STARTING TO SMOKE:

Experiences of Indigenous Youth

Key messages from this research project

- Family and peer influences play a central role in smoking uptake among Indigenous youths.
- Social influences to smoke are similar between Indigenous and non-Indigenous youths but are more widespread (especially in the family domain) among Indigenous youths.
- Although Indigenous youths report high levels of exposure to smoking role models and smoking socialisation practices among family and social networks, this study provides some indication of a progressive denormalisation of smoking among some Indigenous youths.
- Future programs aimed at preventing smoking uptake in this population need to focus on changing social normative beliefs around smoking, both at a population level and within young people's immediate social environments. Such interventions could be effectively delivered in both the school and family environments.
- Measures to continue to denormalise smoking and to support families to provide clear anti-smoking socialisation messages to youths should contribute to reducing smoking uptake in this population.

Background to the project

Most adult smokers begin smoking during adolescence. If young people do not start smoking during this period it is unlikely they ever will. By early adulthood (15–24 years of age), 42 per cent of Indigenous Australians report that they are current smokers. Despite a wealth of information from other population groups, there is little information on why Australian Indigenous youths start smoking, or the factors that protect them from taking up this behaviour. This information is important for the future design and delivery of effective programs to prevent smoking among this group. The aim of the 'Starting to Smoke' project was to explore the reasons Indigenous young people in the Northern Territory start (or do not start) smoking, with a particular focus on the social and cultural factors that influence smoking uptake in this group.

What we did

This project was carried out in the Top End of the Northern Territory across two sites: one in Darwin and one in a remote community in Arnhem Land. The project used a participatory approach, involving a team of four young Aboriginal peer researchers (a male and a female in Darwin and in a remote Northern Territory community) who were trained in research ethics and interview techniques. They recruited young participants and, with support, undertook the data collection.

We also included a smaller group of non-Indigenous youths to understand if there were any major differences in the determinants of early smoking experiences and to investigate the wider social environment in which young Indigenous people start smoking.

Young people aged 13–20 years of age were recruited from urban and remote communities through schools, a local youth centre and peer networks. We completed group interviews with 65 participants and one-on-one interviews with 11 youths. Individual interviewees were given a camera to take photographs of how they experience smoking in their everyday lives. These photographs were used in interviews by the young participants to talk about their personal stories relating to smoking.

Who we spoke to

We talked to 46 Indigenous and 19 non-Indigenous young people. The average age was 16 years. Forty per cent of the sample was female and 37 per cent were smokers. Approximately 50 per cent told us they were from a remote community. Of the Indigenous participants, 21 (46 per cent) were smokers (this included occasional and regular smokers). Of the non-Indigenous participants, three reported smoking.

What we found

Three Indigenous young people in the remote community site discussed this photograph during a group interview. It is a photograph of a window sill in a home where residents discarded their cigarette butts among other rubbish. The participants reported that smoking is common in this remote community; very few households have no smokers living in them. Although some households are smoke free inside, many are not

We found that the most important influences on smoking initiation came from young people's immediate social environment – that is, from family and friends.

Family influences, including role modelling, providing access to tobacco and smoking socialisation (e.g. actively initiating young people into smoking and sharing in the act of smoking), were all factors that contributed to early smoking experiences and appeared to set the foundation for some youths to progress to more regular smoking during their mid to late teens. Although numbers in our sample living in a remote community at the time of the study were small, data from this group and from boarding students in Darwin suggested that in the remote setting smoking within families is the norm and exposure is frequent. Findings for the non-Indigenous participants suggested that youths were similarly influenced to smoke by observing family members who smoked, and they frequently took tobacco from household supplies. However, experimenting with family members or being actively given tobacco by family members was perceived to be less common among non-Indigenous youths.

In contrast to the above, anti-smoking socialisation in the home appeared to be a key determinant of not smoking. This included smoke-free indoor spaces, not smoking around children, strong anti-smoking messages and clear, communicated consequences to smoking. This was reportedly true even when parents were smokers. Explicit parental anti-smoking socialisation was a more significant theme for non-Indigenous, compared with Indigenous, participants (although the majority of non-Indigenous participants were non-smokers). Nevertheless, the protective effect of anti-smoking socialisation, when it did occur, appeared to be the same across ethnic groups.

'My youngest brother came along at an age where I was probably the most likely to make my mind up about smoking. I was around 11 or 12 years old and I had a lot more exposure from my friends... but then once he came along and my mum stopped and there was just none around the house. It helped reinforce the decision not to smoke.'

(Female, Indigenous, non-smoker, 17 years)

As youths progress through high school (13–18 years of age), the influence of friends and broader social networks on smoking behaviour was reported to increase. Exposure to smoking among peers is greater at this developmental stage as smoking prevalence increases and smoking assumes a fundamentally social function. Participants noted that during high school years, social pressure to smoke was also an increasingly influential driver of experimentation and progression of smoking – both overt peer pressure and more implicit pressure to belong and fit in (the latter was more common). Non-smokers commonly described smoking in negative terms that reflected the denormalisation of smoking in their social groups and the wider community. This was a more dominant theme among non-Indigenous than Indigenous participants but nevertheless highlighted how peer socialisation against smoking could operate to protect young people from smoking, as well as encourage the behaviour.

'So this is two of my best friends. And so this is at lunch-time when a lot of smokers do go for smokes as well. And so, yeah, we find other ways to entertain ourselves. So they have their phones out, food, just talking. No need for cigarettes. And sometimes we study during lunch as well. Yeah. My friends don't smoke, I don't smoke... These are the people that I'm like really closely knit with.'

(Female, non-Indigenous non-smoker, 15 years)

The findings also highlighted that smokers were more likely to be in closer friendship networks with other smokers (and, similarly, non-smokers were more likely to be in networks with other non-smokers). In some instances participants reported seeking out social networks with similar smoking norms and behaviour to their own (known as peer selection). Peer group membership reinforced social norms around smoking behaviour and thus acted to reinforce or protect against smoking depending on the composition of the group.

Several other personal and environmental factors were also identified as influencing smoking uptake and progression. Personal factors included alcohol use, stress and nicotine dependence. Environmental factors, such as smoke-free areas, social marketing and education, were reported to influence tobacco use through the denormalisation of smoking.

What does this mean?

The findings reveal that, for Indigenous young people, their immediate social environment (that is, family and peer networks) plays a central role in smoking initiation and progression. This is consistent with what is known about the factors that influence smoking uptake in other populations. In this study, peers appeared more influential during adolescence, a critical time of transition to physical and emotional maturity and to an independent sense of self.

Our findings suggest that the types of social influences to smoke were similar between Indigenous and non-Indigenous youths but that these influences were more widespread (especially in the family domain) among Indigenous youths. This reflects the fact that Indigenous smoking prevalence is double non-Indigenous prevalence and smoking in many Indigenous families and communities remains a normative social practice. The conclusion we draw is that higher rates of smoking uptake among Indigenous Australians are likely attributable to known causes of smoking initiation.

Our findings have implications for both future research and practice. One important avenue for research is to explore the range of responses and beliefs regarding youth smoking from the perspective of Indigenous parents of children and adolescents, as they were excluded from our study and we relied solely on young people's reports. This is important given the role of general parenting and smoking-specific practices on youth smoking uptake.

Future smoking prevention activities need to focus on changing social normative beliefs around smoking, both at a population level and within young people's immediate social environment. Currently, the Northern Territory is the only jurisdiction in Australia that grants government schools the ability to apply for an exempted smoking area on school grounds if the majority of staff members are in favour and if the designated area is not visible to students. Findings from this study suggest that the Northern Territory Department of Education and Training should consider following other jurisdictions in making the whole of school campuses smoke free and the Northern Territory Tobacco Control Regulations should also be amended to remove this exemption relating to schools. Another avenue might be to further explore school-based interventions designed to alter social norms within established peer groups and harness the power of positive peer influences to reduce youth smoking, as has been successfully trialled elsewhere. An additional area for attention is the family unit, where interventions should aim to encourage positive parenting practices, including socialising children against smoking.

It is encouraging that this study provides some evidence for changing social norms relating to smoking among young Indigenous Australians. Measures to continue to denormalise smoking and to support families to socialise their children against smoking should contribute to reducing smoking uptake in this population and make significant inroads into reducing the disease and death caused by smoking in Indigenous communities.

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For more information about this research, contact Dr Vanessa Johnston at <vanessa.johnston@menzies.edu.au>.

Also, see V. Johnston, D. W. Westphal, C. Earnshaw & D. Thomas 2012, Starting to Smoke: A qualitative study of the experiences of Australian Indigenous youth, *BMC Public Health*, 12: 963, doi:10.1186/1471-2458-12-963.