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UNDERSTANDING MĀORI YOUTH SMOKING

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ABSTRACT

The understanding of Māori youth smoking from a qualitative perspective has been neglected in the literature. While there has been a wide scope of research detailing the promoting and protective factors that put Māori youth at risk to smoking, there continues to be a high rate of smoking for Māori youth, particularly among young Māori females.

This research endeavoured to discover what smoking means to Māori youth, and to explore the relationship between Māori youth smoking, and the effect that culture plays in the development of smoking behaviour.

An objective of this research was to gather data that can inform and contribute to existing knowledge about Māori youth smoking, for the development of youth tobacco interventions.

A qualitative study using focus groups were conducted to explore the meaning of smoking to Māori youth. The youth were aged 15-18 years of age. The focus groups explored the roles and meanings of smoking in Māori youth lives, by exploring their smoking histories, and maintenance processes involved in their daily experiences of smoking.

Findings showed the initiation of smoking was strongly related to peer group membership. Role modeling by family and peers influenced smoking, with the progression of smoking linked to smoking etiquette and transition to adulthood. Maintenance of smoking was related to emotional well being and the normalization of smoking behaviour. Tobacco use was regarded as an important and enjoyable aspect of many of the participants' lives.

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INTRODUCTION

The relationship between Māori youth and smoking has always been a cause for concern in Primary Health. The overall social cost of smoking in New Zealand has suggested that one in five deaths are a direct result from smoking and, or second-hand smoke. Therefore, there is little doubt that the social and medical significance of this trend and its' economic consequence to our society is alarming.

Previous research examining youth smoking in New Zealand have mainly been quantitative, and focused on the harmful effects of tobacco use for youth smokers, concentrating on predictive and protective indicators for the initiation, uptake and maintenance of smoking. Furthermore, research findings usually result in the development of health policy, strategies and interventions that will prevent the uptake of tobacco, and reduce smoking through health promotion and cessation programmes.

Despite all research efforts and public health initiatives, the uptake of smoking among youth remains high. Māori youth smoking rates continue to rise, especially among young Māori women. Therefore, it is imperative, that Māori youth voices are heard, to understanding the meanings of their experiences as smokers to inform culturally appropriate interventions. Little qualitative research has been performed with Māori youth to provide richer understandings of Māori youth smoking.

Therefore, the research contained in this document endeavours to provide additional qualitative evidence to add to the existing knowledge base of what smoking means to Māori youth, and to explore the relationship between Māori youth smoking, and the effect that culture plays in the development of smoking behaviour.

Novitz and Willmott (1989) assert that culture is a collection of behaviour patterns, values and beliefs that characterise a particular group of people. It is anticipated in this research

that there will be some overlap of youth culture and Māori culture, which help create and shape the way in which Māori youth smoke.

Paramount to this research is the opportunity to provide a platform from which Māori youth are able to voice their viewpoints in relation to smoking, culture and the reasons why they smoke. In order for smoking cessation interventions to be developed, it is important for youth voices to inform initiatives that are aimed at helping them. There are often interventions for young people that are designed without much recognition of young people, and their experiences within their context.

It is hoped that this research will be beneficial in aiding the development of youth cessation programmes, in terms of understanding the cultural contexts of Māori youth smoking and to gain an insight into the world of a Māori youth smoker.

I anticipate this research may have findings similar to current tobacco research, but it is intended that these findings be received in the context of this research, that is, a group of young Māori smokers and non-smokers from two communities, talking about their own smoking ways.

Background Information

Research in New Zealand has endeavoured to explore the relationships between youth and smoking, by providing valuable qualitative and empirical evidence about youth experiences with tobacco as identified in the Ministry of Health's (2004) tobacco control strategy "major issue for Māori in terms of health, equity, economic status and cultural identity."

According to the Action on Smoking and Health Year 10 Smoking Survey (2006) the prevalence of smoking in Year 10 students (approximately 14–15 years old) has decreased from 11.4 to 10.7 percent in girls and from 8.1 to 7.2 percent in boys over 2004 and 2005. This fall is consistent with a continuing downward trend since 2000. Over a six-year period

2000–2005, prevalence has declined by approximately 40 percent in Year 10 girls and 50 percent in Year 10 boys.

Although prevalence for youth smoking has declined, Māori youth smoking rates in general remain relatively high in comparison. The Year 10 Smoking Survey showed there was a high prevalence of smoking among Māori peoples aged 15 to 19 years, approximately 46 percent (Scragg, 2006). Young Māori females in particular were identified as having a high smoking prevalence of 60 percent. These trends continue to be significant for Māori communities and Māori morbidity rates.

Although the current literature have made influential findings based on variable factors, such as cultural markers and demographics to substantiate predictive Māori youth smoking behaviour. It is important that real and meaningful discussions with Māori youth, which is the basis of this paper, become the main focus of any research because it describes components of their behaviour that is directly linked to this aspect called ‘culture’.

What culture Māori youth relate to and are immersed in, determines how they act and think. As stated in the introduction, culture is not just about ethnicity, it is about youth culture and smoking culture. Combined, it becomes a powerful force that shapes the lives of Māori youth. Within this document will be some constructive feedback from Māori youth that will contribute to the growing body of tobacco research in New Zealand.

LITERATURE

Tobacco and New Zealand Society

Local, national and international literature continues to highlight the long standing concern of tobacco use in this country and across the world. Although the risks of smoking are notably publicised and promoted, many individuals continue to take up smoking or maintain their tobacco smoking behaviour.

This section outlines the general trends in New Zealand's tobacco consumption from the early 1970's to the present. Subsequent tobacco control efforts in New Zealand, and the social costs to New Zealand.

Smoking Prevalence in New Zealand

Smoking continues to be a major cause of premature death in New Zealand. Over 5000 New Zealanders die each year from tobacco related disease with approximately 1500 of those deaths occurring in middle age (Ministry of Health, 2006). In addition to these statistics, 450 people die a year due to second hand smoke (Woodward and Laugesen, 2001b).

Current research has highlighted that 23.5 percent of New Zealanders smoke (Ministry of Health, 2006), with the highest smoking prevalence rates observed among those aged 15-29 years, meanwhile the lowest smoking prevalence rate was seen among those aged 50-64 years. It can be deduced from this data, that as Māori individuals who smoke, become older they have either stopped smoking or died as Māori life expectancy is lower than other groups.

There is a growing youth population in this country, and as a result, more youth will assume a smoking role. Meanwhile, tobacco companies play their role to increase the youth smoking population by spending millions of dollars promoting their products and brand names in New Zealand, preparing 50 New Zealand children to start smoking each year.

However, declines in smoking have been more typical of Pākehā (New Zealanders of European descent) than Māori or Pacific peoples (Barnett, Moon and Kearns, 2004). Smoking prevalence among Māori remains to be considerably higher than that of non-Māori. Smoking rates in New Zealand are highest among Māori at 45 percent, followed by the Pacific peoples at 37 percent (Ministry of Health, 2006).

Additionally, approximately one in four Pākehā, one in three Pacific people and one in two Māori are cigarette smokers. Ethnic group differences of smoking characteristics have remained significant over time, and show little sign of decreasing (Durie, 1998; Te Puni Kōkiri, 1999).

Population

In March 2006, New Zealand's resident population reached just over 4 million people (4,027,947). Statistics indicate that New Zealand's population growth rate will be expected to grow by 634,000 people between 2005 and 2026 (Statistics New Zealand, 2006). The Māori ethnic group population increased by 39,048 (7.4 %) in 2001 to a total of 565,329 in 2006. One in seven people identified with the Māori ethnic group, with eighty eight percent of the Maori population heavily concentrated in the North Island of New Zealand.

According to Statistics New Zealand (2006), there were 306,009 youth aged 10 and 14 years, and 300,198 youth aged between 15 and 19 years of age in 2006. The proportion of youth under 15 years of age decreased from 22.7 percent in 2001 to 21.5 percent in 2006.

Based on these population statistics, the implications of a growing Māori and youth population is that there will be an increase in Māori smoking rates and youth smoking rates, consequently adding to morbidity and mortality rates. Compared to other developed countries, New Zealand's smoking levels are relatively low for males and relatively high for females (Ministry of Health, 2003).

Gender

In 2004, smoking was most prevalent among New Zealanders aged 15-24 years, and 25-34 years. Twenty four percent of males and 22 percent of females smoked, with females more likely than males to smoke at ages 15-34 years. Between 2002 and 2004, the smoking levels in the 15-24 years age group fell from 32 percent to 25 percent for young men, and from 33 percent to 29 percent for young women (Ministry of Health, 2005). Although smoking levels declined during this period, young women's smoking rates still remain higher than young males.

For young people, the prevalence of self-reported tobacco smoking among Māori (34.6%) was nearly twice that of non-Māori (16.7%), and Māori females (40.2%) having the highest prevalence of tobacco smoking (Scragg et al., 2003). Although these statistics illustrated a significant drop in smoking prevalence over a 20 year period, again, Māori were positioned high on the prevalence scale with 39 percent of Māori males smoking, followed by Māori females comprising the highest smoking rate of 48 percent (Ministry of Health, 2005).

Therefore, if the current rates of tobacco uptake in the Māori youth population should rise, this will contribute to maintaining elevated levels of Māori smoking prevalence in the future.

In view of that, the rate of smoking by young women, particularly by young pregnant women, is of considerable concern. Most particularly, with the effect that smoking has on the growth and development of the foetus and the development of the child (Drage, 1990).

Further implications to women smoking, is the strong role modelling influence that mothers hold in their children's lives, that could have an effect on the child's onset of smoking (Reid & Pouwhare, 1991).

Approximately 33 percent of women in their early twenties are daily smokers with Māori female smokers making up 54 percent of that age group. The Ministry of Health (2006) found that 26 percent of pregnant women in New Zealand currently smoke. Earlier work by Waa, Moewaka-Barnes, Blewden and Spinola (1997), discovered that two-thirds of Māori pregnant women smoked. Where smoking rates have declined less rapidly since the 1990's, it can be assumed that their findings are still relevant today.

Equally important, due to the high incidence of Māori women smoking, Māori women have been attributed with the highest rates of lung cancer in the world. Smoking rates among Māori women, continue to be among the highest in the world (Broughton & Lawrence, 1993; Reid & Pouwhare, 1991).

It has been highlighted in the national and international research that women smoke for different reasons than men (Ministry of Women's Affairs, 1990). Graham (1993) similarly argued that, for women with low incomes and or from solo-parent households (Sarfati, & Scott, 2001), cigarette smoking helped relieve the stresses associated with gendered burdens of childrearing and house keeping since it provided a symbolic space in which to escape such pressures.

Comparably, Māori women were found to be more likely to smoke in response to stress, coping with anger, frustration, depression, conflicting demands and often to claim some time for themselves (Reid & Pouwhare, 1991).

In summary, an increase in Māori women smoking, will result in increased childbirth complications, increased Māori youth smoking prevalence, increase in stress and depression, and higher rates of cancer. As a result, a higher number of deaths for Māori women will be eminent.

Socio-Economic Inequality and Smoking

Historically there have been inequalities in health between advantaged and disadvantaged groups, and smoking is no exception (Barnett, Moon & Kearns, 2004). Wilkinson (cited in Barnett et al., 2004) argues that people living in unequal societies have a greater chance of illness. He further asserts that the greater the level of inequality, the greater the level of deprivation.

Barnett, Moon & Kearns (2004) found that smoking is a way of relieving stress felt by low status groups in egalitarian societies. In New Zealand, Howden-Chapman & Tobias (2000) found that smoking was more prevalent among beneficiaries, those with lower incomes and those living in the most deprived areas.

Deprivation areas are based on 9 socio-economic variables that are categorised into deciles, numbered from 1 (least deprived) to 10 (most deprived). The 1996 Census data showed that the proportion of smokers in the most deprived (decile 10) areas is two to three times the proportion of smokers in the least deprived (decile 1) areas for all age groups. According to Howden-Chapman and Tobias (2000), higher proportions of Māori live in areas that are most deprived, based on a measure of socio-economic position.

Tobacco – The Cost to Society

It has been widely researched that smoking causes a vast number of diseases, including coronary heart disease, stroke, various cancers, peripheral vascular disease and chronic obstructive pulmonary disease. Adult smokers are at increased risk of nearly 40 different diseases including cardiovascular diseases, a number of cancers, and adverse outcomes such as diabetes. Also, exposure to environmental tobacco smoke has been identified as a major risk factor for Sudden Infant Death Syndrome (SIDS) and respiratory problems in children (Ministry of Social Development, 2006). Smoking around children is known to double the risk of cot death, with the rate of cot death among Māori babies being twice that of non-Māori (Mitchell et al., 1994).

Internationally, smoking has been identified as the major cause of premature death in OECD countries. Bearing in mind that approximately 5000 New Zealanders die each year as a result of smoking, this number far exceeds the number of deaths related to road crashes, HIV, homicide, drowning and suicide combined (Ministry of Health, 1996). Research has estimated that 1 in 6 New Zealanders die from smoking each year, and die an average of 14 years early (Cancer Society, 1996). For Māori, smoking causes one in three deaths.

The social costs to New Zealand for tobacco consumption have varied in degree over the past two decades. In 1994, the Public Health Commission estimated the costs of tobacco to society in New Zealand in 1988 was 1.9 billion dollars (Public Health Commission, 1994). This estimate took into consideration factors such as illness, care costs, loss of earnings of the deceased, and an estimate of the value of life of the prematurely deceased.

In 1997, a report on “The social costs of tobacco use and alcohol misuse” estimated the cost to New Zealand society was 22.5 billion dollars (Easton, 1997). The Ministry of Health (2005) claimed that advancing tobacco control is possibly the most effective way to improve the health status of New Zealanders, in turn reducing the social costs of tobacco in society.

Tobacco Control

The specific reasons for addressing the issue of tobacco in New Zealand by developing a tobacco control strategic plan shall be mentioned here to reinforce the severity of tobacco as an overarching concern.

Reasons for addressing tobacco in New Zealand are:

- *Death:* Tobacco is a major preventable cause of death among children and middle-aged and older people.
- *Illness and suffering:* Tobacco is a major preventable cause of illness and suffering in all age groups, particularly among Māori and low-income New Zealanders.
- *Economic effects:* Tobacco use harms the New Zealand workforce and has substantial adverse effects on the economy, including the health sector.
- *Public demand for action:* The New Zealand public and organisations representing various population groups want further improvements in tobacco control.
- *Availability of proven and cost-effective interventions:* Scientific evidence supports many of the interventions that can be used for extending tobacco control in New Zealand.

Tobacco control efforts in New Zealand prior to 1990 by government and health authorities were not as cohesive and strong as the tobacco control efforts in the new millennium. Small incremental steps were taken by Government and health authorities to assist in the reduction of tobacco in New Zealand society prior to 1990.

Due to weak efforts to address tobacco related health issues, intensive tobacco advertising, marketing and sponsorship had a significant effect in developing a strong tobacco culture environment that was engrained in normal day to day life.

Smoking tobacco had become so entrenched and well established in society, communities and homes, that tobacco use was accepted and tolerated in public areas, workplaces and homes. Smoking became an accepted practice and a culture of tobacco use, was (and in some cases are still) part of normal life (Allen, 1997).

Thompson and Wilson (1997) listed examples of tobacco control efforts from the 1960's to the 1990's. It illustrates the slow development of efforts made to tackle the tobacco

epidemic. As a result, New Zealand is now seen as one of the world leaders in tobacco control.

- 1963 - Broadcasting authorities banned tobacco advertising on radio and television. In
- 1973 - Saw the removal of advertising on billboards and cinema.
- 1974 - The first health warnings on tobacco packets were introduced
- 1984 - Television campaigns to discourage smoking commenced
- 1988 - It was confirmed that it was an offence to sell tobacco products to a person under the age of 16 years

Smoke-Free Policy

Prior to 1990, there were limited protection for individuals from other people's smoke and the 'right to smoke' was superior to the 'right to not be exposed to smoke' (Allen, 1997). The publication of the Department of Health (1989) Toxic Substances Board Report *Health or Tobacco: an end to tobacco advertising and promotion*, and *Creating smoke free indoor environments* document was instrumental in provoking the issue of smoking and the right of individuals to be protected from environmental tobacco smoke. These documents assisted debate and culminated into the Smoke-free Environments Act 1990.

The Smoke-free Environments Act (1990) revolutionised tobacco control in New Zealand. This Act was passed to protect the health of the public, children, and employees in internal workplaces from second-hand smoke. The Act restricted the selling of tobacco products to people under 16 years of age, an increased regulation of marketing, advertising and promotion of tobacco products, and an increase in tobacco tax were some measures used to reduce tobacco consumption in New Zealand. The Act aimed at reducing the harm caused by tobacco in the following ways:

- ban smoking on public transport
- to protect people from tobacco smoke in the workplace
- employers were required to establish policies on smoking in their workplaces

- 50% designate seating at restaurants
- banning of all tobacco advertising
- confirmation of an offence to sell tobacco to people under 16 years of age
- health warnings on tobacco packaging
- the banning of any acknowledgement of tobacco sponsorship

Further tobacco control efforts brought about the Smoke free Environments Amendment Act in 2003. This Act was passed to enforce all internal workplaces to be 100 percent smoke free in order to protect the health of workers and the public to second-hand smoke and to reduce the harm to individuals caused by smoking.

Strong tobacco control efforts in the last twenty years have been effective in reducing the prevalence rates of smoking. However, the Ministry of Health's (2004) five year tobacco control plan highlighted that prevalence rates of smoking for Māori youth continues to rise compared with non-Māori, and with young female Māori in particular. Therefore, more effort is needed to address this concern for Māori.

Furthermore, the tobacco control plan highlighted the current smoking rate of youth 15-19 years of age was higher than the national average. Durie (2001), claimed that tobacco smoking remains endemic, despite the educational and promotional efforts to reduce smoking in society.

In summary, while the tobacco control interventions have had different impacts on different groups, the efforts have been successful in reducing rates because issues to do with marketing, maintained price controls and limited availability have been addressed. However, even though these controls have gone some way to promoting smoke free environments, they have not been as effective in reducing Māori smoking rates.

Contextualising Ethnicity, Inequality and Smoking in New Zealand

Contextualising ethnicity and inequality in New Zealand will be touched upon, to inform the reader of the effects of colonisation, racism and discrimination on Māori health. Between 1840 and 1911, post the signing of the Treaty of Waitangi, the proportion of New Zealand land controlled by Māori dropped from 100% to just 11% (Orange, 1987). Māori society was in poor health, with the introduction of infectious disease and land confiscation. In addition, the Māori population declined drastically, dropping from a population of 80,000 in 1840 to 41,993 in 1891 (Pool, 1991).

During the 1980's and 1990's the introduction of neoliberal market reforms greatly affected Māori than non-Māori (Ajwani et al., 2003). As a result, there were a greater concentration in low wage industries that were affected by restructuring, plus the introduction of market rents had a dramatic effect on Māori living standards.

The socio-economic position of Maori compared to non-Māori was worse in 1996 compared to 1986. Economic marginalisation, poor ethnic relations and other factors brought about inequalities and the impacts on health. Māori health has been declining since. This information is important to consider, as understanding the context of social inequality and health disparities with regard to Māori reduces the likeliness of victim blaming. There are much stronger variables in society, such as discrimination, racism, sexism that have an impact on health outcomes for Māori.

Māori and Smoking

This chapter attempts to highlight significant issues of Māori, youth and smoking. Smoking is discussed firstly by contextualising Māori and smoking in New Zealand; the trends in smoking for Māori and Māori youth for the past two decades. This section will draw attention to significant national literature that has researched factors that influence smoking among Māori and youth in general.

History of Tobacco Use Among Māori

Māori smoking behaviour is different to the population as a whole. There was no smoking of tobacco or other substances by the Māori before the arrival of the European (Pākehā) at the end of the eighteenth century. Tobacco was brought to New Zealand by early Pākehā explorers and traders, where it became a popular article of trade, or as a koha (a gift), (Reid & Pouwhare, 1991).

Although there was no tobacco in New Zealand prior to colonisation, even by 1850, nicotine addiction was firmly established (Broughton, 1996). According to Easton (1995), during the years that followed, Māori took up the habit with enthusiasm.

Following European contact smoking rates rapidly increased among Māori (Monin, 2001) and was reinforced by the publication of postcards and advertisements which portrayed Māori tobacco use as a social norm. Likewise, the Māori pipe-smoker became immortalised in the early portraiture and photographs of the day.

This reinforced the acceptability of smoking for Māori and smoking quickly became entrenched into the Māori 'way of life' (Broughton, 1996). Reid and Pouwhare (1991), felt it was unfortunate that so many portraits and photos are associated with tobacco use and reinforce smoking tobacco as 'normal' behaviour.

Māori Health and Smoking

From 1989-1993, 437 Māori deaths were attributed to cigarette smoking each year. Among Māori, 41 percent suffered cancer deaths, 33 percent suffered circulatory deaths, and 62 percent of respiratory deaths were attributed to smoking. In 1998, Laugesen & Clements asserted that tobacco has particularly adverse effects on Māori health, with an estimated 31

percent of Māori deaths being attributable to tobacco smoking. Māori people as a whole, lose on average 3-4 years of life to cigarettes.

Of the Māori cigarette attributable deaths, 78 percent (339 annually) were in middle age (35-69 years). Māori males comprised of 17 percent as well as for Māori women, compared with 8 percent of non-Māori men and 3 percent of non-Māori women. An estimated 14-15 percent more Māori would survive middle age if no Māori smoked after age 35 years (Laugesen & Clements, 1998).

Smoking and Māori

Broughton and Lawrence (1993) interviewed Māori women to discover their thoughts, feelings and attitudes in regard to smoking. The qualitative interviews indicated that Māori women took up smoking because they wanted to 'be cool' or 'be in the in-crowd'. Similarly, peer pressure and the fact that 'everyone else is doing it' were indicated as factors in the initiation of smoking.

This research found a strong association connecting consumption of alcohol at the pub, parties and social occasions with the women's smoking behaviours. As a consequence of the strong connections that Māori women have with smoking and social behaviours, it was also found that young children growing up surrounded by smokers learn that it is an acceptable part of social activity.

Within another study conducted by Glover (1999) there were findings that indicated approximately 70 percent of the participants reported that their parents smoked when they were children. Glover discovered that the average age for initiation was reported to be 12 years and almost half had tried smoking before they turned 12 years old.

Equally important was the finding that smoking initiation predominantly occurred either with whānau (family), in the whānau environment, with school peers or in the school

environment. The average age for progression to regular smoking was 16 years (91 percent had started smoking regularly before 17 years).

Similar to research conducted with indigenous groups or small communities, the participants explained that they started to smoke because of curiosity, and because of negative affect (participants were experiencing a state of negative emotion at the time). Smoking initiation began mostly due to stressors that occurred within the whānau environment.

Meanwhile initiation at school or with school peers was more likely to be of curiosity in nature. Further findings from Glover's (1999) research also found that parental smoking was a risk factor for smoking initiation, subsequently facilitating Māori children to smoke to ensure their membership in the whānau and peer group.

Recent research by Gifford (2003) with Māori youth, also identified that youth smoking was strongly associated with participation in social networks including whānau networks. According to Gifford, whānau were a 'backdrop for a smoking career by strong role modelling'. Similarly to the findings of Glover (1999), smoking initiation occurred mostly within a peer group environment.

Within this research there were equally important findings to establish reasons for Māori youth smoking initiation. Gifford (2003) asserted that there was a strong indication that smoking was a marker for group belonging, signifying a distinction from other groups. Secondly, smoking facilitated social interaction, and finally, reciprocity and sharing were seen as a means of establishing and maintaining relationships.

Therefore, there are strong Māori cultural values which have implications for youth smoking behaviours.

Māori Youth and Smoking

According to New Zealand's 2001 census, there is a growing population of young Māori in New Zealand. The implications of the rising number of Māori youth, will mean more Māori smoking, in effect, adding to the rising mortality statistics. Although the aging Māori population are deciding to stop smoking, their smoking behaviours are being replaced by Māori youth who take up the habit.

The national literature has identified predictive and protective factors that influence Māori youth to take up smoking. Some indicators for the onset for Māori to smoke include: parental influence (Glover, 1999; Broughton & Lawrence, 1993), socio-economic status (Scragg, 2006; Barnett, 2000; Ministry of Health, 2006), smoking at an early age (NFO CM Research, 2000), siblings and peers (Ree, 1986), smoking environments (Clark, 1988), social activity (Broughton and Lawrence, 1993; Gifford, 2003), culture (Reid and Pouwhare, 1991); parental and family smoking (Scragg et al, 2003; Glover, 1999).

Reid & Pouwhare (1991) argued that Māori have normalised tobacco use so much, that Māori fail to recognise the hazards that we create for our children. Reid & Pouwhare (1991) describe experiences of Māori and smoking to contextualise the normality of smoking within whaanau.

After birth, cigarettes become part of our very early experiences... Three of four children are aware of cigarettes before they reach the age of five... Young children whose mothers smoke, are more likely to pretend to smoke 'sweet cigarettes'. (p 49).

For young people, the prevalence of self-reported tobacco smoking among Māori (34.6%) was nearly twice that of non-Māori (16.7%), and Māori females (40.2%) having the highest prevalence of tobacco smoking (Scragg et al., 2003).

Māori identity

It is important to explore how Māori identity was conceptualised traditionally, to provide an understanding as to how Māori youth identify themselves today as a smoker. Being Māori could be viewed as a marker for identity, but it could also be viewed as a marker for being a smoker. Māori youth will not only identify themselves as having a Māori identity due to traditional constructs, but also to develop their own identities in relation to their social environments.

Māori are referred to as the indigenous peoples of New Zealand (*tangata whenua*). Māori identity developed originally out of a binary opposition between Māori and Pākehā (Walker, 1989) and to claim a separate identity from others residing in the same country (Cobo, 1987).

Māori identity as *tangata whenua* were able to maintain a sense of belonging through their genealogical ties (*whakapapa*) through tribal membership and learning within the *whānau*, *hapu*, *iwi* and *waka* (Walker, 1989), in addition to the special relationship that Māori have with the land (Daes, 1996). Tribal markers such as rivers, mountains and tribal boundaries significantly form an essential element to Māori identity.

Cultural practices, including language, customs, kinship obligations and traditions, land ownership, tribalism and *tūrangawaewae* (Walker, 1989), were also important in the development of Māori identities. These traditional belief systems helped refine Māori identities in terms of the significant relationship between people and their natural environment.

Equally important in conceptualising Māori identity, is to be of Māori decent, combined with tribal structures and cultural practices, play a primary role of the continuity of Māori identity today (Moeke-Pickering, 1996).

However, in contemporary society, Māori writers have suggested that the traditional tribal structures of whanau, hapu, iwi and waka should not be solely relied on to determine Māori identity. Durie et al (1995) believed that while the traditional whānau arrangement and its related obligations and responsibilities to hapu and iwi was appealing to some Māori, for other Māori choosing a type of family arrangement that suited individual and family preferences was more logical given the economic driven environment.

An example was the migration of Māori families from traditional rural areas to urban centres for the purpose of employment and economic sustainability. Consequently, some Māori became culturally disconnected to their traditional tribal structures through the progressive advance of urban acculturation and policy assimilation, which gradually led to the disintegration of obligations and responsibilities to marae, hapu and iwi.

However, there was a cultural revival and spontaneous recovery of the Māori population from the trauma of colonisation (Walker, 1989), and social disruption (Ritchie, 1990). Initiatives such as Te Kōhanga Reo, Kura Kaupapa Māori, and Te Wharekura are one example of a movement that revived the Māori language and asserted Māori culture as a response to the poor educational achievement of Māori students and the loss of Māori language, in effect the loss of Māori identity (Ritchie, 1992).

In a longitudinal study of Māori households known as Te Hoe Nuku Roa, an analysis of the data suggested that a secure Māori identity will act to protect against poor health, even in the presence of adverse socio-economic conditions. In this study, a secure identity included having a sense of being Māori, having access to various cultural markers, such as family (whanau), Māori land, a marae (communal meeting place), knowledge of ancestors, Māori language and opportunities for associating with other Māori people.

Durie (1997) asserts that a secure identity demands more than a superficial knowledge of tribal tradition. It is dependent on the easy access to the Māori world, especially Māori language, the extended family network and customary land. The location, nurturants, socio-economic realities and exposure to traditional cultural practices influenced how each

individual and whānau formed and maintained their Māori identity. Durie (1994) purports that while there is no single exact measure of what constitutes Māori identity, Māori identity is still being asserted today, which means that the shaping of Māori identity is still occurring and evolving.

Borell (2005) recently researched cultural identity of Māori urban youth. Borell discovered that Māori youth are “experienced negotiators” of their identity. In order to understand the identities of Māori youth in the study, was to not only understand conventional markers of Māori identity, but to also encapsulate the “collective strength”, “pride” and “individual self confidence” that the youth have in connection to their pride in “being Māori”. This was regardless of the socio-economic disparities they experienced living in an area where the dominant societal discourse regarded as poverty stricken and dangerous.

This study highlighted, that although the youth had disparate access to their Māori heritage and values through traditional sources and means, they held “strong and meaningful” associations to their local land, environment and community, of which provided them with feelings of security, belonging and connection. Borell (2005) further claimed that support and affirmation to these real connections contribute to strong markers for an identity for Māori youth.

For this research, it is important how Māori youth view themselves as being Māori and being a smoker to understand the interactions that culture and identity help shape Māori smoking identities, as well to develop culturally appropriate interventions.

Identity Theories

The following section will explore some key theoretical frameworks that support the study of human of personality. This research is interested in the way the youth’s identities are formed as a smoker and as Māori. Most theories imply that identity is fixed, but more often than not, identity is fluid, and is continually changing. There is conflict when populations

that view their identities as collective, try and apply theories to a situation and imply that identity to be fixed. Some theories are explained briefly, to provide some background to understand the psychology of human behaviour and how it relates to youth and their development of an identity.

Role Theory

George Mead (1934), suggests that a person has an identity for each of the different positions the person holds in society. Individuals can learn to occupy multiple roles and move between them in a socially appropriate manner, therefore, individual's identities are influenced by the social interactions of others. A person has an identity for each of the different positions or roles a person holds in society.

Individuals can have role identities that involve having meanings attached to themselves, while they are performing a role (Stets, 2006). For example, in terms of being a smoker, the individuals are socialised into the role by bringing their own understandings of what it means to be a smoker, and how to identify themselves as a smoker.

In the same way that role identity meanings are defined by culture, culture also defines the meanings of different group memberships and the behaviour expected from those memberships. Stets and Burke (2000), believed that with social identities, people categorise themselves as similar to some, labelled the in group, and different from others, the out group.

When individuals take on a group based identity, there is a sense of belongingness and self worth (Stets, 2006). In addition, affect also has an influence of the commitment to an identity.

Social Identity Theory

Social identity theory is concerned with both the psychological and sociological aspects of group behaviour (Tajfel and Turner, 1986). This theory helps to understand how an individual behaves in a group. This theory is centred around three key concepts; categorisation, identification and comparison (Tajfel and Turner, 1986).

Categorisation occurs when individuals put others (including themselves) into social categories as groups, e.g. like black, white, Jew or Christian. Individuals do this in order to better understand social environments.

Identification occurs when individuals associate with certain groups (in-groups), that serves to strengthen one's self esteem. People identify with groups that they perceive themselves to belong to. A significant part of who an individual is are made up of having group membership and at other times individuals think of themselves as unique individuals.

Comparison describes the process by when an individual compares their group with other groups, In order for people to evaluate themselves, they compare themselves and their groups with other groups in ways that reflect positively on themselves. Positive self-concept is a part of normal psychological functioning and to deal effectively with the world people need to feel good about themselves.

Cultural Identity

Friedman (1994) regards culture as an enduring set of social norms and institutions that organise the life members of particular ethnic groups giving them a sense of continuity and community. Therefore, cultural identity is the identity of a culture, of which an individual is influenced by their belonging to that group.

However, I am interested in the relationship between cultural identity and ethnicity. Friedman (1994) further claims that Ethnicity can be experienced as one's cultural identity, because it is experienced by the individual, and it is inherent by blood. In contrast, cultural identity in this sense is inherent and ascribed, and is expressed in the concept of biological descent.

A question was posed by Nichter (2003) regarding the role of ethnicity and culture as a context influencing adolescent smoking. Nichter asked 'what is cultural about particular patterns, transitions and trajectories of smoking?' As was seen earlier in the damning statistics of Māori smoking prevalence, the relationship of Māori culture and how it has an effect on Māori youth smoking culture is worth investigating.

Smoking and Adolescence

Smoking experimentation remains a consistent characteristic of adolescence, and as the student moves through adolescence, the likelihood of smoking increases (McCool et al., 2003). The earlier smoking is stopped, the greater the health gain benefits associated with quitting smoking (Doll et al., 1994).

A survey of fourth formers (age 14-15 years) in 2001 revealed that 16 percent of males and 22 percent of females were smokers (Ministry of Health, 2002). Female Māori students comprised of 42 percent of this smoking population, and Male Māori students comprised of 24 percent.

Although the statistics offers valuable information for trends in adolescent smoking, the mid-teen years are also critical years in establishing persistent smoking behaviours. In a study with sixth formers (age 16-17 years), there was a significant finding indicating that those who smoked were more likely to continue their smoking in the future (McCool, et al., 2003).

Many public health initiatives have been aimed at reducing smoking uptake and helping adults to quit, but little has been done in terms of addressing cessation in adolescents (McCool, et al., 2003). A whole population has been ignored for cessation. Research has indicated that nicotine dependence is an important contributor to the problems of smoking at school (Soteriades, et al., 2003).

The first symptoms of nicotine dependence can appear within days to weeks of occasional tobacco use. The dependence can be so strong that once young people establish habits and become occasional smokers, it is unlikely they return to being non-smokers (Ministry of Health, 2002).

In conclusion, these findings reiterate the potential for intervention with an adolescent population, as interventions are currently funded to help adults. Also, with the Māori youth prevalence rate on the rise, then youth appropriate and Māori appropriate interventions should take account of this information when they are in the designing process.

Adolescent Females and Smoking

Smoking becomes a way for young girls to build a sense of identity for themselves. There is pressure to be the same as their peers, to establish their own sense of self, to contest with societal pressures of beauty, fashion, individuality, popularity and independence.

Edwards (1995) investigated adolescent women and tobacco, and found that sports and physical activity can give young women the same benefits of independence, status with their peers, a chance to make friends, relaxation and a more positive sense of self. Edwards further noted that, girls who play sports, have a higher level of self-esteem, more positive body image, experience psychological well being than those women who do not play sport.

In a study of gender and racial/ethnic differences of smoking and weight loss, Fulkerson and French (2003), discovered that smoking for weight control is prevalent across many

race/ethnic groups (American Indian, Asian American, African American, Hispanic) and for both genders among adolescents.

Addiction

By experimenting with smoking at a young age, there are risks to becoming a daily smoker, and developing an addiction to nicotine. Short term effects that youth experience are associated with respiratory effects, reduced physical fitness, suffer from a shortness of breath, tobacco stains, bad breath and produce phlegm more often (Ministry of Health, 2000).

Furthermore, smoking among youth, can lead them to become strongly addicted to nicotine, and are three times more likely to use alcohol, eight times more likely to use marijuana, take part in more risky behaviours (e.g. fighting), and are more likely to finish secondary school earlier.

Most young people, who smoke regularly and continue to smoke throughout adulthood, will suffer long-term health consequences. Youth will follow the addiction path in adults, resulting in experiencing the same routine habits, using smoking tobacco as a coping mechanism, and experiencing withdrawal symptoms (Klesges, et al., 2003). Additionally, many adolescent smokers report withdrawal symptoms that are similar to those experienced by adults, and therefore, utilise smoking in the same ritualistic way as adults. Smoking becomes embedded in their lives.

METHOD

Participants

The youth who participated in this research were aged between 15 and 18 years of age. The participants were made up of nine males and nine females and were all of Māori descent. The high smoking statistics and regular smoking behaviours attributed to this age group was one of the key drivers for the selection of the sample (Ministry of Health, 2002; Darling & Reeder, 2003; Scragg et al., 2003)

Māori youth were chosen as participants for this research due to the high percentage of Māori smoking prevalence rates, in particular the high percentage rate of Māori females smoking. In terms of the communities where the youth were drawn from, 17 percent of males (14-15 years old) and 28 percent of females (14-15 years old) in the Waikato were smokers (Adolescent Health Research Group, 2003). Furthermore, the smoking statistics for the Waikato Year 10 students in 2003, was above the New Zealand national average.

The recruitment of participants occurred in two processes. Participants were recruited using local networks, knowledge of the community and knowing the youth within the communities. The youth then used their own networks to snowball other youth who smoked to participate in the research.

If there was agreement to participate in the research, an information sheet was provided, a time, date and place was arranged for the interview. Information about the research was revisited again at the interview, followed by a thorough explanation of the consent process. At the end of the interview, participants were given a choice of a music voucher or a mobile phone voucher as an acknowledgement of the important contribution they were making to the research.

Participants are given pseudonyms throughout the thesis.

Setting

Two communities of the northern Waikato district were selected due to the high number of Māori youth smoking within the secondary schools in these two townships, and because of the networks the researcher had in these schools and communities.

Also due to the sensitive nature of smoking and confidentiality issues with parents not knowing that their child smokes, interviews were held at settings where the participants' smoking behaviour could not be discovered

According to regional demographic statistics, Waikato communities have a combined population of 11,757 with a relatively equal proportion of Māori and Pākehā (or European) residents. There are a slightly greater percentage of young people under the age of 15 in these communities than the national average.

Residents also have a higher than average proportion of one parent families and are slightly less likely to have access to the internet, a telephone and transport than other New Zealanders. Youth aged between 15 and 24 years made up 27 percent of young adults in the Waikato, and 17 percent of this population were of the Māori ethnic group, the same as the national average. Furthermore, both communities were identified as decile ten areas.

Based on a measure of socioeconomic position, decile one communities are the least deprived areas, and decile 10 communities are the most deprived areas. Higher proportions of Māori live in areas that are most deprived. There is a clear association demonstrated between high smoking prevalence in these areas (Ministry of Health, 2002).

The common societal discourse about youth in these two communities is that they are key protagonists in committing crime, delinquency, engaging in sexual contact, alcohol and drug use, smoke cigarettes, poverty, high teenage pregnancy, and recently trouble with youth gangs. Young people, particularly Māori are seen as the contributors. These two

communities are often perceived as a place of high dependency on government assistance, low educational achievement and high unemployment.

However, these two communities are also perceived as a place with strong Māori identity connections and community relationships. There are deep and entrenched connections between the surrounding marae, and wider hapu and iwi contact.

Members of these communities are heavily involved and strongly influential leaders of political movements such as the Kingitanga (Maori king movement), the landmark court of appeal case against the sale of Coal Corp in 1989, the Tainui land grievance and confiscation settlement of 1995, and the renaissance of revitalizing the Māori language through incorporating full immersion Māori language educational establishments from pre-school to secondary school (ngā Kōhanga Reo, Kura Kaupapa Maori and Te Wharekura).

Method

Focus groups were conducted as an appropriate process to allow participants the opportunity to tell their own stories, and the experiences they have during their normal day to day lives, (Roundtree & Liang, 1996). Focus groups are an ideal method to gather meaningful information from people and to gain access to participant's views and thoughts about understanding their own health (Wilkinson, 1998).

Additionally, focus groups encourage responses and comments of which may not otherwise be disclosed in a one to one interview. Roundtree and Liang (1996) claim that participants are able to hear each other's responses and to make additional comments beyond their own responses as they hear what others have to say. In a one on one interview, comments may not be disclosed such as those made in focus groups, where remarks spark a thought where it would otherwise remain silent when not prompted.

Four focus groups were made up of two groups of males and females. One group of the male participants were the smoking group (an everyday smoker of tobacco), the other were the non-smoking group (never tried smoking, experimented but currently not a smoker). The female groups were also divided into a smoking and non-smoking group. The amount of tobacco consumed daily by the participants ranged between 5 to 25 tailor made cigarettes or tobacco rolls a day.

Female and Male youth were interviewed in separate gendered groups to promote a flowing discussion of shared experiences about smoking. It was hoped that the separate groups would encourage better communication amongst their gender and peers in order to reduce the likelihood of shyness, competitiveness and argumentative behaviour occurring. Each group comprised of 4-5 participants, giving a total sample size of 18. The focus group discussions were for a duration of 60-90 minutes. Interviews were tape recorded (with permission) and transcribed verbatim.

Focus groups were conducted at venues that were appropriate and comfortable to the participants. With a commitment to keeping the research and data collection as flexible as possible, focus groups were conducted in venues chosen by the participant, at times that suited them, usually after school, or in the evenings, and arranging transport if required to and from the interview location. Examples of locations, were their homes, friends homes, local youth hangouts in the township, and at food restaurants.

A general inductive approach was used to gather information from the focus groups. Pre-determined topics were designed to engage conversation about the participant's thoughts on smoking. The pre-determined topics covered during the focus groups were developed from reading the literature on adolescent smoking and initiation, including Māori research data.

The participants were asked about the initiation experience of their smoking the importance and appeal of smoking to them, to identify markers that motivated and maintained their smoking behaviours, and the connections they perceive between smoking and being Māori,

The participants in the non-smoking groups were asked about their perceptions about smoking, their views of other youth smoking, and to identify markers that kept them from smoking regularly.

During the flow of discussions, open-ended questions were prompted by the interviewer to assist in elaborating on the participant's meanings in their discussion, to encourage conversation within the group, and to provoke thoughts of their experiences smoking tobacco .

Some key themes for exploration during the interviews were developed from the literature search into youth smoking, in particular data regarding, a) perceptions and experiences of smoking, b) the importance and appeal of smoking to them, c) the initiation experience of their smoking, d) the connections they perceive as being Māori and smoking, e) to identify markers that are motivational in continuing to smoke f) and to identify key factors that could help prevent smoking with young children.

The responses of the participants in the non-smoking groups will be used as a comparison in terms of referencing differences from a non-smoking perspective, as well as including a contrasting gender perspective. All four focus groups were tape-recorded and transcribed verbatim.

Analysis

Patton (1990) described the challenge of analysis as making sense of the data, reducing the volume of information, identifying significant patterns and constructing a framework for communicating the essence of what the data reveals. To understand more about the phenomenon of Māori youth and to describe what is learned from data with minimum interpretation, an inductive approach to data analysis was used.

The purpose of this approach is to allow research findings to emerge from dominant themes apparent within the data. A descriptive coding scheme was used to examine emerging themes (Miles and Huberman, 1994). After transcribing the data, the focus groups' data was analysed utilising an inductive coding process designed to identify text segments that contained units of meaning to inform key categories that emerge from the data.

Sorting and finding data that fit together was achieved by discovering recurring patterns in the data that could be sorted into categories (Patton, 1990). A list of tentative categories around the participants' smoking behaviour was created from this process.

There was careful scrutinizing of the data in each category, searching for patterns and looking for similarities or differences of the participants' meanings of smoking within each of the focus group data, and comparing units of meaning around smoking. There was much debate and discussion about what smoking meant to the participants, and how they created themselves as a smoker. The continued revision and refining of categories was an ongoing process throughout the data analysis, from which emerged two key themes: (a) Identity as a smoker and (b) identity as a Māori and a smoker.

The description of each theme was modified further to include sub-themes, to identify notions of smoking which were shared by the participants. The focus was on the participants' ways of understanding of what smoking meant to them, and how smoking informs their identity and facilitates smoking.

By using this method, I wanted to stay as close to the participants' feelings and thoughts as much as possible. The language the youth used in describing themselves as smokers and the role that smoking tobacco played in their lives, was key to this analytic process. This analytic approach is in line with the notion that identity is something which needs to be consciously constructed, maintained and shaped in relation to its' social environment (Denscombe, 2001).

FINDINGS

In this section I present and discuss the findings from the research. Two major themes are presented to describe the ways in which Māori youth identify as being a smoker. The themes are:

- a) Identity as a smoker
- b) Identity as a Māori and a smoker

The data were analysed under some key topics used for exploration in the interviews. The key topics used to guide the interviews included: Youth initiation and experimentation, motivation and maintenance of smoking, correlations between smoking identity and identity as a Māori. The participants also discussed briefly some ideas for the prevention of smoking.

Identity as a Smoker

In this section, key features emerged from the data that suggest reasons as to why Māori youth smoke. It is necessary to unfold their conversations to discover what holds smoking together for them, and what makes them the kind of smoker they are. Participants told accounts of how they created themselves as a smoker and discussed the different ways of smoking that helped to develop a smoking identity. Both the smoking groups and the non-smoking groups describe ways in which smoking helped shape the identities of Māori youth smokers.

The First Time Smoker

All of the participants began their conversations with a description of their first attempts at smoking. The age of initiation is important to establish in the research, to provide an

indication of the point in time when smoking occurred for the participants. Most female participants began experimenting with smoking at an earlier age than the male participants.

"I guess there was peer pressure from the kids at primary school. I've been smoking since I was nine, and I'm allowed to, so I can smoke wherever I want to... My cousins were the ones that gave it to me" Marie

"Yeah, me too, I was around eight or nine when I first had a tutu with ciggies from the ashtrays at home. I remember my dad catching me under the bed with a butt in my mouth" Alison

In this extract, the female participants' accounts describe their first experience of smoking as an activity that everyone did, from a young age ascending to adulthood. Family members and friends were seen to role model smoking. The act of togetherness, whānau bonding and sharing reaffirmed a sense of connection with their peers. The offers of cigarettes from cousins and friends supported Māori cultural values of sharing and reciprocity. A commonality among the female participants was, to satisfy curiosity.

However, for the male participants, experimenting with smoking began at secondary school, around thirteen or fourteen years of age.

"I didn't start until I started going to college, and started smoking with these fullas. I would go and hang out on the field at interval and lunch times, and be on the look out for teachers coming for the boys. Next minute, I had a ciggie in my mouth" Rawiri

Here, Rawiri talks about him being compelled to smoke, because he associated with a group of friends. This was a way to gain friendship and acceptance at secondary school.

Participants were aware that being a first time smoker involved experimentation, trial and error. The female smokers negatively viewed their initial experiences with smoking. They

felt it was “yuck” and “disgusting”, which also indicates that the true nature of the first time smoker is at first, the social connection.

“When I first did it, it was disgusting. The taste was yuck”. Alison

“Yeah me too, got all dizzy”. Marie

“Me too, got dizzy and my head felt like it was spinning, it was surreal”. Sarah

“I got all dizzy aye, it was out of it”. Rachel

The adoption of a smoking identity for the female participants seemed to be questionable at this point due to the side effects of nicotine. However, the female participants, continued to smoke, despite the displeasure. There was a pull to continue smoking other than the need to smoke. The environment in which they started smoking, and the people they associated smoking with would suggest a reason for further experimentation.

Peers

Most of the youths were initially offered cigarettes by their peers. Almost immediately, they felt good about themselves, because they’ve been made to feel worthy of trying and worthy to belong. How they started, who they were with, and what it felt like, held a lot of significance in terms of setting the scene for their smoking career.

The actual invitation from the peer alone can be seen as a future friendship or connection into the ‘peer’ group. Smoking for the female participants, became a way to make them feel good.

“The girls will come up to you and say “we’ll meet you on the railway tracks after school”. And then that’s it, we all know what that means. It means we’re gonna have a smoke after school. It sort of makes me feel cool.” Alison

For the participants, smoking became a way to develop group membership and to be part of the in-group. The difference between the male and female participants in this respect, were

that the males did not openly express negative experiences with smoking. At first, the male participants did not identify as being a smoker. They revealed that they smoked, not to be cool, but to initially associate with their peers.

"When I started out, I was with some mates at a party. I had just joined up to a league team and a few of the brothers were smoking. I went over to them and sparked up a ciggie with them". Hemi

Hemi found smoking to be an easy way to communicate with friends and forge new relationships. Smoking gave him the confidence to be more sociable. This gave him an open invitation to easily start conversations, and facilitate social interaction.

"For us girls, we smoke on the way to school and on the way home. When we go out to parties, it's the same. We smoke, we drink, we smoke, we drink. Oh yeah, it's funny when you go to the clubs and you meet up with people in the toilets and outside for a smoke, you don't even know them" Marie

Marie's extract shows the ease in which a social gathering can be arranged, without formal introductions. And just by being a smoker, affiliates you to this exclusive group. The only criteria you have to meet, is to be a smoker. Smoking makes it easier to mix with other youths without reciprocal obligation.

For instance, you may simply be asking someone to share a cigarette, rather than them refusing you personally, they are only refusing the cigarette. Therefore, the feeling of rejection is bypassed, with no malice. Similarly, it is much easier to ask someone if they would like a cigarette, than it is to ask them if they would like to hang out. It gives both parties the opportunity to decline the invitation and not be offending, or to be denied and not be offended.

The whole dynamic interaction is easy. Both parties are able to leave the situation with their dignity in tact. Ultimately I found that in most cases, the social interaction was the intended outcome, rather than the physical need for a cigarette.

A common argument made by all groups, was that in some respects, smokers were at first seen to be the epitome of youth, who emanated fun. Smokers were seen to be an exclusive group, and to be like them, you had to be a smoker. Being a smoker, reinforced looking cool, taking risks, being mature, breaking the rules and being rebellious.

"All the cuzzies were doing it at school, so I wanted a try too. I'd see them roll up and sneak off down the park. I followed them and they caught me. They made me try a smoke. They laughed at me cos it was yuck and I started coughing and that...But I was allowed to go to the park with them now" Rachael (smoker female)

Smoking for the participant also became a vehicle for positive self-concept and social interaction. Here belonging to the 'cuzzies' group is the initial gain. The actual wanting of the cigarette is only secondary to the ultimate gain of belonging to the 'cuzzie' group.

In most cases the individual accepts the invitation and thus attempts or tries a cigarette for the first time. The "cuzzie" group is impressed that the individual has stepped up and with this, the connection with the 'peer' group has been made and the exchange of mutual respect and amiable rapport is formed.

Consequently, the smoking groups construct themselves to be sociable people and who get along with their peers, and construct non-smokers to be unsociable and boring people. The implication of a negative stigma that smokers place on non-smokers, is that non-smokers may in fact take up smoking, to meet the attributes of a smoker.

In contrast, non-smokers reinforces to smokers that others see them as rebellious.

"...those ones who smoke always get into trouble. They think they're cool but they're not. They're just amateurs". Ray (non-smoker male)

Rebellion to smokers means to challenge authority, and to stand out from everyone else. Therefore smoking reinforced rebellious behaviours.

Rebellion

Smoking can also be seen as a symbol of rebellion, rebellion against societal, cultural or family expectations. Youth often feel that they cannot meet these expectations, and by choosing to smoke, they choose not to conform.

One young woman asserted her need to rebel. In her talk, her family beliefs and values had an impact in creating her smoking identity. She is often in conflict with the religious beliefs of her family. She described her desire to smoke as a way of sealing her identity as a non-conformist to their religious ideals. She frequently talks of her experiences with smoking in relation to her objection to her family's faith.

"When I started smoking, I was being rebellious...I'm the only one at home that smokes, cos I'm rebelling against my parents' [religion]...I just like to do stuff that compromises my religion" Sarah

In Sarah's talk, her family beliefs and values had an impact in creating her smoking identity. She is often in conflict with the religious beliefs of her family. Smoking was used as a tool to escape belief systems that did not correlate with her own. This also solidifies the smoking group that they have created, what may be seen to most as a group of young teens who's only connection is 'smoking' can actually be viewed as a group of teens who by all other means have come together because their views about their own lives are the same.

Rebelling against parental figures was a common factor among the female participants. Most parents disagreed with their teenagers smoking, presumably because of the health risks associated with smoking, and the addictiveness of smoking. However, due to feeling hypocritical, or powerlessness, their decision to let their teenagers smoke seemed inevitable.

“When you’ve been brought up and told that you’re not allowed to do this and that, you just gonna do it anyway, I mean umm, even if you’re parents tell you not to do it. They can’t tell me not to really, cos they do it themselves. Ya know if they stopped smoking, then I would still smoke, cos they were smoking at my age.” Rachel

Rachel was persistent in holding on to her smoking identity, as she was already established as a smoker at school and among her friends. She had a sense of autonomy and independence from being accepted by her peer smoking group, and it seemed inconceivable to her give this identity up. Rachel’s smoking identity has the function of expressing her independence from her parents, and to make her own decisions without her parents’ or authority figures interference.

This was an example of a common response to parents warning the participants to stop smoking. This young woman in particular, was persistent in holding on to her smoking identity, as she was already established as a smoker at school and among her friends.

From this research, a smoking identity for youth has the function of expressing their independence from their parents, and to make their own decisions without their parents’ or authority figures interference.

When youth are associated with groups that are often marginalised or have a stigma attached to that group, they essentially develop alternative representations to defend their group, and to challenge others’ perceptions of them.

“When you’ve been bought up and told that you’re not allowed to do this and that, you just gonna do it” (16 year old, female)

Smokers make themselves out to be different to non-smokers. Smokers create themselves to be rebellious often the act of smoking is carried out in places where smoking is restricted. One youth said that she will “light up and have a smoke” at school while walking to class.

Most of the youth confessed to smoking at home in front of their parents or with their family. With the notion that being able to smoke regularly was a marker to be a “real smoker”, the young women described their accounts in persevering to smoke at home was in response to their parents’ disapproval of them smoking. The participants’ were going to “do it anyway”.

From this research, a smoking identity for youth has the function of expressing their independence from their parents, and to make their own decisions without their parents’ or authority figures interference. This is a part of their identity. The transition from adolescence to adulthood is a time to test boundaries, and smoking was a way to cross that boundary.

In addition, the smokers quite notably realised that there were very few non-smoking girls. They described the non-smoking girls as the “good girls”, and claimed that “there’s not much girls around here that doesn’t smoke”. The non-smoking girls were constructed by the smoking group to be “the nerds” and were seen to not enjoying a teenage social life like them.

Youth Independence

Youth independence is strongly portrayed with most of the smoking youth being “allowed to smoke” at home, having access to cigarettes, and smoking in different situational contexts. For this reason, their parents and caregivers approval provided the youth with a sense of a fringe membership into adult society.

"I have a job, that's how I can afford my smokes boyee"(15 year old, Male)

A way in which youth constructed their smoking identity, was to establish and maintain a positive self-concept of themselves. Smoking became a vehicle to develop a positive self-concept which entitled them to express their independence and autonomy as a young person.

Youth independence is strongly portrayed with most of the smoking youth being "allowed to smoke" at home. For this reason, their parents and caregivers approval provided the youth with a sense of a fringe membership into adult society.

Apart from the act of smoking, smoking became a vehicle to develop a positive self-concept which entitled them to express their independence and autonomy as a young person, one way in which the youth assumed an adult role was with intention to leave school and work. Some youth were currently assuming an adult role, by working to afford their cigarettes.

The majority of the smoking males made decisions to leave school and "get a job". Interestingly enough, their choice of vocation was associated with smoking (i.e. truck driving, training course in mechanics). One youth discredited smoking now, because he had to assert responsibility for his smoking and buy his own cigarettes.

"I'm allowed to smoke too, but now I have to find a job soon so I can buy my own. Now it's not cool [to smoke]" (17 year old, Male)

Another way that youth assumed an adult role was to smoke in the company of other adults. The privilege to smoke, given to them by their parents or caregivers, provided the participants with a sense of independence, self-esteem and adult privilege.

Full On Now

Female participants persevered by engaging in more attempts, refining their use and technique, until they were able to consider themselves a “real smoker”.

“When I first started off, I probably looked like a retard, smoking around the back of the house. And when I started at college, it got worse. I don’t know why. I started to smoke heaps, and got pretty good at it. Now I’m just like the rest” Marie

Maries’ account contained elements that revealed her degree of mastery in smoking, indicating that there was a specific level of smoking etiquette that needed to be reached before she considered herself to be a smoker. She used the term “just” to naturalise that statement, and to indicate that she is now a smoker like everyone else.

“I remember my first time, when I look back at it now. I didn’t think I was a real smoker aye. Nah, I didn’t think it was cool to smoke aye, cos I just bum puffed. That was shame, cos I was with some of the older girls and having a smoke with them.” Sarah

Researcher: *“What is your smoking like now”?*

“Oh its ok now, I’ve been smoking for a while now.” Sarah

In this statement, Sarah did not have a real smoking experience, or look like a “real smoker”. Sarah presumed there was an art form to smoking. There was a certain way that one smoked before one became a “real smoker”. Sarah wanted her identity as a smoker to feel legitimate therefore she practiced to become a smoker like her older peers.

Her adoption of a smoking identity seemed to be questionable. She was quick to reveal that she “bum puffed”, and therefore she felt she did not have a real smoking experience. Accepting that her first smoke was not a successful attempt, the desire to be a “real smoker” then motivated her to persevere by engaging in more attempts.

The participants created their own smoking identities to being a competent smoker. The female participants did not genuinely identify themselves as being a smoker until they were “full on” smokers. The young women’s following accounts describe when they considered themselves to be real smokers. Smoking seemed to be a progression from an experimenter, to a “full on” smoker.

“I started smoking full on when I started at college though. My mum and dad were disgusted about it, but now they’ve chilled out a bit. I’ve been smoking for 4 years.” Marie (smoker female)

“I didn’t start smoking full on til I was twelve. I’d go through two packets a day. I would share them out with friends too.” Sarah (smoker female)

“I’ve been smoking since I was nine, and I’m allowed too, so I can smoke wherever I want to, I’m allowed to smoke at home, so that’s why I do it too, I smoke cos I can” Rachael

These powerful statements illustrate the strong influence that smoking has in a young teenagers’ life. The desire to look like and perform like a “real smoker” is a strong motivating force for youth.

Both non-smoking groups revealed that they too experimented with smoking. They initially described the experience as “dumb” and a “waste of time”. But from the outset, they were tempted to smoke because it was regularly portrayed by youth as being “cool”.

“I don’t know why I don’t smoke. Must be because of my mum not letting me smoke, I don’t know, and cos she doesn’t smoke either... Everyone at school was doing it, and it looked kinda cool. So I had a little bit, but it didn’t last long. I havn’t had one since”. Alana (non-smoker)

Alana's accounts indicate that although she dislikes smoking, as a non-smoker she found the appeal of smoking to be "cool". The non-smokers reinforce to smokers that smoking is an exclusive activity, that is cool and suave, and not everyone are able to perform the act of smoking.

Smoking was described by female participants as really appealing because it looked "cool". Participants associated smoking with a range of techniques. Such skills resonated with the female smoking participants to further their progress with smoking.

"Oh I like it when, I can do smoke rings, and blow smoke into other peoples faces. I like the look of it, it makes me feel like only I can do it and nobody else...At home when no one was around, I'd practice with smoking a lot, til I got it right oi. I haven't looked back since." Rachael (smoker female)

Smoking in different contexts provided the youth with diverse emotions. In one particular context, smoking gave one of the young women a sense of joy and pleasure. One of the young women explained how she loved being involved in kapa haka (traditional Maori performance), and after her practice she really needed to smoke.

"I like singing aye, that's why I love Kapa Haka. But I'm worried about my voice if I smoke. I always have a smoke after haka practice oi, cos it's just cool to sit down and enjoy it after going hard out. It's beastie" Marie (smoker female)

From her accounts, this smoke was not attributed to a craving to smoke, but for the desire to smoke. This smoke helped to complete her sense of joy and feeling good about herself, from doing something she loved. Smoking was a way to celebrate.

To contrast, the non-smoking group, disregarded smoking to provide any kind of happiness and joy to people. This group argue that people that smoke have a low self image of themselves, and they "don't care about their bodies". The non-smokers positioned

themselves to be morally superior to smokers, when it comes to personal health and strength of willpower.

However, some of the non-smokers contradicted themselves. Some mentioned that they “smoke marijuana”, and alleged to “have a bit of a toké every now and then”. They argued that their strength of mind and will power cannot be compared to the smokers, because they can control when and where they smoke cannabis. Whereas smokers, appear to have no control over their smoking.

Stress Me Out

Once the participants created themselves as a “full on” smoker or a regular smoker, there was no need to smoke because it was “cool”. Their identity as a smoker was fully established, and now smoking had bought on purposeful “reason” to smoke.

For the young women, the act of smoking was not about looking or feeling “cool” anymore, it was more about having a smoke because you “need” it. Being a “full on” smoker included looking cool, associating with a peer group, gave confidence for social interaction, and was a catalyst to receive adult privileges. To continue with building their identity as a smoker, smoking now meets other needs. Smoking moves to a phase where their bodies actually need the nicotine now.

The female participants agreed that smoking served them to “make you relaxed”, “to calm you down”, and that “it’s a good feeling to smoke”. One youth described smoking, being important for her in certain situations:

“I really need a smoke when the olds [slang for parents] down you. You just stress out and have a smoke to calm you down...Teachers are the same, they stress me out at school too. That’s why I sort of go hard out at school during interval and lunch times. I’ll try and get

as much ciggies in as I can before the bell goes. And when I get home, it's just smoke after smoke, specially when I'm watching tv or something and got nothin to do". Alison

This account was similar to both smoking groups. Another description of her cigarette use, overtly showed that her smoking behaviour had progressed to an addiction. But in terms of the life story of the participant, Alison had developed a close relationship with smoking, and not seen as an addiction.

Her account of "get as much ciggies in as I can" illustrates her need to fulfil herself with as much positive feelings as possible, to enable her to continue with her day. The latter part of her account describes smoking was used as another way to reduce her boredom. Here, smoking was used different ways to achieve her perceived benefits.

On the other hand, the male participants typically smoked to relate with their friends, and to relax when they were stressed. The young men did not distinguish how they themselves, or how other youth were defined as smokers. When I asked them what it meant to be a smoker? Most of the male participants normalised smoking, typically saying that "it's just a smoke", and "all it is, is just smokes".

The male participants described smoking as "no big concern" for them and smoking was not a priority in their lives. Below are typical accounts of how the male participants explained their smoking was just a normal part of their lives, and smoking held no strong significance for them.

"Yeah, at the end of the day, it's just a smoke... That's just how it is at my house, with everyone smoking aye...I can stop whenever I want". Jarod

"All it is, is just smokes... that's just what we do around here". Clifford

The males had a sense that they had control of their smoking and they could stop at anytime. They did not find smoking to be intrinsic to their well-being, in contrast to the

females. The females engaged in a close relationship with smoking, indicating a psychological need, in addition to a physical need to smoke. The males had stronger identities in other domains, such as sports, employment, car enthusiasts, that did not require their days to revolve around smoking. The females were not as active in other domains.

Two completely different identities for the male and female smoking groups emerged from their accounts. The males often mentioned their high use of smoking was mainly associated with drinking alcohol. The following accounts describe how drinking alcohol is more of a stronger component to their identity, compared to smoking. Their identity is entwined with drinking, and smoking is secondary to this.

“Get on the booze and smoke is normal for me, especially after a game...we drink all the time, three to four times a week sometimes”. Ray

“Pretty much, every time I drink, I smoke too... when I’m on the juice, it would be about a packet, waste aye... I usually only smoke about four to five a day”. Andrew

Although the same pattern of smoking was the same with the females when they attended parties, the amount they smoked daily was generally higher than the males. The females smoking identity was more intrinsic in nature, and served them a purpose for different situations. Smoking served males as a way to relax, second to consuming alcohol.

Among the non-smokers, smoking was understood as a lack of self-respect for themselves and for others. The non-smoking male group did not construct male smokers their age or older as anything other than being smokers. However, they did refer to the younger male smokers, and female smokers as being “amateurs”, and had a low opinion of female smokers’ appearances. However, despite their perception, they still thought smoking was cool, when they first experimented.

The non-smoking girls constructed smoking girls to be “try hards” because they overdo it to look “cool”. The non-smokers attributed the act of smoking at parties by girls to be a

“crack up” (amusing), “sad” and “disgusting”. This group often associated smoking with promiscuity. However, the non-smoking girls made negative references to the act of smoking only, but considered the smoking girls themselves to be “cool”.

A key feature that emerged from the non-smoking groups discourse, were that the protective factors for this group were related to family disapproval, and the fear to smoke.

“I would get a hiding from my older brothers and sisters if they found out that I smoked. They smoke, so I didn’t see what the problem was with them. They’re always watching out for me, so I can’t be bothered anymore”. Curtis (non-smoker male)

“My mum just gave up a while ago, and it’s sort of helping me to not smoke like my mates. She coughs a lot, and she tells me not to smoke or else”. Judith (non-smoker female)

In this research, the non-smoking groups regularly spoke of their experiences with family members and the influence they played in forming a non-smoker identity. Family who disapproved of smoking and were persistent in their attempts to not encourage them to smoke, helped this group to not attempt any further.

The Identity of a Māori smoker

In this section, themes emerged from the data that suggest reasons for why Māori youth smoke. The youth told accounts of how they created themselves as a smoker and discussed many representations of smoking that helped to develop their identities as a smoker, and how they positioned themselves in relation to their smoking.

Both the smoking groups and the non-smoking groups describe ways in which smoking helped shape the identities of Māori youth smokers. In order to better understand the reasons why Māori youth smoke and what smoking means to Māori youth, it is necessary

to unfold their conversations to discover what holds smoking together for them, and what makes them the kind of smoker that they are.

Some participants articulated very clearly, of what they understood about being Māori and being a smoker. The participants comments tended to focus on their everyday experiences of being Māori and smoking, within the different environments that they encounter. Similarly, those who were non-smokers provide an awareness of variables that kept them from smoking, despite experiencing the same environments.

Participants that smoked, were aware of the environments that encouraged smoking, which were primary and secondary school. The most common environment mentioned was at home and with family.

“It’s normal for Māori rangatahi to smoke. There not many who don’t smoke around here. There’s about only one or two Māori girls that doesn’t smoke at our school. These are the girls that don’t do anything bad.” Marie

In this powerful segment, there was a strong association between being Māori and being a smoker. In Marie eyes, smoking was a natural activity to be involved in at her age and was associated predominantly with Māori girls.

The minimal presence of non-smoking Māori was evidence for the distinction. Non-smoking girls were perceived as “good girls”, thus, Marie perceived smokers to be bad. More importantly, this statement highlights that to be Māori, one needs to be a smoker. There are implications for non-smokers. Do they have to smoke to be more Māori?

The non-smokers identified the smoking as being all around them. Smoking has a prominent position in their lives. In terms of being a non-smoker, they identified being Māori was to be primarily made up of family connections. Smoking did not influence the way they identified as being Māori.

“What’s smoking got to do with it. Māori means to be Māori, you know, to have a big whanau, to eat heaps. There’s things like speaking like a Māori, like we’re hori and that, and that we’re poor and that, but we’re all related ya know?” Moana (non-smoker female)

The non-smoking participants however, knew smoking was around Māori families, but they did not draw on smoking to define them as being Māori.

From a very young age, smoking was visible in most of the participants’ lives, and was seen to be done by everyone they associated with, from cousins, friends, to whanau (family) and extended whanau. According to all groups, smoking was seen as a “normal” experience.

“Yep, cos my cousins were smoking around us little kids, and so I just had a tutū [attempt] to see what it was like”. Awhina (non-smoker female)

“Yeah, everyone at home smokes, just wanted to have a try. But got caught and got the boot, it was hardcase aye. I didn’t touch it again though”. Alana (non-smoker female)

“My ole lady smokes, everyone, the whole bloody whānau” Andrew (smoker male)

“My whānau I think make me wanna smoke, the smell makes me wanna smoke aye” Alison (smoker female)

The common element within these scripts, were that smoking was seen in the context of family. The act of togetherness, whanau bonding and sharing reaffirmed a sense of connection with the participants. The offers of cigarettes from cousins and friends supported Māori cultural values of sharing and reciprocity. Having a smoke with friends and family strengthened their connections with being Māori.

Irrespective of where and how the young women spent their day, there was always an opportunity to smoke with friends and family. Most of the young women looked forward

to this time, and associated smoking with values of companionship, friendship and being with whānau. This was one young woman's account of one of her experiences that enticed her to smoke:

"At home when I'm bored, I smoke, plus I enjoy rolling up the smoke [imitating the action]. Rollies are way better than tailies aye...Smokes and lighters make me keep smoking aye, it just pushes me to smoke. I see everyone at my house smoking too, and I wanna have one, so I go and sit with them and have a smoke." Rachael

This account, described her intimate relationship with smoking, and how smoking had an invisible hold on her. Seeing people and objects associated to smoking, lured her to smoke. Watching other people smoke, made her feel left out and not connected with the whānau.

She described that she was "missing out" on the "laughing" and "gossip", and she wanted to be a part of that. She further mentioned that "you get to hear all the good stuff when you're a smoker". Therefore, she constructed smoking as a way to be privy to certain information, that you would not otherwise have access to if you did not smoke.

In addition the young women associated smoking in groups, "with family" or "with the girls" as an activity they "enjoy", partly because they feel included. Moreover, they felt a strong sense of bonding with others, "sharing ciggies", exchanging stories, and "catching up" is what makes smoking attractive to them, and a reason why they continued to smoke. For this group, smoking serves as a function to relate to other people, as a way to fit in with others and is strongly connected to building relationships with others.

In some instances the young women described their smoking as "just a habit", and that's why they smoked. One device that the young women used in describing their vulnerability to smoking was to attribute their smoking to a "habit" and not because they are "addicted". The young women describe that they are "proud" to be a smoker and justify their smoking

by saying “you gotta have some habits though, that’s life isn’t it?” Confessing to be addicted meant that they exhibited a lack of self-control.

Therefore, they constructed their meaning of smoking is to possess self-control, by admitting that they “have a choice to smoke or not”, and at anytime they possessed the will-power and strength to stop smoking if they wanted to. In this research, it was seen that both young women and men who smoke, stress that it was a personal choice to start smoking.

DISCUSSION

What we have learnt from the focus groups is that smoking serves different purposes for each gender. Smoking is made up of different levels of initiation to the progression of smoking.

In order to explain what smoking means to Māori youth, it is important to gather input from Māori youth regarding the factors they viewed as influencing their smoking uptake, initiation and maintenance of smoking. Findings from this research have implications for the development of youth smoking cessation interventions. The findings also have implications for future research of cultural values that influence smoking.

The findings suggest a broad range of factors influence Māori youth decisions to smoke. These factors need to be addressed in the design of interventions if they are to be effective in leading sustained behavioural change. Factors identified by Māori youth as being most influential in their initiation included, age, gender, family environment, friends and cousins peer group, and smoking imagery.

Factors of importance for the maintenance of smoking included, social connectedness, confidence, smoking articulation, rebellion, emotional dependence, entry to the adult world, and emotional gratification.

Social identity theory describes the importance of group behaviour influencing identity. The influence of group behaviour factors may be direct, for example the youth are strongly connected to their peer groups and whanau groups. Therefore to strengthen their membership to these groups, they identified a meaningful role to them, which was to smoke. The participants felt a sense of belonging and self worth, thereby making a commitment to sustain their smoking identity.

In terms of the participants initiating smoking, this was influenced by belonging to their cultural group, and being brought up around smoking since a young age. When the participants smoking was accepted by the whānau, smoking with the whānau gave them a sense of an identity to be Māori and a sense of stability within the whānau.

The participants' talk allowed us to see how they identify as a smoker in the everyday life for these young people. It highlighted a process of perseverance to establish their identity as a smoker. The youth drew on a range of discourses that explained the significance of social interaction in ways that provided meaning in the process of initiation. Their claim to an identity as a smoker in this research was based initially by the process of being accepted by their peers and parental authority figures.

Social interaction seemed to be the main recurrent explanation to why youths chose to experiment with smoking. The unassuming way in which a relationship can be formed with no preconceived notions of background, race or socio-economic standing made it easy for the social interaction to take place.

Keeping the interaction alive was in itself motivation enough for the individual to keep up the smoking habit. With this dedication the individual could solidify the connection to the group. To rebel and not conform to family and societal ideologies was also seen as a motivational indicator to keep up the smoking habit.

Their own acceptance of belonging to a group maintains the individual's relationship to the smoking habit. Also acceptance by parental authority figures perpetuates the sense of recognition as an individual, an entity which has been able to make a choice for themselves and to have it accepted by those around them creates the reason to maintain the smoking culture to which the individual belongs.

Identity as a Smoker

Smoking for the participants was a way to establish social connectedness with peers and whānau. Smoking gave them the confidence to socialise, talk and exchange. The participants assumed a “risk taker” identity, an “exclusive” identity, and a “cool” identity. Smoking provided the participants with the capability to withstand a typical day, and take on the stressors of teachers and parental expectations. Within a school context, smoking enabled the participants to establish an identity among different peer groups.

Within a whānau environment, smoking for the females became a way to access the adult world and to participate as a young adult in whānau social gatherings. The participants were able to sit, spend time and smoke with the whānau. The female participants especially, felt included and felt that they fit in with their family.

This sense of connectedness and membership to whānau through smoking was found by Glover (1999), where Māori children progressed to smoking to demonstrate and ensure their membership in the family and peer group.

The male smoking group were seen to exhibit a passive smoking identity. Smoking tobacco initially was not in response to having a “cool” persona, but to establish a relationship with peers, and to enter the adult world. Once relationships were established, smoking did not hold meaning for them. Smoking then became an activity that they enjoyed while doing other things, such as fixing cars, playing sports, hanging out in town.

Most of the males took on the responsibility of an adult and worked to pay for their own cigarettes. Kegler, Kingsley, Malcoe, Cleaver, Reid and Solomon (1999), found similar traits with American Indian male youth. A strong theme from their research indicated that males smoked cigarettes to “be somebody” and that smoking made them “feel more adult”.

The male smokers identity was interwoven with a “drinking” identity. The male participants embraced their smoking more when they were drinking. Although, they

smoked less than five cigarettes a day, they smoked to lessen their boredom. They did not overly emphasise the importance of smoking in their lives.

They felt that smoking was just something that you do, and at anytime they could stop if they wanted to. Gifford (2003) found similar responses from her research to the young male smokers in this research. She suggested that this reaction to smoking is assigned to normalisation that is associated with smoking behaviour.

The male group started smoking at an older age than the females. In this research, the males were 13 to 15 years of age before they began smoking. The females began smoking when they were 9 to 11 years of age. The age of initiation from this study for the male smokers coincide with the findings of Reid & Powhare (1991) and Broughton & Lawrence (1993) in terms of young Māori youth initiating smoking at the age of 13 to 15.

Therefore interventions should target youth, especially female youth at the age of 8 years, rather than having interventions targeting youth at secondary school. Interventions for females should provide constructive activities such as sports, dance, music or other, at an early age so that they have a positive way of fitting in and are able to have an alternative image without smoking.

It is also important for families to progress and support this interest in activities right up to their teenage years, to enable their energy to be directed at an activity other than smoking, other than feeling that they need to be a part of certain peer groups they find appealing.

In terms of males, the interventions should be similar to the females, but should also encourage alternative communication strategies to encourage peer group membership, prior to males being associated with activities that influence access to the adult domains.

Initially, with the female participants, they observed how others smoked, and the connection that smoking had with whānau, cousins and friends. The females began smoking at an earlier age, mimicking their friends and cousins at school, and around the

home. Smoking to the females looked “cool” and it seemed that everyone had fun smoking, as it was pronounced at social gatherings.

Within the literature, family, friends and peer groups have been associated with influencing the uptake of tobacco. Reid and Pouwhare (1991), implicated whānau in the uptake of Māori youth and smoking, as well as Glover (1999), where initiation were associated between the home environment, family members, peers and school environment.

Gifford (2003) however, specified youth initiation was influenced by peers that include, cousins, sisters and brothers at the actual time of initiation, rather than the general whānau influence. In addition, the concept of whānau was used as a “backdrop” to the youths’ smoking career that included strong role modelling of smoking.

Tyas and Pederson (1998) emphasised that from observing others, children develop intentions and positive expectations about smoking prior to initiation however, children modelled their smoking of their peers and not of their parents. In this research, there was a similar initiation process for the females. The whanau were observed at first, but it was the influence of their cousins, brothers, sisters and friends that influenced their initiation.

It was highlighted in this research, that the females began smoking at a much earlier age than the males. The age the young women, experimented with smoking in this study was at the age of 9 to 11. This research tends to confirm the initiation age described by Gifford (2003) to be between the ages of 9 and 10 years of age.

In addition, most of the young women, continued to smoke irregularly, until they were able to progress to a stage where they could confidently smoke daily with little repercussions. By the age of 12, most of the females were smoking regularly on a daily basis, and were “allowed” to smoke.

Girls were seen to have a proactive smoking identity. Smoking became an intrinsic part of their well being. Smoking was initially performed because it looked like a pleasurable and

entertaining activity that everyone they knew were involved in. There was a sense of “missing out” on this pleasure, and it seemed inevitable that to “fit in” and belong, a young Māori girl needed to smoke.

The female participants were more active in smoking, and it served various needs. Initially smoking was performed at a younger age than the males, out of curiosity. Smoking then became a skill to perfect, and to aspire to what a real smoker looked like and how the act of smoking should be conducted. Once the art form of smoking was perfected, smoking was used to fulfil their emotional needs.

The progression to smoke “full on” was not seen by the females as “addictive”, but as a process of perseverance. Perseverance was key to the progression to a “full on” smoker. Smoking was seen to be skills based, and certain skills were involved to perfect smoking. In a study by Johnson, Lovato, Maggi, Ratner, Shoveller, Baillie and Kalaw (2003), they discovered that smokers depended on smoking for more reasons than to associate tobacco use with addiction.

Smokers followed a process of change in their tobacco use in which they first prepare to use tobacco, then try it, experiment with it, regularly use it, and finally become dependent on it. This was found in this research for the females, where the use of tobacco went from a stage of being “cool” to a stage of becoming a “real smoker”, to them needing a smoke to “relax” or “feel good”.

The participants’ accounts which described themselves and others of wanting to look and imitate a “real smoker” is in line with the findings of McCool, Cameron & Petrie (2003), in that youth regard how well one smokes by looking at their “authenticity of smoking”, and the poise associated with smoking performance. Their findings concluded that the awareness of authenticity by others, suggest there is pressure to learn how to smoke correctly, further exasperating regular smoking and addiction in youth.

Glover (1999), termed this journey to becoming a “real smoker” as a process of progression to smoking. Gifford (2003), found similar findings whereby, the initiation of smoking consisted of trying it out, then it progressed from there into regular daily smoking.

Non Smokers

Themes that were common to the male and female non-smoking groups included the effects on physical performance, the negative health consequences for themselves and others, and the negative image associated with smoking. For the female non-smoking group, the emerging theme for the reason not to smoke was the negative image of girls that smoked.

The non-smoking females often viewed smoking girls as promiscuous, amateur girls who tried to be cool, and that they were weak, because they needed to smoke to enjoy themselves. The non-smoking group often discussed that they chose not to smoke because they did not want to disappoint family members, and because of the negative reinforcement of their family members is what stopped them from smoking.

This finding may have important implications in designing interventions targeted at youth. Alternative parenting practices may be useful for families who are confronted with risk taking and rebellious behaviours around smoking, and promotions of images of girls smoking where it doesn't look inviting may have an impact on the uptake of smoking.

Māori Culture and Smoking

A string of cultural markers may be contributing to smoking, therefore it is important that smokefree marae and cessation programmes continue to target Māori families. Cultural values such as reciprocity, sharing, hospitality, collectivity and family connectedness do not protect youth from smoking, but may encourage smoking. Cultural values did not protect

the participants from smoking. Smoking was seen from this research to be equated with culture.

This strong connective whanau factor was shown to be a determining factor for the participants. Māori families relate to one another through strong collective interaction, group gatherings and genealogy. Therefore, group collectives are highly favoured over individualist behaviours. When decisions are made by Māori, they are made as a collective. Smoking with the cuzzies was a group activity, and to not be a part of the group meant isolation. Māori whanau are inclusive in nature, therefore, when the participants were asked if they wanted to have a try of a cigarette, it would have been disrespectful to refuse.

Smoking is culturally acceptable for Māori families as there are many Māori smoking currently. However, the strong promotion of Smoke Free Marae and Smoke Free Homes has made a difference to how smoking is acceptable in these environments. Māori families are more conscious of the detrimental effects of smoking to themselves and to others. Although smoking inside the home is still prevalent, the number of homes that practice smoking inside has reduced considerably.

In this research, the acceptance of smoking by parents and family affected the age of initiation and uptake of smoking for these participants. Youth enter the domains of the adult world at younger ages in today's society. Youth are drinking, engaging in sexual activity, entering night clubs, legally driving, bringing up families, accessing government benefits all at an earlier age. Smoking is just another avenue that symbolises adult society.

Therefore, it would be important to address parenting styles in the continued uptake of smoking. The uptake of smoking for the non-smokers was not pursued due to the negative reinforcement and the threats from family members. However, this did not sway the non-smokers to try out smoking, as youth are going to experiment regardless of threats, health warnings and anti-smoking campaigns (Nichter, 2003).

But it is difficult for parents to manage their youths' risk taking and rebellious behaviours. Gifford (2003) found in her study, that when whanau discovered that their teenagers smoked, the parents or caregivers felt powerless to stop them from smoking. Parents felt a sense of powerlessness as a result of the reality to try and control or manage teenage behaviour and for many dealing with the whole hypocrisy debate.

With smoking norms being accepted in Māori whanau as part of socialising, making connections, enjoying a time out with friends and family, you can appreciate the difficulty in how parents can prevent smoking in their youth, without embarrassing family.

Therefore, it may be important for health promotion messages for youth to equate smoking as not important for self image or it is not important to smoke to be with whānau. There needs to be a way that encourages that smoking is what other groups do and it is not what Māori whanau do to engage in connectedness and membership.

In a sense, the appeal of group and peer membership, looking cool, and accessing the adult world can be done without smoking, and youth can still socialise and become independent. There needs to be some promotion where it is seen that "smoking is not what Māori do", it is what "others" do.

CONCLUSION

The young people who contributed to this research have a strong sense of identity as smokers and non-smokers. Māori values of sharing, collectively, reciprocity, and relationships were strongly associated to smoking and how whanau interact, and react to people who smoke. Peer and cultural social interaction and social connectedness is something that is very real to the participants in how they view themselves and how they conduct themselves.

Within this thesis, the literature identified predictive and protective markers for youth initiation and maintenance to smoking tobacco. While these markers are important, it is more important to contextualise smoking for different groups. For this research, it was important to identify the markers that Māori youth perceive as facilitating their smoking and non-smoking. Equally important, were the markers that influenced gender differences.

Positive accounts about being Māori and smoking was that it gave them a sense of self-esteem, belonging and acceptance into peer groups, as well as access to the fringes of adult society and responsibilities. Smoking gave to the participants a sense of confidence to interact and communicate with others, a sense of self worth and autonomy when they felt marginalised by authority figures, a sense of self determination when others saw it as rebellion, and a sense of achievement as smoking was exclusive to people who persevered.

Societal discourse will continue to view youth smokers as just smokers, who are rebellious trouble makers and their families should control and discipline their children. However, smoking in the daily life contexts of youth, have more meaning and association to their emotional well-being, in contrast to the negative health impacts on their physical well-being.

This challenges the way we seek to address youth interventions to reduce smoking. It is important to understand that youth smokers have many identities when it comes to being a

smoker, and smoking holds many functions for different purposes. To acknowledge and understand the range of identities and functions that smoking holds for Māori youth will contribute to a more inclusive intervention that encompasses well-being, culture and identity as the key to reducing Māori youth smoking.

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