Abstract

Communities are organizing into coalitions with the goal of reducing tobacco use, particularly among youth. Adolescents could make effective and persuasive anti-tobacco advocates in their respective communities, but their attitudes about tobacco advocacy and their perceptions of their own abilities as advocates are unknown. Therefore, the present project assessed attitudes and self-perceptions about anti-tobacco advocacy in 159 high school students attending a tobacco advocacy conference. After the meeting, they completed the Anti-Tobacco Advocacy Questionnaire, which has five factors (Activism, Personal Commitment, Banning Advertisements, Tobacco Morality and Peer Pressure to Use Tobacco). Overall, these high school students were moderately positive about anti-tobacco advocacy; girls more so than boys. Further, they were very positive about their own commitment to avoid tobacco and willingness to speak to others personally, but only moderately positive about their activism abilities. An implication is that community coalitions that include youth might want to focus on building their activism skills as they guide them in managing their youthful energy and enthusiasm.

Introduction

Scientific research indicates that a comprehensive tobacco control program is effective in reducing and preventing tobacco use (Department of Health and Human Services, 1994; Willemsen and Zwart, 1999). Public support for community interventions reflects a growing understanding that solving health problems such as tobacco use rests within the whole community (Butterfoss et al., 1996). Thus, an important aspect of comprehensive tobacco control programs is the use of community coalitions (Centers for Disease Control and Prevention Best Practices, 1999). Along with school health initiatives, community coalitions have become the backbone of youth tobacco-prevention and control programs. Successful coalitions, however, are not built overnight.

Florin et al. (Florin et al., 1993) proposed that community coalitions develop through seven stages. In Stage 1, initial mobilization, the coalition must recruit a critical mass of active participants and engage key sectors of the community. In Stage 2, establish organizational structure, the coalition must clarify roles and procedures to accomplish its mission and continue to exist. In Stage 3, building capacity for action, the coalition must orientate members and build their skills, as well as establishing inter-organizational links. In Stage 4, planning for action, the coalition must assess community needs, prioritize and clearly state its objectives. In Stage 5, implementation, the coalition must develop a work plan that includes timelines, allocate resources and assign responsibilities, while at the same time involving key organizations and individuals. In Stage 6, refine-
ment, the coalition must use evaluation data to refine goals, identify gaps in programming and add strategies. In Stage 7, institutionalization, the coalition must plan for leader succession, recruit new members and integrate functions into ongoing missions. Advocacy efforts, i.e. having persons dedicated to the cause and acting upon their dedication, might be important in each of these stages.

Youth are not typically expected to take advocacy positions, yet they might make good advocates because (1) tobacco use typically begins in the teen years (Centers for Disease Control and Prevention, 1994), (2) youth are particularly responsive to peers, (3) youth can speak of the latest trends and interest of their cohorts, and (4) youth have consistent, easy access to other youth. For all these reasons, youth are essential to community tobacco-prevention coalitions.

Consistent with the Surgeon General’s report that youth are often under-represented in coalition development (Department of Health and Human Services, 1994), the literature on community coalitions for tobacco prevention lacks information about youth involvement. Youth could be involved in initial mobilization and establishment of organizational structure, Stages 1 and 2, by being a part of the steering committee. Those who have a personal commitment to avoid tobacco might be most likely to be involved in such activities. Youth could help build capacity for action and plan, Stages 3 and 4, by facilitating inter-organizational linkages through their various memberships. In this stage, willingness to speak to peers and the media about tobacco, and resistance of peer pressure to use tobacco, would be major assets. Youth have been shown to play a major role in implementation, Stage 5, such as challenging billboard cigarette advertising (Wallack and Sciandra, 1990–91). In this stage, viewing tobacco as a morality issue, and believing that tobacco should be banned from sports and advertising, would be major assets. Youth advocates could also play a role in refinement, Stage 6, because their feedback about the success of a program could shape future efforts. Youth could help community coalitions start off well and continue to function in accordance with community needs.

Thus, including youth such as high school students as part of a community coalition may contribute to the success of a comprehensive tobacco control program. However, if youth lack advocacy knowledge and skills, or are simply uninterested, then they may have no impact or even hinder the coalition’s success. Research has examined youth attitudes toward smoking [i.e. Etter et al., 2000; Soldz et al., 2000], and knowledge of the pros and cons of smoking (Velicer et al., 1985). Research has also examined youths’ awareness of anti-tobacco policies such as school bans (Unger et al., 1999) and predictors of participation in an activism program (Edwards, 1992). However, adolescents’ attitudes and self-perceptions about anti-tobacco advocacy have not been examined.

Thus, the purpose of this study was to measure the attitudes and self-perceptions of a group of adolescents regarding anti-tobacco advocacy. Because tobacco attitudes and self-perceptions can affect behaviors (Carvajal et al., 2000), understanding youth attitudes about anti-tobacco advocacy may speak of the feasibility of using youth as advocates in building community coalitions.

Method

Respondents

Anti-tobacco community coalition project directors and high school principals across the state of Mississippi identified up to two youth who were ‘creative, open-minded and willing to work with others toward a common goal’ to attend an expense-paid summer 2-day and 1-night summit on youth leadership in tobacco prevention in the summer of 2000. Both smokers and non-smokers were included. Youth were recruited from this conference to complete the present research project.

Approximately 225 youth attended the conference, but some came late or left early. A total of 159 high school students (104 girls, 53 boys and
two not reporting sex) whose average age was 15.70 (SD = 1.53) completed the research questionnaires. This number represents approximately 95% of those who were there at the end of the conference. See Table I for demographic characteristics of the sample.

Procedure
Sponsored by the Partnership for a Healthy Mississippi, a non-profit organization funded by tobacco settlement monies, the conference focused on tobacco advocacy, and included get-acquainted activities, an introduction to the statewide tobacco-prevention initiative, a description of tobacco advertisements, and brainstorming groups on cessation, advocacy activities and the media. At the end of the workshop, volunteers anonymously completed the Anti-Tobacco Advocacy Questionnaire.

Measures
The Anti-Tobacco Advocacy Questionnaire included 35 statements (e.g. ‘If I saw someone smoking, I would ask him or her to stop’) scored on a Likert scale (1 = ‘strongly agree’ to 6 ‘strongly disagree’). The total score is obtained by dividing by the number of items and negative items are reverse coded, so scores can vary from 1 to 6. A low score indicates positive attitudes about tobacco prevention. The Flesch–Kincaid (available on Microsoft Word) reading level for this scale is 6.1.

Experts in anti-tobacco education who had experience working with youth generated the present items. Unger et al. (Unger et al., 1999) found that nearly half of their sample of 10th graders had performed at least one advocacy action, mostly asking someone else not to smoke. Therefore, one set of items was designed to assess whether present youth felt comfortable and knowledgeable to perform activism activities, and whether they had the commitment to speak to peers. Youth believe that cigarette advertisements have a slight influence on themselves, a modest influence on their best friends and a large impact on other youth their age (Borzekowski et al., 1999). Therefore, one set of items was designed to assess whether these youth believed that tobacco advertisements should be banned. Successful partnerships between health initiatives and faith-based organizations are abundant in African-American communities [e.g. (McRae et al., 1998)] and Southern African-American communities e.g. (Sutherland et al., 1997)]. Therefore, one set of items was designed to ascertain whether these youth believed that tobacco prevention is a morality issue. Because adolescents are so susceptible to peer pressure, a final set of items was designed to reflect peer pressure to use tobacco.

A principal components factor analysis initially yielded a 10-factor solution with Eigenvalues greater than 1 that accounted for 69.54% of the variance. The factors, however, were often only one or two items. In examining other solutions, a five-factor solution was logical and accounted for 58.57% of the variance. One factor, Activism (e.g. ‘I know what to say to TV or radio people about...')
smoking’), is comprised of nine items. A second factor, Banning Advertisements (e.g. ‘Tobacco advertising should be banned’), is comprised of four items. A third factor, Personal Commitment (e.g. ‘If I saw someone smoking, I would ask him or her to stop’), is comprised of seven items. A fourth factor, Tobacco Morality (e.g. ‘If I could get money [$5000] from a tobacco company for my club, I would’), is comprised of seven items. A fifth factor, Peer Pressure (e.g. ‘Using tobacco is a part of being a teenager’), is comprised of three items.

Evidence of reliability is that these five factors had satisfactory internal consistencies ($\alpha = 0.72$ to 0.87) among 205 college students (146 women, 59 men), average age 24.30 years (SD = 6.63), who completed the questionnaire anonymously in exchange for extra credit for their psychology classes. Evidence of validity is that these college student never- and seldom-users had more positive scores than ever-users on four of the five factors: Commitment, Banning, Morality and Peer Pressure. (Note, in the college student sample,
the Peer Pressure subscale included one additional item and had internal consistency of 0.75).

In the present sample, these factors were moderately internally consistent (α = 0.84 to 0.79), except for the fifth factor, which was weak in internal consistency (α = 0.59). In the present sample, overall internal consistency of the 28 items was 0.87.

### Results

Most of these students (n = 105, 66.0%) reported that they had never used tobacco in their lives; others reported that they had used tobacco at the rate of about one pack a day for a year. Of the 54 who reported that they had used tobacco, how recently varied from within the past day to 12 years earlier. A majority (n = 103, 64.8%) reported that some of their friends use tobacco. About one-third (n = 60, 37.8%) reported that someone in their house uses tobacco. When asked an open-ended question about how many times they had ever asked someone to stop smoking, the modal answer was ‘many’, with a range from never (n = 13) to 10,000. The modal answer to how recently they made this request was within the past week (n = 66), with a range of the past day to 7 years earlier.

Total score was 1.99 (SD = 0.52), indicating that these high school students moderately agreed overall with the tobacco-prevention items. These adolescents were very positive that they could resist peer pressure (M = 1.63), and moderately positive about activism (M = 2.18), personal commitment (M = 2.10) and banning advertisements (M = 2.25), but only neutral/mildly positive about tobacco being a morality issue (M = 3.29). See Table II for items, means and SD on each factor. Total score was not significantly correlated with age, how many times respondents had smoked or how many times respondents had asked someone to stop smoking (see Table I). For total score, analyses of variance on gender, ethnicity and grade yielded one significant difference: girls answered more positively (M = 1.87, SD = 0.43) than boys (M = 2.29, SD = 0.59), F(1,114) = 18.63, P < 0.001. Following up this difference, girls were more positive than were boys on four of the five subscales: Personal Commitment, Banning Advertisements, Tobacco Morality and Peer Pressure (see Table III).

| Table III. Means (SD) of subscales divided by gender, race and grade |
|-------------|-------------|-------------|--|--|
| | Sex | Race | Grade |
| | Female | Male | White | African-American | 9 | 10 | 11 | 12 |
| Total | 1.87a | 2.29b | 1.86 | 2.04 | 1.91 | 2.04 | 2.00 | 1.96 |
| (0.43) | (0.59) | (0.50) | (0.53) | (0.25) | (0.58) | (0.48) | (0.47) |
| Activism | 2.08 | 2.38 | 2.04 | 2.24 | 2.51 | 2.20 | 2.16 | 1.98 |
| (0.70) | (0.82) | (0.66) | (0.77) | (0.76) | (0.75) | (0.73) | (0.60) |
| Commit | 1.57a | 1.91b | 2.17 | 2.07 | 1.55 | 1.69 | 1.68 | 1.65 |
| (0.51) | (0.79) | (0.42) | (0.56) | (0.42) | (0.67) | (0.37) | (0.56) |
| Ban adverts | 1.80a | 2.34b | 2.06 | 2.31 | 1.83 | 2.13 | 1.89 | 1.89 |
| (0.89) | (1.10) | (0.62) | (0.91) | (0.82) | (1.12) | (0.92) | (0.85) |
| Morality | 2.61a | 3.27b | 3.21 | 3.30 | 2.53 | 2.69 | 2.96 | 3.00 |
| (1.11) | (1.07) | (0.90) | (0.95) | (1.20) | (1.22) | (1.13) | (1.10) |
| Peer | 1.30a | 1.66b | 1.45 | 1.68 | 1.28 | 1.72 | 1.35 | 1.29 |
| (0.57) | (0.78) | (0.44) | (0.57) | (0.47) | (0.96) | (0.54) | (0.48) |

Means with different superscripts are significantly different. F(1,112); all Ps < 0.05, degrees of freedom occasionally slightly lower due to missing data. Lower scores indicate more positive attitudes.
Discussion

The present results reveal that these high school youth, the majority of whom were African-American girls, strongly believed that they could resist peer pressure to use tobacco, were moderately confident in their ability to advocate against tobacco, were reasonably firm in their commitment to avoid all tobacco products and were reasonably sure that all tobacco advertisements should be banned. Although the present study measured attitudes, not behavior, these positive attitudes imply that high school students such as these could be potentially useful to community coalitions.

That these adolescent girls scored higher than boys is consistent with some (Sussman, 1989; Porcellato et al., 1999), but not other, research (Price et al., 1998). The difference between girls and boys in the present sample was about 1 SD. This workshop was gender-neutral in its organization; however, girls may have been more positive in the first place, more receptive to training or both. Although, in 1999, girls and boys overall were equally likely to smoke (Centers for Disease Control and Prevention, 2000), African-American girls were less likely to smoke (Centers for Disease Control and Prevention, 2000). Further, present research indicates that the present group of predominantly African-American adolescent girls responded more than boys did to a tobacco advocacy workshop.

Among adolescents selected to attend this workshop, the majority of whom were African-American, there were no overall ethnic differences in attitudes about tobacco advocacy. African-American youth have an advantage over white youth in that they use tobacco less (Kandel and Chen, 2000), but the present groups were about the same in their opinions of their own anti-tobacco activism.

In the present group of adolescents, present youth were neutral to only mildly positive about tobacco being a morality issue. In contrast, in other samples, African-American youth were more likely than white youth to view using tobacco as a morality issue (Taylor et al., 1999). The failure to find ethnic differences on the present tobacco morality scale may have been due to the fact that attendees were nominated, so may have been more homogeneous than Taylor et al.’s (Taylor et al., 1999) sample. Using faith-based coalitions to encourage youth to view tobacco usage as a morality issue would be one possible anti-tobacco intervention, although some would argue that tobacco is not a morality issue.

The Activism and Personal Commitment sub-scales are similar to Unger et al.’s (Unger et al., 1999) advocacy actions, which also included signing petitions, attending press conferences, talking to store employees, contacting officials or reporters, attending youth conferences and helping police conduct ‘stings’. However, Unger et al. (Unger et al., 1999) reported no psychometric properties and asked whether teen respondents acted these ways in the past year. In contrast, the present scale asked if respondents had the knowledge and personal comfort to advocate, regardless of whether or not they had the chance to do so.

In terms of the stages of community coalitions, youth appear to have the right attitude to be included in early mobilization and organizational structuring. Coalitions often involve many meetings and much planning, especially in the first few stages. Adolescent girls may be particularly eager to be involved and/or responsive to advocacy training. Turning attitudes into behaviors involves skill and confidence. Adolescents appear to be willing to speak out for the cause, but may need some direction and confidence building regarding their role in the initial organization of a community coalition. For example, having youth involved in planning committees or other organizational activities might show them the inside workings and encourage them that they can indeed make a difference.

During planning, implementation and refinement stages of a coalition, the personal commitment of youth, their resistance to peer pressure and their negative attitudes toward tobacco advertisement would make them valuable members. An implication of the present results is that community
coalitions might want to focus on building the youth's activism skills and related confidence as a way to focus their attitudes and enthusiasm. For example, youth might benefit from learning about how to change local ordinances or how to contact politicians, or youth might develop confidence by being shown how their personal efforts can change what is done at school or in the community.

A limitation of this project is that community or school leaders nominated youth advocates, who may not be representative of other youth. For example, only about one-third of the present sample reported ever smoking. In comparison, in a national survey, 71.5% of public high school youth reported that they had ever smoked (Youth Tobacco Survey, 2000). However, slightly over one-third of the present high school students reported that they lived with a tobacco user. Another limitation is that present adolescents had recently completed an advocacy workshop, so the range of responses could have been restricted and/ or suffered from social desirability bias. A better design would have involved pre- and post-testing. Nonetheless, the present results indicate that, following a workshop, youth are enthusiastic, but may need further training in how to channel their activism.

This instrument shows promise for assessing advocacy among youth. In the future, it would be important to assess this scale's consistency across time, and with long-term users, former users and, particularly, with younger samples, the potential users of the future. A possible research use of this instrument would be to randomly assign adolescents to anti-tobacco versus other workshops, to see if any changes were unique to anti-tobacco training. Another possible research use would be to assess the efficacy of particular workshop components to increase activism skills.

Adolescents who were attending a tobacco advocacy workshop were moderately positive about their activism abilities, but very positive about their own commitment to avoid tobacco and willingness to speak to others personally. Building youth knowledge and confidence about activism would facilitate their ability to actively help build community coalitions and be a part of comprehensive tobacco control programs.

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References


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