced by being busy which included participation in a variety of sport and leisure activities.
4. Development of self-confidence is also influenced by having support from friends and adults.
5. Progression through the process is gated by a critical decision that smoking is pointless.

## **Relation of the Main Findings to the Literature**

### **Developing Self-confidence**

While little has been written directly about the relationship between self-confidence and smoking, there is a body of literature that demonstrates the relationship between adolescent smoking and the concepts of self-esteem and self-efficacy. We begin by examining how the concepts of self-confidence, self-efficacy, and self-esteem are related.

The definition of self-esteem has been associated with several terms such as self-confidence, self-concept, self-satisfaction, self-appraisal, ego strength, self-ideal, and self-acceptance (Wells & Marwell, 1976). This has often resulted in confusion and misunderstanding because in the absence of a standardized definition, researchers have used the term in various ways.

It is generally accepted that how adolescents feel about themselves represents a crucial component of their growth and development (Coopersmith, 1967; Santrock, 1993b). In general, the notion of how one feels about oneself has been defined as self-esteem. The notion of who one believes oneself to be has been defined as self-concept. Specifically, self-concept is differentiated from self-esteem by defining self-concept as the descriptive perception one has of oneself which has been comprised from personal characteristics and attributes derived from the various roles one fulfills whereas self-esteem is defined as the evaluation one makes of that self-concept (Beane & Lipka, 1984). It would appear from the literature that knowledge of self-concept and self-esteem go hand in hand. Comprehension of one enhances understanding about the other. Value judgment is the characteristic which differentiates the two concepts. For example, adolescents who describe themselves as short may feel satisfied or dissatisfied with this

characteristic in whole or in part. According to Beane and Lipka (1984), self-concept refers to the perception of being short whereas self-esteem refers to how one feels about being short. Self-esteem could therefore be considered as positive, negative, or neutral..

When examining the literature, it is difficult to determine how self-confidence relates to self-esteem because of the various and inconsistent ways it is used or not used when self-esteem is discussed. This relationship is clarified when the concept of self-efficacy is introduced. Self-efficacy refers to individuals' beliefs that they can master a situation by performing competently and producing positive outcomes that are important to themselves (Bandura, 1977; Santrock, 1993b). In other words, self-efficacy is used to express the combination of two ideas, confidence (believing in one's ability to reach desired outcomes) and competence (having required skills). Branden (1987) expanded the definition of self-esteem by linking it directly to self-efficacy. He claimed that a sense of self-efficacy and a sense of self-worth were the key components of self-esteem and their inter-relationship seems to be based on the following assumption. Self-confidence, competence, sense of self -worth and self-esteem are directly related. An increase in one leads to an increase in the others. It is within Branden's expanded definition that the current study's use of the term self-confidence fits with a broader conceptualization of self-esteem.

In the present study it was found that self-confidence, the core category, underpinned the entire process of remaining a non-smoker. The literature on self-esteem is relevant to the core category and the growth and development of adolescents especially if one accepts Branden's (1987) interpretation of self-efficacy. This connection between self-efficacy and self-esteem seemed to be present in the data. The participants believed they were capable of remaining a non-smoker and they believed they could succeed

through various strategies. When they experienced success at remaining a non-smoker, their self-efficacy and self-confidence seemed to increase further. While this reciprocal process very likely increased their self-esteem, the participants only used the word self-confidence in describing how they believed they were able to remain non-smokers.

In addition to developing their self-efficacy by developing their self-confidence, the girls who had reached the third phase of the process of remaining a non-smoker had internalized the idea of themselves as non-smokers. Being a non-smoker had become part of who they were or part of their self-concept. Interestingly, the inter-relationship between self-concept and self-esteem also seems to have been demonstrated in this data. These girls perceived themselves as non-smokers and valued themselves as non-smokers. Therefore, there would appear to be a reasonable connection between the core category of self-confidence and recent literature pertaining to the concept of self-esteem and self-concept. How having self-confidence, self-efficacy, and self-esteem is related to remaining a non-smoker will be addressed next.

Researchers examining relationships between self-confidence, self-efficacy, self-esteem and smoking have not demonstrated consistent associations. Smokers have been found to be more self-confident than non-smokers (Yankelovich et al., 1977) but more recently, greater numbers of investigations have found high self-esteem to be associated with non-smokers. For example, reviews by Winkelstein (1992) and Conrad, Flay, and Hill (1992) reported on a total of eight studies in which all but one related low self-esteem to adolescent smoking. Another review of six studies by Fried (1994) focusing on women, young girls, and smoking also reported that low self-esteem was associated with smoking in women and girls. In a very recent study by Jackson (1997) it was reported that children in their sample of 1,272 students in grades four to six with low levels of

self-esteem were more likely to initiate smoking than were children who abstained from smoking. The findings of this study provide indirect support that self-esteem is associated with the process of remaining a non-smoker. As such, it may be the case that programs aimed at increasing self-esteem may decrease the rate of smoking among girls. One way to increase self-esteem is to influence girls' self-efficacy.

One attempt to study the relation of self-efficacy and smoking was made by Gilchrist, Schinke, and Nurius (1989). These researchers compared girls at high risk for smoking to low risk girls and boys and high risk boys on eight variables, including perceived self-efficacy. They reported that the high risk girls (girls who had tried smoking) had significantly greater perceived self-efficacy than the high risk boys but not significantly greater perceived self-efficacy than the low risk boys or girls. Examination of the actual mean scores demonstrated that the scores of low risk boys and the low risk girls were very similar and relatively higher than high risk boys. Even though the high risk girls had the greatest degree of perceived self-efficacy, low risk girls, the non-smokers, still had some degree of self-efficacy that was not significantly different than the high risk girls. These authors went on to conclude that their findings were consistent with studies which found young female smokers "to be more self-confident and socially sure" when compared to boys (Gilchrist et al., 1989, p.238). This study demonstrated how self-efficacy can be interpreted in terms of self-confidence and that having self-efficacy directly corresponds to having self-confidence. The current study findings differ from Gilchrist et al.'s findings in that a group of non-smokers were found to be self-confident. Contrary to Gilchrist et al.'s findings, DeVries, Dijkstra, Grol, Seelen, and Gerjo (1990) found that low levels of self-efficacy predicted onset of smoking in adolescents. These contrary results suggest that both confident smokers and non-smokers

exist. Such inconsistencies could be explained in part by how self-efficacy is conceptualized and measured.

Self-efficacy is considered to be situation dependent (Bandura, 1977). A person may consider herself to both able and successful in one regard but not as capable or confident in another regard. Brooks (1992) reinforces this characteristic when he suggests that most people can think of adolescents who are more self-assured doing one activity as opposed to another. This notion that self-confidence, self-efficacy, and self-esteem are variable across situations may help explain the variety of results reported.

It is reasonable to conclude that some adolescents feel confident enough to be non-smokers because their self-efficacy with respect to resisting smoking is high. If on the other hand their perceived self-efficacy with respect to resisting smoking is low, they may fail to remain smoke-free. Other types of personal self-efficacy could play a part in girls' decision regarding smoking. If, for example, they perceive their self-efficacy related to meeting new people to be low, they might use smoking to fit in to a group of peers they wish to be friends with and who already smoke. An individual's experience with smoking may vary according to the situation and the various types of self-efficacy which might influence her ability to remain a non-smoker at different times. The current findings suggest that the girls gained a sense of self-efficacy related to remaining a non-smoker from their basic feelings of self-confidence which were gained through various activities. The implications of discovering that self-confidence was related to remaining a non-smoker will be described.

### Implications

Health educators have long recognized the importance of self-concept and self-esteem in the adoption of healthy behavior by youth. Several studies have found

children's self-concept and self-esteem associated with academic achievement, involvement in substance abuse, performance in sports, quality of peer interactions, and adoption of specific coping skills (Branden, 1987; Emery, McDermott, Holcomb, & Marty, 1993; Torres, Fernandez, & Maceira, 1995). It stands to reason that increasing our knowledge about how these concepts operate will increase our ability to design, implement and evaluate health education programs. In particular, the findings that demonstrate that self-confidence and self-efficacy are situational may help us interpret evaluation outcomes of existing programs. Where one program fails, it could very well succeed or produce positive results within the context of another situation.

Canadian efforts in providing resources for fostering the development of healthy self-esteem have focused quite substantially on school health education. However, research linking self-esteem programs and health-related behavior such as the use of alcohol and drugs has produced inconsistent results (Brooks, 1992; Cameron, 1991). Cameron recommends that research consumers should interpret results cautiously because consensus in both defining and measuring self-esteem is lacking (1991). Edwards (1993) reinforces this advice but notes that despite limitations, enough evidence remains to justify including the promotion of positive self-esteem and related concepts such as positive self-concept and self-efficacy within the guiding principles of programs, projects and initiatives undertaken by health care professionals and educators. Both Cameron and Edwards acknowledge that it is much more likely that many factors interact to develop self-esteem. Cameron specifically recommends that programs include basic or rudimentary skills such as decision making in order to influence adolescents' abilities to resist peer pressure and increase their self-efficacy. The findings from this study would suggest adding skills which would increase self-confidence.

The current study findings describe a sample of adolescents females who were self-confident and successful in remaining non-smokers. This finding suggests that having self-confidence may be one of the many factors that increase the chances of remaining a non-smoker. In light of this finding, it seems imperative that basic and health education programs which foster the positive development of self-confidence in adolescents be developed and implemented. Courses which provide parents with methods for raising self-confident children should be available. Such programming may prove more valuable than simply teaching students the perils of tobacco use.

#### Strategies to Remain A Non-Smoker

The girls in this study utilized a variety of strategies to remain smoke-free. The first strategies to emerge from data were categorized as strategies to reject smoking. The literature related to actions or tactics used to prevent smoking in adolescence is extensive. The most pertinent categories which pertained to the strategies of this process, especially rejection strategies, include research on resilience and research on resisting peer pressure to engage in risky behavior such as smoking.

Resilience is a term used to describe a set of human qualities that promote a process of adaptation which enables some individuals to cope effectively with both internal and external stresses (Werner & Smith, 1982). Resilient individuals have been described as invincible because of the incredible circumstances they have overcome. Despite the most stressful experiences, resilient individuals have been shown to emerge unscathed and to have developed into healthy stable people. Benard (1995) summarized five broad abilities which she proposes form the basis of this comprehensive concept. The abilities she proposed are as follows: 1) social competence; 2) problem-solving skills; 3) critical consciousness; 4) autonomy; and 5) sense of purpose. Each of these

abilities are broken down further into more than twenty-four competencies ranging from communication skills and self-efficacy skills, to optimism and spiritual connectedness.

The concept of resilience potentially illuminates the study findings. The participants can be thought of as girls who were able to overcome odds associated with smoking such as having friends and parents who smoked. However, one would be remiss to claim that these girls overcame extreme odds in doing so. The present study's findings related to the strategies are more in keeping with a singular component of resilience described as having the ability to act independently and confidently in exerting some control over one's life. According to Benard, (1995) these types of abilities fall within the category of autonomy and form the basis of several initiatives directed at helping adolescents resist pressure to engage in various risky behaviors such as smoking (Hansen & Graham, 1991; Stanton, Lowe, & Silve, 1995; Stewart, Reid, & Mangham, 1997).

Promoting the ability to act independently has been operationalized into training programs that teach adolescents to resist peer pressure by learning behaviors which are generally referred to as refusal skills (Hansen & Graham, 1991; Shope, Copeland, Maharg, Dielman, & Butchart, 1993). Some programs have been able to demonstrate that by teaching children and adolescents to say "no" to such things as smoking in a variety of ways, they can be protected from some peer pressure to engage in substance use. Some programs have demonstrated success in having youngsters promote smoking abstinence by teaching their peers how to resist peer pressure (Botvin et al., 1989; Flay et al., 1983; Murray, Davis-Hearn, Goldman, Pirie, & Luepker, 1988).

Other studies have demonstrated how some adolescents appear to be able to resist peer pressure without formal training and have found that certain adolescents are better at a number of resistance strategies such as having a happy outlook, problem solving,

being more assertive, and being more resourceful in thinking up reasons for themselves not to smoke by making use of the facts they had learned about the hazards of smoking (Gilchrist et al., 1985; Marston et al., 1988). The current study falls into this group since it essentially described how of a group of abstainers or non-smokers used particular strategies to effectively resist smoking. The strategies most closely resembling resistance skills were those described in phase two such as making excuses or avoiding smokers. What was interesting to discover was that strategies were also performed before and after rejecting smoking. In particular, knowing the purposes for smoking and subsequently discounting those purposes were essential in assisting the girls to decide that smoking was pointless. Then, after rejection strategies succeeded, strategies which helped the participants internalize the notion of themselves as non-smokers were fulfilled by all participants. For example, they respected other friends choices to smoke but asserted their right to decline. This could be offered as evidence that they separated their own abilities and values from the abilities and values of others and had taken a more autonomous position regarding smoking.

### Implications

Whether the strategies utilized throughout the process of remaining a non-smoker are considered to be tactics for resisting peer pressure or as part of a larger process of fostering resilience, their potential for helping adolescent girls to remain non-smokers should not be ignored. Research should continue to expand the repertoire of strategies that we are already cognizant of and efforts to assist other adolescents to learn additional tactics should be continued and expanded. Health care professionals should continue efforts into establishing partnerships with adolescents for planning, implementing and

evaluating creative approaches to facilitate learning about ways to resist pressure to smoke.

As noted, the girls used strategies before and after rejecting smoking. This implies that there is more to remaining a non-smoker than simply resisting peer pressure. The participants were unaware of the process used to remain a non-smoker. When first asked about smoking many of the girls replied “I just don’t smoke.” This would imply that there may be value in informing more adolescents about the existence of a process for remaining a non-smoker. Through learning about the process, more adolescents could be prepared for what they might experience and supported in their efforts to remain smoke-free.

A comprehensive approach to helping more adolescents remain non-smokers should include the best of both worlds, by providing ways and opportunities for youth to learn how to resist smoking as well as how to proceed through the process of remaining a non-smoker. More research into how the process of remaining a non-smoker may be related to the broader concept of resilience could help to expand our efforts to create and sustain larger and larger groups of non-smoking adolescents.

### Being Busy

An important intervening condition involved being busy. Being busy involved participants in a variety of ways. These activities did much more than simply remove the girls from smoking environments. The activities promoted self-confidence by enabling the girls to develop skills which directly or indirectly built self-efficacy and most probably self-esteem. Literature from sports medicine and sports psychology illuminate the relationship between female adolescent self-esteem, sport, and physical activity. In this literature, the concept of self-esteem is presented as a key factor which develops as

one participates in sports or physical activities. The relationship between being busy and increasing self-confidence proposed by the present study parallels the relationship proposed by research into physical activity, sports participation, and increased self-esteem.

In his description of how to improve adolescent self-esteem, Santrock (1993a) identifies achievement as one of the four cornerstones. By completing important tasks required to achieve goals, adolescents develop higher self-esteem. They are able to see their contribution as worthwhile. Furthermore, Santrock acknowledges that even performing behaviors similar to the ones required for successful achievement of a particular goal helps to build self-esteem. The important point Santrock makes is that achievement counts the most. Brooks(1992) agrees with this line of reasoning and clarifies that the operation of self-esteem and behavior or action are reciprocal and always functioning. Self-esteem not only guides and motivates someone's actions but reciprocally, the consequences of those actions affect that person's self-esteem. These perspectives of activities and self-esteem are supported by the findings of the present study. Participants possessed a degree of self-confidence which was enhanced through being busy or participating in sports and leisure activities. By experiencing success in one realm which developed their self-confidence, they were empowered to use that self-confidence in another realm, namely, remaining a non-smoker. Furthermore, when they experienced success at remaining a non-smoker, their self-confidence increased further.

Another body of work which addresses if and how activities, specifically sports activities, influence self-esteem comes from the disciplines of sports medicine and sports psychology. The literature on self-confidence, self-esteem, and physical activity abound until one cross references these categories with adolescent girls and then the number of

references substantially decreases. Despite this smaller resource, knowledge can still be gained about the relation between girls, physical activity, self-confidence, and self-esteem.

Corbin (1984) presented a summary of research regarding the self-confidence of females in sports and physical activity and two points he raised are particularly relevant to the present study. First, he defined self-confidence as self-efficacy and reinforced the idea that self-confidence is situational in nature. He described the relationship between achievement and self-esteem poignantly when he stated “Nothing breeds confidence like success.” (Corbin, 1984, p. 903). These claims reinforce aspects and relationships already presented and serve to emphasize the multi-dimensional nature of the theory which emerged. It is reasonable to propose, as this study does, that activities other than sports also served to enhance self-confidence/self-efficacy. Not all participants participated in organized sports. Some pursued leisure activities that provided them with many of the same experiences which athletic girls experienced, such as achieving success. For these girls, having self-confidence in one situation also seemed to foster self-confidence in another based on the important role that achievement played. Even though self-confidence has been shown to be situational, sense of achievement becomes a critical element in the development of self-esteem. When adolescents experience achievement or success they also learn a number of related skills which are transferable to other situations. Just knowing that they have succeeded at something in the past can encourage them to solve a problem or strive for a goal in the future. For the present study’s participants, knowing they had previously succeeded at some task such as making the swim team, being selected for the school choir, or gaining admission to a

dance academy, helped to give them the self-confidence to try and succeed in other areas such as remaining a non-smoker.

Research investigating how physical activity enhances self-esteem was found to be a bit more abundant. Unfortunately, most of the studies are gender mixed so results pertaining to girls must be interpreted with caution. Furthermore, how increased scores on self-esteem measurement tools translate into reality remains to be demonstrated in some cases. Generally this research concentrates on identifying some of the components of self-esteem such as self-acceptance, self-efficacy, self-discipline or locus of control. For example, a large project was implemented in Australia to provide and promote physical activity for girls which demonstrated an average 25% improvement in all four categories of the Coopersmith Inventory test which was used to measure self-esteem (Curriculum Development Center, 1988). One report summarizing the results of the Australian program provided by Foon indicated that the girls who participated in the physical activity program had higher self-esteem, stronger locus of control, and stronger family affiliations (1989). There was no report of any relation to behaviors such as smoking but the evidence demonstrating the link between the girls' participation in sports and enhanced self-esteem was convincing.

Research examining the differential characteristics of adolescent smokers and non-smokers has demonstrated mixed results. Some studies have shown that participation in sports or individual leisure activities is protective against smoking (Botvin, Eng, & Williams, 1980; Lytle et al., 1995; Swan, Creeser, & Murray, 1990; Terre, Drabman, & Meydrech, 1990) while others have not demonstrated this association (Malkin & Allen, 1980; Tucker, 1984). Once again contradictory results seem to suggest that even if factors can be demonstrated to be protective against smoking, there is no guarantee that

they will be effective in every situation. Several authors have indicated that self-esteem development and adolescent smoking are complex, multi-factorial entities. This study reinforces this admission describing yet another way, no matter how small, in which being active seemed to influence the lives of a group of girls and contributed to their ability to remain non-smokers.

### Implications

The theory which was developed in this study proposed an association between the psychological concept of self-confidence and the specific health behavior of not smoking. Being busy was found to be an intervening condition which contributed to the development of self-confidence even further. The study participants attributed their success at remaining smoke-free to their self-confidence and described how that self-confidence was fostered through the sports and leisure activities they participated in. This knowledge should encourage health care professionals to plan, implement, and evaluate ways in which they can foster the development and provision of activities for adolescent girls. For example, public health nurses could participate in multi-disciplinary groups collaborating on initiatives to direct health policy which expands physical activity programs in schools. Individually, they could make their respective schools aware of research which demonstrates the links between self-esteem, adolescent development, and physical activity. They could also inform parents about the potential benefits of being active, confident, and smoke-free and then assist them in discovering ways and means of getting their daughters active and keeping them active.

### Having Support

Another noteworthy intervening condition involved having support. In the present study, this included having support of parents, significant adults, and friends in both developing self-confidence and in remaining a non-smoker. Several investigators' work have demonstrated that parental support is crucial in reinforcing a child's self-esteem and in helping develop their self-concept (Brooks, 1992; Coopersmith, 1967; Santrock, 1993b). Brooks (1992) described the pervasive nature of self-esteem when he challenged the reader to try and think of any activity or behavior in which a child participated that was not influenced by their self-esteem. Smoking has been one such behavior which has been found to be significantly influenced by parental support of one kind or another.

Researchers reporting the effect of parental influence on adolescent smoking present contradictory findings. Some researchers found that parental smoking was associated with adolescent smoking (Nolte et al., 1983) while others did not (McCaul et al., 1982). Newman and Ward (1989) repeated Nolte et al.'s earlier work and specifically broke down parental smoking into behavior (parent smokes, parent does not smoke) and attitude towards smoking (smoking parent expresses objection to their adolescent smoking and non-smoking parent does not express objection to their adolescent smoking). They demonstrated that parental attitude, when expressed, had moderating effects on adolescent smoking, even if the parent was a non-smoker. They concluded that parents should be encouraged to communicate their opposition to smoking to their adolescents, regardless of whether or not they smoked. In the present study, the majority of the participants did volunteer information about their parents attitude towards smoking and data were collected regarding parental smoking status of each parent living in the household with the adolescent girl. In general, the current

study's findings concur with Newman and Ward's findings. Many girls had smoking parents but a majority reported that their parents would not approve of them smoking and overtly discouraged it. Several noted their smoking parent's addiction as a factor in why their parent did not want them to start smoking and why they themselves would not choose to smoke.

The findings of the present study also concur with another aspect of how adult support has been shown to influence both adolescent smoking and self-esteem. Perceptions of family support held by a sample of Scottish adolescents was found to be inversely related to smoking (Glendinning, Shucksmith, & Hendry, 1997). Adolescents who had an unsupportive home environment were more likely to smoke compared to adolescents who perceived that they had a supportive home environment. Bowen, Dahl, Mann, and Peterson (1991) reported that the one factor in their study which was predictive for non-smoking among girls was the response that the girl felt she had enough adult support, especially if she had a problem. The current study concurs with both of these studies' findings. The majority of girls identified at least one adult who had supported them in various ways which included providing help and encouragement when they had had problem or faced a new situation which involved taking a "positive risk."

A few girls, particularly older ones, commented that support from friends was equally important. In general, this too is in keeping with literature on adolescent development (Santrock, 1993b). Adolescents are more likely than children to be self-conscious and as their self-concept develops, they often use their friends as a means to clarify and to support who they believe they want to be and who they are becoming. The current study noted that many of the participants pursued friendships with other girls who shared their beliefs about smoking. It was beyond the scope of the present study to

describe precisely how friends support or lack of support influenced various aspects of the process of remaining a non-smoker. Additional research is required to illuminate specifically how having support of all noted kinds influences the process of remaining a non-smoker.

### Implications

The position parents and support persons take in relation to smoking is important. Accordingly, parents should be encouraged to declare their opposition to smoking regardless of their smoking behavior. This seems like a simple recommendation which could be accomplished on a small or large scale. Adults who interact with adolescents should be made aware of the association between these factors and encouraged to make their objection to smoking known.

Research to identify how adolescents who do not have support could succeed in getting appropriate support is also vital. Such research has the potential to increase the number of adolescents with high self-confidence, self-efficacy, and self-esteem thereby potentially increasing the number of adolescents who remain non-smokers. Research evaluating strategies or efforts which may have already been made related to providing adolescents with support would help direct future efforts and inform interested health care providers about what has or has not worked.

Adults in the community who volunteer to work with adolescent girls should be made aware of how potentially beneficial their support of the girls can be. Programs which develop helping and leadership skills in these volunteers (e.g., coaching clinics) should be provided for as many volunteers as possible so that maximum benefit can be realized.

### Deciding that Smoking is Pointless

One of the most striking features about the data collected for this study was that the majority of participants come to view smoking as “pointless.” This conclusion seemed to serve as the foundation for their decision to remain a non-smoker and helped them proceed with rejecting smoking. Based on the abundance of data which indicated the strength of this conclusion for these participants, the investigator was intrigued with the following question: what purpose does smoking serve for other adolescents and why does it not serve a purpose for these girls? It is very well established and accepted that smokers and non-smokers alike have knowledge about the hazards of smoking. How were these girls able to discount the purposes they believed smoking served which so many adolescents embrace and then proceed to remain non-smokers?

Research into why smokers smoke has revealed an array of reasons, the majority of which are psychosocial in nature. Some studies have shown that female adolescents smoke to project a grown-up image (Wong-McCarthy & Gritz, 1982) or to create their ideal self-images/self-concept to resemble those images often associated with the female smoker such as independence, beauty, or thinness (Chapman & Fitzgerald, 1982; Chassin et al., 1981). Other studies have demonstrated that some girls smoke to control their weight (Feldman, Hodgson, & Corber, 1985; French et al., 1994). Smoking has also been considered a “problem behavior” because it has been associated with rule breaking, nonconventionality, risk taking and rebelliousness (Best et al., 1995; Chassin et al., 1981; La Greca & Fisher, 1992; Mittlemark et al., 1987). Participants from this study did not think that smoking would make them feel or look grown-up. Furthermore, a surprisingly large number were not even aware that some girls smoked to control their weight. In general, this group of girls had not subscribed to the smoking image portrayed

in so many ways within western culture. These participants did not volunteer any information on being rebellious nor did they indicate if or how they took risks in other ways. Why this was so remains unanswered. The investigator would hypothesize that for this group, their self-concept formation was influenced by the support they had from adults and friends to be themselves, even if that meant being an individual. How their self-confidence and self-concept enabled them to create their own self-image and resist certain projected images would need to be researched in a separate study.

Another intriguing finding is that the process of remaining a non-smoker is gated by the critical decision that smoking is pointless. The literature demonstrating the numerous reasons why adolescents smoke imply how smoking serves a purpose for these smoking teenagers but fails to specifically explain how some adolescents permit or select smoking to serve a purpose for them personally. The present study's findings are premised on the fact that all adolescents begin as non-smokers. This study proposes that all adolescents commence phase one and it identifies a critical point in the process where some adolescents are able and willing to discount what they learn about either or both the hazards and the purposes of smoking. Why these adolescents proceed through the phase of making sense of smoking and decide that smoking serves no purpose for them while others do not is a question that must be answered through future research efforts. This study found self-confidence to be the main theme underpinning the process which a certain group of girls used but further research is required in order to generalize to larger populations.

### Implications

The obvious implication of the finding that the process of remaining a non-smoker is gated by deciding that smoking is pointless is that more adolescents females should be encouraged to view smoking as pointless. Health care providers need to be aware of the process that non-smokers follow so that they can identify when an adolescent might be at the critical point of evaluating the purposes smoking serves. Health care professionals could assist adolescents in identifying and evaluating these purposes and, if necessary, help adolescents find other ways to meet these needs.

Further research into how some adolescents decide that smoking is pointless compared to those who decide that smoking serves a purpose would also potentially help health care providers foster the qualities or variables which produce higher numbers of non-smoking children and adolescents.

### **Summary of Implications**

The purpose of this research was to identify the process adolescent females use in order to remain non smokers. Through the use of a qualitative methodology the investigator developed theory using data from the real life experiences of non-smoking teenage girls. The findings indicated that for this group of girls, developing self-confidence was both a condition and a consequence of remaining a non-smoker. Self-confidence was positively influenced by being busy, having support, and successfully enacting strategies to remain a non-smoker. Interestingly, these participants were quite unaware of the process they were implementing. This would imply that there may be value in fostering an awareness in adolescents and the people who interact with them that indeed there is a process occurring which empowers them to be successful at remaining smoke-free. More adolescents could be prepared for what they may experience and then

supported in their efforts to proceed on a path of remaining smoke-free. The findings have served to show that what one group of girls did to remain smoke-free supported, or at least related to, what has already been reported in some of the literature on adolescent growth and development and on adolescents and smoking. It is hoped that through the questions raised and suggestions proposed from these findings that other researchers will be encouraged to study the perspective of additional non-smoking female adolescents and further contribute to our understanding of the process of remaining a non-smoker. It is challenge worth pursuing, in the opinion of this author, as the health of so many young girls is at risk.

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Appendix I  
Sample Letter of Introduction



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Tel: (604) 822-7417  
Fax: (604) 822-7466

### LETTER OF INTRODUCTION

Are you a girl aged 13-17 who does not smoke or do you know a girl aged 13-17 who does not smoke? If so then please read on.

A nurse in the community named Deborah Dunn, is studying how some teenagers remain non-smokers. She is interested in talking to teenage girls aged 13-17 who are currently non-smokers, who have their parents' permission to participate, and who are willing to share their stories about being a non-smoker. Participants in this study may withdraw at any time and will not be jeopardized in anyway.

If you are interested in speaking with Deborah to learn more about what would be involved in participating in this study, please call her at XXX-XXXX.

**Appendix II**  
**Sample Consent Forms**



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Informed Consent Form for a Participant

Project Title: The Process of Remaining a Non-Smoking Female Adolescent

Co-Investigator: Deborah A. Dunn, RN, BScN, MSN student, Ph. XXX-XXX

Faculty Advisor: Joy Johnson, RN, Ph.D., Assistant Professor, Ph. 822-7435

The purpose of this study is to investigate how some teenage girls manage to remain non-smokers. Participation in this study is voluntary. Although there is no direct benefit to you by participating in this study, the information you provide may increase our understanding of how to help other teenage girls to remain non-smokers. This research is being conducted by Deborah Dunn for a graduate thesis under the advisement of Dr. Joy Johnson whose telephone number is included above.

Involvement in this study includes participating in a maximum of three audiotaped interviews with the investigator. Each interview will last about 30-45 minutes. One of the interviews may be a group interview involving two to three adolescent participants. As a participant, you will be free to refuse to answer any question without consequence, and you may withdraw yourself or any specific part of the information from the study at any time. Following each interview, the investigator will make notes in a book and the taped interview will be typed out by a secretary. All identifying information on the notes will be deleted and replaced with code names so that only the investigator will know who was interviewed. The master list of code names will be kept in a file in a locked drawer. Only the investigator will have access to the locked drawer. At the end of the study, the master list will be destroyed and audiotapes erased. The notes will be kept for future teaching and research purposes for a limited time and then destroyed. There will be no payment for participating in this study.

If you have any questions at any time concerning the study, you or your parent, may contact the investigator, Deborah Dunn, or the faculty advisor listed above. If you have any concerns about your rights or treatment as a research participant, you may call Dr. Richard Spratley, Director of the UBC Office of Research Services and Administration at 822-8598.



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Informed Consent Form for a Parent

Project Title: The Process of Remaining a Non-Smoking Female Adolescent

Co-Investigator: Deborah A. Dunn, RN, BScN, MSN student Ph. XXX-XXXX

Faculty Advisor: Joy Johnson, RN, Ph.D., Assistant Professor, Ph. 822-7435

The purpose of this study is to investigate the process of remaining a non-smoking female adolescent. Participation in this study is voluntary. Although there is no direct benefit to you or your child by participating in this study, the information your child provides may increase our understanding of how to help other female adolescents to remain non-smokers. This research is being conducted by Deborah Dunn for a graduate thesis under the advisement of Dr. Joy Johnson whose telephone number is included above.

Involvement of your child in this study includes participating in a maximum of three audiotaped interviews with the investigator. Each interview will last about 30-45 minutes. One of the interviews may be a group interview involving two to three adolescent participants. As a participant, your child will be free to refuse to answer any question without consequence, and you may withdraw your daughter or any specific part of the data from the study at any time. Following each interview, the investigator will make notes in a book and the taped interview will be transcribed. All identifying information on the transcripts and notes will be deleted and replaced with code names so that only the investigator will be aware of your child's identity. The master list of code names will be kept in a file in a locked drawer. Only the investigator will have access to the locked drawer. At the end of the study, the master list will be destroyed and audiotapes erased. The transcripts and notes will be kept for future teaching and research purposes for a limited time and then destroyed. There will be no payment for participating in this study. If you have any questions at any time concerning the study, you or your child, may contact the co-investigator, Deborah Dunn, or the faculty advisor listed above. If you have any concerns about your rights or treatment as research participants, you may call Dr. Richard Spratley, Director of the UBC Office of Research Services and Administration at 822-8598



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Informed Consent Form

Signature Section

Project Title: The Process of Remaining a Non-Smoking Female Adolescent

I have read the above information and have had the chance to ask questions about my participation in this study. I have received a copy of this consent form after signing it today.

I, \_\_\_\_\_ freely consent to participate in this study.

\_\_\_\_\_  
Signature of the Participant

I have read the above information and have had the chance to ask questions about my daughter's participation in this study. I have received a copy of this consent form after signing it today

I, \_\_\_\_\_, freely consent/do not consent to my child's participation in this study.

\_\_\_\_\_  
Signature of the Parent

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

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