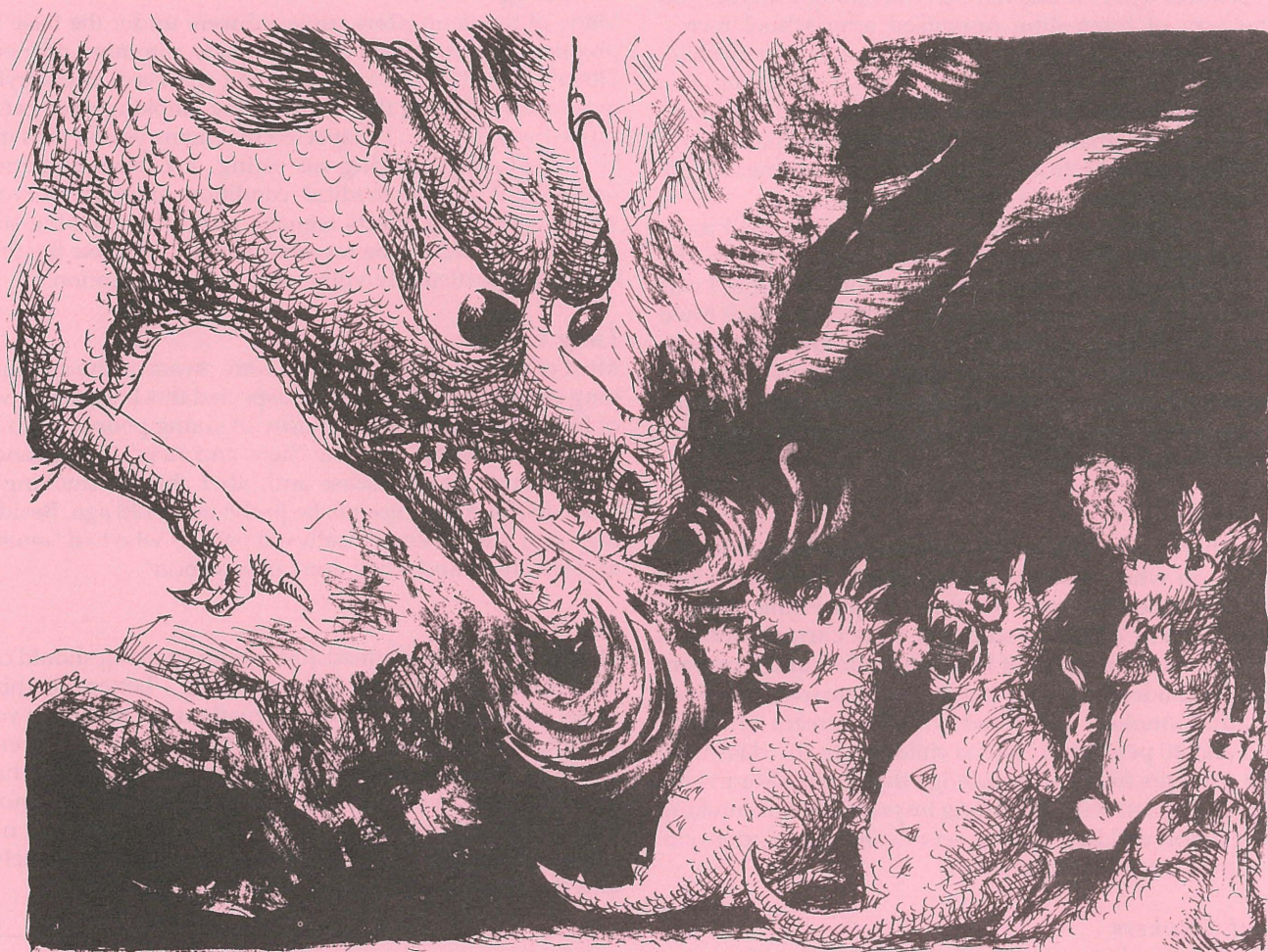


YOUNG SMOKERS:

Rebellion, Conformity and Imitation

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THE more socially unacceptable smoking becomes in adult society the more attractive it appears to the younger generation'. This was the comment of a South Auckland intermediate school principal whose school I visited during a nation-wide Health Department survey of Form One (Year 6) students' smoking. On the affluent northern shores of metropolitan Auckland, I again became aware of an air of pessimistic despondency. 'Girls today know more than we knew about the ill-effects of smoking yet they are taking it up in greater numbers than ever before', said the principal of a large single-sex girls' school.

Generally speaking, principals and teachers were optimistic about the benefits of school-based smoking intervention programmes, but while the pessimists were in the minority, their viewpoints did nevertheless contain an element of truth.

The 1976 and 1981 Censuses, plus various overseas

smoking prevalence surveys, indicated that while the incidence of smoking among adults aged 30 and above has steadily declined, smoking among younger age groups has increased. However close analysis of the statistics reveals that smoking has become associated mainly with those groups which tend to occupy subordinate positions in society – women, the unemployed, ethnic minority groups, blue collar workers and juveniles. In contrast, the well-heeled, well-educated, middle-aged, professional male has proved to be the most successful quitter of the smoking habit.

Until this survey, little was known about the actual smoking behaviour of 11- and 12-year-olds, although research among college-aged adolescent smokers had shown many began smoking in their middle primary school years. The decision to undertake a national survey of this kind was to provide the Departments of Health and Education with some facts to work on.

Eleven-year-old smokers

During 1986 2252 Form One (Year 6) pupils were surveyed, and it was found that 40 percent had already experimented with smoking. Thirty percent of those currently smoking could be said to be regular smokers, although the majority smoked less than once a week. Not surprisingly, the smokers were the most likely to see themselves continuing with the smoking habit. Thirty percent of all the students surveyed said they were uncertain about their future smoking behaviour.

Small towns

Informal discussions with children in the classroom revealed that some started smoking 'because they are unhappy', 'they have problems', or 'they are bored'. Principals and teachers tended to agree, particularly in small town schools where it was felt that not enough was offered in the way of interesting organised after-school recreational activities. Most people would assume that city children would be the most likely to smoke. However, this study showed that the greatest concentration of young smokers was in small towns – 16 percent compared with 8 percent of children from the larger urban centres. Children from rural areas were least likely to smoke.

Some principals and teachers felt that high small town unemployment was a major contributing factor in the higher incidence of smoking among school children. I was told it is a common sight on Friday nights in small town centres to see large numbers of primary and secondary-aged school children smoking in the company of the young unemployed, many of whom are their brothers and sisters. In a small town, smoking is seen as a symptom of youths' frustration and alienation.

Solidarity

Just as there were differences between smoking rates depending on where young smokers lived, there were also clear differences between the three major ethnic groups. Sixteen percent of Maori students were current smokers compared with 9 percent of Pacific Islanders and 8 percent of Pakeha children. Seventy percent of Maori children lived with adult smokers compared with 59 percent of Pacific Island and 40 percent of Pakeha children. In the classroom Maori students freely acknowledge that 'lots of Maori kids smoke'. I was left with the strong impression that smoking among Maori children was an act of solidarity, and a symbol of their social differentiation.

Parent Smokers

The association between the smoking patterns of parents and their children is a common research finding and not confined to the Maori population. This survey found that 72 percent of 11- and 12-year-old smokers lived in households where adults smoked, compared with 42 percent of students who had never smoked. These statistics suggested that if parents smoked then it was highly probable that their children would follow suit. On the other hand, parents who did not smoke tended to produce non-smoking offspring.

In the classroom students agreed that 'kids smoke because their parents do'. And, as one youngster suggested – 'it's easy to nick Mum and Dad's cigarettes because they leave them lying around the house.'

Peer Pressure

The survey found a strong relationship between students' smoking and that of their peers. Eighty percent of the children who smoked also had 'best friends' who were smokers, compared with only 13 percent of those who did not smoke. Friends were also the most common source of cigarette supply.

College students and teenage siblings act as potent day-to-day models of maturity for 11- and 12-year-olds. In Hamilton an intermediate school principal commented that children attending intermediate school are probably for the first time in their lives aware of an age hierarchy. In the eyes of the form one students, the form twos are the 'big guys', while college students are the 'grownups'. Students were quick to inform me that 'most college kids smoke'.

Slimming

Many of the youngsters surveyed were under the false impression that cigarettes had an innate slimming property. Others, however, knew from having observed adults trying to give up smoking that substituting smoking with eating caused weight gain. I suspected that many young girls may be substituting smoking for eating, a behaviour pattern reminiscent of the medical condition anorexia nervosa, which commonly affects teenage girls. The smoking-slimming myth needs to be revealed as such, because the teenage girl is particularly vulnerable to this deception.

Lung Cancer

Most of the students surveyed were aware of the smoking-lung cancer link. However, I suspected this knowledge was of little relevance to the majority of young people, who are largely concerned with the 'here and now'. Lung cancer, emphysema, heart disease and other chronic smoking-related diseases were seen to be problems of old age. Besides, they said they all knew 'really old people' who had 'smoked all their lives' and 'they don't have cancer'.

Benefits

Health programmes aimed at stopping smoking should concentrate on the benefits of not smoking – better breathing, better physical fitness, sweeter breath, more money in your pocket, and healthier skin. Health promoters, parents, teachers, physical education and sports educators all have a role to play in persuading young people not to smoke. We need to provide young people with positive adult non-smoking models. By doing so we benefit both ourselves and the coming generation.

Notes:

Velma McClellan is a contract Social Science researcher for the New Zealand Department of Health.

The paper from which this report comes is

A National Survey of the Smoking Habits of Form One Students in New Zealand Schools, Occasional Paper 30, available from the Health Services Research and Development Unit, Dept of Health, P.O. Box 5013, Wellington at a cost of \$8.80.

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