Smoking amongst UK Bangladeshi adolescents aged 14–15

W. A. Markham, K. Featherstone1, A. Taket2, E. Trenchard-Mabere3 and M. Ross4

Abstract

This paper reports on an investigation into smoking amongst 14- to 15-year-old Bangladeshis living in an UK inner city locality. A survey using self-completion questionnaires was undertaken in conjunction with focus group discussions. The survey of 316 Bangladeshi adolescents was conducted to determine smoking prevalence. Regular smoking was more common amongst Bangladeshi males (39%) than amongst Bangladeshi females (11%). Thirty-one people (17 females and 14 males) took part in seven focus groups (four female and three male) which were conducted in schools (six) and youth clubs (one). Focus group discussions were conducted to examine what smoking means to Bangladeshi teenagers and factors which influence why they do or do not smoke. Differences between what smoking means to Bangladeshi females and males are identified which arise from perceived social norms and cultural values, and greatly influence smoking uptake. However, many of the reasons why Bangladeshi adolescents continue to smoke, stop smoking or never smoke appear similar to those identified in other studies with largely white adolescents. Factors underpinning adolescent choices together with the implications of the study findings for the development of smoking prevention initiatives for inner city Bangladeshi teenagers are discussed.

Introduction

Most studies on adolescent smoking focus on white young people (Headen et al., 1991). Young people from black and minority ethnic communities are, however, exposed to different social, cultural and economic influences (McGraw et al., 1991). Thus, smoking may have different meanings and functions amongst young people from these communities.

A few UK investigations into smoking and Asian adolescents have been published. Kohli reported significant differences between white and Asian schoolchildren, in their beliefs concerning smoking and use of tobacco (Kohli, 1989). Smoking also appeared to be less socially acceptable for Asian girls than Asian boys (Kohli, 1989). While Kemm and Harvey maintain fewer Asian young women smoke than Asian young men (Kemm and Harvey, 1994). Asians are not a homogenous group, however. For example, amongst adults belonging to different South Asian communities, such as the Bangladeshi, Indian and Pakistani communities, reported smoking rates appear to vary considerably (Health Education Authority, 1994). Kohli, whose study participants were mainly Muslim pupils living in Glasgow, emphasized the need for studies which investigate smoking amongst adolescents who belong to the different South Asian communities (Kohli, 1989). The relationships between ado-
lescent smoking and ethnicity may also be influenced by geographical location within the UK (Kohli, 1989) and socio-economic circumstances. Information on the meanings, functions and prevalence of smoking amongst adolescents belonging to the different South Asian communities, especially when sought in a local context, could inform the planning and development of more culturally appropriate smoking interventions.

A study of smoking amongst 14- to 15-year-old Bangladeshi and white adolescents living in a UK inner city locality was conducted in 1995. The Bangladeshi community is predominantly Muslim. In their overview of the diversity and disadvantage of black and ethnic minority communities, Modood et al. maintain that the Bangladeshi community is the most recent migrant group in the UK (Modood et al., 1997). The majority of Bangladeshis who migrated to the study locality originated from the poor rural province of Sylhet. Modood et al. also report that the Bangladeshi community continues to be the most seriously disadvantaged UK community with the highest rate of unemployment amongst adult women and men, lowest mean weekly earnings, and lowest rates of home ownership (Modood et al., 1997). In 1995, the year of the study, the study locality was one of the five most deprived localities in England and Wales, according to the Townsend index, and had one of the largest proportions of people from black and ethnic minority communities.

The 1995 study examined smoking prevalence, meanings of smoking and factors influencing decisions to smoke or not to smoke. This paper reports on the Bangladeshi adolescents in this study. It also discusses factors underpinning adolescent choices and the implications of the study findings for the development of smoking interventions for inner city Bangladeshi teenagers.

Methods

A self-completion questionnaire survey was used in conjunction with focus group discussions.

The main survey aim was to determine the proportion of regular smokers. The survey sample \((n = 900)\) was composed of named pupils who were drawn randomly from a complete and combined list of Year 10 registers (14–15 year olds) from all 14 single- and mixed-gender mainstream secondary schools in the defined geographical area. This method ensured the sample was representative of the population in terms of ethnicity and gender. Self-assessment of ethnicity was preferred. Consequently, sample stratification, which relies on an accurate classification of individuals prior to stratification and random sampling, was not chosen.

Researchers administered the questionnaire in class or assembly. Three people had reading and writing difficulties, and required assistance from the researchers to complete the questionnaire. Non-Bangladeshis were included in the data collection but omitted from the analysis.

The focus groups, which were composed of Bangladeshis and/or whites, aimed to explore issues surrounding smoking/non-smoking. Thirty-one Bangladeshi young people aged 14–15 years took part in seven focus groups which were conducted in schools (six) and youth clubs (one) (Table I). A youth club focus group was conducted because Bangladeshi females might have felt more able to talk freely about their experiences and beliefs in this setting.

Key informants (Year Heads and youth workers) were asked to select eight focus group participants. However, focus groups varied in size from four to eight participants. Selection was based on age (14–15 year olds), ethnicity (Bangladeshi and/or white) and gender (female or male). No focus group had a gender mix as the researchers felt that problems concerning disclosure of smoking behaviour might have arisen. This view was substantiated by the Bangladeshi female participants who highlighted the need to be secretive about their smoking. It was the researchers’ intention to have non-smoking, smoking and mixed groups. However, this was not possible as key informants’ assessments were not always accurate. It was not always possible to control for age and ethnicity, particularly when the focus group was held in a youth club where the ethos is based on inclusivity.

The facilitator met group participants at least a
Table I. Composition of focus groups

<table>
<thead>
<tr>
<th>Focus group no.</th>
<th>School/youth club</th>
<th>Ethnicity</th>
<th>Gender</th>
<th>No. of Bangladeshi participants aged 14–15 years old</th>
<th>Smoking status</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>school</td>
<td>Bangladeshi</td>
<td>female</td>
<td>8</td>
<td>4 smokers, 4 non-smokers</td>
</tr>
<tr>
<td>02</td>
<td>school</td>
<td>Bangladeshi/white</td>
<td>female</td>
<td>2</td>
<td>2 ex-smokers, 1 smoker, 1 ex-smoker</td>
</tr>
<tr>
<td>03</td>
<td>school</td>
<td>Bangladeshi/white</td>
<td>female</td>
<td>2</td>
<td>1 smoker, 1 ex-smoker</td>
</tr>
<tr>
<td>04</td>
<td>youth club</td>
<td>Bangladeshi</td>
<td>female</td>
<td>5</td>
<td>3 smokers, 2 non-smokers</td>
</tr>
<tr>
<td>15</td>
<td>school</td>
<td>Bangladeshi/white</td>
<td>male</td>
<td>6</td>
<td>2 smokers, 1 ex-smoker, 3 non-smokers</td>
</tr>
<tr>
<td>16</td>
<td>school</td>
<td>Bangladeshi/white</td>
<td>male</td>
<td>3</td>
<td>1 smoker, 1 ex-smoker, 1 non-smoker</td>
</tr>
<tr>
<td>17</td>
<td>school</td>
<td>Bangladeshi</td>
<td>male</td>
<td>5</td>
<td>2 smokers, 3 non-smokers</td>
</tr>
</tbody>
</table>

Total number of Bangladeshis = 31 (17 females and 14 males). Smoking status totals: female smokers = 8, female ex-smokers = 3, female non-smokers = 6, male smokers = 5, male ex-smokers = 2 and male non-smokers = 7.

Table II. Focus groups: the topic areas and example questions

<table>
<thead>
<tr>
<th>Topic area</th>
<th>Example questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>What smoking means to young people and the positive and negative effects of smoking</td>
<td>Describe someone your age who is a typical smoker and a typical non-smoker. What are the disadvantages and advantages of smoking? What about other people’s attitudes to smoking—do they influence you at all? What if people you knew saw you smoking?</td>
</tr>
<tr>
<td>Social influences</td>
<td></td>
</tr>
<tr>
<td>Young peoples’ experience of gender and ethnic differences in relation to smoking</td>
<td>Does being Bangladeshi affect whether you smoke or not? If so why? Does being a girl mean you have different reasons for smoking? If so why?</td>
</tr>
</tbody>
</table>

The day before the discussions, during this meeting, she explained the purpose of the discussion, how the information was to be used and confidentiality. At the beginning of each discussion, confidentiality was discussed again and participants completed a short questionnaire on age, ethnicity, gender and smoking status. Participants also gave their names so that they could be excluded from the survey. They appeared to be willing and relaxed about this request.

A flexible topic guide (Table II) was used to direct the discussions. Topic areas were identified through a literature review and conversations with other researchers. Pre-determined open-ended questions and probes, which had been piloted with a focus group of 14- to 15-year-old Bangladeshi and white females from the study locality, were used to explore each topic area. The same topics were covered with each focus group in order to obtain comparable data. There were, however, a number of optional questions and probes for each topic area which allowed the researcher to respond...
flexibly to the discussions. The topics were not covered in a particular order, rather they followed the participants’ responses. Efforts were made to include the quieter group members in each discussion. Disagreements with particular statements were investigated further by the researcher during the discussions. The discussions took between 45 min and 2 h to complete.

The pilot discussion was not included in the analysis. The other discussions were tape recorded and transcribed verbatim. The responses of the 14- to 15-year-old Bangladeshis were identified in the transcripts. The data were analysed using inductive qualitative analysis methods (Miles and Huberman, 1994). The first stage of analysis involved repeated reading of the responses to each topic area and the identification of response themes. Once the themes were identified, the transcripts were coded. Themes were considered major when they were common to the majority of female or male groups. In order to facilitate gender comparisons, the responses of both genders to each identified major theme are reported, where possible, even when the theme was a major theme for one gender only. Quotes are included to illustrate identified themes. The number of groups identifying a particular theme is reported. Further quantification is considered inappropriate as participants were not asked directly if they agreed or disagreed with issues raised during discussions.

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**Results**

**Smoking prevalence**

The selected survey sample contained 900 named participants. The number of completed questionnaires ($n = 575$) represents 64% of the selected sample. Of the completed questionnaires, 316 were Bangladeshi (55%). The Local Education Authorities supporting the locality hold information on the ethnicity of Year 10 pupils but not on their ethnicity together with their gender. These data indicate that in 1995, 56% of the Year 10 population was Bangladeshi. This proportion is similar to the proportion of Bangladeshis in the collected sample (55%), suggesting the survey was representative in terms of ethnicity.

Non-participation in the survey was due to sickness, work experience placements, suspension and expulsion, truancy, and because schools requested that the questionnaires were administered near the end of term. How this affected smoking prevalence rates is unknown, as studies which report positive associations between smoking and school dissatisfaction (Bosanquet and Trigg, 1991) and truancy (Goddard, 1990) have focused largely on white participants.

Adolescents who smoke at least one cigarette a week may be considered regular smokers (Leventhal and Cleary, 1980). Participants who reported they usually smoke at least one cigarette a week in two separate survey questions were classified as regular smokers. Charlton et al. maintain self-reported smoking behaviour amongst teenagers is accurate, providing confidentiality is assured (Charlton et al., 1985). Bauman and Ennett suggest the accuracy of self-reported behaviour varies according to ethnicity (Bauman and Ennett, 1994). This view, however, has been challenged by Clark et al. (Clark et al., 1996). In this study, the researchers discussed confidentiality with participants before they administered the anonymous questionnaires. Participants were asked not to put their names on the questionnaire to ensure anonymity and to seal their completed questionnaires in unmarked envelopes, which the researchers immediately removed from the school. These confidentiality measures would, the authors feel, encourage reliable self-reported smoking behaviour.

The reported prevalence of regular smokers varied between Bangladeshi females (11%) and males (35%) (Table III). These prevalence figures contrast with those for predominantly white, similarly aged females (23%) and males (15%) in the 1994 OPCS national study (Diamond and Goddard, 1995). They are perhaps not surprising, however, given the very high reported smoking rates amongst adult Bangladeshis men (82%) and relatively low reported smoking rates amongst adult Bangladeshi women (22%) (McKeigue et al., 1988).
### Table III. Smoking prevalence

<table>
<thead>
<tr>
<th></th>
<th>Bangladeshi females</th>
<th>Bangladeshi males</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>(%)</td>
</tr>
<tr>
<td>Smokers</td>
<td>15</td>
<td>(11)</td>
</tr>
<tr>
<td>Non-smokers</td>
<td>120</td>
<td>(89)</td>
</tr>
<tr>
<td>Did not answer both questions</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>148</td>
<td></td>
</tr>
</tbody>
</table>

### Table IV. Major response themes pertaining to meaning

<table>
<thead>
<tr>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secrecy</td>
<td>Disinterest</td>
</tr>
<tr>
<td>Impropriety</td>
<td>Normal</td>
</tr>
<tr>
<td>Perceived cultural and religious values</td>
<td>Parental reactions</td>
</tr>
<tr>
<td>Parental responsibility</td>
<td>Parental reactions</td>
</tr>
<tr>
<td>Parental reactions</td>
<td>Parental reactions</td>
</tr>
</tbody>
</table>

#### Focus group discussion findings: the meanings and functions of smoking amongst adolescent Bangladeshi

The participants emphasized the major differences between the meanings that are associated with smoking amongst Bangladeshi girls and the meanings that are associated with smoking amongst Bangladeshi boys. These different meanings associated with smoking inform an understanding of how cigarettes may be used by Bangladeshi adolescent females and males. Thus, the meanings are described first.

##### Meanings

The major response themes pertaining to meaning are discussed in detail below and outlined, but not presented in any order of importance, in Table IV.

**Young women**

All the female groups talked about the need for Bangladeshi young women to keep their smoking hidden from family and the wider Bangladeshi community.

> We can’t do it [smoke] in public, there are so many people that know us, so we do it in school, round trees or in the toilet.

Two participants (Groups 01 and 04) reported they had smoked in public. However, this happened when they were in a locality in which they did not live and were, therefore, unlikely to be seen by anybody who knew them.

The major concern about smoking, which was expressed by all the female groups, focused on the belief that young Bangladeshi women who smoke, especially in public, would get a ‘bad reputation’, and be viewed as ‘bad women’, ‘bad company’, ‘ punks’ and ‘junkies’ by the wider Bangladeshi community.

> FIRST: It’s like basically you’re a whore. Oh she’s a bitch, she’s a whore...don’t stick around with her she’s bad company.

> SECOND: Yeah...

> FIRST: That’s the immediate reaction of boys and men and the community.

I don’t think that smokers want to get married though.

[Group 04]

What constitutes a ‘bad woman’ will vary between cultures. However, Banwell and Young argue that young Australian female smokers may also be viewed as ‘bad women’ (Banwell and Young, 1993).

The reasons why smoking, especially in public, is associated with impropriety were described by three groups (Groups 01, 02 and 04) as emanating from perceived cultural and religious values.

FIRST: No its nothing to do with health.
SECOND: Its really nothing to do with it.
FIRST: Its religion...
SECOND: Yeah.
FIRST: Our culture.
[Group 02]
The same groups reported that young Bangladeshi women who smoke publicly would be viewed as disrespectful to these perceived values by their parents, their elders and community.

FIRST: They would say we ain’t got any respect or manners towards them.
SECOND: Community innit and older people.
[Group 01]

For me I wouldn’t do it [smoke in public] in terms of like respect for my elders.
[Group 04]

These three groups also indicated that parents often assumed the responsibility for ensuring the perceived cultural values were adhered to.

FIRST: Yeah our parents don’t want us to smoke.
SECOND: It’s against our religion.
[Group 02]

Bad influence to other kids, and like other parents, if they did see us [smoking], they would keep their daughters away from us.
[Group 04]

Public smoking amongst Bangladeshi young women could, consequently, reflect badly on parents’ standing within the community.

RESEARCHER: And what, if people you knew saw you smoke?
FIRST: ...they’ll say your parents can’t control you, they haven’t taught you good manners and all that, smoking in front of the public...
SECOND: They say the girl hasn’t been looked after well enough, has got too much freedom...
That’s how it is with us.
[Group 01]

Participants in all the groups expressed concern regarding the perceived or actual reactions of parents who had just discovered that their female teenage children smoked.

Change our school or something, give us a slap.
[Group 02]

Some views were based on other people’s experiences.

FIRST: Yeah there was a girl. That’s it, school’s finished gotta stay at home now, not allowed out...she’s not even allowed to answer the door or anything.
SECOND: One little mistake and that’s it you’re locked up at home.
[Group 03]

Not all participants reported that parents would respond negatively. Two participants in Group 04 claimed their mothers were tolerant of their smoking. Even when parents were tolerant, however, the impropriety associated with smoking in public seemed to be an overriding issue.

Imagine smoking in front of your mum innit, its like respect...it was in the park innit and my mum knew I was going mad, she goes go on smoke, go on in front of me, I go get lost and I went behind a tree.
[Group 04]

Young men
The young Bangladeshi male participants appeared largely disinterested in cigarette smoking and considered it commonplace and mundane. This view is supported by the two observations which follow.

The first observation was that all three groups indicated that smoking cannabis was a more interesting topic and tended to focus on cannabis whenever they could. Typical comments included ‘people are tired of cigarettes’. Michell also argues that the importance of smoking in some adolescents’ lives may be overemphasized (Michell, 1997).

The second observation noted that even though the majority of participants described themselves as non-smokers, all three male groups estimated that 90% of Bangladeshi boys their age smoked
Table V. Major response themes pertaining to functions of smoking

<table>
<thead>
<tr>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Important</strong>&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Affects how a person feels</td>
</tr>
<tr>
<td></td>
<td>To facilitate social interactions</td>
</tr>
<tr>
<td></td>
<td>Acts as a sign of independence</td>
</tr>
<tr>
<td><strong>Less important</strong>&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Smoking and weight control</td>
</tr>
<tr>
<td></td>
<td>Smoking and image</td>
</tr>
<tr>
<td><strong>Unimportant</strong>&lt;sup&gt;c&lt;/sup&gt;</td>
<td></td>
</tr>
</tbody>
</table>

<sup>a</sup>Themes which (ex)smokers in the majority of female or male groups suggested influence smoking.  
<sup>b</sup>Themes which (ex)smokers in a minority of female or male groups suggested influence smoking.  
<sup>c</sup>Themes which (ex)smokers in the majority of female or male groups suggested did not influence smoking.

Smoking cigarettes. These estimates were not challenged. Smoking cigarettes was even described as 'the normal thing' by one non-smoker (Group 15). All three groups did, however, distinguish between smokers who were and were not addicted to tobacco.

All the male groups contained smokers and/or non-smokers who appeared indifferent to parental reactions and were largely dismissive of parents' ability to control smoking amongst young Bangladeshi men. This view was dominant. However, Groups 15 and 17 did contain participants who claimed their parents would be 'shocked' if they discovered their sons smoked. Such a discovery would result in 'a good telling off', 'get into trouble' and 'a grounding'.

**Functions of smoking**

Themes pertaining to the reasons why young Bangladeshis smoke are summarized in Table V.

**Affects how a person feels**

Female ex- and current smokers from all the groups highlighted a range of moods and situations when smoking appeared to have a potential role. Smoking appeared to help when they were 'angry', 'bored', 'depressed', 'in a bad mood', 'stressed', 'tense' and 'worried'. It was used in a variety of situations such as 'whenever I’ve cried', 'when something bad has just happened', and when they ‘felt lonely’, ‘got problems’, ‘wanted to relax’, ‘to be alone’ or wanted to ‘cheer yourself up’, ‘calm down’ or ‘control my temper’ and when ‘discussing something that is really close to your heart’. Smoking was described as a 'way out', 'friend' and 'weapon'.

One non-smoker in female Group 01 and one ex-smoker in female Group 02 challenged the validity of using cigarettes as a method for relieving boredom. However, non-smokers in Groups 01 and 04 were sympathetic to the stress encountered by similarly aged Bangladeshi girls. In contrast, some non-smokers in other studies were sceptical about the existence of stress in adolescent lives and dismissed stress as a legitimate reason for smoking (Lloyd and Lucas, 1998).

Participants in female Groups 01 and 03 also highlighted the value of using cigarettes when they were in a good mood such as ‘when I’m in the mood for having fun’ or ‘when you’re happy’. Lloyd and Lucas reported that their participants derived pleasure from the ‘activities and paraphernalia associated with smoking cigarettes’ (Lloyd and Lucas, 1998). However, when discussing ‘mood’, Lloyd and Lucas focused on the use of cigarettes when the participants wished to control their moods rather than the role of smoking when they were in a ‘good mood’ (Lloyd and Lucas, 1998).

All the male groups reported that smoking affects how a person feels because it satiates a craving or addiction. They also contained smokers who claimed smoking helped to alter how they felt emotionally. Examples included ‘when they were bored’, ‘to relax’ and to ‘calm down for a little while’.
Acts as a sign of independence

All four female groups discussed conflicts between young Bangladeshi women and perceived community values and described how smoking provided an opportunity to express the right to make choices about how to behave.

You know you cannot do it [smoke] openly, it sometimes makes you want to do it more as well, you know if you’re free and independent you can do what you want.

[Group 04]

The relationship between smoking and making choices may influence the use of cigarettes by some female participants when they feel positive.

When you’re happy it [smoking] makes you even happier you wanna do what you wanna and everything.

[Group 03]

The focus on choice, autonomy and rebellion, however, also recognizes that major restraints act against Bangladeshi girls’ freedom to smoke. One participant described using smoking for mood control and as a way of rebelling against parental and community expectations, while simultaneously avoiding further confrontation by smoking in secret.

When I’m extremely angry..., I just want to do something so I get a fag and..., especially when no one is home, I just sit there and go wherever you like with the fag in your hand and go I’m free I can do what I like.

[Group 01]

A different discussion indicated that Bangladeshi girls used smoking for mood control, as a way of rebelling and to compensate for a perceived lack of social support.

FIRST: For girls again I think it’s a different matter because they can’t socialize in the same way as boys can.
SECON: You’re right there.
FIRST: ...but the girls they do it [smoke] out of...in spite of criticism...because they want something to ease their mind and something that is easily turned to in terms of you’re out there, you’re a prisoner...You have not got anywhere else to...

SECOND: There is something you have got to be able to do as a woman.

[Group 04]

Oakley et al. also suggest smoking is linked to establishing autonomy amongst some young women in minority ethnic communities (Oakley et al., 1992). While, Hirschman et al. argue that rebellion is one of the key psychosocial factors influencing smoking uptake amongst adolescents (Hirschman et al., 1984).

The dominant Bangladeshi adolescent male view that smoking is commonplace and mundane together with the widespread indifference towards parental control does not lend itself to using tobacco to rebel. The only male example was provided by one participant (Group 15) who said Bangladeshi boys smoke more after being caught if someone, such as a family member, tries to stop them, ‘but then they stop on their own accord when they have no pressure’.

Facilitates social interactions

All four female focus groups discussed the role of smoking in facilitating social bonding and sharing.

FIRST: I don’t smoke a lot, when I see friends then we do it.
SECON: Yeah, we just do it together.

[Group 04]

Whether smoking under these circumstances was based on active choice or compliance to perceived group norms was not investigated. Engles et al. argue peer selection has a greater affect than peer influence on peer group smoking (Engles et al., 1997).

Smokers in all the male groups described how smoking cigarettes facilitated social interactions and enabled them to ‘join in with friends’. Bangladeshi male 14–15 year olds commonly socialize in large gangs of more than 20, both in and out of school. All the male focus groups indicated that
smoking cigarettes was the perceived norm for these large gangs.

The influence of social affiliations on smoking was recognized by one smoker who had tried unsuccessfully to give up. He believed a successful outcome was dependent on developing new social affiliations.

RESEARCHER: What would you think would help you to stop?
I dunno, move from here or sommit, go somewhere out to [a relatively rural neighbouring county].
[Group 16]

Another boy in Group 16 described how smoking provided a topic of conversation with strangers, and thus facilitated social interaction and getting to know new people.

Smoking to facilitate social affiliations was not always considered an advantage as indicated by a conversation between two non-smokers.

RESEARCHER: Can you think of any advantages of smoking?
FIRST: You get into gangs easier.
SECOND: Is that an advantage getting into gangs?
[Group 15]

Three of the four female groups and all the male groups also had participants who smoked on their own. The other female group (Group 03) discussed the need to smoke alone if a young Bangladeshi woman was a regular smoker.

Weight control
Three female groups spontaneously discussed the relationships between weight gain/loss and cigarette smoking, and Group 03 was asked about them. These discussions were confused, such as smoking cigarettes contained calories and could therefore help to put weight on, and consensus was not reached. Nobody indicated that issues surrounding weight were a major reason for smoking or not smoking. Lloyd and Lucas also argue body image concerns are not a major influence on smoking amongst adolescents (Lloyd and Lucas, 1998).

Male Group 16 discussed the relationships between weight control and smoking in relation to others, but indicated that weight control was not an issue for them.

Image
All the female and male focus groups highlighted the relationship between smoking and wanting to look tough and/or cool. However, smoking and image seemed to be more of an issue for non-smokers and smokers always focused on other people, such as younger people, rather than themselves. Furthermore, the tone of female and male non-smokers and smokers alike was generally disparaging when discussing this issue.

Two male groups (Groups 15 and 17) were less disparaging about the relationship between image and cigarette lighters. ‘Expensive’ and ‘good’ lighters could be used by non-smokers and smokers ‘to look really good or really smooth’.

Reasons for not smoking and giving up smoking
The themes pertaining to influences which promote non-smoking amongst the Bangladeshi female participants, which are summarized in Table VI and discussed below, were mentioned by the participants within the context of the meanings associated with smoking amongst Bangladeshi females. These meanings as described by the female participants themselves promoted non-smoking. For Bangladeshi males, on the other hand, no major disincentive to smoking was identified, which arose from the meanings associated with smoking. Thus, the themes pertaining to influences which promote non-smoking amongst the Bangladeshi male participants, which are summarized in Table VI and discussed below, may have been more important to the males than the females even though both genders may have identified common influences.

Parental factors
Parental factors were highlighted by female Groups 01, 02 and 03 as influences which promote non-smoking. All the male groups also discussed parental factors as influences even though the majority
Table VI. Major response themes pertaining to influences which promote non-smoking

<table>
<thead>
<tr>
<th>Major themes</th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meanings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unpleasant effects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expense</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exercising choice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social interactions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Playing sports</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illegality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unimportant themes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meanings</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

aThemes described by the majority of female or male groups which promote non-smoking.
bThemes described by one or two female groups or one male group which promote non-smoking.
cThemes described by none of female or male groups as influences which promote non-smoking.

of male participants were largely dismissive of parents’ ability to influence behaviour. Parental factors included being put off smoking because of its effects on parents’ health (female Group 01; male Groups 15 and 16) and because participants were scared parents would find out or because they had been caught (female Groups 02 and 03). One non-smoking male (Group 17) said his parents were ‘very strict’ and ‘didn’t like smoking’. Another said:

If we smoke we’d be betraying them [parents].
They are proud of us to go to school. If they find out we’re smoking...it’s a bad idea.
[Group 15]

Health

Health reasons influenced the decisions of participants in female Groups 01, 02 and 04. One male ex-smoker (Group 16) also cited health as an influence but a different non-smoker in the same group disagreed. Female smokers in Group 04 and an ex-smoker in Group 02 also challenged the importance of health as an issue. In contrast, no male smoker challenged this notion. Indeed, male smokers in Groups 16 and 17 reported that health concerns focusing on heart attacks and cancer had underpinned unsuccessful attempts to give up smoking.

Unpleasant effects

Some participants’ decisions were influenced by the unpleasant effects of smoking tobacco such as smell (female Groups 01 and 04; male Group 15) and it makes them feel sick (female Group 02; male Groups 15 and 17).

Expense

Female Groups 02 and 04 and male Groups 16 and 17 discussed the influence of expense on non-smoking. One male smoker (Group 15) confirmed the importance of cost and suggested most of his peers were cutting down due to rising costs. However, another smoker (male Group 16) argued that as 20 cigarettes, which cost less than £3.00 in 1995, lasted 5 days, smoking was relatively cheap compared to the £1.50 he spent daily in arcades.

Exercising choice

Participants in female Groups 01 and 04 believed smoking was not sensible, implying that not smoking was related to making choices. Two male groups also cited factors surrounding choice such as ‘got more sense we know what it can do’ and ‘I don’t want to’ (Group 15) and ‘my principles’ (Group 17).

Social interactions

Both participants in female Group 02 associated giving up smoking with changing friendship groups and reported ‘feeling out of place’ when they smoked in front of their new non-smoking friends but they also believed they would smoke if their friends did. One of them said ‘its not that we don’t like it [smoking]’. All three male groups highlighted the importance of social affiliations and interactions as factors influencing decisions to never start or stop smoking.
RESEARCHER: So how does it feel to be...[a non-smoker]?
FIRST: ...then again I don’t go out night times around the streets, I just go to the library or play football sometimes...most people are mixed up they will go around in gangs and all that and they smoke...
SECOND: ...I don’t really go out, when I go home I do my homework and stay at home.
[Group 15]

One boy in Group 15 stopped smoking because an influential friend decided smoking was a bad idea and persuaded the whole friendship group to stop together. Lloyd and Lucas also reported that dominant personalities could persuade a whole group of occasional smokers to give up smoking (Lloyd and Lucas, 1998).

The ability to socialize with smokers yet not smoke was discussed by male Groups 15 and 16.

Most of my mates are always smoking. I never get tempted. I walk along with them and they are smoking...they don’t really offer they just kid around, you’re no fun because they know I don’t really want it, which helps also and they won’t force me to have one...If they were to like try and force me I wouldn’t go with them
[Group 15]

Perhaps these non-smoking Bangladeshi boys felt able to socialize with smokers because their friendships were based on the right to make choices rather than conformity. Michell indicates smoking is not as closely associated with membership of some male friendship groups as it is with female groups (Michell, 1997). Lloyd and Lucas report that other similarly aged teenagers are more likely than younger people to accommodate a range of behaviours within friendship groups (Lloyd and Lucas, 1998).

Pressure to smoke was discussed by female Groups 03 and 04 but did not focus on participants’ own experiences. In contrast, male non-smokers in Groups 15 and 16 discussed their own experience of pressure to smoke. One participant had some difficulty in resisting pressure.

Sometimes I take and sometimes when I don’t feel well I say no I don’t feel well I don’t want it, but most of the time I say no I don’t want it.
[Group 15]

However, the majority who talked about this issue felt that they could resist if they wanted, e.g. ‘Just say no’ (Group 16) and ‘It’s easy, I said I didn’t want any’ (Group 15).

A different boy in Group 15 argued that resisting pressure appeared to be relatively easy even for younger people.

As far as I know little kids yeah, they can stand up to kids and pressure, even if they force them they don’t it. I have seen it.
[Group 15]

When asked why people succumb to pressure to smoke this boy replied ‘Weak that’s why’. Michell and West suggest the role of peer pressure has been exaggerated and joining in with friends is ‘a matter of choice not coercion’ (Michell and West, 1996). The opinions of the male participants would support this view.

Playing sport

One female participant (Group 02) believed that taking up table tennis had helped her give up because it prevented her from getting bored. Male Groups 15 and 16 discussed the influence playing football had on smoking. Smokers and non-smokers reported that boys who played football were less likely to smoke because they had something to occupy them and their time. One smoker said:

Some of your mates don’t smoke do they. They go out there and get the ball and kick around with the ball for a while that’s how their time goes.
[Group 16]

Several smokers from Group 16 noticed that smoking affected their football playing ability and had attempted (unsuccessfully) to stop because of this.

Illegality

In the UK, it is illegal to sell tobacco products to people who are under 16 but it is not illegal for
under 16 year olds to smoke. Nevertheless, the illegal nature of smoking influenced both participants in female Group 02 and three participants in male Groups 15 and 16. These adolescents thought they would smoke when they were older and it was legal to buy cigarettes.

The perceived values/beliefs of the wider culture as well as those of the Bangladeshi cultures would, therefore, appear to influence smoking amongst Bangladeshi teenagers. Those of the wider culture include increasing the cost of cigarettes to prohibit smoking, laws to prevent under 16s buying cigarettes, and educational initiatives which promote the relationship between ill health and smoking and the responsibility of the individual for her/his own health.

**Discussion**

**Study limitations**

Only pupils present when the questionnaires were administered were included in the survey. A comparison of the collected sample with the selected sample who did not take part could not be made. Thus, the collected sample may not represent the population. Furthermore, the representativeness of the sample in terms of ethnicity and gender may not be assessed because the population distribution was unknown. The results may, however, be compared to similarly collected samples.

Due to time constraints, relatively few focus groups were conducted and feedback from participants on the preliminary findings was not possible. Recruitment was totally reliant on key informants. The researchers had no control over focus group size or membership. Focus group participants did, however, complete a questionnaire which enabled the researchers to exclude people who were not the targeted age and ethnicity from the analysis. The key informants may have chosen participants who would promote the image of their institution. However, they were all supportive of the project aims and indicated they would guard against this wherever possible.

The focus group facilitator was young, white and female, which may have affected the focus group discussions (Douglas, 1998). She did, however, have extensive experience of working in the locality and made efforts to develop appropriate relationships with participants, particularly in the youth club.

Some focus groups consisted of Bangladeshis while others were composed of Bangladeshis and whites. This may have affected the discussions. Participants also knew each other, which may have encouraged conformity. However, in practice, all the participants appeared relaxed, and comfortably cross-questioned and challenged each other.

There were four female groups and three male groups. Thus, major theme identification required one more female group than male group. In practice no theme raised by two female groups only has been omitted.

The focus group discussions were exploratory. Despite the study limitations, they provide dense data concerning Bangladeshi teenagers’ attitudes to smoking/non-smoking from which findings have been developed that may be transferable to similar contexts (Henwood and Pidgeon, 1992).

**Study findings**

What smoking means to adolescent Bangladeshi girls appears to be different to what it means to adolescent Bangladeshi boys. This difference appears to influence smoking uptake and arises primarily from perceived social norms and cultural values.

The reasons why participants continue to smoke are sometimes similar to the reasons why other participants decide to stop smoking or never smoke, e.g. exercising their right to make choices. A complex picture regarding participants’ decisions and smoking is consequently presented. Lloyd and Lucas, drawing on Beyth-Marom et al., also argue that the reasons for smoking are not simply the opposite of reasons for not smoking (Beyth-Marom et al., 1993; Lloyd and Lucas, 1998). Many of the reasons why Bangladeshi teenagers continue to smoke, stop smoking or never smoke are, however, similar to those identified in studies with largely white adolescents [e.g. (Lloyd and Lucas, 1998)].
The authors believe that adolescents’ struggle to develop and drive towards autonomy underpins the reasons why they do and do not smoke, and the complex picture that emerges. This struggle is influenced by three factors. The first focuses on mutuality and the need to have fulfilling relationships based on shared values/orientations to meaning. The second focuses on the need to develop the capacity to reason and the consequent evaluation of behaviour in relation to self and others. The third focuses on the need to develop the capacity to be able to live life in one’s own context. The development of the third factor is hindered by the marginalization that adolescents experience which may be acute amongst Bangladeshis in this study because of their minority status, disadvantaged circumstances and, in the case of the females, their gender.

Future health promotion initiatives
Motivations to smoke or not smoke may/may not be similar. This study, therefore, highlights the need to tailor smoking prevention interventions to specific populations of Bangladeshi adolescents in order to promote effectiveness.

Social norms approaches to adolescent smoking prevention provide adolescents with alternatives to smoking (Bruvold, 1993). The study findings could inform the planning and development of such approaches which are culturally appropriate for inner city Bangladeshi adolescents. Initiatives for Bangladeshi girls could focus on the appropriate facilitation of independence and/or techniques for combating negative emotions. Initiatives for Bangladeshi boys could focus on increasing the availability and range of options for shared enjoyable endeavour and socializing with a common purpose, which allow them to construct time and prevent them from getting bored.

Future studies
This study highlights the need for additional investigations which examine the meanings other adolescents associate with smoking and which determine whether the gender differences identified in this study are transferable to other adolescents such as other South Asian teenagers living in similar disadvantaged circumstances.

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