

HEARING THE PERSPECTIVES OF ABORIGINAL GIRLS ON SMOKING



A study on smoking and Aboriginal girls (ages 13-19) was conducted in 2007-08 in partnership with six Aboriginal communities in British Columbia and researchers affiliated with the British Columbia Centre of Excellence for Women's Health and the University of British Columbia.

The study's findings shed light on how age, gender, culture, and context intersect to shape Aboriginal girls' experiences of smoking.

THE NEED FOR THIS STUDY

The high rates of smoking among Aboriginal girls

The study responds to an urgent need for smoking-related research, policy, and practice initiatives better tailored to the realities of Aboriginal girls.

Smoking rates among Aboriginal teenaged girls are the highest of any group in British Columbia.

- Thirty two percent (32%) of female Aboriginal teenagers report current smoking, compared with 22% of Aboriginal male teenagers, 17% of all BC female teens, and 13% of all BC male teens.
- Prevalence rates among both Aboriginal and non-Aboriginal teens are higher in the northern and more remote areas of the province.
- Aboriginal youth also initiate smoking early; 87% of smokers have begun by age 14, and 31% started at age 10 or before.
- Encouragingly, 73% of Aboriginal smokers report an attempt at quitting in the past six months, and 4% of Aboriginal girls aged 13 to 18 (vs. 2% of the total population) have quit smoking.

Sources:

Lighting Up: Tobacco Use among BC Youth. Burnaby BC: McCreary Centre Society, 2000.

Mirror Images: Weight Issues among BC Youth. Results from the Adolescent Health Survey. Burnaby BC: McCreary Centre Society, 2000.

Raven's Children: Aboriginal Youth Health in BC. Burnaby BC: McCreary Centre Society, 2000.

STUDY GOALS

Making Aboriginal girls' perspectives heard

While the voices and health knowledge of girls—and Aboriginal girls in particular—are often silenced and discredited in health research, or simply not present, this study placed their perspectives at the centre of the research process. The goals of the study were to:

- Increase knowledge about girls' and communities' perceptions about factors that influence smoking.
- Define the influence of gender, age, and cultural identity regarding smoking.
- Provide community partners with relevant information about what influences tobacco use among Aboriginal girls in each community.
- Amplify the presence of Aboriginal knowledge in smoking-related research, policy, and programming.

RESEARCH DESIGN

The qualitative design involved multiple methods and was exploratory and descriptive in nature. As such, the participants and findings are not representative of each community's population, or of Aboriginal teen girls in British Columbia. What can be gleaned from the data are insights about recurring patterns, important themes, identified gaps and resources, recommendations for effective interventions related to prevention and smoking cessation, areas for future research, and implications for gender-sensitive and culturally relevant practice and policy development.

COMMUNITY LEADERSHIP

When health research is conducted in Aboriginal communities, the process and outcomes are too often disconnected from community needs and perspectives. An

important goal of this study was to work with Aboriginal communities to strengthen community-based knowledge and approaches to smoking interventions, while conducting effective community-based research. Six Aboriginal partners played a central role in developing and conducting the study. Each community developed a Memorandum of Understanding (MoU) to entrench their rights and values into the research process and to clarify appropriate protocols and ethical guidelines for the conduct of research in partnership. Each community decided how the results of the study would be shared, evaluated, and implemented. Community-based collaborators (CBCs), members of the community involved in the health sector, took a leadership role in the research. The CBCs completed research training, coordinated community outreach, helped to develop and pilot research questions, recruited participants, conducted the individual interviews, planned focus groups, participated in analysis, and facilitated community dissemination and evaluation.

RECRUITMENT

In total, 63 girls between the ages of 13 and 19 participated in a mix of individual and focus-group interviews. Girls were selected through purposive sampling: they were recruited by the community-based collaborators (CBCs) and/or by snowball sampling, based on invitations.

DATA SOURCES AND ANALYSIS

The questions we asked in the semi-structured individual and focus-group interviews were developed and revised collaboratively, and piloted with volunteer adults and girls. The findings presented in this report are based on a collective team analysis of the following data sources:

- Individual interviews with 50 girls from 6 communities;
- Five focus groups with 23 girls from 5 communities;
- Individual interviews with 5 CBCs;
- Focus-group interviews with community service providers;
- Field notes and transcripts from research team and community meetings.



FINDINGS

Reasons for Smoking

Smoking serves as a multifaceted strategy to address a variety of physical, emotional, cognitive, social, and relational needs for the girls interviewed. The most commonly stated reasons for starting smoking were:

1 Relational and peer pressures.

To fit in, be cool, and please others, including friends, family, and community members. This is how some of the girls described social pressures:

I wanted to be cool like them; I wanted to fit in.

Everyone was out at the smoke pit, offering everyone cigarettes. And everyone kept on [saying] “smoke one, go ahead, you’ll like it fine.”

I always wanted to try it—I’ve always seen my mom smoking, most of my family smoking. Everyone smokes. I just got hooked on it from them.

2 Stress relief.

Girls deal with a range of emotions such as anger, grief, sadness, isolation, moodiness, the pressures of “being a girl,” as well as conflict with family, friends, and school.

I had to watch [babysit] my brother a lot and probably that.

All the pressure of teachers and schoolwork.

A loss of loved ones.

Mostly just the way my family is now—it’s all messed up.

3 When drinking and partying.

Just everyone around me was smoking or I’d be drinking and smoking at the same time.

When I was drinking that’s how I started smoking.

4 Curiosity and experimentation, “just to try it.”

She pulled them out and she said “why don’t you just try it” and I tried it.

Things that make girls smoke are stress and curiosity.

Relationship of Tobacco Use to Other Substance Use

- 30/50 (60%) use, have used, or have tried alcohol and/or marijuana.
- Many girls were drinking before they smoked or when they started smoking.
- The majority of smokers report smoking more when drinking. Many say: *I smoke a lot when I drink.*
- Girls drink alcohol for other reasons than they smoke: *to socialize, let loose, party, have fun, lose control, forget.*
- Reasons and patterns for marijuana use are not clearly linked to tobacco use.
- Even if each substance is used for different effects, the common factors in all substance use are peer and relational pressure.



IMPORTANT FINDINGS AND AREAS FOR FURTHER STUDY

Gender Influences

- 42% of girls feel that boys “have it easier” than girls; girls face higher beauty standards, social expectations, and gender stereotypes.

Guys don't really care about how they look. Girls are always obsessing about their body shape.

[Girls] do things; they put themselves out there; they want to work. The guys just kind of sit back and expect things to be handed to them.

Because you're expected to be good and if a boy does something bad, then it's bad. And if a girl does something bad then your parents will scream at you.

- Many girls have responsibilities such as cooking, cleaning, and taking care of siblings.

My dad doesn't do anything—me and my sisters have to cook and clean. I have to take care of my siblings and it's a huge pressure on me.

Culture

- 62% of girls who are current/ former smokers report not knowing a lot about their Aboriginal cultural backgrounds compared to 38% of non smokers.
- Most girls report that learning about their culture contributes to a positive sense of pride and knowledge of teachings and values.

Being involved in the dancing and feasts and preparing food—it makes you proud of yourself. It gave me some pride, and I feel good about myself.

There are two trends related to girls' cultural identities:

“I'm not too sure”: Ambiguity and Disconnection.

- One trend is a sense of cultural ambiguity and disconnection, which challenges smoking interventions rooted in formulaic, culturalist approaches.
- Many of the girls have mobile families that move back and forth between on and off reserve, or come from Aboriginal backgrounds that are not represented at the community level.

I don't really know too much about [my Native background] because we stayed in town and moved a lot.

Not really, because my mom wasn't told about it. My dad, he doesn't know much either because his parents weren't really around when he was young either.

“I Have Good Teachers”: Identity Rooted in Community

- Many of the girls are more rooted in a specific Aboriginal community, and/or have access to specific cultural teachings and community resources.
- Most girls report that involvement in cultural activities and pride in their Aboriginal background has a positive impact on their sense of self and on the choices they make.

I learned a lot from my grandma and my mom. We've gone to the longhouses ... and been to a couple of burnings. I know basics about the language.

I know a lot. I know a lot about Indian dancing, basket weaving, making cedar roses, making regalia, and part of our history.

Secrecy and Normalization

Secrecy:

- Girls hide their smoking because it is not commonly accepted.
- Girls who secretly smoke may experience a sense of shame or guilt.
- Peer pressure and the desire to be “cool” or defiant may play a larger role in secretive smoking behaviors.
- These girls may be less likely to seek supports when needed.

Although our findings suggest that secrecy is not prominent, there are still some girls who do hide their smoking because it is not commonly accepted.

[My family does not know] They probably would have reacted by grounding me and taking my cell phone away.

We didn't hang out in public, we just went behind buildings... in bushes and stuff like that, so nobody really seen, just my friends.

Normalization:

- Smoking is accepted and normalized in many families and communities.
- Family pressure, acceptance and non interference may play a larger role in normalized smoking behaviors.

- Notions of peer groups/ peer pressure may need to be redefined to account for strong family and inter-generational ties in girls' lives.

In all communities, a majority of girls have parents, siblings, caregivers, or other family members who smoke, often in the home.

My mom smokes, my brother smokes, and my brother's girlfriend smokes.

Like my parents smoke, like at least one or two packs a day. When I did smoke my mom bought them for me and she didn't care.

These observations point to the normalization of smoking and other substance use by family members.

My mom only found out this year. [What did she say?] Nothing. I grew up around

it. My mom smokes, my dad smokes, my [two] grandmas smoke—so it was just one of those things I grew up with.

Some parents and family members also facilitate girls' access to cigarettes.

My mom buys them for me.

[I get them from] my brother's girlfriend.

SUMMARY OF PREVENTION AND CESSATION STRATEGIES

The girls suggested the following prevention and cessation strategies:

- Health and social costs should be highlighted
- Much earlier prevention
- Role models of all ages from the community; Role models girls can relate to Personal stories of success through struggle
- More activities: youth and cultural activities, sports, arts, etc.
- Stress-relief supports
- Prevention and cessation supports such as drop-in programs, peer supports, cessation rewards, etc.
- Counselling supports and safe places tailored to girls, to address girls' issues that go beyond "stress"
- Life-skills training
- Cultural modelling of healthy girls/women
- Family and community interventions
- Healthy communities

I had to grow up pretty quickly. I guess that's why I started drinking and smoking. So if there was someone there I guess I wouldn't have started—just someone to talk to me about it.



CONCLUSION

Smoking among Aboriginal teen girls appears to be a multifactorial issue. Peer pressure, family context, experiences of colonialism and discrimination, access to cultural knowledge, gendered roles and responsibilities, stress, and co-substance use, were some of the factors that girls identified as influencing their smoking behaviour. Understanding how context, age, culture, and gender, among other factors, interact to influence smoking provides a more complete picture of Aboriginal girls' realities, and facilitates the design of comprehensive smoking prevention and cessation interventions.

Partnerships between Aboriginal communities and Aboriginal and non-Aboriginal researchers can help facilitate much-needed bi-directional knowledge transfer in this field and can inform future research and policy development.

Communities can draw on study findings and the multidisciplinary partnership model to effect public health change in their own communities.



THE RESEARCH TEAM

Aboriginal Partners

Six Aboriginal partners played a central role in developing and conducting the study:

1. Laichwiltach Family Life Society

Team: **Audrey Wilson** (Executive Director),

Debbie Weir (Community-based Collaborator).

2. Sliammon First Nation, Tla'Amin Community Health Services Society

Team: **Laurette Bloomquist** (Executive Director), **Vicki**

Harry (1st Community-based Collaborator), **Cathy Paul** (2nd Community-based Collaborator).

3. Kermode Friendship Society

Team: **Arleen Thomas** (former Executive Director), **Diane Collins** (Executive Director), **Caroline Daniels** (Community-based Collaborator).

4. Penticton Indian Band

Team: **Lynn Kruger** (Health Director), **Elaine Alec** (Community-based Collaborator).

5. Port Alberni Friendship Centre

Team: **Cyndi Stevens** (Executive Director), **Joanne Touchie** (1st Community-based Collaborator),

Lexus Kang (2nd Community-based Collaborator), **Darlene Leonew** (3rd Community-based Collaborator).

6. Metakatla Band

Team: **Patricia Silieff** (Health Director), **Fanny Nelson**, (Community-based Collaborator).

Study Leaders

Lorraine Greaves (Principal Investigator), **Pauline Janyst** (Project Coordinator), **Sandrina de Finney** (Data analysis and final report).

Co-investigators

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Coalescing on Women and Substance Use
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www.bccewh.bc.ca and **www.coalescing-vc.org**