Choosing to Remain Smoke-Free: The Experiences of Adolescent Girls

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Purpose: To develop an understanding of the experiences of nonsmoking girls and determine how these girls avoid smoking.

Methods: A grounded theory approach was used to direct the discovery of process(es) that nonsmoking females undertake to remain nonsmokers. Seventeen nonsmoking females between the ages of 13 and 17 years were interviewed using open-ended questions designed by the authors. The interviews were tape-recorded and then analyzed using the techniques described by Strauss and Corbin.

Results: The data revealed that the process of remaining a nonsmoker is composed of three phases: making sense of smoking, rejecting smoking, and declaring oneself to be a nonsmoker. The process of remaining a nonsmoker appears to be rooted in developing self-confidence. As girls rejected smoking, self-confidence was boosted because they learned that their choice would be accepted and their strategies were effective in rejecting smoking.

Conclusions: The findings of this study offer new insights into the experiences of adolescent nonsmokers. Our assumption that there is a process that underlies remaining a nonsmoker was supported. The findings suggest that adolescents use several strategies in this process. These strategies are noteworthy because they offer those who work in the field of health promotion new insights into ways in which they might contribute to increasing the ranks of nonsmokers. © Society for Adolescent Medicine, 2001

KEY WORDS:
Adolescent behavior
Adolescent psychology
Female
Smoking prevention and control
Canada

Although there has been a decrease in the overall prevalence of youth smoking [1], the high percentage of young female adolescents taking up the habit is disturbing. Results of a National Survey in Canada revealed that in the 12- to 14-year-old age group, 6% of boys and 10% of girls smoke, and in the 15- to 17-year-old age group, 22% of boys smoke compared with 29% of girls. Higher smoking rates are noted among Aboriginal populations, and lower rates are noted among non-European immigrants [2].

Many factors appear to be associated with adolescent smoking in general, and female adolescent smoking in particular. Knowledge of the health effects does not appear to affect the decision to smoke. Most adolescents, smokers and nonsmokers alike, are well aware of the negative health consequences associated with smoking [1,3]. Whereas the social environment appears to play an important role in smoking acquisition, both smokers and nonsmokers tend to overestimate the rate of smoking in their age groups, believing that a majority of adolescents smoke [4,5]. Adolescents who smoke have more friends who smoke than those who do not [6].

Psychosocial factors also appear to be associated with smoking in adolescence. Cigarette smoking may be perceived by girls as a way to reach certain goals such as establishing feelings of maturity, autonomy, or even rebellion against certain forms of perceived oppression [7,8]. In attempts to develop...
their identity, some girls may incorporate smoking into their repertoire of behaviors as a way of projecting a certain image [9,10]. An additional pressure facing women and young girls is the ideal female body image portrayed in the media. Body image concerns were found to be more prevalent in girls who smoked than those who did not [11]. Adolescent smoking has been associated with risk-taking behaviors such as drug and alcohol use [12,13]. The 1994 report of the Surgeon General on smoking [14] indicates that adolescents with a lower self-image are more likely than their peers to smoke, suggesting that some adolescents may smoke as a way of bolstering their self-image. It is possible that some nonsmokers have a higher self-image and that they do something different to develop or bolster it.

Adolescents’ definitions of what it means to be a nonsmoker or smoker may be unique and context-dependent [15]. In addition, it appears that the influence of psychosocial factors may differ depending on the stage of smoking acquisition [16]. Currently, what we know about nonsmokers has been primarily obtained by studying this group indirectly. The literature reviewed above helps to explain how and why smoking becomes incorporated into the lives of some female adolescents and to appreciate how many factors may be associated with deciding to smoke as an adolescent. We assumed that the process of remaining a nonsmoker was possibly as complex as that of becoming a smoker.

Despite the increased trend in smoking among female adolescents, overall a greater proportion choose not to smoke [1,17]. This study was undertaken to improve our understanding of how nonsmokers manage to avoid smoking. It was argued that a detailed examination of the experience of nonsmoking female adolescents might reveal factors that could potentially assist health promotion efforts.

Methods
A qualitative research approach, specifically grounded theory [18], was used to direct the discovery of what process(es) nonsmoking females undertake to remain nonsmokers. A core assumption of grounded theory is that groups share specific social psychological problems that are not necessarily articulated [19]. By examining and conceptualizing the processes that the individuals use to resolve problems, grounded theorists can begin to explain behavioral variation in certain social groups. Grounded theory provided both a way of discovering the complex interactional processes underlying human behavior and a way of articulating those processes conceptually.

Sample Selection and Criteria
Initial participants were selected by asking people in the community such as ministers, parents, and youth workers to distribute letters to adolescent girls inviting them to contact the researcher about possible participation. An appropriate sample was achieved through a combination of nominated and theoretical sampling techniques [20]. Participants were selected who claimed to be nonsmokers and who were willing to describe their experiences related to not smoking. Using the nominated or snowball technique, additional names of participants were solicited from the initial sample of girls.

Sampling continued until the emerging theoretical categories were saturated or full of as many examples of the category as possible [18]. A total of 17 participants were interviewed who were nonsmoking white females between the ages of 13 and 17 years. For the purposes of this study, a nonsmoker was defined as a female adolescent who had never smoked or who had experimented with <20 cigarettes (one package) in her lifetime and had not smoked in the past 30 days. The girls tended to come from middle- to upper-class homes; the majority lived with two parents in suburban areas outside a Canadian metropolitan city.

The sample was composed of 10 girls who had never smoked, five who had tried once, and two who had tried more than once. Six of the participants had best friends who smoked, seven had some friends who smoked, and four had no smoking friends.

Data Collection Procedure
Ethical approval to conduct this study was granted by the University of British Columbia’s ethical review board. Written consent was obtained from both the female adolescent participants and their parents. The primary method of data collection was open-ended interviews with participants in their home conducted by one of the authors. The interviewer began with an open-ended question such as, “Tell me about what it is like to be a nonsmoker.” Subsequent questions were asked based on the girls’ responses. These questions were aimed at gaining a complete picture of their experience of being a nonsmoker. A total of 15 initial interview sessions, 30 to
45 min in length, were audiotaped. Clarification of data interpretation was carried out in follow-up interviews. Each subject was interviewed once and six participants were reinterviewed to clarify meaning of the emerging conceptualizations and to test and advance the developing theory. Verbatim transcriptions were produced from the audiotapes. Each transcript was compared with the audiotaped interview to ensure accuracy.

Data Analysis
Data analysis began after the first interview with the researcher coding, conceptualizing, and categorizing data. Key words used by the participants were employed to identify initial themes. This led to the development of categories at a higher level of conceptualisation. Constant comparison of the data served two purposes: It promoted the testing of hypotheses as they were being formulated, and it guided the researcher to search for evidence in the data to support or refute concepts on the basis of emerging theory. Once initial categories were established, the participants were consulted to clarify and validate relationships the investigator discovered. The data were probed by questioning the relationships suggested by the data and identifying assumptions that might have been at the basis of interpretations.

In the final stages of analysis, the relationships among categories were explored [18]. Each category was developed beyond its properties and dimensions through the use of axial coding techniques in which the conditions, context, action/interaction, strategies, and consequences of the categories were explored. This qualitative coding strategy involves linking the data in new ways to examine the relationships among categories. These relationships were then incorporated into a diagram that was then shared with participants. Through this analysis the core concept of developing self-confidence was identified. This core concept linked categories together and explained most of the variation in the data.

Results
The data revealed that the process of remaining a nonsmoker is composed of three phases: making sense of smoking, rejecting smoking, and declaring oneself to be a nonsmoker (Figure 1).

Phases of this process appeared to have evolved over time. The core category underpinning the process of remaining a nonsmoker is developing self-
confidence. One participant linked self-confidence to remaining a nonsmoker 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.” There appears to be a reciprocal relationship between rejecting smoking and developing self-confidence. As girls reject smoking, self-confidence is boosted because they learn that their choices will be accepted and their strategies are effective in rejecting smoking. Actually declaring that one is a nonsmoker requires the greatest degree of self-confidence.

Phase 1: Making Sense of Smoking
Participants noted that a change in attitude toward smoking occurred between leaving elementary school and entering high school. Friends from Grade 7 who “swore they would never smoke” began smoking in Grade 8. Other participants expressed bewilderment toward friends who smoked because “they know all about how bad smoking is, yet they smoke.” Many girls were therefore unexpectedly faced with friends who smoked and confronted with offers to do the same. Accordingly, they needed to understand just what smoking was all about, and subsequently, they needed to decide whether it would become part of their lives.

The prevalent strategies used in this phase were knowing about the hazards of smoking, knowing about the purposes for smoking, and trying smoking. All of the 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. One 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.”

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. A lasting impression was made on participants who had witnessed their parents struggle to quit. For example, one girl stated, “I know from seeing my mom try to quit, . . . I’ve always wanted to stay away from it.” 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.

Participants used their knowledge about the hazards of smoking to rationalize their choice for not smoking. However, to make a final decision about smoking, these nonsmokers needed to move beyond knowing about the hazards and determine whether there was in general any purpose to smoking, and specifically if there was any reason for them to smoke.

Knowing about the purposes for smoking was another strategy used within the first phase of making sense of smoking. The informants were aware that everyone knew about the hazards of smoking, but realized that smokers must have reasons for smoking. For example, one participant stated, “I think some people do it [smoke] to fit in to the norm of their group because they don’t think they’ll fit in to any other groups.” Another participant directly linked not smoking to self-confidence stating, “They [smokers] don’t have confidence to say no.”

Smoking is avoided or abandoned only when nonsmokers decide that there is no useful purpose for smoking in their own lives. A majority of girls had decided that smoking was “pointless,” “useless,” and “stupid.” This conclusion was drawn without the benefit of having tried cigarettes, but some nonsmokers 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.

Participants who tried smoking did so for numerous 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 5. 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 8 or 9 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 this experience confirmed to them that smoking was useless. 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.” What they had been told or 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 classmates.

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 8 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.

To decide that smoking was pointless, nonsmokers had to consider their decision to remain a non-smoker in light of a very strong intervening condition, peer pressure. The pressure to smoke to fit in was particularly strong in junior high school. “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.” Faced with feelings of isolation some girls were forced to find other ways to fit in. One participant overtly acknowledged that she felt she fit in at her school and with her friends through sports. In Grade 8 she had experimented with smoking because she perceived that “everybody smoked to be cool.” By Grade 9 she discovered that school athletes were popular, so she could satisfy her desire to be smoke-free and popular by fitting in through sports.

Some girls were content to be themselves and did not feel as compelled to fit in. Others felt they belonged by being who they were as individuals. Still others indicated that they changed groups of friends until they found people “who shared the same ideals.” Participants noted that they not only rejected smoking but “other stuff that goes with it.” Other girls were willing to make compromises and adjustments to fit in on their own terms. Whether they made compromises or discovered new ways of fitting in, self-confidence underpinned this strategy because they stood out as individuals.

Nonsmokers possessed a critical amount of self-confidence that enabled them to decide that they did not need to smoke to fit in. They valued being an individual over being the same and directly attributed this to being confident.

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

They have the self-confidence that 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.

Phase 2: Rejecting Smoking

Deciding that smoking is pointless is a necessary condition for rejecting smoking. This phase of remaining a nonsmoker is composed of four strategies: 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. The strategies enabled the nonsmoker to succeed in rejecting smoking and bolstered the non-smoker’s self-confidence, providing reinforcement for rejecting smoking, thus moving the process forward.

All participants eventually declined offers to smoke or “take a drag” even if they had tried smoking in the past. Consistently 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.”

Some girls who had already decided that smoking was pointless found it easier to reject smoking when they could claim that they tried it and did not like it. Trying smoking not only added credibility to their rejection but also increased their self-confidence as nonsmokers:

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.

Some nonsmokers elaborated on their stories of why they declined by offering reasons and excuses for not smoking.

Making excuses could be used during any phase, but most participants reported using this strategy early in Phase 2. Participants suggested 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 were not required with friends.

One participant made an interesting observation. 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. If excuses became ineffective, some nonsmokers resorted to avoiding smokers and smoking areas.

Avoiding smoking was a strategy that made re-
jecting smoking easier. Going to separate places for periods of time permitted the smoker to smoke, and the nonsmoker freedom from the odor of smoking and the peer pressure to smoke. “When they’re smoking I don’t want to do . . . I don’t go around them. Like, if they’re going out to smoke, I say ‘Okay, I’ll just stay here or I’ll just go here [somewhere else].’” Avoiding smokers sometimes resulted in the nonsmokers feeling they did not fit in.

Being busy was an intervening condition that affected the process of remaining a nonsmoker, particularly during the second phase. Being busy entailed everything from “hanging with friends” and “doing nothing” to working part time, and to participating in various sports, artistic endeavors, or clubs both at school and in their respective communities. Being busy directly affected the process of remaining a nonsmoker by removing the girls from smoking environments and indirectly by facilitated the development of self-confidence. Many of the activities helped participants to learn skills such as setting goals, achieving success, dealing with failure, supporting a cause, and understanding their personal strengths and limitations.

The strategies used by the nonsmokers resulted in their being accepted as a nonsmoker and this consequence became a necessary condition for Phase 3. By the time the girls were having their choice to remain smoke-free accepted, they had not only increased their self-confidence but were also prepared to declare themselves to be nonsmokers.

**Phase 3: Declaring Oneself to be a Nonsmoker**

Declaring oneself to be a nonsmoker was conditional upon being accepted as a nonsmoker on two levels. First, the girls began to accept themselves as nonsmokers, internalized this belief, and began to project an identity as a nonsmoker. Girls who had reached this phase presented themselves as nonsmokers as a matter of fact: “It’s who I am[, a nonsmoker].” Second, declaring oneself to be a nonsmoker involved having others accept them as nonsmokers and was evidenced by such behavior as having offers to smoke cease. Three key strategies found within this phase included standing up as a nonsmoker, respecting choices, and getting firm.

The strategy of standing up as a nonsmoker was implemented gradually because the girls were anxious not only to be respected as a nonsmoker, but concurrently to respect the choices of friends who smoked. Smoking was tolerated by nonsmokers but only to a point, as evidenced by the following statement:

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 just stop what I’m doing for other people to just like so they can smoke.

Participants used their tolerance toward their friends’ smoking as grounds for their friends to offer them equal respect for their choice. Respecting choices emerged as a strategy that participants used to remain nonsmokers. Reciprocal respect was evidenced when they refrained from making comments about second-hand smoke and when their smoking friends stopped pressuring them to smoke. One girl noted that smoking was a choice and that rejecting smoking did not translate to rejecting smokers. Once girls decided one way or the other, they moved on and no one bothered pressuring them anymore.

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.

Participants also expected to have their choice of not smoking respected. If this reciprocal respect was threatened, sometimes nonsmokers had to become firm in having their choice not to smoke upheld. Analysis revealed that getting firm was yet another strategy for remaining a nonsmoker.

According to participants, getting firm involved taking a clear stance on being a nonsmoker and was associated with reporting a higher degree of self-confidence than other strategies such as avoiding smokers. Interestingly, the 14- and 13-year olds did not refer to getting firm. Instead, they claimed that they found it easier to “just leave.” Thus, avoiding smoking seemed to be their preferred strategy. A 16-year-old made the connection between self-confidence and 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.”

Some participants could get firm regarding their nonsmoking position, but few were 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 nonsmoker and the nonsmoker stayed "off the smoker's case." The fact that they consistently rejected smoking served more as confirmation of their declaration as a nonsmoker and less as a strategy to assert their position. Declaring oneself to be a nonsmoker was a way to take a stand for other things 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 nonsmoker was part of a bigger picture. One girl declared that she did not want to fit in with a certain group not 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 was a nonsmoker. This participant, like so many, commenced the interview with the investigator by simply claiming, "I am just a nonsmoker." Girls who had reached the phase of accepting themselves as nonsmokers and being accepted as nonsmokers found the questions about their adolescent life as a nonsmoker to be strange.

Having support from others was an intervening condition that made a difference in becoming a nonsmoker, particularly during this third phase. Support could come from adults or friends. Having support meant that participants had people who listened to their concerns, accepted them for who they were, and fostered their feelings of self-worth. This in turn helped them to develop self-confidence. As self-confidence developed, participants found it easier to live with their beliefs and declare themselves to be nonsmokers. Furthermore, developing self-confidence closely paralleled declaring to be a nonsmoker because over time, the girls grew, matured, and developed an identity that included accepting oneself and being accepted as a nonsmoker.

Discussion

Although the scope of the data used in this study is limited, there is evidence of its validity. The information shared during the interviews and the manner in which it was shared suggest that the girls were being open and honest about their lives. The fact that they disclosed information about other risk activities suggests that they were not trying to conceal smoking behavior or present themselves in a favorable light.

The investigators acknowledge limitations to this study. Although the stories that the girls shared reflect their experiences, their experiences in no way represent all adolescent girls. The small group who participated in this study lacked ethnic and socioeconomic diversity and their willingness to participate in the study may suggest that they possessed more self-confidence than do other adolescent girls. Whereas the link between confidence and resisting smoking makes intuitive sense, further research is required to substantiate the nature of this relationship. The smoking status of the girls is based on self-reported data. Despite limitations associated with the sample, the study offers some important insights into a phenomenon that has not been previously studied: namely, the process of becoming a nonsmoker.

The findings of this study offer new insights into the experiences of adolescent nonsmokers. Our assumption that there is a process that underlies remaining a nonsmoker was supported. The findings suggest that adolescents use several strategies in this process. These strategies are noteworthy because they offer those who work in the field of health promotion new insights into ways in which they might contribute to increasing the ranks of nonsmokers.

Other studies have revealed that attitudes toward smoking play an important role in smoking acquisition [21,22]. Similarly, in this study the girls' decision that smoking is pointless was a pivotal element in the process of becoming a nonsmoker. Although our educational efforts have tended to focus on the long-term health consequences of tobacco use, they have not provided adolescents with ways to make critical decisions about smoking in the context of their lives.

There is clear evidence that tobacco prevention programs that focus solely on educating youth about the harms smoking are not successful [23]. The findings suggest that adolescent girls need a means to determine whether smoking serves a purpose in their lives. Health educators need to continue to find ways to help adolescents make sense of the conflicting messages they receive about smoking and find personal reasons to remain smoke free. Focusing on the negative effects of smoking is not enough. As Charlton and Blair [24] pointed out, educators need to find ways to keep the positive message about smoking from reaching or convincing girls.

The girls in this study developed strategies that
helped them resist offers to smoke. These strategies focused on declining offers of cigarettes, making excuses for not smoking, avoiding smokers and smoking areas, and finding other ways to fit in. Another strategy used by the girls was trying cigarettes. It seems that most adolescents will at some time try smoking. The way that they interpret and understand these initial experiences with cigarettes appears to be critical. Other studies have revealed that adolescents who report symptoms such as coughing and dizziness when initially experimenting with cigarettes are less likely to progress to further smoking [25]. Chassin et al. [26] suggested that we find ways to help youth reframe their experiences with cigarettes in negative terms. All of the strategies used by the girls can be thought of as natural coping strategies. However, further research is required to determine whether prevention and support efforts need to be tailored to the developmental level of girls. The strategies these girls used offer fertile ground for further research. The challenge that lies ahead is to identify the effective components of these strategies and determine whether they can be taught to youths.

The process of becoming a nonsmoker takes place in a social and family context. It is clear that the support of friends and family plays a vital role in this process. In particular, adults appear to play a critical role in supporting youths who choose not to smoke. This finding reinforces the importance of including the whole family in tobacco prevention programming [24]. The findings of the study also point to the role of confidence in remaining a nonsmoker. This confidence helps girls find the courage to resist the urge to smoke and look for ways other than cigarettes to cope with the issues of their lives. There is a need to develop approaches to tobacco prevention that address social influences and self-confidence mechanisms. In particular, prevention programs that teach refusal skills and social and personal competencies are worthy of future research attention.

The evidence in this study suggests that the process of becoming a nonsmoker can take a protracted period of time. Although this apparent lack of commitment is potentially a concern, research has demonstrated that the longer adolescents take to resist smoking, the less likely they are to smoke [27]. Over this period of time, adolescents may experience numerous events that place them at risk for considering smoking. Interventions are required that can help girls deal with these circumstances as they arise. In the field of health education we like to assume that there are critical times to introduce content in curricula. This research attests to the value of continued efforts and support for adolescents who have chosen to remain smoke free.

References


